



Federal Employees Health Benefits Program Group Value Formulary (Standard Plan)

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Table of Contents

What is my prescription drug coverage?	3
What is the Scott & White Health Plan Group Value Formulary?.....	3
How was the formulary created and how are new medications reviewed?	3
Does the formulary ever change?	4
How am I notified of changes to the formulary?	4
What are brand-name and generic drugs?	4
What is generic substitution?	4
What are Specialty drugs?	5
What are pharmaceutical management procedures?	5
Are there any restrictions on my coverage?	5
How do I request an exception to the SWHP formulary?	5
What drugs are not covered by my prescription drug benefit?	6
How much medication does my copayment cover and does my plan cover maintenance medications?.....	6
Maintenance Medications	6
How can I save money on prescriptions?	7
Contraceptive Coverage	7
Preventive Care Medications & Medications Covered Under Health Care Reform	7
Smoking Cessation Medication Coverage	7
Diabetic Supplies	8
Oral Oncology Program	8

What is my prescription drug coverage?

As part of your Scott and White Health Plan (SWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the SWHP formulary.

Not every prescription drug benefit is the same. The best way to figure out your prescription drug coverage is to review your *Evidence of Coverage* or call the SWHP Customer Service department.

What is the Scott & White Health Plan Group Value Formulary?

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list represents the prescription drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

The SWHP Group Value formulary includes preferred drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Although the formulary does not list drugs for sexual dysfunction, this drug category is covered. Non-formulary drugs require prior authorization or may be subject to clinical edits. Formularies continually change to reflect the most recent advances in drug therapy therefore; this list is not inclusive and does not guarantee coverage.

The formulary is tiered, meaning there are different copayment levels for drugs on different levels.

Tier 0 (T0): zero cost share preventive medications

Tier 1 (T1): preferred generic medications

Tier 2 (T2): preferred brand medications

Tier 3 (T3): non-preferred brand and generic medications

Specialty (SP1): specialty preferred generic medications

Specialty (SP2): specialty preferred brand medications

Specialty (SP3): specialty non-preferred brand medications

The formulary may change because we review new medical information regarding current drugs listed as well as new drugs recently approved by the FDA.

How was the formulary created and how are new medications reviewed?

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee is primarily made up of physicians, pharmacists, and nurses.

It reviews information and scientific evidence concerning safety, effectiveness, and current use in therapy.

Does the formulary ever change?

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- The P&T Committee may add new drugs.
- The FDA may withdraw a drug from the market.
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the SWHP formularies on our website at swhp.org, which are updated monthly. To view the changes that have been made to the formularies, refer to the monthly *Formulary Changes* document posted on the website. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Pharmacy Help Desk at 1-800-728-7947.

What are brand-name and generic drugs?

SWHP covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand name. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand-name drugs and the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor, or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may no longer be covered. . The generic medication may be covered at the lower copayment.

On the formulary, brand name drugs are capitalized (e.g. HUMALOG) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

What is generic substitution?

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand name drug. Generic substitution will automatically occur at SWHP Provider Pharmacies. Prescribers may choose to use a brand name product and not

allow generic substitution by indicating on the prescription “brand necessary” or “brand medically necessary.” Per state law, these statements must be handwritten by the prescriber.

What are Specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help manage the drug formulary in order to provide the most cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs on the formulary.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include quantity limits, prior authorization, step therapy, age limits, and others. Please refer to the legend for a complete listing of requirements.

How do I request an exception to the SWHP formulary?

You, a representative, or a prescriber can submit a request to SWHP to make an exception to the formulary. For example, if there are clinically significant reasons why you cannot take a drug in accordance with the coverage requirements (e.g. step therapy, age limits, quantity limits), an exception request can be submitted for review. Additionally, if you 1) have tried all formulary alternatives, or there are clinically significant reasons why the alternatives would not be appropriate for your specific condition, and 2) the requested drug is medically necessary, and 3) the drug is not excluded from coverage, an exception request to cover a drug not listed on formulary can be submitted for review.

To request an exception, you, a representative, or a prescriber can submit a coverage exception request to SWHP via swhp.org, fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the

medication for the full price. For questions regarding this process, contact SWHP pharmacy customer service at 1-800-728-7947.

What drugs are not covered by my prescription drug benefit?

Please refer to your *Evidence of Coverage* for complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under SWHP benefit plans.

How much medication does my copayment cover and does my plan cover maintenance medications?

You can get up to a 30-day supply of medication for a single copayment. Some medications may have a quantity limit, restricting the amount of drug you can get per prescription or per copayment.

Maintenance medications (noted on the formulary by a “MN” next to the drug name) are used to treat chronic medical conditions. The prescription for the drug must be written for a three-month supply of medication.

Maintenance Medications

The following categories are considered maintenance eligible:

- Anticonvulsants
- Bupropion, bupropion SR, bupropion XL
- Cardiovascular Medications
- Estrogen and Progestin replacement medications
- Generic selective serotonin reuptake inhibitors (SSRIs) medications
- Lithium
- Medications to treat asthma
- Medications to treat diabetes and diabetic supplies
- Medications to treat glaucoma
- Medications to treat gout
- Medications to treat osteoporosis
- Medications to treat Parkinson’s
- Potassium supplements
- Testosterone Cypionate
- Thyroid replacement medications
- Tricyclic antidepressant medications
- Urinary incontinence medications

NOTE: Not all drugs within the category are preferred to be maintenance eligible. Only those listed with an “MN” on formulary are maintenance eligible. Please refer to your *Evidence of Coverage* for complete plan coverage.

How can I save money on prescriptions?

Medications on the SWHP formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

- Please refer to the formulary to determine which contraceptives are available at a \$0 cost-share. These are listed on the formulary at Tier 0 (preventive drugs). Certain over-the-counter (OTC) contraceptives for women may also be covered at a \$0 cost-share. These must be filled at a network pharmacy with a prescription prescribed by a health care professional.

Coverage may vary according to your plan. Please refer to applicable plan documents.

Preventive Care Medications & Medications Covered Under Health Care Reform

Preventive care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are listed on the formulary at Tier 0 (preventive drugs). Please note this list is subject to change.

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to two smoking cessation attempts per year, up to 180 days total. These medications are listed on the formulary at Tier 0 (preventive drugs).

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Diabetic Supplies

The preferred diabetic testing supplies include all Accu-Chek® (Roche Diagnostics) Products and OneTouch® (LifeScan) products.

Oral Oncology Program

Prescriptions for drugs included in the oral oncology program will be restricted to a 14-day supply for the first 2 months of therapy. Please refer to applicable plan documents for additional information.

Oral Oncology Program drugs include:

Bosulif	Gleevec	Nerlynx	Sprycel	Tarceva	Votrient	Zejula	Zytiga
Calquence	Inlyta	Nexavar	Sutent	Targretin	Xalkori	Zolinza	
Erivedge	Jakafi	Rubraca	Tafinlar	Verzenio	Xtandi	Zykadia	

