

California

Essential Rx Drug List

The Essential Rx Drug List includes a list of drugs covered by Health Net. The drug list is updated often and may change. You can view the latest drug list on www.healthnet.com by going to *Individual and Family Plans > I live in California > Pharmacy Information > Drug List > Learn More* or call us at the toll-free telephone number on your Health Net ID card.

NOTE: To search online for a drug on this list, you may click “Ctrl” and “F” on your keyboard and enter the drug name.



Health Net®

Welcome to Health Net

What is the Essential Rx Drug List?

The Essential Rx 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 see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents. Below is a description for each tier.

<i>Tier</i>	<i>Description</i>
I = 1	Tier 1 Drugs are most Generic Drugs and low-cost preferred Brand Name Drugs when listed in the Essential Rx Drug List.
II = 2	Tier 2 Drugs are non-preferred Generic Drugs and preferred Brand Name Drugs, insulin, and diabetic supplies when listed in the Essential Rx Drug List.
III = 3	Tier 3 Drugs are Prescription Drugs that are non-preferred Brand Name Drugs, Brand Name Drugs with generic equivalent (when Medically Necessary), drugs listed as Tier 3 Drugs in the Essential Rx Drug List or drugs not listed in the Essential Rx Drug List.
IV = 4 or SP	Specialty Drugs (Tier 4 drugs) include self-administered injectable and other drugs that have significantly higher cost than traditional pharmacy benefit drugs. Specialty drugs listed in the Essential Rx Drug List which are subject to Prior Authorization and Limited Access are covered when Prior Authorization is obtained from Health Net and the drugs are dispensed through Health Net’s Specialty Pharmacy Vendor. Specialty drugs not listed on the Essential Rx Drug List that are covered as an exception would be subject to Tier 4 coinsurance. Please note that needles and syringes required to administer the self-injected medications are covered only when obtained through the Specialty Pharmacy Vendor.
NF	The NF next to a drug (including brands with a generic available) means the drug is not covered on Health Net’s Essential Drug List. Your doctor must request authorization from Health Net and show medical necessity for the drug to be covered.
PV	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

The Essential Rx Drug List or formulary shows Brand drugs in CAPITAL LETTERS and Generic drugs in *lower case letters*. When a Brand drug has a Generic available, the Generic will be used, unless medically necessary to use the Brand.

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.
AC	Anti-cancer	These oral cancer drugs are subject to a maximum \$200 copayment for a one-month supply per State law (or \$600 maximum for a three-month supply via mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at selected pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies or prescribers; or • Certain drugs require special handling, coordination of care or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
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. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives that are listed as PV on the formulary.

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. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

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

Requests for Prior Authorization for drugs included on the Essential Rx Drug List may be submitted electronically or by phone at the phone number shown on your Health Net ID card or by fax at 1-800-314-6623. Routine requests from physicians are processed, and prescribing providers notified of Health Net’s determination in a timely fashion, not to exceed 72 hours following receipt of the request.

If you are suffering from a condition that may seriously jeopardize your life, health, or ability to regain maximum function, or if you are undergoing a current course of treatment using a drug that is not on the Essential Rx Drug List, then you, your designee or your physician can request an expedited/exigent circumstances review. Expedited requests for authorization are processed, and prescribing providers notified of Health Net’s determination as soon as possible, not to exceed 24 hours, after Health Net’s receipt of the request.

If a drug you are taking is removed from the drug list, we will continue to cover the drug as long as it is appropriately prescribed and is safe and effective for treating your medical condition.

Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless an exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

If a drug is not on the Essential Rx Drug List, and is not specifically excluded from coverage, your physician can ask for an exception. To request an exception, your physician can submit a Prior Authorization request along with a statement supporting the request. Requests for Prior

Authorization may be submitted electronically or by telephone or facsimile. If we approve an exception for a drug that is not on the Essential Rx Drug List, the non-preferred Brand Name Drug tier (Tier 3) or Specialty (Tier 4) Copayment applies.

Standard exception requests will be processed, and you, your designee and the prescribing provider will be notified within 72 hours after Health Net's receipt of the request. If you are suffering from a condition that may seriously jeopardize your life, health, or ability to regain maximum function, or if you are undergoing a current course of treatment using a drug that is not on the Essential Rx Drug List, then you, your designee or your physician can request an expedited/exigent circumstances review. Expedited exception requests will be processed, and you, your designee and the prescribing providers will be notified, within 24 hours after Health Net's receipt of the request. If we approve an exception request, it will be for the duration of the prescription, including refills.

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most national chain pharmacies and many independent pharmacies across the United States. These 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.

Some injectable and high cost drugs are considered "specialty drugs". These drugs must be filled at a network Specialty pharmacy. Specialty drugs that must be dispensed through a contracted Specialty pharmacy are identified in the Requirements/Limits column of the drug list with "LA" or a statement indicating the drug must be dispensed by a Specialty pharmacy. After your drug has been approved, Health Net will arrange for the Specialty pharmacy to contact you to set up delivery.

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. Specialty drugs are not available through mail order.

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 միջոցով, զանգահարեք 1-888-926-4988 (TTY: 711) հեռախոսահամարով: Լրացուցիչ օգնության համար, եթե անդամագրված եք Health Net Life Insurance Company-ի PPO կամ EPO ապահովագրությանը, զանգահարեք Կալիֆորնիայի Ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով: Եթե անդամագրված եք Health Net of California, Inc.-ի HMO կամ HSP ծրագրին, զանգահարեք DMHC օգնության գիծ՝ 1-888-HMO-2219 հեռախոսահամարով:

Chinese

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

Hindi

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

Hmong

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

Japanese

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

Khmer

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

Korean

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

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néiho'dólzínígíí bikáa'gi béésh bee hane'í bikáa' áají' hodíílnih éí doodaii' 1-800-522-0088 (TTY: 711). California marketplace hoolyéhíjí béeso ách'áááh naaniilí ats'íís baa áháyá' biniiyé nahínílnii'go éí kojí' hólne' 1-888-926-4988 (TTY: 711). Shíká anáa'doowoł jinízingo: PPO éí doodaii' EPOqjí Health Net Life Insurance Company wolyéhíjí béeso ách'áááh naa'nil biniiyé 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 biniiyé hats'íís 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 2.5MG-2.5MG-2.5MG-2.5MG, 3.75MG-3.75MG-3.75MG-3.75MG, 1.875MG-1.875MG-1.875MG-1.875MG (Use Amphetamine-Dextroamphetamine)	NF	QL(90 ea per fill retail)
ADDERALL TABS 5MG-5MG-5MG-5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 1.25MG-1.25MG-1.25MG-1.25MG, 3.125MG-3.125MG-3.125MG-3.125MG (Use Amphetamine-Dextroamphetamine)	NF	
ADDERALL XR CP24 (Use Amphetamine-Dextroamphetamine)	NF	QL(2 ea daily,90 day(s) limit)
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	1	QL(2 ea daily,90 day(s) limit)
amphetamine-dextroamphetamine tabs 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg	1	QL(90 ea per fill retail)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.125mg-3.125mg-3.125mg-3.125mg	1	

Drug Name	Drug Tier	Requirements/ Limits
DESOXYN TABS (Use Methamphetamine HCl)	NF	PA;
DEXEDRINE CP24 (Use Dextroamphetamine Sulfate)	NF	
dextroamphetamine sulfate cp24	1	
dextroamphetamine sulfate soln	1	
dextroamphetamine sulfate tabs	1	
methamphetamine hcl tabs	2	PA;
PROCENTRA SOLN (Use Dextroamphetamine Sulfate)	NF	
VYVANSE CAPS 10 MG	2	
VYVANSE CAPS 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	Limited to 1 per day;QL(1 ea daily)
ZENZEDI TABS 2.5 MG, 7.5 MG	3	
Analeptics		
caffeine citrate soln	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use Phentermine HCl)	NF	PA
ADIPEX-P TABS (Use Phentermine HCl)	NF	PA
benzphetamine hcl tabs	1	PA
diethylpropion hcl tabs 25 mg	1	PA
DIETHYLPROPION HCL TABS 25 MG (Use Diethylpropion HCl)	NF	PA
diethylpropion hcl tb24 75 mg	1	PA
LOMAIRA 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
PHENTERMINE HCL CAPS 15 MG, 30 MG	3	PA
<i>phentermine hcl caps 37.5 mg</i>	1	PA
<i>phentermine hcl tabs 37.5 mg</i>	1	PA
QSYMIA CP24	3	PA
REGIMEX TABS (Use Benzphetamine HCl)	NF	PA
SUPRENZA TBDP	3	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA
CONTRACE TB12	3	PA
SAXENDA SOPN	3	PA
XENICAL CAPS	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	NF	QL(4 ea daily)
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	NF	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (Use Atomoxetine HCl)	NF	QL(1 ea daily)
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use Methylphenidate HCl)	NF	QL(1 ea daily,90 day(s) limit)

Drug Name	Drug Tier	Requirements/Limits
CONCERTA TBCR 36 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily,90 day(s) limit)
DAYTRANA PTCH	3	QL(1 ea daily)
<i>dexmethylphenidate hcl cp24 25 mg, 35 mg</i>	1	
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
FOCALIN TABS (Use Dexmethylphenidate HCl)	NF	QL(2 ea daily)
FOCALIN XR CP24 25 MG, 35 MG (Use Dexmethylphenidate HCl)	NF	
FOCALIN XR CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (Use Dexmethylphenidate HCl)	NF	QL(1 ea daily)
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (Use Methylphenidate HCl)	NF	
METADATE CD CPCR 20 MG, 30 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily)
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (Use Methylphenidate HCl)	NF	
METHYLPHENIDATE HCL CHEW 5 MG, 10 MG, 2.5 MG	3	
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	1	QL(2 ea daily)
METHYLPHENIDATE HCL ER (LA) CP24	3	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily,90 day(s) limit)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbcr 10 mg, 18 mg, 20 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbcr 36 mg</i>	1	QL(2 ea daily,180 ea per fill retail)
<i>methylphenidate hcl tbcr 36 mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbcr 54 mg</i>	3	QL(1 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbcr 54 mg</i>	SP	QL(1 ea daily,90 ea per fill retail)
<i>modafinil tabs</i>	2	ST; QL(1 ea daily)
NUVIGIL TABS (<i>Use Armodafinil</i>)	NF	PA
PROVIGIL TABS (<i>Use Modafinil</i>)	NF	ST; QL(1 ea daily)
QUILLIVANT XR SUSR	3	PA; QL(12 ml daily)
RITALIN LA CP24 10 MG, 20 MG, 30 MG, 40 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(1 ea daily)
RITALIN LA CP24 60 MG	3	QL(1 ea daily,90 ea per fill retail)
RITALIN TABS (<i>Use Methylphenidate HCl</i>)	NF	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU	SP	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
KITABIS PAK NEBU	SP	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	SP	PA
TOBI NEBU (<i>Use Tobramycin</i>)	SP	PA
TOBI PODHALER CAPS	SP	PA
<i>tobramycin nebu</i>	SP	PA
TOBRAMYCIN NEBU	SP	PA
TOBRAMYCIN SULFATE SOLN 10 MG/ML	SP	PA
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml</i>	SP	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	SP	PA; LA
HUMIRA PEN PNKT	SP	PA; LA
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	SP	PA; LA
HUMIRA PEN-PSORIASIS STARTER PNKT	SP	PA; LA
HUMIRA PSKT	SP	PA; LA
SIMPONI SOAJ	SP	PA; LA
SIMPONI SOSY	SP	PA; LA
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XELJANZ XR TB24	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
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
OTREXUP SOAJ 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 7.5 MG/0.4ML, 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML	SP	PA; LA
RASUVO SOAJ 10 MG/0.2ML, 15 MG/0.3ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML, 12.5 MG/0.25ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 27.5 MG/0.55ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
RASUVO SOAJ 20 MG/0.4ML	SP	PA; LA
RHEUMATREX TABS	3	
Gold Compounds		
RIDAURA CAPS	2	
Interleukin-1 Blockers		
ARCALYST SOLR	SP	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOSY SC 162 MG/0.9ML	SP	PA; LA
KEVZARA SOSY	SP	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (Use Naproxen Sodium)	NF	
ARTHROTEC 50 TBEC (Use Diclofenac w/ Misoprostol)	NF	
ARTHROTEC 75 TBEC (Use Diclofenac w/ Misoprostol)	NF	
CELEBREX CAPS (Use Celecoxib)	NF	ST; AL; At least 60 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>celecoxib caps</i>	1	ST; AL; At least 60 yrs old
DAYPRO TABS (Use Oxaprozin)	NF	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
<i>etodolac tb24 400 mg, 500 mg, 600 mg</i>	1	QL(2 ea daily)
FELDENE CAPS (Use Piroxicam)	NF	
FENOPROFEN CALCIUM CAPS 200 MG	2	
FENOPROFEN CALCIUM CAPS 400 MG	3	
<i>fenopropfen calcium tabs 600 mg</i>	1	
FENORTHO CAPS 200 MG	2	
FENORTHO CAPS 400 MG	3	
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN SUPP RE 50 MG	3	
INDOCIN SUSP OR 25 MG/5ML	2	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
KETOPROFEN CAPS 50 MG, 75 MG	2	
<i>ketoprofen caps 50 mg, 75 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>ketoprofen cp24 200 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per fill retail)
LODINE TABS (<i>Use Etodolac</i>)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</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 TABS 15 MG (<i>Use Meloxicam</i>)	NF	QL(1 ea daily)
MOBIC TABS 7.5 MG (<i>Use Meloxicam</i>)	NF	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	
NAPROSYN SUSP (<i>Use Naproxen</i>)	NF	
NAPROSYN TABS (<i>Use Naproxen</i>)	NF	
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
NAPROXEN SUSP 125 MG/5ML	2	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
PONSTEL CAPS (<i>Use Mefenamic Acid</i>)	NF	
SPRIX SOLN	3	QL(1 ea daily,5 day(s) limit)
<i>sulindac tabs</i>	1	
TIVORBEX CAPS	3	ST; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium caps 400 mg</i>	1	
TOLMETIN SODIUM CAPS 400 MG	2	
<i>tolmetin sodium tabs 200 mg, 600 mg</i>	1	
ZIPSOR CAPS	3	ST; QL(4 ea daily,7 day(s) limit)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
OTEZLA TBPK	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Pyrimidine Synthesis Inhibitors		
ARAVAL TABS 10 MG (<i>Use Leflunomide</i>)	NF	QL(2 ea daily)
ARAVAL TABS 20 MG (<i>Use Leflunomide</i>)	NF	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)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	SP	PA
ENBREL SOLR	SP	PA; LA
ENBREL SOSY	SP	PA; LA
ENBREL SURECLICK SOAJ	SP	PA; LA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	

You can 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>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
DURAXIN CAPS	3	
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORICET CAPS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	NF	
LEVACET TABS	3	
TENCON TABS	3	
Salicylates		
ASCRIPITIN TABS	PV	PV
<i>aspirin chew</i>	PV	PV
ASPIRIN LOW DOSE TABS	PV	PV
<i>aspirin tabs</i>	PV	PV
<i>aspirin tbec</i>	PV	PV
<i>choline & mag salicylate liqd</i>	1	
<i>diflunisal tabs</i>	1	
DISALCID TABS (<i>Use Salsalate</i>)	NF	
ECOTRIN REGULAR STRENGTH TBEC (<i>Use Aspirin</i>)	NF	PV
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL	3	PA
ACTIQ LPOP (<i>Use Fentanyl Citrate</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>codeine sulfate tabs</i>	1	
CONZIP CP24	3	
DEMEROL TABS OR 50 MG, 100 MG (<i>Use Meperidine HCl</i>)	NF	
DILAUDID LIQD (<i>Use Hydromorphone HCl</i>)	NF	
DILAUDID TABS (<i>Use Hydromorphone HCl</i>)	NF	
DOLOPHINE TABS (<i>Use Methadone HCl</i>)	NF	QL(12 ea daily)
DURAGESIC PT72 (<i>Use Fentanyl</i>)	NF	Limit 15 per month;QL(0.5 ea daily)
EMBEDA CPCR	3	PA
EXALGO T24A 32 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(2 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(4 ea daily)
<i>fentanyl citrate lpop</i>	2	PA
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	Limit 15 per month;QL(0.5 ea daily)
FENTANYL PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	3	PA; Limit 15 patches per month;QL(0.5 ea daily)
FENTORA TABS	3	PA; QL(3 ea daily)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl t24a 32 mg</i>	1	QL(2 ea daily)
<i>hydromorphone hcl t24a 8mg, 8 mg, 12 mg, 16 mg</i>	1	QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
KADIAN CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (<i>Use Morphine Sulfate</i>)	NF	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
KADIAN CP24 40 MG, 200 MG	3	QL(2 ea daily)
LAZANDA SOLN	3	PA
LEVORPHANOL TARTRATE TABS	3	PA
<i>meperidine hcl soln or 50 mg/5ml</i>	1	
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	1	
<i>methadone hcl conc or 10 mg/ml</i>	1	
<i>methadone hcl soln or 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methadone hcl tabs or 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tbs or 40 mg</i>	1	
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	QL(2 ea daily)
MORPHINE SULFATE ER CP24	2	QL(1 ea daily)
<i>morphine sulfate soln or 10 mg/5ml</i>	1	
<i>morphine sulfate soln or 20 mg/ml, 20 mg/5ml, 100 mg/5ml</i>	1	Not available through mail order
<i>morphine sulfate supp re 10 mg, 20 mg</i>	1	
MORPHINE SULFATE SUPP RE 30 MG	3	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(3 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NF	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)

Drug Name	Drug Tier	Requirements/Limits
OPANA TABS OR 5 MG, 10 MG (Use Oxymorphone HCl)	NF	
OXAYDO TABA	3	QL(4 ea daily)
<i>oxycodone hcl caps</i>	1	
<i>oxycodone hcl conc</i>	1	
OXYCODONE HCL ER T12A	3	QL(3 ea daily)
<i>oxycodone hcl soln</i>	1	
<i>oxycodone hcl tabs</i>	1	
OXYCONTIN T12A	3	QL(3 ea daily)
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	1	
<i>oxymorphone hcl tb12 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 7.5 mg</i>	1	QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12	3	QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	NF	
SUBSYS LIQD	3	PA
TRAMADOL HCL ER CP24 100 MG, 150 MG, 200 MG, 300 MG	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	
ULTRAM ER TB24 (Use Tramadol HCl)	NF	
ULTRAM TABS (Use Tramadol HCl)	NF	QL(8 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln</i>	1	
<i>acetaminophen w/ codeine tabs</i>	1	
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAPS	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	1	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	
CAPITAL/CODEINE SUSP	3	
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	NF	PA
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	NF	
HYCET SOLN (Use Hydrocodone-Acetaminophen)	NF	
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 2.5mg-325mg, 7.5mg-300mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-ibuprofen tabs 200mg-10mg</i>	1	Not available through mail order
<i>hydrocodone-ibuprofen tabs 200mg-5mg, 200mg-10mg, 200mg-7.5mg</i>	1	
LORTAB ELIX	3	
MEPERIDINE HCL/PROMETHAZINE HCL CAPS	3	
NORCO TABS (Use Hydrocodone-Acetaminophen)	NF	QL(240 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone w/ acetaminophen tabs</i>	1	
OXYCODONE/ACETAMINOPHEN SOLN	2	
OXYCODONE/IBUPROFEN TABS	3	QL(4 ea daily)
PERCOCET TABS (Use Oxycodone w/ Acetaminophen)	NF	
PRIMLEV TABS	3	
REPREXAIN TABS (Use Hydrocodone-Ibuprofen)	NF	
SYNALGOS-DC CAPS	3	
<i>tramadol-acetaminophen tabs</i>	1	
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NF	
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	
VICOPROFEN TABS (Use Hydrocodone-Ibuprofen)	NF	
XODOL TABS (Use Hydrocodone-Acetaminophen)	NF	
Opioid Partial Agonists		
<i>buprenorphine hcl subl sl 2 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl subl sl 8 mg</i>	1	QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1	
BUPRENORPHINE PTWK	3	Limited to 4 patches per month;QL(4 ea per 28 days retail)
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	Limit 7.5mls per month;QL(0.25 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
BUTRANS PTWK	3	Limited to 4 patches per month; QL(4 ea per 28 days retail)
<i>pentazocine w/ naloxone tabs</i>	1	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (<i>Use Oxandrolone</i>)	NF	
<i>oxandrolone tabs</i>	2	
Androgens		
ANDRODERM PT24	3	QL(60 ea per fill retail, 120 ea per fill mail)
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, 25 MG/2.5GM (<i>Use Testosterone</i>)	NF	QL(10 gm daily)
ANDROGEL PUMP GEL	2	Limited to 300 gms per month; QL(10 gm daily)
ANDROXY TABS	2	AC
AXIRON SOLN (<i>Use Testosterone</i>)	NF	ST; QL(6 ml daily)
<i>danazol caps</i>	1	
METHITEST TABS	2	
<i>methyltestosterone caps</i>	1	
STRIANT MISC	3	QL(2 ea daily)
TESTIM GEL (<i>Use Testosterone</i>)	3	PA; QL(10 gm daily)
<i>testosterone gel 1 %</i>	3	PA; QL(10 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone gel 1 %, 50 mg/5gm</i>	1	Limit 300gms per month; 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)
<i>testosterone gel 25 mg/2.5gm</i>	1	1.5 GM/50 ML; QL(10 gm daily)
<i>testosterone gel 50 mg/5gm, 25 mg/2.5gm</i>	1	QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	1	ST; QL(6 ml daily)
TESTRED CAPS (<i>Use Methyltestosterone</i>)	NF	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	NF	
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>)	NF	
<i>hydrocortisone (rectal) crea</i>	1	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		

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

Drug Name	Drug Tier	Requirements/Limits
ALBENZA TABS	3	
BENZNIDAZOLE TABS	2	
BILTRICIDE TABS	2	
<i>ivermectin tabs</i>	1	
STROMEKTOL TABS (Use <i>Ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AZACTAM SOLR (Use <i>Aztreonam</i>)	SP	PA
AZACTAMIN ISO-OSMOTIC DEXTROSE SOLN	SP	PA
<i>aztreonam solr</i>	SP	PA
CAYSTON SOLR	SP	PA
FIRST-VANCOMYCIN 25 SOLN	3	
FIRST-VANCOMYCIN 50 SOLN	3	
FLAGYL CAPS (Use <i>Metronidazole</i>)	NF	
FLAGYL TABS (Use <i>Metronidazole</i>)	NF	
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR	2	
PRIMSOL SOLN	3	
TINDAMAX TABS 250 MG (Use <i>Tinidazole</i>)	NF	PA
TINDAMAX TABS 500 MG (Use <i>Tinidazole</i>)	NF	
<i>tinidazole tabs 250 mg</i>	1	PA
<i>tinidazole tabs 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN	3	
VANCOGIN HCL CAPS (Use <i>Vancomycin HCl</i>)	NF	PA
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	PA
XIFAXAN TABS 200 MG	3	PA; QL(9 ea per fill retail)
XIFAXAN TABS 550 MG	3	PA; QL(2 ea daily)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use <i>Sulfamethoxazole-Trimethoprim</i>)	NF	
BACTRIM TABS (Use <i>Sulfamethoxazole-Trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim susp or 40mg/5ml-200mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tabs or 80mg-400mg, 160mg-800mg</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS	3	
<i>atovaquone susp</i>	2	
MEPRON SUSP (Use <i>Atovaquone</i>)	NF	
Carbapenems		
DORIBAX SOLR	SP	PA
DORIPENEM SOLR	SP	PA
<i>imipenem-cilastatin solr</i>	2	PA
INVANZ SOLR	SP	PA
<i>meropenem solr 500 mg</i>	SP	PA
MERREM SOLR 500 MG (Use <i>Meropenem</i>)	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
PRIMAXIN IV ADD-VANTAGE SOLR (Use Imipenem-Cilastatin)	SP	PA
PRIMAXIN IV SOLR (Use Imipenem-Cilastatin)	SP	PA
Ketolides		
KETEK TABS	3	
Leprostotics		
dapsone tabs	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (Use Clindamycin HCl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	NF	
clindamycin hcl caps	1	
clindamycin palmitate hydrochloride solr	1	
Oxazolidinones		
linezolid susr 100 mg/5ml	1	QL(210 ml per 90 days retail)
linezolid tabs 600 mg	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR 100 MG/5ML (Use Linezolid)	NF	QL(210 ml per 90 days retail)
ZYVOX TABS 600 MG (Use Linezolid)	NF	QL(20 ea per 90 days retail)
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	

Drug Name	Drug Tier	Requirements/ Limits
GONITRO PACK	3	PA
ISORDIL TITRADOSE TABS 40 MG	2	
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	2	
isosorbide dinitrate tabs	1	
isosorbide mononitrate tabs	1	
isosorbide mononitrate tb24	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	NF	QL(1 ea daily)
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	2	QL(1 ea daily)
nitroglycerin aers tl 400 mcg/spray	1	
nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	QL(1 ea daily)
nitroglycerin soln tl 0.4 mg/spray	1	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	1	
NITROLINGUAL PUMPSPRAY SOLN (Use Nitroglycerin)	NF	
NITROMIST AERS	3	
NITROSTAT SUBL (Use Nitroglycerin)	NF	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
bupirone hcl tabs	1	
HYDROXYZINE HCL SOLN IM 25 MG/ML	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
hydroxyzine hcl soln im 50 mg/ml	SP	PA
hydroxyzine hcl syrp or 10 mg/5ml	1	
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate caps	1	
meprobamate tabs	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NF	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	3	
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
ATIVAN TABS OR 0.5 MG, 1 MG, 2 MG (Use Lorazepam)	SP	PA
chlordiazepoxide hcl caps	1	
clorazepate dipotassium tabs	1	
diazepam conc or 5 mg/ml	1	
diazepam soln or 1 mg/ml	1	
diazepam tabs or 2 mg, 5 mg, 10 mg	1	
lorazepam conc or 2 mg/ml	1	
lorazepam tabs or 0.5 mg, 1 mg, 2 mg	1	
oxazepam caps	1	
TRANXENE T TABS (Use Clorazepate Dipotassium)	NF	
VALIUM TABS (Use Diazepam)	NF	
XANAX TABS (Use Alprazolam)	NF	

Drug Name	Drug Tier	Requirements/ Limits
XANAX XR TB24 (Use Alprazolam)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate caps	1	
NORPACE CAPS (Use Disopyramide Phosphate)	NF	
NORPACE CR CP12 100 MG	2	
NORPACE CR CP12 150 MG	3	
quinidine gluconate tbcr or 324 mg	1	
QUINIDINE SULFATE TABS 200 MG, 300 MG	2	
quinidine sulfate tbcr 300 mg	1	
Antiarrhythmics Type I-B		
mexiletine hcl caps	1	
Antiarrhythmics Type I-C		
flecainide acetate tabs	1	
propafenone hcl cp12 225 mg, 325 mg, 425 mg	1	
propafenone hcl tabs 150 mg	1	QL(6 ea daily)
propafenone hcl tabs 225 mg, 300 mg	1	QL(3 ea daily)
RYTHMOL SR CP12 (Use Propafenone HCl)	NF	
RYTHMOL TABS 150 MG (Use Propafenone HCl)	NF	QL(6 ea daily)
RYTHMOL TABS 225 MG (Use Propafenone HCl)	NF	QL(3 ea daily)
Antiarrhythmics Type III		
amiodarone hcl tabs	1	
dofetilide caps	1	
MULTAQ TABS	2	

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

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN CAPS (<i>Use Dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	2	Limit 2 inhalers per month;QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SEEBRI NEOHALER CAPS	3	QL(2 ea daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 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(1 ea per fill retail,3 ea per fill mail)
Leukotriene Modulators		
ACCOLATE TABS (<i>Use Zafirlukast</i>)	NF	
<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>)	NF	QL(1 ea daily)
SINGULAIR PACK (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SINGULAIR TABS (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	
<i>zileuton tb12</i>	1	ST
ZYFLO CR TB12 (<i>Use Zileuton</i>)	NF	ST
ZYFLO TABS	3	ST
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month;QL(0.6 gm daily)
ALVESCO AERS	3	Limit 2 inhalers per month;QL(0.41 gm daily)
ARMONAIR RESPICLICK 113 AEPB	3	QL(0.04 ea daily)
ARMONAIR RESPICLICK 232 AEPB	3	QL(0.04 ea daily)
ARMONAIR RESPICLICK 55 AEPB	3	QL(0.04 ea daily)
ARNUITY ELLIPTA AEPB	2	QL(1 ea daily)
ASMANEX HFA AERO	2	Limit 1 inhaler per month;QL(0.44 gm daily)
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill 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>budesonide (inhalation) susp 0.25 mg/2ml</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	2	QL(4 ml daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month;QL(0.8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month;QL(1 ea per fill retail,3 ea per fill mail)
PULMICORT SUSP 0.25 MG/2ML (<i>Use Budesonide (Inhalation)</i>)	NF	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML (<i>Use Budesonide (Inhalation)</i>)	NF	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML (<i>Use Budesonide (Inhalation)</i>)	NF	QL(2 ml daily)
QVAR AERS 40 MCG/ACT	2	Limit 3 Inhalers per month - 7.3g pkg, Limit 2 Inhalers per month-8.7g pkg;QL(0.58 gm daily)
QVAR AERS 80 MCG/ACT	2	Limit 2 inhalers per month;QL(0.29 gm daily)

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER AERB 40 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT	2	Limit 2 Inhalers per month;QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB	2	QL(2 ea daily)
ADVAIR HFA AERO	2	Limit 1 inhaler per month;QL(0.4 gm daily)
ALBUTEROL SULFATE ER TB12	3	QL(2 ea daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 0.5 %, 1.25 mg/3ml</i>	1	
<i>albuterol sulfate syrj or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	QL(2 ea daily)
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily)
BEVESPI AEROSPHERE AERO	3	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	QL(2 ea daily)
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month;QL(0.16 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)
<i>ipratropium-albuterol soln</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl nebu</i>	1	
LEVALBUTEROL TARTRATE HFA AERO	2	Limit 18gms per month;QL(0.6 gm daily)
<i>metaproterenol sulfate syrup</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PROAIR HFA AERS	3	Limit 2 inhalers per month;QL(0.57 gm daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month;QL(0.07 ea daily)
PROVENTIL HFA AERS	2	Limit 2 inhalers per month;QL(0.47 gm daily)
SEREVENT DISKUS AEPB	2	QL(2 ea daily)
STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily)
SYMBICORT AERO	2	Limit 1 inhaler per month;QL(0.34 gm daily)
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	1	
UTIBRON NEOHALER CAPS	3	QL(2 ea daily)
VENTOLIN HFA AERS	3	Limit 2 inhalers per month;QL(0.6 gm daily)
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>)	NF	
XOPENEX HFA AERO	2	Limit 18gms per month;QL(0.6 gm daily)
XOPENEX NEBU (<i>Use Levalbuterol HCl</i>)	NF	
Xanthines		
ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	
<i>theophylline soln</i>	1	
<i>theophylline tb12</i>	1	
<i>theophylline tb24</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	NF	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	3	
ELIQUIS TABS	3	
SAVAYSA TABS	3	
XARELTO STARTER PACK TBPK	2	
XARELTO TABS	2	
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use Fondaparinux Sodium</i>)	SP	PA; QL(4 ml per 90 days retail,4 ml per 90 days mail)
ARIXTRA SOLN 5 MG/0.4ML, 10 MG/0.8ML, 7.5 MG/0.6ML (<i>Use Fondaparinux Sodium</i>)	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
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	SP	PA
<i>enoxaparin sodium soln sc 100 mg/ml</i>	SP	QL(14 ml per 7 days retail)
<i>enoxaparin sodium soln sc 120 mg/0.8ml</i>	SP	QL(11 ml per 7 days retail)
<i>enoxaparin sodium soln sc 150 mg/ml</i>	SP	PA; QL(7 day(s) limit)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	SP	QL(4 ml per 7 days retail)
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	SP	QL(6 ml per 7 days retail)
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	SP	QL(8 ml per 90 days retail)
<i>enoxaparin sodium soln sc 80 mg/0.8ml</i>	SP	QL(7 day(s) limit, 11 ml per 90 days retail)
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	SP	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
<i>fondaparinux sodium soln 5 mg/0.4ml, 10 mg/0.8ml, 7.5 mg/0.6ml</i>	SP	PA
FRAGMIN SOLN 10000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 95000 UNIT/3.8ML	SP	PA
FRAGMIN SOLN 2500 UNIT/0.2ML	SP	
<i>heparin sodium (porcine) soln 10000 unit/ml</i>	SP	PA
LOVENOX SOLN SC 100 MG/ML (Use <i>Enoxaparin Sodium</i>)	NF	QL(14 ml per 7 days retail)
LOVENOX SOLN SC 120 MG/0.8ML (Use <i>Enoxaparin Sodium</i>)	NF	QL(11 ml per 7 days retail)
LOVENOX SOLN SC 30 MG/0.3ML (Use <i>Enoxaparin Sodium</i>)	NF	QL(4 ml per 7 days retail)

