

California

3-Tier with Specialty Drug List

The 3-Tier with Specialty 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 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 with Specialty Drug List?

The 3-Tier with Specialty 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 or Specialty 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.
PV	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.

Are there any limits on my drug coverage?

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

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

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

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

- Your doctor can ask us to cover your drug even if it is not on the drug list. If we approve an exception for a drug that's not on the drug list, the non-preferred brand tier (Tier 3) or Specialty copayment 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 or call us at the telephone number on your Health Net ID card.

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

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

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'doowol 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 at's'íis baa áháyá biniyé nahínílnii'go éí kojí' hólne' 1-888-926-4988 (TTY: 711). Shíká anáa'doowol 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 прочесть 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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
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 3.75mg-3.75mg-3.75mg-3.75mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 6.25mg-6.25mg-6.25mg-6.25mg, 5mg-5mg-5mg-5mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>amphetamine-dextroamphetamine tabs 7.5mg-7.5mg-7.5mg-7.5mg, 3.125mg-3.125mg-3.125mg-3.125mg, 1.25mg-1.25mg-1.25mg-1.25mg, 1.875mg-1.875mg-1.875mg-1.875mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 5mg-5mg-5mg-5mg</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 5 mg, 15 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 40 MG, 50 MG, 20 MG, 60 MG, 70 MG, 30 MG	2	QL(1 ea daily)
VYVANSE CHEW 20 MG, 60 MG, 50 MG, 10 MG, 30 MG, 40 MG	2	Limited to 1 per day;QL(1 ea daily)
ZENZEDI TABS	3	
Analeptics		
<i>caffeine citrate soln</i>	1	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 25 mg, 18 mg, 40 mg, 10 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 80 mg, 60 mg, 100 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 (<i>Use Guanfacine HCl (ADHD)</i>)	GP	QL(1 ea daily)
KAPVAY TB12 (<i>Use Clonidine HCl (ADHD)</i>)	GP	QL(4 ea daily)
STRATTERA CAPS 40 MG, 25 MG, 10 MG, 18 MG (<i>Use Atomoxetine HCl</i>)	GP	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (<i>Use Atomoxetine HCl</i>)	GP	QL(1 ea daily)
Stimulants - Misc.		

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

Drug Name	Drug Tier	Requirements/ Limits
APTENSIO XR CP24	3	PA; QL(1 ea daily)
<i>armodafinil tabs</i>	1	PA
CONCERTA TBCR 18 MG, 54 MG (Use <i>Methylphenidate HCl</i>)	GP	QL(1 ea daily,90 day(s) limit)
CONCERTA TBCR 27 MG (Use <i>Methylphenidate HCl</i>)	GP	QL(1 ea daily,90 ea per fill retail)
DAYTRANA PTCH	3	
<i>dexmethylphenidate hcl cp24 30 mg, 20 mg, 40 mg, 5 mg, 15 mg, 10 mg</i>	3	QL(1 ea daily)
<i>dexmethylphenidate hcl cp24 35 mg, 25 mg</i>	3	
<i>dexmethylphenidate hcl tabs 2.5 mg, 5 mg, 10 mg</i>	1	QL(2 ea daily)
FOCALIN TABS (Use <i>Dexmethylphenidate HCl</i>)	GP	QL(2 ea daily)
FOCALIN XR CP24 35 MG, 25 MG (Use <i>Dexmethylphenidate HCl</i>)	GP	
FOCALIN XR CP24 40 MG, 5 MG, 15 MG, 10 MG, 30 MG, 20 MG (Use <i>Dexmethylphenidate HCl</i>)	GP	QL(1 ea daily)
METADATE CD CPCR 10 MG, 50 MG, 60 MG, 40 MG (Use <i>Methylphenidate HCl</i>)	GP	
METADATE CD CPCR 20 MG, 30 MG (Use <i>Methylphenidate HCl</i>)	GP	QL(2 ea daily,90 day(s) limit)
METHYLIN CHEW (Use <i>Methylphenidate HCl</i>)	GP	
METHYLIN SOLN (Use <i>Methylphenidate HCl</i>)	GP	
METHYLPHENIDATE HCL CHEW 2.5 MG, 5 MG, 10 MG	3	
<i>methylphenidate hcl cp24 40 mg, 30 mg, 20 mg</i>	3	QL(ea per 90 days retail, ea per days mail)
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	3	QL(2 ea daily,90 day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl cpcr 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, 5 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 20 mg, 5 mg, 10 mg</i>	1	QL(ea per 90 days retail, ea per days mail)
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily,180 ea per fill retail)
<i>methylphenidate hcl tbc 18 mg, 10 mg, 54 mg, 27 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl tbc 27 mg, 20 mg</i>	1	QL(1 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbc 36 mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbc 36 mg</i>	1	QL(2 ea daily,180 ea per fill retail)
<i>modafinil tabs</i>	3	ST; QL(1 ea daily)
NUVIGIL TABS (Use <i>Armodafinil</i>)	GP	PA
PROVIGIL TABS (Use <i>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, 30 MG, 20 MG (Use <i>Methylphenidate HCl</i>)	GP	QL(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
RITALIN LA CP24 60 MG	3	QL(1 ea daily,90 ea per fill retail)
RITALIN TABS (<i>Use Methylphenidate HCl</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

BETHKIS NEBU	SP	PA
KITABIS PAK NEBU	SP	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
TOBI NEBU (<i>Use Tobramycin</i>)	SP	PA
TOBI PODHALER CAPS	SP	PA
TOBRAMYCIN NEBU	SP	PA
<i>tobramycin nebu</i>	SP	PA

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

Anti-TNF-alpha - Monoclonal Antibodies

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
HUMIRA PEN PNKT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
HUMIRA PEN-PSORIASIS STARTER PNKT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
HUMIRA PSKT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
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
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
XELJANZ XR TB24	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
Antirheumatic Antimetabolites		
OTREXUP SOAJ	SP	PA
RASUVO SOAJ	SP	PA
RHEUMATREX TABS	2	
Gold Compounds		
RIDAURA CAPS	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
Interleukin-1 Blockers		
ARCALYST SOLR	SP	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
KEVZARA SOSY	SP	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
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 100 mg, 200 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	
<i>diclofenac potassium tabs</i>	3	
<i>diclofenac sodium tb24 100 mg</i>	3	
<i>diclofenac sodium tbec 50 mg, 25 mg, 75 mg</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
DUEXIS TABS	3	PA
EC-NAPROSYN TBEC 500 MG (Use Naproxen)	GP	
<i>etodolac caps 300 mg, 200 mg</i>	1	
<i>etodolac tabs 400 mg, 500 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 400 mg, 800 mg, 600 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	
KETOPROFEN ER CP24	3	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per fill retail)
LODINE TABS (Use Etodolac)	GP	
<i>meclofenamate sodium 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>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 <i>Meloxicam</i>)	GP	QL(1 ea daily)
MOBIC TABS 7.5 MG (Use <i>Meloxicam</i>)	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 500 MG, 375 MG (Use <i>Naproxen Sodium</i>)	GP	
NAPRELAN TB24 750 MG	3	
NAPROSYN SUSP (Use <i>Naproxen</i>)	GP	
NAPROSYN TABS (Use <i>Naproxen</i>)	GP	
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>naproxen sodium tb24 375 mg, 500 mg</i>	3	
<i>naproxen susp 125 mg/5ml</i>	1	
NAPROXEN SUSP 125 MG/5ML	2	
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	3	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
PONSTEL CAPS (Use <i>Mefenamic Acid</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
SPRIX SOLN	3	QL(1 ea daily,5 day(s) limit)
<i>sulindac tabs</i>	1	
TIVORBEX CAPS	3	ST; QL(3 ea daily)
<i>tolmetin sodium caps 400 mg</i>	1	
TOLMETIN SODIUM CAPS 400 MG	2	
<i>tolmetin sodium tabs 200 mg, 600 mg</i>	1	
VIVLODEX CAPS	3	PA
ZIPSOR CAPS	3	ST
ZORVOLEX CAPS	3	ST; QL(3 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
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
Pyrimidine Synthesis Inhibitors		
ARAVA TABS 10 MG (Use <i>Leflunomide</i>)	GP	QL(2 ea daily)
ARAVA TABS 20 MG (Use <i>Leflunomide</i>)	GP	QL(1 ea daily)
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	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
ORENCIA SOSY SC 87.5 MG/0.7ML, 50 MG/0.4ML	SP	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
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	SP	PA
ENBREL SOLR	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
ENBREL SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
ENBREL SURECLICK SOAJ	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs</i>	3	
<i>butalbital-acetaminophen-caffeine caps 300mg-50mg-40mg</i>	3	
<i>butalbital-acetaminophen-caffeine caps 325mg-50mg-40mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325mg-50mg-40mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
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
Salicylates		
<i>aspirin chew</i>	PV	PV
<i>aspirin tbec</i>	PV	PV
<i>choline & mag salicylate liqd</i>	1	
<i>diflunisal tabs</i>	3	
DISALCID TABS (Use <i>Salsalate</i>)	GP	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
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	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 CPCR	3	PA
EXALGO T24A 16 MG, 12 MG, 8 MG (Use <i>Hydromorphone HCl</i>)	GP	QL(4 ea daily)
EXALGO T24A 32 MG (Use <i>Hydromorphone HCl</i>)	GP	QL(2 ea daily)
<i>fentanyl citrate lpop</i>	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
FENTANYL PT72 37.5 MCG/HR, 87.5 MCG/HR, 62.5 MCG/HR	3	PA; Limit 15 patches per month; QL(0.5 ea daily)
<i>fentanyl pt72 50 mcg/hr, 100 mcg/hr, 12 mcg/hr, 75 mcg/hr, 25 mcg/hr</i>	1	Limit 15 per month; QL(0.5 ea daily)
FENTORA TABS	3	PA; QL(3 ea daily)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl t24a 16 mg, 8mg, 12 mg, 8 mg</i>	3	QL(4 ea daily)
<i>hydromorphone hcl t24a 32 mg</i>	3	QL(2 ea daily)
<i>hydromorphone hcl tabs 2 mg, 8 mg, 4 mg</i>	1	
HYSINGLA ER T24A	3	PA
KADIAN CP24 10 MG (Use Morphine Sulfate)	GP	
KADIAN CP24 200 MG	3	
KADIAN CP24 30 MG, 20 MG, 60 MG, 80 MG, 50 MG, 100 MG (Use Morphine Sulfate)	GP	QL(2 ea daily)
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 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methadone hcl tabs or 10 mg, 5 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1	
METHADOSE CONC (Use Methadone HCl)	GP	

Drug Name	Drug Tier	Requirements/Limits
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	GP	
<i>morphine sulfate cp24 or 10 mg</i>	1	
<i>morphine sulfate cp24 or 20 mg, 50 mg, 80 mg, 100 mg, 60 mg, 30 mg</i>	1	QL(2 ea daily)
MORPHINE SULFATE ER CP24	2	QL(1 ea daily)
<i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml, 20 mg/5ml, 10 mg/5ml</i>	1	
<i>morphine sulfate supp re 20 mg, 10 mg, 5 mg</i>	1	
MORPHINE SULFATE SUPP RE 30 MG	2	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	
<i>morphine sulfate tbcr or 60 mg, 15 mg, 200 mg, 100 mg, 30 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)

You can 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>oxymorphone hcl tabs 10 mg, 5 mg</i>	3	
<i>oxymorphone hcl tb12 15 mg, 10 mg, 7.5 mg, 5 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12	2	QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	GP	
SUBSYS LIQD	3	PA
TRAMADOL HCL ER CP24 200 MG, 150 MG, 300 MG, 100 MG	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 200 mg, 300 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
Opioid Combinations		
<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	

Drug Name	Drug Tier	Requirements/Limits
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	GP	
HYCET SOLN (Use Hydrocodone-Acetaminophen)	GP	
<i>hydrocodone-acetaminophen soln 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml, 2.5mg/5ml-108mg/5ml</i>	1	
<i>hydrocodone-acetaminophen tabs 10mg-325mg, 7.5mg-325mg, 5mg-325mg</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	3	
<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 5mg-325mg</i>	1	
<i>oxycodone w/ acetaminophen tabs 7.5mg-325mg, 10mg-325mg, 2.5mg-325mg</i>	3	
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
OXYCODONE/IBUPROFEN TABS	3	QL(4 ea daily)
PERCOCET TABS (Use Oxycodone w/ Acetaminophen)	GP	
PRIMLEV TABS	3	
REPREXAIN TABS (Use Hydrocodone-Ibuprofen)	GP	
SYNALGOS-DC CAPS	3	
tramadol-acetaminophen tabs	3	
TREZIX CAPS	3	QL(12 ea daily)
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	GP	
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	GP	
ULTRACET TABS (Use Tramadol-Acetaminophen)	GP	
VICOPROFEN TABS (Use Hydrocodone-Ibuprofen)	GP	
XARTEMIS XR TBCR	3	
XODOL TABS (Use Hydrocodone-Acetaminophen)	GP	
Opioid Partial Agonists		
BELBUCA FILM	3	QL(2 ea daily)
buprenorphine hcl subl sl 2 mg	1	PA; QL(3 ea daily)
buprenorphine hcl subl sl 8 mg	1	PA; QL(4 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl	1	PA; QL(3 ea daily)
BUPRENORPHINE PTWK	3	Limited to 4 patches per month;QL(4 ea per 28 days retail, ea per days mail)

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate soln na 10 mg/ml</i>	3	Limit 7.5mls per month;QL(0.25 ml daily)
BUTRANS PTWK	3	Limited to 4 patches per month;QL(4 ea per 28 days retail, ea per days mail)
<i>pentazocine w/ naloxone tabs</i>	3	
SUBOXONE FILM 12MG-3MG	3	PA; QL(2 ea daily)
SUBOXONE FILM 2MG-0.5MG, 4MG-1MG, 8MG-2MG	3	PA; QL(3 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (Use Oxandrolone)	GP	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	3	QL(60 ea per fill retail, 120 ea per fill mail)
ANDROGEL GEL 25 MG/2.5GM (Use Testosterone)	GP	QL(10 gm daily)
ANDROGEL GEL 40.5 MG/2.5GM, 20.25 MG/1.25GM	2	Limited to 300 gms per month;QL(10 gm daily)
ANDROGEL GEL 50 MG/5GM (Use Testosterone)	NF	QL(10 gm daily)
ANDROGEL PUMP GEL	2	Limited to 300 gms per month;QL(10 gm daily)
ANDROXY TABS	2	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
AXIRON SOLN (<i>Use Testosterone</i>)	GP	ST; QL(6 ml daily)
<i>danazol caps</i>	1	
FORTESTA GEL	3	ST; Limit 1 pump per month;QL(2 gm daily)
METHITEST TABS	2	
<i>methyltestosterone caps</i>	1	
NATESTO GEL	3	PA; Limit 4 tubes per month;QL(0.74 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	QL(10 gm daily)
<i>testosterone gel 1 %, 50 mg/5gm, 25 mg/2.5gm</i>	1	Limited to 300 gms per month;QL(10 gm daily)
TESTOSTERONE GEL 10 MG/ACT	3	ST; Limit 1 pump per month;QL(2 gm daily)
<i>testosterone gel 25 mg/2.5gm, 50 mg/5gm</i>	1	QL(10 gm daily)
<i>testosterone gel 50 mg/5gm, 1 %</i>	1	Limit 300gms per month;QL(10 gm daily)
TESTOSTERONE PUMP GEL	3	PA; QL(10 gm daily)
TESTOSTERONE PUMP GEL	2	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	3	PA; QL(10 gm daily)
VOGELXO PUMP GEL	2	QL(10 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	GP	
CORTIFOAM FOAM	2	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM	3	PA
Rectal Combinations		
ANALPRAM-HC LOTN 1%-2.5%	3	
PROCTOFOAM HC FOAM	2	
Rectal Steroids		
ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>)	GP	
<i>hydrocortisone (rectal) crea</i>	1	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA TABS	3	
BENZNIDAZOLE TABS	2	
BILTRICIDE TABS	2	
<i>ivermectin tabs</i>	3	
STROMEKTOL TABS (<i>Use Ivermectin</i>)	GP	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
CAYSTON SOLR	SP	
FIRST-VANCOMYCIN 25 SOLN	3	

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

Drug Name	Drug Tier	Requirements/Limits
FIRST-VANCOMYCIN 50 SOLN	3	
FLAGYL CAPS (Use Metronidazole)	GP	
FLAGYL TABS (Use Metronidazole)	GP	
IMPAVIDO CAPS	SP	
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR	2	
PRIMSOL SOLN	3	
TINDAMAX TABS 250 MG (Use Tinidazole)	GP	PA
TINDAMAX TABS 500 MG (Use Tinidazole)	GP	
<i>tinidazole tabs 250 mg</i>	3	PA
<i>tinidazole tabs 500 mg</i>	3	
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN	3	
VANCOGIN HCL CAPS (Use Vancomycin HCl)	GP	PA
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	3	PA
XIFAXAN TABS 200 MG	3	PA; Limit 9 per month; QL(0.3 ea daily)
XIFAXAN TABS 550 MG	3	PA; QL(2 ea daily)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	GP	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	GP	
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tabs or 160mg-800mg, 80mg-400mg</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS	3	
<i>atovaquone susp</i>	1	
MEPRON SUSP (Use Atovaquone)	GP	
Ketolides		
KETEK TABS	3	
Leprostatics		
<i>dapsone tabs</i>	1	
Lincosamides		
CLEOCIN CAPS OR 150 MG, 300 MG, 75 MG (Use Clindamycin HCl)	GP	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	GP	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	3	
Oxazolidinones		
<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 (Use Linezolid)	GP	QL(210 ml per 90 days retail, ml 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
ZYVOX TABS 600 MG (Use Linezolid)	GP	QL(20 ea per 90 days retail, ea per days mail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG	3	
RANEXA TB12 500 MG	3	QL(4 ea daily)
Nitrates		
DILATRATE SR CPCR	3	
GONITRO PACK	3	PA
ISORDIL TITRADOSE TABS 40 MG	2	
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	GP	
ISOSORBIDE DINITRATE ER TBCR	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 0.2 MG/HR, 0.4 MG/HR, 0.1 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	GP	QL(1 ea daily)
NITRO-DUR PT24 0.8 MG/HR, 0.3 MG/HR	2	QL(1 ea daily)
NITROGLYCERIN LINGUAL AERS	3	
<i>nitroglycerin pt24 td 0.6 mg/hr, 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr</i>	1	QL(1 ea daily)
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	
<i>nitroglycerin subl sl 0.4 mg, 0.6 mg, 0.3 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NITROLINGUAL PUMPSPRAY SOLN (Use Nitroglycerin)	GP	
NITROMIST AERS	3	
NITROSTAT SUBL (Use Nitroglycerin)	GP	
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs</i>	1	
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	3	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	GP	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam tabs 1 mg, 0.5 mg, 2 mg, 0.25 mg</i>	1	
<i>alprazolam tb24 0.5 mg, 2 mg, 3 mg, 1 mg</i>	3	
<i>alprazolam tbdp 2 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	
ATIVAN TABS OR 1 MG, 0.5 MG, 2 MG (Use Lorazepam)	SP	PA; Use generic lorazepam
<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 5 mg, 10 mg, 2 mg</i>	1	
<i>lorazepam conc or 2 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs or 1 mg, 2 mg, 0.5 mg</i>	1	
<i>oxazepam caps</i>	1	
TRANXENE T TABS (Use <i>Clorazepate Dipotassium</i>)	GP	
VALIUM TABS (Use <i>Diazepam</i>)	GP	
XANAX TABS (Use <i>Alprazolam</i>)	GP	
XANAX XR TB24 (Use <i>Alprazolam</i>)	GP	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use <i>Disopyramide Phosphate</i>)	GP	
NORPACE CR CP12	2	
<i>quinidine gluconate tbc or 324 mg</i>	1	
QUINIDINE SULFATE TABS 300 MG, 200 MG	2	
<i>quinidine sulfate tbc 300 mg</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
RYTHMOL SR CP12 (Use <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)

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type III		
<i>amiodarone hcl tabs</i>	1	
CORDARONE TABS (Use <i>Amiodarone HCl</i>)	GP	
<i>dofetilide caps</i>	1	
MULTAQ TABS	2	
TIKOSYN CAPS (Use <i>Dofetilide</i>)	GP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	2	Limit 2 inhalers per month;QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SEEBRI NEOHALER CAPS	3	
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)

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

Drug Name	Drug Tier	Requirements/ Limits
Leukotriene Modulators		
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>Use Montelukast Sodium</i>)	GP	QL(1 ea daily)
SINGULAIR PACK (<i>Use Montelukast Sodium</i>)	GP	QL(1 ea daily)
SINGULAIR TABS (<i>Use Montelukast Sodium</i>)	GP	QL(1 ea daily)
<i>zileuton tb12</i>	3	ST
ZYFLO CR TB12 (<i>Use Zileuton</i>)	GP	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS	3	
Steroid Inhalants		
AEROSPAN AERS	3	Limit 1 inhaler per month;QL(0.3 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	QL(0.44 gm daily)
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 1 inhaler per month;QL(0.04 ea daily)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	QL(4 ml daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)
FLOVENT HFA AERO 220 MCG/ACT, 110 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)

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

Drug Name	Drug Tier	Requirements/Limits
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	2	Limit 2 inhalers per month;QL(0.58 gm daily)
Sympathomimetics		
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 1.25 mg/3ml, 0.083 %, 0.63 mg/3ml, 0.5 %</i>	1	
<i>albuterol sulfate syrup or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 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	

Drug Name	Drug Tier	Requirements/Limits
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)
FLUTICASONE PROPIONATE/SALMETER OL 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 2 inhalers per month;QL(0.6 gm daily)
<i>metaproterenol sulfate syrup</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PERFOROMIST NEBU	3	
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	Limit 1 inhaler per month;QL(2 ea daily)
STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 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
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	
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 (<i>Use Albuterol Sulfate</i>)	GP	QL(2 ea daily)
XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>)	GP	
XOPENEX HFA AERO	2	Limit 2 inhalers per month;QL(0.6 gm daily)
XOPENEX NEBU (<i>Use Levalbuterol HCl</i>)	GP	
Xanthines		
ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	
<i>theophylline soln 80 mg/15ml</i>	3	
<i>theophylline tb12 200 mg, 100 mg, 450 mg</i>	1	
<i>theophylline tb12 300 mg</i>	3	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	GP	
<i>warfarin sodium tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Direct Factor Xa Inhibitors		
ELIQUIS TABS	3	
SAVAYSA TABS	3	
XARELTO TABS	2	
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Use Fondaparinux Sodium</i>)	SP	QL(6 ml per 90 days retail, ml per days mail)
ARIXTRA SOLN 5 MG/0.4ML (<i>Use Fondaparinux Sodium</i>)	SP	QL(3 ml per 90 days retail, ml per days mail)
ARIXTRA SOLN 7.5 MG/0.6ML, 2.5 MG/0.5ML (<i>Use Fondaparinux Sodium</i>)	SP	QL(4 ml per 90 days retail, ml per days mail)
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	SP	QL(42 ml per 90 days retail, ml per days mail)
<i>enoxaparin sodium soln sc 100 mg/ml</i>	SP	QL(14 ml per 90 days retail, ml per days mail)
<i>enoxaparin sodium soln sc 120 mg/0.8ml</i>	SP	QL(11 ml per 30 days retail, ml per days mail)
<i>enoxaparin sodium soln sc 150 mg/ml</i>	SP	QL(14 ml per 30 days retail, ml per days mail)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	SP	QL(4 ml per 90 days retail, ml per days mail)
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	SP	QL(6 ml per 90 days retail, ml per days mail)
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	SP	QL(8 ml per 90 days retail, ml per days mail)
<i>enoxaparin sodium soln sc 80 mg/0.8ml</i>	SP	QL(11 ml per 90 days retail, ml 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
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	SP	QL(6 ml per 90 days retail, ml per days mail)
<i>fondaparinux sodium soln 2.5 mg/0.5ml, 7.5 mg/0.6ml</i>	SP	QL(4 ml per 90 days retail, ml per days mail)
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	SP	QL(3 ml per 90 days retail, ml per days mail)
FRAGMIN SOLN 10000 UNIT/ML	SP	QL(7 ml per 90 days retail, ml per days mail)
FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	SP	QL(4 ml per 90 days retail, ml per days mail)
FRAGMIN SOLN 18000 UNT/0.72ML	SP	QL(5 ml per 90 days retail, ml per days mail)
FRAGMIN SOLN 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	SP	QL(1 ml per 90 days retail, ml per days mail)
FRAGMIN SOLN 7500 UNIT/0.3ML	SP	QL(2 ml per 90 days retail, ml per days mail)
FRAGMIN SOLN 95000 UNIT/3.8ML	SP	PA
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	SP	QL(42 ml per 90 days retail, ml per days mail)
LOVENOX SOLN SC 100 MG/ML (<i>Use Enoxaparin Sodium</i>)	SP	QL(14 ml per 90 days retail, ml per days mail)
LOVENOX SOLN SC 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	SP	QL(11 ml per 30 days retail, ml per days mail)
LOVENOX SOLN SC 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	SP	QL(14 ml per 30 days retail, ml per days mail)
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use Enoxaparin Sodium</i>)	SP	QL(4 ml per 90 days retail, ml per days mail)
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use Enoxaparin Sodium</i>)	SP	QL(6 ml per 90 days retail, ml per days mail)

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	SP	QL(8 ml per 90 days retail, ml per days mail)
LOVENOX SOLN SC 80 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	SP	QL(11 ml per 90 days retail, ml per days mail)
Thrombin Inhibitors		
I PRIVASK SOLR	SP	PA
PRADAXA CAPS	2	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	
FYCOMPA TABS	3	
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs 1 mg, 0.5 mg, 2 mg</i>	1	
<i>clonazepam tbdp 0.125 mg, 2 mg, 1 mg, 0.5 mg, 0.25 mg</i>	3	
DIASTAT ACUDIAL GEL	3	Limit 4 per month;QL(0.14 ea daily)
DIASTAT PEDIATRIC GEL	3	Limit 4 per month;QL(0.14 ea daily)
DIAZEPAM GEL RE 10 MG, 20 MG, 2.5 MG	3	Limit 4 per month;QL(0.14 ea daily)
DIAZEPAM RECTAL GEL GEL	3	Limit 4 per month;QL(0.14 ea daily)
KLONOPIN TABS (<i>Use Clonazepam</i>)	GP	
ONFI SUSP	3	
ONFI TABS	3	
Anticonvulsants - Misc.		
APTIOM TABS 200 MG, 400 MG, 600 MG	3	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
APTIOM TABS 800 MG	3	QL(1 ea daily)
BANZEL SUSP	2	
BANZEL TABS	2	
BRIVIACT SOLN	3	PA
BRIVIACT TABS	3	PA
<i>carbamazepine chew</i>	1	
<i>carbamazepine cp12</i>	1	
<i>carbamazepine susp</i>	1	
<i>carbamazepine tabs</i>	1	
<i>carbamazepine tb12</i>	1	
CARBATROL CP12 (Use Carbamazepine)	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 750 MG, 500 MG, 1000 MG, 250 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	

Drug Name	Drug Tier	Requirements/Limits
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 100 MG, 50 MG, 25 MG, 200 MG (Use Lamotrigine)	GP	PA; QL(1 ea daily)
LAMICTAL XR TB24 250 MG (Use Lamotrigine)	GP	PA
LAMICTAL XR TB24 300 MG (Use Lamotrigine)	GP	
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine kit</i>	3	PA
<i>lamotrigine kit 25 mg</i>	1	
<i>lamotrigine tabs 200 mg, 150 mg, 100 mg, 25 mg</i>	1	
<i>lamotrigine tb24 25 mg, 100 mg, 200 mg, 50 mg</i>	3	PA; QL(1 ea daily)
<i>lamotrigine tb24 250 mg</i>	3	PA
<i>lamotrigine tb24 300 mg</i>	3	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	3	PA
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</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, 200 MG, 50 MG, 75 MG, 25 MG	3	PA; QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 225 MG, 300 MG, 150 MG	3	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML	3	PA; QL(30 ml daily)
MYSOLINE TABS (<i>Use Primidone</i>)	GP	
NEURONTIN CAPS (<i>Use Gabapentin</i>)	GP	
NEURONTIN SOLN (<i>Use Gabapentin</i>)	GP	
NEURONTIN TABS (<i>Use Gabapentin</i>)	GP	
<i>oxcarbazepine susp</i>	1	
<i>oxcarbazepine tabs</i>	1	
OXTELLAR XR TB24	3	ST
POTIGA TABS	3	
<i>primidone tabs</i>	1	
QUDEXY XR CS24	3	PA
SPRITAM TB3D	3	PA
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	GP	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	GP	
TEGRETOL-XR TB12 (<i>Use Carbamazepine</i>)	GP	
TOPAMAX SPRINKLE CPSP (<i>Use Topiramate</i>)	GP	
TOPAMAX TABS (<i>Use Topiramate</i>)	GP	
<i>topiramate csp</i>	1	
TOPIRAMATE ER CS24	3	PA
<i>topiramate tabs</i>	1	
TRILEPTAL SUSP (<i>Use Oxcarbazepine</i>)	GP	
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	GP	
TROKENDI XR CP24	3	PA

