



SWHP ACA Compliant Formulary

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Table of Contents

What is my prescription drug coverage?.....	3
What is the SWHP ACA Compliant 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 ACA Compliant 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
Preventative Care Medications & Medications Covered Under Health Care Reform	7
Diabetic Supplies	7
Smoking Cessation Medication Coverage	7
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 ACA (Affordable Care Act) Compliant 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 SWHP ACA Compliant 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.

This SWHP ACA Compliant formulary is a closed formulary. This means that drugs listed on the formulary are covered and drugs not listed on the formulary are not covered. Non-formulary drugs require prior authorization and 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 1 (T1): preferred generic medications

Tier 2 (T2): preferred brand medications

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

Tier 4 (T4): specialty medications

Tier 5 (T5): zero cost share preventive drugs

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.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.
- 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 but the quality and effectiveness are 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 ACA Compliant Formulary?

There are several types of exceptions that can be requested:

- Exception to cover a drug that is not listed on the formulary
- Exception to waive a coverage restriction or limit on a drug (example: waive or increase a quantity limit).

To request an exception, your physician can submit a coverage exception form by fax or initiate a request via telephone (SWHP Pharmacy Services) or the swhp.org website. You as a member can also initiate an exception request via the swhp.org website or telephone by contacting SWHP Pharmacy Services. Both you and your physician will be notified of the approval by mail and the drug will be covered under the applicable copayment. If the request is denied, both you and your physician will be notified. You may still purchase the medication for the full price.

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 your provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that your provider knows which medications are 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 noted on the formulary at Tier 5 (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.

Preventative Care Medications & Medications Covered Under Health Care Reform

Preventative care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are noted on the formulary at Tier 5 (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).

Diabetic Supplies

The preferred diabetic testing supplies include all Roche Diagnostics (ACCU-CHEK®) products covered at Tier 1 copay. All syringes and needles are covered at Tier 1 copay.

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 noted on the formulary at Tier 5 (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).

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

TIER	DESCRIPTION
1	Preferred Generics
2	Preferred Brands
3	Non-Preferred Brands & Non-Preferred Generics
4	Specialty
5	Preventive
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.

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>aspirin (81 mg tab chew, 81 mg tablet dr)</i>	5	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</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>INDOCIN (25 MG/5 ML SUSPENSION, 50 MG SUPPOSITORY)</i>	2	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac tromethamine 10 mg tablet</i>	3	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	
<i>salsalate</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine	3	
fentanyl	3	QL 20 / 30 DAYS
hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)	3	
levorphanol tartrate	1	
methadone hcl (5 mg tablet, 10 mg tablet)	1	QL 240 / 30 DAYS
methadone hcl (5 mg/5 ml solution, 10 mg/5 ml solution, 10 mg/ml oral conc, 10 mg/ml vial)	1	
morphine sulfate (15 mg tablet er, 30 mg tablet er)	1	QL 180 / 30 DAYS
morphine sulfate (60 mg tablet er, 100 mg tablet er, 200 mg tablet er)	1	QL 120 / 30 DAYS
NUCYNTA ER	3	QL 60 / 30 DAYS
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)	3	QL 90 / 30 DAYS
oxycodone hcl 80 mg tab er 12h	3	QL 120 / 30 DAYS
OXYCONTIN (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET, 60 MG TABLET)	3	QL 90 / 30 DAYS
OXYCONTIN 80 MG TABLET	3	QL 120 / 30 DAYS
oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 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)	3	
tramadol hcl (100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tab er 24h, 300 ma tbmp 24hr)	3	
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-30mg tablet, 300mg-60mg tablet)	1	
butalbital/acetaminophen/caffeine/codeine phosphate	1	
butorphanol tartrate (1 mg/ml vial, 2 mg/ml vial)	1	
butorphanol tartrate 10 mg/ml spray	1	QL 5 / 30 DAYS
codeine sulfate	1	QL 180 / 30 DAYS
codeine/butalbital/asa/caffein 30-50-325 capsule	1	
fentanyl citrate	4	QL 120 / 30 DAYS

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 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 (2 mg tablet, 4 mg tablet, 8 mg tablet)	1	QL 240 / 30 DAYS
hydromorphone hcl 1 mg/ml liquid	1	
hydromorphone hcl/pf (hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)	1	
ibuprofen/oxycodone hcl	3	
meperidine hcl (50 mg tablet, 50 mg/5 ml solution, 100 mg tablet)	3	
morphine sulfate (10 mg/5 ml solution, 15 mg tablet, 20 mg/5 ml solution, 30 mg tablet, 100 mg/5ml solution)	1	
NUCYN TA	3	QL 180 / 30 DAYS
oxycodone hcl (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	1	QL 180 / 30 DAYS
oxycodone hcl (5 mg capsule, 5 mg/5 ml solution, 20 mg/ml oral conc)	1	
oxycodone hcl 5 mg tablet	1	QL 360 / 30 DAYS
oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5- 325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)	1	
oxycodone hcl/aspirin	1	
oxymorphone hcl (5 mg tablet, 10 mg tablet)	3	
pentazocine hcl/naloxone hcl	1	
tramadol hcl 50 mg tablet	1	
tramadol hcl/acetaminophen	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5 % adh. patch</i>	3	
<i>lidocaine 5 % oint. (g)</i>	1	QL 120 / 30 DAYS
<i>lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution, 5 mg/ml vial, 40 mg/ml solution)</i>	1	
<i>lidocaine hcl/pf (hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)</i>	1	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	1	QL 120 / 30 DAYS
SYNERA	3	QL 2 / 30 DAYS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	1	
ANTABUSE	2	
<i>disulfiram</i>	1	
<i>naltrexone hcl</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 2 / 180 DAYS
SMOKING CESSATION AGENTS		
<i>bupropion hcl (150 mg tab er 12h, 150 mg tablet er)</i>	5	C 6 months of treatment per 1 year MN
CHANTIX	5	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>	5	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>	5	C 6 months of treatment per 1 year

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NICOTROL	5	C 6 months of treatment per 1 year
NICOTROL NS	5	C 6 months of treatment per 1 year
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	3	
<i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g), 0.3 % drops, 0.3 % oint. (g), 40 mg/ml vial)</i>	1	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (gentamicic60 mg/50ml piggyback, gentamicic70 mg/50ml piggyback, gentamicic80 mg/50ml piggyback, gentamicic80mg/100ml piggyback, gentamicic90mg/100ml piggyback, gentamicic100mg/0.1l piggyback, gentamicic120mg/0.1l piggyback)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	
<i>tobramycin</i>	1	
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	1	
<i>tobramycin sulfate/sodium chloride</i>	1	
TOBREX 0.3% EYE OINTMENT	2	
ANTIBACTERIALS, OTHER		
AKTIPAK	2	
ALTABAX	3	
<i>bacitracin 500 unit/g oint. (g)</i>	1	
BACTROBAN 2% CREAM	2	
BACTROBAN NASAL	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>colistin (as colistimethate sodium)</i>	3	
CUBICIN	4	
CUBICIN RF	4	
<i>daptomycin</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin base/benzoyl peroxide</i>	1	
KETEK	3	
<i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i>	4	
<i>meth/meblue/sod phos/psal/hyos 118-10-36 capsule</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole (0.75 % gel w/appl, 250 mg tablet, 500 mg tablet)</i>	1	
<i>metronidazole in sodium chloride</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>polymyxin b sulfate</i>	1	
SULFAMYLYON (8.5% CREAM, POWDER PACKET)	3	
<i>tigecycline</i>	3	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
URIBEL	2	
<i>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)</i>	3	
VANDAZOLE	1	
XIFAXAN	3	PA
ZYVOX 100 MG/5 ML SUSPENSION	4	
BETA-LACTAM, CEPHALOSPORINS		
<i>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)</i>	1	
<i>cefadroxill (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	1	
<i>cefazolin sodium (1 g vial, 10 g vial, 500 mg vial)</i>	1	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml froz.piggy, sodium/dextrose,iso 1 g/50 ml piggyback)</i>	1	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefditoren pivoxil</i>	3	
<i>cefepime hcl</i>	3	
<i>cefixime</i>	1	
<i>cefotaxime sodium (1 g vial, 2 g vial, 10 g vial)</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	1	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	1	
<i>ceftazidime (1 g vial, 2 g vial, 6 g vial)</i>	3	
<i>ceftibuten (180 mg/5ml susp recon, 400 mg capsule)</i>	1	
CEFTIN (125 MG/5 ML ORAL SUSP, 250 MG/5 ML ORAL SUSP)	2	
<i>ceftriaxone sodium (2 g vial port, 10 g vial, 250 mg vial, 500 mg vial)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	3	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet)</i>	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 400 MG TABLET, 500 MG/5 ML SUSPENSION)	2	
BETA-LACTAM, OTHER		
INVANZ	2	
BETA-LACTAM, PENICILLINS		
<i>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)</i>	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 sodium (1 g vial, 10 g vial, 125 mg vial)</i>	1	
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 3 g vial, sodium/sulbactam 15 g vial)</i>	1	
<i>ampicillin trihydrate (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (1 g vial, 10 g vial)</i>	1	
<i>penicillin g potassium 5mm unit vial</i>	1	
<i>penicillin g potassium/dextrose-water (pen g pot/dextrose-water 2mm/50ml froz.piggy, pen g pot/dextrose-water 3mm/50ml froz.piggy)</i>	1	
<i>penicillin g procaine 1.2mm/2 ml syringe</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 ma/5ml soln recon, 500 ma tablet)</i>	1	
MACROLIDES		
AZASITE	3	
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 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	
DIFICID	3	
E.E.S. 400	1	
ERY-TAB	2	
ERYPED 400	2	
ERYTHROGIN STEARATE	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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		
AVELOX IV	3	
BESIVANCE	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (0.2 % droperette, 0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
FACTIVE	3	
<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>levofloxacin 25 mg/ml vial</i>	3	
<i>levofloxacin/d5w 500mg/0.1l piggyback</i>	3	
<i>moxifloxacin hcl (0.5 % drops, 400 mg tablet)</i>	3	
NOROXIN	3	
<i>ofloxacin (0.3 % drops, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	1	
SULFONAMIDES		
<i>silver sulfadiazine</i>	1	
SSD	1	
<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>demeclacycline hcl</i>	3	
<i>doxycycline hydiate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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
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 (250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 500 mg/5ml vial, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	1	MN
<i>levetiracetam 100 mg/ml solution</i>	1	
POTIGA	3	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	
<i>divalproex sodium</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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)	4	PA
<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
primidone	1	MN
SABRIL	4	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, 500 mg/5ml vial)</i>	1	MN
<i>vigabatrin</i>	4	
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, 50 mg tab er 24, 100 mg tab er 24, 200 mg tab er 24, 250 mg tab er 24, 300 mg tab er 24)</i>	3	
<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 ma tablet, 100 ma tablet, 200 ma tablet)</i>	1	MN
SODIUM CHANNEL AGENTS		
APTIOM	3	MN
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpmp 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	1	MN
CARBATROL	2	MN
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	2	MN
DILANTIN-125	2	MN
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	1	MN
OXTELLAR XR	3	
PEGANONE	2	MN
<i>phenytoin (50 mg tab chew, 125 mg/5ml oral susp)</i>	1	MN
<i>phenytoin sodium (50 mg/ml ampul, 50 mg/ml vial)</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, 200 MG/20 ML VIAL)	3	MN
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	1	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl</i>	1	
EXELON 2 MG/ML ORAL SOLUTION	2	
<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	3	
<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 tab ds pk, 10 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NAMENDA XR	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>amitriptyline hcl/chlordiazepoxide</i>	1	MN
<i>bupropion hcl (75 mg tablet, 100 mg tab er 12h, 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>bupropion hcl 100 mg tablet</i>	1	
<i>mirtazapine</i>	1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	3	
MARPLAN	2	
<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>	3	MN
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	1	MN
FETZIMA	3	
<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)</i>	1	MN
<i>fluoxetine hcl 90 mg capsule dr</i>	1	
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	3	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>maprotiline hcl</i>	3	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	3	MN
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trazodone hcl</i>	1	
TRINTELLIX	3	ST
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	1	MN
<i>venlafaxine hcl (37.5 mg tab er 24, 150 mg tab er 24)</i>	1	
VENLAFAXINE HCL ER (ER 37.5 MG TAB, ER 150 MG TAB)	1	
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		
AKYNZEO	3	QL 2 / 30 DAYS
DICLEGIS	3	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 5 mg/ml vial, 10 mg tablet, 10 mg/10ml solution)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate 10 mg/2 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	
<i>trimethobenzamide hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMETOGENIC THERAPY ADJUNCTS		
ALOXI	3	
ANZEMET (50 MG TABLET, 100 MG TABLET)	3	
<i>aprepitant</i>	3	
<i>dronabinol</i>	3	
EMEND 125 MG POWDER PACKET	3	
<i>granisetron hcl (1 mg tablet, 1 mg/ml(1) vial)</i>	1	
<i>granisetron hcl/pf 100 mcg/ml vial</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl (2 mg/ml vial, 4 mg tablet, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet)</i>	1	
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 ma/2 ml vial)</i>	1	
ANTIFUNGALS		
<i>amphotericin b</i>	3	
ANCOBON	3	
<i>butoconazole nitrate</i>	3	
CANCIDAS	4	
<i>caspofungin acetate</i>	4	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	1	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % solution, 10 mg troche)</i>	1	
<i>econazole nitrate</i>	1	
ERAXIS (WATER DILUENT)	4	
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>fluconazole in dextrose, iso-osmotic</i>	1	
<i>fluconazole in sodium chloride, iso-osmotic (100mg/50ml pggybk btl, 100mg/50ml piggyback)</i>	1	
<i>flucytosine</i>	1	
GRIS-PEG	2	
<i>griseofulvin ultramicrosize</i>	1	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>itraconazole</i>	1	
JUBLIA	3	PA
KERYDIN	3	PA
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	1	
LAMISIL 125 MG GRANULES PACKET	2	
MENTAX	3	
<i>naftifine hcl</i>	1	
NAFTIN (1% GEL, 2% GEL)	2	
NATACYN	2	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	2	PA
<i>nystatin (500k unit tablet, 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	
<i>terbinafine hcl 250 mg tablet</i>	1	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	1	
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>	4	
ANTIGOUT AGENTS		
<i>allopurinol</i>	1	MN
<i>colchicine 0.6 mg tablet</i>	3	MN
<i>probenecid</i>	1	MN
<i>probenecid/colchicine</i>	1	MN
ULORIC	3	ST MN
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 0.5mg/spray spray/pump</i>	1	QL 8 / 30 DAYS
ERGOMAR	3	
MIGRANAL	2	QL 8 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>almotriptan malate</i>	3	QL 12 / 30 DAYS
<i>eletriptan hbr</i>	3	QL 6 / 30 DAY(S)
<i>frovatriptan succinate</i>	3	QL 9 / 30 DAYS
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL 9 / 30 DAYS
<i>rizatriptan benzoate (10 mg tab rapdis, 10 mg tablet)</i>	1	QL 12 / 30 DAYS
<i>rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet)</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 6 / 30 DAYS
ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)	3	QL 6 / 30 DAYS ST
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl</i>	1	
<i>pyridostigmine bromide 180 mg tablet er</i>	3	
<i>pyridostigmine bromide 60 mg tablet</i>	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone</i>	1	
<i>rifabutin</i>	3	
ANTITUBERCULARS		
<i>CAPASTAT SULFATE</i>	3	
<i>cycloserine</i>	3	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>PASER</i>	3	
<i>PRIFTIN</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pyrazinamide</i>	3	
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
TRECATOR	3	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
BENDEKA	4	
<i>cyclophosphamide</i> (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)	3	
GLEOSTINE	4	
HEXALEN	4	PA
LEUKERAN	2	
LOMUSTINE	3	
MATULANE	4	
<i>melphalan</i>	1	
TEMODAR (5 MG CAPSULE, 20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	4	
<i>temozolomide</i>	4	
ANTIANDROGENS		
<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	4	PA
<i>nilutamide</i>	4	PA
XTANDI	4	PA
ZYTIGA	4	PA
ANTIANGIOGENIC AGENTS		
POMALYST	4	PA
REVLIMID	4	
THALOMID	4	
ANTIESTROGENS/MODIFIERS		
EMCYT	2	
FARESTON	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FASLODEX	4	
<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.
ANTIMETABOLITES		
<i>capecitabine</i>	4	PA
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	1	
<i>hydroxyurea</i>	1	
LONSURF	4	PA
<i>mercaptopurine</i>	1	
PURIXAN	4	PA
TABLOID	3	
XELODA	4	PA
ANTINEOPLASTICS, OTHER		
ALUNBRIG	4	PA
<i>amifostine crystalline</i>	4	
<i>azacitidine</i>	4	
<i>bleomycin sulfate 30 unit vial</i>	1	
FARYDAK	4	PA
HALAVEN	4	PA
IDHIFA	4	PA
JEVTANA	4	PA
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet, 100 mg vial, 350 mg vial)</i>	1	
LYNPARZA	4	PA
LYSODREN	2	
MESNEX 400 MG TABLET	3	
<i>mitoxantrone hcl 2 mg/ml vial</i>	1	
PROVENGE	4	QL 750 / 1 LIFETIME PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUBRACA	4	PA
RYDAPT	4	PA
SYLATRON	4	
VELCADE	4	
VIDAZA	4	
ZALTRAP	4	PA
ZOLINZA	4	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
ENZYME INHIBITORS		
<i>etoposide 20 mg/ml vial</i>	1	
<i>etoposide 50 mg capsule</i>	4	
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	4	PA
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	3	
MOLECULAR TARGET INHIBITORS		
AFINITOR	4	PA
AFINITOR DISPERZ	4	PA
ALECensa	4	PA
BOSULIF	4	PA
CABOMETYX	4	PA
CAPRELSA	4	PA
COMETRIQ	4	PA
COTELLIC	4	PA
ERIVEDGE	4	PA
GILOTrif	4	PA
GLEEVEC	4	PA
IBRANCE	4	PA
ICLUSIG	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>imatinib mesylate</i>	4	PA
IMBRUVICA	4	PA
INLYTA	4	PA
IRESSA	4	PA
JAKAFI	4	PA
KISQALI	4	PA
KISQALI FEMARA CO-PACK	4	PA
LENVIMA	4	PA
MEKINIST	4	PA
NERLYNX	4	
NEXAVAR	4	PA
NINLARO	4	PA
ODOMZO	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA
SUTENT	4	
TAFINLAR	4	PA
TAGRISSO	4	PA
TARCEVA	4	PA
TASIGNA	4	PA
TYKERB	4	PA
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA
VOTRIENT	4	PA
XALKORI	4	PA
ZEJULA	4	PA
ZELBORAF	4	PA
ZYDELIG	4	PA
ZYKADIA	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOCLONAL ANTIBODIES		
ARZERRA	4	PA
AVASTIN	4	
ERBITUX	4	PA
GAZYVA	4	PA
KADCYLA	4	PA
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	4	PA
OPDIVO	4	PA
PERJETA	4	PA
RITUXAN	4	
VECTIBIX	4	PA
YERVOY	4	PA
RETINOIDS		
<i>bexarotene</i>	4	PA
PANRETIN	4	
TARGRETIN (75 MG CAPSULE, 75 MG SOFTGEL)	4	PA
TARGRETIN 1% GEL	4	
<i>tretinoin 10 mg capsule</i>	4	
ANTIPARASITICS		
ANTIHELMINTHICS		
ALBENZA	2	
BILTRICIDE	3	
<i>ivermectin</i>	1	
SKLICE	3	
ANTIPROTOZOALS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	4	
<i>atovaquone</i>	3	
<i>atovaquone/proguanil hcl 250-100 mg tablet</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MALARONE	2	
<i>mefloquine hcl</i>	1	
NEBUPENT	3	
<i>primaquine phosphate</i>	1	
<i>quinine sulfate</i>	3	
PEDICULICIDES/SCABICIDES		
EURAX	3	
<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
COMTAN	2	MN
<i>tolcapone</i>	3	MN
DOPAMINE AGONISTS		
APOKYN	4	
<i>bromocriptine mesylate</i>	1	MN
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	1	MN
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	MN
<i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 ma tab er 24h, 12 ma tab er 24h)</i>	3	
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbidopa/levodopa (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)</i>	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 (10 mg tablet, 25 mg tablet, 25 mg/ml ampul, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml ampul, 5 mg/ml vial)</i>	1	
<i>loxapine succinate</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
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	
<i>FANAPT</i>	3	
<i>GEODON 20 MG/ML VIAL</i>	3	
<i>INVEGA SUSTENNA</i>	4	
<i>LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)</i>	3	MDD 1 PER DAY
<i>LATUDA (80 MG TABLET, 120 MG TABLET)</i>	3	
<i>olanzapine</i>	1	
<i>paliperidone</i>	3	
<i>quetiapine fumarate</i>	1	
<i>REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)</i>	3	MDD 1 PER DAY