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 40 MG/0.4ML (Use <i>Enoxaparin Sodium</i>)	NF	QL(6 ml per 7 days retail)
LOVENOX SOLN SC 60 MG/0.6ML (Use <i>Enoxaparin Sodium</i>)	NF	QL(8 ml per 90 days retail)
Thrombin Inhibitors		
I PRIVASK SOLR	SP	PA; LA
PRADAXA CAPS	2	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	
FYCOMPA TABS	3	
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
DIASTAT ACUDIAL GEL (Use <i>Diazepam (Anticonvulsant)</i>)	NF	Limit 4 per month; QL(0.14 ea daily)
DIASTAT PEDIATRIC GEL (Use <i>Diazepam (Anticonvulsant)</i>)	NF	Limit 4 per month; QL(0.14 ea daily)
<i>diazepam (anticonvulsant) gel 10 mg, 20 mg, 2.5 mg</i>	1	QL(0.14 ea daily)
<i>diazepam (anticonvulsant) gel 10 mg, 20 mg, 2.5 mg</i>	1	Limit 4 per month; QL(0.14 ea daily)
KLONOPIN TABS (Use <i>Clonazepam</i>)	NF	
ONFI SUSP	3	
ONFI TABS	3	
Anticonvulsants - Misc.		
BANZEL SUSP	3	
BANZEL TABS	3	
<i>carbamazepine chew</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>carbamazepine cp12</i>	1	
<i>carbamazepine susp</i>	1	
<i>carbamazepine tabs</i>	1	
<i>carbamazepine tb12</i>	1	
CARBATROL CP12 (<i>Use Carbamazepine</i>)	3	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	1	
<i>gabapentin tabs</i>	1	
KEPPRA SOLN OR 100 MG/ML (<i>Use Levetiracetam</i>)	3	
KEPPRA TABS OR 250 MG, 500 MG, 750 MG, 1000 MG (<i>Use Levetiracetam</i>)	3	
KEPPRA XR TB24 (<i>Use Levetiracetam</i>)	3	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use Lamotrigine</i>)	3	
LAMICTAL ODT KIT (<i>Use Lamotrigine</i>)	NF	PA
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (<i>Use Lamotrigine</i>)	3	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>Use Lamotrigine</i>)	NF	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>Use Lamotrigine</i>)	NF	
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>Use Lamotrigine</i>)	NF	
LAMICTAL TABS (<i>Use Lamotrigine</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR KIT	3	PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>Use Lamotrigine</i>)	3	PA; QL(1 ea daily)
LAMICTAL XR TB24 250 MG (<i>Use Lamotrigine</i>)	3	PA
LAMICTAL XR TB24 300 MG (<i>Use Lamotrigine</i>)	3	
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine kit</i>	1	PA
<i>lamotrigine kit 25 mg,</i>	1	
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg</i>	1	PA; QL(1 ea daily)
<i>lamotrigine tb24 250 mg</i>	1	PA
<i>lamotrigine tb24 300 mg</i>	1	
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	1	PA
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam tabs or 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	
LYRICA CAPS 150 MG, 225 MG, 300 MG	3	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 200 MG	3	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML	3	PA
MYSOLINE TABS (<i>Use Primidone</i>)	3	
NEURONTIN CAPS (<i>Use Gabapentin</i>)	3	
NEURONTIN SOLN (<i>Use Gabapentin</i>)	3	
NEURONTIN TABS (<i>Use Gabapentin</i>)	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp</i>	1	
<i>oxcarbazepine tabs</i>	1	
OXTELLAR XR TB24	3	ST
POTIGA TABS	3	
<i>primidone tabs</i>	1	
QUDEXY XR CS24	3	PA
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	3	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	3	
TEGRETOL-XR TB12 100 MG (<i>Use Carbamazepine</i>)	3	
TEGRETOL-XR TB12 200 MG, 400 MG (<i>Use Carbamazepine</i>)	NF	
TOPAMAX SPRINKLE CPSP (<i>Use Topiramate</i>)	3	
TOPAMAX TABS (<i>Use Topiramate</i>)	3	
<i>topiramate csp</i>	1	
TOPIRAMATE ER CS24	3	PA
<i>topiramate tabs</i>	1	
TRILEPTAL SUSP (<i>Use Oxcarbazepine</i>)	3	
TRILEPTAL TABS (<i>Use Oxcarbazepine</i>)	3	
TROKENDI XR CP24	3	PA
VIMPAT SOLN OR 10 MG/ML	2	
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	2	
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	3	
<i>zonisamide caps</i>	1	
Carbamates		

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP 600 MG/5ML (<i>Use Felbamate</i>)	3	
FELBATOL TABS 400 MG, 600 MG (<i>Use Felbamate</i>)	NF	
GABA Modulators		
GABITRIL TABS 12 MG, 16 MG	3	
GABITRIL TABS 2 MG, 4 MG (<i>Use Tiagabine HCl</i>)	3	
SABRIL PACK (<i>Use Vigabatrin</i>)	SP	
SABRIL TABS	SP	
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	SP	
Hydantoins		
DILANTIN CAPS 100 MG (<i>Use Phenytoin Sodium Extended</i>)	3	
DILANTIN CAPS 30 MG	3	
DILANTIN INFATABS CHEW (<i>Use Phenytoin</i>)	3	
DILANTIN-125 SUSP (<i>Use Phenytoin</i>)	3	
PEGANONE TABS	3	
PHENYTEK CAPS (<i>Use Phenytoin Sodium Extended</i>)	NF	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	3	
<i>ethosuximide 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>ethosuximide soln</i>	1	
ZARONTIN CAPS (<i>Use Ethosuximide</i>)	3	
ZARONTIN SOLN (<i>Use Ethosuximide</i>)	3	
Valproic Acid		
DEPAKENE CAPS 250 MG (<i>Use Valproic Acid</i>)	3	
DEPAKENE SOLN 250 MG/5ML (<i>Use Valproate Sodium</i>)	NF	
DEPAKOTE ER TB24 (<i>Use Divalproex Sodium</i>)	3	
DEPAKOTE SPRINKLES CSDR (<i>Use Divalproex Sodium</i>)	3	
DEPAKOTE TBEC (<i>Use Divalproex Sodium</i>)	3	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln 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	
REMERON SOLTAB TBDP (<i>Use Mirtazapine</i>)	NF	
REMERON TABS (<i>Use Mirtazapine</i>)	NF	
Antidepressants - Misc.		
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb24 150 mg, 300 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 (<i>Use Bupropion HCl</i>)	NF	
WELLBUTRIN TABS (<i>Use Bupropion HCl</i>)	NF	
WELLBUTRIN XL TB24 (<i>Use Bupropion HCl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	3	
NARDIL TABS (<i>Use Phenelzine Sulfate</i>)	NF	
PARNATE TABS (<i>Use Tranylcypromine Sulfate</i>)	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	2	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln</i>	1	

You can 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>escitalopram oxalate tabs</i>	1	
FLUOXETINE DR CPDR	3	
<i>fluoxetine hcl caps 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	
<i>fluoxetine hcl tabs 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl tabs 60 mg</i>	1	ST; QL(1 ea daily)
FLUOXETINE HCL TABS 60 MG	3	ST; QL(1 ea daily)
FLUOXETINE HCL TABS 60 MG (Use Fluoxetine HCl)	NF	ST; QL(1 ea daily)
<i>fluvoxamine maleate cp24 100 mg, 150 mg</i>	2	
<i>fluvoxamine maleate tabs 25 mg, 50 mg, 100 mg</i>	1	
LEXAPRO SOLN (Use Escitalopram Oxalate)	NF	
LEXAPRO TABS (Use Escitalopram Oxalate)	NF	
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
PAXIL CR TB24 (Use Paroxetine HCl)	NF	
PAXIL SUSP 10 MG/5ML	3	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl)	NF	
PROZAC CAPS (Use Fluoxetine HCl)	NF	
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs</i>	1	
ZOLOFT CONC (Use Sertraline HCl)	NF	
ZOLOFT TABS (Use Sertraline HCl)	NF	
Serotonin Modulators		

Drug Name	Drug Tier	Requirements/Limits
BRINTELLIX TABS	3	ST; QL(1 ea daily)
<i>nefazodone hcl tabs</i>	1	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	ST; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS	3	ST
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use Duloxetine HCl)	NF	QL(2 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	3	ST; QL(1 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	3	PA
<i>desvenlafaxine succinate tb24</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 (Use Venlafaxine HCl)	NF	QL(2 ea daily)
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	ST; QL(1 ea daily)
FETZIMA TITRATION PACK C4PK	3	ST
KHEDEZLA TB24	3	ST; QL(1 ea daily)
PRISTIQ TB24 (Use Desvenlafaxine Succinate)	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 75 mg, 150 mg, 37.5 mg</i>	1	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	2	
VENLAFAXINE HCL ER TB24 75 MG, 150 MG, 37.5 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 37.5 MG (Use Venlafaxine HCl)	NF	

You can 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>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 37.5 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 225 mg, 37.5 mg</i>	1	
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	2	
ANAFRANIL CAPS (<i>Use Clomipramine HCl</i>)	NF	
<i>clomipramine hcl caps</i>	2	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
ELAVIL TABS (<i>Use Amitriptyline HCl</i>)	NF	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (<i>Use Desipramine HCl</i>)	NF	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (<i>Use Nortriptyline HCl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use Trimipramine Maleate</i>)	NF	
TOFRANIL TABS (<i>Use Imipramine HCl</i>)	NF	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
<i>acarbose tabs</i>	1	
GLYSET TABS (<i>Use Miglitol</i>)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (<i>Use Acarbose</i>)	NF	
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use Pioglitazone HCl-Metformin HCl</i>)	NF	
ACTOPLUS MET XR TB24	3	
ALOGLIPTIN/METFORMIN HCL TABS	3	
ALOGLIPTIN/PIOGLITAZONE TABS	3	
DUETACT TABS (<i>Use Pioglitazone HCl-Glimepiride</i>)	NF	
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	NF	
<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	
OSENI TABS	3	
<i>pioglitazone hcl-glimepiride 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>pioglitazone hcl-metformin hcl tabs</i>	1	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	3	
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XIGDUO XR TB24	3	
Biguanides		
GLUCOPHAGE TABS (Use Metformin HCl)	NF	Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic
GLUCOPHAGE XR TB24 (Use Metformin HCl)	NF	
<i>metformin hcl tabs 500 mg, 850 mg, 1000 mg</i>	PV	Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
RIOMET SOLN	3	
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	SP	PA
GLUCAGON EMERGENCY KIT KIT	SP	PA; QL(1 ea per fill retail, 2 ea per 30 days retail)
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TABS	2	
NESINA TABS	3	PA
TRADJENTA TABS	2	
Incretin Mimetic Agents (GLP-1 Receptor)		
ADLYXIN SOPN	SP	PA
ADLYXIN STARTER PACK PNKT	SP	PA
TANZEUM PEN	SP	PA
TRULICITY SOPN	3	PA
VICTOZA SOPN	3	PA
Insulin Sensitizing Agents		
ACTOS TABS (Use Pioglitazone HCl)	NF	
AVANDIA TABS	2	
<i>pioglitazone hcl tabs</i>	1	
Insulin		
AFREZZA POWD	3	QL(6 ea daily)
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT,	3	QL(3 ea daily)
APIDRA SOLN	3	PA; Limit 45mls per month; QL(1.5 ml daily)
APIDRA SOLOSTAR SOPN	3	PA; Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per month; QL(0.8 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 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 45mls per month;QL(1.5 ml daily)
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R SOLN	2	Limit 40mls per month;QL(1.34 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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(1.5049 ml daily)
NOVOLOG MIX 70/30 SUSP	3	Limit 40mls per month;QL(1.34 ml daily)
NOVOLOG PENFILL SOCT	3	Limit 45mls per month;QL(1.5 ml daily)
NOVOLOG SOLN	3	Limit 40mls per month;QL(1.34 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month;QL(0.5 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	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>)	NF	
<i>repaglinide tabs</i>	1	
STARLIX TABS (<i>Use Nateglinide</i>)	NF	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	
INVOKANA TABS	2	
JARDIANCE TABS	2	
Sulfonylureas		
AMARYL TABS (<i>Use Glimepiride</i>)	NF	
<i>chlorpropamide tabs</i>	1	
DIABETA TABS (<i>Use Glyburide</i>)	NF	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
GLUCOTROL TABS (<i>Use Glipizide</i>)	NF	
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	NF	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs</i>	1	
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	NF	
TOLAZAMIDE TABS 250 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
<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>)	NF	RX/OTC
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	NF	
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	2	
<i>opium tincture tinc</i>	2	
PAREGORIC TINC	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
EXJADE TBSO	SP	PA
FERRIPROX SOLN	SP	PA
FERRIPROX TABS	SP	PA
JADENU SPRINKLE PACK	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
JADENU TABS	SP	PA
Antidotes and Specific Antagonists		

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

Drug Name	Drug Tier	Requirements/Limits
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	2	QL(4 ea per 30 days retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS OR 50 MG, 100 MG	3	PA; Limit 2 per month;QL(0.07 ea daily)
<i>granisetron hcl tabs or 1 mg</i>	1	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 4 mg, 8 mg</i>	1	Limit 20 per month;QL(0.67 ea daily)
<i>ondansetron tbdp</i>	1	Limit 20 per month;QL(0.67 ea daily)
SANCUSO PTCH	3	PA; Limit 1 patch per month;QL(0.04 ea daily)
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	NF	Limit 20 per month;QL(0.67 ea daily)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	NF	Limit 50mls per month;QL(1.67 ml daily)
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	NF	Limit 20 per month;QL(0.67 ea daily)
ZUPLENZ FILM	3	Limit 20 per month;QL(0.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Antiemetics - Anticholinergic		
<i>scopolamine pt72</i>	1	
TIGAN CAPS (<i>Use Trimethobenzamide HCl</i>)	NF	
TRANSDERM-SCOP PT72	3	
TRANSDERM-SCOP PT72 (<i>Use Scopolamine</i>)	NF	
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS	3	QL(2 ea per 28 days retail)
CESAMET CAPS	3	PA; QL(2 ea daily)
DICLEGIS TBEC	3	QL(4 ea daily)
<i>dronabinol caps</i>	2	PA
MARINOL CAPS (<i>Use Dronabinol</i>)	NF	PA
SYNDROS SOLN	SP	PA
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	1	Limit 3 per month;QL(0.1 ea daily)
<i>aprepitant caps 40 mg</i>	1	Limit 2 per month;QL(0.07 ea daily)
<i>aprepitant caps 80 mg, 125 mg</i>	1	Limit 1 per year;QL(0.04 ea daily)
EMEND CAPS 40 MG (<i>Use Aprepitant</i>)	NF	Limit 2 per month;QL(0.07 ea daily)
EMEND CAPS 80 MG, 125 MG (<i>Use Aprepitant</i>)	NF	Limit 1 per year;QL(0.04 ea daily)
EMEND SUSR 125 MG	3	QL(1 ea per 30 days retail)
EMEND TRIPACK CAPS (<i>Use Aprepitant</i>)	NF	Limit 3 per month;QL(0.1 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
VARUBI TABS	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON CAPS (<i>Use Flucytosine</i>)	NF	
BIO-STATIN CAPS	3	
<i>flucytosine caps</i>	1	
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	NF	
<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>)	NF	QL(90 ea per 365 days retail)
<i>nystatin powd</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	Not available through mail order
DIFLUCAN SUSR (<i>Use Fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use Fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps</i>	1	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL TBEC	3	
ONMEL TABS	3	PA
SPORANOX CAPS 100 MG (<i>Use Itraconazole</i>)	NF	PA
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	NF	PA
SPORANOX SOLN 10 MG/ML	2	PA
VFEND SUSR 40 MG/ML (<i>Use Voriconazole</i>)	NF	
VFEND TABS 50 MG, 200 MG (<i>Use Voriconazole</i>)	NF	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</i>	1	
<i>carbinoxamine maleate tabs</i>	1	
CLEMASTINE FUMARATE TABS	2	
<i>clemastine fumarate tabs</i>	1	
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	SP	PA
Antihistamines - Non-Sedating		
CLARINEX TABS 5 MG (<i>Use Desloratadine</i>)	NF	PA; QL(1 ea daily)
DESLORATADINE ODT TBP	3	PA
<i>desloratadine tabs</i>	1	PA; QL(1 ea daily)
<i>levocetirizine dihydrochloride soln or 2.5 mg/5ml</i>	1	PA; 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
<i>levocetirizine dihydrochloride tabs or 5 mg</i>	1	QL(1 ea daily); RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>Levocetirizine Dihydrochloride</i>)	NF	PA; RX/OTC
XYZAL ALLERGY 24HR TABS (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
XYZAL SOLN 2.5 MG/5ML (Use <i>Levocetirizine Dihydrochloride</i>)	NF	PA; RX/OTC
XYZAL TABS 5 MG (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use <i>Promethazine HCl</i>)	SP	PA
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	SP	PA
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 25 mg, 50 mg, 12.5 mg</i>	2	
<i>promethazine hcl syrpf or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrpf</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
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 <i>Ezetimibe-Simvastatin</i>)	NF	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VYTORIN TABS 10MG-20MG, 40MG-10MG (Use <i>Ezetimibe-Simvastatin</i>)	NF	QL(1 ea daily)
VYTORIN TABS 80MG-10MG (Use <i>Ezetimibe-Simvastatin</i>)	NF	PA; QL(1 ea daily)
Antihyperlipidemics - Misc.		
KYNAMRO SOSY	SP	PA; Must use Caremark Specialty Pharmacy;LA
LOVAZA CAPS (Use <i>Omega-3-acid Ethyl Esters</i>)	NF	
<i>omega-3-acid ethyl esters caps</i>	1	
VASCEPA CAPS	3	ST
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	
<i>cholestyramine light powd</i>	1	
<i>cholestyramine pack or 4 gm</i>	1	
<i>cholestyramine powd or 4 gm/dose</i>	1	
COLESTID FLAVORED GRAN 5 GM (Use <i>Colestipol HCl</i>)	NF	
COLESTID GRAN (Use <i>Colestipol HCl</i>)	NF	
COLESTID PACK (Use <i>Colestipol HCl</i>)	NF	
COLESTID TABS (Use <i>Colestipol HCl</i>)	NF	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	2	
<i>colestipol hcl tabs 1 gm</i>	1	
QUESTRAN LIGHT POWD (Use <i>Cholestyramine Light</i>)	NF	
QUESTRAN PACK (Use <i>Cholestyramine</i>)	NF	
QUESTRAN POWD (Use <i>Cholestyramine</i>)	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
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 48 mg, 54 mg, 145 mg, 160 mg</i>	1	
FENOFIBRIC ACID TABS	2	
FIBRICOR TABS	2	
<i>gemfibrozil tabs</i>	1	
LIPOFEN CAPS	3	
LOFIBRA CAPS 67 MG, 134 MG, 200 MG (Use <i>Fenofibrate Micronized</i>)	NF	
LOFIBRA TABS 54 MG, 160 MG (Use <i>Fenofibrate</i>)	NF	
LOPID TABS (Use <i>Gemfibrozil</i>)	NF	
TRICOR TABS (Use <i>Fenofibrate</i>)	NF	
TRIGLIDE TABS	3	
TRILIPIX CPDR (Use <i>Choline Fenofibrate</i>)	NF	
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	1	QL(1 ea daily)
<i>fluvastatin sodium tb24</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LESCOL XL TB24 (Use <i>Fluvastatin Sodium</i>)	NF	QL(1 ea daily)
LIPITOR TABS (Use <i>Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</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
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for Generic only, age 40 to 75; SL(2 ea daily); AL; At least 40 yrs old - Up to 75 yrs old; PV
MEVACOR TABS (Use <i>Lovastatin</i>)	NF	\$0 copay for Generic only, age 40 to 75; SL(2 ea daily); AL; At least 40 yrs old - Up to 75 yrs old; PV
PRAVACHOL TABS 20 MG, 80 MG (Use <i>Pravastatin Sodium</i>)	NF	QL(1 ea daily)
PRAVACHOL TABS 40 MG (Use <i>Pravastatin Sodium</i>)	NF	QL(2 ea daily)
<i>pravastatin sodium tabs 10 mg, 20 mg, 80 mg</i>	1	QL(1 ea daily)
<i>pravastatin sodium tabs 40 mg</i>	1	QL(2 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>Simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption 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
<i>ezetimibe tabs</i>	1	
ZETIA TABS (Use <i>Ezetimibe</i>)	NF	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	SP	PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tabs</i>	1	
<i>niacin (antihyperlipidemic) tbc</i>	1	
NIACOR TABS	1	
NIASPAN TBCR (Use <i>Niacin (Antihyperlipidemic)</i>)	NF	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOPN	SP	PA; LA
PRALUENT SOSY	SP	PA; LA
REPATHA PUSHTRONEX SYSTEM SOCT	SP	PA; LA
REPATHA SOSY	SP	PA; LA
REPATHA SURECLICK SOAJ	SP	PA; LA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use <i>Quinapril HCl</i>)	NF	
ACEON TABS (Use <i>Perindopril Erbumine</i>)	NF	
ALTACE CAPS (Use <i>Ramipril</i>)	NF	QL(2 ea daily)
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	QL(2 ea daily)
EPANED SOLR	3	QL(5 ml daily)
<i>fosinopril sodium tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (Use <i>Benazepril HCl</i>)	NF	
MAVIK TABS (Use <i>Trandolapril</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (Use <i>Lisinopril</i>)	NF	
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>)	NF	QL(2 ea daily)
ZESTRIL TABS (Use <i>Lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DEMSEER CAPS	3	
DIBENZYLINE CAPS (Use <i>Phenoxybenzamine HCl</i>)	NF	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>)	NF	ST
AVAPRO TABS (Use <i>Irbesartan</i>)	NF	
BENICAR TABS (Use <i>Olmesartan Medoxomil</i>)	NF	
<i>candesartan cilexetil tabs</i>	1	ST
COZAAR TABS (Use <i>Losartan Potassium</i>)	NF	
DIOVAN TABS (Use <i>Valsartan</i>)	NF	
EDARBI 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
EPROSARTAN MESYLATE TABS	3	
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs</i>	1	
MICARDIS TABS (Use Telmisartan)	NF	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan tabs</i>	1	
<i>valsartan tabs</i>	1	
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	NF	
CATAPRES TABS (Use Clonidine HCl)	NF	
CATAPRES-TTS-1 PTWK (Use Clonidine HCl)	NF	
CATAPRES-TTS-2 PTWK (Use Clonidine HCl)	NF	
CATAPRES-TTS-3 PTWK (Use Clonidine HCl)	NF	
<i>clonidine hcl ptwk</i>	1	
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS (Use Prazosin HCl)	NF	
<i>prazosin hcl caps</i>	1	
<i>reserpine tabs</i>	1	
TENEX TABS (Use Guanfacine HCl)	NF	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC TABS (Use Quinapril-Hydrochlorothiazide)	NF	
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	NF	
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	NF	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	
BYVALSON TABS	3	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril & hydrochlorothiazide tabs</i>	1	
<i>clonidine & chlorthalidone tabs</i>	1	
CLOPRES TABS	3	
CORZIDE TABS (Use Nadolol & Bendroflumethiazide)	NF	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	NF	
DUTOPROL TB24	3	
EDARBYCLOR TABS	3	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	NF	
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	NF	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	NF	
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	NF	
losartan potassium & hydrochlorothiazide tabs	1	
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NF	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NF	
methyldopa & hydrochlorothiazide tabs	1	
metoprolol & hydrochlorothiazide tabs	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	3	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	3	
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NF	
moexipril-hydrochlorothiazide tabs	1	
nadolol & bendroflumethiazide tabs	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tabs	1	
propranolol & hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs	1	
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NF	
TEKTURNA HCT TABS	3	ST
telmisartan-amlodipine tabs	1	
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NF	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	
trandolapril-verapamil hcl tbc	1	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	NF	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	NF	
valsartan-hydrochlorothiazide tabs	1	
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NF	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	NF	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	NF	
Antihypertensives - Misc.		
VECAMYL TABS	3	
Direct Renin Inhibitors		
TEKTURNA TABS	3	ST
Selective Aldosterone 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
<i>eplerenone tabs</i>	1	
INSPIRA TABS (<i>Use Eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	
COARTEM TABS	2	Limit 24 doses per month; QL(0.8 ea daily)
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>chloroquine phosphate tabs 500 mg</i>	1	
DARAPRIM TABS	3	PA
<i>hydroxychloroquine sulfate tabs</i>	1	
MEFLOQUINE HCL TABS	2	QL(6 ea per fill retail, 6 ea per fill mail)
<i>mefloquine hcl tabs</i>	1	QL(6 ea per fill retail, 6 ea per fill mail)
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NF	
PRIMAQUINE PHOSPHATE TABS	2	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	NF	PA; QL(2 ea daily)
<i>quinine sulfate caps</i>	1	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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>)	NF	
MESTINON TIMESPAN TBCR (<i>Use Pyridostigmine Bromide</i>)	NF	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide tbcr</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 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (<i>Use Ethambutol HCl</i>)	NF	
MYCOBUTIN CAPS (<i>Use Rifabutin</i>)	NF	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin 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
RIFADIN CAPS OR 150 MG, 300 MG (Use Rifampin)	NF	
<i>rifampin caps or 150 mg, 300 mg</i>	1	
TRECTOR TABS	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (Use Melphalan HCl)	SP	PA; LA
ALKERAN TABS OR 2 MG (Use Melphalan)	NF	AC
<i>busulfan soln</i>	SP	PA
BUSULFEX SOLN (Use Busulfan)	SP	PA
CYCLOPHOSPHAMIDE CAPS OR 25 MG	2	
CYCLOPHOSPHAMIDE CAPS OR 50 MG	2	AC
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG	3	AC
GLEOSTINE CAPS 5 MG	2	PA; AC
HEXALEN CAPS	2	AC
LEUKERAN TABS	2	AC
<i>melphalan hcl solr</i>	SP	PA; LA
<i>melphalan tabs</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS 180 MG (Use Temozolomide)	NF	AC
TEMODAR CAPS 250 MG (Use Temozolomide)	SP	AC
TEMODAR CAPS 5 MG, 20 MG, 100 MG, 140 MG (Use Temozolomide)	NF	
<i>temozolomide caps 5 mg, 20 mg, 100 mg, 140 mg</i>	SP	

Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide caps 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg</i>	SP	AC
Antimetabolites		
<i>capecitabine tabs</i>	1	AC
<i>fludarabine phosphate solr 50 mg</i>	SP	PA
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 100 mg/4ml, 200 mg/8ml, 250 mg/10ml</i>	SP	PA; LA
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	SP	PA; LA
<i>methotrexate sodium solr ij 1 gm</i>	SP	PA; LA
<i>methotrexate sodium tabs or 2.5 mg</i>	1	AC
PURIXAN SUSP	3	AL; Up to 13 yrs old ; AC
TABLOID TABS	2	AC
TREXALL TABS	3	AC
XATMEP SOLN	SP	PA; AC
XELODA TABS (Use Capecitabine)	NF	AC
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	SP	PA; AC
VENCLEXTA TABS	SP	PA; AC
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ODOMZO CAPS	SP	AC
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs or</i>	1	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
ARIMIDEX TABS (<i>Use Anastrozole</i>)	NF	AC
AROMASIN TABS (<i>Use Exemestane</i>)	NF	AC
<i>bicalutamide tabs</i>	1	AC
CASODEX TABS (<i>Use Bicalutamide</i>)	NF	AC
ELIGARD KIT	3	PA
EMCYT CAPS	2	AC
<i>exemestane tabs</i>	1	AC
FARESTON TABS	2	AC
FEMARA TABS (<i>Use Letrozole</i>)	NF	AC
<i>flutamide caps</i>	1	AC
<i>letrozole tabs</i>	1	AC
<i>leuprolide acetate kit</i>	1	PA
LYSODREN TABS	2	AC
MEGACE ORAL SUSP (<i>Use Megestrol Acetate</i>)	NF	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
NILANDRON TABS (<i>Use Nilutamide</i>)	NF	AC
<i>nilutamide tabs</i>	1	AC
SOLTAMOX SOLN	PV	PV; AC
<i>tamoxifen citrate tabs</i>	PV	PV; AC
XTANDI CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
Antineoplastic - Immunomodulators		
POMALYST CAPS	SP	PA; AC
Antineoplastic Antibiotics		
<i>mitoxantrone hcl conc</i>	2	PA; SP
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPK	SP	PA; AC
KISQALI FEMARA 400 DOSE TBPK	SP	PA; AC
KISQALI FEMARA 600 DOSE TBPK	SP	PA; AC
LONSURF TABS	SP	PA; AC
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
AFINITOR TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ALECENSA CAPS	SP	PA; AC
ALUNBRIG TABS	SP	PA; AC
ALUNBRIG TBPK	SP	PA; AC
BOSULIF TABS 100 MG, 500 MG	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
BOSULIF TABS 400 MG	SP	PA; AC
CABOMETYX TABS	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
CALQUENCE CAPS	SP	PA; AC
CAPRELSA TABS	SP	PA; AC
COMETRIQ KIT	SP	PA; AC
COTELLIC TABS	SP	PA; AC
FARYDAK CAPS	SP	PA; Must use Caremark SP pharmacy;LA; AC
GILOTRIF TABS	SP	PA; Must use Accredo SP pharmacy;LA; AC
IBRANCE CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ICLUSIG TABS	SP	PA; AC
IDHIFA TABS	SP	PA; AC
<i>imatinib mesylate tabs 100 mg, 400 mg</i>	SP	PA
<i>imatinib mesylate tabs 100 mg, 400 mg</i>	SP	PA; AC
IMBRUVICA CAPS	SP	PA; AC
INLYTA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
IRESSA TABS	SP	AC
ISTODAX (OVERFILL) SOLR	SP	PA
ISTODAX SOLR	SP	PA
JAKAFI TABS	SP	PA; AC
KISQALI TABS	SP	PA; AC
LENVIMA 10 MG DAILY DOSE CPPK	SP	PA; AC

Drug Name	Drug Tier	Requirements/Limits
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 100 MG, 150 MG	SP	PA; Refer to Accredo SP Rx;AC
MEKINIST TABS	SP	PA; AC
NERLYNX TABS	SP	PA; SP; AC
NEXAVAR TABS	SP	PA; LA; AC
NINLARO CAPS	SP	PA; Limited to 3 capsules per month;;QL(0.1 ea daily); AC
ROMIDEPSIN SOLR	SP	PA
RUBRACA TABS	SP	PA; AC
RYDAPT CAPS	SP	PA; AC
SPRYCEL TABS	SP	PA; AC
STIVARGA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
SUTENT CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TAFINLAR CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; 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; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TASIGNA CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TORISEL SOLN	SP	PA
TYKERB TABS	SP	PA; AC
VELCADE SOLR	SP	PA
VOTRIENT TABS	SP	PA; AC
XALKORI CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ZEJULA CAPS	SP	PA; AC
ZELBORAF TABS	SP	PA; AC
ZOLINZA CAPS	SP	PA; AC
ZYDELIG TABS	3	PA; AC
ZYKADIA CAPS	SP	AC
Antineoplastics Misc.		
ACTIMMUNE SOLN	SP	PA; LA
ALFERON N SOLN	SP	PA; LA
<i>bexarotene caps</i>	SP	PA; AC
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	AC
<i>hydroxyurea caps or</i>	1	AC
INTRON A SOLN	SP	PA; LA

Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLR	SP	PA; LA
INTRON A W/DILUENT SOLR	SP	PA; LA
MATULANE CAPS	SP	PA; AC
SYLATRON KIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	SP	PA; AC
<i>tretinoin (chemotherapy) caps</i>	2	AC
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg</i>	SP	PA
<i>leucovorin calcium tabs or 5 mg, 10 mg, 15 mg, 25 mg</i>	1	AC
MESNEX TABS OR 400 MG	3	AC
Mitotic Inhibitors		
ETOPOPHOS SOLR	3	PA
ETOPOSIDE CAPS OR 50 MG	2	AC
<i>etoposide soln iv 1 gm/50ml, 500 mg/25ml</i>	2	PA; SP
<i>etoposide soln iv 100 mg/5ml</i>	2	PA; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG	SP	PA; AC
HYCAMTIN SOLR IV 4 MG (<i>Use Topotecan HCl</i>)	SP	PA; LA
<i>topotecan hcl solr</i>	SP	PA; LA
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	2	
LODOSYN TABS (<i>Use Carbidopa</i>)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	SP	PA
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
COGENTIN SOLN (Use <i>Benztropine Mesylate</i>)	SP	PA
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use <i>Entacapone</i>)	NF	
<i>entacapone tabs</i>	1	
TASMAR TABS (Use <i>Tolcapone</i>)	NF	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbcr</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs 200mg-25mg-100mg, 200mg-50mg-200mg, 200mg-12.5mg-50mg, 200mg-18.75mg-75mg, 200mg-37.5mg-150mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 200mg-31.25mg-125mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	2	
GOCOVRI CP24	SP	PA
MIRAPEX ER TB24 (Use <i>Pramipexole Dihydrochloride</i>)	NF	
MIRAPEX TABS (Use <i>Pramipexole Dihydrochloride</i>)	NF	
NEUPRO PT24 1 MG/24HR, 3 MG/24HR, 8 MG/24HR	3	
NEUPRO PT24 2 MG/24HR	3	QL(3 ea daily)
NEUPRO PT24 4 MG/24HR, 6 MG/24HR	3	QL(1 ea daily)
PARLODEL CAPS (Use <i>Bromocriptine Mesylate</i>)	NF	
PARLODEL TABS (Use <i>Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 3 mg, 1.5 mg, 4.5 mg, 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	1	
REQUIP TABS (Use <i>Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 (Use <i>Ropinirole Hydrochloride</i>)	NF	
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 12 mg</i>	2	
<i>ropinirole hydrochloride tb24 8 mg</i>	1	
RYTARY CPCR	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	NF	
STALEVO 100 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 125 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 150 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 200 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 50 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 75 TABS (<i>Use Carbidopa-Levodopa-Entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use Rasagiline Mesylate</i>)	NF	
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	NF	
<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 tbc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LITHIUM SOLN	3	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO CP12	3	
GEODON CAPS (<i>Use Ziprasidone HCl</i>)	NF	
LATUDA TABS	3	PA
NUPLAZID TABS	SP	PA
VRAYLAR CAPS	SP	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661
VRAYLAR CPPK	SP	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661
<i>ziprasidone hcl caps</i>	1	
Benzisoxazoles		
INVEGA TB24 (<i>Use Paliperidone</i>)	NF	
<i>paliperidone tb24</i>	1	
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	NF	
RISPERDAL SOLN (<i>Use Risperidone</i>)	NF	
RISPERDAL TABS (<i>Use Risperidone</i>)	NF	
RISPERIDONE ODT TBDP	3	
<i>risperidone soln</i>	1	
<i>risperidone tabs</i>	1	
<i>risperidone tbdp</i>	1	
Butyrophenones		
<i>haloperidol lactate conc or 2 mg/ml</i>	1	
<i>haloperidol tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
Dibenzapines		
CLOZAPINE ODT TBDP	3	
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
CLOZARIL TABS (Use Clozapine)	NF	
FAZACLO TBDP 150 MG, 200 MG, 12.5 MG	3	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs 5 mg, 10 mg, 15 mg, 20 mg, 2.5 mg, 7.5 mg</i>	1	
<i>olanzapine tbdp 5 mg, 10 mg, 15 mg, 20 mg</i>	2	
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	PA
SAPHRIS SUBL	3	PA
SEROQUEL TABS (Use Quetiapine Fumarate)	NF	
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	NF	PA
VERSACLOZ SUSP	3	QL(18 ml daily)
ZYPREXA TABS (Use Olanzapine)	NF	
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NF	
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	3	
Phenothiazines		
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	2	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 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)	NF	
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	
<i>aripiprazole tbdp 10 mg, 15 mg</i>	1	PA
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTISEPTICS & DISINFECTANTS - Drugs to Prevent Bacterial Skin Infections		
Antiseptics & Disinfectants		
<i>formaldehyde soln</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APTIVUS 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
APTIVUS SOLN	2	
<i>atazanavir sulfate caps</i>	1	
ATRIPLA TABS	2	
BIKTARVY TABS	2	
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	NF	
COMPLERA TABS	2	
CRIXIVAN CAPS	2	
DESCOVY TABS	2	
<i>didanosine cpdr</i>	1	
EDURANT TABS	2	
<i>efavirenz caps</i>	1	
<i>efavirenz tabs</i>	1	
EMTRIVA CAPS	2	
EMTRIVA SOLN	2	
EPIVIR SOLN (<i>Use Lamivudine</i>)	NF	
EPIVIR TABS (<i>Use Lamivudine</i>)	NF	
EPZICOM TABS (<i>Use Abacavir Sulfate-Lamivudine</i>)	NF	
EVOTAZ TABS	2	
<i>fosamprenavir calcium tabs</i>	1	
FUZEON SOLR	SP	PA; LA
GENVOYA TABS	2	
INTELENCE TABS	2	
INVIRASE CAPS	2	
INVIRASE TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW	2	
ISENTRESS HD TABS	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	
KALETRA SOLN 400MG/5ML-100MG/5ML (<i>Use Lopinavir-Ritonavir</i>)	NF	
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 (<i>Use Fosamprenavir Calcium</i>)	NF	
<i>lopinavir-ritonavir soln</i>	1	
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	
<i>nevirapine tb24</i>	1	
NORVIR CAPS	2	
NORVIR SOLN	2	
NORVIR TABS	2	
ODEFSEY TABS	2	
PREZCOBIX TABS	2	
PREZISTA SUSP 100 MG/ML	3	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	2	
RESCRIPTOR TABS	2	

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

Drug Name	Drug Tier	Requirements/ Limits
RETROVIR CAPS (<i>Use Zidovudine</i>)	NF	
RETROVIR SYRP (<i>Use Zidovudine</i>)	NF	
REYATAZ CAPS 150 MG, 200 MG, 300 MG (<i>Use Atazanavir Sulfate</i>)	NF	
REYATAZ PACK 50 MG	2	
SELZENTRY SOLN	2	
SELZENTRY TABS	2	
<i>stavudine caps</i>	1	
STRIBILD TABS	2	
SUSTIVA CAPS (<i>Use Efavirenz</i>)	NF	
SUSTIVA TABS (<i>Use Efavirenz</i>)	NF	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS	2	
TRIZIVIR TABS (<i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i>)	NF	
TRUVADA TABS	2	
TYBOST TABS	2	
VIDEX EC CPDR 125 MG	2	
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (<i>Use Didanosine</i>)	NF	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS	2	
VIRAMUNE SUSP (<i>Use Nevirapine</i>)	NF	
VIRAMUNE TABS (<i>Use Nevirapine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
VIRAMUNE XR TB24 (<i>Use Nevirapine</i>)	NF	
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS 300 MG (<i>Use Tenofovir Disoproxil Fumarate</i>)	NF	
VITEKTA TABS	2	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (<i>Use Stavudine</i>)	NF	
ZERIT SOLR 1 MG/ML	2	
ZIAGEN SOLN (<i>Use Abacavir Sulfate</i>)	NF	
ZIAGEN TABS (<i>Use Abacavir Sulfate</i>)	NF	
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
CMV Agents		
<i>cidofovir soln</i>	SP	PA
VALCYTE SOLR 50 MG/ML (<i>Use Valganciclovir HCl</i>)	NF	Limit 630mls per month;QL(21 ml daily)
VALCYTE TABS 450 MG (<i>Use Valganciclovir HCl</i>)	NF	
<i>valganciclovir hcl solr 50 mg/ml</i>	1	Limit 630mls per month;QL(21 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	2	
BARACLUDE SOLN 0.05 MG/ML	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
BARACLUDE TABS 0.5 MG, 1 MG (<i>Use Entecavir</i>)	NF	
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA
DAKLINZA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<i>entecavir tabs</i>	2	
EPCLUSA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
EPIVIR HBV SOLN 5 MG/ML	3	
EPIVIR HBV TABS 100 MG (<i>Use Lamivudine (HBV)</i>)	NF	
HARVONI TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	NF	
<i>lamivudine (hbv) tabs</i>	1	
MAVYRET TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
MODERIBA 1200 DOSE PACK TABS	3	PA
MODERIBA 800 DOSE PACK TABS	3	PA
MODERIBA TBPK	3	PA
OLYSIO CAPS	SP	PA; LA
PEG-INTRON REDIPEN KIT	3	PA; SP
PEG-INTRON REDIPEN PAK 4 KIT	3	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK SOLN	3	PA; SP
PEGASYS SOLN	3	PA; SP
PEGINTRON KIT	3	PA; SP
REBETOL CAPS 200 MG (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA
REBETOL SOLN 40 MG/ML	2	PA
RIBASPHERE RIBAPAK TABS	3	PA
RIBASPHERE RIBAPAK TBPK	3	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA
<i>ribavirin (hepatitis c) tabs</i>	1	PA
SOVALDI TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TECHNIVIE TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TYZEKA TABS	SP	ST
VEMLIDY TABS	SP	ST; SP
VIEKIRA PAK TBPK	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VIEKIRA XR TB24	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VOSEVI TABS	SP	PA; Must use AcariaHealth Specialty Rx at 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
ZEPATIER TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Herpes Agents		
<i>acyclovir caps</i>	1	
<i>acyclovir susp</i>	1	
<i>acyclovir tabs</i>	1	
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	1	
FAMVIR TABS (Use <i>Famciclovir</i>)	NF	
<i>valacyclovir hcl tabs</i>	1	
VALTREX TABS (Use <i>Valacyclovir HCl</i>)	NF	
ZOVIRAX CAPS OR 200 MG (Use <i>Acyclovir</i>)	NF	
ZOVIRAX SUSP OR 200 MG/5ML (Use <i>Acyclovir</i>)	NF	
ZOVIRAX TABS OR 400 MG, 800 MG (Use <i>Acyclovir</i>)	NF	
Influenza Agents		
FLUMADINE TABS (Use <i>Rimantadine Hydrochloride</i>)	NF	
<i>oseltamivir phosphate caps 30 mg, 45 mg</i>	1	QL(10 ea per fill retail,10 ea per fill mail); AL; At least 1 yrs old
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	QL(75 ml daily,5 day(s) limit); AL; At least 1 yrs old
RELENZA DISKHALER AEPB	3	
<i>rimantadine hydrochloride tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 30 MG, 45 MG (Use <i>Oseltamivir Phosphate</i>)	NF	QL(10 ea per fill retail,10 ea per fill mail); AL; At least 1 yrs old
TAMIFLU CAPS 75 MG (Use <i>Oseltamivir Phosphate</i>)	NF	
TAMIFLU SUSR 6 MG/ML (Use <i>Oseltamivir Phosphate</i>)	NF	QL(75 ml daily,5 day(s) limit); AL; At least 1 yrs old
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	1	
VIRAZOLE SOLR (Use <i>Ribavirin</i>)	NF	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	
<i>carvedilol tabs 25 mg, 12.5 mg, 6.25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	QL(2 ea daily)
COREG CR CP24 (Use <i>Carvedilol Phosphate</i>)	NF	
COREG TABS 25 MG, 12.5 MG, 6.25 MG (Use <i>Carvedilol</i>)	NF	
COREG TABS 3.125 MG (Use <i>Carvedilol</i>)	NF	QL(2 ea daily)
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 25 mg, 50 mg, 100 mg</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	QL(1 ea daily)
BYSTOLIC 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
LOPRESSOR TABS (<i>Use Metoprolol Tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg</i>	1	
METOPROLOL TARTRATE TABS OR 75 MG, 37.5 MG	2	
SECTRAL CAPS (<i>Use Acebutolol HCl</i>)	NF	
TENORMIN TABS (<i>Use Atenolol</i>)	NF	
TOPROL XL TB24 (<i>Use Metoprolol Succinate</i>)	NF	
ZEBETA TABS (<i>Use Bisoprolol Fumarate</i>)	NF	QL(1 ea daily)
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Use Sotalol HCl (AFIB/AFL)</i>)	NF	
BETAPACE TABS (<i>Use Sotalol HCl</i>)	NF	
CORGARD TABS (<i>Use Nadolol</i>)	NF	
INDERAL LA CP24 (<i>Use Propranolol HCl</i>)	NF	
INDERAL XL CP24	3	
INNOPRAN XL CP24	3	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SOTYLIZE SOLN	3	
<i>timolol maleate tabs or 5 mg, 10 mg, 20 mg</i>	1	QL(2 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 60 MG (<i>Use Nifedipine</i>)	NF	
ADALAT CC TB24 90 MG (<i>Use Nifedipine</i>)	NF	QL(1 ea daily)
<i>amlodipine besylate tabs</i>	1	QL(2 ea daily)
CALAN SR TBCR (<i>Use Verapamil HCl</i>)	NF	
CALAN TABS (<i>Use Verapamil HCl</i>)	NF	
CARDIZEM CD CP24 (<i>Use Diltiazem HCl Coated Beads</i>)	NF	QL(1 ea daily)
CARDIZEM LA TB24 120 MG	2	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM TABS (<i>Use Diltiazem HCl</i>)	NF	
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i>	1	
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	
DILTIAZEM HCL ER TB24 (<i>Use Diltiazem HCl Coated Beads</i>)	NF	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 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>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps or 20 mg, 30 mg</i>	1	
<i>nifedipine caps 10 mg, 20 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nimodipine caps</i>	1	
NISOLDIPINE ER TB24 30 MG	2	
NISOLDIPINE ER TB24 40 MG	3	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (Use Amlodipine Besylate)	NF	QL(2 ea daily)
NYMALIZE SOLN	3	
PROCARDIA CAPS (Use Nifedipine)	NF	
PROCARDIA XL TB24 (Use Nifedipine)	NF	QL(1 ea daily)
SULAR TB24 (Use Nisoldipine)	NF	
TIAZAC CP24 (Use Diltiazem HCl Extended Release Beads)	NF	
<i>verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl tabs or 40 mg, 80 mg, 120 mg</i>	1	
<i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>	1	
VERELAN CP24 (Use Verapamil HCl)	NF	
VERELAN PM CP24 (Use Verapamil HCl)	NF	

CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

Drug Name	Drug Tier	Requirements/Limits
Cardiac Glycosides		
<i>digoxin soln or 0.05 mg/ml</i>	1	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	3	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs 10mg-5mg, 20mg-5mg, 40mg-5mg, 80mg-5mg, 10mg-10mg, 10mg-2.5mg, 20mg-2.5mg, 40mg-2.5mg</i>	1	PA
<i>amlodipine besylate-atorvastatin calcium tabs 20mg-10mg, 40mg-10mg, 80mg-10mg</i>	1	
BIDIL TABS	3	
CADUET TABS 10MG-5MG, 20MG-5MG, 40MG-5MG, 80MG-5MG, 10MG-10MG, 10MG-2.5MG, 20MG-2.5MG, 40MG-2.5MG (Use Amlodipine Besylate-Atorvastatin Calcium)	NF	PA
CADUET TABS 20MG-10MG, 40MG-10MG, 80MG-10MG (Use Amlodipine Besylate-Atorvastatin Calcium)	NF	
ENTRESTO TABS	3	PA
Impotence Agents		

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

Drug Name	Drug Tier	Requirements/ Limits
STAXYN TBDP	3	Limit 8 per month - Not available through Mail; QL (0.27 ea daily); AL; At least 21 yrs old
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs 10 mg</i>	1	
ISOXSUPRINE HCL TABS 20 MG	3	
Prostaglandin Vasodilators		
ORENITRAM TBCR	SP	PA
TYVASO REFILL SOLN	SP	PA
TYVASO SOLN	SP	PA
TYVASO STARTER SOLN	SP	PA
VENTAVIS SOLN	SP	PA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	SP	PA
OPSUMIT TABS	SP	PA
TRACLEER TABS	SP	
TRACLEER TBSO	SP	
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	SP	PA
REVATIO SUSR 10 MG/ML	SP	PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	2	PA
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS	SP	PA
UPTRAVI TBPk	SP	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		

Drug Name	Drug Tier	Requirements/ Limits
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	
CEFAZOLIN SODIUM SOLN IV 1GM-5%	SP	PA
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	SP	PA
CEFAZOLIN SODIUM SOLR IV 1 GM	SP	PA
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
KEFLEX CAPS (Use Cephalexin)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR ER TB12	3	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
<i>cefaclor susr 375 mg/5ml</i>	1	
CEFOTAN SOLR (Use Cefotetan Disodium)	SP	PA
<i>cefotetan disodium solr</i>	SP	PA
CEFOTETAN SOLR	SP	PA
<i>cefoxitin sodium solr ij 10 gm</i>	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
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	SP	PA
CEFOXITIN SODIUM SOLR IV 1GM-4%, 2GM-2.2%	SP	PA
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML	2	
CEFTIN SUSR 250 MG/5ML	3	
CEFTIN TABS 250 MG, 500 MG (Use Cefuroxime Axetil)	NF	
<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	
<i>cefditoren pivoxil tabs</i>	1	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
CEFTIBUTEN CAPS	3	
CEFTIBUTEN SUSR	3	
CLAFORAN SOLR IV 2 GM	SP	PA
SPECTRACEF TABS (Use Cefditoren Pivoxil)	NF	
SUPRAX CAPS 400 MG	3	
SUPRAX CHEW 100 MG, 200 MG	3	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	NF	
SUPRAX SUSR 500 MG/5ML	3	
CHEMICALS		
Bulk Chemicals - P's		
PROGESTERONE CONCENTRATE CREA	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	NF	PV
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	NF	PV
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	NF	PV
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	NF	PV
<i>desogestrel & ethinyl estradiol tabs</i>	PV	PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	PV	PV
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	PV	PV
<i>drospirenone-ethinyl estradiol tabs</i>	PV	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	PV	PV
DROSPIRENONE/ETHINY L ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	PV	PV
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	NF	PV

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ethynodiol diacet & eth estrad tabs</i>	PV	PV
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	PV
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	PV
<i>levonorgestrel & eth estradiol tabs</i>	PV	PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	PV	PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	PV	PV
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	PV	PV
LO LOESTRIN FE TABS	PV	PV
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	PV
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	PV
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	NF	PV
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	NF	PV
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	PV
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	NF	PV
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	NF	PV
MODICON TABS (Use Norethindrone & Eth Estradiol)	NF	PV
NATAZIA TABS	PV	PV
NECON 10/11-28 TABS	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe chew</i>	PV	PV
<i>norethin acet & estrad-fe tabs</i>	PV	PV
<i>norethindrone & eth estradiol tabs</i>	PV	PV
<i>norethindrone & ethinyl estradiol-fe chew</i>	PV	PV
<i>norethindrone & mestranol tabs</i>	PV	PV
<i>norethindrone acet & eth estra tabs</i>	PV	PV
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	PV	PV
<i>norethindrone-eth estradiol (triphasic) tabs</i>	PV	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	PV	Equivalent to Ortho Tricyclen Lo; PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	PV	PV
<i>norgestimate-ethinyl estradiol tabs</i>	PV	PV
<i>norgestrel & ethinyl estradiol tabs</i>	PV	PV
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	NF	PV
NORINYL 1+50 TABS (Use Norethindrone & Mestranol)	NF	PV
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	PV
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NF	PV
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	NF	PV
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	PV
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	NF	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
QUARTETTE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	NF	PV
SAFYRAL TABS	PV	PV
SEASONIQUE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	NF	PV
TAYTULLA CAPS	PV	PV
TRI-NORINYL 28 TABS (<i>Use Norethindrone-Eth Estradiol (Triphasic)</i>)	NF	PV
YASMIN 28 TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	NF	PV
YAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	NF	PV
Combination Contraceptives - Transdermal		
XULANE PTWK	PV	PV
Combination Contraceptives - Vaginal		
NUVARING RING	PV	PV
Emergency Contraceptives		
ELLA TABS	PV	PV
<i>levonorgestrel (emergency oc) tabs</i>	PV	PV
PLAN B ONE-STEP TABS (<i>Use Levonorgestrel (Emergency OC)</i>)	NF	PV
Progestin Contraceptives - Oral		
NOR-QD TABS (<i>Use Norethindrone (Contraceptive)</i>)	NF	PV
<i>norethindrone (contraceptive) tabs</i>	PV	PV
ORTHO MICRONOR TABS (<i>Use Norethindrone (Contraceptive)</i>)	NF	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide cpep</i>	2	
CORTEF TABS (<i>Use Hydrocortisone</i>)	NF	
CORTISONE ACETATE TABS	2	
<i>dexamethasone elix</i>	1	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone soln</i>	1	
<i>dexamethasone tabs</i>	1	
DEXPAK 10 DAY TBPk	3	
DEXPAK 13 DAY TBPk	3	
DEXPAK 6 DAY TBPk	3	
ENTOCORT EC CPEP (<i>Use Budesonide</i>)	NF	
<i>hydrocortisone tabs</i>	1	
LOCORT 11-DAY TBPk	3	
LOCORT 7-DAY TBPk	3	
MEDROL DOSEPAK TBPk (<i>Use Methylprednisolone</i>)	NF	
MEDROL TABS 2 MG	2	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (<i>Use Methylprednisolone</i>)	NF	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPk	3	
MILLIPRED SOLN 10 MG/5ML (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
MILLIPRED TABS 5 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
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	NF	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	3	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 6.7 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISONI INTENSOL CONC	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i>	1	
<i>prednisone tbpk 5 mg, 10 mg</i>	1	
PREDNISONI TBPK 5 MG, 10 MG	2	
RAYOS TBEC	3	PA
TAPERDEX 12-DAY TBPK	3	
TAPERDEX 6-DAY TBPK	3	
UCERIS TB24	3	PA
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	
ZODEX 12-DAY TBPK	3	
ZODEX 6-DAY TBPK	3	

Drug Name	Drug Tier	Requirements/Limits
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</i>	1	
<i>hydrocodone w/ homatropine syrp</i>	1	
<i>hydrocodone w/ homatropine tabs</i>	1	
TESSALON PERLES CAPS (Use Benzonatate)	NF	
Cough/Cold/Allergy Combinations		
ACTIDOM DMX LIQD	3	
CARBAPHEN 12 LIQD	3	
CARBAPHEN 12 PED SUSP	3	
CLARINEX-D 12 HOUR TB12	3	PA
CODITUSSIN AC LIQD	3	
DECON-G LIQD	3	
DOMETUSS-DMX LIQD	3	
EXACTUSS LIQD (Use Phenylephrine w/ DM-GG)	NF	RX/OTC
EXACTUSS TR TABS	3	RX/OTC
EXAPHEX TR TABS	3	RX/OTC
FLOWTUSS SOLN	3	
GILPHEX TR TABS	3	RX/OTC
GILTUSS COUGH & COLD TABS	3	RX/OTC
GILTUSS LIQD (Use Phenylephrine w/ DM-GG)	NF	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
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
GILTUSS TR TABS	3	RX/OTC
<i>guaifenesin-codeine liqd 100mg/5ml-10mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100mg/5ml-10mg/5ml</i>	1	
<i>guaifenesin-codeine syrp 100mg/5ml-10mg/5ml</i>	1	
HISTEX-PE SYRP	3	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
NEOTUSS PLUS LIQD	3	
OBREDON SOLN	3	
<i>phenylephrine w/ dm-gg liqd 7.5mg/ml-88mg/ml-2.5mg/ml, 28mg/5ml-388mg/5ml-10mg/5ml</i>	1	RX/OTC
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>	1	
<i>pseudoephed-cpm w/ hydrocod soln</i>	1	
<i>pseudoephedrine w/ codeine-gg soln</i>	1	
RELHIST CHEW	3	
REZIRA SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
TGQ 30PSE/150GFN/15DM SYRP	3	
TGQ 30PSE/3BRM/15DM SYRP	3	
TUSNEL TABS 60MG-30MG-400MG	3	
TUSSICAPS CP12	3	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Use Hydrocodone Polistirex-Chlorpheniramine Polistirex)	NF	
VITUZ SOLN	3	
ZUTRIPRO SOLN (Use Pseudoephed-CPM w/ Hydrocod)	NF	
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use Sodium Chloride (Inhalant))	NF	
HYPERSAL NEBU 3.5 %	3	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) nebu</i>	1	
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)

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

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA CAPS 10 MG	3	PA; Use generic isotretinoin Caps;QL(4 ea daily)
ABSORICA CAPS 20 MG	3	PA; Use generic Isotretinoin Caps;QL(5 ea daily)
ABSORICA CAPS 25 MG, 30 MG, 35 MG, 40 MG	3	PA
ABSORICA CAPS 30 MG	3	PA; Use generic Isotretinoin Caps
ABSORICA CAPS 40 MG	3	PA; Use generic Isotretinoin Caps;QL(2 ea daily)
ACZONE GEL 5 % (Use Dapsone (Topical))	NF	PA
<i>adapalene crea 0.1 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>adapalene gel 0.1 %</i>	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
<i>adapalene gel 0.3 %</i>	1	QL(45 gm per fill retail,135 gm per fill mail)
ADAPALENE LOTN 0.1 %	3	
<i>adapalene-benzoyl peroxide gel</i>	1	
ATRALIN GEL (Use Tretinoin)	NF	
AZELEX CREA	3	
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	

Drug Name	Drug Tier	Requirements/ Limits
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	NF	QL(2 gm daily)
<i>benzoyl peroxide-erythromycin gel</i>	1	QL(2 gm daily)
<i>benzoyl peroxide-hc lotn</i>	1	
BP CLEANSING WASH EMUL	2	
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	NF	
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	NF	
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	NF	
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	NF	
<i>clindamycin phosphate (topical) foam</i>	1	
<i>clindamycin phosphate (topical) gel</i>	1	
<i>clindamycin phosphate (topical) lotn</i>	1	
<i>clindamycin phosphate (topical) soln</i>	1	
<i>clindamycin phosphate (topical) swab</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	
<i>clindamycin phosphate-tretinoin gel</i>	1	
<i>dapsone (topical) gel</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
DIFFERIN CREA 0.1 % (Use Adapalene)	NF	Limit 45gms per month;QL(1.5 gm daily)
DIFFERIN GEL 0.1 % (Use Adapalene)	NF	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	NF	QL(45 gm per fill retail,135 gm per fill mail)
DIFFERIN LOTN 0.1 %	3	
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	NF	
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	NF	
ERYGEL GEL (Use Erythromycin (Acne Aid))	NF	
erythromycin (acne aid) gel	1	
erythromycin (acne aid) pads	1	
erythromycin (acne aid) soln	1	
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	NF	
FABIOR FOAM	3	Limit 50gms per month;QL(1.67 gm daily)
isotretinoin caps 10 mg	1	QL(4 ea daily)
isotretinoin caps 20 mg	1	QL(5 ea daily,150 day(s) limit)
isotretinoin caps 20 mg	1	QL(5 ea daily)
isotretinoin caps 30 mg	1	
isotretinoin caps 30 mg, 40 mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
isotretinoin caps 40 mg	1	QL(2 ea daily,150 day(s) limit)
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	NF	
PLEXION CLEANSER LIQD (Use Sulfacetamide Sodium w/ Sulfur)	NF	
PLEXION CLEANSING CLOTHS PADS	3	
PLEXION CREA (Use Sulfacetamide Sodium w/ Sulfur)	NF	
PLEXION LOTN (Use Sulfacetamide Sodium w/ Sulfur)	NF	PA
RETIN-A CREA (Use Tretinoin)	NF	
RETIN-A GEL (Use Tretinoin)	NF	
RETIN-A MICRO GEL 0.04 % (Use Tretinoin Microsphere)	NF	Limit 45gms per month;QL(1.7 gm daily)
RETIN-A MICRO GEL 0.1 % (Use Tretinoin Microsphere)	NF	Limit 50gms per month;QL(1.67 gm daily)
RETIN-A MICRO PUMP GEL 0.04 % (Use Tretinoin Microsphere)	NF	Limit 45gms per month;QL(1.7 gm daily)
RETIN-A MICRO PUMP GEL 0.1 % (Use Tretinoin Microsphere)	NF	Limit 50gms per month;QL(1.67 gm daily)
RIAX FOAM	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
SODIUM SULFACETAMIDE/SULFUR LOTN	2	QL(1 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
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 4.8%-9.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur emul 1%-10%</i>	1	
<i>sulfacetamide sodium w/ sulfur liqd 4.8%-9.8%</i>	2	
<i>sulfacetamide sodium w/ sulfur lotn 4.8%-9.8%</i>	1	PA
<i>sulfacetamide sodium w/ sulfur lotn 5%-10%</i>	1	QL(1 gm daily)
<i>sulfacetamide sodium w/ sulfur susp 4%-8%</i>	1	
<i>sulfacetamide sodium-sulfur in urea vehicle gel</i>	1	
SUMAXIN TS SUSP (Use Sulfacetamide Sodium w/ Sulfur)	NF	
TRETIN-X CREA	3	
<i>tretinoin crea</i>	1	
<i>tretinoin gel</i>	1	
<i>tretinoin microsphere gel 0.04 %</i>	1	Limit 45gms per month;QL(1.7 gm daily)
<i>tretinoin microsphere gel 0.1 %</i>	1	Limit 50gms per month;QL(1.7 gm daily)
<i>tretinoin microsphere gel 0.1 %</i>	1	Limit 50gms per month;QL(1.67 gm daily)
VELTIN GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	NF	
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)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	
Antibiotics - Topical		
ALTABAX OINT	3	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	
BACTROBAN OINT (Use Mupirocin)	NF	
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		
<i>ciclopirox gel 0.77 %</i>	1	
<i>ciclopirox olamine 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>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham 1 %</i>	1	
<i>clotrimazole w/ betamethasone crea</i>	1	Limit 1 tube per month;QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(2 ml daily)
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	SP	PA; QL(1 gm daily)
EXELDERM CREA	3	
EXELDERM SOLN	2	
EXODERM LOTN	3	
EXTINA FOAM (Use Ketoconazole (Topical))	NF	
HALOTIN CREA	3	
<i>iodoquinol-hydrocortisone in aloe vehicle crea</i>	1	
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) foam</i>	2	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA (Use Ciclopirox Olamine)	NF	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	NF	
LOPROX SUSP (Use Ciclopirox Olamine)	NF	
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NF	Limit 1 tube per month;QL(1.5 gm daily)
<i>naftifine hcl crea</i>	1	
NAFTIN CREA 2 % (Use Naftifine HCl)	NF	
NAFTIN GEL 1 %, 2 %	3	
NIZORAL SHAM (Use Ketoconazole (Topical))	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	
OXISTAT CREA (Use Oxiconazole Nitrate)	NF	
OXISTAT LOTN	3	
VYTONNE CREA (Use Iodoquinol-Hydrocortisone in Aloe Vehicle)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	2	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses) gel</i>	2	PA
EFUDEX CREA (Use Fluorouracil (Topical))	NF	
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))	NF	PA
TARGRETIN GEL EX 1 %	SP	PA
VALCHLOR GEL	SP	PA
Antipruritics - Topical		

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (antipruritic) crea</i>	1	
PRUDOXIN CREA (<i>Use Doxepin HCl (Antipruritic)</i>)	NF	
ZONALON CREA (<i>Use Doxepin HCl (Antipruritic)</i>)	NF	
Antipsoriatics		
8-MOP CAPS	3	
<i>acitretin caps 10 mg</i>	2	QL(1 ea daily)
<i>acitretin caps 17.5 mg</i>	2	
<i>acitretin caps 25 mg</i>	2	QL(2 ea daily)
<i>calcipotriene crea</i>	2	QL(5 gm daily)
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene soln</i>	1	
<i>calcitriol (topical) oint</i>	1	Limit 100gms per month;QL(3.4 gm daily)
COSENTYX SENSOREADY PEN SOAJ	SP	PA; LA
COSENTYX SOSY	SP	PA; LA
DOVONEX CREA (<i>Use Calcipotriene</i>)	NF	QL(5 gm daily)
<i>methoxsalen rapid caps</i>	1	
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	NF	
SILIQ SOSY	SP	PA
SORIATANE CAPS 10 MG (<i>Use Acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 17.5 MG (<i>Use Acitretin</i>)	NF	
SORIATANE CAPS 25 MG (<i>Use Acitretin</i>)	NF	QL(2 ea daily)
SORILUX FOAM	3	PA
STELARA SOLN	SP	PA; LA