LEGEND		
TIER	DESCRIPTION	
0	Preventive Drugs	
1	Preferred Generics	
2	Preferred Brands	
3	Non-Preferred Brands & Non-Preferred Generics	
SP1	Specialty Preferred Generics	
SP2	Specialty Preferred Brands	
SP3	Specialty Non-Preferred Brands	
TYPE	DESCRIPTION	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
MDD	Max Daily Dose	There is a limit on the amount of this drug that is covered per day.
C	Custom	This drug has unique restrictions.
MN	Maintenance Medication	Maintenance Medication.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>aspirin (81 mg tab chew, 81 mg tablet dr)</i>	0	AL1 50 to 59 yrs old
<i>butalbital/aspirin/caffeine</i>	1	
<i>celecoxib</i>	1	
<i>choline salicylate/magnesium salicylate</i>	1	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	1	
<i>diclofenac sodium/misoprostol (sodium/misoprostol 50 tab ir dr, sodium/misoprostol 75 tab ir dr)</i>	3	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen calcium (400 mg capsule, 600 mg tablet)</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
INDOCIN (25 MG/5 ML SUSPENSION, 50 MG SUPPOSITORY)	2	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac tromethamine 10 mg tablet</i>	1	QL 20 / 30 DAYS
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	3	
<i>meloxicam (7.5 mg tablet, 7.5 mg/5ml oral susp, 15 mg tablet)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	1	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	1	
<i>oxaprozin 600 mg tablet</i>	1	
<i>piroxicam</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>salsalate</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i>	3	
<i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	1	
<i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 40 mg tablet sol)</i>	1	
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	1	
NUCYNTA ER	3	
<i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h, 80 mg tab er 12h)</i>	1	
OXYCONTIN	2	
<i>tramadol hcl (100 mg tbmp 24hr, 200 mg tbmp 24hr, 300 mg tbmp 24hr)</i>	3	
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-30mg tablet, 300mg-60mg tablet)</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine phosphate</i>	1	
<i>butorphanol tartrate 10 mg/ml spray</i>	1	QL 5 / 30 DAYS
CAPITAL W-CODEINE	2	
<i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>	1	
<i>codeine sulfate</i>	1	
<i>codeine/butalbital/asa/caffein 30-50-325 capsule</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10-300/15 solution, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)	1	
hydrocodone/ibuprofen (hydrocodone/ibuprofen 5mg-200mg tablet, hydrocodone/ibuprofen 7.5-200 mg tablet, hydrocodone/ibuprofen 10mg-200mg tablet)	1	
hydromorphone hcl (1 mg/ml liquid, 2 mg tablet, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)	1	
morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 10 mg/5 ml solution, 15 mg tablet, 20 mg supp.rect, 20 mg/5 ml solution, 30 mg supp.rect, 30 mg tablet, 100 mg/5ml solution)	1	
NUCYNTA	3	
oxycodone hcl (5 mg capsule, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 15 mg tablet, 20 mg tablet, 20 mg/ml oral conc, 30 mg tablet)	1	
oxycodone hcl/acetaminophen	1	
oxycodone hcl/aspirin	1	
pentazocine hcl/naloxone hcl	1	
tramadol hcl 50 mg tablet	1	
tramadol hcl/acetaminophen	1	
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine 5 % adh. patch	1	
lidocaine 5 % oint. (g)	1	QL 120 / 30 DAYS
lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution, 40 mg/ml solution)	1	
lidocaine/prilocaine 2.5 %-2.5% cream (g)	1	QL 120 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>naltrexone hcl 50 mg tablet</i>	1	
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	1	
<i>buprenorphine hcl/naloxone hcl</i>	1	
SUBOXONE	3	
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml syringe, 0.4 mg/ml vial, 1 mg/ml syringe)</i>	1	
NARCAN	3	QL 1 BOX (2 NASAL SPRAYS) / 180 DAYS
SMOKING CESSATION AGENTS		
<i>bupropion hcl (150 mg tab er 12h, 150 mg tablet er)</i>	0	C 6 months of treatment per 1 year MN
CHANTIX	0	C 6 months of treatment per 1 year
<i>nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24, 21-14-7mg patch dysq, 22 mg/24hr patch td24)</i>	0	C 6 months of treatment per 1 year
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozenge, 4 mg lozng mini)</i>	0	C 6 months of treatment per 1 year
NICOTROL	0	C 6 months of treatment per 1 year
NICOTROL NS	0	C 6 months of treatment per 1 year
ANTIBACTERIALS		
AMINOGLYCOSIDES		
GARAMYCIN 3 MG/ML EYE DROPS	1	
<i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g), 0.3 % drops, 0.3 % oint. (g))</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
<i>tobramycin</i>	1	
TOBREX 0.3% EYE OINTMENT	2	
ANTIBACTERIALS, OTHER		
AKTIPAK	2	
<i>bacitracin 500 unit/g oint. (g)</i>	1	
BACTROBAN NASAL	2	
BENZAMYCINPAK	2	
CLEOCIN 100 MG VAGINAL OVULE	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	1	
<i>clindamycin phosphate (1 % gel (gram), 1 % lotion, 1 % med. swab, 1 % solution, 2 % cream/appl)</i>	1	
CLINDESSE	3	
<i>erythromycin base/benzoyl peroxide</i>	1	
<i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i>	3	
<i>meth/meblue/sod phos/psal/hyos 118-10-36 capsule</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>metronidazole (0.75 % gel w/appl, 250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	1	
MONUROL	3	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
URIBEL	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vancomycin hcl (1 g vial, 1 g vial port, 125 mg capsule, 250 mg capsule, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port)	3	
VANDAZOLE	1	
XIFAXAN	3	PA
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule, 500 mg tab er 12h)	1	
cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)	1	
cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)	1	
cefixime	1	
cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)	1	
cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)	1	
ceftibuten (180 mg/5ml susp recon, 400 mg capsule)	1	
CEFTIN (125 MG/5 ML ORAL SUSP, 250 MG/5 ML ORAL SUSP)	2	
cefuroxime axetil	1	
cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet)	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 400 MG TABLET, 500 MG/5 ML SUSPENSION)	2	
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)</i>	1	
<i>ampicillin trihydrate (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>	1	
AUGMENTIN 125-31.25 MG/5 ML	2	
<i>dicloxacillin sodium</i>	1	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	1	
MACROLIDES		
AKNE-MYCIN	2	
AZASITE	3	
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 500 mg vial, 500 mg vial port, 600 mg tablet)</i>	1	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)</i>	1	
ERY-TAB	2	
ERYGEL	1	
ERYPED 400	2	
ERYTHROCIN STEARATE	1	
<i>erythromycin base (5 mg/g oint. (g), 5 mg/gram oint. (g), 250 mg capsule dr, 250 mg tablet, 500 mg tablet)</i>	1	
<i>erythromycin base/ethyl alcohol (base/ethanol 2 % gel (gram), base/ethanol 2 % med. swab, base/ethanol 2 % solution)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet)</i>	1	
QUINOLONES		
BESIVANCE	3	
CILOXAN 0.3% OINTMENT	2	
<i>ciprofloxacin</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ciprofloxacin hcl (0.2 % dropperette, 0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>ciprofloxacin/ciprofloxacin hcl</i>	1	
<i>gatifloxacin</i>	1	
<i>levofloxacin (0.5 % drops, 250 mg tablet, 250mg/10ml solution, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)</i>	1	
<i>moxifloxacin hcl (0.5 % drops, 400 mg tablet)</i>	3	
<i>ofloxacin 0.3 % drops</i>	1	
SULFONAMIDES		
AVC	2	
<i>silver sulfadiazine</i>	1	
SSD	2	
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g), 10 % suspension)</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	3	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	1	
<i>doxycycline monohydrate (50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>tetracycline hcl</i>	1	
VIBRAMYCIN 50 MG/5 ML SYRUP	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	2	MN
KEPPRA XR	2	MN
<i>levetiracetam</i>	1	MN
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	2	MN
<i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>	1	MN
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	2	MN
ZONEGRAN	2	MN
<i>zonisamide</i>	1	MN
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
DEPAKENE (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	2	MN
DEPAKOTE	2	MN
DEPAKOTE ER	2	MN
DEPAKOTE SPRINKLE	2	MN
DIASTAT	2	QL 5 / 30 DAYS
DIASTAT ACUDIAL	2	QL 5 / 30 DAYS
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	1	QL 5 / 30 DAYS
<i>divalproex sodium</i>	1	MN
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	1	MN
GABITRIL	2	MN
MYSOLINE	2	MN
NEURONTIN (100 MG CAPSULE, 250 MG/5 ML SOLN, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)	2	MN
ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	1	MN
<i>primidone</i>	1	MN
SABRIL	SP3	PA
<i>tiagabine hcl</i>	1	MN
<i>valproic acid</i>	1	MN
<i>valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500mg/10ml solution)</i>	1	MN
GLUTAMATE REDUCING AGENTS		
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	1	MN
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	2	MN
LAMICTAL	2	MN
<i>lamotrigine (25 mg tab er 24, 25 mg tab rapdis, 50 mg tab er 24, 50 mg tab rapdis, 100 mg tab er 24, 100 mg tab rapdis, 200 mg tab er 24, 200 mg tab rapdis, 250 mg tab er 24, 300 mg tab er 24)</i>	3	MN
<i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	MN
TOPAMAX	2	MN
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	MN
SODIUM CHANNEL AGENTS		
APTIOM	3	MN
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	SP2	PA
<i>carbamazepine</i>	1	MN
CARBATROL	2	MN
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	2	MN
DILANTIN-125	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	1	MN
OXTELLAR XR	3	MN
PHENYTEK	2	MN
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	1	MN
<i>phenytoin sodium extended</i>	1	MN
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	2	MN
TEGRETOL XR	2	MN
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	2	MN
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	3	MN
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	1	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl</i>	1	
<i>galantamine hbr (4 mg tablet, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tabs pk, 10 mg tablet)</i>	1	
NAMENDA XR	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>amitriptyline hcl/chlordiazepoxide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl (75 mg tablet, 100 mg tab er 12h, 100 mg tablet, 100 mg tablet er, 150 mg tab er 24h, 200 mg tab er 12h, 200 mg tablet er, 300 mg tab er 24h)</i>	1	MN
<i>mirtazapine</i>	1	
MONOAMINE OXIDASE INHIBITORS		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR		
<i>citalopram hydrobromide (10 mg tablet, 10 mg/5 ml solution, 20 mg tablet, 40 mg tablet)</i>	1	MN
<i>desvenlafaxine succinate</i>	1	MN
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	1	MN
FETZIMA	3	MN
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule, 60 mg tablet, 90 mg capsule dr)</i>	1	MN
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	3	MN
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>maprotiline hcl</i>	1	MN
<i>nefazodone hcl</i>	1	
<i>paroxetine hcl (10 mg tablet, 12.5 mg tab er 24h, 20 mg tablet, 25 mg tab er 24h, 30 mg tablet, 37.5 mg tab er 24h, 40 mg tablet)</i>	1	MN
PAXIL 10 MG/5 ML SUSPENSION	2	MN
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>trazodone hcl</i>	1	
TRINTELLIX	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tab er 24, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tab er 24, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h, 150 mg tab er 24)</i>	1	MN
VENLAFAXINE HCL ER (ER 37.5 MG TAB, ER 75 MG TAB, ER 150 MG TAB)	1	MN
VIIBRYD	3	
TRICYCLICS		
<i>amitriptyline hcl</i>	1	MN
<i>amoxapine</i>	1	MN
<i>clomipramine hcl</i>	1	MN
<i>desipramine hcl</i>	1	MN
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	1	MN
<i>imipramine hcl</i>	1	MN
<i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	MN
<i>protriptyline hcl</i>	1	MN
<i>trimipramine maleate</i>	1	MN
ANTIEMETICS		
ANTIEMETICS, OTHER		
DICLEGIS	3	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine 25 mg supp.rect</i>	1	
<i>prochlorperazine edisylate 5 mg/ml vial</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>	1	
<i>scopolamine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trimethobenzamide hcl</i>	1	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant</i>	3	QL 3 / RX
<i>dronabinol</i>	3	
EMEND 125 MG POWDER PACKET	3	QL 3 / 1 RX
<i>granisetron hcl 1 mg tablet</i>	3	QL 4 / 1 RX
<i>ondansetron</i>	1	QL 8 / 1 RX
<i>ondansetron hcl (2 mg/ml vial, 4 mg/5 ml solution)</i>	1	
<i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	1	QL 8 / 1 RX
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 mg/2 ml vial)</i>	1	
ANTIFUNGALS		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole 10 mg troche</i>	1	
CRESEMBA 186 MG CAPSULE	SP3	PA
<i>econazole nitrate</i>	1	
EXELDERM (CREAM, SOLUTION)	2	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	1	
LAMISIL (125 MG GRANULES PACKET, 187.5 MG GRANULES PACK)	2	
<i>naftifine hcl</i>	1	
NAFTIN (1% GEL, 2% GEL)	2	
NATACYN	3	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nystatin (50mm unit powder(ea), 150mm unit powder(ea), 500k unit tablet, 500mm unit powder(ea), 100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp)</i>	1	
<i>nystatin/triamcinolone acetonide</i>	1	
<i>oxiconazole nitrate</i>	1	
OXISTAT 1% LOTION	2	
SPORANOX 10 MG/ML SOLUTION	2	
<i>terbinafine hcl 250 mg tablet</i>	1	
<i>terconazole</i>	1	
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	3	
ZAZOLE	1	
ANTIGOUT AGENTS		
<i>allopurinol</i>	1	MN
<i>colchicine 0.6 mg tablet</i>	1	MN
<i>probenecid</i>	1	MN
<i>probenecid/colchicine</i>	1	MN
ULORIC	3	ST MN
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate (1 mg/ml ampul, 1 mg/ml vial)</i>	1	
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	1	QL 8 / 30 DAYS
<i>ergotamine tartrate/cafeine</i>	1	
MIGRANAL	2	QL 8 / 30 DAYS
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>almotriptan malate</i>	3	QL 18 / 30 day(s)
<i>frovatriptan succinate</i>	3	QL 18 / 30 day(s)
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL 18 / 30 day(s)
<i>rizatriptan benzoate (5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>	1	QL 18 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rizatriptan benzoate 5 mg tab rapdis</i>	1	QL 24 / 30 DAYS
<i>sumatriptan</i>	1	QL 6 / 30 DAYS
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL 18 / 30 DAYS
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml vial)</i>	1	QL 3 / 30 DAYS
<i>zolmitriptan</i>	3	QL 18 / 30 day(s)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl</i>	1	
MESTINON 60 MG/5 ML SYRUP	2	
<i>pyridostigmine bromide</i>	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
<i>rifabutin</i>	3	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	
SIRTURO	SP3	PA
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CEENU	SP2	PA
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	1	
GLEOSTINE	SP2	PA
HEXALEN	SP2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEUKERAN	2	
LOMUSTINE	SP2	PA
<i>melphalan</i>	1	
MYLERAN	2	
TEMODAR (5 MG CAPSULE, 20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	SP2	PA
<i>temozolomide</i>	SP1	PA
VALCHLOR	SP3	PA
ANTIANDROGENS		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	SP2	PA
<i>nilutamide</i>	SP1	PA
XTANDI	SP2	PA
ZYTIGA	SP2	PA
ANTIANGIOGENIC AGENTS		
POMALYST	SP2	PA
REVLIMID	SP2	PA
THALOMID	SP2	
ANTIESTROGENS/MODIFIERS		
FARESTON	SP2	PA
<i>tamoxifen citrate 10 mg tablet</i>	1	
<i>tamoxifen citrate 20 mg tablet</i>	1	C Covered at \$0 preventive copay for women 35 years and older per ACA. All other members covered at generic copay.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMETABOLITES		
<i>capecitabine</i>	SP1	PA
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	1	
<i>hydroxyurea</i>	1	
LONSURF	SP2	PA
<i>mercaptopurine</i>	1	
PURIXAN	SP2	PA
XELODA	SP2	PA
ANTINEOPLASTICS, OTHER		
ALUNBRIG	SP2	PA
FARYDAK	SP2	PA
IDHIFA	SP2	PA
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	1	
LYNPARZA	SP2	PA
RUBRACA	SP2	PA
RYDAPT	SP2	PA
SYLATRON	SP3	PA
SYNRIBO	SP2	PA
ZOLINZA	SP2	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
ENZYME INHIBITORS		
<i>etoposide 50 mg capsule</i>	SP1	PA
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	SP2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOLECULAR TARGET INHIBITORS		
AFINITOR	SP2	PA
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
BOSULIF (100 MG TABLET, 500 MG TABLET)	SP2	PA
CABOMETYX	SP2	PA
CALQUENCE	SP2	PA
CAPRELSA	SP2	PA
COMETRIQ	SP2	PA
COTELLIC	SP2	PA
ERIVEDGE	SP2	PA
GILOTRIF	SP2	PA
GLEEVEC	SP2	PA
IBRANCE	SP2	PA
ICLUSIG	SP2	PA
<i>imatinib mesylate</i>	SP1	PA
IMBRUVICA	SP2	PA
INLYTA	SP2	PA
IRESSA	SP2	PA
JAKAFI	SP2	PA
KISQALI	SP2	PA
LENVIMA	SP2	PA