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REXULTI 4 MG TABLET	3	
RISPERDAL CONSTA	4	
<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	
<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	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
FOSCAVIR	3	
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	4	
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	4	
ZIRGAN	3	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	3	
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	4	
<i>entecavir</i>	4	
EPIVIR HBV 25 MG/5 ML SOLN	2	
<i>lamivudine 100 mg tablet</i>	1	
TYZEKA	3	
ANTI-HEPATITIS C (HCV) AGENTS		
HARVONI	4	PA
INFERGEN	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML)	4	
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	4	
PEGASYS PROCLICK	4	
PEGINTRON 50 MCG KIT	4	
PEGINTRON REDIPEN	4	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
SOVALDI	4	PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
GENVOYA	4	
ISENTRESS	3	
ISENTRESS HD	3	
STRIBILD	4	
TIVICAY	4	
VITEKTA	4	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA	4	
COMPLERA	4	
EDURANT	4	
INTELENCE	3	
<i>nevirapine (50 mg/5 ml oral susp, 200 mg tablet, 400 mg tab er 24h)</i>	1	
ODEFSEY	4	
RESCRIPTOR	2	
SUSTIVA	2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	1	
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir sulfate/lamivudine/zidovudine</i>	3	
DESCOVI	3	
<i>didanosine</i>	1	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	2	
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamivudine/zidovudine</i>	1	
<i>stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1	
TRUVADA	3	
VIDEX	2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	2	
ZIAGEN 300 MG TABLET	2	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	
ANTI-HIV AGENTS, OTHER		
FUZEON 90 MG VIAL	4	
PREZCOBIX	4	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	3	
TRIUMEQ	4	
TYBOST	2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	2	
CRIXIVAN	2	
EVOTAZ	4	
<i>fosamprenavir calcium</i>	1	
INVIRASE	2	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	3	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir/ritonavir</i>	3	
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	2	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	2	
REYATAZ	2	
VIRACEPT	2	
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule)</i>	1	QL 10 / 30 DAYS
<i>oseltamivir phosphate 75 mg capsule</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELENZA	3	
<i>rimantadine hcl</i>	1	
TAMIFLU 6 MG/ML SUSPENSION	2	
ANTIHERPETIC AGENTS		
<i>acyclovir (5 % oint. (g), 200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	1	
DENAVIR	2	
<i>famciclovir</i>	1	
<i>trifluridine</i>	1	
<i>valacyclovir hcl</i>	1	
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	
BIPOLEAR AGENTS		
MOOD STABILIZERS		
<i>lithium carbonate</i>	1	MN
<i>lithium citrate</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	MN
AVANDIA	3	
BYDUREON	3	MN
BYDUREON PEN	3	MN
BYETTA	3	MN
<i>chlorpropamide</i>	1	MN
CYCLOSET	3	
<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>	3	MN
<i>glyburide</i>	1	MN
<i>glyburide,micronized</i>	1	MN
<i>glyburide/metformin hcl</i>	1	MN
INVOKAMET	2	MN
INVOKANA	2	MN
JANUMET	2	MN
JANUMET XR	2	MN
JANUVIA	2	MN
JARDIANCE	2	MN
JENTADUETO	2	MN
JENTADUETO XR	2	MN
KOMBIGLYZE XR	3	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>metformin hcl 1000 mg tab er 24</i>	3	MN
<i>miglitol</i>	3	MN
<i>nateglinide</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONGLYZA	3	MN
<i>pioglitazone hcl</i>	1	MN
<i>pioglitazone hcl/glimepiride</i>	1	MN
<i>pioglitazone hcl/metformin hcl</i>	1	MN
<i>repaglinide</i>	3	MN
SYMLINPEN 120	3	MN
SYMLINPEN 60	3	MN
SYNJARDY	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	
GLUCAGON EMERGENCY KIT	2	QL 2 / 25 DAYS
PROGLYCEM	2	
INSULINS		
APIDRA	3	MN
APIDRA SOLOSTAR	3	MN
HUMALOG	2	MN
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	4	
COUMADIN	2	MN
ELIQUIS	2	MN
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR, 7,500 UNITS/0.3 ML SYR, 10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML)	4	
<i>heparin sodium,porcine (1000/ml vial, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i>	1	
<i>heparin sodium,porcine in 0.45 % sodium chloride (hepar25000/250 iv soln, hepar25000/500 iv soln)</i>	1	
<i>heparin sodium,porcine/d5w 20k/500ml iv soln</i>	1	
<i>heparin sodium,porcine/hs/pf 2k/1000ml iv soln</i>	1	
LOVENOX	4	
<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
BLOOD FORMATION MODIFIERS		
<i>anagrelide hcl</i>	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	4	
EPOGEN	4	
LEUKINE	4	
MOZOBIL	4	QL 9.6 / 30 DAYS PA
NEULASTA	4	
NEUPOGEN	4	
PROCRIT	4	
PROMACTA	4	PA
COAGULANTS		
ADVATE	4	
ALPHANATE	4	
ALPHANINE SD	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BEBULIN	4	
BENEFIX	4	
CYKLOKAPRON	2	
FEIBA NF	4	
HELIXATE FS	4	
HEMOFIL M	4	
HUMATE-P	4	
KOATE	4	
KOATE-DVI	4	
KOGENATE FS	4	
KOVALTRY	4	
MONOCLOATE-P	4	
MONONINE	4	
NOVOSEVEN RT	4	
PROFILNINE	4	
RECOMBINATE	4	
RIXUBIS	4	
<i>tranexamic acid (650 mg tablet, 1000 mg/10 ampul, 1000 mg/10 vial)</i>	1	
PLATELET MODIFYING AGENTS		
<i>aspirin/dipyridamole</i>	1	MN
BRILINTA	2	MN
<i>cilostazol</i>	1	MN
<i>clopidogrel bisulfate 300 mg tablet</i>	1	
<i>clopidogrel bisulfate 75 mg tablet</i>	1	MN
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	MN
<i>prasugrel hcl</i>	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methyldopa</i>	1	MN
<i>midodrine hcl</i>	3	
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	MDD 1 PER DAY MN
EDARBI 40 MG TABLET	3	ST MDD 1 PER DAY MN
EDARBI 80 MG TABLET	3	ST MN
<i>eprosartan mesylate</i>	3	MDD 1 PER DAY MN
<i>irbesartan (75 mg tablet, 150 mg tablet)</i>	1	MN
<i>irbesartan 300 mg tablet</i>	1	MDD 1 PER DAY MN
<i>losartan potassium</i>	1	MN
<i>olmesartan medoxomil (20 mg tablet, 40 mg tablet)</i>	1	MDD 1 PER DAY MN
<i>olmesartan medoxomil 5 mg tablet</i>	1	MDD 2 PER DAY MN
<i>telmisartan (20 mg tablet, 40 mg tablet)</i>	3	MDD 2 PER DAY MN
<i>telmisartan 80 mg tablet</i>	3	MDD 1 PER DAY MN
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	MDD 1 PER DAY MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan 320 mg tablet</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 (200 mg tablet, 400 mg tablet)</i>	1	MN
<i>disopyramide phosphate</i>	1	MN
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	1	MN
<i>mexiletine hcl</i>	1	MN
MULTAQ	2	MN
NORPACE CR	2	MN
PACERONE	1	MN
<i>procainamide hcl (100 mg/ml vial, 500 mg/ml vial)</i>	1	MN
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 (5 mg/ml vial, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	MN
LEVATOL	3	MN
<i>metoprolol succinate</i>	1	MN
<i>metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml vial, 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
<i>propranolol hcl (1 mg/ml vial, 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>	3	MN
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	MN
<i>diltiazem hcl</i>	1	MN
<i>felodipine</i>	1	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	
<i>nisoldipine</i>	3	MN
<i>verapamil hcl</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS, OTHER		
ALDACTAZIDE 50-50 TABLET	2	MN
<i>amiloride hcl/hydrochlorothiazide</i>	1	MN
<i>amlodipine besylate/atorvastatin calcium (amlodipine/atorvastatin 5 mg-20 mg tablet, amlodipine/atorvastatin 10 mg-20mg tablet, amlodipine/atorvastatin 10 mg-80mg tablet)</i>	3	
<i>amlodipine besylate/benazepril hcl</i>	1	MN
<i>amlodipine besylate/olmesartan medoxomil</i>	1	MDD 1 PER DAY MN
<i>amlodipine besylate/valsartan</i>	3	MDD 1 PER DAY MN
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	3	MDD 1 PER DAY 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	MDD 1 PER DAY MN
<i>captopril/hydrochlorothiazide</i>	1	MN
CORLANOR	3	PA MN
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet, 250 mcg/ml ampul)</i>	1	MN
EDARBYCLOR 40-12.5 MG TABLET	3	ST MDD 1 PER DAY MN
EDARBYCLOR 40-25 MG TABLET	3	ST MN
<i>enalapril maleate/hydrochlorothiazide</i>	1	MN
ENTRESTO	3	PA MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MN
<i>irbesartan/hydrochlorothiazide</i>	1	MN
LANOXIN (125 MCG TABLET, 250 MCG TABLET, 500 MCG/2 ML AMPULE)	2	MN
LANOXIN PEDIATRIC	2	MN
<i>lisinopril/hydrochlorothiazide</i>	1	MN
<i>losartan potassium/hydrochlorothiazide</i>	1	MN
<i>methyldopa/hydrochlorothiazide</i>	1	MN
<i>metoprolol tartrate/hydrochlorothiazide</i>	1	MN
<i>nadolol/bendroflumethiazide</i>	1	MN
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i> (olmesartan/amlodipin/hcthiazid 40-10-12.5 tablet, olmesartan/amlodipin/hcthiazid 40-10-25mg tablet, olmesartan/amlodipin/hcthiazid 40-5-12.5 tablet, olmesartan/amlodipin/hcthiazid 40-5-25 mg tablet)	1	MDD 1 PER DAY MN
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	MDD 1 PER DAY MN
<i>olmesartan/amlodipin/hcthiazid 20-5-12.5 tablet</i>	1	MN
<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
TEKTURN A	3	MN
TEKTURN A HCT	3	MN
<i>telmisartan/amlodipine besylate</i>	3	MDD 1 PER DAY MN
<i>telmisartan/hydrochlorothiazide</i>	3	MDD 1 PER DAY MN
<i>trandolapril/verapamil hcl 2 mg-180mg tab bp 24h</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>ethacrynic acid</i>	3	MN
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	1	MN
<i>torsemide</i>	1	MN
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	1	MN
DYRENIUM	3	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	
<i>hydrochlorothiazide</i>	1	MN
<i>indapamide</i>	1	MN
<i>methylclothiazide</i>	1	MN
<i>metolazone</i>	1	MN
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	1	MN
<i>fenofibrate 150 mg capsule</i>	1	
<i>fenofibrate nanocrystallized</i>	1	MN
<i>fenofibrate,micronized (43 mg capsule, 130 mg capsule)</i>	1	
<i>fenofibrate,micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	1	MN
<i>fenofibric acid (choline)</i>	1	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibric acid 105 mg tablet</i>	1	
<i>gemfibrozil</i>	1	MN
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	MN
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>LIVALO</i>	3	ST MN
<i>lovastatin</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>pravastatin sodium (10 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>pravastatin sodium 20 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 10 mg tablet</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>rosuvastatin calcium 5 mg tablet</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN
<i>simvastatin (5 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	C Ages 40-75 covered at \$0 preventive copay per ACA MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 10 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 (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	1	 MN
<i>colestipol hcl (1 g tablet, 5 g granules)</i>	1	 MN
<i>ezetimibe</i>	1	 MN
<i>ezetimibe/simvastatin (ezetimibe/simvastatin 10 mg-20mg tablet, ezetimibe/simvastatin 10 mg-40mg tablet, ezetimibe/simvastatin 10 mg-80mg tablet)</i>	3	
<i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	1	 MN
<i>niacin 500 mg tablet</i>	1	
<i>omega-3 acid ethyl esters 1 g capsule</i>	3	 MN
SIMCOR (500-20 MG TABLET, 500-40 MG TABLET, 750-20 MG TABLET, 1,000-40 MG TABLET)	2	 MN
VASCEPA	3	 MN
WELCHOL	3	 MN
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tablet, 20 mg/ml vial, 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		
<i>isosorbide dinitrate (2.5 mg tab subl, 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	2	 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, 50 mg/10ml vial)</i>	1	 MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin 400mcg/spr spray</i>	1	
NITROLINGUAL	2	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	PA
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 AL1 Up to 8 yrs old
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<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, 10 mg cpbp 30-70, 10 mg tab chew, 10 mg tablet, 10 mg tablet er, 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	
<i>methylphenidate hcl (5 mg/5 ml solution, 10 mg/5 ml solution)</i>	1	AL1 Up to 8 yrs old
QUILLICHEW ER	3	
QUILLIVANT XR	3	
RITALIN LA 10 MG CAPSULE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM, OTHER		
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	1	
<i>butalbital/acetaminophen/caffeine</i>		
(<i>butalb/acetaminophen/caffeine 50-300-40 capsule,</i> <i>butalb/acetaminophen/caffeine 50-325-40 capsule,</i> <i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>)	1	
HORIZANT ER 600 MG TABLET	3	
NUEDEXTA	3	
<i>riluzole</i>	1	
<i>tetrabenazine</i>	4	PA
FIBROMYALGIA AGENTS		
<i>duloxetidine 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)	2	
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	2	MDD 3 PER DAY
LYRICA 20 MG/ML ORAL SOLUTION	2	QL 900 / 30 DAYS
SAVELLA	2	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	PA
AUBAGIO	4	PA ST
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	4	
AVONEX PEN	4	
COPAXONE	4	
EXTAVIA	4	
GILENYA	4	
<i>glatiramer acetate 20 mg/ml syringe</i>	4	
PLEGRIDY	4	
PLEGRIDY PEN	4	
TECFIDERA	4	
TYSABRI	4	PA ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
DEBACTEROL SOLUTION	3	
<i>fluoride (sodium) (0.2 % solution, 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		
<i>ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)</i>	2	ST
<i>ABSORICA (25 MG CAPSULE, 35 MG CAPSULE)</i>	2	
<i>acitretin</i>	3	
<i>adapalene (0.1 % cream (g), 0.1 % gel (gram), 0.1 % lotion, 0.3 % gel (gram), 0.3 % gel w/pump)</i>	1	
<i>adapalene/benzoyl peroxide</i>	3	
<i>ammonium lactate 12 % cream (g)</i>	3	
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>	1	
<i>calcipotriene/betamethasone dipropionate</i>	3	
<i>clindamycin phosphate/benzoyl peroxide</i>	1	
<i>clindamycin phosphate/tretinoin</i>	3	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>	1	
CONDYLOX 0.5% GEL	2	
CORTISPORIN (CREAM, OINTMENT)	2	
COSENTYX (2 SYRINGES)	4	PA ST
COSENTYX PEN	4	PA ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COSENTYX PEN (2 PENS)	4	PA ST
COSENTYX SYRINGE	4	PA ST
<i>diclofenac sodium 1 % gel (gram)</i>	1	
<i>diclofenac sodium 3 % gel (gram)</i>	3	QL 100.0 GRAMS / 30 DAYS PA
DOVONEX	2	
DRYSOL	2	
ELIDEL	3	
EPIDUO 0.1-2.5% GEL	3	
FINACEA	3	ST
<i>fluorouracil 0.5 % cream (g)</i>	1	
<i>hydrocortisone 2.5 % cream (g)</i>	1	
<i>hydrocortisone/pramoxine 2.5 %-1 % cream/applicator</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 lg rap</i>	1	
<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
<i>podofolox</i>	1	
PROCTOFOAM-HC	2	
RECTIV	3	
REGRANEX	3	
SANTYL	2	
<i>selenium sulfide (2.25 % shampoo, 2.5 % lotion)</i>	1	
<i>spinosad</i>	3	
STELARA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	4	PA ST
<i>sulfacetamide sodium 10 % cleanser</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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) cleanser, sodium/sulfur 10-5% (w/w) lotion, sodium/sulfur 10-5% (w/w) suspension)	1	
TACLONEX 0.005%-0.064% SUSPENS	3	
tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))	3	
tazazotene	3	PA AL1 Up to 39 yrs old
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	PA AL1 Up to 39 yrs old
TRETIN-X 0.075% CREAM	2	PA AL1 Up to 39 yrs old
tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))	1	PA AL1 Up to 39 yrs old
tretinoin 0.05 % gel (gram)	3	PA AL1 0 to 39 yrs old
tretinoin microspheres	1	PA AL1 Up to 39 yrs old
tretinoin/emollient base	1	PA AL1 Up to 39 yrs old
ULESFIA	3	
urea 40 % cream (g)	1	
VECTICAL	3	
VEREGEN	3	
ZYCLARA (CREAM, CREAM PUMP)	3	
ENZYME REPLACEMENT/MODIFIERS		
ADAGEN	4	PA
ALDURAZYME	4	
BUPHENYL 500 MG TABLET	4	
CEREZYME	4	
CREON	2	
ELAPRASE	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FABRAZYME	4	
KUVAN 100 MG TABLET	4	PA
KUVAN 500 MG POWDER PACKET	4	
NAGLAZYME	4	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	4	PA
PANCREAZE	2	
<i>sodium phenylbutyrate 500 mg tablet</i>	4	
ZAVESCA	4	PA
ZENPEP	3	
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
CANTIL	3	
<i>chlordiazepoxide/clidinium bromide</i>	1	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	1	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	1	
<i>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)</i>	1	
<i>methscopolamine bromide</i>	3	
<i>propantheline bromide</i>	1	
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 20 mg/ml oral conc</i>	1	MN
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)</i>	1	
GASTROCROM	3	MN
<i>loperamide hcl 2 mg capsule</i>	1	
MOTOFEN	3	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML KIT, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	3	
<i>ursodiol</i>	1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	1	
<i>cimetidine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
famotidine (40 mg tablet, 40mg/5ml oral susp)	3	
nizatidine (150 mg capsule, 300 mg capsule)	1	
ranitidine hcl (15 mg/ml syrup, 25 mg/ml vial, 50 mg/2 ml vial, 150 mg capsule, 150 mg tablet, 300 mg capsule, 300 mg tablet)	1	
IRRITABLE BOWEL SYNDROME AGENTS		
alosetron hcl	3	
AMITIZA	3	
LINZESS	3	
VIBERZI	3	
LAXATIVES		
bisac/nacl/nahco3/kcl/peg 3350 5 mg-210 g kit	5	AL1 50 to 75 yrs old
bisacodyl (5 mg tablet, 5 mg tablet dr)	5	AL1 50 to 75 yrs old
CORRECTOL	5	AL1 50 to 75 yrs old
GOLYTELY PACKET	5	AL1 50 to 75 yrs old
lactulose (10 g/15 ml solution, 20 g/30 ml solution)	1	
MOVIPREP	3	
OSMOPREP	3	
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)	5	AL1 50 to 75 yrs old
polyethylene glycol 3350 (3350 17g powd pack, 3350 17g/dose powder)	5	AL1 50 to 75 yrs old
PREPOPIK	3	
sodium chloride/nahco3/kcl/peg 420g soln recon	5	AL1 50 to 75 yrs old
SUPREP	3	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	2	
misoprostol	1	
sucralfate	1	
PROTON PUMP INHIBITORS		
DEXILANT	3	ST
esomeprazole magnesium 40 mg capsule dr	3	
lansoprazole	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	3	ST