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY	SP	PA; LA
TALTZ SOAJ	SP	PA; SP drug refer to Caremark SP Rx;LA
TALTZ SOSY	SP	PA; SP drug refer to Caremark SP Rx;LA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use Tazarotene</i>)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT (<i>Use Calcitriol (Topical)</i>)	NF	Limit 100gms per month;QL(3.4 gm daily)
ZITHRANOL-RR CREA	3	
Antiseborrheic Products		
OVACE PLUS SHAM 10 % (<i>Use Sulfacetamide Sodium</i>)	NF	
OVACE PLUS WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	NF	
OVACE WASH LIQD (<i>Use Sulfacetamide Sodium</i>)	NF	
<i>selenium sulfide lotn</i>	1	
<i>selenium sulfide-pyrithione zinc in urea vehicle sham</i>	1	
SELRX SHAM	3	
SODIUM SULFACETAMIDE WASH LIQD	3	
<i>sulfacetamide sodium liqd</i>	1	
<i>sulfacetamide sodium sham</i>	1	
TERSI FOAM 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
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	QL(1 gm daily)
Burn Products		
<i>mafenide acetate pack</i>	1	
SILVADENE CREA (Use Silver Sulfadiazine)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	NF	
Corticosteroids - Topical		
ACLOVATE CREA (Use Alclometasone Dipropionate)	NF	
ALA SCALP LOTN (Use Hydrocortisone (Topical))	NF	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	2	
<i>amcinonide lotn</i>	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented gel</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene- betamethasone dipropionate oint</i>	2	ST
CAPEX SHAM	2	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate emulsion foam</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liqd</i>	1	
<i>clobetasol propionate lotn</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOBEX LIQD (Use Clobetasol Propionate)	NF	
CLOBEX LOTN (Use Clobetasol Propionate)	NF	
CLOBEX SHAM (Use Clobetasol Propionate)	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CORDRAN TAPE TAPE	3	
CORTANE-B LOTN	3	
CUTIVATE CREA (Use Fluticasone Propionate)	NF	
CUTIVATE LOTN (Use Fluticasone Propionate)	NF	
DERMA-SMOOTH/FS BODY OIL (Use Fluocinolone Acetonide)	NF	
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	NF	
DERMATOP CREA (Use Prednicarbate)	NF	
DESONATE GEL	3	
<i>desonide crea</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
DESOWEN CREA (Use Desonide)	NF	
DESOWEN LOTN (Use Desonide)	NF	
<i>desoximetasone crea</i>	1	
<i>desoximetasone gel</i>	1	
<i>desoximetasone oint</i>	1	
<i>diflorasone diacetate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIFLORASONE DIACETATE OINT	2	
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE LOTN (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	NF	
ELOCON CREA (Use Mometasone Furoate)	NF	
ELOCON OINT (Use Mometasone Furoate)	NF	
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>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</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>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2 %, 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>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
KENALOG AERS (Use Triamcinolone Acetonide (Topical))	NF	
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	
LUXIQ FOAM (Use Betamethasone Valerate)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
NUCORT LOTN	3	
OLUX FOAM (Use Clobetasol Propionate)	NF	
OLUX-E FOAM (Use Clobetasol Propionate Emulsion)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PRAMOSONE E CREA	3	
PRAMOSONE LOTN 1%-1%, 1%-2.5%	3	
PRAMOSONE OINT 1%-1%, 1%-2.5%	3	
<i>prednicarbate crea</i>	1	
PREDNICARBATE CREA	2	
PREDNICARBATE OINT	3	
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST; QL(2 gm daily)
TEMOVATE CREA (Use Clobetasol Propionate)	NF	
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	
TEMOVATE GEL (Use Clobetasol Propionate)	NF	
TEMOVATE OINT (Use Clobetasol Propionate)	NF	
TEMOVATE SOLN (Use Clobetasol Propionate)	NF	
TEXACORT SOLN	3	
TOPICORT CREA 0.05 %, 0.25 % (Use Desoximetasone)	NF	
TOPICORT GEL 0.05 % (Use Desoximetasone)	NF	
TOPICORT LIQD 0.25 %	3	ST
TOPICORT OINT 0.05 %, 0.25 % (Use Desoximetasone)	NF	

You can 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 (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)	NF	
ULTRAVATE CREA (Use Halobetasol Propionate)	NF	
ULTRAVATE OINT (Use Halobetasol Propionate)	NF	
VANOS CREA (Use Fluocinonide)	NF	
WESTCORT OINT (Use Hydrocortisone Valerate)	NF	
Eczema Agents		
DUPIXENT SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Emollient/Keratolytic Agents		
ALUVEA CREA (Use Urea)	NF	
CEM-UREA SOLN	3	
GORDONS UREA OINT	3	
HYDRO 35 FOAM (Use Urea in Lactic Acid Vehicle)	NF	
KERALAC CREA (Use Urea)	NF	PA
UMECTA EMUL	3	
UMECTA NAIL FILM SUSP (Use Urea)	NF	
URAMAXIN FOAM 20%	3	
URAMAXIN GEL 45 % (Use Urea)	NF	
URAMAXIN GT GEL (Use Urea)	NF	

Drug Name	Drug Tier	Requirements/ Limits
URAMAXIN LOTN 45 % (Use Urea)	NF	
<i>urea crea 39 %, 40 %, 50 %</i>	1	
UREA CREA 45 %	3	
<i>urea crea 47 %</i>	1	PA
<i>urea gel 40 %, 45 %</i>	1	
<i>urea in lactic acid vehicle foam</i>	1	
<i>urea in zinc undecylenate-lactic acid vehicle emul</i>	1	
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	3	
<i>urea lotn 40 %, 45 %</i>	1	
UREA LOTN 45 %	3	
UREA NAIL STCK	3	
<i>urea susp 40 %</i>	1	
UREA TOPICAL SUSP	3	
UTOPIC CREA	3	
Emollients		
<i>hyaluronate sodium (emollient) gel</i>	1	
HYLIRA GEL 0.2 % (Use Hyaluronate Sodium (Emollient))	NF	
HYLIRA LOTN 0.1 %	3	
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
TBC AERS	3	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	NF	
<i>imiquimod crea</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL CREA	3	QL(2 gm daily)
PROTOPIC OINT 0.03 % (<i>Use Tacrolimus (Topical)</i>)	NF	QL(2 gm daily); AL; At least 2 yrs old
PROTOPIC OINT 0.1 % (<i>Use Tacrolimus (Topical)</i>)	NF	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		
BENSAL HP OINT	3	
CONDYLOX GEL	2	
CONDYLOX SOLN (<i>Use Podofilox</i>)	NF	
PODOCON 25 IN BENZOIN TINCTURE SOLN	3	
<i>podofilox soln</i>	1	
SALEX SHAM (<i>Use Salicylic Acid</i>)	NF	
<i>salicylic acid crea 6 %</i>	1	
<i>salicylic acid liqd 27.5 %</i>	1	
<i>salicylic acid lotn 6 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>salicylic acid sham 6 %</i>	1	
VIRASAL LIQD (<i>Use Salicylic Acid</i>)	NF	
Liniments		
MEDROX-RX OINT	3	PA
Local Anesthetics - Topical		
ANASTIA LOTN	2	
CETACAINE AERO	3	
COCAINE HCL SOLN	3	
EMLA CREA (<i>Use Lidocaine-Prilocaine</i>)	NF	
GEBAUERS INSTANT ICE AERO	3	RX/OTC
GEBAUERS PAIN EASE AERO	3	RX/OTC
GEBAUERS SPRAY AND STRETCH AERO	3	RX/OTC
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch</i>	1	Limited to 3 patches per day;QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	
LIDODERM PTCH (<i>Use Lidocaine</i>)	NF	Limited to 3 patches per day;QL(3 ea daily)
NUMBONEX LOTN	2	
PREMIUM SCAR PATCH PTCH	3	
XYLOCAINE SOLN EX 4 % (<i>Use Lidocaine HCl</i>)	NF	
Misc. Topical		
DRYSOL SOLN	2	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		

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

Drug Name	Drug Tier	Requirements/Limits
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))	NF	
METROGEL GEL (Use Metronidazole (Topical))	NF	
METROLOTION LOTN (Use Metronidazole (Topical))	NF	QL(2 ml daily)
metronidazole (topical) crea 0.75 %	1	
metronidazole (topical) gel 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
metronidazole (topical) gel 1 %	1	
metronidazole (topical) lotn 0.75 %	1	QL(2 ml daily)
MIRVASO GEL	3	PA
NORITATE CREA	SP	PA
ORACEA CPDR	3	PA
RHOFADE CREA	3	PA
SOOLANTRA CREA	3	PA; QL(1.5 gm daily)
Scabicides & Pediculicides		
ELIMITE CREA (Use Permethrin)	NF	QL(2 gm daily)
EURAX CREA	2	
LINDANE LOTN	3	

Drug Name	Drug Tier	Requirements/Limits
malathion lotn	1	
OVIDE LOTN (Use Malathion)	NF	
permethrin crea	1	QL(2 gm daily)
SKLICE LOTN	3	
Wound Care Products		
REGRANEX GEL	3	Limit 15gms per month; QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	SP	PA
METOPIRONE CAPS	3	
Diagnostic Tests		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	QL(6.7 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC
KETOCARE STRP	2	
KETOSTIX STRP	2	
ONETOUCH ULTRA BLUE STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month;QL(6.7 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month;QL(6.7 ea daily); RX/OTC
RELION KETONE STRP	2	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP	3	
PERTZYE CPEP	3	
SUCRAID SOLN	SP	PA; AC
VIOKACE TABS	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12</i>	1	
<i>acetazolamide tabs</i>	1	
DIAMOX CP12 (Use Acetazolamide)	NF	
KEVEYIS TABS	SP	PA
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS (Use Methazolamide)	NF	
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
ALDACTAZIDE TABS 50MG-50MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	2	
Loop Diuretics		
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX TABS (Use Bumetanide)	NF	
DEMADEX TABS (Use Torsemide)	NF	
EDECIN TABS (Use Ethacrynic Acid)	NF	ST
<i>ethacrynic acid tabs</i>	1	ST
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	3	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride 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
DYRENIUM CAPS	3	
<i>spironolactone tabs</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	3	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	NF	
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>)	NF	ST; Limited to 1 per month;QL(0.04 ea daily)
ACTONEL TABS 5 MG, 30 MG, 35 MG (<i>Use Risedronate Sodium</i>)	NF	ST
<i>alendronate sodium soln 70 mg/75ml</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	Limit 1 tab per week;QL(0.144 ea daily)
<i>alendronate sodium tabs 40 mg</i>	1	
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tabs 70 mg</i>	1	Limit 1 tab per week;QL(0.15 ea daily)
ATELVIA TBEC (<i>Use Risedronate Sodium</i>)	NF	Limit 1 tab per week;QL(0.15 ea daily)
BINOSTO TBEF	3	PA; Limit 4 packets per month;QL(0.15 ea daily)
BONIVA TABS (<i>Use Ibandronate Sodium</i>)	NF	Limit 1 per month;QL(0.04 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOLN	SP	PA; LA
FORTICAL SOLN	3	
FOSAMAX PLUS D TABS	3	PA; Limit 4 per month;QL(0.15 ea daily)
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	Limit 1 tab per week;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; LA
MIACALCIN SOLN NA 200 UNIT/ACT (<i>Use Calcitonin (Salmon)</i>)	NF	
NATPARA CART	SP	PA; LA
PROLIA SOLN	SP	PA; LA
<i>risedronate sodium tabs 150 mg</i>	1	ST; Limited to 1 per month;QL(0.04 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg, 35 mg</i>	1	ST
<i>risedronate sodium tbec 35 mg</i>	1	Limit 1 tab per week;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
TYMLOS SOPN	SP	PA; LA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	SP	PA; LA
Growth Hormones		
HUMATROPE COMBO PACK SOLR	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
HUMATROPE SOLR 5 MG	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
HUMATROPE SOLR 6 MG, 12 MG, 24 MG	SP	PA; LA
NORDITROPIN FLEXPRO SOLN	SP	PA; LA
OMNITROPE SOLN	SP	PA; LA
OMNITROPE SOLR	SP	PA; LA
SEROSTIM SOLR	SP	PA; LA
ZOMACTON SOLR	SP	PA
ZORBTIVE SOLR	SP	PA; LA
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NF	PV
OSPHENA TABS	3	
<i>raloxifene hcl tabs</i>	PV	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	SP	PA; LA
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	2	
Metabolic Modifiers		
BUPHENYL POWD 3 GM/TSP (<i>Use Sodium Phenylbutyrate</i>)	SP	PA

Drug Name	Drug Tier	Requirements/Limits
BUPHENYL TABS 500 MG	SP	PA
BUPHENYL TABS 500 MG (<i>Use Sodium Phenylbutyrate</i>)	SP	PA
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	SP	PA
CARNITOR SF SOLN (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NF	
CARNITOR SOLN OR 1 GM/10ML (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NF	
CARNITOR TABS OR 330 MG (<i>Use Levocarnitine (Metabolic Modifiers)</i>)	NF	RX/OTC
CYSTADANE POWD	SP	PA
<i>doxercalciferol caps or 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (<i>Use Doxercalciferol</i>)	NF	
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>	1	
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC
MYALEPT SOLR	SP	PA; LA
NITYR TABS	SP	PA
ORFADIN CAPS	SP	PA
ORFADIN SUSP	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
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	
RAVICTI LIQD	SP	
ROCALTROL CAPS (<i>Use Calcitriol</i>)	NF	
ROCALTROL SOLN (<i>Use Calcitriol</i>)	NF	
SENSIPAR TABS	3	PA
<i>sodium phenylbutyrate powd</i>	SP	PA
<i>sodium phenylbutyrate tabs</i>	SP	PA
STRENSIQ SOLN	SP	PA
XURIDEN PACK	SP	
ZEMPLAR CAPS OR 1 MCG, 2 MCG (<i>Use Paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (<i>Use Desmopressin Acetate Refrigerated</i>)	NF	
DDAVP SOLN NA 0.01 % (<i>Use Desmopressin Acetate Spray</i>)	NF	
DDAVP TABS OR 0.1 MG, 0.2 MG (<i>Use Desmopressin Acetate</i>)	NF	
<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		

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml</i>	SP	PA
<i>octreotide acetate soln 500 mcg/ml, 1000 mcg/ml</i>	SP	PA; LA
SANDOSTATIN SOLN 500 MCG/ML, 1000 MCG/ML (<i>Use Octreotide Acetate</i>)	SP	PA; LA
SIGNIFOR SOLN	SP	PA; LA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (<i>Use Estradiol & Norethindrone Acetate</i>)	NF	
ANGELIQ TABS	3	
CLIMARA PRO PTWK	2	
COMBIPATCH PTTW	3	
DUAVEE TABS	3	
<i>estradiol & norethindrone acetate tabs</i>	1	
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREFEST TABS	3	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	2	Limit 8 patches per month;QL(0.29 ea daily)
CLIMARA PTWK (<i>Use Estradiol</i>)	NF	Limit 4 patches per month;QL(0.14 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
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ENJUVIA TABS 0.625 MG, 0.45 MG, 0.3 MG	3	QL(1 ea daily)
ENJUVIA TABS 0.9 MG	3	
ESTRACE TABS (Use Estradiol)	NF	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	Limit 4 patches per month;QL(0.14 3 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROGEL GEL	3	Limit 50gms per month;QL(1.67 gm daily)
ESTROPIPATE TABS 0.75 MG, 1.5 MG	2	
<i>estropipate tabs 3 mg</i>	1	
EVAMIST SOLN	3	
MENEST TABS	2	
MENOSTAR PTWK	3	Limit 4 patches per month;QL(0.14 3 ea daily)
MINIVELLE PTTW	2	Limit 8 patches per month;QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG	2	
VIVELLE-DOT PTTW (Use Estradiol)	NF	Limit 8 patches per month;QL(0.29 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (Use Moxifloxacin HCl)	NF	
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	NF	
CIPRO SUSR 5 GM/100ML	2	
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NF	
CIPRO XR TB24 1000MG (Use Ciprofloxacin-Ciprofloxacin HCl)	NF	QL(14 ea per fill retail, 14 ea per fill mail)
CIPRO XR TB24 500MG (Use Ciprofloxacin-Ciprofloxacin HCl)	NF	QL(3 ea per fill retail, 3 ea per fill mail)
CIPROFLOXACIN HCL TABS 100 MG	2	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin susr</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tb24 1000mg</i>	1	QL(14 ea per fill retail, 14 ea per fill mail)
<i>ciprofloxacin-ciprofloxacin hcl tb24 500mg</i>	1	QL(3 ea per fill retail, 3 ea per fill mail)
FACTIVE TABS	3	QL(1 ea per 90 days retail, 1 ea per 90 days mail)
LEVAQUIN TABS (Use Levofloxacin)	NF	QL(14 ea per fill retail)
LEVOFLOXACIN SOLN OR 25 MG/ML	2	
<i>levofloxacin soln or 25 mg/ml</i>	1	
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin 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
OFLOXACIN TABS 300 MG	3	
<i>ofloxacin tabs 400 mg</i>	1	QL(28 ea per 90 days retail,28 ea per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	SP	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use Ursodiol</i>)	NF	
CHENODAL TABS	SP	PA
URSO 250 TABS (<i>Use Ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use Ursodiol</i>)	NF	
<i>ursodiol caps 300 mg</i>	2	
<i>ursodiol tabs 250 mg, 500 mg</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	
METOCLOPRAMIDE ODT TBDP	3	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	NF	
Inflammatory Bowel Agents		
APRISO CP24	3	PA
ASACOL HD TBEC	3	PA
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium caps</i>	1	Limit 280 caps per month;QL(9.4 ea daily)
CANASA SUPP	2	
CIMZIA KIT	SP	PA; LA
CIMZIA STARTER KIT KIT	SP	PA; LA
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	Limit 280 caps per month;QL(9.4 ea daily)
DELZICOL CPDR	3	PA
DIPENTUM CAPS	3	
GIAZO TABS	3	ST; QL(6 ea daily)
INFLECTRA SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;SP
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
<i>mesalamine enem</i>	1	
<i>mesalamine tbec</i>	1	
PENTASA CPCR	3	PA
REMICADE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
SFROWASA ENEM	2	
STELARA SOLN	SP	PA; LA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	2	
LINZESS CAPS	2	
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	NF	
VIBERZI TABS	3	PA
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
MOVANTIK TABS	3	
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	SP	PA; LA
RELISTOR TABS OR 150 MG	SP	PA
Phosphate Binder Agents		
AURYXIA TABS	3	PA
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (<i>Use Calcium Acetate (Phosphate Binder)</i>)	NF	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (<i>Use Lanthanum Carbonate</i>)	NF	
FOSRENOL PACK 750 MG, 1000 MG	3	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	3	
RENAGEL TABS	3	PA
RENVELA PACK (<i>Use Sevelamer Carbonate</i>)	NF	
RENVELA TABS (<i>Use Sevelamer Carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate tabs</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	SP	PA; Specialty Drug refer to Caremark SP RX;LA
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</i>	1	
<i>pot & sod citrates w/citric ac syr</i>	1	
<i>potassium citrate (alkalinizer) tbc 15 meq, 540 mg, 1080 mg</i>	1	
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	1	
<i>potassium citrate-citric acid soln 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml-334mg/5ml</i>	1	RX/OTC
POTASSIUM CITRATE/SODIUMCITRATE/CITRIC ACID SOLN	3	
SHOHL'S SOLUTION MODIFIED SOLN (<i>Use Sodium Citrate & Citric Acid</i>)	NF	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
TRICITRATES 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
UROCIT-K 10 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	
UROCIT-K 15 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	
UROCIT-K 5 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	SP	PA
PROCYSBI CPDR	SP	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	
AVODART CAPS (<i>Use Dutasteride</i>)	NF	AL; At least 40 yrs old
CARDURA XL TB24	3	
<i>dutasteride caps</i>	1	AL; At least 40 yrs old
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL; At least 40 yrs old
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	NF	QL(2 ea daily)
JALYN CAPS (<i>Use Dutasteride-Tamsulosin HCl</i>)	NF	
PROSCAR TABS (<i>Use Finasteride</i>)	NF	QL(1 ea daily); AL; At least 40 yrs old
RAPAFLO CAPS	3	
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
UROXATRAL TB24 (<i>Use Alfuzosin HCl</i>)	NF	
Urinary Stone Agents		

Drug Name	Drug Tier	Requirements/Limits
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 (<i>Use Colchicine</i>)	NF	
MITIGARE CAPS	3	
ULORIC TABS	2	
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	SP	PA; LA
ADYNOVATE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
AFSTYLA KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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

Drug Name	Drug Tier	Requirements/ Limits
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANINE SD SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPROLIX SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
BEBULIN SOLR	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
BENEFIX KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COAGADEX SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
CORIFACT KIT	SP	PA; LA
ELOCTATE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
HELIXATE FS KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
HEMOFIL M SOLR	3	PA; SP
HUMATE-P SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

Drug Name	Drug Tier	Requirements/ Limits
IDELVION SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
IXINITY SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KCENTRA KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOATE SOLR	3	PA; SP
KOATE-DVI SOLR	3	PA; SP
KOGENATE FS BIO-SET KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOGENATE FS KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOVALTRY SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
MONOCLATE-P KIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
MONONINE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOEIGHT SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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

Drug Name	Drug Tier	Requirements/ Limits
NOVOSEVEN RT SOLR	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
NUWIQ KIT	SP	PA; SP- Acaria Health;SP
OBIZUR SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SD SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RECOMBINATE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RIXUBIS SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TRETTEN SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VONVENDI SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
WILATE KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

Drug Name	Drug Tier	Requirements/ Limits
WILATE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA SOLOFUSE KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	
Human Protein C		
CEPROTIN SOLR	SP	PA; LA
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	NF	
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	
BRILINTA TABS	2	
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	1	QL(2 ea daily)
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
PERSANTINE TABS (<i>Use Dipyridamole</i>)	NF	
PLAVIX TABS (<i>Use Clopidogrel Bisulfate</i>)	NF	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
CEREZYME SOLR	SP	PA; LA
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; LA
ARANESP ALBUMIN FREE SOSY	SP	PA; LA
EPOGEN SOLN	SP	PA; LA
GRANIX SOSY	SP	PA; LA
LEUKINE SOLR	SP	PA; LA
MIRCERA SOSY	SP	PA; LA
NEULASTA ONPRO KIT PSKT	SP	PA; LA
NEULASTA SOSY	SP	PA; LA
NEUPOGEN SOLN	SP	PA; LA

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN SOSY	SP	PA; LA
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	SP	PA; LA
PROMACTA TABS	SP	PA; QL(1 ea daily)
ZARXIO SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Hematopoietic Mixtures		
FOLIVANE-F CAPS	2	
INTEGRA F CAPS	2	
Iron		
<i>carbonyl iron susp</i>	PV	PV
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	NF	AL; Up to 1 yrs old ; PV
<i>ferrous sulfate elix 220 mg/5ml</i>	PV	AL; Up to 1 yrs old ; PV
<i>ferrous sulfate soln 15 mg/ml</i>	PV	AL; Up to 1 yrs old ; PV
FERROUS SULFATE SYRP 300 MG/5ML	PV	AL; Up to 1 yrs old ; PV
ICAR PEDIATRIC SUSP (<i>Use Carbonyl Iron</i>)	NF	PV
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN 0.25 GM/ML	2	
AMICAR TABS 500 MG, 1000 MG	3	
CYKLOKAPRON SOLN (<i>Use Tranexamic Acid</i>)	SP	PA
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	NF	QL(6 ea daily,5 day(s) limit)
<i>tranexamic acid soln iv 1000 mg/10ml</i>	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
<i>tranexamic acid tabs or 650 mg</i>	1	QL(6 ea daily,5 day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	3	
<i>phenobarbital elix</i>	1	
<i>phenobarbital soln</i>	1	
<i>phenobarbital tabs</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily)
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily)
DORAL TABS	3	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	QL(1 ea daily)
<i>flurazepam hcl caps</i>	1	
HALCION TABS (<i>Use Triazolam</i>)	NF	
LUNESTA TABS (<i>Use Eszopiclone</i>)	NF	QL(1 ea daily)
<i>midazolam hcl syrp or 2 mg/ml</i>	1	
<i>quazepam tabs</i>	1	
RESTORIL CAPS (<i>Use Temazepam</i>)	NF	
SONATA CAPS (<i>Use Zaleplon</i>)	NF	QL(1 ea daily)
<i>temazepam caps</i>	1	
TRIAZOLAM TABS 0.125 MG	2	
<i>triazolam tabs 0.25 mg</i>	1	
<i>zaleplon caps</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbcr or 12.5 mg, 6.25 mg</i>	1	QL(1 ea daily)
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>)	NF	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
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	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>)	NF	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

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

Drug Name	Drug Tier	Requirements/ Limits
Laxatives - Miscellaneous		
KRISTALOSE PACK	3	
<i>lactulose soln</i>	1	
MIRALAX POWD (Use Polyethylene Glycol 3350)	NF	Limit 528gms per month; QL(17.6 gm daily); RX/OTC
<i>polyethylene glycol 3350 powd</i>	1	Limit 528gms per month; QL(17.6 gm daily); RX/OTC
Saline Laxatives		
OSMOPREP TABS	3	PA
<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

Drug Name	Drug Tier	Requirements/ Limits
DULCOLAX SUPP (Use Bisacodyl)	NF	Available for members in non-grandfathered plans ages 50-74; AL; At least 50 yrs old - Up to 74 yrs old; PV
DULCOLAX TBEC (Use Bisacodyl)	NF	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		
<i>azithromycin pack or 1 gm</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 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 (Use Azithromycin)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	NF	
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NF	QL(3 ea daily)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NF	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NF	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NF	QL(6 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
ZMAX SUSR	2	QL(2 ea daily)
Clarithromycin		
BIAXIN SUSR (<i>Use Clarithromycin</i>)	NF	
BIAXIN TABS (<i>Use Clarithromycin</i>)	NF	
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	2	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERY-TAB TBEC	2	
ERYPED 200 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
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	MO

Drug Name	Drug Tier	Requirements/Limits
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	PV	QL(1 ea per 365 days retail); PV
FC FEMALE CONDOM MISC	PV	PV
FC2 FEMALE CONDOM MISC	PV	PV
FEMCAP DEVI	PV	PV
OMNIFLEX DIAPHRAGM DPRH	PV	PV
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		
1ST CHOICE LANCETS SUPERTHIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
1ST CHOICE LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
1ST CHOICE LANCETS ULTRATHIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	ADVOCATE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ADVOCATE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ADVOCATE SAFETY LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	ADVOCATE SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	AGAMATRIX ULTRA-THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE COMFORT LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SOFT TOUCH LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ADVANCED MOBILE LANCET 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	CLEVER CHEK LANCETS ULTRATHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
AT LAST LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	CLEVER CHEK LANCETS ULTRATHIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CLEVER CHOICE COMFORT EZLANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CLEVER CHOICE COMFORT EZLANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)
BAYER MICROLET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	CLEVER CHOICE COMFORT EZLANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	COAGUCHEK LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	COMFORT ASSURED LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
BD MICROTAINER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	COMFORT ASSURED LANCETS SUPER THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	COMFORT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
BULLSEYE SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS ORIGINAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEANLET LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS ULTRA-THIN 30G MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
CVS ULTRA THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	E-Z JECT LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
DIASTAR EASY TEST II LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	E-ZJECT LANCETS MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
DIASTAR EASY TEST LANCETS30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY COMFORT LANCETS 30G/PULL TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY COMFORT LANCETS 30G/THIN TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY COMFORT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 26G/PULL-TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
DUANE READE LANCET ALTERNATE SITE 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 26G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)
DUANE READE LANCET SUPERTHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
DUANE READE LANCET ULTRATHIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/PULL-TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/PULL-TOP MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)	EQL COLOR LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EQL SUPER THIN LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)	EQL THIN LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ SMART BLOOD GLUCOSE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ-LETS LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ-LETS LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ-LETS LANCETS 26G SUPER-SOFT MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ-LETS LANCETS 28G ULTRA-SOFT MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ-LETS LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	FIFTY50 SAFETY SEAL LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	FIFTY50 SAFETY SEAL LANCETS 32G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TWIST & CAP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	FIFTY50 UNILET LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASYTEST II LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	FINE 30 MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASYTEST LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	FINGERSTIX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	FORA LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EQL COLOR LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 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
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
FREESTYLE FREEDOM LITE KIT	2	QL(1 ea per 365 days retail); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
FREESTYLE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	2	QL(1 ea per 365 days retail)
FREESTYLE UNISTICK II LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET GP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOCOM LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOCOM LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOSOURCE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP SUPER THIN LANCETS/30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE UNIVERSAL 1 MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE UNIVERSAL 1 MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE UNIVERSAL 1THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	KROGER LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	KROGER LANCETS MICRO THIN33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	KROGER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE MISC	2	Limit 200 per month;QL(6.67 ea daily)	KROGER LANCETS SUPER THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)	KROGER LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)	KROGER LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)	KROGER LANCETS ULTRATHIN30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 26G TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
HEALTHWISE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 30G TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
HY-VEE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 30G/TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 31G TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
IN TOUCH STERILE LANCETS30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 33G UNIVERSAL DESIGN MISC	2	Limit 200 per month;QL(6.67 ea daily)
KINNEY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
KINNEY THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
LANCETS SAFETY SEAL 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LIVE BETTER LANCET SUPERTHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LIVE BETTER LANCET ULTRATHIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LONGS LANCETS STANDARD MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LONGS LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS SUPER THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LONGS LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS ULTRA FINE MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDICHOICE SAFETY LANCETEXTRA MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETSBULLSEYE SAFETY MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDICHOICE SAFETY LANCETNORMAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
LIBERTY MEDICAL LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDISENSE THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDLANCE PLUS EXTRA LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDLANCE PLUS LANCETS LITE 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
LITE TOUCH LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDLANCE PLUS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
LITETOUCH LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	MEDLANCE PLUS LITE LANCETS 25G MISC	2	Limit 200 per month;QL(6.67 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
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS/LITE 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/EXTRA MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/LITE MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/UNIVERSAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MICROLET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGL E-USE MISC	2	Limit 200 per month;QL(6.67 ea daily)
MM TWIST LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MONOLET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MONOLET OPD LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MONOLETTOR SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
NETGROUP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SAFETY LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SUREFLEX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ON CALL LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ON CALL PLUS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH CLUB LANCETS FINE POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH COMBO PACK MISC	2	Limit 200 per month;QL(6.67 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
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRA MINI KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH VERIO FLEX BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO SYNC BLOODGLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRECISION THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRECISION THINS GP LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRECISION ULTRA LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRECISION XTRA DEVI	2	
PREFERRED PLUS LANCETS COLORED 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRO COMFORT LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRO COMFORT LANCETS 31G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRODIGY SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
PRODIGY TWIST TOP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	READYLANCE SAFETY LANCETS/21G/2.2MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	READYLANCE SAFETY LANCETS/23G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	READYLANCE SAFETY LANCETS/26G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	READYLANCE SAFETY LANCETS/28G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	READYLANCE SAFETY LANCETS/30G/1.6MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
PX LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	REALITY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PX LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	REALITY TRIGGER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
QC LANCETS SUPER THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION LANCETS MICRO-THIN33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION LANCETS STANDARD 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION LANCETS ULTRA-THIN30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION ULTRA THIN LANCETS30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION ULTRA THIN PLUS LANCETS 32G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION ULTRA THIN PLUS LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	REXALL LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	RIGHTEST GL300 LANCETS MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE LOW FLOW 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)	SB LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE NORMAL FLOW 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)	SHOPKO UNILET LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)	SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)	SIDE BUTTON SAFETY LANCET 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	SINGLE-LET MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	SM MICRO THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	SMART SENSE THIN LANCETS UNIVERSAL 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	SMARTEST LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	SOLUS V2 TWIST LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	STERILANCE TL MISC	2	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	SUPER THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 18G MISC	2	Limit 200 per month;QL(6.67 ea daily)	TGT LANCET SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	TGT LANCET THIN 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)	TGT LANCET THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	TGT LANCET ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	TGT LANCET ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE FLAT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	THINLETS GP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	THINLETS LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	TODAYS HEALTH SUPER THINLANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	TODAYS HEALTH ULTRA THINLANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-TOUCH LANCETS UNIVERSAL MISC	2	Limit 200 per month;QL(6.67 ea daily)	TOPCARE LANCETS MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURELITE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	TRAVEL LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE AST LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	TRAVEL LANCETS ADVANCED 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	TRUEPLUS LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	TRUEPLUS LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET ALTERNATE SITE MISC	2	Limit 200 per month;QL(6.67 ea daily)	TRUEPLUS LANCETS 28G SUPER THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	TRUEPLUS LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 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	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 30G ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET COMFORTOUCH LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET EXCELITE II MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET EXCELITE MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET G.P. LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTICARE THIN LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET G.P. SUPERLITE LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET CLASSIC LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET GP 28 ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET LANCETS MICRO-THIN33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET LANCETS SUPER-THIN30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET SAFETY LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET LANCETS ULTRA-THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA THIN LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET SUPERLITE LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA THIN LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK 3 GENTLE MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II AUTO LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK SAFETY LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK TOUCH SAFETY LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II SAFETY AUTOLANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK TOUCH SAFETY LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 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
UNISTIK TOUCH SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUMARK LANCET SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VITALET PRO LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
VITALET PRO PLUS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
W&F LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
W&F LANCETS COLORED 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
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 PENTIPSPLUS/MINI/31GX 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
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 ULTRAFINE/U-100/0.5ML/31G X 15/64" MISC	2	QL(6.67 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
BD INSULIN SYRINGE ULTRAFINE/U- 100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
BD NEEDLE/30G X 1/2" MISC	2	
BD PEN MINI MISC	3	Limited to 1 device per year;QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
BD PEN MISC	3	Limited to 1 device per year;QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
BD PEN NEEDLE/MINI/ULTRAFINE /31G X 3/16" MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" MISC	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" MISC	2	
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;Q L(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
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 UNIFINEPENTIPS PLUS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
HYPODERMIC NEEDLE 30GX1/2" MISC	2	
INSUPEN 31G X 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
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/MINI/31GX3/16" MISC	2	Limit 200 per month without 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
MARATHON MEDICAL PENTIPS31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
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
PENTIPS 31G X 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
POLY HUB NEEDLE/30G X 1/2" MISC	2	
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PX MINI PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" 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
RELION INSULIN SYRINGE 0.5ML/31G X 15/64" MISC	2	QL(6.67 ea daily)
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
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 PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC	2	QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
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