MEKINIST	SP2	PA
NERLYNX	SP2	PA
NEXAVAR	SP2	PA
NINLARO	SP2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODOMZO	SP2	PA
SPRYCEL	SP2	PA
STIVARGA	SP2	PA
SUTENT	SP2	PA
TAFINLAR	SP2	PA
TAGRISSO	SP2	PA
TARCEVA	SP2	PA
TASIGNA	SP2	PA
TYKERB	SP2	PA
VENCLEXTA	SP2	PA
VENCLEXTA STARTING PACK	SP2	PA
VERZENIO	SP2	PA
VOTRIENT	SP2	PA
XALKORI	SP2	PA
ZEJULA	SP2	PA
ZELBORAF	SP2	PA
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA
RETINOIDS		
<i>bexarotene</i>	SP1	PA
TARGRETIN (1% GEL, 75 MG CAPSULE, 75 MG SOFTGEL)	SP2	PA
<i>tretinoin 10 mg capsule</i>	SP1	PA
ANTIPARASITICS		
ANTIHELMINTHICS		
ALBENZA	2	
BILTRICIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ivermectin</i>	1	
ANTIPROTOZOALS		
<i>atovaquone</i>	3	
<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
IMPAVIDO	SP3	PA
<i>mefloquine hcl</i>	1	
NEBUPENT	2	
<i>primaquine phosphate</i>	1	
<i>quinine sulfate</i>	1	
PEDICULICIDES/SCABICIDES		
ELIMITE	1	
EURAX	2	
<i>lindane</i>	1	
<i>malathion</i>	3	
<i>permethrin 5 % cream (g)</i>	1	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elixir, 5 mg tablet)</i>	1	MN
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)</i>	1	MN
<i>entacapone</i>	3	MN
<i>tolcapone</i>	3	MN
DOPAMINE AGONISTS		
APOKYN	SP3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bromocriptine mesylate</i>	1	MN
<i>pramipexole di-hcl</i> (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)	1	MN
<i>ropinirole hcl</i> (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)	1	MN
<i>ropinirole hcl</i> (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)	3	MN
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	3	
<i>carbidopa/levodopa</i> (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-250mg tab rapdis)	3	MN
<i>carbidopa/levodopa</i> (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)	1	MN
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	3	MN
<i>selegiline hcl</i>	1	MN
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl</i> (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1	
<i>fluphenazine hcl</i> (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i> 2 mg/ml oral conc	1	
<i>loxapine succinate</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
2ND GENERATION/ATYPICAL		
<i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	
FANAPT	3	PA
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	3	PA MDD 1.0 Per Day
LATUDA (80 MG TABLET, 120 MG TABLET)	3	PA
<i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tab rapdis, 20 mg tablet)</i>	1	
<i>paliperidone</i>	3	
<i>quetiapine fumarate</i>	1	
<i>risperidone (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 1 mg/ml solution, 2 mg tab rapdis, 2 mg tablet, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)</i>	1	
SAPHRIS	3	PA
VRAYLAR	3	PA
<i>ziprasidone hcl</i>	1	
TREATMENT-RESISTANT		
<i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 100 mg tab rapdis, 150 mg tab rapdis, 200 mg tab rapdis)</i>	3	
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
ANTISPASTICITY AGENTS		
<i>baclofen</i>	1	
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	3	
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	3	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	SP1	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	SP1	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	SP3	
BARACLUDE 0.05 MG/ML SOLUTION	SP2	
<i>entecavir</i>	SP1	
EPIVIR HBV 25 MG/5 ML SOLN	2	
HEPSERA	SP3	
<i>lamivudine 100 mg tablet</i>	1	
ANTI-HEPATITIS C (HCV) AGENTS		
INFERGEN	SP3	
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	SP3	
MAVYRET	SP2	PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	SP2	
PEGASYS PROCLICK	SP2	
PEGINTRON	SP2	
PEGINTRON REDIPEN	SP2	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	SP1	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
GENVOYA	SP2	
ISENTRESS	SP2	
ISENTRESS HD	SP2	
STRIBILD	SP2	
TIVICAY	SP2	
VITEKTA	SP2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA	SP2	
COMPLERA	SP2	
EDURANT	SP2	
INTELENCE	SP2	
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>	SP1	
ODEFSEY	SP2	
RESCRIPTOR	SP2	
SUSTIVA	SP2	
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)	SP3	
VIRAMUNE XR	SP3	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 300 mg tablet</i>	SP1	
<i>abacavir sulfate/lamivudine</i>	SP1	
<i>abacavir sulfate/lamivudine/zidovudine</i>	SP1	
COMBIVIR	SP3	
DESCOVY	SP2	
<i>didanosine</i>	SP1	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	SP2	
EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)	SP3	
EPZICOM	SP3	
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	SP1	
<i>lamivudine/zidovudine</i>	SP1	
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)	SP3	
RETROVIR 200 MG/20 ML VIAL	SP2	
<i>stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	SP1	
TRIZIVIR	SP3	
TRUVADA	SP2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIDEX	SP2	
VIDEX EC	SP3	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	SP2	
ZERIT (1 MG/ML SOLUTION, 15 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	SP3	
ZIAGEN 20 MG/ML SOLUTION	SP2	
ZIAGEN 300 MG TABLET	SP3	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	SP1	
ANTI-HIV AGENTS, OTHER		
FUZEON	SP2	
PREZCOBIX	SP2	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	SP2	
TRIUMEQ	SP2	
TYBOST	SP2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	SP2	
CRIXIVAN	SP2	
EVOTAZ	SP2	
INVIRASE	SP2	
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	SP2	
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	SP2	
<i>lopinavir/ritonavir</i>	SP1	
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	SP2	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	SP2	
REYATAZ	SP2	
VIRACEPT	SP2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 75 mg capsule)</i>	3	
<i>oseltamivir phosphate 45 mg capsule</i>	3	QL 10 / 30 DAYS
<i>rimantadine hcl</i>	1	
ANTIHERPETIC AGENTS		
<i>acyclovir (5 % oint. (g), 200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>famciclovir</i>	3	
<i>trifluridine</i>	1	
<i>valacyclovir hcl</i>	3	
ZOVIRAX 5% CREAM	2	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl</i>	1	
<i>meprobamate</i>	1	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tablet, 1 mg tab er 24h, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tab er 24h)</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)</i>	1	MN
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)</i>	1	
KLONOPIN	2	MN
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral conc)</i>	1	
<i>oxazepam</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>lithium carbonate</i>	1	MN
<i>lithium citrate</i>	1	MN
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	MN
BYDUREON	3	MN
BYDUREON BCISE	3	MN
BYDUREON PEN	3	MN
BYETTA	3	MN
<i>chlorpropamide</i>	1	MN
<i>glimepiride</i>	1	MN
<i>glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)</i>	1	MN
<i>glipizide/metformin hcl</i>	1	MN
<i>glyburide</i>	1	MN
<i>glyburide,micronized</i>	1	MN
<i>glyburide/metformin hcl</i>	1	MN
INVOKAMET	2	MN
INVOKAMET XR 150-1,000 MG TAB	2	MN
INVOKANA	2	MN
JANUMET	2	MN
JANUMET XR	2	MN
JANUVIA	2	MN
JARDIANCE	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO	2	MN
JENTADUETO XR	2	MN
<i>metformin hcl (500 mg tab er 24h, 500 mg tablet, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i>	1	MN
<i>miglitol</i>	3	MN
<i>nateglinide</i>	3	MN
<i>pioglitazone hcl</i>	1	MN
<i>pioglitazone hcl/glimepiride</i>	3	MN
<i>pioglitazone hcl/metformin hcl</i>	3	MN
<i>repaglinide</i>	3	MN
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	MN
SYNJARDY XR	2	MN
<i>tolazamide</i>	1	MN
<i>tolbutamide</i>	1	MN
TRADJENTA	2	MN
VICTOZA 2-PAK	3	MN
VICTOZA 3-PAK	3	MN
GLYCEMIC AGENTS		
GLUCAGEN (1 MG, 1 MG 2-PACK)	2	QL 2 / 25 day(s)
GLUCAGON EMERGENCY KIT	2	QL 2 / 25 DAYS
PROGLYCEM	2	
INSULINS		
APIDRA	3	MN
APIDRA SOLOSTAR	3	MN
HUMALOG	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMALOG JUNIOR KWIKPEN	2	MN
HUMALOG KWIKPEN U-100	2	MN
HUMALOG KWIKPEN U-200	2	MN
HUMALOG MIX 50-50	2	MN
HUMALOG MIX 50-50 KWIKPEN	2	MN
HUMALOG MIX 75-25	2	MN
HUMALOG MIX 75-25 KWIKPEN	2	MN
HUMULIN 70-30	2	MN
HUMULIN 70/30 KWIKPEN	2	MN
HUMULIN N	2	MN
HUMULIN N KWIKPEN	2	MN
HUMULIN R	2	MN
HUMULIN R U-500	2	MN
HUMULIN R U-500 KWIKPEN	2	MN
LANTUS	2	MN
LANTUS SOLOSTAR	2	MN
LEVEMIR	2	MN
LEVEMIR FLEXPEN	2	MN
LEVEMIR FLEXTOUCH	2	MN
NOVOLIN 70-30	2	MN
NOVOLIN N	2	MN
NOVOLIN R	2	MN
NOVOLOG	2	MN
NOVOLOG FLEXPEN	2	MN
NOVOLOG MIX 70-30	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLOG MIX 70-30 FLEXPEN	2	MN
TOUJEO SOLOSTAR	2	MN
TRESIBA FLEXTOUCH U-100	2	MN
TRESIBA FLEXTOUCH U-200	2	MN
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
ARIXTRA	SP3	
COUMADIN	2	MN
ELIQUIS	2	MN
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe)</i>	SP1	
<i>fondaparinux sodium</i>	SP1	
FRAGMIN	SP3	
<i>heparin sodium,porcine (10 unit/ml vial, 100/ml (1) syringe, 100/ml vial, 200/2 ml syringe, 300/3 ml syringe, 500/5 ml syringe, 1000/ml vial, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)</i>	1	
<i>heparin sodium,porcine in 0.9 % sodium chloride (sod,porcine/0.9 % 10 unit/ml kit, sod,porcine/0.9 % 100/ml kit)</i>	1	
<i>heparin sodium,porcine/pf (sodium,porcine/pf 1 unit/ml syringe, sodium,porcine/pf 10 unit/ml syringe, sodium,porcine/pf 10 unit/ml vial, sodium,porcine/pf 100/ml (1) syringe, sodium,porcine/pf 100/ml (1) vial, sodium,porcine/pf 200/2 ml syringe, sodium,porcine/pf 300/3 ml syringe, sodium,porcine/pf 500/5 ml syringe, sodium,porcine/pf 1000/10 ml syringe, sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml syringe)</i>	1	
LOVENOX	SP3	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	MN
XARELTO (10 MG TABLET, STARTER PACK)	2	
XARELTO (15 MG TABLET, 20 MG TABLET)	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD FORMATION MODIFIERS		
<i>anagrelide hcl</i>	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	SP2	
NEULASTA	SP3	PA
NEUPOGEN (300 MCG/0.5 ML SYR, 480 MCG/0.8 ML SYR)	SP3	PA
PROMACTA	SP3	PA
COAGULANTS		
<i>aminocaproic acid (250 mg/ml solution, 500 mg tablet)</i>	1	
<i>tranexamic acid 650 mg tablet</i>	1	
PLATELET MODIFYING AGENTS		
<i>aspirin/dipyridamole</i>	1	MN
BRILINTA	2	MN
<i>cilostazol</i>	1	MN
<i>clopidogrel bisulfate</i>	1	MN
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	MN
<i>prasugrel hcl</i>	1	MN
<i>ticlopidine hcl</i>	1	MN
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine</i>	1	MN
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	MN
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	1	MN
<i>methyldopa</i>	1	MN
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet)</i>	1	
<i>midodrine hcl 10 mg tablet</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	MN
<i>phenoxybenzamine hcl</i>	1	MN
<i>prazosin hcl</i>	1	MN
<i>terazosin hcl</i>	1	MN
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	MN
<i>irbesartan</i>	1	MN
<i>losartan potassium</i>	1	MN
<i>olmesartan medoxomil</i>	1	MN
<i>telmisartan</i>	3	MN
<i>valsartan</i>	1	MN
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	1	MN
<i>captopril</i>	1	MN
<i>enalapril maleate</i>	1	MN
<i>fosinopril sodium</i>	1	MN
<i>lisinopril</i>	1	MN
<i>moexipril hcl</i>	3	MN
<i>perindopril erbumine</i>	3	MN
<i>quinapril hcl</i>	1	MN
<i>ramipril</i>	1	MN
<i>trandolapril</i>	3	MN
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	MN
<i>disopyramide phosphate</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dofetilide</i>	3	MN
<i>flecainide acetate</i>	1	MN
<i>mexiletine hcl</i>	1	MN
MULTAQ	2	MN
NORPACE CR	2	MN
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>	1	MN
<i>propafenone hcl (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	3	MN
<i>quinidine gluconate 324 mg tablet er</i>	1	MN
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	1	MN
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	1	MN
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	MN
<i>atenolol</i>	1	MN
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	MN
<i>bisoprolol fumarate</i>	1	MN
BYSTOLIC	3	MN
<i>carvedilol</i>	1	MN
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	MN
<i>metoprolol succinate</i>	1	MN
<i>metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	MN
<i>nadolol</i>	1	MN
<i>pindolol</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	1	MN
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	MN
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	MN
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg capsule er, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg capsule er, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 240 mg capsule er, 240 mg tab er 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg capsule er, 360 mg cap er 24h, 360 mg cap sa 24h, 360 mg capsule er, 420 mg cap sa 24h)</i>	1	MN
<i>diltiazem hcl (300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	3	MN
<i>felodipine</i>	3	MN
<i>isradipine</i>	3	MN
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	3	MN
<i>nifedipine (10 mg capsule, 20 mg capsule, 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>	1	MN
<i>nimodipine</i>	1	
NYMALIZE 60 MG/20 ML SOLUTION	SP3	PA
<i>verapamil hcl</i>	1	MN
CARDIOVASCULAR AGENTS, OTHER		
ALDACTAZIDE 50-50 TABLET	2	MN
<i>amiloride hcl/hydrochlorothiazide</i>	1	MN
<i>amlodipine besylate/atorvastatin calcium</i>	3	
<i>amlodipine besylate/benazepril hcl</i>	1	MN
<i>amlodipine besylate/olmesartan medoxomil</i>	1	MN
<i>amlodipine besylate/valsartan</i>	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	3	MN
<i>atenolol/chlorthalidone</i>	1	MN
<i>benazepril hcl/hydrochlorothiazide</i>	1	MN
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MN
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	MN
<i>captopril/hydrochlorothiazide</i>	1	MN
<i>clonidine hcl/chlorthalidone</i>	1	MN
CORLANOR	3	PA MN
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	1	MN
<i>enalapril maleate/hydrochlorothiazide</i>	1	MN
ENTRESTO	3	PA MN
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MN
<i>irbesartan/hydrochlorothiazide</i>	1	MN
LANOXIN (125 MCG TABLET, 250 MCG TABLET)	2	MN
<i>lisinopril/hydrochlorothiazide</i>	1	MN
<i>losartan potassium/hydrochlorothiazide</i>	1	MN
<i>mecamylamine hcl</i>	3	
<i>methyldopa/hydrochlorothiazide</i>	1	MN
<i>metoprolol tartrate/hydrochlorothiazide</i>	1	MN
<i>moexipril hcl/hydrochlorothiazide</i>	3	MN
<i>nadolol/bendroflumethiazide</i>	1	MN
NORTHERA	SP3	PA
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	1	MN
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pentoxifylline</i>	1	
<i>propranolol hcl/hydrochlorothiazide</i>	1	MN
<i>quinapril hcl/hydrochlorothiazide</i>	1	MN
RANEXA	3	MN
<i>reserpine</i>	1	MN
<i>spironolactone/hydrochlorothiazide</i>	1	MN
TEKTURNA	3	MN
TEKTURNA HCT	3	MN
<i>telmisartan/hydrochlorothiazide</i>	3	MN
<i>trandolapril/verapamil hcl</i>	3	MN
<i>triamterene/hydrochlorothiazide</i>	1	MN
<i>valsartan/hydrochlorothiazide</i>	1	MN
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	MN
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	1	MN
<i>torseamide</i>	1	MN
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	1	MN
<i>eplerenone</i>	3	MN
<i>spironolactone</i>	1	MN
DIURETICS, THIAZIDE		
<i>chlorothiazide</i>	1	MN
<i>chlorthalidone</i>	1	MN
DIURIL	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrochlorothiazide</i>	1	MN
<i>indapamide</i>	1	MN
<i>methyclothiazide</i>	1	MN
<i>metolazone</i>	1	MN
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate</i>	1	MN
<i>fenofibrate nanocrystallized</i>	1	MN
<i>fenofibrate, micronized (43 mg capsule, 67 mg capsule, 130 mg capsule, 134 mg capsule, 200 mg capsule)</i>	1	MN
<i>fenofibric acid</i>	1	MN
<i>fenofibric acid (choline)</i>	1	MN
<i>gemfibrozil</i>	1	MN
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	MN
<i>atorvastatin calcium 10 mg tablet</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>atorvastatin calcium 20 mg tablet</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>fluvastatin sodium</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>lovastatin 40 mg tablet</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pravastatin sodium (10 mg tablet, 20 mg tablet, 80 mg tablet)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>pravastatin sodium 40 mg tablet</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>rosuvastatin calcium (20 mg tablet, 40 mg tablet)</i>	1	MN
<i>rosuvastatin calcium (5 mg tablet, 10 mg tablet)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>simvastatin (10 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>simvastatin (5 mg tablet, 20 mg tablet)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
DYSLIPIDEMICS, OTHER		
ADVICOR	2	MN
<i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>	1	MN
<i>cholestyramine/aspartame</i>	1	MN
COLESTID FLAVORED GRANULES	2	MN
<i>colestipol hcl</i>	1	MN
<i>ezetimibe</i>	3	MN
<i>ezetimibe/simvastatin</i>	3	
JUXTAPID	SP3	PA
<i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	1	MN