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	1	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
PREVACID (15 MG, 30 MG)	2	AL1 Up to 11 yrs old
<i>rabeprazole sodium</i>	1	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide</i>	3	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
TOVIAZ	3	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 HYPERPLASIA AGENTS		
<i>alfuzosin hcl</i>	1	
CIALIS 5 MG TABLET	3	QL 30 / 30 DAYS
<i>dutasteride</i>	3	
<i>dutasteride/tamsulosin hcl</i>	1	
<i>finasteride 5 mg tablet</i>	1	
RAPAFLO	3	
<i>tamsulosin hcl</i>	1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	1	
CYSTAGON	3	
DEPEN	4	PA
ELMIRON	2	
<i>nonoxynol 9</i>	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
TODAY CONTRACEPTIVE SPONGE	5	
VCF	5	
PHOSPHATE BINDERS		
<i>calcium acetate 667 mg capsule</i>	1	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	3	
<i>lanthanum carbonate</i>	3	
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, 0.1 % oint. (g))</i>	1	
<i>betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g))</i>	1	
<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	
<i>clobetasol propionate (0.05 % cream (g), 0.05 % foam, 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g), 0.05 % solution, 0.05 % spray)</i>	1	
<i>clobetasol propionate 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>clocortolone pivalate 0.1 % cream (g)</i>	3	
<i>cortisone acetate</i>	3	
<i>desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>	1	
<i>desoximetasone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)	1	
dexamethasone sod phosphate 4 mg/ml vial	1	
diflorasone diacetate	3	
fludrocortisone acetate	1	
fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % cream (g), 0.025 % oint. (g))	1	
fluocinolone acetonide/shower cap	1	
fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)	1	
fluocinonide 0.1 % cream (g)	3	
fluocinonide/emollient base	1	
flurandrenolide (0.05 % cream (g), 0.05 % lotion)	3	
fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g), 0.05 % lotion)	1	
halobetasol propionate	1	
HALOG	3	
hydrocortisone (2.5 % crm/pe app, 2.5 % lotion, 2.5 % oint. (g), 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
hydrocortisone acetate	1	
hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)	1	
hydrocortisone valerate	1	
methylprednisolone	1	
methylprednisolone acetate	1	
methylprednisolone sodium succinate	1	
mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)	1	
prednicarbate	3	
prednisolone (5 mg tablet, 15 mg/5 ml solution)	1	
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)	1	
prednisone	1	
SOLU-CORTEF (100 MG VIAL, 250 MG VIAL)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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), 0.147mg/g aerosol, 0.5 % cream (g), 0.5 % oint. (g))</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	1	
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 4 mcg/ml ampul, 4 mcg/ml vial, 10/spray spray/pump)</i>	1	
INCRELEX	4	
NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5)	4	PA
NORDITROPIN NORDIFLEX	4	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	3	
<i>oxandrolone</i>	1	
ANDROGENS		
ANDRODERM	3	
ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	3	
<i>danazol</i>	1	
DEPO-TESTOSTERONE	2	MN
<i>fluoxymesterone</i>	1	
METHITEST	3	
TESTOPEL	4	
<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 30mg/1.5ml sol md pmp</i>	3	QL 180 GRAMS / 30 DAYS
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	1	
<i>testosterone enanthate 200 mg/ml vial</i>	1	
ESTROGENS		
CENESTIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET)	3	
CLIMARA PRO	3	
COMBIPATCH	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DELESTROGEN 10 MG/ML VIAL	2	MN
DEPO-ESTRADIOL	2	MN
<i>desog-e.estradiol/e.estriadiol 21-5 tablet</i>	5	
<i>desogestrel-ethynodiol dihydrochloride 0.15-0.03 tablet</i>	5	MN
<i>desogestrel-ethynodiol dihydrochloride 7 days x 3 tablet</i>	5	
<i>drospirenone/ethynodiol dihydrochloride 3-0.02(24) tablet</i>	5	MN
DUAVEE	2	MN
ELESTRIN	3	
ENJUVIA	3	MN
ESTRACE 0.01% CREAM	2	
<i>estradiol (.025mg/24h patch tds, .025mg/24h patch tdwk, .0375mg/24 patch tds, .0375mg/24 patch tdwk, 0.05mg/24h patch tds, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tds, .075mg/24h patch tdwk, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdwk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>estradiol 10 mcg tablet</i>	3	
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	1	MN
<i>estradiol valerate 10 mg/ml vial</i>	1	
<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	
<i>estrogens, esterified/methyltestosterone (estrogen, ester/testosterone 0.625-1.25 tablet, estrogen, ester/testosterone 1.25-2.5mg tablet)</i>	1	MN
<i>estropipate</i>	1	MN
<i>ethynodiol dihydrochloride/drospirenone (estradiol/drospirenone 0.02-3(24) tablet, estradiol/drospirenone 0.03mg-3mg tablet)</i>	5	
<i>ethynodiol dihydrochloride/drospirenone 1 mg-35mcg tablet</i>	5	
<i>ethynodiol dihydrochloride/drospirenone 1 mg-50mcg tablet</i>	5	MN
EVAMIST	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
I-norgest/e.estriadiol-e.estrad 0.15mg(84) tbdsplk 3mo	5	MN
<i>levonorgestrel-ethinyl estradiol (0.1-0.02 tablet, 0.15-0.03 tablet, 0.15-0.03 tbdsplk 3mo, 6-5-10 tablet, 90-20 mcg tablet)</i>	5	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (I-norgest/e.estriadiol-e.estrad 100-20(84) tbdsplk 3mo, I-norgest/e.estriadiol-e.estrad 150-30(84) tbdsplk 3mo)</i>	5	
LO LOESTRIN FE	3	MN
MENEST	2	MN
NATAZIA	3	MN
<i>norelgestromin/ethinyl estradiol</i>	5	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	1	
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	5	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tablet, 1.5-30(21) tablet, 5-7-9-7 tablet)</i>	5	
<i>norethindrone-e.estriadiol-iron 1mg-20(24) tab chew</i>	5	MN
<i>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)</i>	5	
<i>norethindrone-ethinyl estradiol/ferrous fumarate (estradiol/iron 0.4-35(21) tab chew, estradiol/iron 0.8-25(24) tab chew)</i>	5	
<i>norethindrone-mestranol</i>	5	
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	5	
<i>norgestrel-ethinyl estradiol (0.3-0.03mg tablet, 0.5 mg-50 tablet)</i>	5	
NUVARING	5	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL)	2	MN
PREMARIN VAGINAL CREAM-APPL	2	
PREMPHASE	2	MN
PREMPRO	2	MN
SAFYRAL	3	MN
TAYTULLA	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGESTERONE AGONISTS/ANTAGONISTS		
ELLA	5	
PROGESTINS		
AYGESTIN	2	MN
DEPO-SUBQ PROVERA 104	5	
KYLEENA	5	
<i>levonorgestrel 1.5 mg tablet</i>	5	
LILETTA	5	
MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)	4	
<i>medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)</i>	5	
<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	5	
NEXPLANON	5	
<i>norethindrone 0.35 mg tablet</i>	5	
<i>norethindrone acetate</i>	1	MN
<i>progesterone</i>	1	
<i>progesterone, micronized</i>	1	MN
SKYLA	5	
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 generic copay.
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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</i>	1	MN
THYROLAR-1	3	MN
THYROLAR-1/2	3	MN
THYROLAR-1/4	3	MN
THYROLAR-2	3	MN
THYROLAR-3	3	MN
WESTHROID	2	
WP THYROID	2	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
SENSIPAR	2	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	1	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	PA
LUPRON DEPOT	4	
LUPRON DEPOT-PED	4	
<i>octreotide acetate (50 mcg/ml syringe, 100 mcg/ml syringe, 200 mcg/ml vial, 500 mcg/ml syringe, 1000mcg/ml vial)</i>	4	
SANDOSTATIN LAR	4	
SANDOSTATIN LAR DEPOT	4	
SOMATULINE DEPOT	4	PA ST
SOMAVERT	4	
SUPPRELIN LA	4	PA
SYNAREL	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS ANGIOEDEMA (HAE) AGENTS		
BERINERT	4	PA
IMMUNE SUPPRESSANTS		
<i>azathioprine</i>	1	
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	4	
CIMZIA	4	PA ST
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5ml ampul)</i>	1	
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SURECLICK SYR, 50 MG/ML SYRINGE)	4	PA
ENTYVIO	4	PA
ENVARSUS XR	4	
HUMIRA	4	PA
HUMIRA PEDIATRIC CROHN'S	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN CROHN-UC-HS STARTER	4	PA
HUMIRA PEN PSORIASIS-UVEITIS	4	PA
IMURAN	2	
KINERET	4	PA ST
<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>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mycophenolate sodium</i>	1	
MYFORTIC	4	
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	4	
NULOJIX	4	
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA ST
ORENCIA CLICKJECT	4	PA ST
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE, 5 MG/ML AMPULE)	4	
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	4	
REMICADE	4	PA
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	4	
SIMPONI	4	PA ST
<i>sirolimus</i>	1	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	1	
XELJANZ	4	PA ST
XELJANZ XR	4	PA ST
ZORTRESS	4	
IMMUNIZING AGENTS, PASSIVE		
ATGAM	4	PA
BIVIGAM	4	PA
CYTOGAM	4	PA
FLEBOGAMMA DIF	4	PA
GAMASTAN S-D	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S-D	4	PA
GAMMAKED	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	4	PA
GAMUNEX-C	4	PA
HYQVIA	4	PA
<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	4	PA
<i>immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml</i>	4	PA
<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	4	PA
<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>	4	PA
NABI-HB	4	PA
OCTAGAM	4	PA
IMMUNOMODULATORS		
ACTEMRA	4	PA ST
ACTIMMUNE	4	
ARCALYST	4	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	4	PA
<i>leflunomide</i>	1	
RIDAURA	3	
VACCINES		
ADACEL TDAP	5	
AFLURIA 2015-2016 (SYRINGE, VIAL)	5	
AFLURIA 2016-2017 (SYRINGE, VIAL)	5	
AFLURIA 2017-2018 (SYRINGE, VIAL)	5	
AFLURIA QUAD 2016-2017	5	
AFLURIA QUAD 2017-2018 (SYRINGE, VIAL)	5	
BEXSERO	5	
BOOSTRIX TDAP	5	
CERVARIX	5	
DAPTACEL DTAP	5	
ENERIX-B ADULT	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENGERIX-B PEDIATRIC-ADOLESCENT	5	
EZ FLU 16-17 (FLUZON QUAD PED)	5	
EZ FLU 2015-2016 (FLUCELVAX)	5	
EZ FLU 2015-2016 (FLUVIRIN)	5	
EZ FLU 2016-2017 (AFLURIA)	5	
EZ FLU 2016-2017 (FLUVIRIN)	5	
FLUAD 2015-2016	5	
FLUAD 2016-2017	5	
FLUAD 2017-2018	5	
FLUBLOK 2015-2016	5	
FLUBLOK 2016-2017	5	
FLUBLOK 2017-2018	5	
FLUBLOK QUAD 2017-2018	5	
FLUCELVAX 2015-2016	5	
FLUCELVAX QUAD 2016-2017	5	
FLUCELVAX QUAD 2017-2018 (SYR, VIAL)	5	
FLULAVAL QUAD 2015-2016	5	
FLULAVAL QUAD 2016-2017 VIAL	5	
FLULAVAL QUAD 2017-2018 SYR	5	
FLUMIST QUAD 2015-2016	5	
FLUMIST QUAD 2016-2017	5	
FLUMIST QUAD 2017-2018	5	
FLUVIRIN 2015-2016 (SYRINGE, VIAL)	5	
FLUVIRIN 2016-2017 (SYRINGE, VIAL)	5	
FLUVIRIN 2017-2018 (SYRINGE, VIAL)	5	
FLUZONE 2015-2016	5	
FLUZONE HIGH-DOSE 2015-2016	5	
FLUZONE HIGH-DOSE 2016-2017	5	
FLUZONE HIGH-DOSE 2017-2018	5	
FLUZONE INTRADERM QUAD 2015-16	5	
FLUZONE INTRADERM QUAD 2016-17	5	
FLUZONE INTRADERM QUAD 2017-18	5	
FLUZONE QUAD 2015-2016 VIAL	5	
FLUZONE QUAD 2016-2017 VIAL	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUZONE QUAD 2017-2018	5	
FLUZONE QUAD PEDI 2015-2016	5	
FLUZONE QUAD PEDI 2016-2017	5	
FLUZONE QUAD PEDI 2017-2018	5	
GARDASIL	5	
GARDASIL 9	5	
HAVRIX	5	
INFANRIX DTAP	5	
IPOPOL	5	
KINRIX	5	
M-M-R II VACCINE	5	
MENACTRA	5	
MENHIBRIX	5	
MENOMUNE-A-C-Y-W-135	5	
MENVEO A-C-Y-W-135-DIP	5	
PEDIARIX	5	
PEDVAXHIB	5	
PENTACEL	5	
PENTACEL DTAP-IPV COMPONENT	5	
PNEUMOVAX 23	5	
PREVNAR 13	5	
PROQUAD	5	
QUADRACEL DTAP-IPV	5	
RECOMBIVAX HB	5	
ROTARIX	5	
ROTAVERSE	5	
TENIVAC	5	
<i>tetanus and diphtheria toxoids, adult</i>	5	
<i>tetanus, diphtheria toxoid ped/pf</i>	5	
TRUMENBA	5	
TWINRIX	5	
TYPHIM VI	3	
VAQTA	5	
VARIVAX VACCINE	5	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAXCHORA VACCINE	3	
VIVOTIF	2	
VIVOTIF BERNA	2	
YF-VAX	3	
ZOSTAVAX	5	AL1 At least 50 yrs old
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	1	
CANASA	3	
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	
SFROWASA	2	
GLUCOCORTICOIDS		
<i>budesonide 3 mg capdr - er</i>	1	QL 90 / 30 DAYS
CORTIFOAM	2	
<i>hydrocortisone 100mg/60ml enema</i>	1	
SULFONAMIDES		
AZULFIDINE ENTAB 500 MG	2	
<i>sulfasalazine</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i>	1	MN
BONIVA 3 MG/3 ML SYRINGE	4	PA
<i>calcitonin, salmon, synthetic</i>	1	MN
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule, 4mcg/2ml ampul, 4mcg/2ml vial)</i>	3	
<i>ergocalciferol (vitamin d2) 50000 unit capsule</i>	1	
<i>etidronate disodium</i>	3	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORTEO	4	PA
FORTICAL	2	MN
FOSAMAX PLUS D	3	
HECTOROL 2 MCG/ML VIAL	3	
<i>ibandronate sodium 150 mg tablet</i>	1	MN
<i>ibandronate sodium 3 mg/3 ml syringe</i>	4	PA
<i>pamidronate disodium (30mg/10ml vial, 60 mg/10ml vial, 90 mg/10ml vial)</i>	4	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4mcg capsule)</i>	3	PA
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial)</i>	4	
PROLIA	4	QL 1 / 6 MONTH PA
RECLAST	4	QL 100 / 12 MONTH
<i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 150 mg tablet)</i>	3	MN
<i>risedronate sodium 35 mg tablet dr</i>	3	
XGEVA	4	PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	4	
<i>zoledronic acid (4 mg vial, 4 mg/5 ml vial)</i>	4	
<i>zoledronic acid in mannitol and 0.9 % sodium chloride</i>	4	
<i>zoledronic acid in mannitol and water for injection</i>	4	QL 100 / 12 MONTH
ZOMETA 4 MG/5 ML VIAL	4	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>cervical cap</i>	5	
<i>condoms, female</i>	5	
<i>condoms, latex, lubricated each</i>	5	
<i>condoms, latex, non-lubricated each</i>	5	
<i>condoms, non-latex, lubricated</i>	5	
<i>diaphragms, contoured</i>	5	
<i>diaphragms, wide seal</i>	5	
EUFLEXXA	4	
HYALGAN	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hyaluronate sod, cross-linked	4	
hyaluronate sodium 10 mg/ml syringe	4	
isomethopene	1	
mucate/dichloralphenazone/acetaminophen	1	
methylergonovine maleate 0.2 mg tablet	1	
MONOVISC	4	
MYALEPT	4	PA
PARAGARD T 380-A	5	
SYNVISC	4	
SYNVISC-ONE	4	
XIAFLEX	4	PA
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
atropine sulfate 1 % drops	1	
bacitracin/polymyxin b sulfate 500-10k/g oint. (g)	1	
cyclopentolate hcl	1	
EYLEA	4	PA
homatropine hbr 5 % drops	1	
LACRISERT	2	
naphazoline hcl	3	
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	1	
neomycin sulfate/bacitracin/polymyxin b	1	
neomycin sulfate/polymyxin b sulfate/gramicidin d	1	
neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))	1	
neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp	1	
polymyxin b sulfate(trimethoprim	1	
proparacaine hcl	3	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
sulfacetamide sodium/prednisolone sodium phosphate	1	
tetracaine hcl	1	
TOBRADEX EYE OINTMENT	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tobramycin/dexamethasone</i>	1	
<i>tropicamide</i>	3	
ZYLET	3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	2	
ALOMIDE	2	
<i>azelastine hcl 0.05 % drops</i>	3	
BEPREVE	3	
<i>cromolyn sodium 4 % drops</i>	1	
EMADINE	3	
<i>epinastine hcl</i>	3	
LASTACRAFT	3	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	1	
PAZEO	3	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	2	
<i>bromfenac sodium</i>	3	
<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	
NEVANAC	3	
<i>prednisolone acetate</i>	1	
<i>prednisolone sod phosphate 1 % drops</i>	1	
VEXOL	2	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P 0.1% DROPS	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>apraclonidine hcl</i>	1	
AZOPT	2	
<i>betaxolol hcl 0.5 % drops</i>	1	MN
BETIMOL 0.5% EYE DROPS	2	
BETOPTIC S	2	MN
<i>brimonidine tartrate</i>	1	MN
<i>carteolol hcl</i>	1	MN
COMBIGAN	2	MN
COSOPT PF	3	
<i>dorzolamide hcl</i>	1	MN
<i>dorzolamide hcl/timolol maleate</i>	1	MN
IOPIDINE 1% EYE DROPS	2	
ISOPTO CARPINE	2	MN
ISTALOL	2	MN
<i>levobunolol hcl 0.5 % drops</i>	1	MN
<i>methazolamide</i>	1	MN
<i>metipranolol</i>	1	MN
PHOSPHOLINE IODIDE	2	MN
<i>pilocarpine hcl (1 % drops, 2 % drops)</i>	1	
SIMBRINZA	3	
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drops, 0.5 % sol-aer)</i>	1	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
ZIOPTAN	2	MN
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	1	
CIPRO HC	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIPRODEX	2	
COLY-MYCIN S	3	
CORTISPORIN-TC	3	
DERMOTIC	2	
<i>fluocinolone acetonide oil</i>	1	
<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	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	2	MN
ASMANEX HFA	2	MN
BECONASE AQ	2	
<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>flunisolide</i>	1	
<i>fluticasone propionate 50 mcg spray susp</i>	1	
OMNARIS	3	
PULMICORT FLEXHALER	2	MN
QVAR	2	MN
<i>triamcinolone acetonide 55 mcg spray</i>	1	
ANTIHISTAMINES		
<i>azelastine hcl (137 mcg spray/pump, 205.5mcg spray/pump)</i>	1	
<i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i>	3	
<i>cycloheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrup)</i>	3	
<i>desloratadine 5 mg tablet</i>	3	
<i>diphenhydramine hcl (50 mg capsule, 50 mg/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	
<i>olopatadine hcl 0.6 % spray/pump</i>	3	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg/ml ampul, 50 mg/ml vial)</i>	1	
ANTILEUKOTRIENES		
<i>montelukast sodium</i>	1	MN
<i>zafirlukast</i>	1	MN
<i>zileuton</i>	3	
ZYFLO	3	
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 tablet, 5 mg/ml solution)</i>	1	MN
ARCAPTA NEOHALER	3	MN
BROVANA	3	MN
<i>epinephrine 0.1 mg/ml syringe</i>	1	QL 4 / 180 DAYS
<i>epinephrine 0.15 mg auto-inject - impax generics</i>	1	QL 4 / 180 DAYS
<i>epinephrine 0.15 mg auto-inject - lineage impax g</i>	1	QL 4 / 180 DAYS
EPINEPHRINE 0.15 MG AUTO-INJECT - MYLAN SPECIALTY	2	QL 4 / 180 DAYS
<i>epinephrine 0.3 mg auto-inject - lineage impax g</i>	1	QL 4 / 180 DAYS
<i>epinephrine 0.3 mg auto-inject - impax generics</i>	1	QL 4 / 180 DAYS
<i>epinephrine 0.3 mg auto-inject - lineage impax g</i>	1	QL 4 / 180 DAYS
EPINEPHRINE 0.3 MG AUTO-INJECT - MYLAN SPECIALTY	2	QL 4 / 180 DAYS
FORADIL	2	MN