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN OR 10 MG/ML	2	
VIMPAT TABS OR 50 MG, 150 MG, 100 MG, 200 MG	2	
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	GP	
<i>zonisamide caps</i>	1	
Carbamates		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP (<i>Use Felbamate</i>)	GP	
FELBATOL TABS (<i>Use Felbamate</i>)	GP	
GABA Modulators		
GABITRIL TABS 16 MG, 12 MG	3	
GABITRIL TABS 2 MG, 4 MG (<i>Use Tiagabine HCl</i>)	GP	
SABRIL PACK (<i>Use Vigabatrin</i>)	SP	
SABRIL TABS	SP	
<i>tiagabine hcl tabs</i>	3	
<i>vigabatrin pack</i>	SP	
Hydantoins		
DILANTIN CAPS 100 MG (<i>Use Phenytoin Sodium Extended</i>)	GP	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (<i>Use Phenytoin</i>)	GP	
DILANTIN-125 SUSP (<i>Use Phenytoin</i>)	GP	
PEGANONE TABS	3	
PHENYTEK CAPS (<i>Use Phenytoin Sodium Extended</i>)	GP	

You can 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>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	2	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS (Use <i>Ethosuximide</i>)	GP	
ZARONTIN SOLN (Use <i>Ethosuximide</i>)	GP	
Valproic Acid		
DEPAKENE CAPS (Use <i>Valproic Acid</i>)	GP	
DEPAKENE SOLN (Use <i>Valproate Sodium</i>)	GP	
DEPAKOTE ER TB24 (Use <i>Divalproex Sodium</i>)	GP	
DEPAKOTE SPRINKLES CSDR (Use <i>Divalproex Sodium</i>)	GP	
DEPAKOTE TBEC (Use <i>Divalproex Sodium</i>)	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	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP (Use <i>Mirtazapine</i>)	GP	
REMERON TABS (Use <i>Mirtazapine</i>)	GP	
Antidepressants - Misc.		
APLENZIN TB24	3	PA; QL(1 ea daily)
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	Limited to 1 tablet per day without prior authorization; QL(1 ea daily)
<i>bupropion hcl tb24 300 mg, 150 mg</i>	1	SL(1 ea daily)
<i>bupropion hcl tb24 300 mg, 150 mg</i>	1	QL(1 ea daily)
FORFIVO XL TB24	3	ST; QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 (Use <i>Bupropion HCl</i>)	GP	
WELLBUTRIN TABS (Use <i>Bupropion HCl</i>)	GP	
WELLBUTRIN XL TB24 150 MG (Use <i>Bupropion HCl</i>)	NF	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	3	
NARDIL TABS (Use <i>Phenelzine Sulfate</i>)	GP	
PARNATE TABS (Use <i>Tranylcypromine Sulfate</i>)	GP	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		

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

Drug Name	Drug Tier	Requirements/Limits
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 10 mg, 20 mg, 40 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl tb24	1	
PAXIL CR TB24 (Use Paroxetine HCl)	GP	
PAXIL SUSP 10 MG/5ML	2	
PAXIL TABS 40 MG, 30 MG, 20 MG, 10 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	
Serotonin Modulators		
BRINTELLIX TABS	3	ST; QL(1 ea daily)
NEFAZODONE HCL TABS 200 MG, 100 MG, 150 MG	3	
nefazodone hcl tabs 50 mg, 250 mg	3	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	ST; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS	3	ST
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use Duloxetine HCl)	GP	QL(2 ea daily)
DESVENLAFAXINE ER TB24 100 MG, 50 MG	3	ST; QL(1 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<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 (Use Venlafaxine HCl)	GP	QL(2 ea daily)
EFFEXOR XR CP24 75 MG, 37.5 MG (Use Venlafaxine HCl)	GP	QL(1 ea daily)
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily)
FETZIMA CP24 80 MG, 120 MG, 40 MG	3	ST; QL(1 ea daily)
FETZIMA TITRATION PACK C4PK	3	ST
KHEDEZLA TB24	3	ST; QL(1 ea daily)
PRISIQ TB24 (Use Desvenlafaxine Succinate)	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 150 MG (Use Venlafaxine HCl)	GP	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	2	
VENLAFAXINE HCL ER TB24 75 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG (Use Venlafaxine HCl)	GP	
<i>venlafaxine hcl tabs 25 mg, 37.5 mg, 50 mg, 100 mg, 75 mg</i>	1	
<i>venlafaxine hcl tb24 150 mg, 37.5 mg, 75 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tb24 37.5 mg, 75 mg, 225 mg</i>	1	
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	2	

Drug Name	Drug Tier	Requirements/Limits
ANAFRANIL CAPS (Use Clomipramine HCl)	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 (Use Amitriptyline HCl)	GP	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	3	
NORPRAMIN TABS (Use Desipramine HCl)	GP	
<i>nortriptyline hcl caps 50 mg, 25 mg, 10 mg, 75 mg</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	2	
PAMELOR CAPS (Use Nortriptyline HCl)	GP	
<i>protriptyline hcl tabs</i>	3	
SURMONTIL CAPS (Use Trimipramine Maleate)	GP	
TOFRANIL TABS (Use Imipramine HCl)	GP	
<i>trimipramine maleate caps</i>	3	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	
GLYSET TABS (Use Miglitol)	GP	
<i>miglitol tabs</i>	3	
PRECOSE TABS (Use Acarbose)	GP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	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
SYMLINPEN 60 SOPN	SP	PA
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use <i>Pioglitazone HCl-Metformin HCl</i>)	GP	
ACTOPLUS MET XR TB24	3	
ALOGLIPTIN/METFORMIN HCL TABS	3	
ALOGLIPTIN/PIOGLITAZONE TABS	3	
DUETACT TABS (Use <i>Pioglitazone HCl-Glimepiride</i>)	GP	
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (Use <i>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	
OSENI TABS	3	
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
PRANDIMET TABS (Use <i>Repaglinide-Metformin HCl</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
REPAGLINIDE/METFORMIN IN HYDROCHLORIDE TABS	3	
SOLIQUA 100/33 SOPN	SP	PA
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XIGDUO XR TB24	3	
XULTOPHY 100/3.6 SOPN	SP	PA
Biguanides		
FORTAMET TB24 (Use <i>Metformin HCl</i>)	GP	
GLUCOPHAGE TABS (Use <i>Metformin HCl</i>)	GP	
GLUCOPHAGE XR TB24 (Use <i>Metformin HCl</i>)	GP	
<i>metformin hcl tabs</i>	1	
<i>metformin hcl tb24</i>	1	
RIOMET SOLN	3	
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	SP	Limit 1 per fill, 2 per month; QL(0.07 ea daily, 1 ea per fill retail)
GLUCAGON EMERGENCY KIT KIT	SP	PA; QL(1 ea per fill retail, 2 ea per 30 days retail, ea per days mail)
KORLYM TABS	SP	PA
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	3	
JANUVIA TABS	2	
NESINA 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
ONGLYZA TABS	3	
TRADJENTA TABS	2	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	
Incretin Mimetic Agents (GLP-1 Receptor)		
ADLYXIN SOPN	SP	PA
ADLYXIN STARTER PACK PNKT	SP	PA
BYETTA SOPN	SP	PA
TANZEUM PEN	SP	PA
TRULICITY SOPN	SP	PA
VICTOZA SOPN	SP	PA
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	GP	
AVANDIA TABS	2	
<i>pioglitazone hcl tabs</i>	1	
Insulin		
AFREZZA POWD	3	QL(6 ea daily)
AFREZZA POWD 12 UNIT, , 8 UNIT, 4 UNIT	3	QL(3 ea daily)
APIDRA SOLN	3	Limit 40mls per month;QL(1.34 ml daily)
APIDRA SOLOSTAR SOPN	3	Limit 45mls 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)

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per month;QL(0.8 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	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	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	2	Limit 40mls per month;QL(1.34 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
NOVOLIN 70/30 RELION SUSP	3	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN 70/30 SUSP	3	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N RELION SUSP	3	Limit 40mls per month;QL(1.34 ml daily)
NOVOLIN N SUSP	3	Limit 40mls per month;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)

Drug Name	Drug Tier	Requirements/Limits
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	Limited to 27 mls /month without prior authorization;QL(0.9 ml daily)
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	
PRANDIN TABS (<i>Use Repaglinide</i>)	GP	
<i>repaglinide tabs</i>	1	
STARLIX TABS (<i>Use Nateglinide</i>)	GP	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	
INVOKANA TABS	2	
JARDIANCE TABS	2	
Sulfonylureas		
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	

You can 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>glyburide tabs</i>	1	
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	GP	
TOLAZAMIDE TABS 250 MG	2	
<i>tolazamide tabs 500 mg</i>	1	
<i>tolbutamide tabs</i>	1	
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
FULYZAQ TBEC	3	PA; QL(2 ea daily)
MYTESI TBEC	3	PA; QL(2 ea daily)
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (<i>Use Loperamide HCl</i>)	GP	RX/OTC
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	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	SP	Not available through mail order
FERRIPROX TABS 500 MG	SP	
JADENU SPRINKLE PACK	SP	PA; SP

Drug Name	Drug Tier	Requirements/Limits
JADENU TABS	SP	PA
Antidotes and Specific Antagonists		
CETYLEV TBEF	SP	PA
VISTOGARD PACK	SP	
Opioid Antagonists		
EVZIO SOAJ	SP	PA
<i>naloxone hcl sosy 2 mg/2ml</i>	1	
<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 50 MG, 100 MG	3	PA; QL(2 ea per fill retail)
<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 month; QL(1.67 ml daily)
<i>ondansetron hcl tabs 8 mg, 4 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 21 days retail, 3 ea per 90 days mail)
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	GP	QL(20 ea per fill retail)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	GP	Limit 50mls per month; QL(1.67 ml daily)
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	GP	QL(20 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
ZUPLENZ FILM	3	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		
<i>scopolamine pt72</i>	3	
TIGAN CAPS (<i>Use Trimethobenzamide HCl</i>)	GP	
TRANSDERM-SCOP PT72	3	
TRANSDERM-SCOP PT72 (<i>Use Scopolamine</i>)	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)
DICLEGIS TBEC	3	QL(4 ea daily)
<i>dronabinol caps</i>	3	PA
MARINOL CAPS (<i>Use Dronabinol</i>)	GP	PA
SYNDROS SOLN	SP	PA; LA
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	3	Limit 3 per month;QL(0.1 ea daily)
<i>aprepitant caps 40 mg</i>	3	Limit 2 per month;QL(0.07 ea daily)
<i>aprepitant caps 80 mg, 125 mg</i>	3	QL(1 ea per fill retail, 1 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	Limit 2 per month;QL(0.07 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EMEND SUSR 125 MG	3	QL(1 ea per 30 days retail, ea per days mail)
EMEND TRIPACK CAPS (<i>Use Aprepitant</i>)	GP	Limit 3 per month;QL(0.1 ea daily)
VARUBI TABS	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (<i>Use Flucytosine</i>)	GP	
BIO-STATIN CAPS	3	
<i>flucytosine caps</i>	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)
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	Not available through mail order
DIFLUCAN SUSR (<i>Use Fluconazole</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
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
SPORANOX CAPS 100 MG (<i>Use Itraconazole</i>)	GP	PA
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	GP	PA
SPORANOX SOLN 10 MG/ML	2	PA
VFEND SUSR 40 MG/ML (<i>Use Voriconazole</i>)	GP	
VFEND TABS 50 MG, 200 MG (<i>Use Voriconazole</i>)	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 6 mg, 4 mg</i>	3	
CLEMASTINE FUMARATE TABS	2	
<i>clemastine fumarate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KARBINAL ER SUER	3	
Antihistamines - Non-Sedating		
CLARINEX SYRP 0.5 MG/ML	3	PA
CLARINEX TABS 5 MG (<i>Use Desloratadine</i>)	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 2.5 mg/5ml</i>	3	PA; RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	3	QL(1 ea daily); RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>Use Levocetirizine Dihydrochloride</i>)	GP	PA; RX/OTC
XYZAL ALLERGY 24HR TABS (<i>Use Levocetirizine Dihydrochloride</i>)	GP	QL(1 ea daily); RX/OTC
XYZAL SOLN 2.5 MG/5ML (<i>Use Levocetirizine Dihydrochloride</i>)	GP	PA; RX/OTC
XYZAL TABS 5 MG (<i>Use Levocetirizine Dihydrochloride</i>)	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 25 mg, 12.5 mg, 50 mg</i>	1	
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		

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

Drug Name	Drug Tier	Requirements/Limits
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs 10mg-10mg</i>	1	ST; QL(1 ea daily)
<i>ezetimibe-simvastatin tabs 10mg-20mg, 40mg-10mg</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 40MG-10MG, 10MG-20MG (Use Ezetimibe-Simvastatin)	GP	QL(1 ea daily)
VYTORIN TABS 80MG-10MG (Use Ezetimibe-Simvastatin)	GP	PA; QL(1 ea daily)
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	SP	PA
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	GP	
<i>omega-3-acid ethyl esters caps</i>	1	
VASCEPA CAPS	3	ST
Bile Acid Sequestrants		
<i>cholestyramine light pack 4 gm</i>	3	
<i>cholestyramine light powd 4 gm/dose</i>	1	
<i>cholestyramine pack 4 gm</i>	3	
<i>cholestyramine powd 4 gm/dose</i>	1	
COLESTID FLAVORED GRAN (Use Colestipol HCl)	GP	
COLESTID FLAVORED PACK (Use Colestipol HCl)	GP	
COLESTID GRAN (Use Colestipol HCl)	GP	
COLESTID PACK (Use Colestipol HCl)	GP	
COLESTID TABS (Use Colestipol HCl)	GP	

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	3	
<i>colestipol hcl tabs 1 gm</i>	1	
QUESTRAN LIGHT POWD (Use Cholestyramine Light)	GP	
QUESTRAN PACK (Use Cholestyramine)	GP	
QUESTRAN POWD (Use Cholestyramine)	GP	
WELCHOL PACK	3	
WELCHOL TABS	3	
Fibric Acid Derivatives		
ANTARA CAPS	3	
<i>choline fenofibrate cpdr</i>	1	
FENOFIBRATE CAPS 50 MG, 150 MG	3	
<i>fenofibrate micronized caps</i>	1	
<i>fenofibrate tabs 54 mg, 145 mg, 160 mg, 48 mg</i>	1	
FENOFIBRIC ACID TABS	3	
FIBRICOR TABS	3	
<i>gemfibrozil tabs</i>	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	

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

Drug Name	Drug Tier	Requirements/ Limits
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use Rosuvastatin Calcium)	GP	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	1	QL(1 ea daily)
<i>fluvastatin sodium tb24</i>	1	QL(1 ea daily)
LESCOL XL TB24 (Use Fluvastatin Sodium)	GP	QL(1 ea daily)
LIPITOR TABS (Use Atorvastatin Calcium)	GP	QL(1 ea daily)
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 Lovastatin)	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 Pravastatin Sodium)	GP	QL(2 ea daily)
PRAVACHOL TABS 80 MG, 20 MG (Use Pravastatin Sodium)	GP	QL(1 ea daily)
<i>pravastatin sodium tabs 40 mg</i>	1	QL(2 ea daily)
<i>pravastatin sodium tabs 80 mg, 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZOCOR TABS (Use Simvastatin)	GP	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	
ZETIA TABS (Use Ezetimibe)	GP	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	SP	PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	
NIACOR TABS	3	
NIASPAN TBCR (Use Niacin (Antihyperlipidemic))	GP	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN	SP	PA
PRALUENT SOSY	SP	PA
REPATHA PUSHTRONEX SYSTEM SOCT	SP	PA; SP
REPATHA SOSY	SP	PA; SP
REPATHA SURECLICK SOAJ	SP	PA; SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use Quinapril HCl)	GP	
ACEON TABS (Use Perindopril Erbumine)	GP	
ALTACE CAPS (Use Ramipril)	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)

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

Drug Name	Drug Tier	Requirements/ Limits
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	
VASOTEC TABS (Use <i>Enalapril Maleate</i>)	GP	QL(2 ea daily)
ZESTRIL TABS (Use <i>Lisinopril</i>)	GP	
Agents for Pheochromocytoma		
DEMSER CAPS	3	
DIBENZYLIN CAPS (Use <i>Phenoxybenzamine HCl</i>)	GP	Not available through mail
<i>phenoxybenzamine hcl caps</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use <i>Candesartan Cilexetil</i>)	GP	
AVAPRO TABS (Use <i>Irbesartan</i>)	GP	
BENICAR TABS (Use <i>Olmесartan Medoxomil</i>)	GP	

Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil tabs</i>	1	
COZAAR TABS (Use <i>Losartan Potassium</i>)	GP	
DIOVAN TABS (Use <i>Valsartan</i>)	GP	
EDARBI TABS	3	
EPROSARTAN MESYLATE TABS	2	
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs</i>	1	
MICARDIS TABS (Use <i>Telmisartan</i>)	GP	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan tabs</i>	1	
<i>valsartan tabs</i>	1	
Antiadrenergic Antihypertensives		
CARDURA TABS (Use <i>Doxazosin Mesylate</i>)	GP	
CATAPRES TABS (Use <i>Clonidine HCl</i>)	GP	
CATAPRES-TTS-1 PTWK (Use <i>Clonidine HCl</i>)	GP	
CATAPRES-TTS-2 PTWK (Use <i>Clonidine HCl</i>)	GP	
CATAPRES-TTS-3 PTWK (Use <i>Clonidine HCl</i>)	GP	
<i>clonidine hcl ptwk td 0.2 mg/24hr, 0.3 mg/24hr, 0.1 mg/24hr</i>	3	
<i>clonidine hcl tabs or 0.1 mg, 0.3 mg, 0.2 mg</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS (Use <i>Prazosin HCl</i>)	GP	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>prazosin hcl caps</i>	1	
<i>reserpine tabs</i>	1	
TENEX TABS (Use Guanfacine HCl)	GP	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS (Use Quinapril-Hydrochlorothiazide)	GP	
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	GP	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	GP	
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	GP	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	GP	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	
BYVALSON TABS	3	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril & hydrochlorothiazide tabs</i>	1	
CLORPRES TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
CORZIDE TABS (Use Nadolol & Bendroflumethiazide)	GP	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	GP	
DUTOPROL TB24	3	
EDARBYCLOR TABS	3	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	GP	
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	GP	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	GP	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	GP	
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	GP	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	GP	
<i>methyldopa & hydrochlorothiazide tabs</i>	1	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	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
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	
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	GP	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	GP	
trandolapril-verapamil hcl tbc	3	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	GP	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	GP	
valsartan-hydrochlorothiazide tabs	1	

Drug Name	Drug Tier	Requirements/Limits
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	GP	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	GP	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	GP	
Antihypertensives - Misc.		
VECAMYL TABS	SP	PA
Direct Renin Inhibitors		
TEKTURNA TABS	3	ST
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	3	
INSPIRA TABS (Use Eplerenone)	GP	
Vasodilators		
hydralazine hcl tabs or 100 mg, 25 mg, 10 mg, 50 mg	1	
minoxidil tabs	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	3	
COARTEM TABS	2	Limit 24 per month; QL(0.8 ea daily)
MALARONE TABS (Use Atovaquone-Proguanil HCl)	GP	
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
chloroquine phosphate tabs 250 mg, 500 mg	1	
DARAPRIM TABS	3	PA
hydroxychloroquine sulfate 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>mefloquine hcl tabs</i>	1	QL(6 ea per fill retail)
MEFLOQUINE HCL TABS	2	QL(6 ea per fill retail)
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	GP	
PRIMAQUINE PHOSPHATE TABS	2	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	GP	PA; QL(2 ea daily)
<i>quinine sulfate caps</i>	3	PA; QL(2 ea daily)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	SP	PA
MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>)	GP	
MESTINON TIMESPAN TBCR (<i>Use Pyridostigmine Bromide</i>)	GP	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide tbc</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	2	
RIFATER TABS	3	
Antimycobacterial Agents		
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	

Drug Name	Drug Tier	Requirements/Limits
MYAMBUTOL TABS (<i>Use Ethambutol HCl</i>)	GP	
MYCOBUTIN CAPS (<i>Use Rifabutin</i>)	GP	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS OR 150 MG, 300 MG (<i>Use Rifampin</i>)	GP	
<i>rifampin caps or 150 mg, 300 mg</i>	1	
SIRTURO TABS	SP	PA
TRECTOR TABS	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS OR 2 MG (<i>Use Melphalan</i>)	GP	AC
CYCLOPHOSPHAMIDE CAPS OR 50 MG	2	AC
GLEOSTINE CAPS	2	AC
HEXALEN CAPS	2	AC
LEUKERAN TABS	2	AC
LOMUSTINE CAPS	2	AC
<i>melphalan tabs</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS (<i>Use Temozolomide</i>)	SP	AC
<i>temozolomide caps</i>	SP	AC
Antimetabolites		
<i>capecitabine tabs</i>	SP	AC

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

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium soln ij 1 gm/40ml, 200 mg/8ml, 50 mg/2ml, 250 mg/10ml, 100 mg/4ml</i>	SP	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	SP	
<i>methotrexate sodium tabs or 2.5 mg</i>	1	AC
PURIXAN SUSP	2	AC
TABLOID TABS	2	AC
TREXALL TABS	3	AC
XATMEP SOLN	SP	PA; AC
XELODA TABS (Use Capecitabine)	SP	AC
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBP	SP	PA; AC
VENCLEXTA TABS	SP	PA; AC
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	SP	AC
ODOMZO CAPS	SP	AC
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs</i>	1	AC
ARIMIDEX TABS (Use Anastrozole)	GP	AC
AROMASIN TABS (Use Exemestane)	GP	AC
<i>bicalutamide tabs</i>	1	AC
CASODEX TABS (Use Bicalutamide)	GP	AC
ELIGARD KIT	3	PA
EMCYT CAPS	2	AC

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane tabs</i>	1	AC
FARESTON TABS	2	AC
FEMARA TABS (Use Letrozole)	GP	AC
<i>flutamide caps</i>	1	AC
<i>letrozole tabs</i>	1	AC
<i>leuprolide acetate kit</i>	3	PA
LYSODREN TABS	2	AC
MEGACE ORAL SUSP (Use Megestrol Acetate)	GP	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
NILANDRON TABS (Use Nilutamide)	GP	AC
<i>nilutamide tabs</i>	1	AC
SOLTAMOX SOLN	PV	PV; AC
<i>tamoxifen citrate tabs</i>	PV	PV; AC
XTANDI CAPS	SP	PA; New commercial members to be referred to AcariaHealth;S P; AC
ZYTIGA TABS 250 MG	SP	PA; New commercial members to be referred to AcariaHealth;S P; AC
ZYTIGA TABS 500 MG	SP	PA; SP; AC
Antineoplastic - Immunomodulators		
POMALYST CAPS	SP	AC
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBP	SP	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
KISQALI FEMARA 400 DOSE TBPB	SP	PA; AC
KISQALI FEMARA 600 DOSE TBPB	SP	PA; AC
LONSURF TABS	SP	PA; AC
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	SP	PA; AC
AFINITOR TABS	SP	PA; AC
ALECENSA CAPS	SP	PA; AC
ALUNBRIG TABS	SP	PA; SP drug refer to Caremark SP Rx;AC
BOSULIF TABS	SP	PA; SP; AC
CABOMETYX TABS	SP	PA; AC
CAPRELSA TABS	SP	AC
COMETRIQ KIT	SP	PA; AC
COTELLIC TABS	SP	PA; AC
FARYDAK CAPS	SP	PA; AC
GILOTRIF TABS	SP	PA; AC
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	SP	AC
IBRANCE CAPS	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
ICLUSIG TABS	SP	PA; AC
IDHIFA TABS	SP	PA; AC
<i>imatinib mesylate tabs</i>	SP	AC
IMBRUVICA CAPS	SP	PA; AC
INLYTA TABS	SP	PA; AC
IRESSA TABS	SP	AC

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS	SP	AC
KISQALI TABS	SP	PA; AC
LENVIMA 10 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 14 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 18 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 20 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 24 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 8 MG DAILY DOSE CPPK	SP	PA; AC
LYNPARZA CAPS 50 MG	SP	PA; AC
LYNPARZA TABS 150 MG, 100 MG	SP	PA; Refer to Accredo SP Rx;AC
MEKINIST TABS	SP	PA; AC
NERLYNX TABS	SP	PA; SP; AC
NEXAVAR TABS	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP; AC
NINLARO CAPS	SP	PA; Limited to 3 capsules per month;;QL(0.1 ea daily); AC
RUBRACA TABS	SP	PA; AC
RYDAPT CAPS	SP	PA; AC
SPRYCEL TABS	SP	PA; AC
STIVARGA TABS	SP	PA; SP; AC
SUTENT CAPS	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
TAFINLAR CAPS	SP	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
TAGRISSO TABS	SP	PA; AC
TARCEVA TABS	SP	PA; New commercial members to be referred to AcariaHealth; SP; AC
TASIGNA CAPS	SP	PA; AC
TYKERB TABS	SP	PA; AC
VOTRIENT TABS	SP	PA; AC
XALKORI CAPS	SP	PA; AC
ZEJULA CAPS	SP	PA; AC
ZELBORAF TABS	SP	PA; AC
ZOLINZA CAPS	SP	PA; AC
ZYDELIG TABS	3	PA; AC
ZYKADIA CAPS	SP	PA; AC
Antineoplastics Misc.		
ACTIMMUNE SOLN	SP	PA
ALFERON N SOLN	SP	PA
<i>bexarotene caps</i>	SP	AC
HYDREA CAPS (<i>Use Hydroxyurea</i>)	GP	AC
<i>hydroxyurea caps</i>	1	AC
INTRON A SOLN	SP	PA
INTRON A SOLR	SP	PA
INTRON A W/DILUENT SOLR	SP	PA
MATULANE CAPS	SP	AC
SYLATRON KIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661; SP

Drug Name	Drug Tier	Requirements/Limits
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	SP	AC
<i>tretinoin (chemotherapy) caps</i>	1	AC
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium tabs or 5 mg, 15 mg, 25 mg, 10 mg</i>	1	AC
MESNEX TABS OR 400 MG	3	AC
Mitotic Inhibitors		
ETOPOSIDE CAPS	SP	PA; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG	SP	AC
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	3	
LODOSYN TABS (<i>Use Carbidopa</i>)	GP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs or 1 mg, 0.5 mg, 2 mg</i>	1	
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use Entacapone</i>)	GP	
<i>entacapone tabs</i>	3	
TASMAR TABS (<i>Use Tolcapone</i>)	GP	
<i>tolcapone tabs</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl syrp 50 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl tabs 100 mg</i>	3	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 25mg-100mg, 25mg-250mg, 10mg-100mg</i>	1	
<i>carbidopa-levodopa tbcr 50mg-200mg, 25mg-100mg</i>	1	
<i>carbidopa-levodopa tbdp 25mg-100mg, 10mg-100mg, 25mg-250mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
GOCOVRI CP24	SP	PA
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 0.5 mg, 0.25 mg, 0.125 mg, 1 mg, 1.5 mg, 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tb24 1.5 mg, 3.75 mg, 4.5 mg, 0.75 mg, 3 mg, 0.375 mg, 2.25 mg</i>	3	
REQUIP TABS (Use Ropinirole Hydrochloride)	GP	
REQUIP XL TB24 (Use Ropinirole Hydrochloride)	GP	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tabs 3 mg, 0.25 mg, 0.5 mg, 4 mg, 1 mg, 5 mg, 2 mg</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 6 mg, 12 mg, 8 mg, 4 mg</i>	3	
RYTARY CPCR	3	PA
SINEMET CR TBCR (Use Carbidopa-Levodopa)	GP	
SINEMET TABS (Use Carbidopa-Levodopa)	GP	
STALEVO 100 TABS	2	
STALEVO 125 TABS	2	
STALEVO 150 TABS	2	
STALEVO 50 TABS	2	
STALEVO 75 TABS	2	
Antiparkinson Monoamine Oxidase Inhibitors		
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	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbcr</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
LITHIUM SOLN	2	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	GP	
Antipsychotics - Misc.		
EQUETRO CP12	3	
GEODON CAPS (<i>Use Ziprasidone HCl</i>)	GP	
LATUDA TABS	3	PA
NUPLAZID TABS	SP	PA
VRAYLAR CAPS	SP	PA
VRAYLAR CPPK	SP	PA
<i>ziprasidone hcl caps</i>	1	
Benzisoxazoles		
FANAPT TABS	3	PA
FANAPT TITRATION PACK TABS	3	PA
INVEGA TB24 (<i>Use Paliperidone</i>)	GP	
<i>paliperidone tb24</i>	3	
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	GP	
RISPERDAL SOLN (<i>Use Risperidone</i>)	GP	
RISPERDAL TABS (<i>Use Risperidone</i>)	GP	
RISPERIDONE ODT TBDP	3	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tabs 3 mg, 1 mg, 0.5 mg, 0.25 mg, 2 mg, 4 mg</i>	1	
<i>risperidone tbdp 0.25 mg</i>	3	
<i>risperidone tbdp 1 mg, 3 mg, 0.5 mg, 2 mg, 4 mg</i>	1	
Butyrophenones		

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

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APTIVUS CAPS	2	
APTIVUS SOLN	2	
ATRIPLA TABS	2	
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	
FUZEON SOLR	SP	PA
GENVOYA TABS	2	
INTELENCE TABS	2	
INVIRASE CAPS	2	
INVIRASE TABS	2	
ISENTRESS CHEW	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
ISENTRESS HD TABS	2	
ISENTRESS TABS	2	
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	GP	
KALETRA TABS 100MG- 25MG, 200MG-50MG	2	
<i>lamivudine soln</i>	1	
<i>lamivudine tabs</i>	1	
<i>lamivudine-zidovudine tabs</i>	1	
LEXIVA SUSP 50 MG/ML	2	
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	GP	
<i>lopinavir-ritonavir soln</i>	1	
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	
<i>nevirapine tb24</i>	1	
NORVIR CAPS	2	
NORVIR SOLN	2	
NORVIR TABS	2	
ODEFSEY TABS	2	
PREZCOBIX TABS	2	
PREZISTA SUSP 100 MG/ML	3	
PREZISTA TABS 75 MG, 600 MG, 150 MG, 800 MG	2	
RESCRIPTOR TABS	2	
RETROVIR CAPS (Use <i>Zidovudine</i>)	GP	
RETROVIR SYRP (Use <i>Zidovudine</i>)	GP	