<i>omega-3 acid ethyl esters 1 g capsule</i>	3	MN
SIMCOR	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASCEPA	3	MN
WELCHOL 625 MG TABLET	3	MN
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	1	MN
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
DILATRATE-SR	2	MN
ISORDIL	2	MN
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)</i>	1	MN
<i>isosorbide mononitrate</i>	1	MN
NITRO-BID	1	MN
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	2	MN
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6 mg tab subl, 0.6mg/hr patch td24, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 400mcg/spr spray)</i>	1	MN
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	1	
<i>dextroamphetamine sulfate (5 mg capsule er, 5 mg tablet, 10 mg capsule er, 10 mg tablet, 15 mg capsule er)</i>	1	
<i>methamphetamine hcl</i>	3	
VYVANSE	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	1	
<i>clonidine hcl 0.1 mg tab er 12h</i>	1	
DAYTRANA	2	QL 30 / 30 DAYS
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	3	
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 10 mg cpbp 30-70, 10 mg tab chew, 10 mg tablet, 10 mg tablet er, 10 mg/5 ml solution, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 20 mg tablet, 20 mg tablet er, 27 mg tab er 24, 30 mg cpbp 30-70, 30 mg cpbp 50-50, 36 mg tab er 24, 40 mg cpbp 30-70, 40 mg cpbp 50-50, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	1	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
RITALIN LA 10 MG CAPSULE	2	
CENTRAL NERVOUS SYSTEM, OTHER		
<i>butalbital/acetaminophen</i>	1	
<i>butalbital/acetaminophen/caffeine (butalb/acetaminophen/caffeine 50-300-40 capsule, butalb/acetaminophen/caffeine 50-325-40 capsule, butalb/acetaminophen/caffeine 50-325-40 tablet)</i>	1	
<i>riluzole</i>	3	
<i>tetrabenazine</i>	SP1	PA
FIBROMYALGIA AGENTS		
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	1	MN
LYRICA (200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	3	
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	3	MDD 3.0 Per Day
LYRICA 20 MG/ML ORAL SOLUTION	3	QL 900 / 30 DAYS
SAVELLA	3	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	SP3	PA
AUBAGIO	SP3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	SP2	
AVONEX PEN	SP2	
COPAXONE	SP2	
EXTAVIA 0.3 MG KIT	SP2	
GILENYA	SP2	
<i>glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)</i>	SP1	
PLEGRIDY	SP2	
PLEGRIDY PEN	SP2	
TECFIDERA	SP2	
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
CLINPRO 5000	2	
<i>fluoride (sodium) (1.1 % cream (g), 1.1 % gel (gram))</i>	1	
FLUORIDEX SENSITIVITY RELIEF	2	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
PREVIDENT	2	
PREVIDENT 5000	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	1	
DERMATOLOGICAL AGENTS		
ABSORICA	2	PA
<i>acitretin</i>	3	
<i>adapalene 0.3 % gel (gram)</i>	1	
ANALPRAM HC 2.5%-1% LOTION	2	
AZELEX	2	
<i>calcipotriene</i>	3	
<i>calcipotriene/betamethasone dipropionate</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>calcitriol 3 mcg/g oint. (g)</i>	3	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2(1)%-5% gel (gram))</i>	1	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>	1	
CONDYLOX 0.5% GEL	2	
COSENTYX (2 SYRINGES)	SP3	PA
COSENTYX PEN	SP3	PA
COSENTYX PEN (2 PENS)	SP3	PA
COSENTYX SYRINGE	SP3	PA
<i>diclofenac sodium 1 % gel (gram)</i>	1	
<i>diclofenac sodium 1.5 % drops</i>	3	
DRYSOL	2	
ELIDEL	3	
EPIFOAM	2	
FINACEA	3	ST
FLUOROPLEX	2	
<i>hydrocortisone 2.5 % cream (g)</i>	1	
<i>hydrocortisone acetate/pramoxine hcl (hydrocortisone/pramoxine 1 %-1 % cream/appl, hydrocortisone/pramoxine 2.5 %-1 % cream (g), hydrocortisone/pramoxine 2.5 %-1 % cream/appl, hydrocortisone/pramoxine 2.5-1%(4g) cream/appl)</i>	1	
<i>hydrocortisone/iodoquinol 1 %-1 % cream (g)</i>	1	
<i>imiquimod</i>	1	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	
<i>methoxsalen 10 mg cap lq rap</i>	3	
<i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>	1	
PICATO	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>podofilox</i>	1	
<i>podophyllum resin</i>	1	
PRAMOSONE (1% LOTION, 1%-1% CREAM, 1%-1% OINTMENT, 2.5%-1% CREAM, 2.5%-1% LOTION, 2.5%-1% OINTMENT)	2	
PROCTOFOAM-HC	2	
REGRANEX	2	
SANTYL	2	
<i>selenium sulfide (2.25 % shampoo, 2.5 % lotion)</i>	1	
<i>spinosad</i>	3	
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	SP3	PA
<i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i>	3	
<i>sulfacetamide sodium 10 % cleanser</i>	1	
<i>sulfacetamide sodium/sulfur (sodium/sulfur 9 %-4 % cleanser, sodium/sulfur 9 %-4.5 % cleanser, sodium/sulfur 10 %-5 % foam, sodium/sulfur 10-5%(w/v) lotion, sodium/sulfur 10-5%(w/w) lotion, sodium/sulfur 10-5%(w/w) suspension)</i>	1	
<i>sulfacetamide sodium/sulfur 10-5%(w/w) cleanser</i>	3	
TACLONEX 0.005%-0.064% SUSPENS	3	
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	3	
<i>tazarotene</i>	1	AL1 Up to 39 yrs old
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	2	AL1 Up to 39 yrs old
TRETIN-X 0.075% CREAM	2	AL1 Up to 39 yrs old
<i>tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>	1	AL1 Up to 39 yrs old
<i>tretinoin 0.05 % gel (gram)</i>	3	AL1 Up to 40 yrs old
<i>tretinoin microspheres</i>	1	AL1 Up to 39 yrs old
<i>urea 40 % cream (g)</i>	1	
ENZYME REPLACEMENT/MODIFIERS		
CARBAGLU	SP3	PA
CERDELGA	SP3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CREON	2	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate 0.94 g/g powder	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
ANASPAZ	2	
chlordiazepoxide/clidinium bromide	1	
CUVPOSA	3	
dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)	1	
DONNATAL (ELIXIR, TABLET)	2	
glycopyrrolate (1 mg tablet, 2 mg tablet)	1	
hyoscyamine sulfate (0.125 mg tab rapdis, 0.125 mg tab subl, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)	1	
methscopolamine bromide	1	
phenobarb/hyoscy/atropine/scop 16.2 mg tablet	1	
propantheline bromide	1	
SYMAX DUOTAB	2	
GASTROINTESTINAL AGENTS, OTHER		
CHOLBAM	SP3	PA
cromolyn sodium 20 mg/ml oral conc	3	MN
diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)	1	
GATTEX	SP3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OCALIVA	SP3	PA
<i>ursodiol</i>	1	
XERMELO	SP3	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>ranitidine hcl 15 mg/ml syrup</i>	3	
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron hcl</i>	3	
AMITIZA	3	
LINZESS	3	
VIBERZI	3	
LAXATIVES		
<i>bisac/nac1/nahco3/kcl/peg 3350 5 mg-210 g kit</i>	0	AL1 50 to 75 yrs old
<i>bisacodyl (5 mg tablet, 5 mg tablet dr)</i>	0	AL1 50 to 75 yrs old
CORRECTOL	0	AL1 50 to 75 yrs old
GOLYTELY PACKET	0	AL1 50 to 75 yrs old
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	1	
MOVIPREP	3	
OSMOPREP	3	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln recon, peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln recon)</i>	0	AL1 50 to 75 yrs old
<i>polyethylene glycol 3350 (3350 17g powd pack, 3350 17g/dose powder)</i>	0	AL1 50 to 75 yrs old
PREPOPIK	3	
<i>sodium chloride/nahco3/kcl/peg 420g soln recon</i>	0	AL1 50 to 75 yrs old
SUPREP	3	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 40 mg capsule dr</i>	3	
<i>lansoprazole 30 mg capsule dr</i>	3	
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	3	AL1 Up to 12 yrs old
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	3	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	3	
PREVACID (15 MG, 30 MG)	3	AL1 Up to 12 yrs old
<i>rabeprazole sodium</i>	3	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide 15 mg tab er 24h</i>	3	MN
<i>darifenacin hydrobromide 7.5 mg tab er 24h</i>	3	MDD 1.0 Per Day MN
<i>flavoxate hcl</i>	1	MN
MYRBETRIQ	2	MN
<i>oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)</i>	1	MN
<i>tolterodine tartrate</i>	1	MN
<i>trospium chloride 20 mg tablet</i>	1	MN
<i>trospium chloride 60 mg cap er 24h</i>	3	MN
VESICARE	2	MN
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl</i>	1	
CIALIS 5 MG TABLET	3	MDD 1.0 Per Day
<i>dutasteride</i>	1	
<i>dutasteride/tamsulosin hcl</i>	1	
<i>finasteride 5 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tamsulosin hcl</i>	1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	1	
CAVERJECT (20 MCG VIAL, 40 MCG VIAL)	3	
<i>citric acid/sodium citrate 334-500mg solution</i>	1	
DEPEN	SP2	PA
ELMIRON	2	
K-PHOS NO.2	2	
K-PHOS ORIGINAL	2	
LITHOSTAT	2	
<i>nonoxynol 9</i>	0	
ORACIT	2	
<i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>	1	
<i>potassium citrate (5 tablet er, 10 tablet er)</i>	1	
<i>potassium citrate 15 meq tablet er</i>	3	
<i>potassium citrate/citric acid</i>	1	
SHOHL'S MODIFIED	2	
<i>sod phos di, mono/k phos mono 250 mg tablet</i>	1	
<i>sod/pot/k cit/sod cit/cit acid 500-550/5 solution</i>	1	
TODAY CONTRACEPTIVE SPONGE	0	
VCF	0	
PHOSPHATE BINDERS		
<i>calcium acetate 667 mg capsule</i>	1	
RENAGEL	3	
<i>sevelamer carbonate</i>	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>alclometasone dipropionate</i>	1	
<i>amcinonide (0.1 % cream (g), 0.1 % lotion)</i>	3	
<i>betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g))</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))</i>	1	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	3	
CAPEX SHAMPOO	2	
<i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g), 0.05 % solution, 0.05 % spray)</i>	1	
<i>clobetasol propionate (0.05 % foam, 0.05 % shampoo)</i>	3	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	1	
<i>clobetasol propionate/emoll 0.05 % foam</i>	3	
<i>cortisone acetate</i>	1	
<i>desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>	1	
<i>desoximetasone (0.05 % gel (gram), 0.25 % cream (g), 0.25 % oint. (g))</i>	1	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1 mg/ml drops, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % cream (g), 0.025 % oint. (g))</i>	1	
<i>fluocinolone acetonide/shower cap</i>	1	
<i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	1	
<i>fluocinonide 0.1 % cream (g)</i>	3	
<i>fluocinonide/emollient base 0.05 % cream (g)</i>	1	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (1 % crm/pe app, 2.5 % crm/pe app, 2.5 % lotion, 2.5 % oint. (g), 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>hydrocortisone acetate 25 mg supp.rect</i>	1	
<i>hydrocortisone acetate 30 mg supp.rect</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	1	
<i>hydrocortisone valerate 0.2 % cream (g)</i>	1	
<i>hydrocortisone valerate 0.2 % oint. (g)</i>	3	
MEDROL 2 MG TABLET	2	
<i>methylprednisolone</i>	1	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	1	
<i>prednicarbate</i>	1	
<i>prednisolone 15 mg/5 ml solution</i>	1	
<i>prednisolone sod phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 15 mg tab rapdis, 15 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)</i>	1	
<i>prednisone</i>	1	
TEXACORT	2	
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.5 % cream (g), 0.5 % oint. (g))</i>	1	
<i>triamcinolone acetonide 0.147mg/g aerosol</i>	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	1	
<i>desmopressin acetate</i>	1	
NORDITROPIN FLEXPRO	SP2	PA
NORDITROPIN NORDIFLEX	SP2	PA
STIMATE	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
ANDRODERM	2	
ANDROGEL 1.62% GEL PUMP	3	
ANDROGEL 1.62%(1.25G) GEL PCKT	3	MDD 1.0 Per Day
ANDROGEL 1.62%(2.5G) GEL PCKT	3	MDD 2.0 Per Day
<i>danazol</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxymesterone</i>	1	
<i>testosterone (12.5/1.25g gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	3	
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	1	MN
<i>testosterone enanthate 200 mg/ml vial</i>	1	
ESTROGENS		
ANGELIQ	2	MN
CLIMARA PRO	3	MN
COMBIPATCH	3	MN
DELESTROGEN 10 MG/ML VIAL	2	MN
DEPO-ESTRADIOL	2	MN
<i>desog-e.estradiol/e.estradiol 21-5 tablet</i>	0	
<i>desogestrel-ethinyl estradiol (0.15-0.03 tablet, 7 days x 3 tablet)</i>	0	
<i>drospir/eth estra/levomefol ca 3-0.02(24) tablet</i>	0	
DUAVEE	2	MN
ELESTRIN	3	MN
ESTRACE 0.01% CREAM	2	
<i>estradiol (.025mg/24h patch tds, .025mg/24h patch tdw, .0375mg/24 patch tds, .0375mg/24 patch tdw, 0.05mg/24h patch tds, 0.05mg/24h patch tdw, 0.06mg/24h patch tds, .075mg/24h patch tds, .075mg/24h patch tdw, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdw, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>estradiol 10 mcg tablet</i>	3	
<i>estradiol valerate</i>	1	MN
<i>estradiol/norethindrone acetate (estradiol/norethindrone 0.5-0.1 mg tablet, estradiol/norethindrone 1 mg-0.5mg tablet)</i>	1	MN
ESTRING	3	
ESTROGEL	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
estrogens,esterified/methyltestosterone (estrogen,ester/me-testosterone 0.625-1.25 tablet, estrogen,ester/me-testosterone 1.25-2.5mg tablet)	1	MN
estropipate	1	MN
ethinyl estradiol/drospirenone (estradiol/drospirenone 0.02-3(24) tablet, estradiol/drospirenone 0.03mg-3mg tablet)	0	
ethynodiol diacetate-ethinyl estradiol (1 mg-35mcg tablet, 1 mg-50mcg tablet)	0	
EVAMIST	3	MN
levonorgestrel-ethinyl estradiol (0.1-0.02 tablet, 0.15-0.03 tablet, 0.15-0.03 tbdspk 3mo, 6-5-10 tablet, 90-20 mcg tablet)	0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiol-e.estrad 0.15mg(84) tbdspk 3mo, l-norgest/e.estradiol-e.estrad 100-20(84) tbdspk 3mo, l-norgest/e.estradiol-e.estrad 150-30(84) tbdspk 3mo)	0	
LO LOESTRIN FE	3	
MENEST	2	MN
NATAZIA	3	
norelgestromin/ethinyl estradiol	0	
norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)	1	MN
norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)	0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tab chew, 1mg-20(24) tablet, 1.5-30(21) tablet, 5-7-9-7 tablet)	0	
norethindrone-ethinyl estradiol (0.4-0.035 tablet, 0.5-0.035 tablet, 1 mg-35mcg tablet, 7 days x 3 tablet, 7-9-5 tablet, 10-11 tablet)	0	
norethindrone-ethinyl estradiol/ferrous fumarate (estradiol/iron 0.4-35(21) tab chew, estradiol/iron 0.8-25(24) tab chew)	0	
norethindrone-mestranol	0	
norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)	0	
norgestrel-ethinyl estradiol (0.3-0.03mg tablet, 0.5 mg-50 tablet)	0	
NUVARING	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	2	MN
PREMARIN VAGINAL CREAM-APPL	2	
PREMPHASE	2	MN
PREMPRO	2	MN
SAFYRAL	3	
TAYTULLA	3	
PROGESTERONE AGONISTS/ANTAGONISTS		
ELLA	0	
PROGESTINS		
DEPO-SUBQ PROVERA 104	0	
KYLEENA	0	
<i>levonorgestrel 1.5 mg tablet</i>	0	
LILETTA	0	
<i>medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)</i>	0	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	MN
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	1	
MIRENA	0	
NEXPLANON	0	
<i>norethindrone 0.35 mg tablet</i>	0	
<i>norethindrone acetate</i>	1	MN
<i>progesterone</i>	1	MN
<i>progesterone, micronized</i>	1	MN
SKYLA	0	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>raloxifene hcl</i>	1	C Covered at \$0 preventive copay for women 35 years and older per ACA. All other members covered at copay. MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID	2	MN
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	MN
LEVOXYL	2	MN
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	1	MN
NATURE-THROID	2	MN
SYNTHROID	2	MN
<i>thyroid,pork (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	MN
THYROLAR-1	2	MN
THYROLAR-1/2	2	MN
THYROLAR-1/4	2	MN
THYROLAR-2	2	MN
THYROLAR-3	2	MN
UNITHROID 75 MCG TABLET	2	MN
WESTHROID	2	MN
WP THYROID	2	MN
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
SENSIPAR	SP3	PA
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	1	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	SP1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	SP1	
SIGNIFOR	SP3	PA
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL)	SP3	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>potassium iodide 1 g/ml solution</i>	1	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
FIRAZYR	SP3	PA
HAEGARDA	SP3	PA
IMMUNE SUPPRESSANTS		
<i>azathioprine</i>	1	
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	SP3	
CIMZIA	SP3	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	SP1	
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	SP1	
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	SP2	PA
ENBREL MINI	SP2	PA
ENBREL SURECLICK	SP2	PA
ENVARUSUS XR	SP2	
HUMIRA	SP2	PA
HUMIRA PEDIATRIC CROHN'S	SP2	PA
HUMIRA PEN	SP2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA PEN CROHN-UC-HS STARTER	SP2	PA
HUMIRA PEN PSORIASIS-UVEITIS	SP2	PA
IMURAN	2	
KINERET	SP3	PA
<i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i>	1	
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	SP1	
<i>mycophenolate sodium</i>	SP1	
MYFORTIC	SP3	
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	SP3	
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	SP3	PA
ORENCIA CLICKJECT	SP3	PA
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	SP3	
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	SP3	
RAPAMUNE 1 MG/ML ORAL SOLN	SP2	
RHEUMATREX	1	
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	SP3	
SANDIMMUNE 100 MG/ML SOLN	SP2	
SIMPONI	SP3	PA
<i>sirolimus</i>	SP1	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	SP1	
ZORTRESS	SP3	
IMMUNOMODULATORS		
ACTEMRA 162 MG/0.9 ML SYRINGE	SP3	PA
ACTIMMUNE	SP2	