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	3	MN
<i>levalbuterol tartrate</i>	1	
MAXAIR AUTOHALER	2	MN
<i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syrup, 20 mg tablet)</i>	3	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	
CYSTIC FIBROSIS AGENTS		
CAYSTON	4	PA
TOBI	4	
TOBI PODHALER	4	
<i>tobramycin in 0.225 % sodium chloride</i>	4	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>aminophylline (250mg/10ml ampul, 250mg/10ml vial)</i>	1	MN
DALIRESP	3	
ELIXOPHYLLIN	2	MN
THEO-24	2	
<i>theophylline anhydrous (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 ma tab er 24h)</i>	1	MN
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	4	PA
<i>epoprostenol sodium (glycine)</i>	4	
LETAIRIS	4	
OPSUMIT	4	
<i>sildenafil citrate (10 mg/12.5 vial, 20 mg tablet)</i>	4	
TRACLEER	4	
TYVASO	4	
TYVASO INSTITUTIONAL START KIT	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO REFILL KIT	4	
TYVASO STARTER KIT	4	
VENTAVIS	4	
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	3	
ADVAIR DISKUS	2	MN
ADVAIR HFA	2	MN
ANORO ELLIPTA	3	
ARALAST NP 500 MG VIAL	2	
<i>benzonatate (100 mg capsule, 200 mg capsule)</i>	1	
BREO ELLIPTA	2	
<i>brompheniramine/pseudoephed/dm 2-30-10/5 syrup</i>	1	
<i>codeine phosphate/guaifenesin (phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i>	1	
COMBIVENT RESPIMAT	2	MN
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	1	MN
<i>fluticasone propionate/salmeterol xinafoate</i>	1	MN
<i>hydrocodone bitartrate/homatropine methylbromide (bit/homatrop 5 mg-1.5mg tablet, bit/homatrop 5-1.5 mg/5 syrup)</i>	1	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	
<i>ipratropium bromide/albuterol sulfate</i>	1	MN
<i>phenylephrine hcl/promethazine hcl</i>	1	
PROLASTIN C	2	
<i>promethazine hcl/codeine</i>	1	
<i>promethazine/dextromethorphan 6.25-15/5 syrup</i>	1	
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	1	
<i>pseudoephedrine hcl/codeine phosphate/guaifenesin</i>	1	
PULMOZYME	4	
<i>sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb, 7 % vial-neb, 10 % vial-neb)</i>	1	
SYMBICORT	2	MN
TYZINE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR	4	PA
ZEMAIRA	2	
SKELETAL MUSCLE RELAXANTS		
BOTOX	4	PA
<i>carisoprodol 350 mg tablet</i>	1	
<i>carisoprodol/aspirin 200-325 mg tablet</i>	1	
<i>chlorzoxazone 500 mg tablet</i>	1	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metaxalone 800 mg tablet</i>	3	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
MYOBLOC	4	PA
<i>orphenadrine citrate 100 mg tablet er</i>	1	
XEOMIN	4	PA
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</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>	1	QL 30 / 30 DAYS
<i>modafinil 200 mg tablet</i>	1	QL 60 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROZEREM	3	QL 30 / 30 DAYS
SILENOR	3	
XYREM	4	PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES		
ELECTROLYTE/MINERAL MODIFIERS		
CHEMET	3	
EXJADE	4	PA
FERRIPROX 500 MG TABLET	4	PA
GALZIN	2	
RADIOGARDASE	3	
SAMSCA	4	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, powder)</i>	1	
<i>sodium polystyrene sulfonate/sorbitol solution</i>	1	
SPS	2	
ELECTROLYTE/MINERAL REPLACEMENT		
0.9 % sodium chloride 0.9 % iv soln	3	
<i>ammonium chloride</i>	3	
FERRALET 90	1	
<i>ferrous fumarate/ascorbic acid/b12-if/folic acid</i>	1	
<i>ferrous sulfate 15 mg/ml drops</i>	5	AL1 0.5 to 1 yrs old
FLORIVA 0.25 MG/ML DROPS	5	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)	5	AL1 0.5 to 6 yrs old
FLUORABON	5	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>	5	AL1 0.5 to 6 yrs old
<i>fluoride (sodium) 1mg(2.2mg) tab chew</i>	1	
INTEGRA F	1	
INTEGRA PLUS	1	
<i>iron fumarate, polysac comp/folic acid/vitamin c/niacinamide</i>	1	
<i>iron,carbonyl 15mg/1.25 oral susp</i>	5	AL1 0.5 to 1 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IRONUP	5	AL1 0.5 to 1 yrs old
ISOLYTE S IV SOLUTION-EXCEL	3	
K-TAB ER 10 MEQ TABLET	2	MN
KLOR-CON 10	2	
<i>magnesium sulfate 4 meq/ml vial</i>	3	
<i>magnesium sulfate in sterile water (4 g/50 ml piggyback, 40g/1000ml iv soln)</i>	3	
MYKIDZ IRON 10	5	AL1 0.5 to 1 yrs old
NORMOSOL-R	3	
NORMOSOL-R PH 7.4	3	
NOVAFERRUM	5	AL1 0.5 to 1 yrs old
PLASMA-LYTE 148	3	
<i>potassium bicarbonate/cit ac 25 meq tablet eff</i>	1	MN
<i>potassium chloride (20 meq packet, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid)</i>	1	
<i>potassium chloride (8 capsule er, 8 tablet er, 10 capsule er, 10 tab er prt, 10 tablet er)</i>	1	MN
<i>potassium chloride 15 meq tab er prt</i>	2	
PROFERRIN-FORTE	2	
<i>sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)</i>	3	
<i>sodium chloride 2.5 meq/ml vial</i>	3	
<i>sodium chloride 3 %</i>	3	
<i>sodium chloride 5 %</i>	3	
<i>sodium chloride irrigating solution</i>	3	
CENTRUM SPECIALIST PRENATAL	5	
CITRANATAL 90 DHA	3	
CITRANATAL DHA	3	
CITRANATAL HARMONY	3	
CITRANATAL RX	3	
CLASSIC PRENATAL	5	
CONCEPT DHA	1	
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	1	
EAA	2	
ESCAVITE	5	AL1 0.5 to 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESCAVITE D	5	AL1 0.5 to 6 yrs old
ESCAVITE LQ	5	AL1 0.5 to 6 yrs old
EXPECTA PRENATAL	5	
FLORIVA (0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET)	5	AL1 0.5 to 6 yrs old
FLORIVA PLUS	5	AL1 0.5 to 6 yrs old
<i>fluoride/iron/vitamins a,c, and d</i>	5	AL1 0.5 to 6 yrs old
<i>folic acid (0.4 mg tablet, 0.8 mg capsule, 0.8 mg tablet)</i>	5	
<i>folic acid 1 mg tablet</i>	1	
GLYTACTIN 15 PE BETTERMILK PKT	2	
GLYTACTIN RESTORE 10 PE	2	
GLYTACTIN RESTORE 10 PE LITE	2	
GLYTACTIN RTD 10 PE	2	
GLYTACTIN RTD 15 PE	2	
KPN	5	
LANAFLEX	2	
LOPHLEX	2	
MAXINATE	5	
MEPHYTON	3	
MTERYTI FOLIC 5	5	
MVC-FLUORIDE (0.25 MG TAB CHEW, 0.5 MG TAB CHEW)	5	AL1 0.5 to 6 yrs old
MYKIDZ IRON	5	AL1 0.5 to 1 yrs old
MYKIDZ IRON FL	5	AL1 0.5 to 6 yrs old
NESTABS DHA	3	
OB COMPLETE WITH DHA	3	
ONE A DAY WOMEN'S PRENATAL DHA	5	
ONE-A-DAY WOMEN'S PRENATAL 1	5	
<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>	5	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>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no. 150 with sodium fluoride</i>	5	AL1 0.5 to 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pediatric multivitamin no. 16/sodium fluoride (0.25 mg tab chew, 0.5 mg tab chew)</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.2/sodium fluoride (0.25 mg/ml drops, 0.5 mg/ml drops)</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.75/sodium fluoride/ferrous sulfate</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamin no.82 with sodium fluoride</i>	5	AL1 0.5 to 6 yrs old
<i>pediatric multivitamins no. 17 with sodium fluoride</i>	5	AL1 0.5 to 6 yrs old
PERIFLEX ADVANCE	2	
PERIFLEX INFANT	2	
PERIFLEX JUNIOR	2	
PERIFLEX LQ PKU	2	
PERRY PRENATAL	5	
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	
PKU COOLER 20	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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. 95/ferrous fum/folic ac 28mg-0.8mg tablet</i>	5	
<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)	5	AL1 0.5 to 6 yrs old
POLY-VI-FLOR WITH IRON (0.25 MG, 0.5 MG)	5	AL1 0.5 to 6 yrs old
POLY-VI-SOL WITH IRON	5	AL1 0.5 to 1 yrs old
PREFERA-OB ONE	3	
PRENATABS FA	3	
PRENATABS RX	3	
PRENATAL FORMULA-DHA	5	
<i>prenatal vit 40/iron/folic/dha 27-0.8-250 capsule</i>	5	
<i>prenatal vit calc,iron,folic tablet</i>	5	
<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>	5	
<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>	5	
<i>prenatal vit with calcium no. 122/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 128/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 129/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 130/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 131/ferrous fumarate/folic acid</i>	5	
<i>prenatal vit with calcium no. 68/iron fum/folic acid no. 1/dha</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
prenatal vit,cal 74/iron/folic 27 mg-1 mg tablet	1	
prenatal vit,calc76/iron/folic 29 mg-1 mg tablet	1	
prenatal vitamin 27 with calcium/ferrous fumarate/folic acid	1	
prenatal vitamin no. 103/folic acid/omega-3s/dha/fish oil	5	
prenatal vitamin no. 108/iron amino acid chelate/folic acid	5	
prenatal vitamins no. 121/ferrous fumarate/folic acid	5	
prenatal vitamins no.5/ferrous fumarate/folic acid	1	
prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil	5	
prenatal vitamins no.79/iron fum/folic acid/levomefolate/dha	5	
prenatal vitamins with calcium/ferrous fumarate/folic acid (vit/iron fum/folic 27mg-0.8mg tablet, vit/iron fum/folic 28mg-0.8mg tablet)	5	
prenatal vitamins with calcium/iron,carb/docusate/folic acid	1	
prenatal vits no. 119/iron fumarate/folic acid/docusate sod.	1	
prenatal vits no.51/iron fumarate/folic acid/omega-3/dha/epa	5	
prenatal vits with calcium #72/iron fum/folic ac/omega-3/dha	1	
prenatal vits with calcium no. 124/ferrous fumarat/folic acid	5	
prenatal vits with calcium no.21/ferrous fumarate/folic acid	5	
prenatal vits with calcium no. 72/iron,carbonyl/folic acid	1	
prenatal vits with calcium no. 78/ferrous fumarate/folic acid	1	
prenatal vits with calcium no. 90/ferrous fumarate/folic acid	5	
prenatal vits with calcium no. 96/ferrous fumarate/folic acid	5	
prenatal vits,calcium no.39/iron fum/folic acid/docusate/dha	1	
PREQUE 10	5	
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)	5	AL1 0.5 to 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUFLORA FE 0.25 MG CHEW TABLET	5	AL1 0.5 to 6 yrs old
SELECT-OB + DHA	3	
SIMILAC PRENATAL	5	
STUART ONE	5	
TEXAVITE LQ	5	AL1 0.5 to 6 yrs old
TRI-VI-FLOR	5	AL1 0.5 to 6 yrs old
TRICARE	3	
TRICARE PRENATAL DHA ONE	3	
TRISTART DHA	3	
UROSEX	5	
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)	2	