Drug Name	Drug Tier	Requirements/ Limits
REYATAZ CAPS	2	
REYATAZ PACK	2	
SELZENTRY SOLN	2	
SELZENTRY TABS	2	
<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 <i>Abacavir Sulfate- Lamivudine-Zidovudine</i>)	GP	
TRUVADA TABS	2	
TYBOST TABS	2	
VIDEX EC CPDR (Use <i>Didanosine</i>)	GP	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS	2	
VIRAMUNE SUSP 50 MG/5ML	2	
VIRAMUNE TABS 200 MG (Use <i>Nevirapine</i>)	GP	
VIRAMUNE XR TB24 (Use <i>Nevirapine</i>)	GP	
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 250 MG, 200 MG	2	

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

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	GP	
VITEKTA TABS	2	
ZERIT CAPS 20 MG, 15 MG, 40 MG, 30 MG (Use Stavudine)	GP	
ZERIT SOLR 1 MG/ML	2	
ZIAGEN SOLN (Use Abacavir Sulfate)	GP	
ZIAGEN TABS (Use Abacavir Sulfate)	GP	
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
CMV Agents		
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	
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	1	
BARACLUDE SOLN 0.05 MG/ML	SP	PA
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	GP	
COPEGUS TABS (Use Ribavirin (Hepatitis C))	GP	PA
DAKLINZA TABS 30 MG, 60 MG	SP	PA
DAKLINZA TABS 90 MG	SP	PA; LA
<i>entecavir tabs</i>	1	
EPCLUSA TABS	SP	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV SOLN 5 MG/ML	3	
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	GP	
HARVONI TABS	SP	PA; SP
HEPSERA TABS (Use Adefovir Dipivoxil)	GP	
<i>lamivudine (hbv) tabs</i>	3	
MAVYRET TABS	SP	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	SP	PA
PEG-INTRON KIT	SP	PA
PEG-INTRON REDIPEN KIT	SP	PA
PEG-INTRON REDIPEN PAK 4 KIT	SP	PA
PEGASYS PROCLICK SOLN	SP	PA
PEGASYS SOLN	SP	PA
PEGINTRON KIT	SP	PA
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	GP	PA
REBETOL SOLN 40 MG/ML	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

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

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TABS	SP	PA; SP
TECHNIVIE TABS	SP	PA
TYZEKA TABS	SP	ST
VEMLIDY TABS	SP	ST
VICTRELIS CAPS	SP	PA
VIEKIRA PAK TBPk	SP	PA; SP
VIEKIRA XR TB24	SP	PA; SP
VOSEVI TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;SP
ZEPATIER TABS	SP	PA; SP
Herpes Agents		
<i>acyclovir caps</i>	1	
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
<i>famciclovir tabs</i>	1	
FAMVIR TABS (Use <i>Famciclovir</i>)	GP	
SITAVIG TABS	3	PA
<i>valacyclovir hcl tabs</i>	1	
VALTREX TABS (Use <i>Valacyclovir HCl</i>)	GP	
ZOVIRAX CAPS OR 200 MG (Use <i>Acyclovir</i>)	GP	
ZOVIRAX SUSP OR 200 MG/5ML (Use <i>Acyclovir</i>)	GP	
ZOVIRAX TABS OR 800 MG, 400 MG (Use <i>Acyclovir</i>)	GP	
Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
FLUMADINE TABS (Use <i>Rimantadine Hydrochloride</i>)	GP	
<i>oseltamivir phosphate caps 45 mg, 30 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
RELENZA DISKHALER AEPB	3	QL(20 ea per fill retail)
<i>rimantadine hydrochloride tabs</i>	3	
TAMIFLU CAPS 30 MG, 45 MG (Use <i>Oseltamivir Phosphate</i>)	GP	QL(10 ea per fill retail); AL; At least 1 yrs old
TAMIFLU CAPS 75 MG (Use <i>Oseltamivir Phosphate</i>)	GP	
TAMIFLU SUSR 6 MG/ML (Use <i>Oseltamivir Phosphate</i>)	GP	QL(75 ml daily,5 day(s) limit); AL; At least 1 yrs old
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	3	
VIRAZOLE SOLR (Use <i>Ribavirin</i>)	GP	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	3	
<i>carvedilol tabs 12.5 mg, 6.25 mg, 25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	QL(2 ea daily)
COREG CR CP24 (Use <i>Carvedilol Phosphate</i>)	GP	
COREG TABS 25 MG, 6.25 MG, 12.5 MG (Use <i>Carvedilol</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
COREG TABS 3.125 MG (Use Carvedilol)	GP	QL(2 ea daily)
<i>labetalol hcl tabs or 200 mg, 300 mg, 100 mg</i>	1	
Beta Blockers Cardio-Selective		
<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)
BYSTOLIC TABS	3	
LOPRESSOR TABS (Use Metoprolol Tartrate)	GP	
<i>metoprolol succinate tb24</i>	1	
METOPROLOL TARTRATE TABS OR 37.5 MG, 75 MG	2	
<i>metoprolol tartrate tabs or 50 mg, 25 mg, 100 mg</i>	1	
SECTRAL CAPS (Use Acebutolol HCl)	GP	
TENORMIN TABS (Use Atenolol)	GP	
TOPROL XL TB24 (Use Metoprolol Succinate)	GP	
ZEBETA TABS (Use Bisoprolol Fumarate)	GP	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	GP	
BETAPACE TABS (Use Sotalol HCl)	GP	
CORGARD TABS (Use Nadolol)	GP	
HEMANGEOL SOLN	3	AL; Up to 1 yrs old
INDERAL LA CP24 (Use Propranolol HCl)	GP	
INDERAL XL CP24	3	
INNOPRAN XL CP24	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 160 mg, 80 mg, 60 mg, 120 mg</i>	1	
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl tabs or 60 mg, 20 mg, 80 mg, 10 mg, 40 mg</i>	1	
<i>sotalol hcl (afib/afl) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	
<i>timolol maleate tabs</i>	1	QL(2 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 60 MG (Use Nifedipine)	GP	
ADALAT CC TB24 90 MG (Use Nifedipine)	GP	QL(1 ea daily)
<i>amlodipine besylate tabs</i>	1	QL(2 ea daily)
CALAN SR TBCR (Use Verapamil HCl)	GP	
CALAN TABS (Use Verapamil HCl)	GP	
CARDIZEM CD CP24 (Use Diltiazem HCl Coated Beads)	GP	QL(1 ea daily)
CARDIZEM LA TB24 120 MG	2	
CARDIZEM LA TB24 360 MG, 180 MG, 240 MG, 300 MG, 420 MG (Use Diltiazem HCl Coated Beads)	GP	
CARDIZEM TABS (Use Diltiazem HCl)	GP	
<i>diltiazem hcl coated beads cp24 120 mg, 300 mg, 360 mg, 240 mg, 180 mg</i>	1	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads tb24 360 mg, 180 mg, 240 mg, 420 mg, 300 mg	1	
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	
diltiazem hcl cp24 or 120 mg, 240 mg, 180 mg	1	
diltiazem hcl extended release beads cp24	1	
diltiazem hcl tabs or 120 mg, 60 mg, 90 mg, 30 mg	1	
felodipine tb24	1	
isradipine caps	3	
nicardipine hcl caps or 30 mg, 20 mg	3	
nifedipine caps 20 mg, 10 mg	1	
nifedipine tb24 30 mg, 60 mg, 90 mg	1	QL(1 ea daily)
nifedipine tb24 60 mg, 30 mg	1	
nimodipine caps	1	
NISOLDIPINE ER TB24	2	
nisoldipine tb24	1	
NORVASC TABS (Use Amlodipine Besylate)	GP	QL(2 ea daily)
NYMALIZE SOLN	3	
PROCARDIA CAPS (Use Nifedipine)	GP	
PROCARDIA XL TB24 (Use Nifedipine)	GP	QL(1 ea daily)
SULAR TB24 (Use Nisoldipine)	GP	
TIAZAC CP24 (Use Diltiazem HCl Extended Release Beads)	GP	
verapamil hcl cp24 or 200 mg, 300 mg, 180 mg, 360 mg, 240 mg, 120 mg, 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tabs or 40 mg, 120 mg, 80 mg	1	
verapamil hcl tbc or 180 mg, 120 mg, 240 mg	1	
VERELAN CP24 (Use Verapamil HCl)	GP	
VERELAN PM CP24 (Use Verapamil HCl)	GP	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln or 0.05 mg/ml	1	
digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg	1	
LANOXIN TABS OR 187.5 MCG, 62.5 MCG	2	
LANOXIN TABS OR 250 MCG, 125 MCG (Use Digoxin)	GP	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium tabs	3	PA
BIDIL TABS	3	
CADUET TABS (Use Amlodipine Besylate-Atorvastatin Calcium)	GP	PA
ENTRESTO TABS	3	PA
Peripheral Vasodilators		
isoxsuprine hcl tabs 10 mg	3	
ISOXSUPRINE HCL TABS 20 MG	3	
Prostaglandin Vasodilators		
ORENITRAM TBCR	SP	PA
TYVASO REFILL SOLN	SP	PA
TYVASO SOLN	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
TYVASO STARTER SOLN	SP	PA
VENTAVIS SOLN	SP	PA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	SP	PA
OPSUMIT TABS	SP	PA
TRACLEER TABS	SP	PA
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	SP	PA
REVATIO SUSR 10 MG/ML	SP	PA
REVATIO TABS 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	GP	PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	1	PA
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	SP	PA
UPTRAVI TBPk	SP	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	SP	PA
Sinus Node Inhibitors		
CORLANOR TABS	3	ST
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin caps 750 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEPHALEXIN TABS 250 MG, 500 MG	3	
KEFLEX CAPS (Use <i>Cephalexin</i>)	GP	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 500 mg, 250 mg</i>	1	
CEFACTOR ER TB12	3	
CEFACTOR SUSR 250 MG/5ML, 375 MG/5ML, 125 MG/5ML	2	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML, 250 MG/5ML	2	
CEFTIN TABS 250 MG, 500 MG (Use <i>Cefuroxime Axetil</i>)	GP	
<i>cefuroxime axetil tabs</i>	1	
Cephalosporins - 3rd Generation		
CEDAX CAPS	3	
CEDAX SUSR	3	
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	3	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
CEFTIBUTEN CAPS	3	
CEFTIBUTEN SUSR	3	
SPECTRACEF 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
SUPRAX CAPS 400 MG	3	
SUPRAX CHEW 200 MG, 100 MG	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	GP	
SUPRAX SUSR 500 MG/5ML	3	
CHEMICALS		
Bulk Chemicals - E's		
ESTRADIOL CONCENTRATE CREA	3	
Bulk Chemicals - L's		
LEVETIRACETAM POWD XX	3	
Bulk Chemicals - P's		
PROGESTERONE CONCENTRATE CREA	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	GP	QL(1 ea daily); PV
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	GP	PV
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	GP	PV
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	GP	PV
desogestrel & ethinyl estradiol tabs	PV	PV
desogestrel-ethinyl estradiol (biphasic) tabs	PV	PV
desogestrel-ethinyl estradiol (triphasic) tabs	PV	PV
drospirenone-ethinyl estradiol tabs	PV	QL(1 ea daily); PV

Drug Name	Drug Tier	Requirements/ Limits
drospirenone-ethinyl estradiol-levomefolate calcium tabs	PV	QL(1 ea daily); PV
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	PV	QL(1 ea daily); PV
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	GP	PV
ethinodiol diacet & eth estrad tabs	PV	PV
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	GP	PV
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	GP	QL(1 ea daily); PV
levonorgestrel & eth estradiol tabs	PV	PV
levonorgestrel-eth estradiol (triphasic) tabs	PV	PV
levonorgestrel-ethinyl estradiol (91-day) tabs	PV	QL(1 ea daily, 91 day(s) limit); PV
levonorgestrel-ethinyl estradiol (continuous) tabs	PV	PV
LO LOESTRIN FE TABS	PV	QL(1 ea daily); PV
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	GP	PV
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	GP	PV
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	GP	PV
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	GP	PV
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	QL(1 ea daily, 91 day(s) limit); 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
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	PV
MODICON TABS (Use Norethindrone & Eth Estradiol)	GP	PV
NATAZIA TABS	PV	QL(1 ea daily); PV
NECON 10/11-28 TABS	PV	PV
norethin acet & estrad-fe chew 75mg-20mcg-1mg	PV	QL(365 ea per fill retail); PV
norethin acet & estrad-fe tabs 75mg-20mcg-1mg, 75mg-30mcg-1.5mg	PV	PV
norethindrone & eth estradiol tabs	PV	PV
norethindrone & ethinyl estradiol-fe chew 0.4mg-35mcg	PV	PV
norethindrone & ethinyl estradiol-fe chew 75mg-0.8mg-25mcg	PV	QL(1 ea daily); PV
norethindrone & mestranol tabs	PV	PV
norethindrone acet & eth estra tabs	PV	PV
norethindrone acetate-ethinyl estradiol-fe tabs	PV	PV
norethindrone-eth estradiol (triphasic) tabs	PV	QL(1 ea daily); PV
norethindrone-eth estradiol (triphasic) tabs	PV	PV
norgestimate-ethinyl estradiol (triphasic) tabs	PV	QL(1 ea daily); PV
norgestimate-ethinyl estradiol (triphasic) tabs	PV	Equivalent to Ortho Tricyclen Lo; QL(365 ea per days retail, 365 ea per days mail); PV
norgestimate-ethinyl estradiol tabs	PV	QL(1 ea daily); PV

Drug Name	Drug Tier	Requirements/Limits
norgestrel & ethinyl estradiol tabs	PV	PV
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	GP	PV
NORINYL 1+50 TABS	PV	PV
OGESTREL TABS	PV	PV
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	GP	PV
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	GP	QL(1 ea daily); PV
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	GP	QL(1 ea daily); PV
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	GP	PV
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	GP	QL(1 ea daily); PV
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	GP	PV
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	QL(1 ea daily, 91 day(s) limit); PV
SAFYRAL TABS	PV	QL(1 ea daily); PV
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	GP	QL(1 ea daily, 91 day(s) limit); PV
TAYTULLA CAPS	PV	PA; PV
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	GP	PV
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	GP	QL(1 ea daily); PV
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	GP	QL(1 ea daily); 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
Combination Contraceptives - Transdermal		
XULANE PTWK	PV	PV
Combination Contraceptives - Vaginal		
NUVARING RING	2	QL(ea per 365 days retail, ea per days mail); PV
Emergency Contraceptives		
ELLA TABS	PV	PV
<i>levonorgestrel (emergency oc) tabs</i>	PV	AL; Up to 17 yrs old ; PV
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i>)	GP	AL; Up to 17 yrs old ; PV
Progestin Contraceptives - Oral		
NOR-QD TABS (Use <i>Norethindrone (Contraceptive)</i>)	GP	QL(1 ea daily); PV
<i>norethindrone (contraceptive) tabs</i>	PV	QL(1 ea daily); PV
ORTHO MICRONOR TABS (Use <i>Norethindrone (Contraceptive)</i>)	GP	QL(1 ea daily); PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep</i>	1	
CORTEF TABS (Use <i>Hydrocortisone</i>)	GP	
<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	

Drug Name	Drug Tier	Requirements/Limits
DEXPAK 6 DAY TBPk	3	
EMFLAZA SUSP	SP	PA; SP
EMFLAZA TABS	SP	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, 16 MG, 32 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	
ORAPRED ODT TBPk (Use <i>Prednisolone Sodium Phosphate</i>)	GP	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 20 mg/5ml</i>	3	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	3	
<i>prednisolone sodium phosphate soln or 6.7 mg/5ml, 5 mg/5ml, 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 30 mg, 15 mg, 10 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>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISONO INTENSOL CONC	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 5 mg, 10 mg, 1 mg, 2.5 mg, 20 mg, 50 mg</i>	1	
PREDNISONO TBPK 10 MG	2	
PREDNISONO TBPK 5 MG	3	
RAYOS TBEC	3	PA
UCERIS TB24	3	PA
VERIPRED 20 SOLN (<i>Use 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	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<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 (<i>Use Benzonatate</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
ZONATUSS CAPS (<i>Use Benzonatate</i>)	GP	
Cough/Cold/Allergy Combinations		
ACTIDOM DMX LIQD	3	
ACTINEL PEDIATRIC LIQD	3	
ALAHIST DM LIQD (<i>Use Phenylephrine-Brompheniramine-DM</i>)	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 & phenyleph susp</i>	3	
BRONKIDS LIQD	3	
BROVEX PEB DM LIQD (<i>Use Phenylephrine-Brompheniramine-DM</i>)	GP	
CAPCOF SYRP	3	
CARBAPHEN 12 LIQD	3	
CARBAPHEN 12 PED SUSP	3	
CHERACOL PLUS LIQD (<i>Use Dextromethorphan-Guaifenesin</i>)	GP	
CHERACOL-D COUGH LIQD (<i>Use Dextromethorphan-Guaifenesin</i>)	GP	
CLARINEX-D 12 HOUR TB12	3	PA
CODAR AR LIQD	3	
CODAR D LIQD	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
CODITUSSIN AC LIQD	3	
DALLERGY LIQD	3	
DECON-G LIQD	3	
DESGEN DM SYRP	3	
<i>dextromethorphan-guaifenesin liqd 20mg/10ml-200mg/10ml, 10mg/5ml-100mg/5ml, 15mg/7.5ml-150mg/7.5ml, 10mg/5ml-10mg/5ml- 100mg/5ml-100mg/5ml</i>	3	
<i>dextromethorphan-guaifenesin soln 20mg/10ml-200mg/10ml, 10mg/5ml-100mg/5ml</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
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 200mg/5ml-8mg/5ml, 225mg/5ml-7.5mg/5ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100mg/5ml-6.3mg/5ml</i>	3	
<i>guaifenesin-codeine syrp 100mg/5ml-10mg/5ml</i>	1	
HISTEX-PE SYRP	3	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
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	
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	

You can 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>phenylephrine w/ dm-gg liqd 5mg/5ml-75mg/5ml-2.5mg/5ml</i>	3	
<i>phenylephrine w/ dm-gg liqd 7.5mg/ml-88mg/ml-2.5mg/ml, 28mg/5ml-388mg/5ml-10mg/5ml</i>	3	RX/OTC
<i>phenylephrine-brompheniramine-dm liqd</i>	3	
<i>phenylephrine-chlorphen-dm liqd</i>	3	
<i>phenylephrine-guaifenesin liqd</i>	3	
PHENYLEPHRINE/GUAIF ENESIN LIQD	3	
PHENYLHISTINE DH LIQD	2	
PRO-CLEAR AC SYRP	3	
PRO-RED AC SYRP	3	
<i>promethazine & phenylephrine soln</i>	1	
<i>promethazine & phenylephrine syrp</i>	1	
<i>promethazine w/codeine syrp</i>	1	
<i>promethazine-dm syrp</i>	1	
<i>promethazine-phenylephrine-codeine syrp</i>	1	
<i>pseudoephed-bromphen-dm syrp</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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
RYDEX LIQD	3	
SEMPREX-D CAPS	3	
SORBUTUSS NR LIQD	3	
TGQ 15DM/5PEH/2CPM SYRP	3	
TGQ 30PSE/150GFN/15DM SYRP	3	
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	

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

Drug Name	Drug Tier	Requirements/ Limits
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Use Hydrocodone Polistirex-Chlorpheniramine Polistirex)	GP	
TUZISTRA XR SUER	3	
VANACOF LIQD (Use Pseudoephedrine-Dexchlorpheniramine-Chlophedianol)	GP	
VITUZ SOLN	3	
Z-TUSS AC LIQD	3	
ZUTRIPRO SOLN (Use Pseudoephed-CPM w/ Hydrocod)	GP	
Expectorants		
<i>guaifenesin tabs 400 mg</i>	3	
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use Sodium Chloride (Inhalant))	GP	
HYPERSAL NEBU 3.5 %	3	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	GP	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) nebu</i>	3	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG	3	PA; Use generic Isotretinoin Caps;QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA CAPS 20 MG	3	PA; Use generic Isotretinoin Caps;QL(5 ea daily)
ABSORICA CAPS 30 MG	3	PA; Use generic Isotretinoin Caps
ABSORICA CAPS 30 MG, 25 MG, 20 MG, 35 MG, 10 MG, 40 MG	3	PA
ABSORICA CAPS 40 MG	3	PA; Use generic Isotretinoin Caps;QL(2 ea daily)
ACZONE GEL 5 % (Use Dapsone (Topical))	GP	PA
ACZONE GEL 7.5 %	3	PA; QL(2 gm daily)
<i>adapalene crea 0.1 %</i>	1	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)
<i>adapalene-benzoyl peroxide gel</i>	3	Limit 45gms per month;QL(1.5 gm daily)
ATRALIN GEL (Use Tretinoin)	GP	Limit 45gms per month;QL(1.5 gm daily)
AVAR FOAM	3	
AVAR LS CLEANSER LIQD (Use Sulfacetamide Sodium w/ Sulfur)	GP	
AVAR LS FOAM	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
AVAR LS PADS	3	
AVAR PADS	3	
AVAR-E LS CREA (Use Sulfacetamide Sodium w/ Sulfur)	GP	
AZELEX CREA	3	
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	GP	
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	GP	
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	GP	QL(2 gm daily)
benzoyl peroxide-erythromycin gel	1	QL(2 gm daily)
benzoyl peroxide-hc lotn	3	
BP CLEANSING WASH EMUL	2	
CLARIFOAM EF FOAM (Use Sulfacetamide Sodium w/ Sulfur)	GP	
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	GP	
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	GP	
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	GP	
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	GP	
CLINDAGEL GEL	SP	PA
clindamycin phosphate (topical) foam	3	
clindamycin phosphate (topical) gel	1	
clindamycin phosphate (topical) lotn	1	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) soln	1	
clindamycin phosphate (topical) swab	3	
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	
clindamycin phosphate-benzoyl peroxide gel	3	
clindamycin phosphate-tretinoin gel	3	QL(1 gm daily)
dapsone (topical) gel	3	PA
DIFFERIN CREA 0.1 % (Use Adapalene)	GP	QL(45 gm per fill retail)
DIFFERIN GEL 0.1 % (Use Adapalene)	GP	QL(45 gm per fill retail); RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	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 (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	GP	
EPIDUO FORTE GEL	3	PA; Limited 45gms per month;QL(1.5 gm daily)
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	GP	Limit 45gms per month;QL(1.5 gm daily)
ERYGEL GEL (Use Erythromycin (Acne Aid))	GP	
erythromycin (acne aid) gel	1	
erythromycin (acne aid) pads	3	
erythromycin (acne aid) soln	1	
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	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
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	
<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	
RETIN-A CREA (<i>Use Tretinoin</i>)	GP	
RETIN-A GEL (<i>Use Tretinoin</i>)	GP	
RETIN-A MICRO GEL (<i>Use Tretinoin Microsphere</i>)	GP	Limit 20gms per month; QL(0.67 gm daily)
RETIN-A MICRO PUMP GEL 0.08 %	3	PA
RETIN-A MICRO PUMP GEL 0.1 %, 0.04 % (<i>Use Tretinoin Microsphere</i>)	GP	Limit 20gms per month; QL(0.67 gm daily)
RIAX FOAM	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>sulfacetamide sodium w/ sulfur liqd 2%-2%-10%-10%, 2%-10%, 4.8%-9.8%, 4.5%-9%</i>	3	
<i>sulfacetamide sodium w/ sulfur liqd 4%-9%</i>	1	
<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 (<i>Use Sulfacetamide Sodium w/ Sulfur</i>)	GP	
SUMAXIN TS SUSP (<i>Use Sulfacetamide Sodium w/ Sulfur</i>)	GP	
SUMAXIN WASH LIQD (<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
TRETIN-X CREA 0.038 %	3	Limit 35gms per month;QL(1.2 gm daily)
TRETIN-X CREA 0.075 %	3	
<i>tretinoin crea 0.05 %, 0.1 %, 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 20gms per month;QL(0.67 gm daily)
VELTIN GEL	3	QL(1 gm daily)
ZIANA GEL (<i>Use Clindamycin Phosphate-Tretinoin</i>)	GP	QL(1 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	QL(30 gm per fill retail)
Anti-inflammatory Agents - Topical		
<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	
Antibiotics - Topical		
ALTABAX OINT	3	
BACTROBAN CREA (<i>Use Mupirocin Calcium (Topical)</i>)	GP	

Drug Name	Drug Tier	Requirements/ Limits
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	
Antifungals - Topical		
ALA-QUIN CREA	3	
<i>ciclopirox gel 0.77 %</i>	1	
<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 w/ betamethasone crea</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(2 ml daily)
<i>econazole nitrate crea</i>	1	
ECOZA FOAM	3	Limit 70gms per month;QL(2.34 gm daily)
ERTACZO CREA	SP	PA
EXELDERM 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
EXELDERM SOLN	2	
EXODERM LOTN	3	
EXTINA FOAM (Use Ketoconazole (Topical))	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)
<i>ketoconazole (topical) foam</i>	3	
<i>ketoconazole (topical) sham</i>	1	
LAMISIL AT SPRAY SOLN	2	PA
LOPROX CREA (Use Ciclopirox Olamine)	GP	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	GP	
LOPROX SUSP (Use Ciclopirox Olamine)	GP	
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	GP	Limit 45gms per month;QL(1.5 gm daily)
LUZU CREA	3	PA
<i>naftifine hcl crea</i>	3	
NAFTIN CREA 2 % (Use Naftifine HCl)	GP	
NAFTIN GEL 1 %, 2 %	3	
NIZORAL SHAM (Use Ketoconazole (Topical))	GP	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	3	
OXISTAT CREA (Use Oxiconazole Nitrate)	GP	
OXISTAT LOTN	3	
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	GP	
VUSION OINT	3	
VYSTONE CREA (Use Iodoquinol-Hydrocortisone in Aloe Vehicle)	GP	
XOLEGEL GEL	3	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	2	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses) gel</i>	3	PA
EFUDEX CREA (Use Fluorouracil (Topical))	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 Diclofenac Sodium (Actinic Keratoses))	GP	PA
TARGRETIN GEL EX 1 %	2	

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

Drug Name	Drug Tier	Requirements/ Limits
VALCHLOR GEL	SP	PA
Antipruritics - Topical		
DOXEPIN HYDROCHLORIDE CREA	3	
PRUDOXIN CREA	3	
ZONALON CREA	3	
Antipsoriatics		
8-MOP CAPS	3	
<i>acitretin caps 10 mg</i>	3	QL(1 ea daily)
<i>acitretin caps 17.5 mg</i>	3	
<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(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	SP	PA
COSENTYX SOSY	SP	PA
DOVONEX CREA (<i>Use Calcipotriene</i>)	GP	QL(5 gm daily)
<i>methoxsalen rapid caps</i>	1	
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	GP	
SILIQ SOSY	SP	PA
SORIATANE CAPS 10 MG (<i>Use Acitretin</i>)	GP	QL(1 ea daily)
SORIATANE CAPS 17.5 MG (<i>Use Acitretin</i>)	GP	
SORIATANE CAPS 25 MG (<i>Use Acitretin</i>)	GP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SORILUX FOAM	3	QL(4 gm daily)
STELARA SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
TALTZ SOAJ	SP	PA
TALTZ SOSY	SP	PA
<i>tazarotene crea</i>	1	QL(1 gm daily)
TAZORAC CREA 0.05 %	2	QL(1 gm daily)
TAZORAC CREA 0.1 % (<i>Use Tazarotene</i>)	GP	QL(1 gm daily)
TAZORAC GEL 0.05 %, 0.1 %	2	QL(1 gm daily)
TREMFYA SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
VECTICAL OINT (<i>Use Calcitriol (Topical)</i>)	GP	Limit 100gms per month;QL(3.34 gm daily)
ZITHRANOL-RR CREA	3	
Antiseborrheic Products		
OVACE PLUS SHAM 10 % (<i>Use Sulfacetamide Sodium</i>)	GP	
OVACE PLUS WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	GP	
OVACE WASH LIQD (<i>Use 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	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium liqd</i>	1	
<i>sulfacetamide sodium sham</i>	3	
TERSI FOAM FOAM	3	
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
DENAVIR CREA	3	Limit 5gms;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 Acyclovir Topical)	GP	QL(1 gm daily)
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use Silver Sulfadiazine)	GP	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	GP	
Cauterizing Agents		
ARZOL SILVER NITRATE APPLICATORS MISC	3	
Corticosteroids - Topical		
ACLOVATE CREA (Use Alclometasone Dipropionate)	GP	
ALA SCALP LOTN (Use Hydrocortisone (Topical))	GP	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emulsion foam</i>	3	
<i>clobetasol propionate foam</i>	3	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liqd</i>	3	
<i>clobetasol propionate lotn</i>	3	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOBEX LIQD (Use Clobetasol Propionate)	GP	
CLOBEX LOTN (Use Clobetasol Propionate)	GP	
CLOBEX SHAM (Use Clobetasol Propionate)	GP	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	GP	
CORDRAN 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	

Drug Name	Drug Tier	Requirements/ Limits
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	
<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	