<i>leflunomide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIDAURA	2	
VACCINES		
ACA PREVENTIVE VACCINES	0	
BCG VACCINE (TICE STRAIN)	3	
IMOVAX RABIES VACCINE	3	
SHINGRIX	0	AL1 At least 50 yrs old
STAMARIL	3	
TYPHIM VI	3	
VAXCHORA VACCINE	3	
VIVOTIF	2	
VIVOTIF BERNA	2	
YF-VAX	3	
ZOSTAVAX	0	AL1 At least 50 yrs old
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	1	
CANASA	2	
DELZICOL	2	
DIPENTUM	2	
<i>mesalamine (4 g/60 ml enema, 800 mg tablet dr)</i>	1	
<i>mesalamine 1.2 g tablet dr</i>	3	
<i>mesalamine with cleansing wipes</i>	1	
PENTASA	2	
GLUCOCORTICOIDS		
<i>budesonide 3 mg capdr - er</i>	3	QL 90 / 30 DAYS
<i>hydrocortisone 100mg/60ml enema</i>	1	
SULFONAMIDES		
<i>sulfasalazine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet, 70 mg/75ml solution)</i>	1	MN
<i>calcitonin,salmon,synthetic</i>	1	MN
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>ergocalciferol (vitamin d2) 50000 unit capsule</i>	1	
<i>etidronate disodium</i>	1	MN
FORTEO	SP2	PA
<i>ibandronate sodium 150 mg tablet</i>	1	MN
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4mcg capsule)</i>	1	PA
<i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 150 mg tablet)</i>	1	MN
<i>risedronate sodium 35 mg tablet dr</i>	3	MN
TYMLOS	SP2	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>cervical cap</i>	0	
<i>condoms, female</i>	0	
<i>condoms, latex, lubricated each</i>	0	
<i>condoms, latex, non-lubricated each</i>	0	
<i>condoms, non-latex, lubricated</i>	0	
<i>diaphragms, contoured</i>	0	
<i>diaphragms, wide seal</i>	0	
<i>isomethept/dichlphn/acetaminop 65-100-325 capsule</i>	1	
<i>methylergonovine maleate 0.2 mg tablet</i>	3	
MYALEPT	SP3	PA
PARAGARD T 380-A	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate (1 % drops, 1 % oint. (g))</i>	1	
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>cyclopentolate hcl</i>	1	
<i>homatropine hbr 5 % drops</i>	1	
LACRISERT	2	
<i>neomycin sulf/bacitracin/poly 3.5mg-400 oint. (g)</i>	1	
<i>neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)</i>	1	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-1 oint. (g))</i>	1	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	1	
<i>neomycin/polymyxn b/gramicidin 1.75mg-10k drops</i>	1	
<i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>	1	
<i>polymyxin b sulfate/trimethoprim</i>	1	
PRED-G (1% DROPS, S.O.P. OINTMENT)	2	
<i>proparacaine hcl</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>tetracaine hcl 0.5 % drops</i>	1	
<i>tetracaine hcl/pf 0.5 % drops</i>	1	
TOBRADEX EYE OINTMENT	2	
<i>tobramycin/dexamethasone</i>	1	
<i>tropicamide</i>	1	
ZYLET	3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIAL	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALOMIDE	2	
<i>azelastine hcl 0.05 % drops</i>	1	
<i>cromolyn sodium 4 % drops</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	1	
PAZEO	3	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	2	
<i>bromfenac sodium</i>	1	
<i>dexamethasone sod phosphate 0.1 % drops</i>	1	
<i>diclofenac sodium 0.1 % drops</i>	1	
DUREZOL	3	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML FORTE	2	
FML S.O.P.	2	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	1	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	2	
MAXIDEX	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sod phosphate 1 % drops</i>	1	
VEXOL	2	
XIIDRA	3	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P 0.1% DROPS	2	MN
<i>apraclonidine hcl</i>	1	
AZOPT	2	
<i>betaxolol hcl 0.5 % drops</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETIMOL	2	MN
BETOPTIC S	2	MN
<i>brimonidine tartrate</i>	1	MN
<i>carteolol hcl</i>	1	MN
COMBIGAN	2	MN
COSOPT PF	3	MN
<i>dorzolamide hcl</i>	1	MN
<i>dorzolamide hcl/timolol maleate</i>	1	MN
IOPIDINE 1% EYE DROPS	2	
<i>levobunolol hcl</i>	1	MN
<i>methazolamide</i>	1	MN
<i>metipranolol</i>	1	MN
PHOSPHOLINE IODIDE	2	MN
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	1	MN
PILOPINE HS	2	MN
SIMBRINZA	3	MN
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drop daily, 0.5 % drops, 0.5 % sol-gel)</i>	1	MN
TIMOPTIC OCUDOSE	2	MN
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % drops</i>	1	MN
<i>latanoprost</i>	1	MN
LUMIGAN	2	MN
TRAVATAN Z	3	MN
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	1	
CIPRO HC	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIPRODEX	2	
COLY-MYCIN S	2	
CORTISPORIN-TC	2	
<i>fluocinolone acetonide oil</i>	3	
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	1	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort drops susp, neomycin/polymyxin b/hydrocort solution)</i>	1	
OTOVEL	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX	2	MN
ASMANEX HFA	2	MN
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	1	AL1 Up to 8 yrs old MN
FLOVENT DISKUS	2	MN
FLOVENT HFA	2	MN
<i>fluticasone propionate 50 mcg spray susp</i>	1	
PULMICORT FLEXHALER	2	MN
QVAR	2	MN
QVAR REDIHALER	2	MN
<i>triamcinolone acetonide 55 mcg spray</i>	1	
ANTIHISTAMINES		
<i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i>	1	
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrup)</i>	1	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet, 50 mg/25ml solution)</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTILEUKOTRIENES		
<i>montelukast sodium</i>	1	MN
<i>zafirlukast</i>	1	MN
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	2	MN
<i>ipratropium bromide</i>	1	MN
SPIRIVA	2	MN
SPIRIVA RESPIMAT	2	MN
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg tablet, 2 mg/5 ml syrup, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h)</i>	1	MN
ARCAPTA NEOHALER	2	MN
EPINEPHRINE (0.15/0.15 AUTO INJCT, 0.3 MG AUTO-INJECT, 0.3MG/0.3 AUTO INJCT)	1	QL 4 / 180 DAYS
EPINEPHRINE 0.15 MG AUTO-INJCT	2	QL 4 / 180 DAYS
FORADIL	2	MN
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	1	MN
<i>levalbuterol tartrate</i>	1	
MAXAIR AUTOHALER	2	
<i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syrup, 20 mg tablet)</i>	1	MN
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	2	
SEREVENT DISKUS	2	MN
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	1	MN
VENTOLIN HFA	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTIC FIBROSIS AGENTS		
CAYSTON	SP3	PA
KALYDECO	SP3	PA
ORKAMBI	SP3	PA
TOBI	SP3	
TOBI PODHALER	SP2	
<i>tobramycin in 0.225 % sodium chloride</i>	SP1	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate 60 mg/3 ml solution</i>	3	MN
DALIRESP	3	
ELIXOPHYLLIN	2	MN
THEO-24	2	MN
<i>theophylline anhydrous (80 mg/15ml solution, 100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	MN
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	SP3	PA
LETAIRIS	SP2	
OPSUMIT	SP2	
<i>sildenafil citrate 20 mg tablet</i>	SP1	
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	SP2	
TYVASO	SP2	
TYVASO INSTITUTIONAL START KIT	SP2	
TYVASO REFILL KIT	SP2	
TYVASO STARTER KIT	SP2	
UPTRAVI	SP3	PA
VENTAVIS	SP2	
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVAIR DISKUS	2	MN
ADVAIR HFA	2	MN
benzonatate (100 mg capsule, 200 mg capsule)	1	
BREO ELLIPTA	2	MN
brompheniramine/pseudoephed/dm 2-30-10/5 syrup	1	
codeine phosphate/guaifenesin (phosphate/guaifenesin 6.3-100/5 liquid, phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)	1	
COMBIVENT RESPIMAT	2	MN
cromolyn sodium 20 mg/2 ml ampul-neb	1	MN
ESBRIET	SP3	PA
fluticasone propionate/salmeterol xinafoate	1	MN
hydrocodone bitartrate/homatropine methylbromide	1	
hydrocodone polistirex/chlorpheniramine polistirex	1	
ipratropium bromide/albuterol sulfate	1	MN
OFEV	SP3	PA
phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup	1	
promethazine hcl/codeine	1	
promethazine/dextromethorphan 6.25-15/5 syrup	1	
promethazine/phenyleph/codeine 6.25-5-10 syrup	1	
pseudoephed/codeine/guaifen 30-10-100 syrup	1	
pseudoephedrine hcl/codeine/chlorpheniramine	1	
PULMOZYME	SP2	
REZIRA	2	
sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb, 7 % vial-neb, 10 % vial-neb)	1	
SYMBICORT	3	MN
SKELETAL MUSCLE RELAXANTS		
carisoprodol 350 mg tablet	1	
carisoprodol/aspirin 200-325 mg tablet	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlorzoxazone 500 mg tablet</i>	1	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
<i>orphenadrine citrate 100 mg tablet er</i>	1	
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
<i>estazolam</i>	1	
<i>eszopiclone (2 mg tablet, 3 mg tablet)</i>	3	QL 30 / 30 DAYS
<i>eszopiclone 1 mg tablet</i>	3	QL 90 / 30 DAYS
<i>temazepam (7.5 mg capsule, 15 mg capsule, 30 mg capsule)</i>	1	
<i>triazolam</i>	1	
<i>zaleplon 10 mg capsule</i>	1	QL 60 / 30 DAYS
<i>zaleplon 5 mg capsule</i>	1	QL 120 / 30 DAYS
<i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>	3	QL 30 / 30 DAYS
<i>zolpidem tartrate 10 mg tablet</i>	1	QL 30 / 30 DAYS
<i>zolpidem tartrate 5 mg tablet</i>	1	QL 60 / 30 DAYS
SLEEP DISORDERS, OTHER		
<i>armodafinil (50 mg tablet, 200 mg tablet, 250 mg tablet)</i>	1	QL 30 / 30 DAYS
<i>armodafinil 150 mg tablet</i>	1	
<i>flurazepam hcl</i>	1	
<i>modafinil 100 mg tablet</i>	3	QL 30 / 30 DAYS
<i>modafinil 200 mg tablet</i>	3	QL 60 / 30 DAYS
ROZEREM	3	QL 30 / 30 DAYS
SILENOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES		
ELECTROLYTE/MINERAL MODIFIERS		
EXJADE	SP3	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	SP3	PA
GALZIN	2	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	1	
<i>sodium polystyrene sulfonate/sorbitol solution</i>	1	
SPS	2	
SYPRINE	SP3	PA
ELECTROLYTE/MINERAL REPLACEMENT		
CITRANATAL BLOOM	3	
FERRALET 90	3	
<i>ferrous fumarate/ascorbic acid/b12-if/folic acid</i>	1	
<i>ferrous sulfate 15 mg/ml drops</i>	0	AL1 0.5 to 1 yrs old
FLORIVA 0.25 MG/ML DROPS	0	AL1 0.5 to 6 yrs old
FLUOR-A-DAY (0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 2.5 MG/ML DROPS)	0	AL1 0.5 to 6 yrs old
FLUORABON	0	AL1 0.5 to 6 yrs old
<i>fluoride (sodium) (0.125/drop drops, 0.25(0.55) tab chew, 0.25mg/drp drops, 0.5 mg/ml drops, 0.5(1.1)mg tab chew)</i>	0	AL1 0.5 to 6 yrs old
<i>fluoride (sodium) 1mg(2.2mg) tab chew</i>	1	
FLUORITAB	2	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron fumarate,polysac comp/folic acid/vitamin c/niacinamide</i>	1	
<i>iron,carbonyl 15mg/1.25 oral susp</i>	0	AL1 0.5 to 1 yrs old
IRONUP	0	AL1 0.5 to 1 yrs old
KLOR-CON	1	MN
KLOR-CON M15	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYKIDZ IRON 10	0	AL1 0.5 to 1 yrs old
NOVAFERRUM	0	AL1 0.5 to 1 yrs old
<i>potassium bicarbonate/cit ac 25 meq tablet eff</i>	1	MN
<i>potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 20 meq packet, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid)</i>	1	MN
<i>potassium chloride 15 meq tab er prt</i>	2	MN
<i>potassium chloride/potassium bicarbonate/citric acid</i>	1	MN
PROFERRIN-FORTE	2	
CARNITOR 1 GM/5 ML VIAL	3	
CARNITOR SF	3	
CENTRUM SPECIALIST PRENATAL	0	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA	3	
CITRANATAL HARMONY	3	
CITRANATAL RX	3	
CLASSIC PRENATAL	0	
CONCEPT DHA	3	
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	1	
EAA	2	
ESCAVITE	0	AL1 0.5 to 6 yrs old
ESCAVITE D	0	AL1 0.5 to 6 yrs old
ESCAVITE LQ	0	AL1 0.5 to 6 yrs old
EXPECTA PRENATAL	0	
FLORIVA (0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET)	0	AL1 0.5 to 6 yrs old
FLORIVA PLUS	0	AL1 0.5 to 6 yrs old
<i>fluoride/iron/vitamins a,c,and d</i>	0	AL1 0.5 to 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folic acid (0.4 mg tablet, 0.8 mg capsule, 0.8 mg tablet)</i>	0	
<i>folic acid 1 mg tablet</i>	1	
GLYTACTIN 15 PE BETTERMILK	2	
GLYTACTIN RESTORE 10 PE	2	
GLYTACTIN RESTORE 10 PE LITE	2	
GLYTACTIN RTD 10 PE	2	
GLYTACTIN RTD 15 PE	2	
KPN	0	
LANAFLEX	2	
<i>levocarnitine (200 mg/ml vial, 330 mg tablet)</i>	3	
<i>levocarnitine (with sugar)</i>	3	
LOPHLEX	2	
MAXINATE	0	
MEPHYTON	2	
MTERYTI FOLIC 5	0	
MVC-FLUORIDE (0.25 MG TAB CHEW, 0.5 MG TAB CHEW)	0	AL1 0.5 to 6 yrs old
MYKIDZ IRON	0	AL1 0.5 to 1 yrs old
MYKIDZ IRON FL	0	AL1 0.5 to 6 yrs old
NASCOBAL	2	
NESTABS DHA	3	
OB COMPLETE WITH DHA	3	
ONE A DAY WOMEN'S PRENATAL DHA	0	
ONE-A-DAY WOMEN'S PRENATAL 1	0	
<i>pedi multivit no.16 w-fluoride 1 mg tab chew</i>	1	
<i>pedi multivit no.46/iron sulf 1500-10/ml drops</i>	0	AL1 0.5 to 1 yrs old
<i>pediatric multivit with a,c,d3 no.21/sodium fluoride (no.21/fluoride 0.25 mg/ml drops, no.21/fluoride 0.5 mg/ml drops)</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.150 with sodium fluoride</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.16/sodium fluoride (0.25 mg tab chew, 0.5 mg tab chew)</i>	0	AL1 0.5 to 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pediatric multivitamin no.2/sodium fluoride (0.25 mg/ml drops, 0.5 mg/ml drops)</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.75/sodium fluoride/ferrous sulfate</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.82 with sodium fluoride</i>	0	AL1 0.5 to 6 yrs old
<i>pediatric multivitamins no.17 with sodium fluoride</i>	0	AL1 0.5 to 6 yrs old
PERIFLEX ADVANCE	2	
PERIFLEX INFANT	2	
PERIFLEX JUNIOR	2	
PERIFLEX LQ PKU	2	
PERRY PRENATAL	0	
PHENEX-1	2	
PHENEX-2	2	
PHENYL-FREE 1	2	
PHENYL-FREE 2	2	
PHENYL-FREE 2HP	2	
PHENYLADE (AMINO ACID POWDER, DRINK MIX POWDER)	2	
PHENYLADE AMINO ACID	2	
PHENYLADE ESSENTIAL (DRINK POWD, POWD PCKT)	2	
PHENYLADE GMP (POWDER, POWDER PKT)	2	
PHENYLADE MTE	2	
PHENYLADE PHEBLOC (POWDER PKT, TABLET)	2	
PHENYLADE RTD PKU 10	2	
PHENYLADE40	2	
PHENYLADE60 (DRINK MIX POWDER, POWDER PACKET)	2	
PHLEXY-10 DRINK MIX POWDER	2	
PKU 2	2	
PKU 3	2	
PKU COOLER 10	2	
PKU COOLER 15	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PKU COOLER 20	2	
PKU EASY MICROTAB	2	
PKU EXPRESS15	2	
PKU EXPRESS20	2	
PKU LOPHLEX	2	
PKU PERIFLEX JUNIOR PLUS	2	
<i>pnv 16/iron fum,ps/folic/om-3 35-1-200mg capsule</i>	1	
<i>pnv 66/iron/folic/docusate/dha 27-1.25-55 capsule</i>	1	
<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>	1	
<i>pnv no.95/ferrous fum/folic ac 28mg-0.8mg tablet</i>	0	
<i>pnv,calcium 72/iron/folic acid 27 mg-1 mg tablet</i>	1	
POLY-VI-FLOR (0.25 MG DROPS, 0.25 MG TAB CHEW, 0.5 MG TAB CHEW)	0	AL1 0.5 to 6 yrs old
POLY-VI-FLOR WITH IRON (0.25 MG, 0.5 MG)	0	AL1 0.5 to 6 yrs old
POLY-VI-SOL WITH IRON	0	AL1 0.5 to 1 yrs old
PREFERA-OB ONE	3	
PRENATABS FA	3	
PRENATABS RX	3	
PRENATAL FORMULA-DHA	0	
<i>prenatal vit 40/iron/folic/dha 27-0.8-250 capsule</i>	0	
<i>prenatal vit calc,iron,folic tablet</i>	0	
<i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i>	1	
<i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa (75/iron/folic/om3 28-800-223 combo. pkg, 75/iron/folic/om3 28-800-440 combo. pkg)</i>	0	
<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>	0	
<i>prenatal vit with calcium no.122/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit with calcium no.128/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit with calcium no.129/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i>	0	
<i>prenatal vit with calcium no.131/ferrous fumarate/folic acid</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prenatal vit with calcium no.68/iron fum/folic acid no.1/dha</i>	1	
<i>prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	1	
<i>prenatal vit,calc76/iron/folic 29 mg-1 mg tablet</i>	1	
<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>	1	
<i>prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil</i>	0	
<i>prenatal vitamin no.108/iron amino acid chelate/folic acid</i>	0	
<i>prenatal vitamins no.121/ferrous fumarate/folic acid</i>	0	
<i>prenatal vitamins no.5/ferrous fumarate/folic acid</i>	1	
<i>prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil</i>	0	
<i>prenatal vitamins no.79/iron fum/folic acid/levomefolate/dha</i>	0	
<i>prenatal vitamins with calcium/ferrous fumarate/folic acid (vit/iron fum/folic 27mg-0.8mg tablet, vit/iron fum/folic 28mg-0.8mg tablet)</i>	0	
<i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i>	1	
<i>prenatal vits no.119/iron fumarate/folic acid/docusate sod.</i>	1	
<i>prenatal vits no.51/iron fumarate/folic acid/omega-3/dha/epa</i>	0	
<i>prenatal vits with calcium no.124/ferrous fumarat/folic acid</i>	0	
<i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i>	0	
<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>	1	
<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>	1	
<i>prenatal vits with calcium no.90/ferrous fumarate/folic acid</i>	0	
<i>prenatal vits with calcium no.96/ferrous fumarate/folic acid</i>	0	
<i>prenatal vits,calcium no.39/iron fum/folic acid/docusate/dha</i>	1	
PREQUE 10	0	
PROVIDA DHA	3	
PROVIDA OB	3	
QUFLORA (0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP)	0	AL1 0.5 to 6 yrs old
QUFLORA FE 0.25 MG CHEW TABLET	0	AL1 0.5 to 6 yrs old
SELECT-OB + DHA	3	
SIMILAC PRENATAL	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STUART ONE	0	
TEXAVITE LQ	0	AL1 0.5 to 6 yrs old
TRI-VI-FLOR	0	AL1 0.5 to 6 yrs old
TRICARE	3	
TRICARE PRENATAL DHA ONE	3	
TRISTART DHA	3	
UROSEX	0	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATRUE	3	
XPHE MAXAMAID	2	
XPHE MAXAMUM (PACKET, POWDER, POWDER PACKET)	2	
Uncategorized		
Unclassified		
TRACLEER 32 MG TABLET FOR SUSP	SP2	