Index of Covered Drugs

0		alclometasone dipropionate	59
0.9 % sodium chloride	81	ALDACTAZIDE	46
A		ALDURAZYME	55
abacavir sulfate	35	ALECENSA	29
abacavir sulfate/lamivudine	35	alendronate sodium	71
abacavir sulfate/lamivudine/zidovudine	35	alfuzosin hcl	58
ABSORICA	53	ALINIA	31
acamprosate calcium	13	allopurinol	25
acarbose	38	almotriptan malate	26
acebutolol hcl	44	ALOCRIL	74
acetaminophen with codeine phosphate	11	ALOMIDE	74
acetazolamide	48	alosetron hcl	57
acetic acid	75	ALOXI	24
acetylcysteine	79	ALPHAGAN P	74
acitretin	53	ALPHANATE	41
ACTEMRA	68	ALPHANINE SD	41
ACTIMMUNE	68	alprazolam	37
acyclovir	37	ALREX	74
ADACEL TDAP	68	ALTABAX	14
ADAGEN	55	ALUNBRIG	28
adapalene	53	amantadine hcl	32
adapalene/benzoyl peroxide	53	amcinonide	59
ADCIRCA	78	amifostine crystalline	28
adefovir dipivoxil	34	amikacin sulfate	14
ADVAIR DISKUS	79	amiloride hcl	48
ADVAIR HFA	79	amiloride hcl/hydrochlorothiazide	46
ADVATE	41	aminophylline	78
ADVICOR	50	amiodarone hcl	44
AFINITOR	29	AMITIZA	57
AFINITOR DISPERZ	29	amitriptyline hcl	23
AFLURIA 2015-2016	68	amitriptyline hcl/chlordiazepoxide	22
AFLURIA 2016-2017	68	amlodipine besylate	45
AFLURIA 2017-2018	68	amlodipine besylate/atorvastatin calcium	46
AFLURIA QUAD 2016-2017	68	amlodipine besylate/benazepril hcl	46
AFLURIA QUAD 2017-2018	68	amlodipine besylate/olmesartan medoxomil ..	46
AKTIPAK	14	amlodipine besylate/valsartan	46
AKYNZEO	23	amlodipine	
ALBENZA	31	besylate/valsartan/hydrochlorothiazide	46
albuterol sulfate	77	ammonium chloride	81
		ammonium lactate	53
		amoxapine	23

amoxicillin	16	atovaquone	31
amoxicillin/potassium clavulanate	17	atovaquone/proguanil hcl	31
amphotericin b	24	ATRIPLA	35
ampicillin sodium	17	atropine sulfate	73
ampicillin sodium/sulbactam sodium	17	ATROVENT HFA	77
ampicillin trihydrate	17	AUBAGIO	52
AMPYRA	52	AVANDIA	38
ANADROL-50	61	AVASTIN	31
anagrelide hcl	41	AVELOX IV	18
anastrozole	29	AVONEX	52
ANCOBON	24	AVONEX PEN	52
ANDRODERM	61	AYGESTIN	64
ANDROGEL	61	azacitidine	28
ANORO ELLIPTA	79	AZASITE	17
ANTABUSE	13	azathioprine	66
ANZEMET	24	azelastine hcl	74,76
APIDRA	39	azithromycin	17
APIDRA SOLOSTAR	39	AZOPT	75
APOKYN	32	AZULFIDINE	71
apraclonidine hcl	75		
aprepitant	24	B	
APTIOM	20	bacitracin	14
APTIVUS	36	bacitracin/polymyxin b sulfate	73
ARALAST NP	79	baclofen	34
ARANESP	41	BACTROBAN	14
ARCALYST	68	BACTROBAN NASAL	14
ARCAPTA NEOHALER	77	balsalazide disodium	71
ariPIPrazole	33	BANZEL	20
ARIIXTRA	40	BARACLUDE	34
armodafinil	80	BEBULIN	42
ARMOUR THYROID	64	BECONASE AQ	76
ARZERRA	31	benazepril hcl	44
ASMANEX	76	benazepril hcl/hydrochlorothiazide	46
ASMANEX HFA	76	BENDEKA	27
aspirin	10	BENEFIX	42
aspirin/dipyridamole	42	BENLYSTA	68
atenolol	45	benzonatate	79
atenolol/chlorthalidone	46	benztropine mesylate	32
ATGAM	67	BEPREVE	74
atomoxetine hcl	51	BERINERT	66
atorvastatin calcium	49	BESIVANCE	18

betamethasone dipropionate.....	59	butalbital/acetaminophen/caffeine/codeine phosphate.....	11
betamethasone dipropionate/propylene glycol.	59	butalbital/aspirin/caffeine.....	10
betamethasone valerate.....	59	butoconazole nitrate.....	24
betaxolol hcl.....	45,75	butorphanol tartrate.....	11
bethanechol chloride.....	58	BYDUREON.....	38
BETIMOL.....	75	BYDUREON PEN.....	38
BETOPTIC S.....	75	BYETTA.....	38
bexarotene.....	31	BYSTOLIC.....	45
BEXSERO.....	68		
bicalutamide.....	27	C	
BILTRICIDE.....	31	cabergoline.....	65
bimatoprost.....	75	CABOMETYX.....	29
bisacodyl.....	57	calcipotriene.....	53
bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350.....	57	calcipotriene/betamethasone dipropionate....	53
bisoprolol fumarate.....	45	calcitonin,Salmon,synthetic.....	71
bisoprolol fumarate/hydrochlorothiazide.....	46	calcitriol.....	71
BIVIGAM.....	67	calcium acetate.....	59
bleomycin sulfate.....	28	CANASA.....	71
BONIVA.....	71	CANCIDAS.....	24
BOOSTRIX TDAP.....	68	candesartan cilexetil.....	43
BOSULIF.....	29	candesartan cilexetil/hydrochlorothiazide.....	46
BOTOX.....	80	CANTIL.....	56
BREO ELLIPTA.....	79	CAPASTAT SULFATE.....	26
BRILINTA.....	42	capecitabine.....	28
brimonidine tartrate.....	75	CAPRELSA.....	29
bromfenac sodium.....	74	captopril.....	44
bromocriptine mesylate.....	32	captopril/hydrochlorothiazide.....	46
brompheniramine maleate/pseudoephedrine hcl/dextromethorphan.....	79	CARAFATE.....	57
BROVANA.....	77	carbamazepine.....	21
budesonide.....	71,76	CARBATROL.....	21
bumetanide.....	48	carbidopa.....	32
BUPHENYL.....	55	carbidopa/levodopa.....	33
buprenorphine.....	11	carboxamine maleate.....	76
buprenorphine hcl.....	13	carisoprodol.....	80
buprenorphine hcl/naloxone hcl.....	13	carisoprodol/aspirin.....	80
bupropion hcl.....	13,22	carteolol hcl.....	75
buspirone hcl.....	37	carvedilol.....	45
butalbital/acetaminophen.....	52	caspofungin acetate.....	24
butalbital/acetaminophen/caffeine.....	52	CAYSTON.....	78
		cefaclor.....	15