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

Drug Name	Drug Tier	Requirements/ Limits
ELOCON OINT (<i>Use Mometasone Furoate</i>)	GP	
EPIFOAM FOAM	3	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone acetonide oint</i>	1	
<i>fluocinolone acetonide soln</i>	1	
<i>fluocinonide crea</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel</i>	1	
<i>fluocinonide oint</i>	1	
<i>fluocinonide soln</i>	1	
<i>flurandrenolide crea</i>	3	
<i>flurandrenolide lotn</i>	3	PA
<i>flurandrenolide oint</i>	3	PA
<i>fluticasone propionate crea 0.05 %</i>	1	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use Triamcinolone Acetonide (Topical)</i>)	GP	
LOCOID CREA (<i>Use Hydrocortisone Butyrate</i>)	GP	
LOCOID LIPOCREAM CREA (<i>Use Hydrocortisone Butyrate Hydrophilic Lipo Base</i>)	GP	
LOCOID LOTN	3	PA
LOCOID OINT (<i>Use Hydrocortisone Butyrate</i>)	GP	
LOCOID SOLN (<i>Use Hydrocortisone Butyrate</i>)	GP	
LUXIQ FOAM (<i>Use Betamethasone Valerate</i>)	GP	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
NUCORT LOTN	3	
OLUX FOAM (<i>Use Clobetasol Propionate</i>)	GP	
OLUX-E FOAM (<i>Use Clobetasol Propionate Emulsion</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
PANDEL CREA	3	
PRAMOSONE E CREA	3	
PRAMOSONE LOTN 1%-2.5%, 1%-1%	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	
TEMOVATE GEL (Use Clobetasol Propionate)	GP	
TEMOVATE OINT (Use Clobetasol Propionate)	GP	
TEMOVATE SOLN (Use Clobetasol Propionate)	GP	
TEXACORT SOLN	3	
TOPICORT CREA 0.05 %, 0.25 % (Use Desoximetasone)	GP	
TOPICORT GEL 0.05 % (Use Desoximetasone)	GP	
TOPICORT LIQD 0.25 %	3	ST
TOPICORT OINT 0.25 %, 0.05 % (Use Desoximetasone)	GP	

Drug Name	Drug Tier	Requirements/Limits
<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 (Use Desonide)	GP	
ULTRAVATE CREA (Use Halobetasol Propionate)	GP	
ULTRAVATE LOTN	3	PA
ULTRAVATE OINT (Use Halobetasol Propionate)	GP	
VANOS CREA (Use Fluocinonide)	GP	
VERDESO FOAM	3	
WESTCORT OINT (Use Hydrocortisone Valerate)	GP	
Eczema Agents		
DUPIXENT SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Emollient/Keratolytic Agents		
ALUVEA CREA (Use Urea)	GP	
CARB-O-LAC HP CREA	3	
CARB-O-LAC5 CREA	3	
CEM-UREA SOLN	3	
GORDONS UREA OINT	3	
HYDRO 35 FOAM (Use Urea in Lactic Acid Vehicle)	GP	
HYDRO 40 FOAM FOAM (Use Urea)	GP	
KERASAL ULTRA20 CREA	3	
UMECTA EMUL	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
UMECTA NAIL FILM SUSP (Use Urea)	GP	
URAMAXIN CREA 45 % (Use Urea)	GP	
URAMAXIN FOAM 20%	3	
URAMAXIN GEL 45 % (Use Urea)	GP	
URAMAXIN GT GEL (Use Urea)	GP	
URAMAXIN LOTN 45 % (Use Urea)	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	
Emollients		
<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

Drug Name	Drug Tier	Requirements/Limits
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
Enzymes - Topical		
GRANULEX AERS (Use Trypsin w/ Castor Oil & Peruvian Balsam)	GP	
SANTYL OINT	3	
TBC AERS	3	
Immunomodulating Agents - Topical		
ALDARA CREA (Use Imiquimod)	GP	
<i>imiquimod crea</i>	1	
ZYCLARA CREA	3	PA; QL(1 gm daily)
ZYCLARA PUMP CREA 3.75 %	3	PA; QL(1 gm daily)
Immunosuppressive Agents - Topical		
ELIDEL CREA	3	QL(60 gm per fill retail)
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
Keratolytic/Antimitotic Agents		

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

Drug Name	Drug Tier	Requirements/ Limits
BENSAL HP OINT	3	
CONDYLOX GEL	2	
CONDYLOX SOLN (<i>Use Podofilox</i>)	GP	
PODOCON 25 IN BENZOIN TINCTURE SOLN	3	
<i>podofilox soln</i>	1	
SALEX LOTION KIT (<i>Use Salicylic Acid w/ Cleanser</i>)	GP	
SALEX SHAM (<i>Use Salicylic Acid</i>)	GP	
<i>salicylic acid crea 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 (<i>Use Salicylic Acid</i>)	GP	
ULTRASAL-ER SOLN (<i>Use Salicylic Acid</i>)	GP	PA
VIRASAL LIQD (<i>Use Salicylic Acid</i>)	GP	
Liniments		
MEDROX-RX OINT	3	PA
Local Anesthetics - Topical		
ANASTIA LOTN	3	
COCAINE HCL SOLN	3	
EMLA CREA (<i>Use Lidocaine-Prilocaine</i>)	GP	

Drug Name	Drug Tier	Requirements/ Limits
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>	3	QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	3	
LIDODERM PTCH (<i>Use Lidocaine</i>)	GP	QL(3 ea daily)
LIDOPIN CREA	3	
NUMBONEX LOTN	3	
SYNERA PTCH	3	
XYLOCAINE SOLN EX 4 % (<i>Use Lidocaine HCl</i>)	GP	
Misc. Dermatological Products		
CERACADE EMUL	3	
EMULSION SB EMUL	3	
ENTTY SPRAY EMULSION EMUL	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
EPICERAM EMUL	3	
KAMDOY EMUL	3	
PHLAG SPRAY EMUL	3	
SYNERDERM EMUL	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC SOLN	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; Limited to 60 gm per month; QL(2 gm daily)
Rosacea Agents		
DOXYCYCLINE CPDR	3	PA
FINACEA FOAM	3	
FINACEA GEL	2	
METROCREAM CREA (Use Metronidazole (Topical))	GP	
METROGEL GEL (Use Metronidazole (Topical))	GP	
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	SP	PA
ORACEA CPDR	3	PA

Drug Name	Drug Tier	Requirements/ Limits
RHOFADE CREA	3	PA
SOOLANTRA CREA	3	PA; QL(1.5 gm daily)
Scabicides & Pediculicides		
ELIMITE CREA (Use <i>Permethrin</i>)	GP	QL(60 gm per fill retail)
EURAX CREA	2	
EURAX LOTN	2	
LINDANE LOTN	2	
<i>lindane lotn</i>	1	
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
ULESFIA LOTN	3	
Wound Care Products		
REGANEX GEL	3	QL(15 gm per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	SP	Limit 1 per fill, 2 per month; QL(0.07 ea daily, 1 ea per fill retail)
METOPIRONE CAPS	3	
Diagnostic Tests		

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

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE INSULINX BLOODGLUCOSE TEST 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
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)
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP	3	
PERTZYE CPEP	3	
SUCRAID SOLN	SP	PA
ULTRESA CPEP	3	

Drug Name	Drug Tier	Requirements/ Limits
VIOKACE TABS	3	
ZENPEP CPEP 17000UNIT-5000UNIT-27000UNIT (Use Pancrelipase (Lipase-Protease-Amylase))	GP	
ZENPEP CPEP 51000UNIT-15000UNIT-82000UNIT, 68000UNIT-20000UNIT-109000UNIT, 10000UNIT-3000UNIT-16000UNIT, 63000UNIT-20000UNIT-84000UNIT, 85000UNIT-25000UNIT-136000UNIT, 34000UNIT-10000UNIT-55000UNIT, 136000UNIT-40000UNIT-218000UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	1	
<i>acetazolamide tabs</i>	1	
DIAMOX CP12 (Use Acetazolamide)	GP	
KEVEYIS TABS	SP	PA
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS (Use Methazolamide)	GP	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	GP	
ALDACTAZIDE TABS 50MG-50MG	2	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	GP	

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

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	GP	
MAXZIDE-25 TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	GP	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide tabs or 2 mg, 1 mg, 0.5 mg</i>	1	
BUMEX TABS (<i>Use Bumetanide</i>)	GP	
DEMADEX TABS (<i>Use Toremide</i>)	GP	
EDECIN TABS (<i>Use Ethacrynic Acid</i>)	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	
<i>furosemide tabs or 80 mg, 40 mg, 20 mg</i>	1	
LASIX TABS (<i>Use Furosemide</i>)	GP	
<i>toremide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	GP	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS	3	
<i>spironolactone tabs</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use Hydrochlorothiazide</i>)	GP	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use Risedronate Sodium</i>)	GP	Limit 1 per month;QL(0.04 ea daily)
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	GP	Limit 4 for 28 days;QL(0.15 ea daily)
ACTONEL TABS 5 MG, 30 MG (<i>Use 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)
ALENDRONATE SODIUM TABS 40 MG	2	
<i>alendronate sodium tabs 70 mg, 35 mg</i>	1	Limit 4 per 28 days;QL(0.15 ea daily)
ATELVIA TBEC (<i>Use Risedronate Sodium</i>)	GP	Limit 4 for 28 days;QL(0.15 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
BINOSTO TBEF	3	ST; Limit 4 per month;QL(0.15 ea daily)
BONIVA TABS (<i>Use Ibandronate Sodium</i>)	GP	Limit 1 per month;QL(0.04 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS	3	
FORTEO SOLN	SP	PA
FOSAMAX PLUS D TABS	3	PA; Limit 4 per 28 days;QL(0.15 ea daily)
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	GP	Limit 4 per 28 days;QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	1	Limit 1 per month;QL(0.04 ea daily)
MIACALCIN SOLN IJ 200 UNIT/ML	SP	PA
MIACALCIN SOLN NA 200 UNIT/ACT (<i>Use Calcitonin (Salmon)</i>)	GP	
NATPARA CART	SP	PA
<i>risedronate sodium tabs 150 mg</i>	3	Limit 1 per month;QL(0.04 ea daily)
<i>risedronate sodium tabs 35 mg</i>	3	Limit 4 for 28 days;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 for 28 days;QL(0.15 ea daily)
TYMLOS SOPN	SP	PA
Fertility Regulators		
CLOMIPHENE CITRATE TABS	2	Limit 15 per month;QL(0.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate tabs</i>	1	Limit 15 per month;QL(0.5 ea daily)
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	SP	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	SP	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	SP	PA
GENOTROPIN SOLR 12 MG	SP	PA
HUMATROPE COMBO PACK SOLR	SP	PA
HUMATROPE SOLR	SP	PA
NORDITROPIN FLEXPRO SOLN	SP	PA
OMNITROPE SOLR	SP	PA
SEROSTIM SOLR	SP	PA
ZORBTIVE SOLR	SP	PA
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	GP	PV
OSPHENA TABS	3	
<i>raloxifene hcl tabs</i>	PV	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	SP	PA
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	2	
Metabolic Modifiers		
BUPHENYL POWD 3 GM/TSP (<i>Use Sodium Phenylbutyrate</i>)	SP	PA
BUPHENYL TABS 500 MG	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
BUPHENYL TABS 500 MG (Use Sodium Phenylbutyrate)	SP	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	SP	
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	GP	
CARNITOR SOLN OR 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	GP	
CARNITOR TABS OR 330 MG (Use Levocarnitine (Metabolic Modifiers))	GP	RX/OTC
CYSTADANE POWD	SP	PA
<i>doxercalciferol caps or 1 mcg, 2.5 mcg, 0.5 mcg</i>	3	
HECTOROL CAPS OR 2.5 MCG, 1 MCG, 0.5 MCG (Use Doxercalciferol)	GP	
KUVAN PACK	SP	Specialty Drug refer to Caremark SP RX
KUVAN TBSO	SP	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
MYALEPT SOLR	SP	PA
ORFADIN CAPS	SP	PA
ORFADIN SUSP	SP	PA
<i>paricalcitol caps or 2 mcg, 1 mcg, 4 mcg</i>	3	
RAVICTI LIQD	SP	PA

Drug Name	Drug Tier	Requirements/Limits
ROCALTROL CAPS (Use Calcitriol)	GP	
ROCALTROL SOLN (Use Calcitriol)	GP	
SENSIPAR TABS	3	PA
<i>sodium phenylbutyrate powd</i>	SP	PA
<i>sodium phenylbutyrate tabs</i>	SP	PA
STRENSIQ SOLN	SP	PA
ZEMPLAR CAPS OR 2 MCG, 1 MCG (Use Paricalcitol)	GP	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Refrigerated)	GP	
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	GP	
DDAVP TABS OR 0.2 MG, 0.1 MG (Use Desmopressin Acetate)	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 0.1 mg, 0.2 mg</i>	1	
STIMATE SOLN	3	
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	SP	PA
SANDOSTATIN SOLN (Use Octreotide Acetate)	SP	PA
SIGNIFOR SOLN	SP	PA
Vasopressin Receptor Antagonists		

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

Drug Name	Drug Tier	Requirements/Limits
SAMSCA TABS	SP	QL(1 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Use Estradiol & Norethindrone Acetate</i>)	GP	
ANGELIQ TABS	3	
CLIMARA PRO PTWK	2	Limit 4 per 28 days;QL(0.15 ea daily)
COMBIPATCH PTTW	3	
DUAVEE TABS	3	
<i>estradiol & norethindrone acetate tabs</i>	1	
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	GP	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREFEST TABS	3	
PREMPHASE TABS	2	
PREMPRO TABS 0.3MG-1.5MG	2	QL(1 ea daily)
PREMPRO TABS 0.625MG-5MG, 0.45MG-1.5MG, 0.625MG-2.5MG	2	
Estrogens		
ALORA PTTW 0.025 MG/24HR	2	Limit 8 per month;QL(0.29 ea daily)
ALORA PTTW 0.05 MG/24HR	2	Limit 8 per 28 days;QL(0.29 ea daily)
ALORA PTTW 0.1 MG/24HR, 0.075 MG/24HR	3	Limit 8 per 28 days;QL(0.29 ea daily)
CLIMARA PTWK (<i>Use Estradiol</i>)	GP	Limit 4 per 28 days;QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ENJUVIA TABS 0.45 MG, 0.3 MG, 0.625 MG	3	QL(1 ea daily)
ENJUVIA TABS 0.9 MG	3	
ESTRACE TABS OR 1 MG, 2 MG, 0.5 MG (<i>Use Estradiol</i>)	GP	
<i>estradiol pttw td 0.0375 mg/24hr</i>	1	
<i>estradiol pttw td 0.05 mg/24hr</i>	1	Limit 8 per 28 days;QL(0.29 ea daily)
<i>estradiol pttw td 0.075 mg/24hr</i>	2	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol pttw td 0.1 mg/24hr</i>	2	Limit 8 per 28 days;QL(0.29 ea daily)
<i>estradiol pttw td 0.1 mg/24hr, 0.075 mg/24hr, 0.025 mg/24hr</i>	1	Limit 8 per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.06 mg/24hr, 0.1 mg/24hr, 0.025 mg/24hr, 37.5 mcg/24hr, 0.05 mg/24hr, 0.075 mg/24hr</i>	1	Limit 4 per 28 days;QL(0.15 ea daily)
<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	2	
ESTROPIPATE TABS 1.5 MG	2	PV
<i>estropipate tabs 3 mg</i>	1	
EVAMIST SOLN	3	
MENEST 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
MENOSTAR PTWK	3	Limit 4 per 28 days;QL(0.15 ea daily)
MINIVELLE PTTW 0.025 MG/24HR	2	Limit 8 per month;QL(0.29 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR	2	
MINIVELLE PTTW 0.05 MG/24HR	2	Limit 8 per 28 days;QL(0.29 ea daily)
MINIVELLE PTTW 0.075 MG/24HR	3	Limit 8 patches per month;QL(0.29 ea daily)
MINIVELLE PTTW 0.1 MG/24HR	3	Limit 8 per 28 days;QL(0.29 ea daily)
PREMARIN TABS OR 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG, 0.3 MG	2	
VIVELLE-DOT PTTW 0.025 MG/24HR (Use Estradiol)	GP	Limit 8 per month;QL(0.29 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (Use Estradiol)	GP	
VIVELLE-DOT PTTW 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (Use Estradiol)	GP	Limit 8 per 28 days;QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (Use Moxifloxacin HCl)	GP	
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	GP	
CIPRO SUSR (Use Ciprofloxacin)	GP	
CIPRO TABS (Use Ciprofloxacin HCl)	GP	
CIPRO XR TB24 1000MG (Use Ciprofloxacin-Ciprofloxacin HCl)	GP	QL(14 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CIPRO XR TB24 500MG (Use Ciprofloxacin-Ciprofloxacin HCl)	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 or 250 mg/5ml, 500 mg/5ml</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)
LEVAQUIN TABS (Use Levofloxacin)	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 750 mg, 250 mg, 500 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)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE TABS	3	PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	SP	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	GP	
CHENODAL TABS	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
URSO 250 TABS (<i>Use Ursodiol</i>)	GP	
URSO FORTE TABS (<i>Use Ursodiol</i>)	GP	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) conc</i>	1	
GASTROCROM CONC (<i>Use Cromolyn Sodium (Mastocytosis)</i>)	GP	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	3	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	
METOCLOPRAMIDE ODT TBDP	3	
METOZOLV ODT TBDP (<i>Use Metoclopramide HCl</i>)	GP	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	GP	
Inflammatory Bowel Agents		
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	
CIMZIA KIT	SP	PA
CIMZIA STARTER KIT KIT	SP	PA

Drug Name	Drug Tier	Requirements/Limits
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	ST; QL(6 ea daily)
LIALDA TBEC (<i>Use Mesalamine</i>)	GP	
<i>mesalamine enem</i>	1	
<i>mesalamine tbec</i>	1	
PENTASA CPCR	3	PA
SFROWASA ENEM	2	
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	3	
LINZESS CAPS	2	
LOTROXON TABS (<i>Use Alosetron HCl</i>)	GP	
VIBERZI TABS	3	PA
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
MOVANTIK TABS	3	
RELISTOR SOLN	SP	PA
RELISTOR TABS	SP	PA
Phosphate Binder Agents		
AURYXIA 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>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (Use Calcium Acetate (Phosphate Binder))	GP	RX/OTC
FOSRENOL CHEW 750 MG, 500 MG, 1000 MG (Use Lanthanum Carbonate)	GP	
FOSRENOL PACK 1000 MG, 750 MG	3	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	3	
RENAGEL TABS	3	PA
RENVELA PACK (Use Sevelamer Carbonate)	GP	
RENVELA TABS (Use Sevelamer Carbonate)	GP	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	SP	PA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	SP	PA; Not available through mail
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS	2	
Alkalinizers		
ORACIT SOLN	3	
<i>pot & sod citrates w/citric ac soln 550mg/5ml-334mg/5ml-500mg/5ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pot & 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</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 (Use Sodium Citrate & Citric Acid)	GP	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	GP	
UROKIT-K 15 TBCR (Use Potassium Citrate (Alkalinizer))	GP	
UROKIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	GP	
Cystinosis Agents		
CYSTAGON CAPS	SP	PA
PROCYSBI CPDR	SP	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	
AVODART CAPS (Use Dutasteride)	GP	AL; At least 40 yrs old
CARDURA XL TB24	3	
<i>dutasteride caps</i>	1	AL; At least 40 yrs old

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

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL; At least 40 yrs old
FLOMAX CAPS (Use Tamsulosin HCl)	GP	QL(2 ea daily)
JALYN CAPS (Use Dutasteride-Tamsulosin HCl)	GP	
PROSCAR TABS (Use Finasteride)	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 (Use Alfuzosin HCl)	GP	
Urinary Stone Agents		
LITHOSTAT TABS	3	
THIOLA TABS	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA
Gout Agents		
<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

Drug Name	Drug Tier	Requirements/Limits
ZYLOPRIM TABS (Use Allopurinol)	GP	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	SP	PA
ADYNOVATE SOLR 2000 UNIT, 500 UNIT, 1000 UNIT, 250 UNIT	SP	PA
ADYNOVATE SOLR 3000 UNIT	SP	PA; SP
ADYNOVATE SOLR 750 UNIT, 1500 UNIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
AFSTYLA KIT	SP	PA; SP
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	SP	PA
ALPHANINE SD SOLR	SP	PA
ALPROLIX SOLR 3000 UNIT, 500 UNIT, 2000 UNIT, 250 UNIT, 1000 UNIT	SP	PA
ALPROLIX SOLR 4000 UNIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
BEBULIN SOLR	SP	PA
BENEFIX KIT	SP	PA
COAGADEX SOLR	SP	PA
CORIFACT KIT	SP	PA
ELOCTATE SOLR 6000 UNIT, 4000 UNIT, 5000 UNIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;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
ELOCTATE SOLR 750 UNIT, 250 UNIT, 500 UNIT, 2000 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	SP	PA; SP
FEIBA NF SOLR	SP	PA
FEIBA SOLR	SP	PA
FIBRYGA SOLR	SP	PA
HELIXATE FS KIT	SP	PA
HEMOFIL M SOLR 1000 UNIT, 250 UNIT, 500 UNIT	3	PA; SP
HEMOFIL M SOLR 1700 UNIT, 1501 -2000 UNIT, 801 -1500 UNIT	SP	PA
HUMATE-P SOLR	SP	PA
IDELVION SOLR	SP	PA; SP
IXINITY SOLR 1500 UNIT	SP	PA; SP
IXINITY SOLR 3000 UNIT, 1000 UNIT, 500 UNIT, 250 UNIT, 2000 UNIT	SP	PA
KCENTRA KIT	SP	PA
KOATE SOLR	3	PA; SP
KOATE-DVI SOLR	3	PA; SP
KOGENATE FS BIO-SET KIT	SP	PA
KOGENATE FS KIT	SP	PA
KOVALTRY SOLR	SP	PA
MONOCLATE-P KIT	SP	PA
MONONINE SOLR	SP	PA
NOVOEIGHT SOLR	SP	PA
NOVOSEVEN RT SOLR	SP	PA
NUWIQ KIT 4000 UNIT, 3000 UNIT, 2500 UNIT	SP	PA; Refer to Accredo SP Rx;SP

Drug Name	Drug Tier	Requirements/ Limits
NUWIQ SOLR 3000 UNIT, 4000 UNIT, 2500 UNIT	SP	PA; SP- Acaria Health ;SP
OBIZUR SOLR	SP	PA
PROFILNINE SD SOLR	SP	PA
PROFILNINE SOLR	SP	PA
RECOMBINATE SOLR	SP	PA
RIASTAP SOLR	SP	PA
RIXUBIS SOLR	SP	PA
TRETTEN SOLR	SP	PA
VONVENDI SOLR	SP	PA
WILATE KIT 500UNIT-500UNIT, 1000UNIT-1000UNIT	SP	PA; SP
WILATE SOLR 500UNIT-500UNIT, 1000UNIT-1000UNIT	SP	PA
XYNTHA KIT	SP	PA
XYNTHA SOLOFUSE KIT 2000 UNIT, 1000 UNIT, 500 UNIT, 250 UNIT	SP	PA
XYNTHA SOLOFUSE KIT 3000 UNIT	SP	PA; SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	SP	PA
Complement Inhibitors		
HAEGARDA SOLR	SP	PA; SP
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	
Human Protein C		
CEPROTIN SOLR	SP	PA
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</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
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)
<i>dipyridamole tabs or 50 mg, 25 mg, 75 mg</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	GP	
PERSANTINE TABS (<i>Use Dipyridamole</i>)	GP	
PLAVIX TABS (<i>Use Clopidogrel Bisulfate</i>)	GP	QL(2 ea daily)
PLETAL TABS (<i>Use Cilostazol</i>)	GP	QL(2 ea daily)
<i>prasugrel hcl tabs</i>	1	
ZONTIVITY TABS	2	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	SP	PA
ZAVESCA CAPS	SP	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	2	
ENDARI PACK	SP	PA
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	1	RX/OTC
<i>folic acid tabs or 400 mcg, 800 mcg</i>	PV	PV
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	SP	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN	SP	PA
EPOGEN SOLN	SP	PA
LEUKINE SOLR	SP	PA
MIRCERA SOSY 200 MCG/0.3ML, 75 MCG/0.3ML, 50 MCG/0.3ML, 100 MCG/0.3ML	SP	PA
MIRCERA SOSY 30 MCG/0.3ML, 150 MCG/0.3ML	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
NEULASTA ONPRO KIT PSKT	SP	PA
NEULASTA SOSY	SP	PA
NEUPOGEN SOLN	SP	PA
NEUPOGEN SOSY	SP	PA
PROCRIT SOLN 20000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML, 3000 UNIT/ML, 2000 UNIT/ML	SP	PA
PROMACTA TABS	SP	PA; QL(1 ea daily)
ZARXIO SOSY	3	PA; LA
Hematopoietic Mixtures		
FOLIVANE-F CAPS	2	
INTEGRA F CAPS	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN	3	
AMICAR TABS	3	
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	GP	QL(6 ea daily,5 day(s) limit)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>tranexamic acid tabs</i>	1	QL(6 ea daily,5 day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	3	
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
PHENOBARBITAL TABS 60 MG, 15 MG, 100 MG, 30 MG	2	
<i>phenobarbital tabs 64.8 mg, 16.2 mg, 97.2 mg, 32.4 mg</i>	1	
Hypnotics - Tricyclic Agents		
SILENOR TABS	3	ST; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use Zolpidem Tartrate</i>)	GP	QL(1 ea daily)
AMBIEN TABS (<i>Use 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 (<i>Use Triazolam</i>)	GP	
INTERMEZZO SUBL (<i>Use Zolpidem Tartrate</i>)	GP	PA
LUNESTA TABS (<i>Use Eszopiclone</i>)	GP	QL(1 ea daily)
<i>midazolam hcl syrps or 2 mg/ml</i>	3	
QUAZEPAM TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
RESTORIL CAPS (<i>Use Temazepam</i>)	GP	
SONATA CAPS (<i>Use Zaleplon</i>)	GP	QL(1 ea daily)
<i>temazepam caps 15 mg, 7.5 mg, 30 mg</i>	1	
<i>temazepam caps 22.5 mg</i>	3	
TRIAZOLAM TABS 0.125 MG	2	
<i>triazolam tabs 0.25 mg</i>	1	
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate subl sl 3.5 mg, 1.75 mg</i>	3	PA
<i>zolpidem tartrate tabs or 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	ST; Limit 1 bottle per month;QL(0.26 ml daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	2	ST; QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	SP	PA
ROZEREM TABS	3	ST; QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	PV	QL(1 ea per fill retail); PV
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	PV	PA; QL(4000 ea per fill retail); 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
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	PV	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>	PV	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	PV	PV
PREPOPIK PACK	PV	PA; PV
SUPREP BOWEL PREP KIT SOLN	PV	PV
Laxatives - Miscellaneous		
KRISTALOSE PACK	3	
<i>lactulose soln</i>	1	
MIRALAX POWD (<i>Use Polyethylene Glycol 3350</i>)	GP	Limited to 510 Gm per month;QL(17.6 gm daily); RX/OTC
<i>polyethylene glycol 3350 powd</i>	1	Limited to 510 Gm per month;QL(17.6 gm daily); RX/OTC
Saline Laxatives		
OSMOPREP TABS	3	PA

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
Stimulant Laxatives		
<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
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		

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

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 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	GP	
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	GP	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	GP	QL(3 ea daily)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	GP	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	GP	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	GP	QL(6 ea per fill retail)
ZMAX SUSR	2	QL(2 ea daily)
Clarithromycin		
BIAXIN SUSR (Use Clarithromycin)	GP	
BIAXIN TABS (Use Clarithromycin)	GP	
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	2	
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail)
Erythromycins		

Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	GP	
ERY-TAB TBEC	2	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	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	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES		
Parenteral Therapy Supplies		
INSULIN SYRINGES AND PEN NEEDLES	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	PV	QL(1 ea per 365 days retail, ea per days mail); PV
FC FEMALE CONDOM MISC	PV	PV
FC2 FEMALE CONDOM MISC	PV	PV
FEMCAP DEVI	PV	PV
OMNIFLEX DIAPHRAGM DPRH	PV	PV

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

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	PV	PV
Diabetic Supplies		
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)
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