Index of covered drugs

A

abacavir sulfate	34	alprazolam	36
abacavir sulfate/lamivudine	34	ALREX	69
abacavir sulfate/lamivudine/zidovudine	34	ALUNBRIG	27
ABSORICA	51	amantadine hcl	30
ACA Preventive Vaccines	66	amcinonide	57
acamprosate calcium	13	amiloride hcl	46
acarbose	37	amiloride hcl/hydrochlorothiazide	44
acebutolol hcl	43	aminocaproic acid	41
acetaminophen with codeine phosphate	11	amiodarone hcl	42
acetazolamide	46	AMITIZA	55
acetic acid	70	amitriptyline hcl	22
acetylcysteine	73	amitriptyline hcl/chlordiazepoxide	20
acitretin	51	amlodipine besylate	44
ACTEMRA	65	amlodipine besylate/atorvastatin calcium	44
ACTIMMUNE	65	amlodipine besylate/benazepril hcl	44
acyclovir	36	amlodipine besylate/olmesartan medoxomil	44
adapalene	51	amlodipine besylate/valsartan	44
adefovir dipivoxil	33	amlodipine besylate/valsartan/hydrochlorothiazide	45
ADEMPAS	73	amoxapine	22
ADVAIR DISKUS	74	amoxicillin	15
ADVAIR HFA	74	amoxicillin/potassium clavulanate	16
ADVICOR	48	ampicillin trihydrate	16
AFINITOR	28	AMPYRA	50
AFINITOR DISPERZ	28	anagrelide hcl	41
AKNE-MYCIN	16	ANALPRAM HC	51
AKTIPAK	14	ANASPAZ	54
ALBENZA	29	anastrozole	27
albuterol sulfate	72	ANDRODERM	59
alclometasone dipropionate	57	ANDROGEL	59
ALDACTAZIDE	44	ANGELIQ	60
ALECENSA	28	APIDRA	38
alendronate sodium	67	APIDRA SOLOSTAR	38
alfuzosin hcl	56	APOKYN	30
allopurinol	24	apraclonidine hcl	69
almotriptan malate	24	aprepitant	23
ALOCRIL	68	APTIOM	19
ALOMIDE	69	APTIVUS	35
alosetron hcl	55	ARANESP	41
ALPHAGAN P	69	ARCAPTA NEOHALER	72
		aripiprazole	32
		ARIXTRA	40

armodafinil	75	BESIVANCE	16
ARMOUR THYROID	63	betamethasone dipropionate	57
ASMANEX	71	betamethasone dipropionate/propylene glycol	58
ASMANEX HFA	71	betamethasone valerate	58
aspirin	10	betaxolol hcl	43,69
aspirin/dipyridamole	41	bethanechol chloride	57
atenolol	43	BETIMOL	70
atenolol/chlorthalidone	45	BETOPTIC S	70
atomoxetine hcl	49	bexarotene	29
atorvastatin calcium	47	bicalutamide	26
atovaquone	30	BILTRICIDE	29
atovaquone/proguanil hcl	30	bimatoprost	70
ATRIPLA	34	bisacodyl	55
atropine sulfate	68	bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350	55
ATROVENT HFA	72	bisoprolol fumarate	43
AUBAGIO	50	bisoprolol fumarate/hydrochlorothiazide	45
AUGMENTIN	16	BLEPHAMIDE	68
AVC	17	BLEPHAMIDE S.O.P.	68
AVONEX	51	BOSULIF	28
AVONEX PEN	51	BREO ELLIPTA	74
AZASITE	16	BRILINTA	41
azathioprine	64	brimonidine tartrate	70
azelastine hcl	69,71	bromfenac sodium	69
AZELEX	51	bromocriptine mesylate	31
azithromycin	16	brompheniramine maleate/pseudoephedrine hcl/dextromethorphan	74
AZOPT	69	budesonide	66,71
B		bumetanide	46
bacitracin	14	buprenorphine	11
bacitracin/polymyxin b sulfate	68	buprenorphine hcl	13
baclofen	32	buprenorphine hcl/naloxone hcl	13
BACTROBAN NASAL	14	bupropion hcl	13,21
balsalazide disodium	66	buspirone hcl	36
BANZEL	19	butalbital/acetaminophen	50
BARACLUDE	33	butalbital/acetaminophen/caffeine	50
BCG VACCINE (TICE STRAIN)	66	butalbital/acetaminophen/caffeine/codeine phosphate	11
benazepril hcl	42	butalbital/aspirin/caffeine	10
benazepril hcl/hydrochlorothiazide	45	butorphanol tartrate	11
BENZAMYCINPAK	14	BYDUREON	37
benzonatate	74		
benztropine mesylate	30		

BYDUREON BCISE	37
BYDUREON PEN	37
BYETTA	37
BYSTOLIC	43

C

cabergoline	63	cefadroxil	15
CABOMETYX	28	cefdinir	15
caffeine citrate	73	cefixime	15
calcipotriene	51	cefpodoxime proxetil	15
calcipotriene/betamethasone dipropionate	51	cefprozil	15
calcitonin, salmon, synthetic	67	ceftibuten	15
calcitriol	52,67	CEFTIN	15
calcium acetate	57	cefuroxime axetil	15
CALQUENCE	28	celecoxib	10
CANASA	66	CELLCEPT	64
candesartan cilexetil	42	CELONTIN	18
candesartan cilexetil/hydrochlorothiazide	45	CENTRUM SPECIALIST PRENATAL	77
capecitabine	27	cephalexin	15
CAPEX SHAMPOO	58	CERDELGA	53
CAPITAL W-CODEINE	11	cervical cap	67
CAPRELSA	28	cevimeline hcl	51
captopril	42	CHANTIX	13
captopril/hydrochlorothiazide	45	chlordiazepoxide hcl	36
CARAFATE	55	chlordiazepoxide/clidinium bromide	54
CARBAGLU	53	chlorhexidine gluconate	51
carbamazepine	19	chloroquine phosphate	30
CARBATROL	19	chlorothiazide	46
carbidopa	31	chlorpromazine hcl	31
carbidopa/levodopa	31	chlorpropamide	37
carisoprodol	74	chlorthalidone	46
carisoprodol/aspirin	74	chlorzoxazone	75
carisoprodol/aspirin/codeine phosphate	11	CHOLBAM	54
CARNITOR	77	cholestyramine (with sugar)	48
CARNITOR SF	77	cholestyramine/aspartame	48
carteolol hcl	70	choline salicylate/magnesium salicylate	10
carvedilol	43	CIALIS	56
CAVERJECT	57	ciclopirox	23
CAYSTON	73	ciclopirox olamine	23
CEENU	25	cilostazol	41
cefaclor	15	CILOXAN	16
		CIMZIA	64
		CIPRO HC	70
		CIPRODEX	71
		ciprofloxacin	16
		ciprofloxacin hcl	17
		ciprofloxacin/ciprofloxacin hcl	17

citalopram hydrobromide	21	COMETRIQ	28
CITRANATAL 90 DHA	77	COMPLERA	34
CITRANATAL ASSURE	77	CONCEPT DHA	77
CITRANATAL BLOOM	76	condoms, female	67
CITRANATAL DHA	77	condoms, latex, lubricated	67
CITRANATAL HARMONY	77	condoms, latex, non-lubricated	67
CITRANATAL RX	77	condoms, non-latex, lubricated	67
citric acid/sodium citrate	57	CONDYLOX	52
clarithromycin	16	COPAXONE	51
CLASSIC PRENATAL	77	CORLANOR	45
CLEOCIN	14	CORRECTOL	55
CLIMARA PRO	60	cortisone acetate	58
clindamycin hcl	14	CORTISPORIN-TC	71
clindamycin palmitate hcl	14	COSENTYX (2 SYRINGES)	52
clindamycin phosphate	14	COSENTYX PEN	52
clindamycin phosphate/benzoyl peroxide	52	COSENTYX PEN (2 PENS)	52
CLINDESSE	14	COSENTYX SYRINGE	52
CLINPRO 5000	51	COSOPT PF	70
clobetasol propionate	58	COTELLIC	28
clobetasol propionate/emollient base	58	COUMADIN	40
clomipramine hcl	22	CREON	54
clonazepam	36	CRESEMBA	23
clonidine	41	CRIXIVAN	35
clonidine hcl	41,49	cromolyn sodium	54,69,74
clonidine hcl/chlorthalidone	45	CUVPOSA	54
clopidogrel bisulfate	41	cyanocobalamin (vitamin b-12)	77
clorazepate dipotassium	36	cyclobenzaprine hcl	75
clotrimazole	23	cyclopentolate hcl	68
clotrimazole/betamethasone dipropionate	52	cyclophosphamide	25
clozapine	32	cyclosporine	64
codeine phosphate/butalbital/aspirin/caffeine	11	cyclosporine, modified	64
codeine phosphate/guaifenesin	74	cyproheptadine hcl	71
codeine sulfate	11		
colchicine	24	D	
COLESTID	48	DALIRESP	73
colestipol hcl	48	danazol	59
COLY-MYCIN S	71	dantrolene sodium	32
COMBIGAN	70	dapsone	25
COMBIPATCH	60	DARAPRIM	30
COMBIVENT RESPIMAT	74	darifenacin hydrobromide	56
COMBIVIR	34	DAYTRANA	49

DELESTROGEN.....	60	DILANTIN.....	19
DELZICOL.....	66	DILANTIN-125.....	19
demeclocycline hcl.....	17	DILATRATE-SR.....	49
DEPAKENE.....	18	diltiazem hcl.....	44
DEPAKOTE.....	18	DIPENTUM.....	66
DEPAKOTE ER.....	18	diphenoxylate hcl/atropine sulfate.....	54
DEPAKOTE SPRINKLE.....	18	dipyridamole.....	41
DEPEN.....	57	disopyramide phosphate.....	42
DEPO-ESTRADIOL.....	60	disulfiram.....	13
DEPO-SUBQ PROVERA 104.....	62	DIURIL.....	46
DESCOVY.....	34	divalproex sodium.....	18
desipramine hcl.....	22	dofetilide.....	43
desmopressin acetate.....	59	donepezil hcl.....	20
desmopressin acetate (non-refrigerated).....	59	DONNATAL.....	54
desogestrel-ethinyl estradiol.....	60	dorzolamide hcl.....	70
desogestrel-ethinyl estradiol/ethinyl estradiol.....	60	dorzolamide hcl/timolol maleate.....	70
desonide.....	58	doxazosin mesylate.....	42
desoximetasone.....	58	doxepin hcl.....	22
desvenlafaxine succinate.....	21	doxycycline hyclate.....	17
dexamethasone.....	58	doxycycline monohydrate.....	17
dexamethasone sod phosphate.....	69	dronabinol.....	23
dexmethylphenidate hcl.....	49,50	drosiprenone/ethinyl estradiol/levomefolate calcium.....	60
dextroamphetamine sulf-saccharate/amphetamine sulf- aspartate.....	49	DRYSOL.....	52
dextroamphetamine sulfate.....	49	DUAVEE.....	60
diaphragms, contoured.....	67	duloxetine hcl.....	50
diaphragms, wide seal.....	67	DUREZOL.....	69
DIASTAT.....	18	dutasteride.....	56
DIASTAT ACUDIAL.....	18	dutasteride/tamsulosin hcl.....	56
diazepam.....	18,36		
DICLEGIS.....	22	E	
diclofenac potassium.....	10	EAA.....	77
diclofenac sodium.....	10,52,69	econazole nitrate.....	23
diclofenac sodium/misoprostol.....	10	EDURANT.....	34
dicloxacillin sodium.....	16	ELESTRIN.....	60
dicyclomine hcl.....	54	ELIDEL.....	52
didanosine.....	34	ELIMITE.....	30
diflorasone diacetate.....	58	ELIQUIS.....	40
diflunisal.....	10	ELIXOPHYLLIN.....	73
digoxin.....	45	ELLA.....	62
dihydroergotamine mesylate.....	24	ELMIRON.....	57
		EMEND.....	23