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC	2	QL(6.67 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
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 NEEDLES/31GX3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); 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 PLUS 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM 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
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs</i>	1	
MIGERGOT SUPP	2	
<i>sumatriptan-naproxen sodium tabs</i>	1	PA; Limit 9 per month;QL(0.3 ea daily)
TREXIMET TABS 85MG-500MG (<i>Use Sumatriptan-Naproxen Sodium</i>)	NF	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	SP	PA; Limit 8 per month;QL(0.27 ml daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN	SP	PA; Limit 8 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>)	NF	Limit 9 per month;QL(0.3 ea daily)
AXERT TABS (<i>Use Almotriptan Malate</i>)	NF	Limit 6 per month;QL(0.2 ea daily)
<i>eletriptan hydrobromide tabs</i>	1	Limit 6 tabs per month;QL(0.2 ea daily)
FROVA TABS (<i>Use Frovatriptan Succinate</i>)	NF	Limit 9 per month;QL(0.3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>frovatriptan succinate tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
IMITREX SOLN NA 20 MG/ACT (<i>Use Sumatriptan</i>)	NF	Limit 6 sprayers per month;QL(0.2 ea daily)
IMITREX SOLN NA 5 MG/ACT (<i>Use Sumatriptan</i>)	NF	Limit 6 per month;QL(0.2 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	SP	PA; Limit 2mls per month;QL(0.07 ml daily)
IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>)	SP	PA
IMITREX STATDOSE SYSTEM SOAJ (<i>Use Sumatriptan Succinate</i>)	SP	PA
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	NF	Limit 9 per month;QL(0.3 ea daily)
MAXALT TABS (<i>Use Rizatriptan Benzoate</i>)	NF	Limit 18 tabs per month;QL(0.6 ea daily)
MAXALT-MLT TBDP (<i>Use Rizatriptan Benzoate</i>)	NF	Limit 18 tabs per month;QL(0.6 ea daily)
<i>naratriptan hcl tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
RELPAK TABS (<i>Use Eletriptan Hydrobromide</i>)	NF	Limit 6 tabs per month;QL(0.2 ea daily)
<i>rizatriptan benzoate tabs</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>rizatriptan benzoate tbdp</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>sumatriptan soln 5 mg/act</i>	1	Limit 6 per month;QL(0.2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan soln 5 mg/act, 20 mg/act</i>	1	Limit 6 sprayers per month;QL(0.2 ea daily)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	SP	PA
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	SP	PA
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	SP	PA; Limit 2mls per month;QL(0.07 ml daily)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	SP	PA
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	Limit 9 per month;QL(0.3 ea daily)
<i>zolmitriptan tabs 5 mg, 2.5 mg</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>zolmitriptan tbdp 5 mg, 2.5 mg</i>	1	Limit 6 tabs per month;QL(0.2 ea daily)
ZOMIG SOLN NA 5 MG, 2.5 MG	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NF	Limit 6 per month;QL(0.2 ea daily)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NF	Limit 6 tabs per month;QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL WAFR	3	
CALCIUM-FOLIC ACID PLUS D WAFR	3	
Electrolyte Mixtures		
<i>potassium chloride in dextrose & sodium chloride soln 0.33%-20meq/l-5%</i>	SP	PA
Fluoride		

Drug Name	Drug Tier	Requirements/ Limits
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)	NF	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		
SSKI SOLN	2	
Magnesium		
MAGNEBIND 400 TABS	3	
<i>magnesium sulfate soln ij 50 %</i>	SP	PA
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	NF	
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)	NF	
K-TAB TBCR 20 MEQ	3	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	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
KLOR-CON/25 PACK	3	
MICRO-K CPCR (<i>Use Potassium Chloride</i>)	NF	
<i>potassium bicarb & chloride tbcf</i>	1	
<i>potassium bicarbonate tbcf</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 20 MEQ	3	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcf</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln iv 20 meq/100ml</i>	SP	PA
<i>potassium chloride soln or 10 %, 20 %</i>	1	
POTASSIUM CHLORIDE SOLN OR 20 %	2	
<i>potassium chloride tbcf or 8 meq, 10 meq</i>	1	
Zinc		
GALZIN CAPS	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	SP	PA
DEPEN TITRATABS TABS	2	
SYPRINE CAPS (<i>Use Trientine HCl</i>)	SP	PA
<i>trientine hcl caps</i>	SP	PA
Immunomodulators		
REVLIMID CAPS	SP	PA; AC
THALOMID CAPS	3	AC

Drug Name	Drug Tier	Requirements/ Limits
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	ST
AZASAN TABS	3	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS (<i>Use Mycophenolate Mofetil</i>)	NF	
CELLCEPT SUSR (<i>Use Mycophenolate Mofetil</i>)	NF	
CELLCEPT TABS (<i>Use Mycophenolate Mofetil</i>)	NF	
<i>cyclosporine caps or 25 mg, 100 mg</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
IMURAN TABS (<i>Use Azathioprine</i>)	NF	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (<i>Use Mycophenolate Sodium</i>)	NF	
NEORAL CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	
NEORAL SOLN (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (<i>Use Tacrolimus</i>)	NF	
RAPAMUNE SOLN 1 MG/ML	3	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use Sirolimus</i>)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Use Cyclosporine</i>)	NF	
SANDIMMUNE SOLN OR 100 MG/ML	3	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	3	PA
ZORTRESS TABS	2	
Potassium Removing Agents		
KAYEXALATE POWD (<i>Use Sodium Polystyrene Sulfonate</i>)	NF	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
VELTASSA PACK	3	ST
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	

Drug Name	Drug Tier	Requirements/Limits
ORAVIG TABS	3	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
PERIDEX SOLN (<i>Use Chlorhexidine Gluconate (Mouth-Throat)</i>)	NF	
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use Cevimeline HCl</i>)	NF	
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use Pilocarpine HCl (Oral)</i>)	NF	
MULTIVITAMINS		
Multiple Vitamins & Fluoride-Folic Acid		
MULTIVITAMIN WITH FLUORIDE CHEW	3	
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	2	AL; Up to 6 yrs old
MULTIVITAMIN/FLUORIDE CHEW	2	AL; Up to 6 yrs old
<i>pediatric multivitamins w/fl chew</i>	1	AL; Up to 6 yrs old
<i>pediatric multivitamins w/fl soln</i>	1	AL; Up to 6 yrs old
<i>pediatric vitamins acd w/ fluoride soln</i>	1	AL; Up to 6 yrs old
POLY-VI-FLOR SUSP	3	
QUFLORA GUMMIES CHEW	2	AL; Up to 6 yrs old
QUFLORA PEDIATRIC CHEW	2	AL; Up to 6 yrs old

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

Drug Name	Drug Tier	Requirements/ Limits
QUFLORA PEDIATRIC SOLN	2	AL; Up to 6 yrs old
TRI-VI-FLOR SUSP	3	
TRI-VI-FLORO SUSP	3	
Ped Multi Vitamins w/Fl & FE		
MYKIDZ IRON FL SUSP	3	
<i>ped multivitamins w/fl & iron soln</i>	1	AL; Up to 6 yrs old
<i>pediatric vitamins acd fluoride & iron soln</i>	1	AL; Up to 6 yrs old
POLY-VI-FLOR/IRON CHEW 200MCG-0.5MG-10MG-15UNIT-400UNIT	3	AL; Up to 6 yrs old
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	
Prenatal Vitamins		
ACTIVE OB CAPS	2	
ATABEX EC TBEC	2	
BAL-CARE DHA MISC	2	
BP MULTINATAL PLUS TABS	2	
C-NATE DHA CAPS	3	
CALCIUM PNV CAPS	3	
CITRANATAL 90 DHA MISC	2	
CITRANATAL ASSURE MISC	3	
CITRANATAL B-CALM MISC	3	
CITRANATAL BLOOM DHA MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL BLOOM TABS	3	
CITRANATAL DHA MISC	2	
CITRANATAL HARMONY CAPS	3	
CITRANATAL RX TABS	3	
COMPLETENATE CHEW	2	
CONCEPT DHA CAPS	2	
CONCEPT OB CAPS	2	
DOTHELLE DHA CAPS	2	
DUET DHA 400 MISC	3	
DUET DHA BALANCED MISC	3	
EXTRA-VIRT PLUS DHA CAPS	3	
FOCALGIN 90 DHA MISC	2	
FOCALGIN CA MISC	3	
FOLCAL DHA CAPS	3	
FOLCAPS OMEGA 3 CAPS	3	
FOLET DHA THPK	3	
FOLET ONE CAPS	3	
FOLIVANE-OB CAPS	2	
HEMENATAL OB + DHA MISC	2	
HEMENATAL OB TABS	3	
INFANATE BALANCE CAPS	3	
M-VIT TABS	2	RX/OTC
MACNATAL CN DHA CAPS	3	
MARNATAL-F 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
MYNATAL ADVANCE TABS	2	
MYNATAL ULTRACAPLET TABS	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	
NIVA-PLUS TABS	2	RX/OTC
O-CAL FA TABS	2	RX/OTC
OB COMPLETE ADVANCED 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 ONE CAPS	3	
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	3	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	2	RX/OTC
PNV OB+DHA MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
PNV PRENATAL PLUS MULTIVITAMIN TABS	2	RX/OTC
PNV TABS 29-1 TABS	2	
PNV-DHA+DOCUSATE CAPS	3	
PNV-OMEGA CAPS	3	
PNV-SELECT TABS	3	
PNV-TOTAL CAPS	3	
PNV-VP-U CAPS	2	
PR NATAL 400 EC MISC	3	
PR NATAL 430 EC MISC	3	
PR NATAL 430 MISC	3	
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 + DHA THPK	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
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	2	
PRENATAL 19 TABS 30UNIT-1000UNIT-20MG- 25MG-3MG-200MG-29MG- 7MG-15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	3	
PRENATAL PLUS IRON TABS	2	
PRENATAL PLUS TABS	2	RX/OTC
PRENATAL TABS	2	RX/OTC
<i>prenatal vit w/ docusate-fe fumarate-folic acid tabs</i>	1	
<i>prenatal vit w/ docusate- iron carbonyl-folic acid tabs</i>	1	
<i>prenatal vit w/ ferrous fumarate-folic acid chew</i>	1	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
<i>prenatal without a w/ fe fumarate-l methylfolate-fa- dha caps</i>	1	
PRENATAL-U CAPS	2	
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)

Drug Name	Drug Tier	Requirements/ Limits
PRENATE ELITE TABS 20MG-600MCG-40UNIT- 150MCG-2600UNIT- 1.5MG-15MG-25MG- 155MG-3MG-21MG- 3.5MG-13MCG-600UNIT- 400MCG-330MCG-21MG- 75MG	3	
PRENATE ELITE TABS 600MCG-10UNIT- 150MCG-2600UNIT- 1.5MG-15MG-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	
PREPLUS TABS	2	RX/OTC
PREQUE 10 TABS	3	
PROVIDA DHA CAPS	2	
R-NATAL OB CAPS	2	
RELNATE DHA CAPS	3	
RULAVITE DHA CAPS	3	

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

Drug Name	Drug Tier	Requirements/ Limits
SE-NATAL 19 CHEW 30UNIT-1000UNIT- 100MG-20MG-3MG- 200MG-29MG-7MG-15MG- 3MG-12MCG-400UNIT- 1MG-20MG	2	
SE-NATAL 19 TABS 30UNIT-1000UNIT-20MG- 25MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-3MG-20MG- 1MG-100MG	3	
SELECT-OB CHEW 0.6MG-29MG-30UNIT- 15MG-25MG-1700UNIT- 15MG-1.8MG-5MCG- 400UNIT-1.6MG-0.4MG- 2.5MG-60MG	2	
SELECT-OB CHEW 1700UNIT-29MG-30UNIT- 15MG-25MG-1.6MG- 15MG-1.8MG-5MCG- 400UNIT-1MG-2.5MG- 60MG	3	
SELECT-OB+DHA MISC	3	
TARON-BC MISC	3	
TARON-C DHA CAPS	2	
TARON-PREX CAPS	3	
THERANATAL CORE NUTRITION TABS	2	RX/OTC
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	

Drug Name	Drug Tier	Requirements/ Limits
TRICARE PRENATAL CHEW 1MG-60MCG-1MG- 32.5MCG-4.5MG- 37.5MCG-1MG-15UNIT- 7MG-1.25MG-5MG-10MG- 0.85MG-125MCG- 400UNIT-150MCG-2.5MG- 30MG	3	
TRICARE PRENATAL COMPLEAT MISC	3	
TRICARE PRENATAL DHA ONE CAPS	3	
TRICARE PRENATAL DHA ONE/FOLATE CAPS	2	
TRICARE PRENATAL THPK 75MG-1MG- 37.5MG-60MCG-1MG- 32.5MCG-37.5MCG- 4.5MG-150MG-1MG- 15UNIT-7MG-1.25MG- 5MG-10MG-0.85MG- 125MCG-400UNIT- 150MCG-2.5MG-30MG	2	
TRICARE TABS	2	RX/OTC
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	

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

Drug Name	Drug Tier	Requirements/Limits
VIRT-C DHA CAPS	2	
VIRT-NATE DHA CAPS	3	
VIRT-PN DHA CAPS	3	
VIRT-PN PLUS CAPS	3	
VIRT-PN TABS	3	
VIRT-SELECT CAPS	3	
VIRT-VITE GT TABS	2	
VIRTPREX CAPS	3	
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-PLUS TABS	2	RX/OTC
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	

Drug Name	Drug Tier	Requirements/Limits
VP-HEME OB TABS	3	
VP-PNV-DHA CAPS	3	
ZATEAN-CH CAPS	3	
ZATEAN-PN DHA CAPS	3	
ZATEAN-PN PLUS CAPS	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24	3	ST; QL(1 ea daily)
<i>baclofen tabs</i>	1	
<i>carisoprodol tabs</i>	1	
CHLORZOXAZONE TABS	3	
<i>cyclobenzaprine hcl tabs</i>	1	
FEXMID TABS (<i>Use Cyclobenzaprine HCl</i>)	NF	
GABLOFEN SOLN	SP	PA; Must use Accredo SP pharmacy;LA
LIORESAL INTRATHECAL SOLN	SP	PA; Must use Accredo SP pharmacy;LA
LORZONE TABS	3	
<i>metaxalone tabs</i>	1	
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	
ROBAXIN TABS OR 500 MG (<i>Use Methocarbamol</i>)	NF	
ROBAXIN-750 TABS (<i>Use Methocarbamol</i>)	NF	
SKELAXIN TABS (<i>Use Metaxalone</i>)	NF	
SOMA TABS (<i>Use Carisoprodol</i>)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		
BECONASE AQ SUSP	3	Limit 2 inhalers per month;QL(1.67 gm daily)
<i>budesonide (nasal) susp</i>	1	Limit 2 inhalers per month;QL(0.6 ml daily); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
FLUNISOLIDE SOLN	2	
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.22 gm daily)
NASACORT ALLERGY 24HR AERO	3	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	NF	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	NF	Limit 1 sprayer per month;QL(1.2 ml 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
NASONEX SUSP (<i>Use Mometasone Furoate (Nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.22 gm daily)
OMNARIS SUSP	3	Limit 1 inhaler per month; QL(0.42 gm daily)
QNASL AERS	3	Limit 1 per month; QL(0.29 gm daily)
QNASL CHILDRENS AERS	3	Limit 1 per month; QL(0.17 gm daily)
RHINOCORT AQUA SUSP (<i>Use Budesonide (Nasal)</i>)	NF	Limit 2 inhalers per month; QL(0.6 ml daily); RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	1	Limit 1 sprayer 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)
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	2	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>Use Riluzole</i>)	NF	
<i>riluzole tabs</i>	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		

Drug Name	Drug Tier	Requirements/ Limits
BETAGAN SOLN (<i>Use Levobunolol HCl</i>)	NF	
<i>betaxolol hcl (ophth) soln</i>	1	
BETIMOL SOLN	2	
BETOPTIC-S SUSP	2	
<i>carteolol hcl (ophth) soln</i>	1	
CARTEOLOL HCL SOLN	3	
COMBIGAN SOLN	3	
COSOPT PF SOLN	3	
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln</i>	1	
ISTALOL SOLN	2	
ISTALOL SOLN (<i>Use Timolol Maleate (Ophth)</i>)	NF	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	3	
<i>timolol maleate (ophth) solg</i>	1	
<i>timolol maleate (ophth) soln</i>	1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	2	
TIMOPTIC OCUDOSE SOLN	3	
TIMOPTIC SOLN (<i>Use Timolol Maleate (Ophth)</i>)	NF	
TIMOPTIC-XE SOLG 0.25 % (<i>Use Timolol Maleate (Ophth)</i>)	NF	
TIMOPTIC-XE SOLG 0.25 %, 0.5 %	2	
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) soln</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ATROPINE SULFATE OINT OP 1 %	3	
CYCLOGYL SOLN (Use Cyclopentolate HCl)	NF	
CYCLOMYDRIL SOLN	3	
<i>cyclopentolate hcl soln</i>	1	
<i>homatropine hbr soln</i>	1	
MYDRIACYL SOLN (Use Tropicamide)	NF	
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	NF	QL(0.5 ml daily)
PHOSPHOLINE IODIDE SOLR	2	
<i>pilocarpine hcl soln</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	
ALPHAGAN P SOLN 0.15 % (Use Brimonidine Tartrate)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	
Ophthalmic Anti-infectives		
AZASITE SOLN	3	Limit 5mls per month;QL(0.17 ml daily)
BACITRACIN OINT	2	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	
BESIVANCE SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
BETADINE OPHTHALMIC PREP SOLN	3	
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NF	
CILOXAN OINT	2	
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
GENTAK OINT	2	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
<i>levofloxacin (ophth) soln</i>	1	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
<i>neomycin-polymyxin-gramicidin soln</i>	1	
NEOSPORIN SOLN (Use Neomycin-Polymyxin-Gramicidin)	NF	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NF	QL(5 ml per fill retail,5 ml per fill mail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail,5 ml per fill mail)
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	

You can 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 (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))	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	NF	
VIROPTIC SOLN (Use Trifluridine)	NF	
ZIRGAN GEL	3	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	NF	
Ophthalmic Decongestants		
<i>naphazoline hcl soln</i>	1	
<i>phenylephrine hcl (ophth) soln</i>	1	
Ophthalmic Immunomodulators		
RESTASIS EMUL	3	Limit 60mls per month;QL(2.14 ml daily)
RESTASIS MULTIDOSE EMUL	3	Limit 60mls per month;QL(2.14 ml daily)
Ophthalmic Integrin Antagonists		
XIIDRA SOLN	3	PA
Ophthalmic Local Anesthetics		
AKTEN GEL	3	
ALCAINE SOLN (Use Proparacaine HCl)	NF	
<i>proparacaine hcl soln</i>	1	
<i>tetracaine hcl (ophth) soln</i>	1	
Ophthalmic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
ALREX SUSP	3	
<i>bacitracin-poly-neomycin-hc oint</i>	1	QL(4 gm per fill retail,4 gm per fill mail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
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))	NF	
FML OINT	2	
LOTEMAX GEL	3	
LOTEMAX OINT	3	
LOTEMAX SUSP	3	
MAXIDEX SUSP	2	
MAXITROL OINT (Use Neomycin-Polymyxin-Dexameth)	NF	
MAXITROL SUSP (Use Neomycin-Polymyxin-Dexameth)	NF	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
PRED FORTE SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED MILD SUSP	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
PREDNISOLONE/MOXIFL OXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone soln</i>	1	
TOBRADEX OINT	3	
TOBRADEX ST SUSP	3	
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	NF	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
VEXOL SUSP	3	
ZYLET SUSP	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP FILM	3	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ACUVAIL SOLN	3	
ALOCRIAL SOLN	3	
ALOMIDE SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl (ophth) soln</i>	1	
AZOPT SUSP	2	Limit 10mls per month;QL(0.4 ml daily)
BEPREVE SOLN	3	ST; QL(0.34 ml daily)
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	2	
BROMFENAC SOLN	3	
BROMSITE SOLN	3	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	SP	
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	Limit 10mls per month;QL(0.34 ml daily)
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
FLURBIPROFEN SODIUM SOLN	2	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACAFT SOLN	3	ST
NEVANAC SUSP	3	
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	NF	
<i>olopatadine hcl soln 0.1 %</i>	1	Limit 10mls per month;QL(0.34 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl soln 0.2 %</i>	1	QL(0.09 ml daily)
PAREMYD SOLN	3	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	NF	QL(0.09 ml daily)
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	NF	Limit 10mls per month;QL(0.34 ml daily)
PROLENSA SOLN	3	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	Limit 10mls per month;QL(0.34 ml daily)
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln op</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
LUMIGAN SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
TRAVATAN Z SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
<i>travoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
XALATAN SOLN (<i>Use Latanoprost</i>)	NF	Limit 2.5mls per month;QL(0.09 ml daily)
ZIOPTAN SOLN	3	
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	

Drug Name	Drug Tier	Requirements/Limits
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic) soln</i>	1	QL(14 ea per fill retail)
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	
COLY-MYCIN S SUSP	3	
CORTANE-B-OTIC SOLN (<i>Use Pramoxine-HC-Chloroxylenol</i>)	NF	
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>)	NF	
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>)	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	2	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	

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

Drug Name	Drug Tier	Requirements/Limits
PREPIDIL GEL	3	
PROSTIN E2 SUPP	3	
Oxytocics		
METHERGINE TABS	2	
<i>methylergonovine maleate tabs or 0.2 mg</i>	1	
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	SP	PA; LA
CARIMUNE NANOFILTERED SOLR	SP	PA; LA
FLEBOGAMMA DIF SOLN	SP	PA; LA
GAMASTAN S/D INJ	SP	PA; LA
GAMMAGARD LIQUID SOLN	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
GAMMAKED SOLN	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
GAMMAPLEX SOLN	SP	PA; LA
GAMUNEX-C SOLN	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
OCTAGAM SOLN	SP	PA; LA
PRIVIGEN SOLN	SP	PA; LA
Passive Immunizing Agents - Combinations		
HYQVIA KIT	SP	PA; Some members may obtain their medications through their Medical Group;LA

Drug Name	Drug Tier	Requirements/Limits
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 sodium solr ij 1 gm</i>	SP	PA
AMPICILLIN SODIUM SOLR IJ 125 MG	SP	PA
<i>ampicillin sodium solr iv 10 gm</i>	SP	PA
<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		
BICILLIN L-A SUSP	SP	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN	SP	PA
<i>penicillin g potassium solr</i>	SP	PA
PENICILLIN G PROCAINE SUSP	SP	PA
PENICILLIN G SODIUM SOLR	SP	PA
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN SOLR (Use Penicillin G Potassium)	SP	PA
PFIZERPEN-G SOLR (Use Penicillin G Potassium)	SP	PA
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	
<i>ampicillin & sulbactam sodium solr ij 1gm-2gm, 5gm-10gm</i>	SP	PA
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	SP	PA
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	
BICILLIN C-R SUSP	SP	PA
<i>piperacillin sodium-tazobactam sodium solr 0.375gm-3gm, 0.25gm-2gm</i>	SP	PA
UNASYN BULK PACK SOLR (Use Ampicillin & Sulbactam Sodium)	SP	PA

Drug Name	Drug Tier	Requirements/Limits
UNASYN SOLR 1GM-2GM (Use Ampicillin & Sulbactam Sodium)	SP	PA
ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM (Use Piperacillin Sodium-Tazobactam Sodium)	SP	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm, 10 gm</i>	SP	PA
NAFCILLIN SODIUM SOLR IV 2 GM	SP	PA
NAFCILLIN SOLN	SP	PA
<i>oxacillin sodium solr 1 gm, 10 gm</i>	SP	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	NF	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	AC
<i>megestrol acetate (appetite) susp</i>	1	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone micronized caps</i>	1	QL(2 ea daily)
<i>progesterone oil</i>	1	PA
PROMETRIUM CAPS (Use Progesterone Micronized)	NF	QL(2 ea daily)
PROVERA TABS (Use Medroxyprogesterone Acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		

You can 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>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use <i>Disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1	
Anti-Cataleptic Agents		
XYREM SOLN	SP	PA
Antidementia Agents		
ARICEPT TABS (Use <i>Donepezil Hydrochloride</i>)	NF	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 <i>Rivastigmine Tartrate</i>)	NF	
EXELON PT24 (Use <i>Rivastigmine</i>)	NF	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	
<i>memantine hcl cp24 7 mg, 14 mg, 21 mg, 28 mg</i>	1	PA
<i>memantine hcl soln 2 mg/ml</i>	1	
<i>memantine hcl tabs 5 mg, 10 mg,</i>	1	
NAMENDA TABS 5 MG, 10 MG (Use <i>Memantine HCl</i>)	NF	
NAMENDA TITRATION PAK TABS (Use <i>Memantine HCl</i>)	NF	
NAMENDA XR CP24 (Use <i>Memantine HCl</i>)	NF	PA
NAMENDA XR TITRATION PACK CP24	3	PA
NAMZARIC C4PK 10MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
RAZADYNE ER CP24 (Use <i>Galantamine Hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (Use <i>Galantamine Hydrobromide</i>)	NF	
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	
<i>olanzapine-fluoxetine hcl caps 3mg-25mg, 6mg-50mg</i>	2	
<i>olanzapine-fluoxetine hcl caps 6mg-25mg, 12mg-25mg, 12mg-50mg</i>	1	
<i>perphenazine-amitriptyline tabs</i>	1	
SYMBYAX CAPS (Use <i>Olanzapine-Fluoxetine HCl</i>)	NF	
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
INGREZZA CAPS	SP	PA
<i>tetrabenazine tabs</i>	SP	PA; Specialty drug-Health Net will refer to SP Pharmacy
XENAZINE TABS (Use <i>Tetrabenazine</i>)	SP	PA; Specialty drug-Health Net will refer to SP Pharmacy
Multiple Sclerosis Agents		
AMPYRA TB12	2	PA
AUBAGIO 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
AVONEX KIT	SP	PA; LA
AVONEX PEN AJKT	SP	PA; LA
AVONEX PSKT	SP	PA; LA
BETASERON KIT	SP	PA; LA
COPAXONE SOSY 40 MG/ML (<i>Use Glatiramer Acetate</i>)	SP	PA; SP
EXTAVIA KIT	SP	PA; LA
GILENYA CAPS	3	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
<i>glatiramer acetate sosy 20 mg/ml</i>	2	PA
<i>glatiramer acetate sosy 20 mg/ml</i>	2	PA; LA
<i>glatiramer acetate sosy 40 mg/ml</i>	2	PA; SP
PLEGRIDY SOPN	SP	PA; LA
PLEGRIDY SOSY	SP	PA; LA
PLEGRIDY STARTER PACK SOPN	SP	PA; LA
PLEGRIDY STARTER PACK SOSY	SP	PA; LA
REBIF REBIDOSE SOAJ	SP	PA; LA
REBIF REBIDOSE TITRATIONPACK SOAJ	SP	PA; LA
REBIF SOSY	SP	PA; LA
REBIF TITRATION PACK SOSY	SP	PA; LA
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

Drug Name	Drug Tier	Requirements/Limits
TYSABRI CONC	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
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
LYRICA CR TB24	3	PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS	3	
<i>fluoxetine hcl (pmdd) tabs</i>	1	
SARAFEM TABS (<i>Use Fluoxetine HCl (PMDD)</i>)	NF	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	2	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS (<i>Use Pimozide</i>)	NF	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 300 MG	3	Limited to 1 tablet daily;QL(1 ea daily)
HORIZANT TBCR 600 MG	3	QL(1 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	PV	PV
CHANTIX CONTINUING MONTHPAK TABS	PV	PV

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

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK TABS	PV	PV
CHANTIX TABS	PV	PV
NICODERM CQ PT24 (<i>Use Nicotine</i>)	NF	PV
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	NF	PV
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	NF	PV
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	NF	PV
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	NF	PV
<i>nicotine polacrilex gum</i>	PV	PV
<i>nicotine polacrilex lozg</i>	PV	PV
<i>nicotine pt24</i>	PV	PV
NICOTINE TRANSDERMAL SYSTEM KIT	PV	PV
NICOTROL INHALER INHA	PV	PV
NICOTROL NS SOLN	PV	PV
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	NF	PV
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	2	PA; QL(5 ml daily)
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
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		
ADOXA CAPS (<i>Use Doxycycline (Monohydrate)</i>)	NF	ST
ADOXA PAK 1/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	ST
ADOXA PAK 1/150 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	ST
ADOXA PAK 2/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	ST
ADOXA TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	ST
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 150 mg</i>	2	ST
<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg</i>	2	
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg, 150 mg</i>	2	ST
<i>doxycycline (monohydrate) tabs 75 mg</i>	1	ST
<i>doxycycline hyclate caps or 50 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
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	
MINOCIN CAPS (<i>Use Minocycline HCl</i>)	SP	PA
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	
<i>minocycline hcl tabs 50 mg, 100 mg</i>	1	
<i>minocycline hcl tabs 75 mg</i>	1	PA
MONODOX CAPS (<i>Use Doxycycline (Monohydrate)</i>)	NF	
<i>tetracycline hcl caps 250 mg</i>	2	
<i>tetracycline hcl caps 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL CAPS 500 MG	2	
TETRACYCLINE HYDROCHLORIDE CAPS	2	
VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>)	NF	
VIBRAMYCIN SUSR 25 MG/5ML (<i>Use Doxycycline (Monohydrate)</i>)	NF	
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 (<i>Use Methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	3	

Drug Name	Drug Tier	Requirements/Limits
CYTOMEL TABS 25 MCG, 50 MCG (<i>Use Liothyronine Sodium</i>)	NF	
CYTOMEL TABS 5 MCG (<i>Use Liothyronine Sodium</i>)	3	
<i>levothyroxine sodium tabs</i>	1	
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	1	
NATURE-THROID NT-2.5 TABS	3	
NATURE-THROID TABS 260 MG, 325 MG, 97.5 MG, 16.25 MG, 48.75 MG, 81.25 MG, 113.75 MG, 146.25 MG	2	
NATURE-THROID TABS 65 MG, 130 MG, 195 MG, 32.5 MG	3	
SYNTHROID TABS (<i>Use Levothyroxine Sodium</i>)	3	
<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	
WESTHROID TABS 65 MG, 130 MG, 195 MG, 32.5 MG	3	
WESTHROID TABS 97.5 MG	2	
WP THYROID TABS 65 MG, 130 MG, 32.5 MG	3	
WP THYROID TABS 97.5 MG, 16.25 MG, 48.75 MG, 81.25 MG, 113.75 MG	2	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		