Drug Name	Drug Tier	Requirements/Limits
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
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)
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	2	RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	2	
1ST TIER UNIFINE PENTIPS31GX8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	2	Limited to 200 without prior auth; 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
1ST TIER UNIFINE PENTIPSPPLUS 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS/MINI/31GX 5MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS/ORIGINAL/ 29GX12MM MISC	2	RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS/ULTRA SHORT/31GX6MM MISC	2	
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	2	
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES MISC	2	
AURORA PEN NEEDLES 29GX12MM MISC	2	RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	2	
AURORA PEN NEEDLES 31G X8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
BD ECLIPSE NEEDLE 30G X1/2" MISC	2	
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 15/64" MISC	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64" MISC	2	RX/OTC
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 NEEDLE/MINI/ULTRAFINE /31G X 3/16" MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	
BD PEN NEEDLE/ULTRAFINE/29G X1/2" 12.7MM MISC	2	
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" MISC	2	Limited to 200 without prior auth;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
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	2	
CAREFINE PEN NEEDLE 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	2	RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	2	RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	2	
CAREFINE PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	2	RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	2	
CAREONE UNIFINE PENTIPS 29GX12MM MISC	2	RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	2	
CAREONE UNIFINE PENTIPS 31GX8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	2	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	2	
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	2	
CARETOUCH PEN NEEDLES 31GX 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	2	Limit 200 per month without prior authorization; 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
CARETOUCH PEN NEEDLES 32GX 5MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC	2	
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	2	
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	2	
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC	2	
CLICKFINE PEN NEEDLE 32GX5/32" MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	2	
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	2	
CLICKFINE PEN NEEDLES/31GX5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
DROPLET PEN NEEDLES 29GX12MM MISC	2	RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	2	
DROPLET PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	2	
DROPLET PEN NEEDLES 32G X 3/16" MISC	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32G X 5/16" MISC	2	
DROPLET PEN NEEDLES 32G X 5/32" MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	2	RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	2	
DROPLET PEN NEEDLES 32GX8MM MISC	2	
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	2	RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	2	
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPPLUS 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DUANE READE UNIFINE PENTIPS 29G X 12MM MISC	2	RX/OTC
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	2	
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4" MISC	2	
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	2	RX/OTC
EASY TOUCH 32GX6MM MISC	2	
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" MISC	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" MISC	2	
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	2	RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	2	RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	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
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	2	
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	2	RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
EQL SHORT PEN NEEDLES 31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
EQL ULTRA SHORT PEN NEEDLES 31G X 6MM MISC	2	
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	2	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	2	
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	2	
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	2	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;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
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16" MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	2	
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	2	
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	2	RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	2	
HEALTHWISE PEN NEEDLES 29GX12MM MISC	2	RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization; QL(6.67 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	2	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	2	
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth; 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
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
HYPODERMIC NEEDLE 30GX1/2" MISC	2	
INSUPEN 29G X 12MM MISC	2	RX/OTC
INSUPEN 31G X 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
INSUPEN 33GX4MM MISC	2	
INSUPEN PEN NEEDLES 32G X4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	2	
INSUPEN SENSITIVE 32GX8MM MISC	2	
INSUPEN ULTRAFIN 29GX12MM MISC	2	RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	2	RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN ULTRAFIN 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
KROGER PEN NEEDLES 29G X12MM MISC	2	RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	2	
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	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
LITETOUCH PEN NEEDLES 31G X 6MM MISC	2	
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	2	RX/OTC
LIVE BETTER PEN NEEDLES 31G X 12MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 6MM MISC	2	
MARATHON MEDICAL PENTIPS29GX12MM MISC	2	RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	2	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	2	
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER PEN NEEDLES 29G X12MM MISC	2	RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	2	
MEIJER PEN NEEDLES 31G X8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
MM PEN NEEDLES 31G X 1/4" MISC	2	
MM PEN NEEDLES 31G X 3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
NOVOFINE 30GX8MM MISC	2	RX/OTC
NOVOFINE 32GX6MM MISC	2	
NOVOFINE AUTOCOVER 30GX8MM MISC	2	RX/OTC
NOVOFINE PLUS 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
NOVOTWIST 30GX8MM MISC	2	RX/OTC
NOVOTWIST 32GX5MM MISC	2	RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PC UNIFINE PENTIPS 31G X5MM MINI MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	2	
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	2	RX/OTC
PEN NEEDLES 29GX1/2" MISC	2	RX/OTC
PEN NEEDLES 30GX5/16" MISC	2	RX/OTC
PEN NEEDLES 30GX8MM MISC	2	RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	2	
PEN NEEDLES 31G X 3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	2	
PEN NEEDLES 31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES 31GX8MM (5/16") MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	2	RX/OTC
PEN NEEDLES 32G X 6MM MISC	2	
PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	2	RX/OTC
PENTIPS 29GX12MM MISC	2	RX/OTC
PENTIPS 31G X 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	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
PENTIPS 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
POLY HUB NEEDLE/30G X 1/2" MISC	2	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	2	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	2	
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	2	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	2	
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	2	
PX MINI PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	2	RX/OTC
PX PEN NEEDLE 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	2	RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	2	
QC PEN NEEDLES 31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	2	Limit 200 per month without prior authorization;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
RA PEN NEEDLES 31G X 5MM3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC	2	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	2	
RELION PEN NEEDLES 29GX12MM MISC	2	RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	2	
RELION PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	2	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	2	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	2	
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	2	RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	2	Limit 200 per month without authorization;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
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	2	
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	2	
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64" MISC	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	2	RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/31GX 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	2	
TECHLITE PEN NEEDLES/32GX 8MM MISC	2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	2	
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	2	RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	2	
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 29GX12MM MISC	2	RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC	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
TRUEPLUS PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	2	
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	2	
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	2	
ULTICARE MINI PEN NEEDLES31GX6MM MISC	2	
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	2	RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	2	
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTILET INSULIN SYRINGE 31X6MM MISC	2	RX/OTC
ULTILET PEN NEEDLE 29GX12.7MM MISC	2	
ULTILET PEN NEEDLE 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	2	Limited to 200 without prior auth;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
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	2	
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	2	RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	2	
UNIFINE PENTIPS 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM MISC	2	RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS PLUS 31GX6MM MISC	2	
UNIFINE PENTIPS PLUS 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	2	RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	2	
VALUMARK PEN NEEDLES 31GX 8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	2	Limit 200 per month without prior authorization;QL(6.67 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	2	
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	2	RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	2	Limit 200 per month without prior authorization;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
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	2	
Respiratory Therapy Supplies		
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	RX/OTC
AEROCHAMBER MV MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER/FLOWSIGNAL MISC	2	RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC
ARIAL CHAMBER DEVI	2	RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC	2	RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC	2	RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC	2	RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC	2	RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC	2	RX/OTC
BREATHERITE MISC	2	RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC	2	RX/OTC
BREATHERITE W/LARGE MASK MISC	2	RX/OTC
BREATHERITE W/MEDIUM MASK MISC	2	RX/OTC
BREATHERITE W/SMALL MASK MISC	2	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC
E-Z SPACER DEVI	2	RX/OTC
E-Z SPACER THE BODY GUARDS PACK DEVI	2	RX/OTC
EASIVENT MISC	2	RX/OTC
EASIVENT/MASK-LARGE MISC	2	RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	RX/OTC
EASIVENT/MASK-SMALL MISC	2	RX/OTC
FLEXICHAMBER DEVI	2	RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI	2	RX/OTC
INSPIRACHAMBER/LARGE DEVI	2	RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM DEVI	2	RX/OTC
INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL DEVI	2	RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC	2	RX/OTC
LITEAIRE DEVI	2	RX/OTC
MICROCHAMBER MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MICROSPACER MISC	2	RX/OTC
OPTICHAMBER ADVANTAGE MISC	2	RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	2	RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	2	RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	2	RX/OTC
OPTICHAMBER DIAMOND DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC	2	RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC	2	RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC	2	RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI	2	RX/OTC
OPTIHALER MISC	2	RX/OTC
POCKET CHAMBER DEVI	2	RX/OTC
POCKET SPACER DEVI	2	RX/OTC
RITEFLO DEVI	2	RX/OTC
VALVED HOLDING CHAMBER DEVI	2	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
WATCHHALER DEVI	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	GP	
<i>ergotamine w/ caffeine tabs</i>	1	
MIGERGOT SUPP	2	
SUMATRIPTAN/NAPROXEN SODIM TABS	3	PA; Limit 9 per month;QL(0.3 ea daily)
TREXIMET TABS 85MG-500MG	3	PA; Limit 9 per month;QL(0.3 ea daily)
Migraine Products - NSAIDs		
CAMBIA PACK	3	PA; Limit 9 per month;QL(0.3 ea daily)
Migraine Products		
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	SP	PA
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	SP	PA
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	3	Limit 8mls per month;QL(0.27 ml daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN	3	Limit 8mls per month;QL(0.27 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	Limit 6 per month;QL(0.2 ea daily)
AMERGE TABS (<i>Use Naratriptan HCl</i>)	GP	Limit 9 per month;QL(0.3 ea daily)
AXERT TABS (<i>Use Almotriptan Malate</i>)	GP	Limit 6 per month;QL(0.2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tabs</i>	3	Limit 6 per month;QL(0.2 ea daily)
FROVA TABS (<i>Use Frovatriptan Succinate</i>)	GP	Limit 9 per month;QL(0.3 ea daily)
<i>frovatriptan succinate tabs</i>	3	Limit 9 per month;QL(0.3 ea daily)
IMITREX SOLN NA 20 MG/ACT (<i>Use Sumatriptan</i>)	GP	Limit 6 sprayers per month;QL(0.2 ea daily)
IMITREX SOLN NA 5 MG/ACT (<i>Use Sumatriptan</i>)	GP	Limit 6 per month;QL(0.2 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	SP	PA; QL(2 ml per 30 days retail, ml per days mail)
IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>)	SP	PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	SP	PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	SP	PA; Limit 2 per fill, 4 per month;QL(0.14 ml daily, 2 ml per fill retail)
IMITREX TABS OR 100 MG, 25 MG, 50 MG (<i>Use Sumatriptan Succinate</i>)	GP	Limit 9 per month;QL(0.3 ea daily)
MAXALT TABS (<i>Use Rizatriptan Benzoate</i>)	GP	Limit 18 tabs per month;QL(0.6 ea daily)
MAXALT-MLT TBDP (<i>Use Rizatriptan Benzoate</i>)	GP	Limit 12 per month;QL(0.4 ea daily)
<i>naratriptan hcl tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
ONZETRA XSAIL EXHP	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
RELPAK TABS (Use Eletriptan Hydrobromide)	GP	Limit 6 per month;QL(0.2 ea daily)
<i>rizatriptan benzoate tabs 10 mg, 5 mg</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>rizatriptan benzoate tbdp 10 mg, 5 mg</i>	1	Limit 12 per month;QL(0.4 ea daily)
<i>sumatriptan soln 20 mg/act</i>	1	Limit 6 sprayers per month;QL(0.2 ea daily)
<i>sumatriptan soln 5 mg/act</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	SP	PA
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	SP	PA; Limit 2 per fill, 4 per month;QL(0.14 ml daily,2 ml per fill retail)
<i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml</i>	SP	PA
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	SP	PA; QL(2 ml per 30 days retail, ml per days mail)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	SP	PA
<i>sumatriptan succinate tabs or 50 mg, 25 mg, 100 mg</i>	1	Limit 9 per month;QL(0.3 ea daily)
SUMAVEL DOSEPRO SOTJ	SP	PA
ZECUITY PTCH	3	PA; Limit 4 patches per month;QL(0.13 4 ea daily)
ZEMBRACE SYMTOUCH SOAJ	SP	PA
<i>zolmitriptan tabs</i>	3	Limit 6 per month;QL(0.2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan tbdp</i>	3	Limit 6 per month;QL(0.2 ea daily)
ZOMIG SOLN NA 2.5 MG, 5 MG	3	Limit 6 per month;QL(0.2 ea daily)
ZOMIG TABS OR 2.5 MG, 5 MG (Use Zolmitriptan)	GP	Limit 6 per month;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	PV	PV
LURIDE SOLN (Use Sodium Fluoride)	GP	AL; Up to 6 yrs old ; PV
<i>sodium fluoride chew</i>	1	AL; Up to 6 yrs old ; PV
<i>sodium fluoride soln</i>	1	AL; Up to 6 yrs old ; PV
<i>sodium fluoride tabs</i>	1	AL; Up to 6 yrs old ; PV

Iodine Products

IODINE STRONG SOLN	3	
SSKI SOLN	2	

Magnesium

MAGNEBIND 400 TABS	3	
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Phosphate

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

Drug Name	Drug Tier	Requirements/ Limits
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	GP	
K-PHOS TABS	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	1	
Potassium		
EFFER-K TBEF	3	
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	GP	
K-TAB TBCR 20 MEQ	3	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	2	
KLOR-CON/25 PACK	2	
MICRO-K CPCR (Use Potassium Chloride)	GP	
<i>potassium bicarb & chloride tbeif</i>	1	
<i>potassium bicarbonate tbeif</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 20 MEQ	3	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcif</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
POTASSIUM CHLORIDE SOLN OR 20 %	2	
<i>potassium chloride soln or 20 %, 10 %</i>	1	
<i>potassium chloride tbcif or 10 meq, 8 meq</i>	1	
Zinc		

Drug Name	Drug Tier	Requirements/ Limits
GALZIN CAPS	3	
<i>zinc sulfate caps or 220 mg</i>	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	SP	PA
DEPEN TITRATABS TABS	2	
SYPRINE CAPS	SP	PA
Immunomodulators		
REVLIMID CAPS	SP	PA; AC
THALOMID CAPS	3	AC
Immunosuppressive Agents		
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 100 mg, 25 mg</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<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	

You can 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>mycophenolate mofetil susr</i>	1	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbec</i>	3	
MYFORTIC TBEC (<i>Use Mycophenolate Sodium</i>)	GP	
NEORAL CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	GP	
NEORAL SOLN (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	GP	
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (<i>Use Tacrolimus</i>)	GP	
RAPAMUNE SOLN 1 MG/ML	3	
RAPAMUNE TABS 2 MG, 1 MG, 0.5 MG (<i>Use Sirolimus</i>)	GP	
SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Use Cyclosporine</i>)	GP	
SANDIMMUNE SOLN OR 100 MG/ML	2	
<i>sirolimus tabs</i>	3	
<i>tacrolimus caps</i>	1	
ZORTRESS TABS	2	
Potassium Removing Agents		
KAYEXALATE POWD (<i>Use Sodium Polystyrene Sulfonate</i>)	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 50 gm/200ml, 30 gm/120ml</i>	3	
VELTASSA PACK	3	ST

Drug Name	Drug Tier	Requirements/Limits
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
BENLYSTA SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP	3	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
LIDOCAINE HCL SOLN MT 4 %	3	
Anti-infectives - Throat		
<i>clotrimazole 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	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (<i>Use Stannous Fluoride</i>)	GP	RX/OTC
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
Steroids - Mouth/Throat		

You can 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>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<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	
MULTIVITAMINS		
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	2	AL; Up to 6 yrs old
MULTIVITAMIN/FLUORIDE CHEW	2	AL; Up to 6 yrs old
<i>pediatric multivitamins w/fl chew</i>	1	AL; Up to 6 yrs old
<i>pediatric multivitamins w/fl soln</i>	1	AL; Up to 6 yrs old
<i>pediatric vitamins acid w/ fluoride soln</i>	1	AL; Up to 6 yrs old
POLY-VI-FLOR CHEW 200MCG-0.5MG-15UNIT-400UNIT, 200MCG-1MG-15UNIT-400UNIT, 200MCG-0.25MG-15UNIT-400UNIT	3	AL; Up to 6 yrs old
POLY-VI-FLOR SUSP 200MCG/ML-0.25MG/ML	3	
QUFLORA GUMMIES CHEW	2	AL; Up to 6 yrs old
QUFLORA PEDIATRIC CHEW	2	AL; Up to 6 yrs old
QUFLORA PEDIATRIC SOLN	2	AL; Up to 6 yrs old

Drug Name	Drug Tier	Requirements/ Limits
TRI-VI-FLOR SUSP	3	
TRI-VI-FLORO SUSP	3	
Ped Multi Vitamins w/Fl & FE		
ESCAVITE D CHEW	3	
MYKIDZ IRON FL SUSP	3	
<i>ped multivitamins w/fl & iron soln</i>	1	
<i>pediatric vitamins acid fluoride & iron soln</i>	1	AL; Up to 6 yrs old
POLY-VI-FLOR/IRON CHEW 200MCG-0.5MG-10MG-15UNIT-400UNIT	3	AL; Up to 6 yrs old
POLY-VI-FLOR/IRON SUSP 200MCG/ML-7MG/ML-0.25MG/ML	3	
QUFLORA FE PEDIATRIC LIQD	2	AL; Up to 6 yrs old
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA CHEW	3	
TEXAVITE LQ LIQD	3	
Prenatal Vitamins		
ACTIVE OB CAPS	3	
ATABEX EC TBEC	2	
BAL-CARE DHA MISC	2	
C-NATE DHA CAPS	3	
CALCIUM PNV CAPS	3	
CITRANATAL 90 DHA MISC	2	
CITRANATAL ASSURE MISC	2	
CITRANATAL B-CALM MISC	3	
CITRANATAL BLOOM TABS	3	
CITRANATAL DHA MISC	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
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	
FOLIVANE-OB CAPS	2	
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	

Drug Name	Drug Tier	Requirements/ Limits
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
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	

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

Drug Name	Drug Tier	Requirements/ Limits
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	
PRENATA CHEW	2	
PRENATABS RX TABS	2	
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG, 1000UNIT- 400UNIT-20MG-25MG- 3MG-200MG-29MG-7MG- 6MG-3MG-12MCG-1MG- 30UNIT-20MG-100MG	2	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 TABS 1000UNIT-30UNIT-20MG- 25MG-3MG-200MG-29MG- 15MG-3MG-7MG-12MCG- 400UNIT-20MG-1MG- 100MG, 30UNIT- 1000UNIT-20MG-25MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	3	
PRENATAL 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)
PRENATE ELITE TABS 20MG-600MCG-40UNIT- 150MCG-2600UNIT- 1.5MG-15MG-25MG- 155MG-3MG-21MG- 3.5MG-13MCG-600UNIT- 400MCG-330MCG-21MG- 75MG	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
PRENATE ELITE TABS 600MCG-10UNIT- 150MCG-2600UNIT- 1.5MG-15MG-25MG-3MG- 100MG-26MG-6MG-21MG- 3.5MG-13MCG-450UNIT- 400MCG-330MCG-21MG- 75MG, 600MCG-10UNIT- 150MCG-2600UNIT- 1.5MG-15MG-15MG- 25MG-3MG-100MG-26MG- 6MG-21MG-3.5MG- 13MCG-450UNIT- 400MCG-330MCG-21MG- 75MG	2	
PRENATE ENHANCE CAPS	3	
PRENATE ESSENTIAL CAPS	3	
PRENATE MINI CAPS	3	
PRENATE PIXIE CAPS	3	
PRENATE RESTORE CAPS	3	
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	
SE-NATAL 19 CHEW 30UNIT-1000UNIT- 100MG-20MG-3MG- 200MG-29MG-7MG-15MG- 3MG-12MCG-400UNIT- 1MG-20MG	2	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	

You can 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 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	
VIRT-NATE DHA CAPS	3	
VIRT-PN DHA CAPS	3	
VIRT-PN PLUS CAPS	3	
VIRT-PN TABS	3	
VIRT-SELECT CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
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	
WEGMANS COMPLETE PRENATAL+DHA MISC	3	
ZATEAN-CH CAPS	3	
ZATEAN-PN DHA CAPS	3	
ZATEAN-PN PLUS CAPS	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		

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

Drug Name	Drug Tier	Requirements/ Limits
Central Muscle Relaxants		
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 10 mg, 5 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 6 mg, 4 mg, 2 mg</i>	3	
<i>tizanidine hcl tabs 2 mg, 4 mg</i>	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	GP	
ZANAFLEX TABS (Use Tizanidine HCl)	GP	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use Dantrolene Sodium)	GP	

Drug Name	Drug Tier	Requirements/ Limits
<i>dantrolene sodium caps or 100 mg, 50 mg, 25 mg</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	3	
<i>carisoprodol w/ aspirin tabs</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	3	Limit 1 bottle per month;QL(0.77 gm daily)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	2	
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	GP	Limit 1 bottle per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</i>	1	Limit 1 inhaler per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	Limit 1 bottle per month;QL(1.2 ml daily)
<i>olopatadine hcl (nasal) soln</i>	3	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	GP	
Nasal Anticholinergics		
ATROVENT SOLN (Use Ipratropium Bromide (Nasal))	GP	
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		
BECONASE AQ SUSP	3	Limit 2 inhalers per month;QL(1.67 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>budesonide (nasal) susp</i>	1	QL(18 ml per fill retail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	GP	Limit 2 inhalers per month;QL(1.07 ml daily); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	GP	Limit 2 inhalers per month;QL(1.07 ml daily); RX/OTC
FLUNISOLIDE SOLN	2	
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.07 ml daily); 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 2 sprayers per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	GP	Limit 2 sprayers per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	GP	Limit 2 sprayers per month;QL(1.2 ml daily); RX/OTC
NASONEX SUSP (Use <i>Mometasone Furoate (Nasal)</i>)	GP	Limit 2 inhalers per month;QL(1.22 gm daily)
OMNARIS SUSP	3	Limit 1 per month;QL(0.42 gm daily)

Drug Name	Drug Tier	Requirements/Limits
QNASL AERS	3	Limit 1 inhaler per month;QL(0.3 gm daily)
QNASL CHILDRENS AERS	3	Limit 1 inhaler per month;QL(0.17 gm daily)
RHINOCORT AQUA SUSP (Use <i>Budesonide (Nasal)</i>)	GP	QL(18 ml per fill retail); RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	3	Limit 2 sprayers 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)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use <i>Riluzole</i>)	GP	
<i>riluzole tabs</i>	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use <i>Levobunolol HCl</i>)	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	

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

Drug Name	Drug Tier	Requirements/ Limits
COSOPT PF SOLN	3	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	GP	
dorzolamide hcl-timolol maleate soln	1	
ISTALOL SOLN	2	
ISTALOL SOLN (Use Timolol Maleate (Ophth))	GP	
levobunolol hcl soln	1	
METIPRANOLOL SOLN	3	
timolol maleate (ophth) solg	1	
timolol maleate (ophth) soln	1	
TIMOPTIC OCUDOSE SOLN	3	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	GP	
TIMOPTIC-XE SOLG (Use Timolol Maleate (Ophth))	GP	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) soln	1	
ATROPINE SULFATE OINT OP 1 %	2	
CYCLOGYL SOLN (Use Cyclopentolate HCl)	GP	
CYCLOMYDRIL SOLN	3	
cyclopentolate hcl soln	1	
homatropine hbr soln	1	
MYDRIACYL SOLN (Use Tropicamide)	GP	
tropicamide soln	3	
Miotics		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	GP	QL(0.5 ml daily)
PHOSPHOLINE IODIDE SOLR	2	

Drug Name	Drug Tier	Requirements/ Limits
pilocarpine hcl soln	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	
ALPHAGAN P SOLN 0.15 % (Use Brimonidine Tartrate)	GP	
apraclonidine hcl soln	3	
brimonidine tartrate soln	1	
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	GP	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	
Ophthalmic Anti-infectives		
AZASITE SOLN	3	Limit 5mls per month;QL(0.17 ml daily)
bacitracin (ophthalmic) oint	1	
bacitracin-polymyxin b (ophth) oint	1	
BESIVANCE SUSP	3	
BETADINE OPHTHALMIC PREP SOLN	3	
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	GP	
CILOXAN OINT	2	
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	GP	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth) oint	1	
gatifloxacin (ophth) soln	3	
GENTAK OINT	2	
gentamicin sulfate (ophth) oint	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>gentamicin sulfate (ophth) soln</i>	1	
<i>levofloxacin (ophth) soln</i>	3	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	QL(3 ml per fill retail)
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
<i>neomycin-polymyxin-gramicidin soln</i>	1	
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	GP	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	GP	QL(5 ml per fill retail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	GP	
<i>sulfacetamide sodium (ophth) oint</i>	1	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX OINT	2	
TOBREX SOLN (Use Tobramycin (Ophth))	GP	
<i>trifluridine soln</i>	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	
Ophthalmic Decongestants		

Drug Name	Drug Tier	Requirements/ Limits
NAPHAZOLINE HCL SOLN	3	
<i>phenylephrine hcl (ophth) soln 10 %</i>	3	
<i>phenylephrine hcl (ophth) soln 2.5 %</i>	1	
Ophthalmic Immunomodulators		
RESTASIS EMUL	3	QL(2 ml daily)
RESTASIS MULTIDOSE EMUL	3	QL(2 ml daily)
Ophthalmic Integrin Antagonists		
XIIDRA SOLN	3	PA
Ophthalmic Local Anesthetics		
AKTEN GEL	3	
ALCAINE SOLN (Use Proparacaine HCl)	GP	
<i>proparacaine hcl soln</i>	3	
<i>tetracaine hcl (ophth) soln</i>	3	
Ophthalmic Steroids		
ALREX SUSP	3	
<i>bacitracin-poly-neomycin-hc oint</i>	1	QL(4 gm per fill retail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	
DUREZOL EMUL	3	
FLAREX SUSP	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (Use Fluorometholone (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
FML OINT	2	
LOTEMAX GEL	3	
LOTEMAX OINT	3	
LOTEMAX SUSP	3	Limit 6 per month; QL(0.2 ml daily)
MAXIDEX SUSP	2	
MAXITROL OINT (Use Neomycin-Polymy-Dexameth)	GP	
MAXITROL SUSP (Use Neomycin-Polymy-Dexameth)	GP	
neomycin-polymy-dexameth oint	1	
neomycin-polymy-dexameth susp	1	
neomycin-polymyxin-hc (ophth) susp	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	
prednisolone acetate (ophth) susp	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	2	
PREDNISOLONE/MOXIFL OXACIN SOLN	3	
sulfacetamide sod-prednisolone soln	1	
TOBRADEX OINT	3	
TOBRADEX ST SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	GP	QL(5 ml per fill retail)
tobramycin-dexamethasone susp	1	QL(5 ml per fill retail)
VEXOL SUSP	3	
ZYLET SUSP	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP FILM	3	
Ophthalmics - Misc.		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	GP	
ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))	GP	
ACUVAIL SOLN	3	
ALOCRIAL SOLN	3	
ALOMIDE SOLN	2	
azelastine hcl (ophth) soln	1	
AZOPT SUSP	2	Limit 10mls per month; QL(0.34 ml daily)
BEPREVE SOLN	3	ST; QL(0.34 ml daily)
bromfenac sodium (ophth) soln	1	
BROMFENAC SOLN	2	
BROMSITE SOLN	3	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN	SP	PA; Limit 4 bottles per month; QL(2.15 ml daily)
diclofenac sodium (ophth) soln	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>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	GP	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
EYEAID IRRIGATING SOLUTION SOLN (<i>Use Ophthalmic Irrigation Solution</i>)	GP	
<i>fluorescein sodium topical strp</i>	3	
<i>flurbiprofen sodium soln</i>	1	
FLURBIPROFEN SODIUM SOLN	2	
FUL-GLO STRP	3	
ILEVRO SUSP	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACAFT SOLN	3	ST
NEVANAC SUSP	3	
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	GP	
<i>olopatadine hcl soln 0.1 %</i>	1	Limit 10mls per month;QL(0.34 ml daily)
<i>olopatadine hcl soln 0.2 %</i>	1	Limit 2.5mls per month;QL(0.08 4 ml daily)
<i>ophthalmic irrigation solution soln</i>	3	
PAREMYD SOLN	3	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	GP	Limit 2.5mls per month;QL(0.08 4 ml daily)
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	GP	Limit 10mls per month;QL(0.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
PAZEO SOLN	3	ST; Limit 1 bottle per month;QL(0.08 4 ml daily)
PROLENSA SOLN	3	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	GP	
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	2	Limit 2.5mls per month;QL(0.08 4 ml daily)
<i>latanoprost soln op</i>	1	Limit 2.5mls per month;QL(0.08 4 ml daily)
LUMIGAN SOLN	2	Limit 2.5mls per month;QL(0.08 4 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(0.08 4 ml daily)
TRAVOPROST SOLN	2	Limit 2.5mls per month;QL(0.08 4 ml daily)
XALATAN SOLN (<i>Use Latanoprost</i>)	GP	Limit 2.5mls per month;QL(0.08 4 ml daily)
ZIOPTAN SOLN	3	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
<i>acetic acid-aluminum acetate soln</i>	1	
Otic Anti-infectives		

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

Drug Name	Drug Tier	Requirements/Limits
CETRAXAL SOLN	3	
CIPROFLOXACIN SOLN OT 0.2 %	3	
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	GP	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
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)
PRAMOTIC LIQD	3	
<i>pramoxine-hc-chloroxylenol soln</i>	1	
Otic Steroids		
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)

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
METHERGINE TABS	2	
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<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	
<i>ampicillin susr 125 mg/5ml, 250 mg/5ml</i>	1	
MOXATAG TB24	3	PA; QL(1 ea daily,10 ea per fill retail)
Natural Penicillins		
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML, 125 MG/5ML	2	
<i>penicillin v potassium tabs 500 mg, 250 mg</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</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>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	GP	
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	GP	
AUGMENTIN TABS 875MG-125MG, 500MG-125MG (Use Amoxicillin & Pot Clavulanate)	GP	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	GP	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
BASE GELATIN GUMMY TROCHE GEL	3	
GUM BASE GELATIN GEL	3	
Semi Solid Vehicles		
PLO GEL - MEDIFLO KIT KIT	3	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	GP	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	GP	AC

Drug Name	Drug Tier	Requirements/Limits
<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	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use Disulfiram)	GP	
<i>disulfiram tabs</i>	1	
Anti-Cataplectic Agents		
XYREM SOLN	SP	PA
Antidementia Agents		
ARICEPT TABS (Use Donepezil Hydrochloride)	GP	QL(1 ea daily)
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
EXELON 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 4 mg, 12 mg, 8 mg</i>	1	
<i>memantine hcl soln</i>	1	
<i>memantine 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
NAMENDA SOLN (<i>Use Memantine HCl</i>)	GP	
NAMENDA TABS (<i>Use Memantine HCl</i>)	GP	
NAMENDA TITRATION PAK TABS (<i>Use Memantine HCl</i>)	GP	
NAMENDA XR CP24	3	PA
NAMENDA XR TITRATION PACK CP24	3	PA
NAMZARIC C4PK	3	PA
NAMZARIC CP24	3	PA
RAZADYNE ER CP24 (<i>Use Galantamine Hydrobromide</i>)	GP	QL(1 ea daily)
RAZADYNE TABS (<i>Use Galantamine Hydrobromide</i>)	GP	
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS	3	
<i>olanzapine-fluoxetine hcl caps</i>	3	
PERPHENAZINE/AMITRIPTYLINE TABS	3	
SYMBYAX CAPS (<i>Use Olanzapine-Fluoxetine HCl</i>)	GP	
Fibromyalgia Agents		
SAVELLA TABS	3	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	3	PA; QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO TABS	SP	PA