cefadroxil	15	CIALIS	58
cefazolin sodium	15	ciclopirox	24
cefazolin sodium/dextrose, iso-osmotic	15	ciclopirox olamine	24
cefdinir	15	cilostazol	42
cefditoren pivoxil	16	cimetidine	56
cefepime hcl	16	cimetidine hcl	56
cefixime	16	CIMZIA	66
cefotaxime sodium	16	CIPRO HC	75
cefoxitin sodium	16	CIPRODEX	76
cefpodoxime proxetil	16	ciprofloxacin	18
cefprozil	16	ciprofloxacin hcl	18
ceftazidime	16	citalopram hydrobromide	22
ceftibuten	16	CITRANATAL 90 DHA	82
CEFTIN	16	CITRANATAL DHA	82
ceftriaxone sodium	16	CITRANATAL HARMONY	82
cefuroxime axetil	16	CITRANATAL RX	82
cefuroxime sodium	16	clarithromycin	17
celecoxib	10	CLASSIC PRENATAL	82
CELLCEPT	66	CLIMARA PRO	61
CELONTIN	19	clindamycin hcl	14
CENESTIN	61	clindamycin palmitate hcl	14
CENTRUM SPECIALIST PRENATAL	82	clindamycin phosphate	14
cephalexin	16	clindamycin phosphate/benzoyl peroxide	53
CEREZYME	55	clindamycin phosphate/tretinoin	53
CERVARIX	68	CLINDESSE	14
cervical cap	72	clobetasol propionate	59
cevimeline hcl	53	clobetasol propionate/emollient base	59
CHANTIX	13	clorcortolone pivalate	59
CHEMET	81	clomipramine hcl	23
chlordiazepoxide hcl	37	clonazepam	37
chlordiazepoxide/clidinium bromide	56	clonidine	42
chlorhexidine gluconate	53	clonidine hcl	42,51
chloroquine phosphate	31	clopidogrel bisulfate	42
chlorothiazide	48	clorazepate dipotassium	37
chlorpromazine hcl	33	clotrimazole	24
chlorpropamide	38	clotrimazole/betamethasone dipropionate	53
chlorthalidone	48	clozapine	34
chlorzoxazone	80	COARTEM	31
cholestyramine (with sugar)	50	codeine phosphate/butalbital/aspirin/caffeine	11
cholestyramine/aspartame	50	codeine phosphate/guaifenesin	79
choline salicylate/magnesium salicylate	10	codeine sulfate	11

colchicine.....	25	cyclosporine.....	66
colestipol hcl.....	50	cyclosporine, modified.....	66
colistin (as colistimethate sodium).....	14	CYKLOKAPRON.....	42
COLY-MYCIN S.....	76	cyproheptadine hcl.....	76
COMBIGAN.....	75	CYSTAGON.....	58
COMBIPATCH.....	61	CYTOGAM.....	67
COMBIVENT RESPIMAT.....	79		
COMETRIQ.....	29	D	
COMPLERA.....	35	DALIRESP.....	78
COMTAN.....	32	danazol.....	61
CONCEPT DHA.....	82	dantrolene sodium.....	34
condoms, female.....	72	dapsone.....	26
condoms, latex, lubricated.....	72	DAPTACEL DTAP.....	68
condoms, latex, non-lubricated.....	72	daptomycin.....	14
condoms, non-latex, lubricated.....	72	DARAPRIM.....	31
CONDYLOX.....	53	darifenacin hydrobromide.....	58
COPAXONE.....	52	DAYTRANA.....	51
CORLANOR.....	46	DEBACTEROL.....	53
CORRECTOL.....	57	DELESTROGEN.....	62
CORTIFOAM.....	71	DELZICOL.....	71
cortisone acetate.....	59	demeocycline hcl.....	18
CORTISPORIN.....	53	DENAVIR.....	37
CORTISPORIN-TC.....	76	DEPAKENE.....	19
COSENTYX (2 SYRINGES).....	53	DEPAKOTE.....	19
COSENTYX PEN.....	53	DEPAKOTE ER.....	19
COSENTYX PEN (2 PENS).....	54	DEPAKOTE SPRINKLE.....	19
COSENTYX SYRINGE.....	54	DEPEN.....	58
COSOPT PF.....	75	DEPO-ESTRADIOL.....	62
COTELLIC.....	29	DEPO-SUBQ PROVERA 104.....	64
COUMADIN.....	40	DEPO-TESTOSTERONE.....	61
CREON.....	55	DERMOTIC.....	76
CRIXIVAN.....	36	DESCOVY.....	35
cromolyn sodium.....	56,74,79	desipramine hcl.....	23
CUBICIN.....	14	desloratadine.....	76
CUBICIN RF.....	14	desmopressin acetate.....	61
cyanocobalamin (vitamin b-12).....	82	desmopressin acetate (non-refrigerated).....	61
cyclobenzaprine hcl.....	80	desogestrel-ethinyl estradiol.....	62
cyclopentolate hcl.....	73	desogestrel-ethinyl estradiol/ethinyl estradiol ..	62
cyclophosphamide.....	27	desonide.....	59
cycloserine.....	26	desoximetasone.....	59
CYCLOSET.....	38	desvenlafaxine succinate.....	22

dexamethasone.....	60	doxepin hcl.....	23
dexamethasone sod phosphate.....	60,74	doxercalciferol.....	71
DEXILANT.....	57	doxycycline hyclate.....	18
dexmethylphenidate hcl.....	51	doxycycline monohydrate.....	19
dextroamphetamine sulf-		dronabinol.....	24
saccharate/amphetamine sulf-aspartate.....	51	drospirenone/ethinyl estradiol/levomefolate	
dextroamphetamine sulfate.....	51	calcium.....	62
diaphragms, contoured.....	72	DRYSOL.....	54
diaphragms, wide seal.....	72	DUAVEE.....	62
DIASTAT.....	19	duloxetine hcl.....	52
DIASTAT ACUDIAL.....	19	DUREZOL.....	74
diazepam.....	19,37	dutasteride.....	58
DICLEGIS.....	23	dutasteride/tamsulosin hcl.....	58
diclofenac potassium.....	10	DYRENium.....	48
diclofenac sodium.....	10,54,74		
diclofenac sodium/misoprostol.....	10		
dicloxacillin sodium.....	17	E	
dicyclomine hcl.....	56	E.E.S. 400.....	17
didanosine.....	35	EAA.....	82
DIFICID.....	17	econazole nitrate.....	24
diflorasone diacetate.....	60	EDARBI.....	43
dilfenisal.....	10	EDARBYCLOR.....	46
digoxin.....	46	EDURANT.....	35
dihydroergotamine mesylate.....	25	ELAPRASE.....	55
DILANTIN.....	21	ELESTRIN.....	62
DILANTIN-125.....	21	eletriptan hbr.....	26
diltiazem hcl.....	45	ELIDEL.....	54
DIPENTUM.....	71	ELIQUIS.....	40
diphenhydramine hcl.....	76	ELIXOPHYLLIN.....	78
diphenoxylate hcl/atropine sulfate.....	56	ELLA.....	64
dipyridamole.....	42	ELMIRON.....	58
disopyramide phosphate.....	44	EMADINE.....	74
disulfiram.....	13	EMCYT.....	27
DIURIL.....	48	EMEND.....	24
divalproex sodium.....	19	EMSAM.....	22
dofetilide.....	44	EMTRIVA.....	35
donepezil hcl.....	21	enalapril maleate.....	44
dorzolamide hcl.....	75	enalapril maleate/hydrochlorothiazide.....	46
dorzolamide hcl/timolol maleate.....	75	ENBREL.....	66
DOVONEX.....	54	ENGERIX-B ADULT.....	68
doxazosin mesylate.....	43	ENGERIX-B PEDIATRIC-ADOLESCENT.....	69
		ENJUVIA.....	62

enoxaparin sodium.....	40	escitalopram oxalate.....	22
entecavir.....	34	esomeprazole magnesium.....	57
ENTRESTO.....	46	estazolam.....	80
ENTYVIO.....	66	ESTRACE.....	62
ENVARSUS XR.....	66	estradiol.....	62
EPIDUO.....	54	estradiol valerate.....	62
epinastine hcl.....	74	estradiol/norethindrone acetate.....	62
epinephrine.....	77	ESTRING.....	62
epinephrine 0.15 mg auto-injct - impax generics	77	ESTROGEL.....	62
epinephrine 0.15 mg auto-injct - lineage impax g.....	77	estrogens,esterified/methyltestosterone.....	62
EPINEPHRINE 0.15 MG AUTO-INJCT - MYLAN SPECIALTY.....	77	estropipate.....	62
epinephrine 0.3 mg auto-inject - lineage impax g.....	77	eszopiclone.....	80
epinephrine 0.3 mg auto-inject - impax generics	77	ethacrynic acid.....	48
epinephrine 0.3 mg auto-inject - lineage impax g.....	77	ethambutol hcl.....	26
EPINEPHRINE 0.3 MG AUTO-INJECT - MYLAN SPECIALTY.....	77	ethinyl estradiol/drospirenone.....	62
EPIVIR HBV.....	34	ethosuximide.....	19
eplerenone.....	48	ethynodiol diacetate-ethinyl estradiol.....	62
EPOGEN.....	41	etidronate disodium.....	71
epoprostenol sodium (glycine).....	78	etodolac.....	10
eprosartan mesylate.....	43	etoposide.....	29
ERAXIS (WATER DILUENT).....	24	EUFLINXXA.....	72
ERBITUX.....	31	EURAX.....	32
ergocalciferol (vitamin d2).....	71	EVAMIST.....	62
ergoloid mesylates.....	21	EVOTAZ.....	36
ERGOMAR.....	25	EXELDERM.....	24
ERIVEDGE.....	29	EXELON.....	21
ERY-TAB.....	17	exemestane.....	29
ERYPED 400.....	17	EXJADE.....	81
ERYTHROCIN STEARATE.....	17	EXPECTA PRENATAL.....	83
erythromycin base.....	18	EXTAVIA.....	52
erythromycin base/benzoyl peroxide.....	15	EYLEA.....	73
erythromycin base/ethyl alcohol.....	18	EZ FLU 16-17 (FLUZON QUAD PED).....	69
erythromycin ethylsuccinate.....	18	EZ FLU 2015-2016 (FLUCELVAX).....	69
ESCAVITE.....	82	EZ FLU 2015-2016 (FLUVIRIN).....	69
ESCAVITE D.....	83	EZ FLU 2016-2017 (AFLURIA).....	69
ESCAVITE LQ.....	83	EZ FLU 2016-2017 (FLUVIRIN).....	69
		ezetimibe.....	50
		ezetimibe/simvastatin.....	50
		F	
		FABRAZYME.....	56

FACTIVE.....	18	FLUCELVAX 2015-2016.....	69
famciclovir.....	37	FLUCELVAX QUAD 2016-2017.....	69
famotidine.....	57	FLUCELVAX QUAD 2017-2018.....	69
FANAPT.....	33	fluconazole.....	24
FARESTON.....	27	fluconazole in dextrose, iso-osmotic.....	24
FARYDAK.....	28	fluconazole in sodium chloride, iso-osmotic.....	24
FASLODEX.....	28	flucytosine.....	24
FEIBA NF.....	42	fludrocortisone acetate.....	60
felbamate.....	20	FLULAVAL QUAD 2015-2016.....	69
FELBATOL.....	20	FLULAVAL QUAD 2016-2017.....	69
felodipine.....	45	FLULAVAL QUAD 2017-2018.....	69
fenofibrate.....	48	FLUMIST QUAD 2015-2016.....	69
fenofibrate nanocrystallized.....	48	FLUMIST QUAD 2016-2017.....	69
fenofibrate,micronized.....	48	FLUMIST QUAD 2017-2018.....	69
fenofibric acid.....	49	flunisolide.....	76
fenofibric acid (choline).....	48	fluocinolone acetonide.....	60
fenoprofen calcium.....	10	fluocinolone acetonide oil.....	76
fentanyl.....	11	fluocinolone acetonide/shower cap.....	60
fentanyl citrate.....	11	fluocinonide.....	60
FERRALET 90.....	81	fluocinonide/emollient base.....	60
FERRIPROX.....	81	FLUOR-A-DAY.....	81
ferrous fumarate/ascorbic acid/b12-if/folic acid	81	FLUORABON.....	81
ferrous sulfate.....	81	fluoride (sodium).....	53,81
FETZIMA.....	22	fluoride/iron/vitamins a,c, and d.....	83
FINACEA.....	54	FLUORIDEX SENSITIVITY RELIEF.....	53
finasteride.....	58	fluorometholone.....	74
FLAREX.....	74	fluorouracil.....	28,54
flavoxate hcl.....	58	fluoxetine hcl.....	22
FLEBOGAMMA DIF.....	67	fluoxymesterone.....	61
flecainide acetate.....	44	fluphenazine hcl.....	33
FLORIVA.....	81,83	flurandrenolide.....	60
FLORIVA PLUS.....	83	flurazepam hcl.....	80
FLOVENT DISKUS.....	76	flurbiprofen.....	10
FLOVENT HFA.....	76	flurbiprofen sodium.....	74
FLUAD 2015-2016.....	69	flutamide.....	27
FLUAD 2016-2017.....	69	fluticasone propionate.....	60,76
FLUAD 2017-2018.....	69	fluticasone propionate/salmeterol xinafoate.....	79
FLUBLOK 2015-2016.....	69	fluvastatin sodium.....	49
FLUBLOK 2016-2017.....	69	FLUVIRIN 2015-2016.....	69
FLUBLOK 2017-2018.....	69	FLUVIRIN 2016-2017.....	69
FLUBLOK QUAD 2017-2018.....	69	FLUVIRIN 2017-2018.....	69

fluvoxamine maleate.....	22	GAMMAKED.....	67
FLUZONE 2015-2016.....	69	GAMMAPLEX.....	68
FLUZONE HIGH-DOSE 2015-2016.....	69	GAMUNEX-C.....	68
FLUZONE HIGH-DOSE 2016-2017.....	69	GARDASIL.....	70
FLUZONE HIGH-DOSE 2017-2018.....	69	GARDASIL 9.....	70
FLUZONE INTRADERM QUAD 2015-16.....	69	GASTROCROM.....	56
FLUZONE INTRADERM QUAD 2016-17.....	69	gatifloxacin.....	18
FLUZONE INTRADERM QUAD 2017-18.....	69	GAZYVA.....	31
FLUZONE QUAD 2015-2016.....	69	gemfibrozil.....	49
FLUZONE QUAD 2016-2017.....	69	gentamicin sulfate.....	14
FLUZONE QUAD 2017-2018.....	70	gentamicin sulfate in sodium chloride, iso- osmotic.....	14
FLUZONE QUAD PEDI 2015-2016.....	70	GENVOYA.....	35
FLUZONE QUAD PEDI 2016-2017.....	70	GEODON.....	33
FLUZONE QUAD PEDI 2017-2018.....	70	GILENYA.....	52
FML FORTE.....	74	GILOTrif.....	29
FML S.O.P.....	74	glatiramer acetate.....	52
folic acid.....	83	GLEEVEC.....	29
fondaparinux sodium.....	40	GLEOSTINE.....	27
FORADIL.....	77	glimepiride.....	38
FORTEO.....	72	glipizide.....	38
FORTICAL.....	72	glipizide/metformin hcl.....	38
FOSAMAX PLUS D.....	72	GLUCAGEN.....	39
fosamprenavir calcium.....	36	GLUCAGON EMERGENCY KIT.....	39
FOSCAVIR.....	34	glyburide.....	38
fosinopril sodium.....	44	glyburide,micronized.....	38
fosinopril sodium/hydrochlorothiazide.....	47	glyburide/metformin hcl.....	38
FOSRENOL.....	59	glycopyrrolate.....	56
FRAGMIN.....	41	GLYTACTIN 15 PE BETTERMILK.....	83
frovatriptan succinate.....	26	GLYTACTIN RESTORE 10 PE.....	83
furosemide.....	48	GLYTACTIN RESTORE 10 PE LITE.....	83
FUZEON.....	36	GLYTACTIN RTD 10 PE.....	83
FYCOMPA.....	19	GLYTACTIN RTD 15 PE.....	83
G		GOLYTELY.....	57
gabapentin.....	20	granisetron hcl.....	24
GABITRIL.....	20	granisetron hcl/pf.....	24
galantamine hbr.....	21	GRIS-PEG.....	24
GALZIN.....	81	griseofulvin ultramicrosize.....	24
GAMASTAN S-D.....	67	griseofulvin, microsize.....	24
GAMMAGARD LIQUID.....	67	guanfacine hcl.....	42,51
GAMMAGARD S-D.....	67	guanidine hcl.....	26