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

Drug Name	Drug Tier	Requirements/ Limits
ANASPAZ TBDP (Use Hyoscyamine Sulfate)	NF	
BELLADONNA & OPIUM SUPP	3	
BELLADONNA ALKALOIDS & OPIUM SUPP	3	
BENTYL CAPS (Use Dicyclomine HCl)	NF	
BENTYL TABS (Use Dicyclomine HCl)	NF	
CANTIL TABS	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
CUVPOSA SOLN	2	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE TABS OR 1.5 MG	3	
<i>hyoscyamine sulfate subl</i>	1	
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tb12</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
LEVBIID TB12 (Use Hyoscyamine Sulfate)	NF	
LEVSIN TABS (Use Hyoscyamine Sulfate)	NF	
LEVSIN/SL SUBL (Use Hyoscyamine Sulfate)	NF	
LIBRAX CAPS (Use Chlordiazepoxide HCl-Clidinium Bromide)	NF	
<i>methscopolamine bromide tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PAMINE FORTE TABS (Use Methscopolamine Bromide)	NF	
PAMINE FQ KIT	3	
PAMINE TABS (Use Methscopolamine Bromide)	NF	
<i>propantheline bromide tabs</i>	1	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	RX/OTC
<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
<i>nizatidine caps 150 mg, 300 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML	2	
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use Famotidine)	NF	
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	NF	QL(2 ea daily)
<i>ranitidine hcl caps 150 mg, 300 mg</i>	1	
<i>ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	
<i>ranitidine hcl tabs 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ZANTAC 150 MAXIMUM STRENGTH TABS (<i>Use Ranitidine HCl</i>)	NF	RX/OTC
ZANTAC TABS 150 MG (<i>Use Ranitidine HCl</i>)	NF	RX/OTC
ZANTAC TABS 300 MG (<i>Use Ranitidine HCl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	
CARAFATE TABS 1 GM (<i>Use Sucralfate</i>)	NF	
<i>sucralfate tabs</i>	1	
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP	3	PA
ACIPHEX TBEC (<i>Use Rabeprazole Sodium</i>)	NF	PA; QL(2 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	2	PA; QL(1 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	2	PA; QL(1 ea daily)
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG, 24.65 MG	3	PA; QL(1 ea daily)
FIRST-OMEPRAZOLE SUSP	3	
<i>lansoprazole cpdr 15 mg</i>	1	RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use Esomeprazole Magnesium</i>)	NF	PA; QL(1 ea daily); RX/OTC
NEXIUM 24HR CPDR (<i>Use Esomeprazole Magnesium</i>)	NF	PA; QL(1 ea daily); RX/OTC
NEXIUM CPDR 20 MG (<i>Use Esomeprazole Magnesium</i>)	NF	PA; QL(1 ea daily); RX/OTC
NEXIUM CPDR 40 MG (<i>Use Esomeprazole Magnesium</i>)	NF	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	RX/OTC
<i>pantoprazole sodium tbec or 20 mg, 40 mg</i>	1	
PREVACID 24HR CPDR (<i>Use Lansoprazole</i>)	NF	RX/OTC
PREVACID CPDR 15 MG (<i>Use Lansoprazole</i>)	NF	RX/OTC
PREVACID CPDR 30 MG (<i>Use Lansoprazole</i>)	NF	
PREVACID SOLUTAB TBDP	3	QL(1 ea daily); AL; Up to 12 yrs old
PRILOSEC CPDR 10 MG, 40 MG (<i>Use Omeprazole</i>)	NF	
PRILOSEC CPDR 20 MG (<i>Use Omeprazole</i>)	NF	RX/OTC
PRILOSEC PACK 10 MG, 2.5 MG	3	PA
PROTONIX PACK OR 40 MG	3	
PROTONIX TBEC OR 20 MG, 40 MG (<i>Use Pantoprazole Sodium</i>)	NF	
<i>rabeprazole sodium tbec</i>	2	PA; QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (<i>Use Misoprostol</i>)	NF	
<i>misoprostol tabs</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	2	
OMECLAMOX-PAK 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
omeprazole-sodium bicarbonate caps 40mg-1100mg	2	PA
omeprazole-sodium bicarbonate pack 20mg-1680mg, 40mg-1680mg	1	
PREVPAC MISC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	NF	
PYLERA CAPS	3	
ZEGERID CAPS 40MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	SP	PA
ZEGERID PACK 20MG-1680MG, 40MG-1680MG (Use Omeprazole-Sodium Bicarbonate)	NF	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	NF	
HIPREX TABS (Use Methenamine Hippurate)	NF	
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	NF	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	NF	
methenamine hippurate tabs	1	
methenamine mandelate tabs	1	
MONUROL PACK	3	
nitrofurantoin macrocrystal caps	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

Drug Name	Drug Tier	Requirements/Limits
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	
DETROL LA CP24 (Use Tolterodine Tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use Tolterodine Tartrate)	NF	QL(2 ea daily)
DITROPAN XL TB24 (Use Oxybutynin Chloride)	NF	
ENABLEX TB24 (Use Darifenacin Hydrobromide)	NF	
oxybutynin chloride syrpf	1	
oxybutynin chloride tabs	1	
oxybutynin chloride tb24	1	
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	QL(2 ea daily)
TOVIAZ TB24	2	QL(1 ea daily)
tropium chloride cp24	1	
tropium chloride tabs	1	
VESICARE TABS	3	
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	1	
URECHOLINE TABS (Use Bethanechol Chloride)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VACCINES		
Bacterial Vaccines		
VIVOTIF BERNA CPDR	3	QL(4 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
VIVOTIF CPDR	3	QL(4 ea per fill retail)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Miscellaneous Vaginal Products		
<i>acetic acid-oxyquinoline vaginal gel</i>	1	
FEM PH GEL (<i>Use Acetic Acid-Oxyquinoline Vaginal</i>)	NF	
Spermicides		
ENCARE SUPP	PV	PV
<i>nonoxynol-9 gel</i>	PV	PV
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (<i>Use Nonoxynol-9</i>)	NF	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	PV	PV
SHUR-SEAL GEL	PV	PV
TODAY SPONGE MISC	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	PV	PV
Vaginal Anti-infectives		
AVC CREA	3	
CLEOCIN CREA VA 2 % (<i>Use Clindamycin Phosphate Vaginal</i>)	NF	
CLEOCIN SUPP VA 100 MG	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA	3	
GYNAZOLE-1 CREA	3	

Drug Name	Drug Tier	Requirements/Limits
METROGEL-VAGINAL GEL (<i>Use Metronidazole Vaginal</i>)	NF	
<i>metronidazole vaginal gel</i>	1	
<i>miconazole nitrate vaginal supp</i>	1	
TERAZOL 3 CREA (<i>Use Terconazole Vaginal</i>)	NF	
TERAZOL 7 CREA (<i>Use Terconazole Vaginal</i>)	NF	
TERCONAZOLE CREA	2	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
ESTRACE CREA (<i>Use Estradiol Vaginal</i>)	NF	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
ESTRING RING	3	QL(1 ea per fill mail)
FEMRING RING	3	QL(1 ea per 90 days retail, 1 ea per 90 days mail)
PREMARIN CREA VA 0.625 MG/GM	2	
VAGIFEM TABS (<i>Use Estradiol Vaginal</i>)	NF	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

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

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail, 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL(2 ea per fill retail, 4 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS	SP	PA
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD (<i>Use Cholecalciferol</i>)	NF	AL; At least 65 yrs old; PV
<i>cholecalciferol caps 400 unit</i>	PV	AL; At least 65 yrs old; PV
<i>cholecalciferol chew 400 unit</i>	PV	AL; At least 65 yrs old; PV
<i>cholecalciferol liqd 400 unit/ml</i>	PV	PV
<i>cholecalciferol liqd 400 unt/0.03ml</i>	PV	AL; At least 65 yrs old; PV
<i>cholecalciferol tabs 400 unit</i>	PV	PV
D-VI-SOL LIQD (<i>Use Cholecalciferol</i>)	NF	PV
DRISDOL CAPS (<i>Use Ergocalciferol</i>)	NF	
<i>ergocalciferol caps</i>	1	
MEPHYTON TABS	2	
VITAMIN D2 TABS	PV	AL; At least 65 yrs old; PV
VITAMIN D3 LIQD	PV	AL; At least 65 yrs old; PV
WELLESSE VITAMIN D3 LIQD	PV	AL; At least 65 yrs old; PV
Water Soluble Vitamins		

Drug Name	Drug Tier	Requirements/Limits
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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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DERMATOP	58	diazepam (anticonvulsant)	16	disulfiram	111
DERMOTIC	108	DIBENZYLINE	29	DITROPAN XL	117
DESCOVY	40	DICLEGIS	25	DIURIL	64
desipramine hcl	21	diclofenac potassium	4	divalproex sodium	19
desloratadine	26	diclofenac sodium	4	DIVIGEL	67
DESLORATADINE ODT	26	diclofenac sodium (actinic keratoses)	55	dofetilide	12
desmopressin acetate	66	diclofenac sodium (ophth)	107	DOLOPHINE	6
desmopressin acetate refrigerated	66	diclofenac sodium (topical)	54	DOMETUSS-DMX	50
desmopressin acetate spray	66	diclofenac w/ misoprostol	4	donepezil hydrochloride	111
desmopressin acetate spray refrigerated	66	dicloxacillin sodium	110	DORAL	74
DESOGEN	47	dicyclomine hcl	115	DORIBAX	10
desogestrel & ethinyl estradiol	47	didanosine	40	DORIPENEM	10
desogestrel-ethinyl estradiol (biphasic)	47	diethylpropion hcl	1	dorzolamide hcl	107
desogestrel-ethinyl estradiol (triphasic)	47	DIETHYLPROPION HCL	1	dorzolamide hcl-timolol maleate	104
DESONATE	58	diethylpropion hcl	1	DOTHELLE DHA	98
desonide	58	DIFFERIN	53	DOVONEX	56
DESOWEN	58	DIFICID	76	doxazosin mesylate	30
desoximetasone	58	diflorasone diacetate	58	doxepin hcl	21
DESOXYN	1	DIFLORASONE DIACETATE	58	doxepin hcl (antipruritic)	56
DESVENLAFAXINE ER	20	DIFLUCAN	26	doxercalciferol	65
desvenlafaxine succinate	20	diflunisal	6	DOXYCYCLINE	62
DETROL	117	digoxin	45	doxycycline (monohydrate)	113
DETROL LA	117	dihydroergotamine mesylate	94	doxycycline hyclate	113,114
dexamethasone	49	DIHYDROERGOTAMINE MESYLATE	94	DRISDOL	119
DEXAMETHASONE INTENSOL	49	DILANTIN	18	dronabinol	25
DEXAMETHASONE SODIUM PHOSPHATE	106	DILANTIN INFATABS	18	DROPLET LANCETS ULTRA THIN 30G	79
DEXEDRINE	1	DILANTIN-125	18	DROPLET PEN NEEDLES 31GX5MM	91
DEXILANT	116	DILATRATE SR	11	drospirenone-ethinyl estradiol	47
dexmethylphenidate hcl	2	DILAUDID	6	drospirenone-ethinyl estradiol- levomefolate calcium	47
DEXPAK 10 DAY	49	diltiazem hcl	44	DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	47
DEXPAK 13 DAY	49	diltiazem hcl coated beads	44	DROXIA	73
DEXPAK 6 DAY	49	DILTIAZEM HCL ER	44	DRUG MART LANCETS THIN	79
dextroamphetamine sulfate	1	diltiazem hcl extended release beads	44	DRUG MART ON-THE-GO LANCETS GENTLE 30G	79
DIABETA	24	DIOVAN	29	DRUG MART UNIFINE PENTIPS 31GX5MM	91
DIAMOX	63	DIOVAN HCT	30	DRUG MART UNILET LANCETSSUPER THIN 30G	79
DIASTAR EASY TEST II LANCETS 30G	79	DIPENTUM	68	DRUG MART UNILET LANCETS	79
DIASTAR EASY TEST LANCETS30G	79	diphenhydramine hcl	26	LANCETSULTRA THIN 28G	79
		diphenoxylate w/ atropine	24		
		DIPROLENE	58		
		DIPROLENE AF	58		

DRUG MART UNILET MICRO THIN LANCETS 33G.....	79	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	79	EASY TWIST & CAP LANCETS.....	80
DRYSOL.....	61	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	79	EASYTEST II LANCETS.....	80
DUAC.....	53	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	79	EASYTEST LANCETS.....	80
DUANE READE LANCET ALTERNATE SITE 26G.....	79	EASY TOUCH LANCETS 26G/PULL-TOP.....	79	econazole nitrate.....	55
DUANE READE LANCET SUPERTHIN 30G.....	79	EASY TOUCH LANCETS 26G/TWIST.....	79	ECOTRIN REGULAR STRENGTH.....	6
DUANE READE LANCET ULTRATHIN 28G.....	79	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	79	EDARBI.....	29
DUAVEE.....	66	EASY TOUCH LANCETS 28G/PULL-TOP.....	79	EDARBYCLOR.....	30
DUET DHA 400.....	98	EASY TOUCH LANCETS 28G/TWIST.....	79	EDECRIIN.....	63
DUET DHA BALANCED.....	98	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	79	EDURANT.....	40
DUETACT.....	21	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	79	efavirenz.....	40
DULCOLAX.....	75	EASY TOUCH LANCETS 30G/PULL-TOP.....	79	EFFER-K.....	95
DULERA.....	14	EASY TOUCH LANCETS 30G/TWIST.....	80	EFFEXOR XR.....	20
duloxetine hcl.....	20	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	80	EFFIENT.....	72
DUPIXENT.....	60	EASY TOUCH LANCETS 32G/PULL-TOP.....	80	EFUDEX.....	55
DURAGESIC.....	6	EASY TOUCH LANCETS 32G/TWIST.....	80	ELAVIL.....	21
DURAXIN.....	6	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	80	ELDEPRYL.....	38
DUREZOL.....	106	EASY TOUCH LANCETS 32G/PULL-TOP.....	80	ELESTAT.....	107
dutasteride.....	70	EASY TOUCH LANCETS 32G/TWIST.....	80	ELESTRIN.....	67
dutasteride-tamsulosin hcl.....	70	EASY TOUCH LANCETS 33G/TWIST.....	80	eletriptan hydrobromide.....	94
DUTOPROL.....	30	EASY TOUCH PEN NEEDLES/31G X 3/16".....	91	ELIDEL.....	61
DUZALLO.....	70	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	80	ELIGARD.....	34
DYAZIDE.....	63	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	80	ELIMITE.....	62
DYMISTA.....	103	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	80	ELIPHOS.....	69
DYRENIUM.....	64	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	80	ELIQUIS.....	15
E-Z JECT LANCETS.....	79	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	80	ELIQUIS STARTER PACK.....	15
E-Z JECT LANCETS 21G.....	79	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ELIXOPHYLLIN.....	15
E-Z JECT LANCETS COLOR.....	79	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ELLA.....	49
E-Z JECT LANCETS SUPER THIN 30G.....	79	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ELMIRON.....	70
E-Z JECT LANCETS THIN 26G.....	79	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ELOCON.....	58
E-ZJECT LANCETS MICRO-THIN 33G.....	79	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ELOCTATE.....	71
E.E.S. GRANULES.....	76	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMADINE.....	107
EASY COMFORT LANCETS 30G/PULL TOP.....	79	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMBEDA.....	6
EASY COMFORT LANCETS 30G/THIN TOP.....	79	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMBRACE LANCETS ULTRA THIN 30G.....	80
EASY COMFORT PEN NEEDLES31GX3/16".....	91	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMCYT.....	34
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2".....	91	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMEND.....	25
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2".....	91	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMEND TRIPACK.....	25
		EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMLA.....	61
		EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMSAM.....	19
		EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	EMTRIVA.....	40
		EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ENABLEX.....	117
		EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	enalapril maleate.....	29
		EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	enalapril maleate & hydrochlorothiazide.....	30
		EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ENBREL.....	5
		EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80	ENBREL MINI.....	5

ENBREL SURECLICK.....	5	ESGIC.....	6	EXTRA-VIRT PLUS DHA.....	98
ENCARE.....	118	esomeprazole		EZ SMART BLOOD GLUCOSE	
ENDARI.....	73	magnesium.....	116	LANCETS.....	80
ENDOMETRIN.....	118	ESOMEPRAZOLE		EZ-LETS LANCETS 21G....	80
ENJUVA.....	67	STRONTIUM.....	116	EZ-LETS LANCETS 23G....	80
enoxaparin sodium.....	16	estazolam.....	74	EZ-LETS LANCETS 26G	
entacapone.....	37	ESTRACE.....	67	SUPER-SOFT.....	80
entecavir.....	42	estradiol.....	67	EZ-LETS LANCETS 28G	
ENTEREG.....	69	estradiol & norethindrone		ULTRA-SOFT.....	80
ENTOCORT EC.....	49	acetate.....	66	EZ-LETS LANCETS 30G....	80
ENTRESTO.....	45	estradiol vaginal.....	118	ezetimibe.....	29
EPANED.....	29	ESTRING.....	118	ezetimibe-simvastatin.....	27
EPCLUSA.....	42	ESTROGEL.....	67	FABIOR.....	53
EPIDUO.....	53	ESTROPIPATE.....	67	FACTIVE.....	67
EPIFOAM.....	58	estropipate.....	67	famciclovir.....	43
epinastine hcl (ophth).....	107	ESTROSTEP FE.....	47	famotidine.....	115
epinephrine (anaphylaxis).....	119	eszopiclone.....	74	FAMVIR.....	43
EPIVIR.....	40	ethacrynic acid.....	63	FARESTON.....	34
EPIVIR HBV.....	42	ethambutol hcl.....	32	FARXIGA.....	24
eplerenone.....	32	ethosuximide.....	18	FARYDAK.....	35
EPOGEN.....	73	ethynodiol diacet & eth		FAZACLO.....	39
EPROSARTAN MESYLATE.....	30	estrad.....	48	FC FEMALE CONDOM.....	76
EPZICOM.....	40	etidronate disodium.....	64	FC2 FEMALE CONDOM.....	76
EQL COLOR LANCETS 21G80		etodolac.....	4	felbamate.....	18
EQL COLOR LANCETS MICRO		ETOPOPHOS.....	36	FELBATOL.....	18
THIN 33G.....	80	ETOPOSIDE.....	36	FELDENE.....	4
EQL SUPER THIN LANCETS		etoposide.....	36	felodipine.....	45
30G.....	80	EUCRISA.....	62	FEM PH.....	118
EQL THIN LANCETS 26G....	80	EURAX.....	62	FEMARA.....	34
EQUETRO.....	38	EVAMIST.....	67	FEMCAP.....	76
ergocalciferol.....	119	EVISTA.....	65	FEMCON FE.....	48
ERGOLOID MESYLATES.....	112	EVOCLIN.....	53	FEMHRT LOW DOSE.....	66
ERGOMAR.....	94	EVOTAZ.....	40	FEMRING.....	118
ergotamine w/ caffeine.....	94	EVOXAC.....	97	FENOFIBRATE.....	28
ERIVEDGE.....	33	EVZIO.....	25	fenofibrate.....	28
ERTACZO.....	55	EXACTUSS.....	50	fenofibrate micronized.....	28
ERY-TAB.....	76	EXACTUSS TR.....	50	FENOFIBRIC ACID.....	28
ERYGEL.....	53	EXALGO.....	6	FENOPROFEN CALCIUM....	4
ERYPED 200.....	76	EXAPHEX TR.....	50	fenoprofen calcium.....	4
ERYPED 400.....	76	EXELDERM.....	55	FENORTHO.....	4
erythromycin (acne aid).....	53	EXELON.....	111	fentanyl.....	6
erythromycin (ophth).....	105	exemestane.....	34	FENTANYL.....	6
erythromycin base.....	76	EXFORGE.....	31	fentanyl citrate.....	6
erythromycin ethylsuccinate.....	76	EXFORGE HCT.....	31	FENTORA.....	6
erythromycin stearate.....	76	EXJADE.....	24	FER-IN-SOL.....	73
ESBRIET.....	113	EXODERM.....	55	FERRIPROX.....	24
escitalopram oxalate.....	19	EXTAVIA.....	112	ferrous sulfate.....	73
		EXTINA.....	55		

FERROUS SULFATE	73	fluconazole	26	FOLET DHA	98
FETZIMA	20	flucytosine	26	FOLET ONE	98
FETZIMA TITRATION PACK	20	fludarabine phosphate	33	folic acid	73
FEXMID	102	fludrocortisone acetate	50	FOLIVANE-F	73
FIBRICOR	28	FLUMADINE	43	FOLIVANE-OB	98
FIFTY50 PEN NEEDLES 31G		FLUNISOLIDE	103	fondaparinux sodium	16
X3/16" (5MM)	91	fluocinolone acetonide	58	FORA LANCETS	80
FIFTY50 PEN NEEDLES		fluocinolone acetonide		FORFIVO XL	19
31GX5MM	91	(otic)	108	formaldehyde	39
FIFTY50 SAFETY SEAL		fluocinonide	58	FORTEO	64
LANCETS 30G	80	fluocinonide emulsified		FORTICAL	64
FIFTY50 SAFETY SEAL		base	58	FOSAMAX	64
LANCETS 32G	80	FLUORABON	95	FOSAMAX PLUS D	64
FIFTY50 UNILET LANCETS		fluorometholone (ophth)	106	fosamprenavir calcium	40
33G	80	FLUROPLEX	55	fosinopril sodium	29
FINACEA	62	FLUOROURACIL	55	fosinopril sodium &	
finasteride	70	fluorouracil (topical)	55	hydrochlorothiazide	31
FINE 30	80	FLUOXETINE	112	FOSRENOL	69
FINGERSTIX LANCETS	80	FLUOXETINE DR	20	FRAGMIN	16
FIORICET	6	fluoxetine hcl	20	FREDS PHARMACY UNIFINE	
FIORICET/CODEINE	8	FLUOXETINE HCL	20	PENTIPS PLUS 31GX5MM	91
FIORINAL	6	fluoxetine hcl (pmdd)	112	FREDS PHARMACY UNILET	
FIORINAL/CODEINE #3	8	fluphenazine hcl	39	LANCETS SUPER THIN	
FIRAZYR	72	FLURA-DROPS	95	30G	80
FIRST-BXN MOUTHWASH	97	flurandrenolide	58	FREDS PHARMACY UNILET	
FIRST-DUKES		flurazepam hcl	74	LANCETS ULTRA THIN	
MOUTHWASH	97	flurbiprofen	4	28G	81
FIRST-MARYS		FLURBIPROFEN		FREESTYLE FREEDOM	
MOUTHWASH	97	SODIUM	107	LITE	81
FIRST-MOUTHWASH BLM	97	flurbiprofen sodium	107	FREESTYLE INSULINX	
FIRST-OMEPRAZOLE	116	flutamide	34	BLOODGLUCOSE	
FIRST-VANCOMYCIN 25	10	fluticasone propionate	58	MONITORING SYSTEM	81
FIRST-VANCOMYCIN 50	10	fluticasone propionate		FREESTYLE INSULINX	
FLAGYL	10	(nasal)	103	BLOODGLUCOSE TEST	62
FLAREX	106	FLUTICASONE		FREESTYLE INSULINX	
flavoxate hcl	117	PROPIONATE/SALMETEROL		BLOODGLUCOSE TEST	
FLEBOGAMMA DIF	109		14	STRIPS	62
flecainide acetate	12	fluvastatin sodium	28	FREESTYLE LANCETS	81
FLECTOR	54	fluvoxamine maleate	20	FREESTYLE LITE BLOOD	
FLOMAX	70	FML	106	GLUCOSE MONITORING	
FLOMASE ALLERGY		FML FORTE	106	SYSTEM	81
RELIEF	103	FML LIQUIFILM	106	FREESTYLE LITE TEST	
FLOMASE ALLERGY RELIEF		FOCALGIN 90 DHA	98	STRIPS	62
CHILDRENS	103	FOCALGIN CA	98	FREESTYLE TEST STRIPS	62
FLORIVA	95	FOCALIN	2	FREESTYLE UNISTICK II	
FLORIVA PLUS	97	FOCALIN XR	2	LANCETS	81
FLOVENT DISKUS	14	FOLCAL DHA	98	FROVA	94
FLOVENT HFA	14	FOLCAPS OMEGA 3	98	frovatriptan succinate	94
FLOWTUSS	50			FULYZAQ	24
FLOXIN OTIC	108			FURADANTIN	117
				furosemide	63
				FUROSEMIDE	63

furosemide.....	63	GILTUSS SINUS & CONGESTION.....	51	GOCOVRI.....	37
FUZEON.....	40	GILTUSS TR.....	51	GOLYTELY.....	74
FYCOMPA.....	16	glatiramer acetate.....	112	GONITRO.....	11
gabapentin.....	17	GLEOSTINE.....	33	GOODSENSE LANCETS MICRO-THIN 33G.....	81
GABITRIL.....	18	glimepiride.....	24	GOODSENSE LANCETS ULTRA-THIN 30G.....	81
GABLOFEN.....	102	glipizide.....	24	GOODSENSE UNIVERSAL 1 MICRO THIN 33G.....	81
galantamine hydrobromide.....	111	glipizide-metformin hcl.....	21	GOODSENSE UNIVERSAL 1 MICRO-THIN 33G.....	81
GALANTAMINE HYDROBROMIDE.....	111	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	91	GOODSENSE UNIVERSAL 1THIN 26G.....	81
galantamine hydrobromide.....	111	GLOBAL INJECT EASE LANCETS 28G.....	81	GORDONS UREA.....	60
GALZIN.....	96	GLOBAL INJECT EASE LANCETS 30G.....	81	GRALISE.....	112
GAMASTAN S/D.....	109	GLUCAGEN DIAGNOSTIC.....	62	GRALISE STARTER.....	112
GAMMAGARD LIQUID.....	109	GLUCAGEN HYPOKIT.....	22	granisetron hcl.....	25
GAMMAKED.....	109	GLUCAGON EMERGENCY KIT.....	22	GRANIX.....	73
GAMMAPLEX.....	109	GLUCOCOM LANCETS 28G.....	81	GRIS-PEG.....	26
GAMUNEX-C.....	109	GLUCOCOM LANCETS 30G.....	81	griseofulvin microsize.....	26
gatifloxacin (ophth).....	105	GLUCOCOM LANCETS 33G.....	81	griseofulvin ultramicrosize.....	26
GATTEX.....	69	GLUCOPHAGE.....	22	guaifenesin-codeine.....	51
GEBAUERS INSTANT ICE.....	61	GLUCOPHAGE XR.....	22	guanfacine hcl.....	30
GEBAUERS PAIN EASE.....	61	GLUCOSOURCE LANCETS.....	81	guanfacine hcl (adhd).....	2
GEBAUERS SPRAY AND STRETCH.....	61	GLUCOTROL.....	24	GUANIDINE HCL.....	32
GELFILM OP.....	107	GLUCOTROL XL.....	24	GYNAZOLE-1.....	118
gemfibrozil.....	28	GLUCOVANCE.....	21	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	92
GENERESS FE.....	48	glyburide.....	24	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	92
GENTAK.....	105	glyburide micronized.....	24	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	81
gentamicin sulfate (ophth).....	105	glyburide-metformin.....	21	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	82
gentamicin sulfate (topical).....	54	glycopyrrolate.....	115	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	82
GENTLE-LET GP LANCETS.....	81	GLYCOPYRROLATE.....	115	HAEMOLANCE.....	82
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	81	GLYNASE.....	24	HAEMOLANCE LOW FLOW LANCETS.....	82
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	81	GLYSET.....	21	HAEMOLANCE PLUS.....	82
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	81	GLYXAMBI.....	21	HAEMOLANCE PLUS HIGH FLOW.....	82
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	81	GNP LANCETS.....	81	HAEMOLANCE PLUS LOW FLOW.....	82
GENVOYA.....	40	GNP LANCETS 21G.....	81	HAEMOLANCE PLUS MAX FLOW.....	82
GEODON.....	38	GNP LANCETS MICRO THIN 33G.....	81	HAEMOLANCE PLUS PEDIATRIC FLOW.....	82
GIAZO.....	68	GNP LANCETS SUPER THIN 30G.....	81	HALCION.....	74
GILENYA.....	112	GNP LANCETS THIN.....	81	halobetasol propionate.....	58
GILOTRIF.....	35	GNP LANCETS THIN 26G.....	81	haloperidol.....	38
GILPHEX TR.....	50	GNP MICRO THIN LANCETS 33G.....	81	haloperidol lactate.....	38
GILTUSS.....	50	GNP SUPER THIN LANCETS/30G.....	81		
GILTUSS COUGH & COLD.....	50				

HALOTIN.....	55	HUMULIN R U-500		IDELVION.....	71
HARVONI.....	42	(CONCENTRATED).....	23	IDHIFA.....	35
HEALTHWISE LANCETS		HUMULIN R U-500		ILEVRO.....	107
30G.....	82	KWIKPEN.....	23	imatinib mesylate.....	35
HEALTHY ACCENTS UNIFINE		HY-VEE LANCETS.....	82	IMBRUVICA.....	35
PENTIPS PEN NEEDLES		HY-VEE THIN LANCETS.....	82	imipenem-cilastatin.....	10
31GX5MM.....	92	hyaluronate sodium		imipramine hcl.....	21
HEALTHY ACCENTS UNILET		(emollient).....	60	imipramine pamoate.....	21
LANCETS SUPER THIN		HYCANTIN.....	36	imiquimod.....	61
30G.....	82	HYCET.....	8	IMITREX.....	94
HECTOROL.....	65	hydralazine hcl.....	32	IMITREX STATDOSE	
HELIXATE FS.....	71	HYDREA.....	36	REFILL.....	94
HEMENATAL OB.....	98	HYDRO 35.....	60	IMITREX STATDOSE	
HEMENATAL OB + DHA.....	98	hydrochlorothiazide.....	64	SYSTEM.....	94
HEMOFIL M.....	71	hydrocodone polistirex-		IMODIUM A-D.....	24
heparin sodium (porcine).....	16	chlorpheniramine polistirex.....	51	IMURAN.....	96
HEPSERA.....	42	hydrocodone w/		IN TOUCH STERILE	
HETLIOZ.....	74	homatropine.....	50	LANCETS30G.....	82
HEXALEN.....	33	hydrocodone-		INCRELEX.....	65
HIPREX.....	117	acetaminophen.....	8	INCRUSE ELLIPTA.....	13
HISTEX-PE.....	51	hydrocodone-ibuprofen.....	8	indapamide.....	64
homatropine hbr.....	105	hydrocortisone.....	49	INDERAL LA.....	44
HORIZANT.....	112	hydrocortisone (intrarectal).....	9	INDERAL XL.....	44
HUMALOG.....	23	hydrocortisone (rectal).....	9	INDOCIN.....	4
HUMALOG JUNIOR		hydrocortisone (topical).....	59	indomethacin.....	4
KWIKPEN.....	22	hydrocortisone butyrate.....	59	INFANATE BALANCE.....	98
HUMALOG KWIKPEN.....	22	hydrocortisone butyrate		INFLECTRA.....	68
HUMALOG MIX 50/50.....	23	hydrophilic lipo base.....	59	INGREZZA.....	111
HUMALOG MIX 50/50		hydrocortisone valerate.....	59	INLYTA.....	35
KWIKPEN.....	23	hydrocortisone w/acetic		INNOPRAN XL.....	44
HUMALOG MIX 75/25.....	23	acid.....	108	INSPIRA.....	32
HUMALOG MIX 75/25		hydromorphone hcl.....	6	INSULIN SYRINGES AND PEN	
KWIKPEN.....	23	hydroxychloroquine sulfate.....	32	NEEDLES.....	76
HUMATE-P.....	71	hydroxyurea.....	36	INSUPEN 31G X 5MM.....	92
HUMATROPE.....	65	HYDROXYZINE HCL.....	11	INTEGRA F.....	73
HUMATROPE COMBO		hydroxyzine hcl.....	12	INTELENCE.....	40
PACK.....	65	hydroxyzine pamoate.....	12	INTRON A.....	36
HUMIRA.....	3	HYLIRA.....	60	INTRON A W/DILUENT.....	36
HUMIRA PEDIATRIC CROHNS		hyoscyamine sulfate.....	115	INTUNIV.....	2
DISEASE STARTER PACK.....	3	HYPER-SAL.....	51	INVANZ.....	10
HUMIRA PEN.....	3	HYPERSAL.....	51	INVEGA.....	38
HUMIRA PEN-CROHNS		HYPODERMIC NEEDLE		INVIRASE.....	40
DISEASESTARTER.....	3	30GX1/2".....	92	INVOKAMET.....	21
HUMIRA PEN-PSORIASIS		HYQVIA.....	109	INVOKAMET XR.....	21
STARTER.....	3	HYZAAR.....	31	INVOKANA.....	24
HUMULIN 70/30.....	23	ibandronate sodium.....	64	iodoquinol-hydrocortisone in aloe	
HUMULIN 70/30 KWIKPEN.....	23	IBRANCE.....	35	vehicle.....	55
HUMULIN N.....	23	ibuprofen.....	4	IOPIDINE.....	105
HUMULIN N KWIKPEN.....	23	ICAR PEDIATRIC.....	73		
HUMULIN R.....	23	ICLUSIG.....	35		

ipratropium bromide	13	KAZANO	21	KROGER LANCETS	
ipratropium bromide (nasal)	103	KCENTRA	71	ULTRATHIN30G	82
ipratropium-albuterol	14	KEFLEX	46	KUVAN	65
IPRIVASK	16	KENALOG	59	KYNAMRO	27
irbesartan	30	KEPPRA	17	labetalol hcl	43
irbesartan-hydrochlorothiazide	31	KEPPRA XR	17	LAC-HYDRIN	60
IRESSA	35	KERALAC	60	LAC-HYDRIN TWELVE	60
ISENTRESS	40	KETEK	11	LACRISERT	104
ISENTRESS HD	40	KETOCARE	62	lactic acid (ammonium lactate)	60
isoniazid	32	ketoconazole	26	lactulose	75
ISOPTO CARPINE	105	ketoconazole (topical)	55	lactulose (encephalopathy)	68
ISORDIL TITRADOSE	11	KETOPROFEN	4	LAMICTAL	17
isosorbide dinitrate	11	ketoprofen	4,5	LAMICTAL CHEWABLE DISPERSIBLE	17
ISOSORBIDE DINITRATE ER	11	ketorolac tromethamine	5	LAMICTAL ODT	17
isosorbide mononitrate	11	ketorolac tromethamine (ophth)	107	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	17
isotretinoin	53	KETOSTIX	62	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	17
isoxsuprine hcl	46	KEVEYIS	63	LAMICTAL STARTER/TAKING VALPROATE	17
ISOXSUPRINE HCL	46	KEVZARA	4	LAMICTAL XR	17
isradipine	45	KHEDEZLA	20	LAMISIL	26
ISTALOL	104	KINNEY LANCETS	82	lamivudine	40
ISTODAX	35	KINNEY THIN LANCETS	82	lamivudine (hbv)	42
ISTODAX (OVERFILL)	35	KISQALI	35	lamivudine-zidovudine	40
itraconazole	26	KISQALI FEMARA 200 DOSE	34	lamotrigine	17
ivermectin	10	KISQALI FEMARA 400 DOSE	34	LANCETS	82
IXINITY	71	KISQALI FEMARA 600 DOSE	34	LANCETS 26G TWIST TOP	82
JADENU	24	KITABIS PAK	3	LANCETS 28G	82
JADENU SPRINKLE	24	KLARON	53	LANCETS 30G	82
JAKAFI	35	KLONOPIN	16	LANCETS 30G TWIST TOP	82
JALYN	70	KLOR-CON M15	95	LANCETS 30G/TWIST TOP	82
JANUMET	21	KLOR-CON/25	96	LANCETS 31G TWIST TOP	82
JANUMET XR	21	KOATE	71	LANCETS 33G UNIVERSAL DESIGN	82
JANUVIA	22	KOATE-DVI	71	LANCETS MICRO THIN 33G	82
JARDIANCE	24	KOGENATE FS	71	LANCETS SAFETY SEAL 21G	83
JENTADUETO	21	KOGENATE FS BIO-SET	71	LANCETS SAFETY SEAL 26G	83
JENTADUETO XR	21	KOVALTRY	71	LANCETS SAFETY SEAL 28G	83
JUXTAPID	29	KRISTALOSE	75	LANCETS SAFETY SEAL 30G	83
K-PHOS	95	KROGER LANCETS	82	LANCETS SUPER THIN 28G	83
K-PHOS NEUTRAL	95	KROGER LANCETS 21G	82	LANCETS THIN	83
K-PHOS NO 2	69	KROGER LANCETS MICRO THIN33G	82	LANCETS TWIST TOP	83
K-TAB	95	KROGER LANCETS SUPER THIN	82		
KADIAN	6,7	KROGER LANCETS THIN 26G	82		
KALETRA	40				
KALYDECO	113				
KAPVAY	2				
KAYEXALATE	97				