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 40 MG	SP	PA; Specialty drug-Health Net will refer to SP Pharmacy
INGREZZA CAPS 80 MG	SP	PA
<i>tetrabenazine tabs</i>	SP	
XENAZINE TABS (<i>Use Tetrabenazine</i>)	SP	
Multiple Sclerosis Agents		
AMPYRA TB12	2	PA
AUBAGIO TABS	3	PA; SP
AVONEX KIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
AVONEX PEN AJKT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
AVONEX PSKT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
BETASERON KIT	SP	PA
COPAXONE SOSY 40 MG/ML (<i>Use Glatiramer Acetate</i>)	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
EXTAVIA KIT	SP	PA
GILENYA CAPS	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
<i>glatiramer acetate sosy 20 mg/ml</i>	2	PA; SP
<i>glatiramer acetate sosy 40 mg/ml, 20 mg/ml</i>	SP	PA
PLEGRIDY SOPN	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;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
PLEGRIDY SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
PLEGRIDY STARTER PACK SOPN	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
PLEGRIDY STARTER PACK SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
REBIF REBIDOSE SOAJ	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
REBIF REBIDOSE TITRATIONPACK SOAJ	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
REBIF SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
REBIF TITRATION PACK SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
TECFIDERA CPDR	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
TECFIDERA STARTER PACK MISC	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
ZINBRYTA SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
Postherpetic Neuralgia (PHN) Agents		
GRALISE STARTER MISC	3	PA
GRALISE TABS	3	PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl (p added) tabs</i>	3	
SARAFEM TABS (<i>Use Fluoxetine HCl (PMDD)</i>)	GP	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA CAPS	2	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS (<i>Use Pimozide</i>)	GP	
<i>pimozide tabs</i>	3	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	QL(1 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	PV	PV
CHANTIX CONTINUING MONTHPAK TABS	PV	PV
CHANTIX STARTING MONTH PAK TABS	PV	PV
CHANTIX TABS	PV	PV
NICODERM CQ PT24 (<i>Use Nicotine</i>)	GP	PV
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	GP	PV
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	GP	PV
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	GP	PV
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	GP	PV
<i>nicotine polacrilex gum</i>	PV	PV
<i>nicotine polacrilex lozg</i>	PV	PV
<i>nicotine pt24</i>	PV	PV
NICOTINE TRANSDERMAL SYSTEM KIT	PV	PV

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

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

Drug Name	Drug Tier	Requirements/Limits
ADOXA CAPS 150 MG (<i>Use Doxycycline (Monohydrate)</i>)	GP	ST
ADOXA PAK 1/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	GP	
ADOXA PAK 1/150 TABS (<i>Use Doxycycline (Monohydrate)</i>)	GP	ST
ADOXA PAK 2/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	GP	
ADOXA TABS 50 MG, 75 MG, 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	GP	
<i>demeclocycline hcl tabs</i>	1	
DORYX TBEC (<i>Use Doxycycline Hyclate</i>)	GP	PA
<i>doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg</i>	3	
<i>doxycycline (monohydrate) caps 150 mg</i>	3	ST
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg, 75 mg, 50 mg</i>	3	
<i>doxycycline (monohydrate) tabs 150 mg</i>	3	ST
<i>doxycycline hyclate caps or 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate tabs or 100 mg</i>	1	
<i>doxycycline hyclate tabs or 150 mg, 75 mg</i>	3	PA
<i>doxycycline hyclate tabs or 20 mg</i>	3	
<i>doxycycline hyclate tbec or 75 mg, 150 mg, 200 mg, 100 mg</i>	3	PA
MINOCIN CAPS (<i>Use Minocycline HCl</i>)	SP	PA
<i>minocycline hcl caps 100 mg, 50 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>minocycline hcl caps 75 mg</i>	3	
MINOCYCLINE HCL ER TB24	3	ST
<i>minocycline hcl tabs 50 mg, 100 mg</i>	3	
<i>minocycline hcl tabs 75 mg</i>	3	PA
<i>minocycline hcl tb24 135 mg, 90 mg, 45 mg</i>	3	ST
MONODOX CAPS (Use Doxycycline (Monohydrate))	GP	
SOLODYN TB24	3	PA
<i>tetracycline hcl caps</i>	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
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (Use Methimazole)	GP	
Thyroid Hormones		
ARMOUR THYROID TABS	2	
CYTOMEL TABS (Use Liothyronine Sodium)	GP	
<i>levothyroxine sodium tabs</i>	1	
<i>liothyronine sodium tabs or 5 mcg, 50 mcg, 25 mcg</i>	1	
NATURE-THROID NT-2.5 TABS	3	

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROID TABS 146.25 MG, 195 MG, 325 MG, 81.25 MG, 97.5 MG, 16.25 MG, 130 MG, 260 MG, 32.5 MG, 65 MG, 113.75 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 130 MG, 81.25 MG, 113.75 MG, 32.5 MG, 65 MG, 97.5 MG, 16.25 MG	2	
WP THYROID TABS 48.75 MG	3	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use Hyoscyamine Sulfate)	GP	
BELLADONNA & OPIUM SUPP	3	
BELLADONNA ALKALOIDS & OPIUM SUPP	3	
BENTYL CAPS (Use Dicyclomine HCl)	GP	
BENTYL TABS (Use Dicyclomine 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
CANTIL TABS	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	PA
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 tabs</i>	1	
<i>hyoscyamine sulfate tb12</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
LEVBIID TB12 (Use <i>Hyoscyamine Sulfate</i>)	GP	
LEVSIN TABS (Use <i>Hyoscyamine Sulfate</i>)	GP	
LIBRAX CAPS (Use <i>Chlordiazepoxide HCl-Clidinium Bromide</i>)	GP	PA
<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	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine susr 40 mg/5ml</i>	3	
<i>famotidine tabs 20 mg</i>	1	QL(4 ea daily); RX/OTC
<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
<i>nizatidine caps 300 mg, 150 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML	2	
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>Famotidine</i>)	GP	QL(4 ea daily); RX/OTC
PEPCID SUSR 40 MG/5ML (Use <i>Famotidine</i>)	GP	
PEPCID TABS 20 MG (Use <i>Famotidine</i>)	GP	QL(4 ea daily); RX/OTC
PEPCID TABS 40 MG (Use <i>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 (Use <i>Ranitidine HCl</i>)	GP	RX/OTC
ZANTAC TABS 150 MG (Use <i>Ranitidine HCl</i>)	GP	RX/OTC
ZANTAC TABS 300 MG (Use <i>Ranitidine HCl</i>)	GP	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	
CARAFATE TABS 1 GM (Use <i>Sucralfate</i>)	GP	
<i>sucralfate tabs</i>	1	
Proton Pump Inhibitors		

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

Drug Name	Drug Tier	Requirements/Limits
ACIPHEX SPRINKLE CPSP	3	PA
ACIPHEX TBEC (Use Rabeprazole Sodium)	GP	PA; QL(2 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
esomeprazole magnesium cpdr	3	PA; QL(1 ea daily)
ESOMEPRAZOLE STRONTIUM CPDR 24.65 MG, 49.3 MG	3	PA; QL(1 ea daily)
FIRST-LANSOPRAZOLE SUSP	3	
lansoprazole cpdr 15 mg	1	RX/OTC
lansoprazole cpdr 30 mg	1	
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	GP	PA; QL(1 ea daily)
NEXIUM PACK 40 MG, 20 MG, 2.5 MG, 5 MG, 10 MG	3	PA
omeprazole cpdr	1	
pantoprazole sodium tbec or 40 mg, 20 mg	1	
PREVACID 24HR CPDR (Use Lansoprazole)	GP	RX/OTC
PREVACID CPDR 15 MG (Use Lansoprazole)	GP	RX/OTC
PREVACID CPDR 30 MG (Use Lansoprazole)	GP	
PREVACID SOLUTAB TBDP	3	QL(1 ea daily); AL; Up to 12 yrs old
PRILOSEC CPDR 10 MG, 20 MG, 40 MG (Use Omeprazole)	GP	
PRILOSEC PACK 10 MG, 2.5 MG	3	PA
PROTONIX PACK OR 40 MG	3	
PROTONIX TBEC OR 20 MG, 40 MG (Use Pantoprazole Sodium)	GP	
rabeprazole sodium tbec	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use Misoprostol)	GP	
misoprostol tabs	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole misc	1	
OMECLAMOX-PAK MISC	3	
omeprazole-sodium bicarbonate caps 40mg-1100mg	3	PA
omeprazole-sodium bicarbonate pack 40mg-1680mg, 20mg-1680mg	3	
PREVPAC MISC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	GP	
PYLERA CAPS	3	
ZEGERID CAPS 40MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	SP	PA
ZEGERID PACK 40MG-1680MG, 20MG-1680MG (Use Omeprazole-Sodium Bicarbonate)	GP	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infective Combinations		
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal tabs	3	
methenamine-hyosc-methylene blue-sod phosph-phenyl sal caps 40.8mg-0.12mg-36mg-120mg-10mg	3	
methenamine-hyosc-methylene blue-sod phosph-phenyl sal tabs 40.8mg-36.2mg-0.12mg-81.6mg-10.8mg, 40.8mg-0.12mg-36.2mg-81.6mg-10.8mg	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>methenamine-hyoscamine-methylene blue-sodium phosphate caps</i>	3	
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Use Nitrofurantoin</i>)	GP	
HIPREX TABS (<i>Use Methenamine Hippurate</i>)	GP	
MACROBID CAPS (<i>Use Nitrofurantoin Monohyd Macro</i>)	GP	
MACRODANTIN CAPS (<i>Use Nitrofurantoin Macrocrystal</i>)	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	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	3	
DETROL LA CP24 (<i>Use Tolterodine Tartrate</i>)	GP	QL(1 ea daily)
DETROL TABS (<i>Use Tolterodine Tartrate</i>)	GP	QL(2 ea daily)
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	

Drug Name	Drug Tier	Requirements/Limits
<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 2 mg, 4 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	
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	GP	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
VIVOTIF BERNA CPDR	3	QL(4 ea per fill retail)
VIVOTIF CPDR	3	QL(4 ea per fill retail)
Viral Vaccines		
FLUMIST QUADRIVALENT SUSP	3	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Miscellaneous Vaginal Products		

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

Drug Name	Drug Tier	Requirements/Limits
FEM PH GEL (<i>Use Acetic Acid-Oxyquinoline Vaginal</i>)	GP	
RELAGARD GEL (<i>Use Acetic Acid-Oxyquinoline Vaginal</i>)	GP	
Spermicides		
ENCARE SUPP	PV	PV
<i>nonoxynol-9 gel</i>	PV	PV
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (<i>Use Nonoxynol-9</i>)	GP	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	PV	PV
TODAY SPONGE MISC	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	PV	PV
Vaginal Anti-infectives		
AVC CREA	3	
CLEOCIN CREA VA 2 % (<i>Use Clindamycin Phosphate Vaginal</i>)	GP	
CLEOCIN SUPP VA 100 MG	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA	3	
GNAZOLE-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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>terconazole vaginal supp 80 mg</i>	3	
Vaginal Estrogens		
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	Limit 1 per month;QL(0.04 ea daily)
PREMARIN CREA VA 0.625 MG/GM	2	
VAGIFEM TABS (<i>Use Estradiol Vaginal</i>)	GP	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	SP	Not available through mail;QL(2 ea per fill retail,4 ea per 30 days retail, ea per days mail)
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml, 0.15 mg/0.3ml</i>	SP	QL(2 ea per fill retail,4 ea per 30 days retail, ea per days mail)
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS	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
Vasopressors		
<i>midodrine hcl tabs</i>	3	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>Use Ergocalciferol</i>)	GP	
<i>ergocalciferol caps</i>	1	
MEPHYTON TABS	2	
Water Soluble Vitamins		
AMINO BENZOATE POTASSIUM PACK	3	
POTABA CAPS	3	

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

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1ST TIER UNIFINE PENTIPS29GX12MM	80	ACTIMMUNE	37	AEROCHAMBER PLUS FLOW- VU	95
1ST TIER UNIFINE PENTIPS31GX6MM	80	ACTINEL PEDIATRIC	50	AEROCHAMBER PLUS FLOW- VU/LARGE MASK	95
1ST TIER UNIFINE PENTIPS31GX8MM	80	ACTIQ	6	AEROCHAMBER PLUS FLOW- VU/MASK	95
1ST TIER UNIFINE PENTIPS32GX4MM	80	ACTIVE OB	101	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK	95
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	80	ACTIVELLA	70	AEROCHAMBER PLUS FLOW- VU/SMALL MASK	95
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	81	ACTONEL	67	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU	95
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	81	ACTOPLUS MET	23	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL	95
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX 12MM	81	ACTOPLUS MET XR	23	AEROCHAMBER Z-STAT PLUS/LARGE MASK	95
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abacavir sulfate-lamivudine	40	ACUVAIL	110	AEROSPAN	14
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ABSTRAL	6	ADALAT CC	44	AFREZZA	24
acamprosate calcium	113	adapalene	53	AFSTYLA	74
acarbose	22	ADAPALENE	53	AGGRENOLX	75
ACCUPRIL	30	adapalene-benzoyl peroxide	53	AGRYLIN	76
ACCURETIC	32	ADCIRCA	46	AIRDUO RESPICLICK 113/14	15
acebutolol hcl	44	ADDERALL	1	AIRDUO RESPICLICK 232/14	15
ACEON	30	ADDERALL XR	1	AIRDUO RESPICLICK 55/1415	15
acetaminophen w/ codeine	8	adefovir dipivoxil	42	AKTEN	109
ACETAMINOPHEN/CAFFEINE/D IHYDROCODEINE	8	ADEMPAS	46	AKYNZEO	27
acetazolamide	66	ADLYXIN	24	ALA SCALP	59
acetic acid (otic)	111	ADLYXIN STARTER PACK	24	ALA-QUIN	56
acetic acid-aluminum acetate	111	ADOXA	116	ALAHIST DM	50
acetylcysteine	53	ADOXA PAK 1/100	116	ALBENZA	10
ACIPHEX	119	ADOXA PAK 1/150	116	albuterol sulfate	15
ACIPHEX SPRINKLE	119	ADOXA PAK 2/100	116	ALBUTEROL SULFATE ER	15
acitretin	58	ADVAIR DISKUS	15	ALCAINE	109
ACLOVATE	59	ADVAIR HFA	15	alclometasone dipropionate	59
ACTEMRA	4	ADVATE	74	ALDACTAZIDE	66
ACTICLATE	116	ADVOCATE INSULIN PEN NEEDLES	81	ALDACTONE	67
ACTIDOM DMX	50	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	81	ALDARA	63
		ADVOCATE INSULIN PEN NEEDLES 31GX5MM	81	ALECENSA	36
		ADVOCATE INSULIN PEN NEEDLES 31GX8MM	81		
		ADYNOVATE	74		
		ADZENYS XR-ODT	1		
		AEROCHAMBER MINI			
		AEROSOLCHAMBER	95		
		AEROCHAMBER MV	95		

ALENDRONATE SODIUM	67	AMITIZA	72	APIDRA SOLOSTAR	24
alendronate sodium	67	amitriptyline hcl	22	APLENZIN	20
ALENDRONATE SODIUM	67	amlodipine besylate	44	apraclonidine hcl	108
alendronate sodium	67	amlodipine besylate-atorvastatin calcium	45	aprepitant	27
ALFERON N	37	amlodipine besylate-benazepril hcl	32	APRISO	72
alfuzosin hcl	73	amlodipine besylate-olmesartan medoxomil	32	APTENSIO XR	2
ALINIA	11	amlodipine besylate-valsartan	32	APTIOM	17,18
ALKERAN	34	amlodipine-valsartan-hydrochlorothiazide	32	APTIVUS	40
allopurinol	74	AMOXAPINE	22	ARANESP ALBUMIN FREE	76
almotriptan malate	97	amoxicillin	112	ARAVA	5
ALOCRIAL	110	amoxicillin & pot clavulanate	112	ARCALYST	4
ALOGLIPTIN	23	AMOXICILLIN ER	112	ARCAPTA NEOHALER	15
ALOGLIPTIN/METFORMIN HCL	23	amoxicillin-clarithromycin w/ lansoprazole	119	ARIAL CHAMBER	95
ALOGLIPTIN/PIOGLITAZONE	23	AMOXICILLIN/CLAVULANATE POTASSIUM	113	ARICEPT	113
ALOMIDE	110	amphetamine-dextroamphetamine	1	ARIMIDEX	35
ALORA	70	ampicillin	112	aripiprazole	40
alosetron hcl	72	AMPICILLIN	112	ARIXTRA	16
ALPHAGAN P	108	ampicillin	112	armodafinil	2
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN	74	AMPYRA	114	ARMONAIR RESPICLICK 113	14
ALPHANINE SD	74	AMRIX	106	ARMONAIR RESPICLICK 232	14
alprazolam	12	ANADROL-50	9	ARMONAIR RESPICLICK 55	14
ALPRAZOLAM INTENSOL	12	ANAFRANIL	22	ARMOUR THYROID	117
ALPROLIX	74	anagrelide hcl	76	ARNUITY ELLIPTA	14
ALREX	109	ANALPRAM-HC	10	AROMASIN	35
ALTABAX	56	ANAPROX DS	4	ARTHROTEC 50	4
ALTACE	30	ANASPAZ	117	ARTHROTEC 75	4
ALTOPREV	30	ANASTIA	64	ARYMO ER	6
ALUNBRIG	36	anastrozole	35	ARZOL SILVER NITRATE	
ALUVEA	62	ANCOBON	27	APPLICATORS	59
ALVESCO	14	ANDRODERM	9	ASACOL HD	72
amantadine hcl	37	ANDROGEL	9	ASMANEX HFA	14
AMARYL	25	ANDROGEL PUMP	9	ASMANEX TWISTHALER 120 METERED DOSES	14
AMBI 12.5CPD/100GFN/30PSE	50	ANDROXY	9	ASMANEX TWISTHALER 14 METERED DOSES	14
AMBIEN	77	ANGELIQ	70	ASMANEX TWISTHALER 30 METERED DOSES	14
AMBIEN CR	77	ANORO ELLIPTA	15	ASMANEX TWISTHALER 60 METERED DOSES	14
AMCINONIDE	59	ANTABUSE	113	ASMANEX TWISTHALER 7 METERED DOSES	14
AMERGE	97	ANTARA	29	aspirin	6
AMICAR	76	ANUSOL-HC	10	ASPIRIN-CAFFEINE-DIHYDROCODEINE	8
amiloride & hydrochlorothiazide	66	ANZEMET	26	aspirin-dipyridamole	76
amiloride hcl	67	APEXICON E	59	ASTAGRAF XL	99
AMINO BENZOATE POTASSIUM	122	APIDRA	24	ASTEPRO	106
amiodarone hcl	13				

ATABEX EC.....	101	AVONEX PEN.....	114	BD PEN	
ATACAND.....	31	AXERT.....	97	NEEDLE/SHORT/ULTRAFINE/31	
ATACAND HCT.....	32	AXIRON.....	10	G X 5/16".....	81
ATELVIA.....	67	AYGESTIN.....	113	BD PEN	
atenolol.....	44	AZASAN.....	99	NEEDLE/ULTRAFINE/29G X	
atenolol & chlorthalidone.....	32	AZASITE.....	108	12.7MM.....	81
ATIVAN.....	12	azathioprine.....	99	BD PEN	
atomoxetine hcl.....	1	azelastine hcl.....	106	NEEDLE/ULTRAFINE/29GX1/2"	
atorvastatin calcium.....	30	azelastine hcl (ophth).....	110	12.7MM.....	81
atovaquone.....	11	AZELEX.....	54	BD PEN NEEDLES	
atovaquone-proguanil hcl.....	33	AZILECT.....	38	SHORT/ULTRAFINE/31G X	
ATRALIN.....	53	AZITHROMYCIN.....	79	5/16".....	81
ATRIPLA.....	40	azithromycin.....	79	BD ULTRA-FINE MICRO PEN	
ATROPINE SULFATE.....	108	AZOPT.....	110	NEEDLES 6MM X 32G.....	82
atropine sulfate		AZOR.....	32	BEBULIN.....	74
(ophthalmic).....	108	AZULFIDINE.....	72	BECONASE AQ.....	106
ATROVENT.....	106	AZULFIDINE EN-TABS.....	72	BELBUCA.....	9
ATROVENT HFA.....	13	bacitracin (ophthalmic).....	108	BELLADONNA & OPIUM.....	117
AUBAGIO.....	114	bacitracin-poly-neomycin-hc		BELLADONNA ALKALOIDS &	
AUGMENTED		.....	109	OPIUM.....	117
BETAMETHASONE		bacitracin-polymyxin b		BELSOMRA.....	77
DIPROPIONATE.....	59	(ophth).....	108	benazepril &	
AUGMENTIN.....	113	baclofen.....	106	hydrochlorothiazide.....	32
AUGMENTIN ES-600.....	113	BACTRIM.....	11	benazepril hcl.....	30
AUGMENTIN XR.....	113	BACTRIM DS.....	11	BENEFIX.....	74
AURORA PEN NEEDLES		BACTROBAN.....	56	BENICAR.....	31
29GX12MM.....	81	BACTROBAN NASAL.....	106	BENICAR HCT.....	32
AURORA PEN NEEDLES 31G		BAL-CARE DHA.....	101	BENLYSTA.....	100
X6MM.....	81	balsalazide disodium.....	72	BENSAL HP.....	64
AURORA PEN NEEDLES 31G		BANZEL.....	18	BENTYL.....	117
X8MM.....	81	BARACLUDGE.....	42	BENZAACLIN.....	54
AURORA UNIFINE		BASE GELATIN GUMMY		BENZAACLIN WITH PUMP.....	54
PENTIPS/32GX5/32".....	81	TROCHE.....	113	BENZAMYCIN.....	54
AURORA UNIFINE		BD ECLIPSE NEEDLE 30G		BENZNIDAZOLE.....	10
PENTIPS/MINI/31GX3/16".....	81	X1/2".....	81	benzonatate.....	50
AURYXIA.....	72	BD INSULIN SYRINGE		benzoyl peroxide-	
AUSTEDO.....	114	SAFETYGLIDE/U-		erythromycin.....	54
AVALIDE.....	32	100/0.3ML/31G X 15/64".....	81	benzoyl peroxide-hc.....	54
AVANDIA.....	24	BD INSULIN SYRINGE		benztropine mesylate.....	37
AVAPRO.....	31	ULTRAFINE/U-100/0.3ML/31G		BEPREVE.....	110
AVAR.....	53	X 15/64".....	81	BESIVANCE.....	108
AVAR LS.....	53	BD INSULIN SYRINGE		BETADINE OPHTHALMIC	
AVAR LS CLEANSER.....	53	ULTRAFINE/U-100/1ML/31G X		PREP.....	108
AVAR-E LS.....	54	15/64".....	81	BETAGAN.....	107
AVC.....	121	BD NEEDLE/30G X 1/2".....	81	betamethasone dipropionate	
AVELOX.....	71	BD PEN		(topical).....	59
AVELOX ABC PACK.....	71	NEEDLE/MINI/ULTRAFINE/31		betamethasone dipropionate	
AVODART.....	73	G X 3/16".....	81	augmented.....	59
AVONEX.....	114	BD PEN		betamethasone valerate.....	59
		NEEDLE/NANO/ULTRAFINE/3		BETAPACE.....	44
		2G X 4MM.....	81	BETAPACE AF.....	44
				BETASERON.....	114

betaxolol hcl.....	44	BREATHERITE W/LARGE MASK.....	95	BYSTOLIC.....	44
betaxolol hcl (ophth).....	107	BREATHERITE W/MEDIUM MASK.....	95	BYVALSON.....	32
bethanechol chloride.....	120	BREATHERITE W/SMALL MASK.....	95	C-NATE DHA.....	101
BETHKIS.....	3	BREO ELLIPTA.....	15	cabergoline.....	69
BETIMOL.....	107	BREVICON-28.....	47	CABOMETYX.....	36
BETOPTIC-S.....	107	BRILINTA.....	76	CADUET.....	45
BEVESPI AEROSPHERE.....	15	brimonidine tartrate.....	108	CAFERGOT.....	97
bexarotene.....	37	BRINTELLIX.....	21	caffeine citrate.....	1
BEYAZ.....	47	BRISDELLE.....	116	CALAN.....	44
BIAXIN.....	79	BRIVIACT.....	18	CALAN SR.....	44
bicalutamide.....	35	BROMFENAC.....	110	CALCIFOL.....	98
BIDIL.....	45	bromfenac sodium (ophth).....	110	calcipotriene.....	58
BILTRICIDE.....	10	bromocriptine mesylate.....	38	calcipotriene-betamethasone dipropionate.....	59
BIMATOPROST.....	111	brompheniramine & phenyleph.....	50	calcitonin (salmon).....	68
BINOSTO.....	68	BROMPHENIRAMINE TANNATE.....	28	calcitriol.....	69
BIO-STATIN.....	27	BROMSITE.....	110	calcitriol (topical).....	58
BIOBRON SF.....	50	BRONKIDS.....	50	calcium acetate (phosphate binder).....	73
BIODESP DM.....	50	BROVANA.....	15	CALCIUM PNV.....	101
BIONEL PEDIATRIC.....	50	BROVEX PEB DM.....	50	CALCIUM-FOLIC ACID PLUS D.....	98
BIOSPEC DMX.....	50	budesonide.....	49	CAMBIA.....	97
bisacodyl.....	78	budesonide (inhalation).....	14	CANASA.....	72
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride.....	77	budesonide (nasal).....	107	candesartan cilexetil.....	31
bisoprolol & hydrochlorothiazide.....	32	bumetanide.....	67	candesartan cilexetil-hydrochlorothiazide.....	32
bisoprolol fumarate.....	44	BUMEX.....	67	CANTIL.....	118
BLEPH-10.....	108	BUPHENYL.....	68	CAPCOF.....	50
BLEPHAMIDE.....	109	BUPRENORPHINE.....	9	capecitabine.....	34
BLEPHAMIDE S.O.P.....	109	buprenorphine hcl.....	9	CAPEX.....	59
BONIVA.....	68	buprenorphine hcl-naloxone hcl dihydrate.....	9	CAPITAL/CODEINE.....	8
BOSULIF.....	36	bupropion hcl.....	20	CAPRELSA.....	36
BP CLEANSING WASH.....	54	bupropion hcl (smoking deterrent).....	115	captopril.....	30
BREATHERITE.....	95	buspirone hcl.....	12	captopril & hydrochlorothiazide.....	32
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK.....	95	butalbital-acetaminophen.....	6	CARAC.....	57
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK.....	95	butalbital-acetaminophen-caffeine.....	6	CARAFATE.....	118
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK.....	95	butalbital-acetaminophen-caffeine w/ codeine.....	8	CARB-O-LAC HP.....	62
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK.....	95	butalbital-aspirin-caffeine.....	6	CARB-O-LAC5.....	62
BREATHERITE COLLAPSIBLESPACER W/NEONATE MASK.....	95	butalbital-aspirin-caffeine w/cod.....	8	CARBAGLU.....	69
BREATHERITE RIGID SPACERW/MASK.....	95	BUTISOL SODIUM.....	77	carbamazepine.....	18
		butorphanol tartrate.....	9	CARBAPHEN 12.....	50
		BUTRANS.....	9	CARBAPHEN 12 PED.....	50
		BYETTA.....	24	CARBATROL.....	18
				carbidopa.....	37
				carbidopa-levodopa.....	38
				carbidopa-levodopa-entacapone.....	38

carbinoxamine maleate.....	28	carisoprodol w/ aspirin & codeine.....	106	CHANTIX CONTINUING MONTHPAK.....	115
CARDIZEM.....	44	CARNITOR.....	69	CHANTIX STARTING MONTH PAK.....	115
CARDIZEM CD.....	44	CARNITOR SF.....	69	CHEMET.....	26
CARDIZEM LA.....	44	carteolol hcl (ophth).....	107	CHENODAL.....	71
CARDURA.....	31	carvedilol.....	43	CHERACOL PLUS.....	50
CARDURA XL.....	73	carvedilol phosphate.....	43	CHERACOL-D COUGH.....	50
CAREFINE PEN NEEDLE 32GX4MM.....	82	CASODEX.....	35	chlordiazepoxide hcl.....	12
CAREFINE PEN NEEDLES 29GX1/2".....	82	CATAPRES.....	31	chlordiazepoxide hcl-clidinium bromide.....	118
CAREFINE PEN NEEDLES 30GX5/16".....	82	CATAPRES-TTS-1.....	31	CHLORDIAZEPOXIDE/AMITRIP TYLINE.....	114
CAREFINE PEN NEEDLES 31GX6MM.....	82	CATAPRES-TTS-2.....	31	CHLOROQUINE PHOSPHATE.....	33
CAREFINE PEN NEEDLES 31GX8MM.....	82	CATAPRES-TTS-3.....	31	chloroquine phosphate.....	33
CAREFINE PEN NEEDLES 32GX5MM.....	82	CAYA.....	79	CHLOROTHIAZIDE.....	67
CAREFINE PEN NEEDLES 32GX6MM.....	82	CAYSTON.....	10	chlorothiazide.....	67
CAREONE UNIFINE PENTIPS 29GX12MM.....	82	CEDAX.....	46	chlorpromazine hcl.....	39
CAREONE UNIFINE PENTIPS 31GX5MM.....	82	cefaclor.....	46	chlorpropamide.....	25
CAREONE UNIFINE PENTIPS 31GX6MM.....	82	CEFACTOR ER.....	46	chlorthalidone.....	67
CAREONE UNIFINE PENTIPS 31GX8MM.....	82	cefadroxil.....	46	CHLORZOXAZONE.....	106
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	82	cefdirinir.....	46	cholestyramine.....	29
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	82	CEFDITOREN PIVOXIL.....	46	cholestyramine light.....	29
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	82	cefexime.....	46	choline & mag salicylate.....	6
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	82	cefpodoxime proxetil.....	46	choline fenofibrate.....	29
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	82	cefprozil.....	46	ciclopirox.....	56
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	82	CEFTIBUTEN.....	46	ciclopirox olamine.....	56
CARETOUCH PEN NEEDLES 31G X 6 MM.....	82	CEFTIN.....	46	cilostazol.....	76
CARETOUCH PEN NEEDLES 31GX 5MM.....	82	cefuroxime axetil.....	46	CILOXAN.....	108
CARETOUCH PEN NEEDLES 31GX 8MM.....	82	CELEBREX.....	4	cimetidine.....	118
CARETOUCH PEN NEEDLES 32GX 4MM.....	82	celecoxib.....	4	CIMETIDINE HCL.....	118
CARETOUCH PEN NEEDLES 32GX 5MM.....	83	CELEXA.....	21	CIMZIA.....	72
carisoprodol.....	106	CELLCEPT.....	99	CIMZIA STARTER KIT.....	72
carisoprodol w/ aspirin.....	106	CELONTIN.....	20	CIPRO.....	71
		CEM-UREA.....	62	CIPRO HC.....	112
		CENTANY.....	56	CIPRO XR.....	71
		CENTANY AT.....	56	CIPRODEX.....	112
		cephalexin.....	46	ciprofloxacin.....	71
		CEPHALEXIN.....	46	CIPROFLOXACIN.....	112
		CEPROTIN.....	75	CIPROFLOXACIN HCL.....	71
		CERACADE.....	64	ciprofloxacin hcl.....	71
		CERDELGA.....	76	ciprofloxacin hcl (ophth).....	108
		CERVIDIL.....	112	ciprofloxacin-ciprofloxacin hcl.....	71
		CESAMET.....	27	citalopram hydrobromide.....	21
		CETRAXAL.....	112	CITRANATAL 90 DHA.....	101
		CETYLEV.....	26	CITRANATAL ASSURE.....	101
		cevimeline hcl.....	101	CITRANATAL B-CALM.....	101
		CHANTIX.....	115		