H	
HALAVEN	28
halobetasol propionate	60
HALOG	60
haloperidol	33
haloperidol decanoate	33
haloperidol lactate	33
HARVONI	34
HAVRIX	70
HECTOROL	72
HELIXATE FS	42
HEMOFIL M	42
heparin sodium,porcine	41
heparin sodium,porcine in 0.45 % sodium chloride	41
heparin sodium,porcine in 0.9 % sodium chloride/pf	41
heparin sodium,porcine/dextrose 5 % in water	41
HEXALEN	27
homatropine hbr	73
HORIZANT	52
HUMALOG	39
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
HUMATE-P	42
HUMIRA	66
HUMIRA PEDIATRIC CROHN'S	66
HUMIRA PEN	66
HUMIRA PEN CROHN-UC-HS STARTER	66
HUMIRA PEN PSORIASIS-UVEITIS	66
HUMULIN 70-30	39
HUMULIN 70/30 KWIKPEN	40
HUMULIN N	40
HUMULIN N KWIKPEN	40
HUMULIN R	40
HUMULIN R U-500	40
HUMULIN R U-500 KWIKPEN	40
HYALGAN	72
hyaluronate sod, cross-linked	73
hyaluronate sodium	73
HYCAMTIN	29
hydralazine hcl	50
hydrochlorothiazide	48
hydrocodone bitartrate/acetaminophen	12
hydrocodone bitartrate/homatropine methylbromide	79
hydrocodone polistirex/chlorpheniramine polistirex	79
hydrocodone/ibuprofen	12
hydrocortisone	54,60,71
hydrocortisone acetate	60
hydrocortisone acetate/pramoxine hcl	54
hydrocortisone butyrate	60
hydrocortisone valerate	60
hydrocortisone/acetic acid	76
hydromorphone hcl	11,12
hydromorphone hcl/pf	12
hydroxychloroquine sulfate	31
hydroxyurea	28
hydroxyzine hcl	77
hydroxyzine pamoate	77
hyoscyamine sulfate	56
HYQVIA	68
I	
ibandronate sodium	72
IBRANCE	29
ibuprofen	10
ibuprofen/oxycodone hcl	12
ICLUSIG	29
IDHIFA	28
imatinib mesylate	30
IMBRUVICA	30
imipramine hcl	23
imiquimod	54

immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml.....	68	isoniazid.....	26
immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml.....	68	ISOPTO CARPINE.....	75
immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml.....	68	isosorbide dinitrate.....	50
immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml.....	68	isosorbide mononitrate.....	50
IMURAN.....	66	isotretinoin.....	54
INCRELEX.....	61	isradipine.....	45
indapamide.....	48	ISTALOL.....	75
INDOCIN.....	10	itraconazole.....	25
indomethacin.....	10	ivermectin.....	31
INFANRIX DTAP.....	70		
INFERGEN.....	34	J	
INLYTA.....	30	JAKAFI.....	30
INTEGRA F.....	81	JANUMET.....	38
INTEGRA PLUS.....	81	JANUMET XR.....	38
INTELENCE.....	35	JANUVIA.....	38
INTRON A.....	35	JARDIANC.....	38
INVANZ.....	16	JENTADUETO.....	38
INVEGA SUSTENNA.....	33	JENTADUETO XR.....	38
INVIRASE.....	36	JEVTANA.....	28
INVOKAMET.....	38	JUBLIA.....	25
INVOKANA.....	38		
IOPIDINE.....	75	K	
IPOL.....	70	K-TAB ER.....	82
ipratropium bromide.....	77	KADCYLA.....	31
ipratropium bromide/albuterol sulfate.....	79	KALETRA.....	36
irbesartan.....	43	KEPPRA.....	19
irbesartan/hydrochlorothiazide.....	47	KEPPRA XR.....	19
IRESSA.....	30	KERYDIN.....	25
iron fumarate,polysac comp/folic acid/vitamin c/niacinamide.....	81	KETEK.....	15
iron,carbonyl.....	81	ketoconazole.....	25
IRONUP.....	82	ketoprofen.....	10
ISENTRESS.....	35	ketorolac tromethamine.....	10,74
ISENTRESS HD.....	35	KEYTRUDA.....	31
ISOLYTE S.....	82	KINERET.....	66
isomethcptene		KINRIX.....	70
mucate/dichloralphenazone/acetaminophen.....	73	KISQALI.....	30
		KISQALI FEMARA CO-PACK.....	30
		KLONOPIN.....	37
		KLOR-CON 10.....	82
		KOATE.....	42
		KOATE-DVI.....	42

KOGENATE FS.....	42	levobunolol hcl.....	75
KOMBIGLYZE XR.....	38	levocetirizine dihydrochloride.....	77
KOVALTRY.....	42	levofloxacin.....	18
KPN.....	83	levofloxacin/dextrose 5 % in water.....	18
KUVAN.....	56	levonorgestrel.....	64
KYLEENA.....	64	levonorgestrel-ethinyl estradiol.....	63
L		levonorgestrel/ethinyl estradiol and ethinyl estradiol.....	63
labetalol hcl.....	45	levorphanol tartrate.....	11
LACRISERT.....	73	levothyroxine sodium.....	64
lactulose.....	57	LEVOXYL.....	64
LAMICTAL.....	20	LEXIVA.....	36
LAMISIL.....	25	lidocaine.....	13
lamivudine.....	34,35	lidocaine hcl.....	13
lamivudine/zidovudine.....	36	lidocaine hcl/pf.....	13
lamotrigine.....	20	lidocaine/prilocaine.....	13
LANAFLEX.....	83	LILETTA.....	64
LANOXIN.....	47	lindane.....	32
LANOXIN PEDIATRIC.....	47	linezolid.....	15
lansoprazole.....	57	LINZESS.....	57
lanthanum carbonate.....	59	liothyronine sodium.....	65
LANTUS.....	40	lisinopril.....	44
LANTUS SOLOSTAR.....	40	lisinopril/hydrochlorothiazide.....	47
LASTACAFT.....	74	lithium carbonate.....	37
latanoprost.....	75	lithium citrate.....	37
LATUDA.....	33	LIVALO.....	49
leflunomide.....	68	LO LOESTRIN FE.....	63
LENVIMA.....	30	LOMUSTINE.....	27
LETAIRIS.....	78	LONSURF.....	28
letrozole.....	29	loperamide hcl.....	56
leucovorin calcium.....	28	LOPHLEX.....	83
LEUKERAN.....	27	lopinavir/ritonavir.....	36
LEUKINE.....	41	lorazepam.....	37
leuprolide acetate.....	65	losartan potassium.....	43
levalbuterol hcl.....	78	losartan potassium/hydrochlorothiazide.....	47
levalbuterol tartrate.....	78	LOTEMAX.....	74
LEVATOL.....	45	lovastatin.....	49
LEVEMIR.....	40	LOVENOX.....	41
LEVEMIR FLEXPEN.....	40	loxapine succinate.....	33
LEVEMIR FLEXTOUCH.....	40	LUMIGAN.....	75
levetiracetam.....	19	LUPRON DEPOT.....	65

LUPRON DEPOT-PED	65	metformin hcl	38
LYNPARZA	28	methadone hcl	11
LYRICA	52	methamphetamine hcl	51
LYSODREN	28	methazolamide	75
 M		methenamine hippurate	15
M-M-R II VACCINE	70	methenamine/methylene blue/sod phos/p.salicylate/hyoscymine	15
magnesium sulfate	82	methimazole	66
magnesium sulfate in sterile water	82	METHITEST	61
MAKENA	64	methocarbamol	80
MALARONE	32	methotrexate sodium	66
malathion	32	methotrexate sodium/pf	66
maprotiline hcl	22	methoxsalen	54
MARPLAN	22	methscopolamine bromide	56
MATULANE	27	methyclothiazide	48
MAXAIR AUTOHALER	78	methyldopa	43
MAXINATE	83	methyldopa/hydrochlorothiazide	47
meclofenamate sodium	10	methylergonovine maleate	73
medroxyprogesterone acetate	64	methylphenidate hcl	51
mefenamic acid	10	methylprednisolone	60
mefloquine hcl	32	methylprednisolone acetate	60
megestrol acetate	64	methylprednisolone sodium succinate	60
MEKINIST	30	metipranolol	75
meloxicam	10	metoclopramide hcl	23
melphalan	27	metolazone	48
memantine hcl	21	metoprolol succinate	45
MENACTRA	70	metoprolol tartrate	45
MENEST	63	metoprolol tartrate/hydrochlorothiazide	47
MENHIBRIX	70	metronidazole	15,54
MENOMUNE-A-C-Y-W-135	70	metronidazole in sodium chloride	15
MENTAX	25	mexiletine hcl	44
MENVEO A-C-Y-W-135-DIP	70	midodrine hcl	43
meperidine hcl	12	miglitol	38
MEPHYTON	83	MIGRAL	25
meprobamate	37	minocycline hcl	19
mercaptopurine	28	minoxidil	50
mesalamine	71	MIRENA	64
mesalamine with cleansing wipes	71	mirtazapine	22
MESNEX	28	misoprostol	57
metaproterenol sulfate	78	mitoxantrone hcl	28
metaxalone	80	modafinil	80

moexipril hcl	44	naproxen	10
mometasone furoate	60	naproxen sodium	10
MONOCLOATE-P	42	naratriptan hcl	26
MONONINE	42	NARCAN	13
MONOVISC	73	NATACYN	25
montelukast sodium	77	NATAZIA	63
MONUROL	15	nateglinide	38
morphine sulfate	11,12	NATURE-THROID	65
MOTOFEN	56	NEBUPENT	32
MOVIPREP	57	nefazodone hcl	22
moxifloxacin hcl	18	neomycin sulfate	14
MOZOBIL	41	neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	73
MTERYTI FOLIC 5	83	neomycin sulfate/bacitracin/polymyxin b	73
MULTAQ	44	neomycin sulfate/polymyxin b sulfate/gramicidin d	73
mupirocin	15	neomycin sulfate/polymyxin b sulfate/hydrocortisone	73,76
mupirocin calcium	15	neomycin/polymyxin b sulfate/dexamethasone	73
MVC-FLUORIDE	83	NEORAL	67
MYALEPT	73	NERLYNX	30
mycophenolate mofetil	66	NESTABS DHA	83
mycophenolate sodium	67	NEULASTA	41
MYFORTIC	67	NEUPOGEN	41
MYKIDZ IRON	83	NEURONTIN	20
MYKIDZ IRON 10	82	NEVANAC	74
MYKIDZ IRON FL	83	nevirapine	35
MYOBLOC	80	NEXAVAR	30
MYRBETRIQ	58	NEXIUM	58
mysoline	20	NEXPLANON	64
 		niacin	50
N		nicardipine hcl	45
NABI-HB	68	nicotine	13
nabumetone	10	nicotine polacrilex	13
nadolol	45	NICOTROL	14
nadolol/bendroflumethiazide	47	NICOTROL NS	14
nafcillin sodium	17	nifedipine	45
naftifine hcl	25	NILANDRON	27
NAFTIN	25	nilutamide	27
NAGLAZYME	56	nimodipine	45
naloxone hcl	13	NINLARO	30
naltrexone hcl	13		
NAMENDA XR	22		
naphazoline hcl	73		

nisoldipine	45	NUCYNTA ER	11
NITRO-BID	50	NUEDEXTA	52
NITRO-DUR	50	NULOJIX	67
nitrofurantoin	15	NUVARING	63
nitrofurantoin macrocrystal	15	nystatin	25
nitrofurantoin monohydrate/microcrystals	15	nystatin/triamcinolone acetonide	25
nitroglycerin	50,51		
NITROLINGUAL	51	O	
nizatidine	57	OB COMPLETE WITH DHA	83
nonoxynol 9	58	OCTAGAM	68
NORDITROPIN FLEXPRO	61	octreotide acetate	65
NORDITROPIN NORDIFLEX	61	ODEFSEY	35
norelgestromin/ethinyl estradiol	63	ODOMZO	30
norethindrone	64	ofloxacin	18
norethindrone acetate	64	olanzapine	33
norethindrone acetate-ethinyl estradiol	63	olmesartan medoxomil	43
norethindrone acetate-ethinyl estradiol/ferrous fumarate	63	olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	47
norethindrone-ethinyl estradiol	63	olmesartan medoxomil/hydrochlorothiazide	47
norethindrone-ethinyl estradiol/ferrous fumarate	63	olopatadine hcl	74,77
norethindrone-mestranol	63	omega-3 acid ethyl esters	50
norgestimate-ethinyl estradiol	63	omeprazole	58
norgestrel-ethinyl estradiol	63	OMNARIS	76
NORMOSOL-R	82	ondansetron	24
NORMOSOL-R PH 7.4	82	ondansetron hcl	24
NOROXIN	18	ondansetron hcl/pf	24
NORPACE CR	44	ONE A DAY WOMEN'S PRENATAL DHA	83
nortriptyline hcl	23	ONE-A-DAY WOMEN'S PRENATAL 1	83
NORVIR	36	ONFI	20
NOVAFERRUM	82	ONGLYZA	39
NOVOLIN 70-30	40	OPDIVO	31
NOVOLIN N	40	OPSUMIT	78
NOVOLIN R	40	ORENCIA	67
NOVOLOG	40	ORENCIA CLICKJECT	67
NOVOLOG FLEXPEN	40	ORFADIN	56
NOVOLOG MIX 70-30	40	orphenadrine citrate	80
NOVOLOG MIX 70-30 FLEXPEN	40	oseltamivir phosphate	36
NOVOSEVEN RT	42	OSMOPREP	57
NOXAFILE	25	OTOVEL	76
NUCYNTA	12	oxandrolone	61
		oxaprozin	10

oxazepam.....	37	pediatric multivitamins no.17 with sodium fluoride.....	84
oxcarbazepine.....	21	PEDVAXHIB.....	70
oxiconazole nitrate.....	25	peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride.....	57
OXISTAT.....	25	PEGANONE.....	21
OXTELLAR XR.....	21	PEGASYS.....	35
oxybutynin chloride.....	58	PEGASYS PROCLICK.....	35
oxycodone hcl.....	11,12	PEGINTRON.....	35
oxycodone hcl/acetaminophen.....	12	PEGINTRON REDIPEN.....	35
oxycodone hcl/aspirin.....	12	penicillin g potassium.....	17
OXYCONTIN.....	11	penicillin g potassium/dextrose-water.....	17
oxymorphone hcl.....	11,12	penicillin g procaine.....	17
 P		penicillin g sodium.....	17
PACERONE.....	44	penicillin v potassium.....	17
paliperidone.....	33	PENTACEL.....	70
pamidronate disodium.....	72	PENTACEL DTAP-IPV COMPONENT.....	70
PANCREAZE.....	56	PENTASA.....	71
PANRETIN.....	31	pentazocine hcl/naloxone hcl.....	12
pantoprazole sodium.....	58	pentoxifylline.....	47
PARAGARD T 380-A.....	73	PERIFLEX ADVANCE.....	84
paricalcitol.....	72	PERIFLEX INFANT.....	84
paromomycin sulfate.....	14	PERIFLEX JUNIOR.....	84
paroxetine hcl.....	22	PERIFLEX LQ PKU.....	84
PASER.....	26	perindopril erbumine.....	44
PAXIL.....	22	PERJETA.....	31
PAZEO.....	74	permethrin.....	32
PEDIARIX.....	70	perphenazine.....	23
pediatric multivit with a,c,d3 no.21/sodium fluoride.....	83	PERRY PRENATAL.....	84
pediatric multivitamin no.150 with sodium fluoride.....	83	phenazopyridine hcl.....	59
pediatric multivitamin no.16/sodium fluoride.....	83,84	phenelzine sulfate.....	22
pediatric multivitamin no.2/sodium fluoride.....	84	PHENEX-1.....	84
pediatric multivitamin no.45/sodium fluoride/ferrous sulfate.....	84	PHENEX-2.....	84
pediatric multivitamin no.46/ferrous sulfate.....	83	phenobarbital.....	20
pediatric multivitamin no.75/sodium fluoride/ferrous sulfate.....	84	phenoxybenzamine hcl.....	43
pediatric multivitamin no.82 with sodium fluoride.....	84	PHENYL-FREE 1.....	84
		PHENYL-FREE 2.....	84
		PHENYL-FREE 2HP.....	84
		PHENYLADE.....	84
		PHENYLADE AMINO ACID.....	84
		PHENYLADE ESSENTIAL.....	84