EMTRIVA	34	ESTRING	60
enalapril maleate	42	ESTROGEL	60
enalapril maleate/hydrochlorothiazide	45	estrogens,esterified/methyltestosterone	61
ENBREL	64	estropipate	61
ENBREL MINI	64	eszopiclone	75
ENBREL SURECLICK	64	ethambutol hcl	25
enoxaparin sodium	40	ethinyl estradiol/drospirenone	61
entacapone	30	ethosuximide	18
entecavir	33	ethynodiol diacetate-ethinyl estradiol	61
ENTRESTO	45	etidronate disodium	67
ENVARUS XR	64	etodolac	10
EPIFOAM	52	etoposide	27
epinastine hcl	69	EURAX	30
EPINEPHRINE	72	EVAMIST	61
EPIVIR	34	EVOTAZ	35
EPIVIR HBV	33	EXELDERM	23
eplerenone	46	exemestane	27
EPZICOM	34	EXJADE	76
ergocalciferol (vitamin d2)	67	EXPECTA PRENATAL	77
ergoloid mesylates	20	EXTAVIA	51
ergotamine tartrate/caffeine	24	ezetimibe	48
ERIVEDGE	28	ezetimibe/simvastatin	48
ERY-TAB	16		
ERYGEL	16	F	
ERYPED 400	16	famciclovir	36
ERYTHROCIN STEARATE	16	FANAPT	32
erythromycin base	16	FARESTON	26
erythromycin base/benzoyl peroxide	14	FARYDAK	27
erythromycin base/ethyl alcohol	16	felbamate	19
erythromycin ethylsuccinate	16	FELBATOL	19
ESBRIET	74	felodipine	44
ESCAVITE	77	fenofibrate	47
ESCAVITE D	77	fenofibrate nanocrystallized	47
ESCAVITE LQ	77	fenofibrate,micronized	47
escitalopram oxalate	21	fenofibric acid	47
esomeprazole magnesium	56	fenofibric acid (choline)	47
estazolam	75	fenopropfen calcium	10
ESTRACE	60	fentanyl	11
estradiol	60	FERRALET 90	76
estradiol valerate	60	FERRIPROX	76
estradiol/norethindrone acetate	60	ferrous fumarate/ascorbic acid/b12-if/folic acid	76

ferrous sulfate	76	folic acid	78
FETZIMA	21	fondaparinux sodium	40
FINACEA	52	FORADIL	72
finasteride	56	FORTEO	67
FIRAZYR	64	fosinopril sodium	42
FLAREX	69	fosinopril sodium/hydrochlorothiazide	45
flavoxate hcl	56	FRAGMIN	40
flecainide acetate	43	frovatriptan succinate	24
FLORIVA	76,77	furosemide	46
FLORIVA PLUS	77	FUZEON	35
FLOVENT DISKUS	71	FYCOMPA	17
FLOVENT HFA	71		
fluconazole	23	G	
fludrocortisone acetate	58	gabapentin	18
fluocinolone acetonide	58	GABITRIL	18
fluocinolone acetonide oil	71	galantamine hbr	20
fluocinolone acetonide/shower cap	58	GALZIN	76
fluocinonide	58	GARAMYCIN	13
fluocinonide/emollient base	58	gatifloxacin	17
FLUOR-A-DAY	76	GATTEX	54
FLUORABON	76	gemfibrozil	47
fluoride (sodium)	51,76	gentamicin sulfate	13
fluoride/iron/vitamins a,c,and d	77	GENVOYA	33
FLUORIDEX SENSITIVITY RELIEF	51	GILENYA	51
FLUORITAB	76	GILOTRIF	28
fluorometholone	69	glatiramer acetate	51
FLUOROPLEX	52	GLEEVEC	28
fluorouracil	27	GLEOSTINE	25
fluoxetine hcl	21	glimepiride	37
fluoxymesterone	60	glipizide	37
fluphenazine hcl	31	glipizide/metformin hcl	37
flurazepam hcl	75	GLUCAGEN	38
flurbiprofen	10	GLUCAGON EMERGENCY KIT	38
flurbiprofen sodium	69	glyburide	37
flutamide	26	glyburide,micronized	37
fluticasone propionate	58,71	glyburide/metformin hcl	37
fluticasone propionate/salmeterol xinafoate	74	glycopyrrolate	54
fluvastatin sodium	47	GLYTACTIN 15 PE BETTERMILK	78
fluvoxamine maleate	21	GLYTACTIN RESTORE 10 PE	78
FML FORTE	69	GLYTACTIN RESTORE 10 PE LITE	78
FML S.O.P.	69	GLYTACTIN RTD 10 PE	78

GLYTACTIN RTD 15 PE	78
GOLYTELY	55
granisetron hcl	23
griseofulvin ultramicrosize	23
griseofulvin, microsize	23
guanfacine hcl	41,50
guanidine hcl	25

H

HAEGARDA	64
halobetasol propionate	58
haloperidol	31
haloperidol lactate	31
heparin sodium,porcine	40
heparin sodium,porcine in 0.9 % sodium chloride	40
heparin sodium,porcine/pf	40
HEPSERA	33
HEXALEN	25
homatropine hbr	68
HUMALOG	38
HUMALOG JUNIOR KWIKPEN	39
HUMALOG KWIKPEN U-100	39
HUMALOG KWIKPEN U-200	39
HUMALOG MIX 50-50	39
HUMALOG MIX 50-50 KWIKPEN	39
HUMALOG MIX 75-25	39
HUMALOG MIX 75-25 KWIKPEN	39
HUMIRA	64
HUMIRA PEDIATRIC CROHN'S	64
HUMIRA PEN	64
HUMIRA PEN CROHN-UC-HS STARTER	65
HUMIRA PEN PSORIASIS-UVEITIS	65
HUMULIN 70-30	39
HUMULIN 70/30 KWIKPEN	39
HUMULIN N	39
HUMULIN N KWIKPEN	39
HUMULIN R	39
HUMULIN R U-500	39
HUMULIN R U-500 KWIKPEN	39
HYCANTIN	27
hydralazine hcl	49

hydrochlorothiazide	47
hydrocodone bitartrate/acetaminophen	12
hydrocodone bitartrate/homatropine methylbromide	74
hydrocodone polistirex/chlorpheniramine polistirex	74
hydrocodone/ibuprofen	12
hydrocortisone	52,58,66
hydrocortisone acetate	58
hydrocortisone acetate/pramoxine hcl	52
hydrocortisone butyrate	59
hydrocortisone valerate	59
hydrocortisone/acetic acid	71
hydrocortisone/iodoquinol	52
hydromorphone hcl	12
hydroxychloroquine sulfate	30
hydroxyurea	27
hydroxyzine hcl	71
hydroxyzine pamoate	71
hyoscyamine sulfate	54

I

ibandronate sodium	67
IBRANCE	28
ibuprofen	10
ICLUSIG	28
IDHIFA	27
imatinib mesylate	28
IMBRUVICA	28
imipramine hcl	22
imiquimod	52
IMOVAX RABIES VACCINE	66
IMPAVIDO	30
IMURAN	65
indapamide	47
INDOCIN	10
indomethacin	10
INFERGEN	33
INLYTA	28
INTEGRA F	76
INTEGRA PLUS	76
INTELENCE	34
INTRON A	33

INVIRASE	35
INVOKAMET	37
INVOKAMET XR	37
INVOKANA	37
IOPIDINE	70
ipratropium bromide	72
ipratropium bromide/albuterol sulfate	74
irbesartan	42
irbesartan/hydrochlorothiazide	45
IRESSA	28
iron fumarate,polysac comp/folic acid/vitamin c/niacinamide	76
iron,carbonyl	76
IRONUP	76
ISENTRESS	33
ISENTRESS HD	33
isometheptene mucate/dichloralphenazone/acetaminophen	67
isoniazid	25
ISORDIL	49
isosorbide dinitrate	49
isosorbide mononitrate	49
isotretinoin	52
isradipine	44
itraconazole	23
ivermectin	30

J

JAKAFI	28
JANUMET	37
JANUMET XR	37
JANUVIA	37
JARDIANCE	37
JENTADUETO	38
JENTADUETO XR	38
JUXTAPID	48

K

K-PHOS NO.2	57
K-PHOS ORIGINAL	57
KALETRA	35

KALYDECO	73
KEPPRA	18
KEPPRA XR	18
ketoconazole	23
ketoprofen	10
ketorolac tromethamine	10,69
KINERET	65
KISQALI	28
KLONOPIN	36
KLOR-CON	76
KLOR-CON M15	76
KPN	78
KYLEENA	62

L

labetalol hcl	43
LACRISERT	68
lactulose	55
LAMICTAL	19
LAMISIL	23
lamivudine	33,34
lamivudine/zidovudine	34
lamotrigine	19
LANAFLEX	78
LANOXIN	45
lansoprazole	56
LANTUS	39
LANTUS SOLOSTAR	39
latanoprost	70
LATUDA	32
leflunomide	65
LENVIMA	28
LETAIRIS	73
letrozole	27
leucovorin calcium	27
LEUKERAN	26
leuprolide acetate	63
levalbuterol hcl	72
levalbuterol tartrate	72
LEVEMIR	39
LEVEMIR FLEXPEN	39

LEVEMIR FLEXTOUCH	39
levetiracetam	18
levobunolol hcl	70
levocarnitine	78
levocarnitine (with sugar)	78
levofloxacin	17
levonorgestrel	62
levonorgestrel-ethinyl estradiol	61
levonorgestrel/ethinyl estradiol and ethinyl estradiol	61
levothyroxine sodium	63
LEVOXYL	63
LEXIVA	35
lidocaine	12
lidocaine hcl	12
lidocaine/prilocaine	12
LILETTA	62
lindane	30
linezolid	14
LINZESS	55
liothyronine sodium	63
lisinopril	42
lisinopril/hydrochlorothiazide	45
lithium carbonate	37
lithium citrate	37
LITHOSTAT	57
LO LOESTRIN FE	61
LOMUSTINE	26
LONSURF	27
LOPHLEX	78
lopinavir/ritonavir	35
lorazepam	36
losartan potassium	42
losartan potassium/hydrochlorothiazide	45
LOTEMAX	69
lovastatin	47
LOVENOX	40
loxapine succinate	31
LUMIGAN	70
LYNPARZA	27
LYRICA	50

M

malathion	30
maprotiline hcl	21
MAVYRET	33
MAXAIR AUTOHALER	72
MAXIDEX	69
MAXINATE	78
mecamylamine hcl	45
meclofenamate sodium	10
MEDROL	59
medroxyprogesterone acetate	62
mefenamic acid	10
mefloquine hcl	30
megestrol acetate	62
MEKINIST	28
meloxicam	10
melphalan	26
memantine hcl	20
MENEST	61
MEPHYTON	78
meprobamate	36
mercaptopurine	27
mesalamine	66
mesalamine with cleansing wipes	66
MESTINON	25
metaproterenol sulfate	72
metaxalone	75
metformin hcl	38
methadone hcl	11
methamphetamine hcl	49
methazolamide	70
methenamine hippurate	14
methenamine mandelate	14
methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine	14
methimazole	64
methocarbamol	75
methotrexate sodium	65
methotrexate sodium/pf	65
methoxsalen	52

methscopolamine bromide	54	MYKIDZ IRON	78
methyclothiazide	47	MYKIDZ IRON 10	77
methyldopa	41	MYKIDZ IRON FL	78
methyldopa/hydrochlorothiazide	45	MYLERAN	26
methylergonovine maleate	67	MYRBETRIQ	56
methylphenidate hcl	50	MYSOLINE	18
methylprednisolone	59		
metipranolol	70	N	
metoclopramide hcl	22	nabumetone	10
metolazone	47	nadolol	43
metoprolol succinate	43	nadolol/bendroflumethiazide	45
metoprolol tartrate	43	naftifine hcl	23
metoprolol tartrate/hydrochlorothiazide	45	NAFTIN	23
metronidazole	14,52	naloxone hcl	13
mexiletine hcl	43	naltrexone hcl	13
midodrine hcl	41	NAMENDA XR	20
miglitol	38	naproxen	10
MIGRANAL	24	naproxen sodium	10
minocycline hcl	17	naratriptan hcl	24
minoxidil	49	NARCAN	13
MIRENA	62	NASCOBAL	78
mirtazapine	21	NATACYN	23
misoprostol	55	NATAZIA	61
modafinil	75	nateglinide	38
moexipril hcl	42	NATURE-THROID	63
moexipril hcl/hydrochlorothiazide	45	NEBUPENT	30
mometasone furoate	59	nefazodone hcl	21
montelukast sodium	72	neomycin sulfate	14
MONUROL	14	neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	68
morphine sulfate	11,12	neomycin sulfate/bacitracin/polymyxin b	68
MOVIPREP	55	neomycin sulfate/polymyxin b sulfate/gramicidin d	68
moxifloxacin hcl	17	neomycin sulfate/polymyxin b sulfate/hydrocortisone	68,71
MTERYTI FOLIC 5	78	neomycin/polymyxin b sulfate/dexamethasone	68
MULTAQ	43	NEORAL	65
mupirocin	14	NERLYNX	28
mupirocin calcium	14	NESTABS DHA	78
MVC-FLUORIDE	78	NEULASTA	41
MYALEPT	67	NEUPOGEN	41
mycophenolate mofetil	65	NEURONTIN	18
mycophenolate sodium	65		
MYFORTIC	65		

nevirapine	34	NOVOLIN N	39
NEXAVAR	28	NOVOLIN R	39
NEXIUM	56	NOVOLOG	39
NEXPLANON	62	NOVOLOG FLEXPEN	39
niacin	48	NOVOLOG MIX 70-30	39
nicardipine hcl	44	NOVOLOG MIX 70-30 FLEXPEN	40
nicotine	13	NOXAFIL	23
nicotine polacrilex	13	NUCYNTA	12
NICOTROL	13	NUCYNTA ER	11
NICOTROL NS	13	NUVARING	61
nifedipine	44	NYMALIZE	44
NILANDRON	26	nystatin	24
nilutamide	26	nystatin/triamcinolone acetonide	24
nimodipine	44		
NINLARO	28	O	
NITRO-BID	49	OB COMPLETE WITH DHA	78
NITRO-DUR	49	OCALIVA	55
nitrofurantoin	14	octreotide acetate	64
nitrofurantoin macrocrystal	14	ODEFSEY	34
nitrofurantoin monohydrate/macrocrystals	14	ODOMZO	29
nitroglycerin	49	OFEV	74
nonoxynol 9	57	ofloxacin	17
NORDITROPIN FLEXPRO	59	olanzapine	32
NORDITROPIN NORDIFLEX	59	olmesartan medoxomil	42
norelgestromin/ethinyl estradiol	61	olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	45
norethindrone	62	olmesartan medoxomil/hydrochlorothiazide	45
norethindrone acetate	62	olopatadine hcl	69
norethindrone acetate-ethinyl estradiol	61	omega-3 acid ethyl esters	48
norethindrone acetate-ethinyl estradiol/ferrous fumarate	61	omeprazole	56
norethindrone-ethinyl estradiol	61	ondansetron	23
norethindrone-ethinyl estradiol/ferrous fumarate	61	ondansetron hcl	23
norethindrone-mestranol	61	ondansetron hcl/pf	23
norgestimate-ethinyl estradiol	61	ONE A DAY WOMEN'S PRENATAL DHA	78
norgestrel-ethinyl estradiol	61	ONE-A-DAY WOMEN'S PRENATAL 1	78
NORPACE CR	43	ONFI	18
NORTHERA	45	OPSUMIT	73
nortriptyline hcl	22	ORACIT	57
NORVIR	35	ORENCIA	65
NOVAFERRUM	77	ORENCIA CLICKJECT	65
NOVOLIN 70-30	39	ORFADIN	54

ORKAMBI	73
orphenadrine citrate	75
oseltamivir phosphate	36
OSMOPREP	55
OTOVEL	71
oxaprozin	10
oxazepam	36
oxcarbazepine	20
oxiconazole nitrate	24
OXISTAT	24
OXTELLAR XR	20
oxybutynin chloride	56
oxycodone hcl	11,12
oxycodone hcl/acetaminophen	12
oxycodone hcl/aspirin	12
OXYCONTIN	11

P

paliperidone	32
PANCREAZE	54
pantoprazole sodium	56
PARAGARD T 380-A	67
paricalcitol	67
paromomycin sulfate	14
paroxetine hcl	21
PAXIL	21
PAZEO	69
pediatric multivit with a,c,d3 no.21/sodium fluoride	78
pediatric multivitamin no.150 with sodium fluoride	78
pediatric multivitamin no.16/sodium fluoride	78
pediatric multivitamin no.2/sodium fluoride	79
pediatric multivitamin no.45/sodium fluoride/ferrous sulfate	79
pediatric multivitamin no.46/ferrous sulfate	78
pediatric multivitamin no.75/sodium fluoride/ferrous sulfate	79
pediatric multivitamin no.82 with sodium fluoride	79
pediatric multivitamins no.17 with sodium fluoride	79
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride	55
PEGASYS	33
PEGASYS PROCLICK	33
PEGINTRON	33
PEGINTRON REDIPEN	33
penicillin v potassium	16
PENTASA	66
pentazocine hcl/naloxone hcl	12
pentoxifylline	46
PERIFLEX ADVANCE	79
PERIFLEX INFANT	79
PERIFLEX JUNIOR	79
PERIFLEX LQ PKU	79
perindopril erbumine	42
permethrin	30
perphenazine	22
PERRY PRENATAL	79
phenazopyridine hcl	57
phenelzine sulfate	21
PHENEX-1	79
PHENEX-2	79
phenobarbital	19
phenobarbital/hyoscyamine sulf/atropine	
sulf/scopolamine hb	54
phenoxybenzamine hcl	42
PHENYL-FREE 1	79
PHENYL-FREE 2	79
PHENYL-FREE 2HP	79
PHENYLADE	79
PHENYLADE AMINO ACID	79
PHENYLADE ESSENTIAL	79
PHENYLADE GMP	79
PHENYLADE MTE	79
PHENYLADE PHEBLOC	79
PHENYLADE RTD PKU 10	79
PHENYLADE40	79
PHENYLADE60	79
phenylephrine hcl	68
phenylephrine hcl/promethazine hcl	74
PHENYTEK	20
phenytoin	20
phenytoin sodium extended	20
PHLEXY-10	79