CITRANATAL BLOOM.....	101	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM.....	83	clotrimazole w/ betamethasone.....	56
CITRANATAL DHA.....	101	CLICKFINE PEN NEEDLE 32GX5/32".....	83	clozapine.....	39
CITRANATAL HARMONY.....	102	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	83	CLOZAPINE ODT.....	39
CITRANATAL RX.....	102	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" ..	83	CLOZARIL.....	39
CLARIFOAM EF.....	54	CLICKFINE PEN NEEDLES/31GX1/4".....	83	COAGADEX.....	74
CLARINEX.....	28	CLICKFINE PEN NEEDLES/31GX5/16".....	83	COARTEM.....	33
CLARINEX-D 12 HOUR.....	50	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	83	COCAINE HCL.....	64
CLARITHROMYCIN.....	79	CLIMARA.....	70	CODAR AR.....	50
clarithromycin.....	79	CLIMARA PRO.....	70	CODAR D.....	50
CLEMASTINE FUMARATE.....	28	CLINDAGEL.....	54	codeine sulfate.....	6
clemastine fumarate.....	28	clindamycin hcl.....	11	CODITUSSIN AC.....	51
CLEOCIN.....	11,121	clindamycin palmitate hydrochloride.....	11	COLAZAL.....	72
CLEOCIN PEDIATRIC GRANULES.....	11	clindamycin phosphate (topical).....	54	COLCHICINE.....	74
CLEOCIN-T.....	54	clindamycin phosphate vaginal.....	121	colchicine.....	74
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE.....	95	clindamycin phosphate-benzoyl peroxide.....	54	colchicine w/ probenecid.....	74
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM.....	95	clindamycin phosphate-benzoyl peroxide (refrigerate).....	54	COLCRYS.....	74
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL.....	95	clindamycin phosphate- tretinoin.....	54	COLESTID.....	29
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	83	CLINDESSE.....	121	COLESTID FLAVORED.....	29
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM.....	83	clobetasol propionate.....	59	colestipol hcl.....	29
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 29GX12MM.....	83	clobetasol propionate emollient base.....	59	COLY-MYCIN S.....	112
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	83	clobetasol propionate emulsion.....	60	COLYTE-FLAVOR PACKS.....	77
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	83	CLOBEX.....	60	COMBIGAN.....	107
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	83	CLOCORTOLONE PIVALATE.....	60	COMBIPATCH.....	70
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	83	CLOCORTOLONE PIVALATE PUMP.....	60	COMBIVENT RESPIMAT.....	15
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	83	CLODERM.....	60	COMBIVIR.....	40
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM.....	83	CLODERM PUMP.....	60	COMETRIQ.....	36
		CLOMIPHENE CITRATE.....	68	COMPACT SPACE CHAMBER/ANTI-STATIC.....	96
		clomiphene citrate.....	68	COMPACT SPACE CHAMBER/ANTI- STATIC/LARGE MASK.....	96
		clomipramine hcl.....	22	COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK.....	96
		clonazepam.....	17	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK.....	96
		clonidine hcl.....	31	COMPLERA.....	40
		clonidine hcl (adhd).....	1	COMPLETENATE.....	102
		clopidogrel bisulfate.....	76	COMTAN.....	37
		clorazepate dipotassium.....	12	CONCEPT DHA.....	102
		CLORPRES.....	32	CONCEPT OB.....	102
		clotrimazole.....	100	CONCERTA.....	2
				CONDYLOX.....	64
				CONZIP.....	6
				COPAXONE.....	114
				COPEGUS.....	42
				CORDARONE.....	13

CORDRAN	60	cyclosporine	99	DESLORATADINE ODT	28
CORDRAN TAPE	60	CYCLOSPORINE		desmopressin acetate	69
COREG	43,44	MODIFIED	99	desmopressin acetate	
COREG CR	43	cyclosporine modified (for		refrigerated	69
CORGARD	44	microemulsion)	99	desmopressin acetate spray	69
CORIFACT	74	CYMBALTA	21	desmopressin acetate spray	
CORLANOR	46	cyproheptadine hcl	28	refrigerated	69
CORTANE-B	60	CYSTADANE	69	DESOGEN	47
CORTANE-B AQUEOUS	112	CYSTAGON	73	desogestrel & ethinyl	
CORTANE-B-OTIC	112	CYSTARAN	110	estradiol	47
CORTEF	49	CYTOMEL	117	desogestrel-ethinyl estradiol	
CORTENEMA	10	CYTOTEC	119	(biphasic)	47
CORTIFOAM	10	D.H.E. 45	97	desogestrel-ethinyl estradiol	
cortisone acetate	49	DAKLINZA	42	(triphasic)	47
CORTISPORIN	56	DALIRESP	14	DESONATE	60
CORTISPORIN-TC	112	DALLERGY	51	desonide	60
CORZIDE	32	danazol	10	DESOWEN	60
COSENTYX	58	DANTRIUM	106	desoximetasone	60
COSENTYX SENSOREADY		dantrolene sodium	106	DESOXYN	1
PEN	58	dapsone	11	DESVENLAFAXINE ER	21
COSOPT	108	dapsone (topical)	54	desvenlafaxine succinate	22
COSOPT PF	108	DARAPRIM	33	DETROL	120
COTELLIC	36	darifenacin hydrobromide	120	DETROL LA	120
COUMADIN	16	DAYPRO	4	dexamethasone	49
COZAAR	31	DAYTRANA	2	DEXAMETHASONE	
CREON	66	DDAVP	69	INTENSOL	49
CRESEMBA	27	DECON-G	51	DEXAMETHASONE SODIUM	
CRESTOR	30	DELZICOL	72	PHOSPHATE	109
CRINONE	121	DEMADEX	67	DEXEDRINE	1
CRIXIVAN	40	demeclocycline hcl	116	DEXILANT	119
cromolyn sodium	13	DEMEROL	6	dexmethylphenidate hcl	2
cromolyn sodium		DEMSEK	31	DEXPAK 10 DAY	49
(mastocytosis)	72	DENAVIR	59	DEXPAK 13 DAY	49
cromolyn sodium (ophth)	110	DEPAKENE	20	DEXPAK 6 DAY	49
CUPRIMINE	99	DEPAKOTE	20	dextroamphetamine sulfate	1
CUTIVATE	60	DEPAKOTE ER	20	dextromethorphan-guaifenesin	
CUVPOSA	118	DEPAKOTE SPRINKLES	20		51
CVS WOMENS		DEPEN TITRATABS	99	DIABETA	25
PRENATAL+DHA	102	DERMA-SMOOTH/FS		DIAMOX	66
CYCLESSA	47	BODY	60	DIASTAT ACUDIAL	17
cyclobenzaprine hcl	106	DERMA-SMOOTH/FS		DIASTAT PEDIATRIC	17
CYCLOGYL	108	SCALP	60	diazepam	12
CYCLOMYDRIL	108	DERMATOP	60	DIAZEPAM	17
cyclopentolate hcl	108	DERMOTIC	112	DIAZEPAM RECTAL GEL	17
CYCLOPHOSPHAMIDE	34	DESCOVY	40	DIBENZYLINE	31
CYCLOSERINE	34	DESGEN DM	51	DICLEGIS	27
CYCLOSET	24	desipramine hcl	22	diclofenac potassium	4
		desloratadine	28	diclofenac sodium	4
				diclofenac sodium (actinic	
				keratoses)	57

diclofenac sodium (ophth) ..	110	dorzolamide hcl	111	DRUG MART UNIFINE	
diclofenac sodium (topical) ..	56	dorzolamide hcl-timolol		PENTIPS32GX4MM	84
diclofenac w/ misoprostol	4	maleate	108	DRUG MART UNIFINE	
dicloxacin sodium	113	DOTHELLE DHA	102	PENTIPSPLUS 32GX4MM ..	84
dicyclomine hcl	118	DOVONEX	58	DRYSOL	65
didanosine	40	doxazosin mesylate	31	DUAC	54
DIFFERIN	54	doxepin hcl	22	DUANE READE UNIFINE	
DIFICID	79	DOXEPIN		PENTIPS 29G X 12MM	84
diflorasone diacetate	60	HYDROCHLORIDE	58	DUANE READE UNIFINE	
DIFLORASONE		doxercalciferol	69	PENTIPS 31G X 6MM ULTRA	
DIACETATE	60	DOXYCYCLINE	65	SHORT	84
DIFLUCAN	27	doxycycline		DUANE READE UNIFINE	
diflunisal	6	(monohydrate)	116	PENTIPS 31G X 8MM	
digoxin	45	doxycycline hyclate	116	SHORT	84
dihydroergotamine mesylate ..	97	DRISDOL	122	DUAVEE	70
DIHYDROERGOTAMINE		dronabinol	27	DUET DHA 400	102
MESYLATE	97	DROPLET PEN NEEDLES		DUET DHA BALANCED	102
DILANTIN	19	29GX12MM	83	DUETACT	23
DILANTIN INFATABS	19	DROPLET PEN NEEDLES		DUEXIS	4
DILANTIN-125	19	31GX5MM	83	DULCOLAX	78
DILATRATE SR	12	DROPLET PEN NEEDLES		DULERA	15
DILAUDID	6	31GX6MM	83	duloxetine hcl	22
diltiazem hcl	45	DROPLET PEN NEEDLES		DUPIXENT	62
diltiazem hcl coated		31GX8MM	83	DURAFLU	51
beads	44,45	DROPLET PEN NEEDLES 32G		DURAGESIC	6
diltiazem hcl extended release		X 1/4"	83	DURAXIN	6
beads	45	DROPLET PEN NEEDLES 32G		DUREZOL	109
DIOVAN	31	X 3/16"	83	dutasteride	73
DIOVAN HCT	32	DROPLET PEN NEEDLES 32G		dutasteride-tamsulosin hcl ..	74
DIPENTUM	72	X 5/16"	84	DUTOPROL	32
diphenoxylate w/ atropine	26	DROPLET PEN NEEDLES 32G		DUZALLO	74
DIPROLENE	60	X 5/32"	84	DYANAVEL XR	1
DIPROLENE AF	60	DROPLET PEN NEEDLES		DYAZIDE	66
dipyridamole	76	32GX4MM	84	DYMISTA	106
DISALCID	6	DROPLET PEN NEEDLES		DYRENIUM	67
disopyramide phosphate	13	32GX5MM	84	E-Z SPACER	96
disulfiram	113	DROPLET PEN NEEDLES		E-Z SPACER THE BODY	
DITROPAN XL	120	32GX6MM	84	GUARDS PACK	96
DIURIL	67	DROPLET PEN NEEDLES		E.E.S. GRANULES	79
divalproex sodium	20	32GX8MM	84	EASIVENT	96
DIVIGEL	70	drosiprone-ethinyl		EASIVENT/MASK-LARGE ..	96
dofetilide	13	estradiol	47	EASIVENT/MASK-MEDIUM	96
DOLOGESIC	6	drosiprone-ethinyl estradiol-		EASIVENT/MASK-SMALL ..	96
DOLOPHINE	6	levomefolate calcium	47	EASY COMFORT PEN	
DOMETUSS-DMX	51	DROSPIRENONE/ETHINYL		NEEDLES31GX1/4"	84
donepezil hydrochloride	113	ESTRADIOL/LEVOMEFOLATE		EASY COMFORT PEN	
DORAL	77	CALCIUM	47	NEEDLES31GX3/16"	84
DORYX	116	DROXIA	76	EASY COMFORT PEN	
		DRUG MART UNIFINE		NEEDLES31GX5/16"	84
		PENTIPS 31GX5MM	84	EASY COMFORT PEN	
		DRUG MART UNIFINE		NEEDLES32GX5/32"	84
		PENTIPS29G X 12MM	84		
		DRUG MART UNIFINE			
		PENTIPS31GX6MM	84		
		DRUG MART UNIFINE			
		PENTIPS31GX8MM	84		

EASY TOUCH 32GX5MM	84	ELOCON	60	EPROSARTAN MESYLATE	31
EASY TOUCH 32GX6MM	84	ELOCTATE	74,75	EPZICOM	40
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	84	EMADINE	111	EQL SHORT PEN NEEDLES 31G X 8MM	85
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	84	EMBEDA	6	EQL ULTRA SHORT PEN NEEDLES 31G X 6MM	85
EASY TOUCH PEN NEEDLE 30G X 5/16"	84	EMCYT	35	EQUETRO	39
EASY TOUCH PEN NEEDLES 29GX1/2"	84	EMEND	27	ergocalciferol	122
EASY TOUCH PEN NEEDLES 31GX1/4"	84	EMEND TRIPACK	27	ERGOLOID MESYLATES	115
EASY TOUCH PEN NEEDLES 31GX5/16"	85	EMFLAZA	49	ERGOMAR	97
EASY TOUCH PEN NEEDLES 32GX1/4"	85	EMLA	64	ergotamine w/ caffeine	97
EASY TOUCH PEN NEEDLES 32GX3/16"	85	EMSAM	20	ERIVEDGE	35
EASY TOUCH PEN NEEDLES 32GX5/32"	85	EMTRIVA	40	ERTACZO	56
EASY TOUCH PEN NEEDLES/31G X 3/16"	85	EMULSION SB	64	ERY-TAB	79
EC-NAPROSYN	4	ENABLEX	120	ERYGEL	54
econazole nitrate	56	enalapril maleate	30	ERYPED 200	79
ECOZA	56	enalapril maleate & hydrochlorothiazide	32	ERYPED 400	79
ED BRON GP	51	ENBRACE HR	102	erythromycin (acne aid)	54
EDARBI	31	ENBREL	6	erythromycin (ophth)	108
EDARBYCLOR	32	ENBREL MINI	6	erythromycin base	79
EDECIN	67	ENBREL SURECLICK	6	erythromycin ethylsuccinate	79
EDLUAR	77	ENCARE	121	erythromycin stearate	79
EDURANT	40	ENDARI	76	ESBRIET	116
efavirenz	40	ENDOMETRIN	121	ESCAVITE D	101
EFFER-K	99	ENJUVA	70	escitalopram oxalate	21
EFFEXOR XR	22	ENOVARX- CYCLOBENZAPRINE HCL	106	ESGIC	6
EFFIENT	76	enoxaparin sodium	16	esomeprazole magnesium	119
EFUDEX	57	entacapone	37	ESOMEPRAZOLE STRONTIUM	119
EGRIFTA	68	entecavir	42	estazolam	77
ELAVIL	22	ENTEREG	72	ESTRACE	70,121
ELDEPRYL	38	ENTOCORT EC	49	estradiol	70
ELESTAT	111	ENTRESTO	45	estradiol & norethindrone acetate	70
ELESTRIN	70	ENTTY SPRAY		ESTRADIOL CONCENTRATE	47
eletriptan hydrobromide	97	EMULSION	64	estradiol vaginal	121
ELIDEL	63	ENVARBUS XR	99	ESTRING	121
ELIGARD	35	EPANED	31	ESTROGEL	70
ELIMITE	65	EPCLUSA	42	ESTROPIPATE	70
ELIPHOS	73	EPICERAM	65	estropipate	70
ELIQUIS	16	EPIDUO	54	ESTROSTEP FE	47
ELIXOPHYLLIN	16	EPIDUO FORTE	54	eszopiclone	77
ELLA	49	EPIFOAM	61	ethacrynic acid	67
ELMIRON	73	epinastine hcl (ophth)	111	ethambutol hcl	34
		epinephrine (anaphylaxis)	121	ethosuximide	20
		EPIVIR	40	ETHYL CHLORIDE	64
		EPIVIR HBV	42	ETHYL CHLORIDE/FINE PINPOINT	64
		eplerenone	33		
		EPOGEN	76		

ETHYL CHLORIDE/FINE			
STREAM	64		
ETHYL CHLORIDE/MEDIUM			
JET STREAM	64		
ETHYL CHLORIDE/MEDIUM			
STREAM	64		
ETHYL CHLORIDE/MIST	64		
ethynodiol diacet & eth			
estradiol	47		
ETIDRONATE DISODIUM	68		
etodolac	4		
ETOPOSIDE	37		
EUCRISA	65		
EURAX	65		
EVAMIST	70		
EVISTA	68		
EVOCLIN	54		
EVOTAZ	40		
EVOXAC	101		
EVZIO	26		
EXACTUSS	51		
EXACTUSS TR	51		
EXALGO	6		
EXAPHEX TR	51		
EXEL COMFORT POINT			
INSULIN PEN NEEDLES 29G X			
12MM	85		
EXEL COMFORT POINT			
INSULIN PEN NEEDLES 31G X			
6MM	85		
EXEL COMFORT POINT			
INSULIN PEN NEEDLES 31G X			
8MM	85		
EXELDERM	56		
EXELON	113		
exemestane	35		
EXFORGE	32		
EXFORGE HCT	32		
EXODERM	57		
EXTAVIA	114		
EXTINA	57		
EXTRA-VIRT PLUS DHA	102		
EYEAID IRRIGATING			
SOLUTION	111		
ezetimibe	30		
ezetimibe-simvastatin	29		
FABIOR	55		
FACTIVE	71		
famciclovir	43		
famotidine	118		
FAMVIR	43		
FANAPT	39		
FANAPT TITRATION			
PACK	39		
FARESTON	35		
FARXIGA	25		
FARYDAK	36		
FAZACLO	39		
FC FEMALE CONDOM	79		
FC2 FEMALE CONDOM	79		
FEIBA	75		
FEIBA NF	75		
felbamate	19		
FELBATOL	19		
FELDENE	4		
felodipine	45		
FEM PH	121		
FEMARA	35		
FEMCAP	79		
FEMCON FE	47		
FEMHRT LOW DOSE	70		
FEMRING	121		
FENOFIBRATE	29		
fenofibrate	29		
fenofibrate micronized	29		
FENOFIBRIC ACID	29		
FENOPROFEN CALCIUM	4		
fenoprofen calcium	4		
FENORTHO	4		
FENTANYL	7		
fentanyl	7		
fentanyl citrate	6		
FENTORA	7		
FERRIPROX	26		
FETZIMA	22		
FETZIMA TITRATION			
PACK	22		
FIASP	24		
FIASP FLEXTOUCH	24		
FIBRICOR	29		
FIBRYGA	75		
FIFTY50 PEN NEEDLES 31G			
X3/16" (5MM)	85		
FIFTY50 PEN NEEDLES 31G			
X5/16" (8MM)	85		
FIFTY50 PEN NEEDLES			
31GX5MM	85		
FIFTY50 PEN			
NEEDLES/31GX8MM	85		
FIFTY50 PEN			
NEEDLES/32GX4MM	85		
FIFTY50 PEN			
NEEDLES/32GX6MM	85		
FINACEA	65		
finasteride	74		
FIORICET	6		
FIORICET/CODEINE	8		
FIORINAL	6		
FIORINAL/CODEINE #3	8		
FIRAZYR	75		
FIRST-BXN MOUTHWASH	100		
FIRST-DUKES			
MOUTHWASH	100		
FIRST-LANSOPRAZOLE	119		
FIRST-MARYS			
MOUTHWASH	100		
FIRST-MOUTHWASH BLM	100		
FIRST-VANCOMYCIN 25	10		
FIRST-VANCOMYCIN 50	11		
FLAGYL	11		
FLAREX	109		
flavoxate hcl	120		
flecainide acetate	13		
FLECTOR	56		
FLEXICHAMBER	96		
FLOMAX	74		
FLONASE ALLERGY			
RELIEF	107		
FLONASE ALLERGY RELIEF			
CHILDRENS	107		
FLORIVA	98		
FLORIVA PLUS	101		
FLOVENT DISKUS	14		
FLOVENT HFA	14		
FLOWTUSS	51		
FLOXIN OTIC	112		
fluconazole	28		
flucytosine	27		
fludrocortisone acetate	50		
FLUMADINE	43		
FLUMIST QUADRIVALENT	120		
FLUNISOLIDE	107		
fluocinolone acetonide	61		
fluocinolone acetonide			
(otic)	112		
fluocinonide	61		
fluocinonide emulsified base	61		
FLUORABON	98		

fluorescein sodium topical	111	FORTESTA	10	GALZIN	99
fluorometholone (ophth)	109	FOSAMAX	68	GASTROCROM	72
FLUOROPLEX	57	FOSAMAX PLUS D	68	gatifloxacin (ophth)	108
FLUOROURACIL	57	fosamprenavir calcium	40	GATTEX	73
fluorouracil (topical)	57	fosinopril sodium	31	GEBAUERS INSTANT ICE	64
FLUOXETINE	115	fosinopril sodium & hydrochlorothiazide	32	GEBAUERS PAIN EASE	64
FLUOXETINE DR	21	FOSRENOL	73	GEBAUERS SPRAY AND STRETCH	64
fluoxetine hcl	21	FRAGMIN	17	GEL-KAM ORAL CARE RINSE	100
FLUOXETINE HCL	21	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	85	GELCLAIR	101
fluoxetine hcl	21	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	85	GELFILM OP	110
fluoxetine hcl (padded)	115	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	85	GELNIQUE	120
FLUPHENAZINE HCL	40	FREESTYLE FREEDOM LITE	80	GELNIQUE PUMP	120
fluphenazine hcl	40	FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM	80	gemfibrozil	29
FLURA-DROPS	98	FREESTYLE INSULINX BLOODGLUCOSE TEST	66	GENERESS FE	47
flurandrenolide	61	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS	66	GENOTROPIN	68
flurazepam hcl	77	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM	80	GENOTROPIN MINIQUICK	68
flurbiprofen	4	FREESTYLE LITE TEST STRIPS	66	GENTAK	108
flurbiprofen sodium	111	FREESTYLE TEST STRIPS	66	gentamicin sulfate (ophth)	108
FLURBIPROFEN SODIUM	111	FROVA	97	gentamicin sulfate (topical)	56
flutamide	35	frovatriptan succinate	97	GENVOYA	40
fluticasone propionate	61	FUL-GLO	111	GEODON	39
fluticasone propionate (nasal)	107	FULYZAQ	26	GIAZO	72
FLUTICASON PROPIONATE/SALMETEROL	15	FURADANTIN	120	GILENYA	114
fluvastatin sodium	30	furosemide	67	GILOTRIF	36
fluvoxamine maleate	21	FUROSEMIDE	67	GILPHEX TR	51
FML	110	FUZEON	40	GILTUSS	51
FML FORTE	109	FYCOMPA	17	GILTUSS TR	51
FML LIQUIFILM	109	gabapentin	18	glatiramer acetate	114
FOCALGIN 90 DHA	102	GABITRIL	19	GLEEVEC	36
FOCALGIN CA	102	galantamine hydrobromide	113	GLENMAX PEB	51
FOCALIN	2	GALANTAMINE HYDROBROMIDE	113	GLEOSTINE	34
FOCALIN XR	2	galantamine hydrobromide	113	glimepiride	25
FOLCAL DHA	102			glipizide	25
FOLCAPS OMEGA 3	102			glipizide-metformin hcl	23
FOLET DHA	102			GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	85
folic acid	76			GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	85
FOLIVANE-F	76			GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	86
FOLIVANE-OB	102			GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	86
fondaparinux sodium	17			GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	86
FORADIL AEROLIZER	15			GLUCAGEN DIAGNOSTIC	65
FORFIVO XL	20			GLUCAGEN HYPOKIT	23
formaldehyde	40			GLUCAGON EMERGENCY KIT	23
FORTAMET	23				
FORTEO	68				

GLUCOPHAGE.....	23	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	86	HORIZANT.....	115
GLUCOPHAGE XR.....	23	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	86	HUMALOG.....	24
GLUCOTROL.....	25	H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	86	HUMALOG JUNIOR KWIKPEN.....	24
GLUCOTROL XL.....	25	HAEGARDA.....	75	HUMALOG KWIKPEN.....	24
GLUCOVANCE.....	23	HALAC.....	61	HUMALOG MIX 50/50.....	24
glyburide.....	26	HALCION.....	77	HUMALOG MIX 50/50 KWIKPEN.....	24
glyburide micronized.....	25	halobetasol propionate.....	61	HUMALOG MIX 75/25.....	24
glyburide-metformin.....	23	HALOG.....	61	HUMALOG MIX 75/25 KWIKPEN.....	24
glycopyrrolate.....	118	haloperidol.....	39	HUMATE-P.....	75
GLYCOPYRROLATE.....	118	haloperidol lactate.....	39	HUMATROPE.....	68
GLYNASE.....	26	HALOTIN.....	57	HUMATROPE COMBO PACK.....	68
GLYSET.....	22	HARVONI.....	42	HUMIRA.....	3
GLYXAMBI.....	23	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	86	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK...3	
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16".....	86	HEALTHWISE PEN NEEDLES 29GX12MM.....	86	HUMIRA PEN.....	3
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	86	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	86	HUMIRA PEN-CROHNS DISEASESTARTER.....	3
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	86	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	86	HUMIRA PEN-PSORIASIS STARTER.....	3
GOCOVRI.....	38	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	86	HUMULIN 70/30.....	24
GOLYTELY.....	77,78	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	86	HUMULIN 70/30 KWIKPEN.....	24
GONITRO.....	12	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	86	HUMULIN N.....	24
GORDONS UREA.....	62	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	86	HUMULIN N KWIKPEN.....	24
GRALISE.....	115	HECTOROL.....	69	HUMULIN R.....	24
GRALISE STARTER.....	115	HELIKATE FS.....	75	HUMULIN R U-500 (CONCENTRATED).....	24
granisetron hcl.....	26	HEMANGEOL.....	44	HUMULIN R U-500 KWIKPEN.....	24
GRANULEX.....	63	HEMENATAL OB.....	102	hyaluronate sodium (emollient).....	63
GRIFULVIN V.....	27	HEMENATAL OB + DHA.....	102	HYCANTIN.....	37
GRIS-PEG.....	27	HEMOPIL M.....	75	HYCET.....	8
griseofulvin microsize.....	27	HEPSERA.....	42	hydralazine hcl.....	33
griseofulvin ultramicrosize.....	27	HETLIOZ.....	77	HYDREA.....	37
guaifenesin.....	53	HEXALEN.....	34	HYDRO 35.....	62
guaifenesin-codeine.....	51	HIPREX.....	120	HYDRO 40 FOAM.....	62
guanfacine hcl.....	31	HISTEX-PE.....	51	hydrochlorothiazide.....	67
guanfacine hcl (adhd).....	1	homatropine hbr.....	108	hydrocodone polistirex-chlorpheniramine polistirex...51	
GUANIDINE HCL.....	34			hydrocodone w/ homatropine.....	50
GUM BASE GELATIN.....	113			hydrocodone-acetaminophen.....	8
GYNAZOLE-1.....	121			hydrocodone-ibuprofen.....	8
H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	86			hydrocortisone.....	49
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hydrocortisone butyrate.....	61	INLYTA.....	36	ipratropium bromide.....	13
hydrocortisone butyrate		INNOPRAN XL.....	44	ipratropium bromide (nasal)	106
hydrophilic lipo base.....	61	INSPIRACHAMBER/ANTI-		ipratropium-albuterol.....	15
hydrocortisone valerate.....	61	STATIC		IPRIVASK.....	17
hydrocortisone w/acetic		VALVED/MOUTHPIECE.....	96	irbesartan.....	31
acid.....	112	INSPIRACHAMBER/LARGE		irbesartan-hydrochlorothiazide	
hydromorphone hcl.....	7	.....	96	.....	32
hydroxychloroquine sulfate..	33	INSPIRACHAMBER/SOOTHE		IRESSA.....	36
hydroxyurea.....	37	RMASK/INSPIRAMASK/MEDIU		ISENTRESS.....	40
hydroxyzine hcl.....	12	M.....	96	ISENTRESS HD.....	41
hydroxyzine pamoate.....	12	INSPIRACHAMBER/SOOTHE		isoniazid.....	34
HYLIRA.....	63	RMASK/INSPIRAMASK/SMAL		ISOPTO CARPINE.....	108
hyoscyamine sulfate.....	118	L.....	96	ISORDIL TITRADOSE.....	12
HYPER-SAL.....	53	INSPIREASE DRUG		isosorbide dinitrate.....	12
HYPERSAL.....	53	DELIVERYSYSTEM.....	96	ISOSORBIDE DINITRATE	
HYPODERMIC NEEDLE		INSPRA.....	33	ER.....	12
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HYSINGLA ER.....	7	NEEDLES.....	79	isotretinoin.....	55
HYZAAR.....	32	INSUPEN 29G X 12MM.....	87	isoxsuprine hcl.....	45
ibandronate sodium.....	68	INSUPEN 31G X 5MM.....	87	ISOXSUPRINE HCL.....	45
IBRANCE.....	36	INSUPEN 31G X 8MM.....	87	isradipine.....	45
ibuprofen.....	4	INSUPEN 32G X 4MM.....	87	ISTALOL.....	108
ICLUSIG.....	36	INSUPEN 33GX4MM.....	87	itraconazole.....	28
IDELVION.....	75	INSUPEN PEN NEEDLES 32G		ivermectin.....	10
IDHIFA.....	36	X4MM.....	87	IXINITY.....	75
ILEVRO.....	111	INSUPEN SENSITIVE		J-MAX.....	51
imatinib mesylate.....	36	32GX6MM.....	87	JADENU.....	26
IMBRUVICA.....	36	INSUPEN SENSITIVE		JADENU SPRINKLE.....	26
imipramine hcl.....	22	32GX8MM.....	87	JAKAFI.....	36
imipramine pamoate.....	22	INSUPEN ULTRAFIN		JALYN.....	74
imiquimod.....	63	29GX12MM.....	87	JANUMET.....	23
IMITREX.....	97	INSUPEN ULTRAFIN		JANUMET XR.....	23
IMITREX STATDOSE		30GX8MM.....	87	JANUVIA.....	23
REFILL.....	97	INSUPEN ULTRAFIN		JARDIANCE.....	25
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IMPAVIDO.....	11	INTEGRA F.....	76	JUXTAPID.....	30
IMURAN.....	99	INTELENCE.....	40	K-PHOS.....	99
INCRELEX.....	68	INTERMEZZO.....	77	K-PHOS NEUTRAL.....	99
INCRUSE ELLIPTA.....	13	INTRON A.....	37	K-PHOS NO 2.....	73
indapamide.....	67	INTRON A W/DILUENT... ..	37	K-TAB.....	99
INDERAL LA.....	44	INTUNIV.....	1	KADIAN.....	7
INDERAL XL.....	44	INVEGA.....	39	KALETRA.....	41
INDOCIN.....	4	INVIRASE.....	40	KALYDECO.....	116
indomethacin.....	4	INVOKAMET.....	23	KAMDOY.....	65
INFANATE BALANCE.....	102	INVOKAMET XR.....	23	KAPVAY.....	1
INGREZZA.....	114	INVOKANA.....	25		
		IODINE STRONG.....	98		
		iodoquinol-hc.....	57		
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		aloe vehicle.....	57		
		IOPIDINE.....	108		