LANCETS ULTRA FINE	83	levocarnitine (metabolic modifiers)	65	LITETOUCH LANCETS MICRO THIN 30G	83
LANCETS ULTRA THIN	83	levocetirizine dihydrochloride	26,27	LITHIUM	38
LANCETS ULTRA THIN 30G	83	LEVOFLOXACIN	67	lithium carbonate	38
LANCETSBULLSEYE SAFETY	83	levofloxacin	67	LITHOBID	38
LANOXIN	45	levofloxacin (ophth)	105	LITHOSTAT	70
lansoprazole	116	levonorgestrel & eth estradiol	48	LIVALO	28
lanthanum carbonate	69	levonorgestrel (emergency oc)	49	LIVE BETTER LANCET SUPERTHIN 30G	83
LANTUS	23	levonorgestrel-eth estradiol (triphasic)	48	LIVE BETTER LANCET ULTRATHIN 28G	83
LANTUS SOLOSTAR	23	levonorgestrel-ethinyl estradiol (91-day)	48	LO LOESTRIN FE	48
LASIX	63	levonorgestrel-ethinyl estradiol (continuous)	48	LOCOID	59
LASTACRAFT	107	LEVORPHANOL TARTRATE	7	LOCOID LIPOCREAM	59
latanoprost	108	levothyroxine sodium	114	LOCORT 11-DAY	49
LATUDA	38	LEVSIN	115	LOCORT 7-DAY	49
LAZANDA	7	LEVSIN/SL	115	LODINE	5
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	92	LEXAPRO	20	LODOSYN	36
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	92	LEXIVA	40	LOESTRIN 1.5/30-21	48
leflunomide	5	LIALDA	68	LOESTRIN 1/20-21	48
LENVIMA 10 MG DAILY DOSE	35	LIBERTY MEDICAL LANCETS 30G	83	LOESTRIN FE 1.5/30	48
LENVIMA 14 MG DAILY DOSE	35	LIBRAX	115	LOESTRIN FE 1/20	48
LENVIMA 18 MG DAILY DOSE	35	lidocaine	61	LOFIBRA	28
LENVIMA 20 MG DAILY DOSE	35	lidocaine hcl	61	LOMAIRA	1
LENVIMA 24 MG DAILY DOSE	35	LIDOCAINE HCL	97	LOMOTIL	24
LENVIMA 8 MG DAILY DOSE	35	lidocaine hcl (mouth-throat)	97	LONGS LANCETS STANDARD	83
LESCOL XL	28	lidocaine-prilocaine	61	LONGS LANCETS THIN	83
LETAIRIS	46	LIDODERM	61	LONGS LANCETS ULTRA THIN	83
letrozole	34	LIFESCAN UNISTIK 2 DEEP PENETRATION	83	LONSURF	34
leucovorin calcium	36	LIFESCAN UNISTIK II LANCETS	83	loperamide hcl	24
LEUKERAN	33	LINDANE	62	LOPID	28
LEUKINE	73	linezolid	11	lopinavir-ritonavir	40
leuprolide acetate	34	LINZESS	69	LOPRESSOR	44
LEVACET	6	LIORESAL INTRATHECAL	102	LOPRESSOR HCT	31
levalbuterol hcl	15	liothyronine sodium	114	LOPROX	55
LEVALBUTEROL TARTRATE HFA	15	LIPITOR	28	LOPROX SHAMPOO	55
LEVAQUIN	67	LIPOFEN	28	lorazepam	12
LEVBID	115	lisinopril	29	LORTAB	8
LEVEMIR	23	lisinopril & hydrochlorothiazide	31	LORZONE	102
LEVEMIR FLEXTOUCH	23	LITE TOUCH LANCETS	83	losartan potassium	30
levetiracetam	17	LITE TOUCH PEN NEEDLES/31G X 3/16"	92	losartan potassium & hydrochlorothiazide	31
levobunolol hcl	104			LOSEASONIQUE	48
				LOTEMAX	106
				LOTENSIN	29
				LOTENSIN HCT	31
				LOTREL	31

LOTRISONE.....	55	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	83	MEIJER LANCETS UNIVERSAL30G.....	84
LOTRONEX.....	69	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	83	MEIJER LANCETS UNIVERSAL33G.....	84
lovastatin.....	28	MEDICHOICE SAFETY LANCETEXTRA.....	83	MEIJER SUPER THIN LANCETS.....	84
LOVAZA.....	27	MEDICHOICE SAFETY LANCETNORMAL.....	83	MEKINIST.....	35
LOVENOX.....	16	MEDISENSE THIN LANCETS.....	83	meloxicam.....	5
loxapine succinate.....	39	MEDLANCE PLUS EXTRA LANCETS 21G.....	83	melphalan.....	33
LOZI-FLUR.....	95	MEDLANCE PLUS LANCETS.....	83	melphalan hcl.....	33
LUMIGAN.....	108	MEDLANCE PLUS LITE LANCETS 25G.....	83	memantine hcl.....	111
LUNESTA.....	74	MEDLANCE PLUS LITE LANCETS 25G.....	83	MENEST.....	67
LURIDE.....	95	MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	84	MENOSTAR.....	67
LUXIQ.....	59	MEDLANCE PLUS SUPERLITE 30G.....	84	meperidine hcl.....	7
LYNPARZA.....	35	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	84	MEPERIDINE HCL/PROMETHAZINE HCL..	8
LYRICA.....	17	MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	84	MEPHYTON.....	119
LYRICA CR.....	112	MEDLANCE PLUS/LITE 25G.....	84	meprobamate.....	12
LYSODREN.....	34	MEDLANCE/EXTRA.....	84	MEPRON.....	10
LYSTEDA.....	73	MEDLANCE/LITE.....	84	mercaptapurine.....	33
M-VIT.....	98	MEDLANCE/UNIVERSAL.....	84	meropenem.....	10
MACNATAL CN DHA.....	98	MEDROL.....	49	MERREM.....	10
MACROBID.....	117	MEDROL DOSEPAK.....	49	mesalamine.....	68
MACRODANTIN.....	117	MEDROX-RX.....	61	MESNEX.....	36
mafenide acetate.....	57	medroxyprogesterone acetate.....	110	MESTINON.....	32
MAGNEBIND 400.....	95	mefenamic acid.....	5	MESTINON TIMESPAN.....	32
magnesium sulfate.....	95	MEFLOQUINE HCL.....	32	METADATE CD.....	2
MALARONE.....	32	mefloquine hcl.....	32	metaproterenol sulfate.....	15
malathion.....	62	MEGACE ES.....	110	metaxalone.....	102
maprotiline hcl.....	19	MEGACE ORAL.....	34	metformin hcl.....	22
MARATHON MEDICAL PENTIPS31GX5MM.....	92	megestrol acetate.....	34	methadone hcl.....	7
MARINOL.....	25	megestrol acetate (appetite).....	110	methazolamide.....	63
MARNATAL-F.....	98	MEIJER COLOR LANCETS UNIVERSAL 33G.....	84	methenamine hippurate....	117
MARPLAN.....	19	MEIJER LANCETS.....	84	methenamine mandelate....	117
MATULANE.....	36	MEIJER LANCETS THIN..	84	METHERGINE.....	109
MAVIK.....	29	MEIJER LANCETS UNIVERSAL21G.....	84	methimazole.....	114
MAVYRET.....	42			METHITEST.....	9
MAXALT.....	94			methocarbamol.....	102
MAXALT-MLT.....	94			methotrexate sodium.....	33
MAXIDEX.....	106			METHOTREXATE SODIUM.....	33
MAXITROL.....	106			methotrexate sodium.....	33
MAXZIDE.....	63			methoxsalen rapid.....	56
MAXZIDE-25.....	63			methscopolamine bromide..	115
meclofenamate sodium.....	5			methyclothiazide.....	64
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	83			methylidopa.....	30
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	83			methylidopa & hydrochlorothiazide.....	31

methylergonovine maleate	109	MINASTRIN 24 FE	48	MOVANTIK	69
METHYLIN	2	MINIPRESS	30	MOVIPREP	74
METHYLPHENIDATE HCL	2	MINIVELLE	67	MOXATAG	109
methylphenidate hcl	2,3	MINOCIN	114	MOXEZA	105
METHYLPHENIDATE HCL ER (LA)	2	minocycline hcl	114	moxifloxacin hcl	67
methylprednisolone	49	minoxidil	32	moxifloxacin hcl (ophth)	105
methyltestosterone	9	MIRALAX	75	MS CONTIN	7
METIPRANOLOL	104	MIRAPEX	37	MUCOTROL	97
metoclopramide hcl	68	MIRAPEX ER	37	MULTAQ	12
METOCLOPRAMIDE ODT	68	MIRCERA	73	MULTIVITAMIN WITH FLUORIDE	97
metolazone	64	MIRCETTE	48	MULTIVITAMIN/FLUORIDE	97
METOPIRONE	62	mirtazapine	19	mupirocin	54
metoprolol & hydrochlorothiazide	31	MIRVASO	62	mupirocin calcium (topical)	54
metoprolol succinate	44	misoprostol	116	MYALEPT	65
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	31	MITIGARE	70	MYAMBUTOL	32
metoprolol tartrate	44	mitoxantrone hcl	34	MYCOBUTIN	32
METOPROLOL TARTRATE	44	MM PEN NEEDLES 31G X 3/16"	92	mycophenolate mofetil	96
METOPROLOL/HYDROCHLOROTHIAZIDE	31	MM TWIST LANCETS	84	mycophenolate sodium	96
METROCREAM	62	MOBIC	5	MYDRIACYL	105
METROGEL	62	modafinil	3	MYFORTIC	96
METROGEL-VAGINAL	118	MODERIBA	42	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	84
METROLOTION	62	MODERIBA 1200 DOSE PACK	42	MYKIDZ IRON FL	98
metronidazole	10	MODERIBA 800 DOSE PACK	42	MYLERAN	33
metronidazole (topical)	62	MODICON	48	MYNATAL ADVANCE	99
metronidazole vaginal	118	moexipril hcl	29	MYNATAL ULTRACAPLET	99
MEVACOR	28	moexipril-hydrochlorothiazide	31	MYRBETRIQ	117
mexiletine hcl	12	MOLINDONE HYDROCHLORIDE	39	MYSOLINE	17
MIACALCIN	64	mometasone furoate	59	MYTESI	24
MICARDIS	30	mometasone furoate (nasal)	103	nabumetone	5
MICARDIS HCT	31	MONOCLATE-P	71	nadolol	44
miconazole nitrate vaginal	118	MONODOX	114	nadolol & bendroflumethiazide	31
MICRO-K	96	MONOLET LANCETS	84	NAFCILLIN	110
MICROLET LANCETS	84	MONOLET OPD LANCETS	84	nafcillin sodium	110
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	84	MONOLETTOR SAFETY LANCETS	84	NAFCILLIN SODIUM	110
MICROZIDE	64	MONONINE	71	naftifine hcl	55
midazolam hcl	74	montelukast sodium	13	NAFTIN	55
midodrine hcl	119	MONUROL	117	NALFON	5
MIGERGOT	94	morphine sulfate	7	naloxone hcl	25
miglitol	21	MORPHINE SULFATE	7	naltrexone hcl	25
MIGRANAL	94	morphine sulfate	7	NAMENDA	111
MILLIPRED	49	MORPHINE SULFATE ER	7	NAMENDA TITRATION PAK	111
MILLIPRED DP	49	MOTOFEN	24	NAMENDA XR	111

NAMENDA XR TITRATION			
PACK	111	NETGROUP LANCETS	84
NAMZARIC	111	NEULASTA	73
naphazoline hcl	106	NEULASTA ONPRO KIT	73
NAPROSYN	5	NEUPOGEN	73
NAPROXEN	5	NEUPRO	37
naproxen	5	NEURONTIN	17
naproxen sodium	5	NEVANAC	107
naratriptan hcl	94	nevirapine	40
NARCAN	25	NEWGEN	99
NARDIL	19	NEXA PLUS	99
NASACORT ALLERGY		NEXAVAR	35
24HR	103	NEXIUM	116
NASACORT ALLERGY 24HR		NEXIUM 24HR	116
CHILDRENS	103	NEXIUM 24HR CLEAR	
NASONEX	104	MINIS	116
NATACHEW	99	niacin (antihyperlipidemic)	29
NATACYN	105	NIACOR	29
NATAZIA	48	NIASPAN	29
nateglinide	24	nicardipine hcl	45
NATELLE ONE	99	NICODERM CQ	113
NATPARA	64	NICORETTE	113
NATURE-THROID	114	NICORETTE MINI	113
NATURE-THROID NT-2.5	114	NICORETTE STARTER	
NEBUPENT	10	KIT	113
NEBUSAL	51	nicotine	113
NECON 10/11-28	48	nicotine polacrilex	113
NEEVO DHA	99	NICOTINE TRANSDERMAL	
nefazodone hcl	20	SYSTEM	113
neomycin sulfate	3	NICOTROL INHALER	113
neomycin-bacitracin zn-		NICOTROL NS	113
polymyxin	105	nifedipine	45
neomycin-polymyx-		NILANDRON	34
dexameth	106	nilutamide	34
neomycin-polymyxin-gramicidin	105	nimodipine	45
neomycin-polymyxin-hc		NINLARO	35
(ophth)	106	nisoldipine	45
neomycin-polymyxin-hc		NISOLDIPINE ER	45
(otic)	108	NITRO-BID	11
NEORAL	96	NITRO-DUR	11
NEOSPORIN	105	nitrofurantoin	117
NEOTUSS PLUS	51	nitrofurantoin	
NEPTAZANE	63	macrocrystal	117
NERLYNX	35	nitrofurantoin monohyd	
NESINA	22	macro	117
NESTABS	99	nitroglycerin	11
NESTABS ABC	99	NITROLINGUAL	
NESTABS DHA	99	PUMPSPRAY	11
NESTABS ONE	99	NITROMIST	11
		NITROSTAT	11
		NITYR	65
		NIVA-PLUS	99
		nizatidine	115
		NIZATIDINE	115
		NIZORAL	55
		nonoxynol-9	118
		NOR-QD	49
		NORCO	8
		NORDITROPIN FLEXPRO	65
		norethin acet & estrad-fe	48
		norethindrone & eth estradiol	48
		norethindrone & ethinyl estradiol-	
		fe	48
		norethindrone & mestranol	48
		norethindrone	
		(contraceptive)	49
		norethindrone acet & eth	
		estra	48
		norethindrone acetate	110
		norethindrone acetate-ethinyl	
		estradiol	66
		norethindrone acetate-ethinyl	
		estradiol-fe	48
		norethindrone-eth estradiol	
		(triphasic)	48
		norgestimate-ethinyl	
		estradiol	48
		norgestimate-ethinyl estradiol	
		(triphasic)	48
		norgestrel & ethinyl estradiol	48
		NORINYL 1+35	48
		NORINYL 1+50	48
		NORITATE	62
		NORPACE	12
		NORPACE CR	12
		NORPRAMIN	21
		NORTHERA	119
		nortriptyline hcl	21
		NORVASC	45
		NORVIR	40
		NOVA SAFETY LANCETS	
		23G	84
		NOVA SAFETY LANCETS	
		28G	84
		NOVA SUREFLEX	
		LANCETS	84
		NOVOEIGHT	71
		NOVOLIN 70/30	23
		NOVOLIN 70/30 RELION	23
		NOVOLIN N	23
		NOVOLIN N RELION	23

NOVOLIN R.....	23	ofloxacin.....	68	ONETOUCH VERIO IQ BLOOD	
NOVOLIN R RELION.....	23	ofloxacin (ophth).....	105	GLUCOSE MONITORING	
NOVOLOG.....	23	ofloxacin (otic).....	108	SYSTEM.....	85
NOVOLOG FLEXPEN.....	23	olanzapine.....	39	ONETOUCH VERIO SYNC	
NOVOLOG MIX 70/30.....	23	olanzapine-fluoxetine hcl.....	111	BLOODGLUCOSE	
NOVOLOG MIX 70/30		olmesartan medoxomil.....	30	MONITORING SYSTEM.....	85
PREFILLED FLEXPEN.....	23	olmesartan medoxomil-		ONETOUCH VERIO TEST	
NOVOLOG PENFILL.....	23	amlodipine-hydrochlorothiazide		STRIPS.....	63
NOVOPEN ECHO.....	92	.....	31	ONFI.....	16
NOVOSEVEN RT.....	72	olmesartan medoxomil-		ONMEL.....	26
NOXAFIL.....	26	hydrochlorothiazide.....	31	OPANA.....	7
NUCORT.....	59	olopatadine hcl.....	107,108	OPANA ER (CRUSH	
NUCYNTA.....	7	olopatadine hcl (nasal)....	103	RESISTANT).....	7
NUCYNTA ER.....	7	OLUX.....	59	opium tincture.....	24
NUDEXTA.....	112	OLUX-E.....	59	OPSUMIT.....	46
NULYTELY/FLAVOR		OLYSIO.....	42	OPTIONS CONCEPTROL	
PACKS.....	74	OMECLAMOX-PAK.....	116	VAGINAL	
NUMBONEX.....	61	omega-3-acid ethyl esters.....	27	CONTRACEPTIVE.....	118
NUPLAZID.....	38	omeprazole.....	116	OPTIONS GYNOL II	
NUVARING.....	49	OMEPRAZOLE + SYRSPEND		VAGINALCONTRACEPTIVE	
NUVIGIL.....	3	SFALKA.....	116	.....	118
NUWIQ.....	72	omeprazole-sodium		ORACEA.....	62
NYMALIZE.....	45	bicarbonate.....	117	ORACIT.....	69
nystatin.....	26	OMNARIS.....	104	ORAP.....	112
nystatin (mouth-throat).....	97	OMNIFLEX DIAPHRAGM.....	76	ORAPRED ODT.....	50
nystatin (topical).....	55	OMNIPRED.....	106	ORAVIG.....	97
nystatin-triamcinolone.....	55	OMNITROPE.....	65	ORENITRAM.....	46
O-CAL FA.....	99	ON CALL LANCETS.....	84	ORFADIN.....	65
OB COMPLETE		ON CALL PLUS LANCETS.....	84	ORKAMBI.....	113
ADVANCED.....	99	ondansetron.....	25	orphenadrine citrate.....	102
OB COMPLETE GOLD.....	99	ondansetron hcl.....	25	ORTHO MICRONOR.....	49
OB COMPLETE ONE.....	99	ONETOUCH CLUB LANCETS		ORTHO TRI-CYCLEN.....	48
OB COMPLETE PETITE.....	99	FINE POINT.....	84	ORTHO-CYCLEN.....	48
OB COMPLETE PREMIER.....	99	ONETOUCH COMBO		ORTHO-NOVUM 1/35.....	48
OB COMPLETE/DHA.....	99	PACK.....	84	ORTHO-NOVUM 7/7/7.....	48
OBIZUR.....	72	ONETOUCH DELICA		oseltamivir phosphate.....	43
OBREDON.....	51	LANCETS EXTRA FINE		OSENI.....	21
OBSTETRIX ONE.....	99	33G.....	85	OSMOPREP.....	75
OICALIVA.....	68	ONETOUCH DELICA		OSPHENA.....	65
OCTAGAM.....	109	LANCETS FINE 30G.....	85	OTEZLA.....	5
octreotide acetate.....	66	ONETOUCH FINEPOINT		OTICIN HC NR.....	108
OCUFEN.....	107	LANCETS.....	85	OTOVEL.....	108
OCUFLOX.....	105	ONETOUCH ULTRA 2.....	85	OTREXUP.....	4
ODEFSEY.....	40	ONETOUCH ULTRA		OVACE PLUS.....	56
ODOMZO.....	33	BLUE.....	62	OVACE PLUS WASH.....	56
OFEV.....	113	ONETOUCH ULTRA MINI.....	85	OVACE WASH.....	56
OFLOXACIN.....	68	ONETOUCH ULTRASOFT		OVCON-35.....	48
		LANCETS.....	85	OVIDE.....	62
		ONETOUCH VERIO.....	85	oxacillin sodium.....	110
		ONETOUCH VERIO FLEX			
		BLOODGLUCOSE			
		MONITORING SYSTEM.....	85		

OXANDRIN.....	9	PEDIAPRED.....	50	PERSANTINE.....	73
oxandrolone.....	9	pediatric multivitamins w/fl.....	97	PERTZYE.....	63
oxaprozin.....	5	pediatric vitamins acd fluoride & iron.....	98	PFIZERPEN.....	110
OXAYDO.....	7	pediatric vitamins acd w/ fluoride.....	97	PFIZERPEN-G.....	110
oxazepam.....	12	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	74	PHARMACIST CHOICE ULTRA THIN LANCETS.....	85
oxcarbazepine.....	18	peg 3350-potassium chloride- sod bicarbonate-sod chloride.....	74	PHARMACIST CHOICE ULTRA THIN LANCETS 28G.....	85
oxiconazole nitrate.....	55	PEG-INTRON REDIPEN.....	42	PHARMACIST CHOICE ULTRA THIN LANCETS 30G.....	85
OXISTAT.....	55	PEG-INTRON REDIPEN PAK 4.....	42	PHARMACIST CHOICE ULTRA THIN LANCETS 31G.....	85
OXSORALEN ULTRA.....	56	PEGANONE.....	18	PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	85
OXTELLAR XR.....	18	PEGASYS.....	42	PHARMACY COUNTER LANCETS.....	85
oxybutynin chloride.....	117	PEGASYS PROCLICK.....	42	phenelzine sulfate.....	19
oxycodone hcl.....	7	PEGINTRON.....	42	PHENERGAN.....	27
OXYCODONE HCL ER.....	7	PEN NEEDLES 31G X 3/16".....	92	phenobarbital.....	74
oxycodone w/ acetaminophen.....	8	PEN NEEDLES 31G X 5MM.....	92	phenoxybenzamine hcl.....	29
OXYCODONE/ACETAMINOPHE N.....	8	penicillin g potassium.....	109	PHENTERMINE HCL.....	2
OXYCODONE/IBUPROFEN.....	8	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	109	phentermine hcl.....	2
OXYCONTIN.....	7	PENICILLIN G.....	109	phenylephrine hcl (ophth).....	106
oxymorphone hcl.....	7	PROCAINE.....	109	phenylephrine w/ dm-gg.....	51
OXYMORPHONE HYDROCHLORIDE ER.....	7	PENICILLIN G SODIUM.....	109	PHENYTEK.....	18
paliperidone.....	38	PENICILLIN V.....	109	phenytoin.....	18
PAMELOR.....	21	POTASSIUM.....	109	phenytoin sodium extended.....	18
PAMINE.....	115	penicillin v potassium.....	109,110	PHOSLYRA.....	69
PAMINE FORTE.....	115	PENNSAID.....	54	PHOSPHOLINE IODIDE.....	105
PAMINE FQ.....	115	PENTASA.....	68	PICATO.....	55
PANCREAZE.....	63	pentazocine w/ naloxone.....	9	pilocarpine hcl.....	105
PANRETIN.....	55	PENTIPS 31G X 5MM.....	92	pilocarpine hcl (oral).....	97
pantoprazole sodium.....	116	PENTIPS 31GX5MM.....	92	pimozide.....	112
PAREGORIC.....	24	pentoxifylline.....	72	pindolol.....	44
PAREMYD.....	108	PEPCID.....	115	pioglitazone hcl.....	22
paricalcitol.....	66	PEPCID AC MAXIMUM STRENGTH.....	115	pioglitazone hcl-glimepiride.....	21
PARLODEL.....	37	PERCOCET.....	8	pioglitazone hcl-metformin hcl.....	22
PARNATE.....	19	PERFECT LANCETS 30G.....	85	piperacillin sodium-tazobactam sodium.....	110
paromomycin sulfate.....	3	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	85	piroxicam.....	5
paroxetine hcl.....	20	PERIDEX.....	97	PLAN B ONE-STEP.....	49
PASER.....	32	perindopril erbumine.....	29	PLAQUENIL.....	32
PATADAY.....	108	permethrin.....	62	PLAVIX.....	73
PATANASE.....	103	perphenazine.....	39	PLEGRIDY.....	112
PATANOL.....	108	perphenazine-amitriptyline.....	111	PLEGRIDY STARTER PACK.....	112
PAXIL.....	20			PLEXION.....	53
PAXIL CR.....	20			PLEXION CLEANSER.....	53
PC LANCETS SUPER THIN 30G.....	85				
PC UNIFINE PENTIPS 31G X5MM MINI.....	92				
PCE.....	76				
ped multivitamins w/fl & iron.....	98				

PLEXION CLEANSING CLOTHS.....	53	PR NATAL 430.....	99	PREFERRED PLUS LANCETS THIN 26G.....	85
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID.....	99	PR NATAL 430 EC.....	99	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM ..	92
PNV FOLIC ACID + IRON MULTIVITAMIN.....	99	PRADAXA.....	16	PREFEST.....	66
PNV OB+DHA.....	99	PRALUENT.....	29	PREMARIN.....	67,118
PNV PRENATAL PLUS MULTIVITAMIN.....	99	pramipexole dihydrochloride.....	37	PREMIUM SCAR PATCH...	61
PNV TABS 29-1.....	99	PRAMOSONE.....	59	PREMPHASE.....	66
PNV-DHA+DOCUSATE.....	99	PRAMOSONE E.....	59	PREMPRO.....	66
PNV-OMEGA.....	99	PRAMOTIC.....	108	PRENA 1 TRUE.....	99
PNV-SELECT.....	99	pramoxine-hc-chloroxylenol.....	108	PRENA1 CHEW.....	99
PNV-TOTAL.....	99	PRANDIN.....	24	PRENA1 PEARL.....	99
PNV-VP-U.....	99	prasugrel hcl.....	73	PRENAISSANCE.....	99
PODOCON 25 IN BENZOIN TINCTURE.....	61	PRAVACHOL.....	28	PRENAISSANCE BALANCE	99
podofilox.....	61	pravastatin sodium.....	28	PRENAISSANCE HARMONY DHA.....	99
POLY HUB NEEDLE/30G X 1/2".....	92	prazosin hcl.....	30	PRENAISSANCE NEXT.....	99
POLY-VI-FLOR.....	97	PRECISION THIN LANCETS.....	85	PRENAISSANCE NEXT-B...	99
POLY-VI-FLOR/IRON.....	98	PRECISION THINS GP LANCET.....	85	PRENAISSANCE PLUS.....	99
polyethylene glycol 3350.....	75	PRECISION ULTRA LANCET.....	85	PRENATA.....	99
polymyxin b-trimethoprim...	105	PRECISION XTRA.....	85	PRENATABS RX.....	99
POLYTRIM.....	105	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS.....	63	PRENATAL.....	100
POMALYST.....	34	PRECOSE.....	21	PRENATAL + DHA.....	99
PONSTEL.....	5	PRED FORTE.....	107	PRENATAL 19.....	100
pot & sod citrates w/citric ac.....	69	PRED MILD.....	107	PRENATAL PLUS.....	100
pot phosphate monobasic w/ sod phosphate dibasic & monobasic.....	95	PRED-G.....	107	PRENATAL PLUS IRON...	100
POTABA.....	119	PRED-G S.O.P.....	107	prenatal vit w/ docusate-fe fumarate-folic acid.....	100
potassium bicarb & chloride.....	96	prednicarbate.....	59	prenatal vit w/ docusate-iron carbonyl-folic acid.....	100
potassium bicarbonate.....	96	PREDNICARBATE.....	59	prenatal vit w/ ferrous fumarate-folic acid.....	100
potassium chloride.....	96	prednisolone.....	50	PRENATAL VITAMINS PLUS LOW IRON.....	100
POTASSIUM CHLORIDE.....	96	prednisolone acetate (ophth).....	107	prenatal without a w/ fe fumarate-l methylfolate-fa-dha.....	100
POTASSIUM CHLORIDE ER.....	96	PREDNISOLONE SODIUM PHOSPHATE.....	50	PRENATAL-U.....	100
potassium chloride in dextrose & sodium chloride.....	95	prednisolone sodium phosphate.....	50	PRENATE.....	100
potassium chloride microencapsulated crystals er.....	96	PREDNISOLONE SODIUM PHOSPHATE.....	107	PRENATE DHA.....	100
potassium citrate (alkalinizer).....	69	PREDNISOLONE/MOXIFLOXACIN.....	107	PRENATE ELITE.....	100
potassium citrate-citric acid.....	69	prednisone.....	50	PRENATE ENHANCE.....	100
POTASSIUM CITRATE/SODIUMCITRATE/CITRIC ACID.....	69	PREDNISONE.....	50	PRENATE ESSENTIAL...	100
POTIGA.....	18	PREDNISONE INTENSOL.....	50	PRENATE MINI.....	100
PR NATAL 400 EC.....	99	PREFERA OB.....	99	PRENATE PIXIE.....	100
		PREFERAOB +DHA.....	99	PRENATE RESTORE.....	100
		PREFERRED PLUS LANCETS COLORED 21G.....	85	PRENATE STAR.....	100
		PREFERRED PLUS LANCETS SUPER THIN 30G.....	85	PREPIDIL.....	109
				PREPLUS.....	100
				PREPOPIK.....	74
				PREQUE 10.....	100