PHOSPHOLINE IODIDE.....	70	prazosin hcl.....	42
PICATO.....	52	PRED-G.....	68
pilocarpine hcl.....	51,70	prednicarbate.....	59
PILOPINE HS.....	70	prednisolone.....	59
pimozide.....	31	prednisolone acetate.....	69
pindolol.....	43	prednisolone sod phosphate.....	59,69
pioglitazone hcl.....	38	prednisone.....	59
pioglitazone hcl/glimepiride.....	38	PREFERA-OB ONE.....	80
pioglitazone hcl/metformin hcl.....	38	PREMARIN.....	62
piroxicam.....	10	PREMPHASE.....	62
PKU 2.....	79	PREMPRO.....	62
PKU 3.....	79	PRENATABS FA.....	80
PKU COOLER 10.....	79	PRENATABS RX.....	80
PKU COOLER 15.....	79	PRENATAL FORMULA-DHA.....	80
PKU COOLER 20.....	80	prenatal vit no.16/iron fum,ps complex/folic acid/omega-3.....	80
PKU EASY.....	80	prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha.....	80
PKU EXPRESS15.....	80	prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa.....	80
PKU EXPRESS20.....	80	prenatal vit with calcium 95/ferrous fumarate/folic acid/dha.....	80
PKU LOPHLEX.....	80	prenatal vit with calcium no.122/ferrous fumarate/folic acid.....	80
PKU PERIFLEX JUNIOR PLUS.....	80	prenatal vit with calcium no.128/ferrous fumarate/folic acid.....	80
PLEGRIDY.....	51	prenatal vit with calcium no.129/ferrous fumarate/folic acid.....	80
PLEGRIDY PEN.....	51	prenatal vit with calcium no.130/ferrous fumarate/folic acid.....	80
pnv no.72/ferrous fumarate/folic acid/omega-3/dha.....	80	prenatal vit with calcium no.131/ferrous fumarate/folic acid.....	80
podofilox.....	53	prenatal vit with calcium no.68/iron fum/folic acid no.1/dha.....	81
podophyllum resin.....	53	prenatal vitamin 27 with calcium/ferrous fumarate/folic acid.....	81
POLY-VI-FLOR.....	80	prenatal vitamin calcium,iron,folic acid (less than 1 mg).....	80
POLY-VI-FLOR WITH IRON.....	80	prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil.....	81
POLY-VI-SOL WITH IRON.....	80		
polyethylene glycol 3350.....	55		
polymyxin b sulfate/trimethoprim.....	68		
POMALYST.....	26		
potassium bicarbonate/citric acid.....	77		
potassium chloride.....	77		
potassium chloride/potassium bicarbonate/citric acid.....	77		
potassium citrate.....	57		
potassium citrate/citric acid.....	57		
potassium iodide.....	64		
pramipexole di-hcl.....	31		
PRAMOSONE.....	53		
prasugrel hcl.....	41		
pravastatin sodium.....	48		

prenatal vitamin no.108/iron amino acid chelate/folic acid	81	prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha	80
prenatal vitamin with calcium no.76/iron,carbonyl/folic acid	81	PREPOPIK	55
prenatal vitamins no.121/ferrous fumarate/folic acid . 81		PREQUE 10	81
prenatal vitamins no.40/ferrous fumarate/folic acid/dha	80	PREVACID	56
prenatal vitamins no.5/ferrous fumarate/folic acid . . . 81		PREVIDENT	51
prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil	81	PREVIDENT 5000	51
prenatal vitamins no.79/iron fum/folic acid/levomefolate/dha	81	PREVIDENT 5000 ENAMEL PROTECT	51
prenatal vitamins with calcium/ferrous fumarate/folic acid	81	PREVIDENT 5000 PLUS	51
prenatal vitamins with calcium/iron,carb/docusate/folic acid	81	PREVIDENT 5000 SENSITIVE	51
prenatal vits no.119/iron fumarate/folic acid/docusate sod	81	PREZCOBIX	35
prenatal vits no.51/iron fumarate/folic acid/omega-3/dha/epa	81	PREZISTA	35
prenatal vits with calcium 95/ferrous fumarate/folic acid	80	primaquine phosphate	30
prenatal vits with calcium no.124/ferrous fumarat/folic acid	81	primidone	19
prenatal vits with calcium no.21/ferrous fumarate/folic acid	81	PROAIR HFA	72
prenatal vits with calcium no.72/ferrous fumarate/folic acid	80	PROAIR RESPICLICK	72
prenatal vits with calcium no.72/iron,carbonyl/folic acid	81	probenecid	24
prenatal vits with calcium no.74/ferrous fumarate/folic acid	81	probenecid/colchicine	24
prenatal vits with calcium no.78/ferrous fumarate/folic acid	81	prochlorperazine	22
prenatal vits with calcium no.90/ferrous fumarate/folic acid	81	prochlorperazine edisylate	22
prenatal vits with calcium no.96/ferrous fumarate/folic acid	81	prochlorperazine maleate	22
prenatal vits,calcium no.39/iron fum/folic acid/docusate/dha	81	PROCTOFOAM-HC	53
		PROCYSBI	54
		PROFERRIN-FORTE	77
		progesterone	62
		progesterone, micronized	62
		PROGLYCEM	38
		PROGRAF	65
		PROMACTA	41
		promethazine hcl	22,71
		promethazine hcl/codeine	74
		promethazine hcl/dextromethorphan hbr	74
		promethazine/phenylephrine hcl/codeine	74
		propafenone hcl	43
		propantheline bromide	54
		proparacaine hcl	68
		propranolol hcl	44
		propranolol hcl/hydrochlorothiazide	46
		propylthiouracil	64
		protriptyline hcl	22
		PROVENTIL HFA	72

PROVIDA DHA	81
PROVIDA OB	81
pseudoephedrine hcl/codeine	
phosphate/guaifenesin	74
pseudoephedrine hcl/codeine/chlorpheniramine	74
PULMICORT FLEXHALER	71
PULMOZYME	74
PURIXAN	27
pyrazinamide	25
pyridostigmine bromide	25

Q

quetiapine fumarate	32
QUFLORA	81
QUFLORA FE	81
QUILLICHEW ER	50
QUILLIVANT XR	50
quinapril hcl	42
quinapril hcl/hydrochlorothiazide	46
quinidine gluconate	43
quinidine sulfate	43
quinine sulfate	30
QVAR	71
QVAR REDHALER	71

R

rabeprazole sodium	56
raloxifene hcl	62
ramipril	42
RANEXA	46
ranitidine hcl	55
RAPAMUNE	65
rasagiline mesylate	31
RAVICTI	54
REGRANEX	53
RENAGEL	57
repaglinide	38
RESCRIPTOR	34
reserpine	46
RESTASIS	68
RESTASIS MULTIDOSE	68

RETROVIR	34
REVLIMID	26
REYATAZ	35
REZIRA	74
RHEUMATREX	65
ribavirin	33
RIDAURA	66
rifabutin	25
rifampin	25
riluzole	50
rimantadine hcl	36
risedronate sodium	67
risperidone	32
RITALIN LA	50
rivastigmine	20
rivastigmine tartrate	20
rizatriptan benzoate	24,25
ropinirole hcl	31
rosuvastatin calcium	48
ROZEREM	75
RUBRACA	27
RYDAPT	27

S

SABRIL	19
SAFYRAL	62
salsalate	11
SANDIMMUNE	65
SANTYL	53
SAPHRIS	32
SAVELLA	50
scopolamine	22
SELECT-OB + DHA	81
selegiline hcl	31
selenium sulfide	53
SELZENTRY	35
SENSIPAR	63
SEREVENT DISKUS	72
sertraline hcl	21
sevelamer carbonate	57
SHINGRIX	66

SHOHL'S MODIFIED	57	STUART ONE	82
SIGNIFOR	64	SUBOXONE	13
sildenafil citrate	73	sucralfate	55
SILENOR	75	sulfacetamide sodium	17,53
silver sulfadiazine	17	sulfacetamide sodium/prednisolone sodium phosphate	68
SIMBRINZA	70	sulfacetamide sodium/sulfur	53
SIMCOR	48	sulfacetamide sodium/sulfur/urea	53
SIMILAC PRENATAL	81	sulfadiazine	17
SIMPONI	65	sulfamethoxazole/trimethoprim	17
simvastatin	48	sulfasalazine	66
sirolimus	65	sulindac	11
SIRTURO	25	sumatriptan	25
SKYLA	62	sumatriptan succinate	25
sodium chloride for inhalation	74	SUPRAX	15
sodium chloride/sodium bicarbonate/potassium chloride/peg	55	SUPREP	55
sodium phenylbutyrate	54	SUSTIVA	34
sodium phosphate,dibasic/pot phos,monob/sod phosphate mono	57	SUTENT	29
sodium polystyrene sulfonate	76	SYLATRON	27
sodium polystyrene sulfonate/sorbitol solution	76	SYMAX DUOTAB	54
sodium/potassium/potassium citrate/sodium citrate/cit ac	57	SYMBICORT	74
SOMAVERT	64	SYMLINPEN 120	38
sotalol hcl	43	SYMLINPEN 60	38
spinosad	53	SYNJARDY	38
SPIRIVA	72	SYNJARDY XR	38
SPIRIVA RESPIMAT	72	SYNRIBO	27
spironolactone	46	SYNTHROID	63
spironolactone/hydrochlorothiazide	46	SYPRINE	76
SPORANOX	24		
SPRYCEL	29	T	
SPS	76	TACLONEX	53
SSD	17	tacrolimus	53,65
STAMARIL	66	TAFINLAR	29
stavudine	34	TAGRISSO	29
STELARA	53	tamoxifen citrate	26
STIMATE	59	tamsulosin hcl	57
STIVARGA	29	TARCEVA	29
STRENSIQ	54	TARGRETIN	29
STRIBILD	33	TASIGNA	29
		TAYTULLA	62
		tazarotene	53

TAZORAC.....	53	tizanidine hcl.....	32
TECFIDERA.....	51	TOBI.....	73
TEGRETOL.....	20	TOBI PODHALER.....	73
TEGRETOL XR.....	20	TOBRADEX.....	68
TEKTURNA.....	46	tobramycin.....	14
TEKTURNA HCT.....	46	tobramycin in 0.225 % sodium chloride.....	73
telmisartan.....	42	tobramycin/dexamethasone.....	68
telmisartan/hydrochlorothiazide.....	46	TOBREX.....	14
temazepam.....	75	TODAY CONTRACEPTIVE SPONGE.....	57
TEMODAR.....	26	tolazamide.....	38
temozolomide.....	26	tolbutamide.....	38
terazosin hcl.....	42	tolcapone.....	30
terbinafine hcl.....	24	tolmetin sodium.....	11
terbutaline sulfate.....	72	tolterodine tartrate.....	56
terconazole.....	24	TOPAMAX.....	19
testosterone.....	60	topiramate.....	19
testosterone cypionate.....	60	torsemide.....	46
testosterone enanthate.....	60	TOUJEO SOLOSTAR.....	40
tetrabenazine.....	50	TRACLEER.....	73,82
tetracaine hcl.....	68	TRADJENTA.....	38
tetracaine hcl/pf.....	68	tramadol hcl.....	11,12
tetracycline hcl.....	17	tramadol hcl/acetaminophen.....	12
TEXACORT.....	59	trandolapril.....	42
TEXAVITE LQ.....	82	trandolapril/verapamil hcl.....	46
THALOMID.....	26	tranexamic acid.....	41
THEO-24.....	73	tranylcypromine sulfate.....	21
theophylline anhydrous.....	73	TRAVATAN Z.....	70
thioridazine hcl.....	31	trazodone hcl.....	21
thiothixene.....	31	TRESIBA FLEXTOUCH U-100.....	40
thyroid,pork.....	63	TRESIBA FLEXTOUCH U-200.....	40
THYROLAR-1.....	63	TRETIN-X.....	53
THYROLAR-1/2.....	63	tretinoin.....	29,53
THYROLAR-1/4.....	63	tretinoin microspheres.....	53
THYROLAR-2.....	63	TRI-VI-FLOR.....	82
THYROLAR-3.....	63	triamcinolone acetonide.....	51,59,71
tiagabine hcl.....	19	triarterene/hydrochlorothiazide.....	46
ticlopidine hcl.....	41	triazolam.....	75
timolol maleate.....	44,70	TRICARE.....	82
TIMOPTIC OCUDOSE.....	70	TRICARE PRENATAL DHA ONE.....	82
tinidazole.....	14	trifluoperazine hcl.....	31
TIVICAY.....	33	trifluridine.....	36

trihexyphenidyl hcl	30
TRILEPTAL	20
trimethobenzamide hcl	23
trimethoprim	14
trimipramine maleate	22
TRINTELLIX	21
TRISTART DHA	82
TRIUMEQ	35
TRIZIVIR	34
tropicamide	68
tropium chloride	56
TRUVADA	34
TYBOST	35
TYKERB	29
TYMLOS	67
TYPHIM VI	66
TYVASO	73
TYVASO INSTITUTIONAL START KIT	73
TYVASO REFILL KIT	73
TYVASO STARTER KIT	73

U

ULORIC	24
UNITHROID	63
UPTRAVI	73
urea	53
URIBEL	14
UROSEX	82
ursodiol	55

V

valacyclovir hcl	36
VALCHLOR	26
valganciclovir hcl	33
valproic acid	19
valproic acid (as sodium salt) (valproate sodium)	19
valsartan	42
valsartan/hydrochlorothiazide	46
vancomycin hcl	15
VANDAZOLE	15
VASCEPA	49

VAXCHORA VACCINE	66
VCF	57
VENCLEXTA	29
VENCLEXTA STARTING PACK	29
venlafaxine hcl	22
VENLAFAXINE HCL ER	22
VENTAVIS	73
VENTOLIN HFA	72
verapamil hcl	44
VERZENIO	29
VESICARE	56
VEXOL	69
VIBERZI	55
VIBRAMYCIN	17
VICTOZA 2-PAK	38
VICTOZA 3-PAK	38
VIDEX	35
VIDEX EC	35
VIIBRYD	22
VIMPAT	20
VIRACEPT	35
VIRAMUNE	34
VIRAMUNE XR	34
VIREAD	35
VITAFOL FE+	82
VITAFOL GUMMIES	82
VITAFOL ULTRA	82
VITAFOL-OB	82
VITAFOL-ONE	82
VITAMEDMD ONE RX	82
VITAMEDMD REDICHEW RX	82
VITAPEARL	82
VITATRUE	82
VITEKTA	33
VIVOTIF	66
VIVOTIF BERNA	66
voriconazole	24
VOTRIENT	29
VRAYLAR	32
VYVANSE	49

W

warfarin sodium.....	40
WELCHOL.....	49
WESTHROID.....	63
WP THYROID.....	63

X

XALKORI.....	29
XARELTO.....	40
XELODA.....	27
XERMELO.....	55
XIFAXAN.....	15
XIIDRA.....	69
XPHE MAXAMAID.....	82
XPHE MAXAMUM.....	82
XTANDI.....	26

Y

YF-VAX.....	66
-------------	----

Z

zafirlukast.....	72
zaleplon.....	75
ZARONTIN.....	18
ZAZOLE.....	24
ZEJULA.....	29
ZELBORAF.....	29
ZENPEP.....	54
ZERIT.....	35
ZIAGEN.....	35
zidovudine.....	35
ziprasidone hcl.....	32
ZOLINZA.....	27
zolmitriptan.....	25
zolpidem tartrate.....	75
ZONEGRAN.....	18
zonisamide.....	18
ZORTRESS.....	65
ZOSTAVAX.....	66
ZOVIRAX.....	36

ZYDELIG.....	29
ZYKADIA.....	29
ZYLET.....	68
ZYTIGA.....	26