KARBINAL ER.....	28	KUVAN.....	69	LEADER UNIFINE	
KAYEXALATE.....	100	KYNAMRO.....	29	PENTIPS/PLUS/32GX5/32" .	87
KAZANO.....	23	labetalol hcl.....	44	leflunomide.....	5
KCENTRA.....	75	LAC-HYDRIN.....	63	LENVIMA 10 MG DAILY	
KEFLEX.....	46	LAC-HYDRIN TWELVE.....	63	DOSE.....	36
KENALOG.....	61	LACRISERT.....	107	LENVIMA 14 MG DAILY	
KEPPRA.....	18	lactic acid (ammonium		DOSE.....	36
KEPPRA XR.....	18	lactate).....	63	LENVIMA 18 MG DAILY	
KERASAL ULTRA20.....	62	lactulose.....	78	DOSE.....	36
KERYDIN.....	57	lactulose (encephalopathy)	72	LENVIMA 20 MG DAILY	
KETEK.....	11	LAMICTAL.....	18	DOSE.....	36
KETOCARE.....	66	LAMICTAL CHEWABLE		LENVIMA 24 MG DAILY	
ketoconazole.....	28	DISPERSIBLE.....	18	DOSE.....	36
ketoconazole (topical).....	57	LAMICTAL ODT.....	18	LESCOL XL.....	30
ketoprofen.....	4	LAMICTAL STARTER/NOT		LETAIRIS.....	46
KETOPROFEN ER.....	4	TAKING		letrozole.....	35
ketorolac tromethamine.....	4	CARBAMAZEPINE.....	18	leucovorin calcium.....	37
ketorolac tromethamine		LAMICTAL STARTER/TAKING		LEUKERAN.....	34
(ophth).....	111	CARBAMAZEPINE/NOT		LEUKINE.....	76
KETOSTIX.....	66	TAKING VALPROATE.....	18	leuprolide acetate.....	35
KEVEYIS.....	66	LAMICTAL STARTER/TAKING		LEVACET.....	6
KEVZARA.....	4	VALPROATE.....	18	levabuterol hcl.....	15
KHEDEZLA.....	22	LAMICTAL XR.....	18	LEVALBUTEROL TARTRATE	
KISQALI.....	36	LAMISIL.....	27	HFA.....	15
KISQALI FEMARA 200		LAMISIL AT SPRAY.....	57	LEVAQUIN.....	71
DOSE.....	35	lamivudine.....	41	LEVBID.....	118
KISQALI FEMARA 400		lamivudine (hbv).....	42	LEVEMIR.....	25
DOSE.....	36	lamivudine-zidovudine.....	41	LEVEMIR FLEXTOUCH.....	25
KISQALI FEMARA 600		lamotrigine.....	18	levetiracetam.....	18
DOSE.....	36	LANOXIN.....	45	LEVETIRACETAM.....	47
KITABIS PAK.....	3	lansoprazole.....	119	levobunolol hcl.....	108
KLARON.....	55	lanthanum carbonate.....	73	levocarnitine (metabolic	
KLONOPIN.....	17	LANTUS.....	25	modifiers).....	69
KLOR-CON M15.....	99	LANTUS SOLOSTAR.....	25	levocetirizine dihydrochloride	28
KLOR-CON/25.....	99	LASIX.....	67	levofloxacin.....	71
KOATE.....	75	LASTACAFT.....	111	LEVOFLOXACIN.....	71
KOATE-DVI.....	75	latanoprost.....	111	levofloxacin.....	71
KOGENATE FS.....	75	LATUDA.....	39	levofloxacin (ophth).....	109
KOGENATE FS BIO-SET.....	75	LAZANDA.....	7	levonorgestrel & eth	
KOMBIGLYZE XR.....	23	LEADER UNIFINE PENTIPS		estradiol.....	47
KORLYM.....	23	PLUS/MINI/31GX3/16" .	87	levonorgestrel (emergency	
KOVALTRY.....	75	LEADER UNIFINE PENTIPS		oc).....	49
KRISTALOSE.....	78	PLUS/SHORT/31GX5/16" .	87	levonorgestrel-eth estradiol	
KROGER PEN NEEDLES 29G		LEADER UNIFINE		(triphasic).....	47
X12MM.....	87	PENTIPS/MINI/31GX3/16"		levonorgestrel-ethinyl estradiol	
KROGER PEN NEEDLES 31G		.....	87	(91-day).....	47
X8MM.....	87	LEADER UNIFINE		levonorgestrel-ethinyl estradiol	
KROGER PEN NEEDLES		PENTIPS/NANO/32GX5/32"		(continuous).....	47
31GX1/4".....	87	.....	87	LEVORPHANOL TARTRATE.....	7
				levothyroxine sodium.....	117

LEVSIN.....	118	LOESTRIN 1.5/30-21.....	47	MACROBID.....	120
LEXAPRO.....	21	LOESTRIN 1/20-21.....	47	MACRODANTIN.....	120
LEXIVA.....	41	LOESTRIN FE 1.5/30.....	47	mafenide acetate.....	59
LEXUSS 210.....	51	LOESTRIN FE 1/20.....	47	MAGNEBIND 400.....	98
LIALDA.....	72	LOFIBRA.....	29	MALARONE.....	33
LIBRAX.....	118	LOHIST-DM.....	51	malathion.....	65
lidocaine.....	64	LOMOTIL.....	26	maprotiline hcl.....	20
lidocaine hcl.....	64	LOMUSTINE.....	34	MAR-COF BP.....	51
LIDOCAINE HCL.....	100	LONSURF.....	36	MAR-COF CG	
lidocaine hcl (mouth-throat).....	100	loperamide hcl.....	26	EXPECTORANT.....	51
lidocaine-prilocaine.....	64	LOPID.....	29	MARATHON MEDICAL	
LIDODERM.....	64	lopinavir-ritonavir.....	41	PENTIPS29GX12MM.....	88
LIDOPIN.....	64	LOPRESSOR.....	44	MARATHON MEDICAL	
LINDANE.....	65	LOPRESSOR HCT.....	32	PENTIPS31GX5MM.....	88
lindane.....	65	LOPROX.....	57	MARATHON MEDICAL	
linezolid.....	11	LOPROX SHAMPOO.....	57	PENTIPS31GX8MM.....	88
LINZESS.....	72	lorazepam.....	12,13	MARATHON MEDICAL	
liothyronine sodium.....	117	LORTAB.....	8	PENTIPS32GX4MM.....	88
LIPITOR.....	30	LORZONE.....	106	MARINOL.....	27
LIPOFEN.....	29	losartan potassium.....	31	MARNATAL-F.....	102
lisinopril.....	31	losartan potassium &		MARPLAN.....	20
lisinopril &		hydrochlorothiazide.....	32	MATULANE.....	37
hydrochlorothiazide.....	32	LOSEASONIQUE.....	47	MAVIK.....	31
LITE TOUCH PEN		LOTEMAX.....	110	MAVYRET.....	42
NEEDLES/31G X 3/16".....	87	LOTENSIN.....	31	MAXALT.....	97
LITEAIRE.....	96	LOTENSIN HCT.....	32	MAXALT-MLT.....	97
LITETOUCH PEN NEEDLES		LOTREL.....	32	MAXIDEX.....	110
29GX12.7MM.....	87	LOTRISONE.....	57	MAXITROL.....	110
LITETOUCH PEN NEEDLES		LOTRONEX.....	72	MAXZIDE.....	67
31G X 6MM.....	88	lovastatin.....	30	MAXZIDE-25.....	67
LITETOUCH PEN NEEDLES		LOVAZA.....	29	meclofenamate sodium.....	4
31GX8MM SHORT.....	88	LOVENOX.....	17	MEDICINE SHOPPE PEN	
LITHIUM.....	39	loxapine succinate.....	39	NEEDLES 29G X 12MM.....	88
lithium carbonate.....	38	LOZI-FLUR.....	98	MEDICINE SHOPPE PEN	
LITHOBID.....	39	LUMIGAN.....	111	NEEDLES 31G X 6MM.....	88
LITHOSTAT.....	74	LUNESTA.....	77	MEDICINE SHOPPE PEN	
LIVALO.....	30	LURIDE.....	98	NEEDLES 31G X 8MM.....	88
LIVE BETTER PEN NEEDLES		LUSAIR.....	51	MEDROL.....	49
29G X 12MM.....	88	LUXIQ.....	61	MEDROL DOSEPAK.....	49
LIVE BETTER PEN NEEDLES		LUZU.....	57	MEDROX-RX.....	64
31G X 12MM.....	88	LYNPARZA.....	36	medroxyprogesterone	
LIVE BETTER PEN NEEDLES		LYRICA.....	18,19	acetate.....	113
31G X 6MM.....	88	LYSODREN.....	35	mefenamic acid.....	5
LO LOESTRIN FE.....	47	LYSTEDA.....	76	mefloquine hcl.....	34
LOCOID.....	61	M-END PE.....	51	MEFLOQUINE HCL.....	34
LOCOID LIPOCREAM.....	61	MACNATAL CN DHA.....	102	MEGACE ES.....	113
LOCORT 11-DAY.....	49			MEGACE ORAL.....	35
LOCORT 7-DAY.....	49			megestrol acetate.....	35
LODINE.....	4			megestrol acetate	
LODOSYN.....	37			(appetite).....	113

MEIJER PEN NEEDLES 29G X12MM.....	88	methscopolamine bromide.....	118	midodrine hcl.....	122
MEIJER PEN NEEDLES 31G X6MM.....	88	METHYCLOTHIAZIDE.....	67	MIGERGOT.....	97
MEIJER PEN NEEDLES 31G X8MM.....	88	methyldopa.....	31	miglitol.....	22
MEKINIST.....	36	methyldopa & hydrochlorothiazide.....	32	MIGRANAL.....	97
meloxicam.....	5	methylergonovine maleate.....	112	MILLIPRED.....	49
melphalan.....	34	METHYLIN.....	2	MILLIPRED DP.....	49
memantine hcl.....	113	METHYLPHENIDATE HCL.....	2	MINASTRIN 24 FE.....	48
MENEST.....	70	methylphenidate hcl.....	2	MINIPRESS.....	31
MENOSTAR.....	71	METHYLPHENIDATE HCL ER (LA).....	2	MINIVELLE.....	71
meperidine hcl.....	7	methylprednisolone.....	49	MINOCIN.....	116
MEPERIDINE HCL/PROMETHAZINE HCL.....	8	methyltestosterone.....	10	minocycline hcl.....	116,117
MEPHYTON.....	122	METIPRANOLOL.....	108	MINOCYCLINE HCL ER.....	117
meprobamate.....	12	metoclopramide hcl.....	72	minoxidil.....	33
MEPRON.....	11	METOCLOPRAMIDE ODT.....	72	MIRALAX.....	78
mercaptapurine.....	35	metolazone.....	67	MIRAPEX.....	38
mesalamine.....	72	METOPIRONE.....	65	MIRAPEX ER.....	38
MESNEX.....	37	metoprolol & hydrochlorothiazide.....	32	MIRCERA.....	76
MESTINON.....	34	metoprolol succinate.....	44	MIRCETTE.....	48
MESTINON TIMESPAN.....	34	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE.....	32	mirtazapine.....	20
METADATE CD.....	2	METOPROLOL TARTRATE.....	44	MIRVASO.....	65
metaproterenol sulfate.....	15	metoprolol tartrate.....	44	misoprostol.....	119
metaxalone.....	106	METOPROLOL/HYDROCHLOROTHIAZIDE.....	33	MITIGARE.....	74
metformin hcl.....	23	METROCREAM.....	65	MM PEN NEEDLES 31G X 1/4".....	88
methadone hcl.....	7	METROGEL.....	65	MM PEN NEEDLES 31G X 3/16".....	88
METHADOSE.....	7	METROGEL-VAGINAL.....	121	MM PEN NEEDLES 31G X 5/16".....	88
METHADOSE SUGAR-FREE.....	7	METROLOTION.....	65	MM PEN NEEDLES 32G X 5/32".....	88
methamphetamine hcl.....	1	metronidazole.....	11	MOBIC.....	5
methazolamide.....	66	metronidazole (topical).....	65	modafinil.....	2
methenamine hippurate.....	120	metronidazole vaginal.....	121	MODERIBA.....	42
methenamine mandelate.....	120	MEVACOR.....	30	MODERIBA 1200 DOSE PACK.....	42
methenamine-hyosc-methylene blue-benzoic acid-phenyl sal.....	119	mexiletine hcl.....	13	MODERIBA 800 DOSE PACK.....	42
methenamine-hyosc-methylene blue-sod phos-phenyl sal.....	119	MIACALCIN.....	68	MODICON.....	48
methenamine-hyoscamine-methylene blue-sodium phosphate.....	120	MICARDIS.....	31	moexipril hcl.....	31
METHERGINE.....	112	MICARDIS HCT.....	33	moexipril-hydrochlorothiazide.....	33
methimazole.....	117	MICONAZOLE 3.....	121	mometasone furoate.....	61
METHITEST.....	10	MICRO-K.....	99	mometasone furoate (nasal).....	107
methocarbamol.....	106	MICROCHAMBER.....	96	MONOCLATE-P.....	75
methotrexate sodium.....	35	MICROSPACER.....	96	MONODOX.....	117
METHOTREXATE SODIUM.....	35	MICROZIDE.....	67	MONONINE.....	75
methotrexate sodium.....	35	midazolam hcl.....	77	montelukast sodium.....	14
methoxsalen rapid.....	58			MONUROL.....	120
				morphine sulfate.....	7

MORPHINE SULFATE.....	7	NAMENDA TITRATION		NEOSPORIN.....	109
morphine sulfate.....	7	PAK.....	114	NEOTUSS PLUS.....	51
MORPHINE SULFATE ER.....	7	NAMENDA XR.....	114	NEPTAZANE.....	66
MOTOFEN.....	26	NAMENDA XR TITRATION		NERLYNX.....	36
MOVANTIK.....	72	PACK.....	114	NESINA.....	23
MOVIPREP.....	78	NAMZARIC.....	114	NESTABS.....	102
MOXATAG.....	112	NAPHAZOLINE HCL.....	109	NESTABS ABC.....	102
MOXEZA.....	109	NAPRELAN.....	5	NESTABS DHA.....	102
moxifloxacin hcl.....	71	NAPROSYN.....	5	NESTABS ONE.....	102
moxifloxacin hcl (ophth).....	109	naproxen.....	5	NEULASTA.....	76
MS CONTIN.....	7	naproxen.....	5	NEULASTA ONPRO KIT.....	76
MUCINEX D.....	51	naproxen sodium.....	5	NEUPOGEN.....	76
MUCINEX D MAXIMUM		naratriptan hcl.....	97	NEUPRO.....	38
STRENGTH.....	51	NARCAN.....	26	NEURONTIN.....	19
MUCINEX DM.....	51	NARDIL.....	20	NEVANAC.....	111
MUCINEX DM MAXIMUM		NASACORT ALLERGY		nevirapine.....	41
STRENGTH.....	51	24HR.....	107	NEWGEN.....	102
MUCOTROL.....	101	NASACORT ALLERGY 24HR		NEXA PLUS.....	102
MULTAQ.....	13	CHILDRENS.....	107	NEXAVAR.....	36
MULTIVITAMIN/FLUORIDE		NASONEX.....	107	NEXIUM.....	119
.....	101	NATACHEW.....	102	niacin (antihyperlipidemic).....	30
mupirocin.....	56	NATACYN.....	109	NIACOR.....	30
mupirocin calcium (topical).....	56	NATAZIA.....	48	NIASPAN.....	30
MYALEPT.....	69	nateglinide.....	25	nicardipine hcl.....	45
MYAMBUTOL.....	34	NATELLE ONE.....	102	NICODERM CQ.....	115
MYCOBUTIN.....	34	NATESTO.....	10	NICORETTE.....	115
mycophenolate mofetil.....	99	NATPARA.....	68	NICORETTE MINI.....	115
mycophenolate sodium.....	100	NATROBA.....	65	NICORETTE STARTER	
MYDRIACYL.....	108	NATURE-THROID.....	117	KIT.....	115
MYFORTIC.....	100	NATURE-THROID NT-		nicotine.....	115
MYKIDZ IRON FL.....	101	2.5.....	117	nicotine polacrilex.....	115
MYLERAN.....	34	NEBUPENT.....	11	NICOTINE TRANSDERMAL	
MYNATAL ADVANCE.....	102	NEBUSAL.....	53	SYSTEM.....	115
MYNATAL ULTRACAPLET.....	102	NECON 10/11-28.....	48	NICOTROL INHALER.....	116
MYNATE 90 PLUS.....	102	NEEVO DHA.....	102	NICOTROL NS.....	116
MYRBETRIQ.....	120	NEFAZODONE HCL.....	21	nifedipine.....	45
MYSOLINE.....	19	nefazodone hcl.....	21	NILANDRON.....	35
MYTESI.....	26	neomycin sulfate.....	3	nilutamide.....	35
nabumetone.....	5	neomycin-bacitracin zn-		nimodipine.....	45
nadolol.....	44	polymyxin.....	109	NINJACOF-XG.....	51
nadolol &		neomycin-polymy-		NINLARO.....	36
bendroflumethiazide.....	33	dexameth.....	110	nisoldipine.....	45
naftifine hcl.....	57	neomycin-polymyxin-gramicidin		NISOLDIPINE ER.....	45
NAFTIN.....	57	.....	109	NITRO-BID.....	12
NALFON.....	5	neomycin-polymyxin-hc		NITRO-DUR.....	12
naloxone hcl.....	26	(ophth).....	110	nitrofurantoin.....	120
naltrexone hcl.....	26	neomycin-polymyxin-hc		nitrofurantoin macrocrystal.....	120
NAMENDA.....	114	(otic).....	112		
		NEORAL.....	100		

nitrofurantoin monohydrate macro	120	NOVOFINE AUTOCOVER 30GX8MM	88	octreotide acetate	69
nitroglycerin	12	NOVOFINE PLUS 32GX4MM	88	OCUFEN	111
NITROGLYCERIN LINGUAL	12	NOVOLIN 70/30	25	OCUFLOX	109
NITROLINGUAL PUMPSPRAY	12	NOVOLIN 70/30 RELION	25	ODEFSEY	41
NITROMIST	12	NOVOLIN N	25	ODOMZO	35
NITROSTAT	12	NOVOLIN N RELION	25	OFEV	116
nizatidine	118	NOVOLIN R	25	OFLOXACIN	71
NIZATIDINE	118	NOVOLIN R RELION	25	ofloxacin	71
NIZORAL	57	NOVOLOG	25	ofloxacin (ophth)	109
nonoxynol-9	121	NOVOLOG FLEXPEN	25	ofloxacin (otic)	112
NOR-QD	49	NOVOLOG MIX 70/30	25	OGESTREL	48
NORCO	8	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	25	olanzapine	39
NORDITROPIN FLEXPEN	68	NOVOLOG PENFILL	25	olanzapine-fluoxetine hcl	114
norethin acet & estrad-fe	48	NOVOSEVEN RT	75	olmesartan medoxomil	31
norethindrone & eth estradiol	48	NOVOTWIST 30GX8MM	88	olmesartan medoxomil-amlodipine-hydrochlorothiazide	33
norethindrone & ethinyl estradiol-fe	48	NOVOTWIST 32GX5MM	88	olmesartan medoxomil-hydrochlorothiazide	33
norethindrone & mestranol	48	NOXAFIL	28	olopatadine hcl	111
norethindrone (contraceptive)	49	NUCORT	61	olopatadine hcl (nasal)	106
norethindrone acet & eth estra	48	NUCYNTA	7	OLUX	61
norethindrone acetate	113	NUCYNTA ER	7	OLUX-E	61
norethindrone acetate-ethinyl estradiol	70	NUDEXTA	115	OLYSIO	42
norethindrone acetate-ethinyl estradiol-fe	48	NULYTELY/FLAVOR PACKS	78	OMECLAMOX-PAK	119
norethindrone-eth estradiol (triphasic)	48	NUMBONEX	64	omega-3-acid ethyl esters	29
norgestimate-ethinyl estradiol	48	NUPLAZID	39	omeprazole	119
norgestimate-ethinyl estradiol (triphasic)	48	NUVARING	49	omeprazole-sodium bicarbonate	119
norgestrel & ethinyl estradiol	48	NUVESSA	121	OMNARIS	107
NORINYL 1+35	48	NUVIGIL	2	OMNIFLEX DIAPHRAGM	79
NORINYL 1+50	48	NUWIQ	75	OMNIPRED	110
NORITATE	65	NYMALIZE	45	OMNITROPE	68
NORPACE	13	nystatin	27	ondansetron	26
NORPACE CR	13	nystatin (mouth-throat)	100	ondansetron hcl	26
NORPRAMIN	22	nystatin (topical)	57	ONETOUCH ULTRA 2	80
NORTHERA	121	nystatin-triamcinolone	57	ONETOUCH ULTRA BLUE	66
nortriptyline hcl	22	OB COMPLETE GOLD	102	ONETOUCH ULTRA MINI	80
NORTRIPTYLINE HCL	22	OB COMPLETE ONE	102	ONETOUCH VERIO	80
NORVASC	45	OB COMPLETE PETITE	102	ONETOUCH VERIO FLEX BLOODGLUCOSE MONITORING SYSTEM	80
NORVIR	41	OB COMPLETE	102	ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM	80
NOVOEIGHT	75	OB COMPLETE/DHA	102	ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM	80
NOVOFINE 30GX8MM	88	OBIZUR	75	ONETOUCH VERIO TEST STRIPS	66
NOVOFINE 32GX6MM	88	OBREDON	51		
		OBSTETRIX DHA	102		
		OBTREX DHA	102		
		OCALIVA	71		

ONEXTON.....	55	ORALAIR ADULT STARTER PACK.....	3	OXYCODONE HCL ER.....	7
ONFI.....	17	ORALAIR CHILDREN/ADOLESCENTS SAMPLE KIT.....	3	oxycodone w/ acetaminophen	8
ONGLYZA.....	24	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK.....	3	OXYCODONE/ACETAMINOPHE N.....	8
ONMEL.....	28	ORAP.....	115	OXYCODONE/IBUPROFEN.....	9
ONZETRA XSAIL.....	97	ORAPRED ODT.....	49	OXYCONTIN.....	7
OPANA.....	7	ORAVIG.....	100	oxymorphone hcl.....	8
OPANA ER (CRUSH RESISTANT).....	7	ORENCIA.....	5	OXYMORPHONE HYDROCHLORIDE ER.....	8
ophthalmic irrigation solution.....	111	ORENCIA CLICKJECT.....	5	OXYTROL.....	120
opium tincture.....	26	ORENITRAM.....	45	OXYTROL FOR WOMEN.....	120
OPSUMIT.....	46	ORFADIN.....	69	paliperidone.....	39
OPTICHAMBER ADVANTAGE.....	96	ORKAMBI.....	116	PAMELOR.....	22
OPTICHAMBER ADVANTAGE/LARGE MASK.....	96	orphenadrine citrate.....	106	PAMINE.....	118
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	96	ORTHO MICRONOR.....	49	PAMINE FORTE.....	118
OPTICHAMBER ADVANTAGE/SMALL FACE MASK.....	96	ORTHO TRI-CYCLEN.....	48	PAMINE FQ.....	118
OPTICHAMBER DIAMOND.....	96	ORTHO TRI-CYCLEN LO.....	48	PANCREAZE.....	66
OPTICHAMBER DIAMOND/LARGEFACE MASK.....	96	ORTHO-CYCLEN.....	48	PANDEL.....	62
OPTICHAMBER DIAMOND/MEDIUM FACE MASK.....	96	ORTHO-NOVUM 1/35.....	48	PANRETIN.....	57
OPTICHAMBER DIAMOND/SMALLFACE MASK.....	96	ORTHO-NOVUM 7/7/7.....	48	pantoprazole sodium.....	119
OPTICHAMBER FACE MASK/LARGE.....	96	oseltamivir phosphate.....	43	PARAFON FORTE DSC.....	106
OPTICHAMBER FACE MASK/MEDIUM.....	96	OSENI.....	23	PAREGORIC.....	26
OPTICHAMBER FACE MASK/SMALL.....	96	OSMOPREP.....	78	PAREMYD.....	111
OPTIHALER.....	96	OSPHENA.....	68	paricalcitol.....	69
OPTIHALER MDI DRUG DELIVERY SYSTEM.....	96	OTEZLA.....	5	PARLODEL.....	38
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE.....	121	OTICIN HC NR.....	112	PARNATE.....	20
OPTIONS GYNOL II VAGINALCONTRACEPTIVE	121	OTOVEL.....	112	paromomycin sulfate.....	3
ORACEA.....	65	OTREXUP.....	3	paroxetine hcl.....	21
ORACIT.....	73	OTREXUP.....	3	paroxetine mesylate (vasomotor).....	116
ORAFATE.....	101	OVACE PLUS.....	58	PASER.....	34
ORALAIR.....	3	OVACE PLUS WASH.....	58	PATADAY.....	111
ORALAIR ADULT SAMPLE KIT.....	3	OVACE WASH.....	58	PATANASE.....	106
		OVCON-35.....	48	PATANOL.....	111
		OVIDE.....	65	PAXIL.....	21
		OXANDRIN.....	9	PAXIL CR.....	21
		oxandrolone.....	9	PAZEO.....	111
		oxaprozin.....	5	PC UNIFINE PENTIPS 29G X1/2".....	88
		OXAYDO.....	7	PC UNIFINE PENTIPS 31G X5MM MINI.....	89
		oxazepam.....	13	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	89
		oxcarbazepine.....	19	PC UNIFINE PENTIPS 31G X8MM SHORT.....	89
		oxiconazole nitrate.....	57	PCE.....	79
		OXISTAT.....	57	ped multivitamins w/fl & iron.....	101
		OXSORALEN ULTRA.....	58	pediatric multivitamins w/fl.....	101
		OXTELLAR XR.....	19		
		oxybutynin chloride.....	120		
		oxycodone hcl.....	7		

pediatric vitamins acid fluoride & iron.....	101	PENTIPS 31GX6MM.....	89	piroxicam.....	5
pediatric vitamins acid w/ fluoride.....	101	PENTIPS 31GX8MM.....	90	PLAN B ONE-STEP.....	49
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	78	PENTIPS 32G X 4MM.....	90	PLAQUENIL.....	34
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	78	PENTIPS 32GX4MM.....	90	PLAVIX.....	76
PEG-INTRON.....	42	pentoxifylline.....	75	PLEGRIDY.....	114
PEG-INTRON REDIPEN.....	42	PEPCID.....	118	PLEGRIDY STARTER PACK.....	115
PEG-INTRON REDIPEN PAK 4.....	42	PEPCID AC MAXIMUM STRENGTH.....	118	PLETAL.....	76
PEGANONE.....	19	PERCOCET.....	9	PLEXION.....	55
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