PRESSURE ACTIVATED SAFETYLANCET 21G	85	PROGRAF	96	PX LANCETS ULTRA THIN 28G	86
PREVACID	116	PROLENSA	108	PX MINI PEN NEEDLES 31GX5MM	92
PREVACID 24HR	116	PROLIA	64	PYLERA	117
PREVACID SOLUTAB	116	PROMACTA	73	pyrazinamide	32
PREVPAC	117	promethazine & phenylephrine	51	pyridostigmine bromide	32
PREZCOBIX	40	promethazine hcl	27	QBRELIS	29
PREZISTA	40	promethazine w/codeine	51	QC LANCETS SUPER THIN	86
PRIFTIN	32	promethazine-dm	51	QC LANCETS ULTRA THIN	86
PRILOSEC	116	promethazine-phenylephrine-codeine	51	QC UNILET LANCETS 28G/ULTRA THIN	86
PRIMAQUINE PHOSPHATE	32	PROMETRIUM	110	QC UNILET LANCETS 33G/MICRO THIN	86
PRIMAXIN IV	11	propafenone hcl	12	QNASL	104
PRIMAXIN IV ADD-VANTAGE	11	propantheline bromide	115	QNASL CHILDRENS	104
primidone	18	proparacaine hcl	106	QSYMIA	2
PRIMLEV	8	propranolol & hydrochlorothiazide	31	QUALAQUIN	32
PRIMSOL	10	propranolol hcl	44	QUARTETTE	49
PRINIVIL	29	propylthiouracil	114	quazepam	74
PRISTIQ	20	PROSCAR	70	QUDEXY XR	18
PRIVIGEN	109	PROSTIN E2	109	QUESTRAN	27
PRO COMFORT LANCETS 30G	85	PROTONIX	116	QUESTRAN LIGHT	27
PRO COMFORT LANCETS 31G	85	PROTOPIC	61	quetiapine fumarate	39
PRO-RED AC	51	protriptyline hcl	21	QUFLORA FE PEDIATRIC	98
PROAIR HFA	15	PROVENTIL HFA	15	QUFLORA GUMMIES	97
PROAIR RESPICLICK	15	PROVERA	110	QUFLORA PEDIATRIC	97
probenecid	70	PROVIDA DHA	100	QUILLIVANT XR	3
PROCARDIA	45	PROVIGIL	3	quinapril hcl	29
PROCARDIA XL	45	PROZAC	20	quinapril-hydrochlorothiazide	31
PROCENTRA	1	PRUDOXIN	56	quinidine gluconate	12
prochlorperazine	39	pseudoephed-bromphen-dm	51	QUINIDINE SULFATE	12
prochlorperazine maleate	39	pseudoephed-cpm w/hydrocod	51	quinidine sulfate	12
PROCROT	73	pseudoephedrine w/ codeine-gg	51	quinine sulfate	32
PROCTOFOAM HC	9	PSS SELECT GP LANCETS	86	QVAR	14
PROCYSBI	70	PSS SELECT SAFETY LANCETS	86	QVAR REDIHALER	14
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	85	PULMICORT	14	R-NATAL OB	100
PRODIGY SAFETY LANCETS	85	PULMICORT FLEXHALER	14	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	86
PRODIGY TWIST TOP LANCETS	86	PULMOZYME	113	RA E-ZJECT LANCETS 28G	86
PROFILNINE	72	PURIXAN	33	RA E-ZJECT LANCETS THIN 26G	86
PROFILNINE SD	72	PUSH BUTTON SAFETY LANCETS 21G	86	RA E-ZJECT LANCETS THIN 28G	86
progesterone	110	PUSH BUTTON SAFETY LANCETS 28G	86	RA E-ZJECT LANCETS ULTRATHIN 30G	86
PROGESTERONE CONCENTRATE	47	PX LANCETS ULTRA THIN	86	RA PEN NEEDLES 31G X 5MM3/16"	92
progesterone micronized	110			rabeprazole sodium	116
PROGLYCEM	22				

raloxifene hcl.....	65	RELION LANCETS ULTRA- THIN30G.....	86	ribavirin (hepatitis c).....	42
ramipril.....	29	RELION ULTRA THIN LANCETS30G.....	86	RIDAURA.....	4
RANEXA.....	11	RELION ULTRA THIN PLUS LANCETS 32G.....	86	rifabutin.....	32
ranitidine hcl.....	115	RELION ULTRA THIN PLUS LANCETS 33G.....	86	RIFADIN.....	33
RAPAFLO.....	70	RELISTOR.....	69	RIFAMATE.....	32
RAPAMUNE.....	96	RELNATE DHA.....	100	rifampin.....	33
rasagiline mesylate.....	38	RELPAK.....	94	RIFATER.....	32
RASUVO.....	4	REMERON.....	19	RIGHTEST GL300 LANCETS.....	86
RAVICTI.....	66	REMERON SOLTAB.....	19	RILUTEK.....	104
RAYOS.....	50	REMICADE.....	68	riluzole.....	104
RAZADYNE.....	111	RENAGEL.....	69	rimantadine hydrochloride...	43
RAZADYNE ER.....	111	RENVELA.....	69	RIOMET.....	22
READYLANCE SAFETY LANCETS/21G/2.2MM.....	86	repaglinide.....	24	risedronate sodium.....	64
READYLANCE SAFETY LANCETS/23G/1.8MM.....	86	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	22	RISPERDAL.....	38
READYLANCE SAFETY LANCETS/26G/1.8MM.....	86	REPATHA.....	29	RISPERDAL M-TAB.....	38
READYLANCE SAFETY LANCETS/28G/1.8MM.....	86	REPATHA PUSHTRONEX SYSTEM.....	29	risperidone.....	38
READYLANCE SAFETY LANCETS/30G/1.6MM.....	86	REPATHA SURECLICK...	29	RISPERIDONE ODT.....	38
REALITY LANCETS.....	86	REPREXAIN.....	8	RITALIN.....	3
REALITY TRIGGER LANCETS.....	86	REQUIP.....	37	RITALIN LA.....	3
REBETOL.....	42	REQUIP XL.....	37	rivastigmine.....	111
REBIF.....	112	RESCRIPTOR.....	40	rivastigmine tartrate.....	111
REBIF REBIDOSE.....	112	reserpine.....	30	RIXUBIS.....	72
REBIF REBIDOSE TITRATIONPACK.....	112	RESPA-BR.....	26	rizatriptan benzoate.....	94
REBIF TITRATION PACK.....	112	RESTASIS.....	106	ROBAXIN.....	102
RECOMBINATE.....	72	RESTASIS MULTIDOSE.....	106	ROBAXIN-750.....	102
RECTIV.....	9	RESTORIL.....	74	ROBINUL.....	115
REGIMEX.....	2	RETIN-A.....	53	ROBINUL FORTE.....	115
REGLAN.....	68	RETIN-A MICRO.....	53	ROCALTROL.....	66
REGRANEX.....	62	RETIN-A MICRO PUMP...	53	ROMIDEPSIN.....	35
RELENZA DISKHALER.....	43	RETROVIR.....	41	ropinirole hydrochloride.....	37
RELHIST.....	51	REVATIO.....	46	rosuvastatin calcium.....	28
RELION INSULIN SYRINGE 0.5ML/31G X 15/64".....	93	REVLIMID.....	96	ROXICODONE.....	7
RELION INSULIN SYRINGE 1ML/31GX15/64".....	93	REXALL LANCETS ULTRA THIN.....	86	ROZEREM.....	74
RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	93	REXULTI.....	39	RUBRACA.....	35
RELION KETONE.....	63	REYATAZ.....	41	RULAVITE DHA.....	100
RELION LANCETS MICRO- THIN33G.....	86	REZIRA.....	51	RYDAPT.....	35
RELION LANCETS STANDARD 21G.....	86	RHEUMATREX.....	4	RYTARY.....	37
RELION LANCETS THIN 26G.....	86	RHINOCORT AQUA.....	104	RYTHMOL.....	12
		RHOFADE.....	62	RYTHMOL SR.....	12
		RIAX.....	53	SABRIL.....	18
		RIBASPHERE RIBAPAK...	42	SAFE-T-LANCE LOW FLOW 25G.....	87
		ribavirin.....	43	SAFE-T-LANCE NORMAL FLOW21G.....	87
				SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	87

SAFE-T-LANCE PLUS		selenium sulfide-pyrithione zinc		SMART SENSE COLOR	
SAFETYLANCET LOW		in urea vehicle.....	56	LANCETS UNIVERSAL 33G 87	
FLOW.....	87	SELRX.....	56	SMART SENSE STANDARD	
SAFE-T-LANCE PLUS		SELZENTRY.....	41	LANCETS UNIVERSAL 21G 87	
SAFETYLANCET NORMAL		SENSIPAR.....	66	SMART SENSE SUPER THIN	
FLOW.....	87	SEREVENT DISKUS.....	15	LANCETS UNIVERSAL 30G 87	
SAFETY LANCET		SEROQUEL.....	39	SMART SENSE THIN	
21G/PRESSURE		SEROQUEL XR.....	39	LANCETSUNIVERSAL 26G 87	
ACTIVATED.....	87	SEROSTIM.....	65	SMARTEST LANCETS 28G 87	
SAFETY LANCET		sertraline hcl.....	20	sodium chloride (inhalant)...	51
28G/PRESSURE		sevelamer carbonate.....	69	sodium citrate & citric acid...	69
ACTIVATED.....	87	SFROWASA.....	68	sodium fluoride.....	95
SAFETY LANCETS.....	87	SHOHL'S SOLUTION		sodium phenylbutyrate.....	66
SAFETY LANCETS 21G.....	87	MODIFIED.....	69	sodium phosphates.....	75
SAFETY LANCETS 28G.....	87	SHOPKO ON-THE-GO		sodium polystyrene	
SAFETY LET LANCETS.....	87	COMFORTLANCETS 30G 87		sulfonate.....	97
SAFETY SEAL LANCETS		SHOPKO UNIFINE PENTIPS		SODIUM SULFACETAMIDE	
28G.....	87	PEN		WASH.....	56
SAFETY SEAL LANCETS		NEEDLES/MINI/31GX5MM		SODIUM	
30G.....	87	.....	93	SULFACETAMIDE/SULFUR	
SAFYRAL.....	49	SHOPKO UNIFINE PENTIPS		.....	53
SALAGEN.....	97	PLUS PEN		SODIUM	
SALEX.....	61	NEEDLES/MINI/REMOVER/31		SULFACETAMIDE/SULFUR	
salicylic acid.....	61	GX5MM.....	93	CLEANSER IN UREA.....	53
salsalate.....	6	SHOPKO UNILET LANCETS		SOLARAZE.....	55
SANCUSO.....	25	SUPER THIN 30G.....	87	SOLTAMOX.....	34
SANDIMMUNE.....	97	SHOPKO UNILET LANCETS		SOLUS V2 PRESSURE	
SANDOSTATIN.....	66	ULTRA THIN 28G.....	87	ACTIVATED SAFETY LANCETS	
SANTYL.....	61	SHUR-SEAL.....	118	28G.....	87
SAPHRIS.....	39	SIDE BUTTON SAFETY		SOLUS V2 TWIST LANCETS	
SAPS HEALTH TWIST TOP		LANCET21G.....	87	30G.....	87
LANCETS 30G.....	87	SIGNIFOR.....	66	SOMA.....	102
SAPSCARE TWIST TOP		sildenafil citrate (pulmonary		SOMAVERT.....	65
LANCETS 30G.....	87	hypertension).....	46	SONATA.....	74
SARAFEM.....	112	SILIQ.....	56	SOOLANTRA.....	62
SAVAYSA.....	15	SILVADENE.....	57	SORIATANE.....	56
SAVELLA.....	111	silver sulfadiazine.....	57	SORILUX.....	56
SAVELLA TITRATION		SIMBRINZA.....	105	sotalol hcl.....	44
PACK.....	111	SIMPONI.....	3	sotalol hcl (afib/afi).....	44
SAXENDA.....	2	simvastatin.....	28	SOTYLIZE.....	44
SB LANCETS THIN.....	87	SINEMET.....	38	SOVALDI.....	42
SB LANCETS ULTRA THIN.....	87	SINEMET CR.....	38	SPECTRACEF.....	47
scopolamine.....	25	SINGLE-LET.....	87	SPIRIVA HANDIHALER.....	13
SE-NATAL 19.....	101	SINGULAIR.....	13	SPIRIVA RESPIMAT.....	13
SEASONIQUE.....	49	sirolimus.....	97	spironolactone.....	64
SECTRAL.....	44	SIVEXTRO.....	11	spironolactone &	
SEEBRI NEOHALER.....	13	SKELAXIN.....	102	hydrochlorothiazide.....	63
SELECT-OB.....	101	SKLICE.....	62	SPORANOX.....	26
SELECT-OB+DHA.....	101	SM MICRO THIN LANCETS		SPORANOX PULSEPAK.....	26
selegiline hcl.....	38	33G.....	87	SPRIX.....	5
selenium sulfide.....	56			SPRYCEL.....	35
				SSKI.....	95

SSS 10-5.....	54	SUMAXIN TS.....	54	TALTZ.....	56
STALEVO 100.....	38	SUPER THIN LANCETS..	87	TAMIFLU.....	43
STALEVO 125.....	38	SUPRAX.....	47	tamoxifen citrate.....	34
STALEVO 150.....	38	SUPRENZA.....	2	tamsulosin hcl.....	70
STALEVO 200.....	38	SUPREP BOWEL PREP		TANZEUM.....	22
STALEVO 50.....	38	KIT.....	74	TAPAZOLE.....	114
STALEVO 75.....	38	SURE COMFORT LANCETS		TAPERDEX 12-DAY.....	50
STARLIX.....	24	18G.....	88	TAPERDEX 6-DAY.....	50
stavudine.....	41	SURE COMFORT LANCETS		TARCEVA.....	36
STAXYN.....	46	21G.....	88	TARGETIN.....	36,55
STELARA.....	56	SURE COMFORT LANCETS		TARKA.....	31
STERILANCE TL.....	87	23G.....	88	TARON-BC.....	101
STIMATE.....	66	SURE COMFORT LANCETS		TARON-C DHA.....	101
STIOLTO RESPIMAT.....	15	28G.....	88	TARON-PREX.....	101
STIVARGA.....	35	SURE COMFORT LANCETS		TASIGNA.....	36
STRATTERA.....	2	30G.....	88	TASMAR.....	37
STRENSIQ.....	66	SURE COMFORT PEN		TAYTULLA.....	49
STREPTOMYCIN SULFATE..	3	NEEDLES31GX3/16"		tazarotene.....	56
STRIANT.....	9	(5MM).....	93	TAZORAC.....	56
STRIBILD.....	41	SURE-FINE PEN NEEDLES		TBC.....	61
STRIVERDI RESPIMAT.....	15	31GX3/16" 5MM.....	93	TECFIDERA.....	112
STROMECTOL.....	10	SURE-LANCE FLAT		TECFIDERA STARTER	
SUBSYS.....	7	LANCETS.....	88	PACK.....	112
SUCRAID.....	63	SURE-LANCE LANCETS		TECHLITE AST LANCETS..	88
sucralfate.....	116	26G.....	88	TECHLITE INSULIN SYRINGEU-	
SULAR.....	45	SURE-LANCE THIN LANCETS		100/0.5ML/31G X 15/64".....	93
sulfacetamide sod-		28G.....	88	TECHLITE INSULIN SYRINGEU-	
prednisolone.....	107	SURE-LANCE ULTRA THIN		100/1ML/31G X 15/64".....	93
sulfacetamide sodium.....	56	LANCETS.....	88	TECHLITE LANCETS.....	88
sulfacetamide sodium (acne)	54	SURE-TOUCH LANCETS		TECHLITE LANCETS 30G..	88
sulfacetamide sodium		UNIVERSAL.....	88	TECHLITE PEN NEEDLES 31GX	
(ophth).....	106	SURELITE LANCETS.....	88	5MM.....	93
sulfacetamide sodium w/		SURMONTIL.....	21	TECHLITE PEN NEEDLES/31GX	
sulfur.....	54	SUSTIVA.....	41	5MM.....	93
sulfacetamide sodium-sulfur in		SUTENT.....	35	TECHNIVIE.....	42
urea vehicle.....	54	SYLATRON.....	36	TEGRETOL.....	18
SULFADIAZINE.....	113	SYMBICORT.....	15	TEGRETOL-XR.....	18
sulfamethoxazole-trimethoprim		SYMBYAX.....	111	TEKTURNA.....	31
.....	10	SYNALAR.....	59	TEKTURNA HCT.....	31
SULFAMYLON.....	57	SYNALGOS-DC.....	8	telmisartan.....	30
sulfasalazine.....	68	SYNAREL.....	65	telmisartan-amlodipine.....	31
sulindac.....	5	SYNDROS.....	25	telmisartan-hydrochlorothiazide	
sumatriptan.....	94,95	SYNJARDY.....	22	.....	31
sumatriptan succinate.....	95	SYNJARDY XR.....	22	temazepam.....	74
SUMATRIPTAN		SYNTHROID.....	114	TEMODAR.....	33
SUCCINATE.....	95	SYPRINE.....	96	TEMOVATE.....	59
sumatriptan succinate.....	95	TABLOID.....	33	TEMOVATE E.....	59
sumatriptan-naproxen		TACLONEX.....	59	temozolomide.....	33
sodium.....	94	tacrolimus.....	97	TENCON.....	6
		tacrolimus (topical).....	61		
		TAFINLAR.....	35		
		TAGRISSE.....	36		

TENEX.....	30	THRIVITE RX.....	101	tolcapone.....	37
tenofovir disoproxil fumarate	41	THYMOGLOBULIN.....	97	tolmetin sodium.....	5
TENORETIC 100.....	31	thyroid.....	114	TOLMETIN SODIUM.....	5
TENORETIC 50.....	31	THYROLAR-1.....	114	tolmetin sodium.....	5
TENORMIN.....	44	THYROLAR-1/2.....	114	tolterodine tartrate.....	117
TERAZOL 3.....	118	THYROLAR-1/4.....	114	TOPAMAX.....	18
TERAZOL 7.....	118	THYROLAR-2.....	114	TOPAMAX SPRINKLE.....	18
terazosin hcl.....	30	THYROLAR-3.....	114	TOPCARE LANCETS MICRO-THIN 33G.....	88
terbinafine hcl.....	26	tiagabine hcl.....	18	TOPICORT.....	59
terbutaline sulfate.....	15	TIAZAC.....	45	topiramate.....	18
TERCONAZOLE.....	118	TIGAN.....	25	TOPIRAMATE ER.....	18
terconazole vaginal.....	118	TIKOSYN.....	13	topotecan hcl.....	36
TERSI FOAM.....	56	timolol maleate.....	44	TOPROL XL.....	44
TESSALON PERLES.....	50	timolol maleate (ophth).....	104	TORISEL.....	36
TESTIM.....	9	TIMOLOL MALEATE OPHTHALMIC GEL FORMING.....	104	torsemid.....	63
testosterone.....	9	TIMOLOL MALEATE OPHTHALMIC GEL FORMING.....	104	TOUJEO SOLOSTAR.....	23
TESTRED.....	9	TIMOPTIC.....	104	TOVIAZ.....	117
tetrabenazine.....	111	TIMOPTIC OCUDOSE.....	104	TRACLEER.....	46
tetracaine hcl (ophth).....	106	TIMOPTIC-XE.....	104	TRADJENTA.....	22
tetracycline hcl.....	114	TINDAMAX.....	10	tramadol hcl.....	7
TETRACYCLINE HCL.....	114	tinidazole.....	10	TRAMADOL HCL ER.....	7
TETRACYCLINE HYDROCHLORIDE.....	114	TIVICAY.....	41	tramadol-acetaminophen.....	8
TEXACORT.....	59	TIVORBEX.....	5	trandolapril.....	29
TGQ 30PSE/150GFN/15DM.....	51	tizanidine hcl.....	103	trandolapril-verapamil hcl.....	31
TGQ 30PSE/3BRM/15DM.....	51	TL-CARE DHA.....	101	tranexamic acid.....	73,74
TGT LANCET ALTERNATE SITE.....	88	TL-SELECT.....	101	TRANSDERM-SCOP.....	25
TGT LANCET MICRO THIN 33G.....	88	TOBI.....	3	TRANXENE T.....	12
TGT LANCET SUPER THIN 30G.....	88	TOBI PODHALER.....	3	tranylcyproamine sulfate.....	19
TGT LANCET THIN 23G.....	88	TOBRADEX.....	107	TRAVATAN Z.....	108
TGT LANCET THIN 26G.....	88	TOBRADEX ST.....	107	TRAVEL LANCETS 30G.....	88
TGT LANCET ULTRA THIN 28G.....	88	tobramycin.....	3	TRAVEL LANCETS ADVANCED 28G.....	88
TGT LANCET ULTRA THIN 30G.....	88	tobramycin (ophth).....	106	travoprost.....	108
THALOMID.....	96	TOBRAMYCIN SULFATE.....	3	trazodone hcl.....	20
THEO-24.....	15	tobramycin sulfate.....	3	TRECTOR.....	33
theophylline.....	15	tobramycin-dexamethasone.....	107	TRESIBA FLEXTOUCH.....	23,24
THERANATAL CORE NUTRITION.....	101	TOBEX.....	106	TRETIN-X.....	54
THINLETS GP LANCETS.....	88	TODAY SPONGE.....	118	tretinoin.....	54
THINLETS LANCET.....	88	TODAYS HEALTH SUPER THINLANCETS 30G.....	88	tretinoin (chemotherapy).....	36
THIOLA.....	70	TODAYS HEALTH ULTRA THINLANCETS 28G.....	88	TRETTEN.....	72
thioridazine hcl.....	39	TOFRANIL.....	21	TREXALL.....	33
thiothixene.....	39	TOLAZAMIDE.....	24	TREXIMET.....	94
THRIVITE 19.....	101	tolazamide.....	24	TRI-NORINYL 28.....	49
		tolbutamide.....	24	TRI-TABS DHA.....	101
				TRI-VI-FLOR.....	98

TRI-VI-FLORO	98	TRUEPLUS LANCETS 28G	ULTILET SAFETY LANCETS
triamcinolone acetonide		SUPER THIN	23G
(mouth)	97	TRUEPLUS LANCETS	ULTILET SHORT PEN
triamcinolone acetonide		30G	NEEDLES31GX3/16"
(nasal)	104	TRUEPLUS LANCETS 30G	ULTIMATECARE ONE
triamcinolone acetonide		ULTRA THIN	ULTIMATECARE ONE NF
(topical)	60	TRUEPLUS LANCETS	ULTRA THIN LANCETS
triamterene &		33G	28G
hydrochlorothiazide	63	TRUEPLUS LANCETS 33G	ULTRA THIN LANCETS
TRIAMTERENE/HYDROCHLOR		MICRO THIN	30G
OTHIAZIDE	63	TRUEPLUS PEN NEEDLES	ULTRA-THIN II AUTO
TRIAZOLAM	74	31GX5MM	LANCET
triazolam	74	TRUEPLUS SAFETY	ULTRA-THIN II LANCETS
TRIBENZOR	31	LANCETS 28G	28G
TRICARE	101	TRULICITY	ULTRA-THIN II LANCETS
TRICARE PRENATAL	101	TRUSOPT	30G
TRICARE PRENATAL 1	101	TRUVADA	ULTRA-THIN II MINI PEN
TRICARE PRENATAL		TUDORZA PRESSAIR	NEEDLES/31GX3/16"
COMPLEAT	101	TUSNEL	ULTRA-THIN II SAFETY
TRICARE PRENATAL DHA		TUSSICAPS	AUTOLANCETS 26G
ONE	101	TUSSIONEX PENNKINETIC	ULTRACET
TRICARE PRENATAL DHA		EXTENDED RELEASE	ULTRAM
ONE/FOLATE	101	TWYNSTA	ULTRAM ER
TRICITRATES	69	TYBOST	ULTRAVATE
TRICOR	28	TYKERB	UMECTA
TRIDESILON	60	TYLENOL/CODEINE #3	UMECTA NAIL FILM
trientine hcl	96	TYLENOL/CODEINE #4	UNASYN
trifluoperazine hcl	39	TYMLOS	UNASYN BULK PACK
trifluridine	106	TYSABRI	UNIFINE PENTIPS 31G X
TRIGLIDE	28	TYVASO	3/16"
trihexyphenidyl hcl	37	TYVASO REFILL	UNIFINE PENTIPS
TRILEPTAL	18	TYVASO STARTER	31GX5MM
TRILIPIX	28	TYZEKA	UNIFINE PENTIPS PLUS
trimethobenzamide hcl	25	TYZINE PEDIATRIC NASAL	31GX5MM
trimethoprim	10	DROPS	UNILET COMFORTOUCH
trimipramine maleate	21	UCERIS	LANCET
TRIMPEX	10	ULORIC	UNILET EXCELITE
TRINATAL GT	101	ULTICARE PEN NEEDLES	UNILET EXCELITE II
TRINATAL RX 1	101	31GX 5MM/MINI	UNILET G.P. LANCET
TRINTELLIX	20	ULTICARE THIN LANCETS	UNILET G.P. SUPERLITE
TRISTART DHA	101	30G	LANCET
TRISTART ONE	101	ULTILET CLASSIC	UNILET GP 28 ULTRA THIN
TRIUMEQ	41	LANCETS	UNILET LANCET
TRIVEEN-PRX RNF	101	ULTILET INSULIN	UNILET LANCETS MICRO-
TRIZIVIR	41	SYRINGE/U-	THIN33G
TROKENDI XR	18	100/0.5ML/31GX6MM	UNILET LANCETS SUPER-
tropicamide	105	ULTILET LANCETS	THIN30G
tropium chloride	117	28G	UNILET LANCETS ULTRA-THIN
TRUEPLUS LANCETS 26G	88	UNILET LANCETS 33G	28G
TRUEPLUS LANCETS 28G	88	ULTILET PEN NEEDLE	UNILET SUPERLITE
		31GX5MM	LANCET
		ULTILET SAFETY LANCETS	UNISTIK 3 GENTLE
		21G X 2.2MM	UNISTIK SAFETY LANCETS
			28G

UNISTIK SAFETY LANCETS 30G.....	89	valsartan-hydrochlorothiazide.....	31	VIBRAMYCIN.....	114
UNISTIK TOUCH SAFETY LANCETS 21G.....	89	VALTREX.....	43	VICOPROFEN.....	8
UNISTIK TOUCH SAFETY LANCETS 23G.....	89	VALUE PLUS LANCETS STANDARD 21G.....	90	VICTOZA.....	22
UNISTIK TOUCH SAFETY LANCETS 28G.....	90	VALUE PLUS LANCETS SUPERTHIN 30G.....	90	VIDA MIA UNILET LANCETS SUPER THIN 30G.....	90
UNISTIK TOUCH SAFETY LANCETS 30G.....	90	VALUE PLUS LANCETS THIN 26G.....	90	VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	90
UNIVERSAL 1 LANCETS THIN26G.....	90	VALUMARK LANCET SUPER THIN 30G.....	90	VIDEX EC.....	41
UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	90	VALUMARK LANCET ULTRA THIN 28G.....	90	VIDEXPEDIATRIC.....	41
UNIVERSAL 1 LANCETS/33G/MICRO-THIN.....	90	VANOCOCIN HCL.....	10	VIEKIRA PAK.....	42
UPTRAVI.....	46	vancomycin hcl.....	10	VIEKIRA XR.....	42
URAMAXIN.....	60	VANOS.....	60	vigabatrin.....	18
URAMAXIN GT.....	60	VARUBI.....	26	VIGAMOX.....	106
urea.....	60	VASCEPA.....	27	VIIBRYD.....	20
UREA.....	60	VASERETIC.....	31	VIIBRYD STARTER PACK.....	20
urea.....	60	VASOTEC.....	29	VIMPAT.....	18
urea in lactic acid vehicle.....	60	VCF VAGINAL CONTRACEPTIVE FILM.....	118	VINATE DHA RF.....	101
urea in zinc undecylenate-lactic acid vehicle.....	60	VCF VAGINAL CONTRACEPTIVE FOAM.....	118	VINATE ONE.....	101
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE.....	60	VECAMYL.....	31	VIOKACE.....	63
UREA NAIL.....	60	VECTICAL.....	56	VIRACEPT.....	41
UREA TOPICAL.....	60	VELCADE.....	36	VIRAMUNE.....	41
URECHOLINE.....	117	VELTASSA.....	97	VIRAMUNE XR.....	41
UROCIT-K 10.....	70	VELTIN.....	54	VIRASAL.....	61
UROCIT-K 15.....	70	VEMAVITE-PRX 2.....	101	VIRAZOLE.....	43
UROCIT-K 5.....	70	VEMLIDY.....	42	VIREAD.....	41
UROXATRAL.....	70	VENA-BAL DHA.....	101	VIROPTIC.....	106
URSO 250.....	68	VENCLEXTA.....	33	VIRT-ADVANCE.....	101
URSO FORTE.....	68	VENCLEXTA STARTING PACK.....	33	VIRT-C DHA.....	102
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valacyclovir hcl.....	43	verapamil hcl.....	45	VIRT-SELECT.....	102
VALCHLOR.....	55	VEREGEN.....	54	VIRT-VITE GT.....	102
VALCYTE.....	41	VERELAN.....	45	VIRTPREX.....	102
valganciclovir hcl.....	41	VERELAN PM.....	45	VISTARIL.....	12
VALIUM.....	12	VERIPRED 20.....	50	VISTOGARD.....	25
valproate sodium.....	19	VERSACLOZ.....	39	VITAFOL FE+.....	102
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VITAMIN D3	119	WELLBUTRIN XL	19
VITAPEARL	102	WELLESSE VITAMIN D3	119
VITATRUE	102	WESTCORT	60
VITEKTA	41	WESTHROID	114
VITUZ	51	WIDE-SEAL SILICONE	
VIVA DHA	102	DIAPHRAGM KIT 60	76
VIVELLE-DOT	67	WIDE-SEAL SILICONE	
VIVOTIF	118	DIAPHRAGM KIT 65	76
VIVOTIF BERNA	117	WIDE-SEAL SILICONE	
VOL-PLUS	102	DIAPHRAGM KIT 70	76
VOL-TAB RX	102	WIDE-SEAL SILICONE	
VOLTAREN	54	DIAPHRAGM KIT 75	76
VONVENDI	72	WIDE-SEAL SILICONE	
voriconazole	26	DIAPHRAGM KIT 80	76
VOSEVI	42	WIDE-SEAL SILICONE	
VOSPIRE ER	15	DIAPHRAGM KIT 85	76
VOTRIENT	36	WIDE-SEAL SILICONE	
VP-CH PLUS	102	DIAPHRAGM KIT 90	76
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VYTONE	55	XALKORI	36
VYTORIN	27	XANAX	12
VYVANSE	1	XANAX XR	12
W&F LANCETS 26G	90	XARELTO	15
W&F LANCETS COLORED		XARELTO STARTER	
21G	90	PACK	15
WALGREENS ADVANCED		XATMEP	33
TRAVELLANCETS 28G	90	XELJANZ	3
WALGREENS COMFORT		XELJANZ XR	3
ASSUREDLANCETS MICRO		XELODA	33
THIN/33G	90	XENAZINE	111
WALGREENS COMFORT		XENICAL	2
ASSUREDLANCETS SUPER		XERMELO	69
THIN/28G	90	XHANCE	104
WALGREENS LANCETS	90	XIFAXAN	10
WALGREENS THIN		XIGDUO XR	22
LANCETS	90	XIIDRA	106
WALGREENS ULTRA THIN		XIMINO	114
LANCETS	90	XODOL	8
warfarin sodium	15	XOPENEX	15
WEGMANS UNIFINE PENTIPS		XOPENEX	
PLUS/MINI/31GX5MM	93	CONCENTRATE	15
WELCHOL	28	XOPENEX HFA	15
		XTANDI	34
		XULANE	49
		XURIDEN	66
		XYLOCAINE	61
		XYNTHA	72
		XYNTHA SOLOFUSE	72
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		XYZAL	27
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		ZEBETA	44
		ZEGERID	117
		ZEJULA	36
		ZELAPAR	38
		ZELBORAF	36
		ZEMPLAR	66
		ZENPEP	63
		ZENZEDI	1
		ZEPATIER	43
		ZERIT	41
		ZESTORETIC	31
		ZESTRIL	29
		ZETIA	29
		ZETONNA	104
		ZIAC	31
		ZIAGEN	41
		ZIANA	54
		zidovudine	41
		zileuton	13
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		ZIOPTAN	108
		ziprasidone hcl	38
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ZOLOFT.....	20
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ZOMACTON.....	65
ZOMIG.....	95
ZOMIG ZMT.....	95
ZONACORT 11 DAY.....	50
ZONACORT 7 DAY.....	50
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