PHENYLADE GMP.....	84	POMALYST.....	27
PHENYLADE MTE.....	84	potassium bicarbonate/citric acid.....	82
PHENYLADE PHEBLOC.....	84	potassium chloride.....	82
PHENYLADE RTD PKU 10.....	84	potassium citrate.....	59
PHENYLADE40.....	84	POTIGA.....	19
PHENYLADE60.....	84	pramipexole di-hcl.....	32
phenylephrine hcl/promethazine hcl.....	79	prasugrel hcl.....	42
phenytoin.....	21	pravastatin sodium.....	49
phenytoin sodium.....	21	prazosin hcl.....	43
phenytoin sodium extended.....	21	prednicarbate.....	60
PHLEXY-10.....	84	prednisolone.....	60
PHOSPHOLINE IODIDE.....	75	prednisolone acetate.....	74
PICATO.....	54	prednisolone sod phosphate.....	60,74
pilocarpine hcl.....	53,75	prednisone.....	60
pimozide.....	33	PREFERA-OB ONE.....	85
pindolol.....	45	PREMARIN.....	63
pioglitazone hcl.....	39	PREMPHASE.....	63
pioglitazone hcl/glimepiride.....	39	PREMPRO.....	63
pioglitazone hcl/metformin hcl.....	39	PRENATABS FA.....	85
piroxicam.....	10	PRENATABS RX.....	85
PKU 2.....	84	PRENATAL FORMULA-DHA.....	85
PKU 3.....	84	prenatal vit no.16/iron fum,ps complex/folic acid/omega-3.....	85
PKU COOLER 10.....	84	prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha.....	85
PKU COOLER 15.....	84	prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa.....	85
PKU COOLER 20.....	84	prenatal vit with calcium 95/ferrous fumarate/folic acid/dha.....	85
PKU EASY.....	85	prenatal vit with calcium no.122/ferrous fumarate/folic acid.....	85
PKU EXPRESS15.....	85	prenatal vit with calcium no.129/ferrous fumarate/folic acid.....	85
PKU EXPRESS20.....	85	prenatal vit with calcium no.128/ferrous fumarate/folic acid.....	85
PKU LOPHLEX.....	85	prenatal vit with calcium no.130/ferrous fumarate/folic acid.....	85
PKU PERIFLEX JUNIOR PLUS.....	85	prenatal vit with calcium no.131/ferrous fumarate/folic acid.....	85
PLASMA-LYTE 148.....	82	prenatal vit with calcium no.68/iron fum/folic acid no.1/dha.....	85
PLEGRIDY.....	52		
PLEGRIDY PEN.....	52		
PNEUMOVAX 23.....	70		
podofilox.....	54		
POLY-VI-FLOR.....	85		
POLY-VI-FLOR WITH IRON.....	85		
POLY-VI-SOL WITH IRON.....	85		
polyethylene glycol 3350.....	57		
polymyxin b sulfate.....	15		
polymyxin b sulfate(trimethoprim.....	73		

prenatal vitamin 27 with calcium/ferrous fumarate/folic acid.....	86	prenatal vits with calcium no.74/ferrous fumarate/folic acid.....	86
prenatal vitamin calcium,iron,folic acid (less than 1 mg).....	85	prenatal vits with calcium no.78/ferrous fumarate/folic acid.....	86
prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil.....	86	prenatal vits with calcium no.90/ferrous fumarate/folic acid.....	86
prenatal vitamin no.108/iron amino acid chelate/folic acid.....	86	prenatal vits with calcium no.96/ferrous fumarate/folic acid.....	86
prenatal vitamin with calcium no.76/iron,carbonyl/folic acid.....	86	prenatal vits,calcium no.39/iron fum/folic acid/docusate/dha.....	86
prenatal vitamins no.121/ferrous fumarate/folic acid.....	86	prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha.....	85
prenatal vitamins no.40/ferrous fumarate/folic acid/dha.....	85	PREPOPIK.....	57
prenatal vitamins no.5/ferrous fumarate/folic acid.....	86	PREQUE 10.....	86
prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil.....	86	PREVACID.....	58
prenatal vitamins no.79/iron fum/folic acid/levomefolate/dha.....	86	PREVIDENT.....	53
prenatal vitamins with calcium/ferrous fumarate/folic acid.....	86	PREVIDENT 5000.....	53
prenatal vitamins with calcium/iron,carb/docusate/folic acid.....	86	PREVIDENT 5000 ENAMEL PROTECT.....	53
prenatal vits no.119/iron fumarate/folic acid/docusate sod.....	86	PREVIDENT 5000 PLUS.....	53
prenatal vits no.51/iron fumarate/folic acid/omega-3/dha/epa.....	86	PREVIDENT 5000 SENSITIVE.....	53
prenatal vits with calcium #72/iron fum/folic ac/omega-3/dha.....	86	PREVNAR 13.....	70
prenatal vits with calcium 95/ferrous fumarate/folic acid.....	85	PREZCOBIX.....	36
prenatal vits with calcium no.124/ferrous fumarate/folic acid.....	86	PREZISTA.....	36
prenatal vits with calcium no.21/ferrous fumarate/folic acid.....	86	PRIFTIN.....	26
prenatal vits with calcium no.72/ferrous fumarate/folic acid.....	85	primaquine phosphate.....	32
prenatal vits with calcium no.72/iron,carbonyl/folic acid.....	86	primidone.....	20
		PROAIR HFA.....	78
		PROAIR RESPICLICK.....	78
		probenecid.....	25
		probenecid/colchicine.....	25
		procainamide hcl.....	44
		prochlorperazine.....	23
		prochlorperazine edisylate.....	23
		prochlorperazine maleate.....	23
		PROCIT.....	41
		PROCTOFOAM-HC.....	54
		PROFERRIN-FORTE.....	82
		PROFILNINE.....	42
		progesterone.....	64
		progesterone, micronized.....	64
		PROGLYCEM.....	39

PROGRAF	67
PROLASTIN C	79
PROLIA	72
PROMACTA	41
promethazine hcl	23,77
promethazine hcl/codeine	79
promethazine hcl/dextromethorphan hbr	79
promethazine/phenylephrine hcl/codeine	79
propafenone hcl	44
propantheline bromide	56
proparacaine hcl	73
propranolol hcl	45
propranolol hcl/hydrochlorothiazide	47
propylthiouracil	66
PROQUAD	70
protriptyline hcl	23
PROVENGE	28
PROVENTIL HFA	78
PROVIDA DHA	86
PROVIDA OB	86
pseudoephedrine hcl/codeine phosphate/guaifenesin	79
PULMICORT FLEXHALER	76
PULMOZYME	79
PURIXAN	28
pyrazinamide	27
pyridostigmine bromide	26
 Q	
QUADRACEL DTAP-IPV	70
quetiapine fumarate	33
QUFLORA	86
QUFLORA FE	87
QUILLICHEW ER	51
QUILLIVANT XR	51
quinapril hcl	44
quinapril hcl/hydrochlorothiazide	47
quinidine gluconate	44
quinidine sulfate	44
quine sulfate	32
QVAR	76
 R	
rabeprazole sodium	58
RADIOGARDASE	81
raloxifene hcl	64
ramipril	44
RANEXA	47
ranitidine hcl	57
RAPAFL0	58
RAPAMUNE	67
rasagiline mesylate	33
RECLAST	72
RECOMBINATE	42
RECOMBIVAX HB	70
RECTIV	54
REGRANEX	54
RELENZA	37
RELISTOR	56
REMICADE	67
RENAGEL	59
repaglinide	39
SCRIPTOR	35
reserpine	47
RESTASIS	73
RESTASIS MULTIDOSE	73
REVLIMID	27
REXULTI	33,34
REYATAZ	36
ribavirin	35
RIDAURA	68
rifabutin	26
RIFAMATE	27
rifampin	27
RIFATER	27
riluzole	52
rimantadine hcl	37
risedronate sodium	72
RISPERDAL CONSTA	34
risperidone	34
RITALIN LA	51
RITUXAN	31

rivastigmine.....	21	sirolimus.....	67
rivastigmine tartrate.....	21	SKLICE.....	31
RIXUBIS.....	42	SKYLA.....	64
rizatriptan benzoate.....	26	sodium chloride.....	82
ropinirole hcl.....	32	sodium chloride 0.45 %.....	82
rosuvastatin calcium.....	49	sodium chloride 3 %.....	82
ROTARIX.....	70	sodium chloride 5 %.....	82
ROTAQUE.....	70	sodium chloride for inhalation.....	79
ROZEREM.....	81	sodium chloride irrigating solution.....	82
RUBRACA.....	29	sodium chloride/sodium bicarbonate/potassium	
RYDAPT.....	29	chloride/peg.....	57
S		sodium phenylbutyrate.....	56
SABRIL.....	20	sodium polystyrene sulfonate.....	81
SAFYRAL.....	63	sodium polystyrene sulfonate/sorbitol solution.....	81
salsalate.....	10	SOLU-CORTEF.....	60
SAMSCA.....	81	SOMATULINE DEPOT.....	65
SANDIMMUNE.....	67	SOMAVERT.....	65
SANDOSTATIN LAR.....	65	sotalol hcl.....	44
SANDOSTATIN LAR DEPOT.....	65	SOVALDI.....	35
SANTYL.....	54	spinosad.....	54
SAPHRIS.....	34	SPIRIVA.....	77
SAVELLA.....	52	SPIRIVA RESPIMAT.....	77
scopolamine.....	23	spironolactone.....	48
SELECT-OB + DHA.....	87	spironolactone/hydrochlorothiazide.....	47
selegiline hcl.....	33	SPRYCEL.....	30
selenium sulfide.....	54	SPS.....	81
SELZENTRY.....	36	SSD.....	18
SENSIPAR.....	65	stavudine.....	36
SEREVENT DISKUS.....	78	STELARA.....	54
sertraline hcl.....	22	STIVARGA.....	30
sevelamer carbonate.....	59	STRIBILD.....	35
SFROWASA.....	71	STUART ONE.....	87
sildenafil citrate.....	78	SUBOXONE.....	13
SILENOR.....	81	sucralfate.....	57
silver sulfadiazine.....	18	sulfacetamide sodium.....	18,54
SIMBRINZA.....	75	sulfacetamide sodium/prednisolone sodium	
SIMCOR.....	50	phosphate.....	73
SIMILAC PRENATAL.....	87	sulfacetamide sodium/sulfur.....	55
SIMPONI.....	67	sulfadiazine.....	18
simvastatin.....	49,50	sulfamethoxazole(trimethoprim).....	18
		SULFAMYLYON.....	15

sulfasalazine	71	telmisartan/amlodipine besylate	47
sulindac	10	telmisartan/hydrochlorothiazide	47
sumatriptan	26	temazepam	80
sumatriptan succinate	26	TEMODAR	27
SUPPRELIN LA	65	temozolomide	27
SUPRAX	16	TENIVAC	70
SUPREP	57	terazosin hcl	43
SUSTIVA	35	terbinafine hcl	25
SUTENT	30	terbutaline sulfate	78
SYLATRON	29	terconazole	25
SYMBICORT	79	TESTOPEL	61
SYMLINPEN 120	39	testosterone	61
SYMLINPEN 60	39	testosterone cypionate	61
SYNAREL	65	testosterone enanthate	61
SYNERA	13	tetanus and diphtheria toxoids, adult	70
SYNJARDY	39	tetanus,diphtheria toxoid ped/pf	70
SYNTHROID	65	tetrabenazine	52
SYNVISC	73	tetracaine hcl	73
SYNVISC-ONE	73	tetracycline hcl	19
T			
TABLOID	28	TEXAVITE LQ	87
TACLONEX	55	THALOMID	27
tacrolimus	55,67	THEO-24	78
TAFINLAR	30	theophylline anhydrous	78
TAGRISSO	30	thioridazine hcl	33
TAMIFLU	37	thiothixene	33
tamoxifen citrate	28	thyroid,pork	65
tamsulosin hcl	58	THYROLAR-1	65
TARCEVA	30	THYROLAR-1/2	65
TARGETIN	31	THYROLAR-1/4	65
TASIGNA	30	THYROLAR-2	65
TAYTULLA	63	THYROLAR-3	65
tazarotene	55	tiagabine hcl	20
TAZORAC	55	ticlopidine hcl	42
TECFIDERA	52	tigecycline	15
TEGRETOL	21	timolol maleate	45,75
TEGRETOL XR	21	tinidazole	15
TEKTURNA	47	TIVICAY	35
TEKTURNA HCT	47	tizanidine hcl	34
telmisartan	43	TOBI	78
		TOBI PODHALER	78
		TOBRADEX	73

tobramycin.....	14	trifluoperazine hcl.....	33
tobramycin in 0.225 % sodium chloride.....	78	trifluridine.....	37
tobramycin sulfate.....	14	trihexyphenidyl hcl.....	32
tobramycin sulfate/sodium chloride.....	14	TRILEPTAL.....	21
tobramycin/dexamethasone.....	74	trimethobenzamide hcl.....	23
TOBREX.....	14	trimethoprim.....	15
TODAY CONTRACEPTIVE SPONGE.....	59	trimipramine maleate.....	23
tolazamide.....	39	TRINTELLIX.....	23
tolbutamide.....	39	TRISTART DHA.....	87
tolcapone.....	32	TRIUMEQ.....	36
tolmetin sodium.....	10	tropicamide.....	74
tolterodine tartrate.....	58	trospium chloride.....	58
TOPAMAX.....	20	TRUMENBA.....	70
topiramate.....	20	TRUVADA.....	36
topotecan hcl.....	29	TWINRIX.....	70
torsemide.....	48	TYBOST.....	36
TOUJEO SOLOSTAR.....	40	TYKERB.....	30
TOVIAZ.....	58	TYPHIM VI.....	70
TRACLEER.....	78	TYSABRI.....	52
TRADJENTA.....	39	TYVASO.....	78
tramadol hcl.....	11,12	TYVASO INSTITUTIONAL START KIT.....	78
tramadol hcl/acetaminophen.....	12	TYVASO REFILL KIT.....	79
trandolapril.....	44	TYVASO STARTER KIT.....	79
trandolapril/verapamil hcl.....	47	TYZEKA.....	34
tranexamic acid.....	42	TYZINE.....	79
tranylcypromine sulfate.....	22		
TRAVATAN Z.....	75	U	
trazodone hcl.....	23	ULESFIA.....	55
TRECATOR.....	27	ULORIC.....	25
TRESIBA FLEXTOUCH U-100.....	40	urea.....	55
TRESIBA FLEXTOUCH U-200.....	40	URIBEL.....	15
TRETIN-X.....	55	UROSEX.....	87
tretinoin.....	31,55	ursodiol.....	56
tretinoin microspheres.....	55		
tretinoin/emollient base.....	55	V	
TRI-VI-FLOR.....	87	valacyclovir hcl.....	37
triamcinolone acetonide.....	53,61,76	VALCYTE.....	34
triamterene/hydrochlorothiazide.....	48	valganciclovir hcl.....	34
triazolam.....	80	valproic acid.....	20
TRICARE.....	87	valproic acid (as sodium salt) (valproate sodium).....	20
TRICARE PRENATAL DHA ONE.....	87		

valsartan.....	43,44	VITEKTA.....	35
valsartan/hydrochlorothiazide.....	48	VIVOTIF.....	71
vancomycin hcl.....	15	VIVOTIF BERNA.....	71
VANDAZOLE.....	15	voriconazole.....	25
VAQTA.....	70	VOTRIENT.....	30
VARIVAX VACCINE.....	70	VYVANSE.....	51
VASCEPA.....	50		
VAXCHORA VACCINE.....	71	W	
VCF.....	59	warfarin sodium.....	41
VECTIBIX.....	31	WELCHOL.....	50
VECTICAL.....	55	WESTHROID.....	65
VELCADE.....	29	WP THYROID.....	65
VENCLEXTA.....	30		
VENCLEXTA STARTING PACK.....	30	X	
venlafaxine hcl.....	23	XALKORI.....	30
VENLAFAXINE HCL ER.....	23	XARELTO.....	41
VENTAVIS.....	79	XELJANZ.....	67
VENTOLIN HFA.....	78	XELJANZ XR.....	67
verapamil hcl.....	45	XELODA.....	28
VEREGEN.....	55	XEOMIN.....	80
VESICARE.....	58	XGEVA.....	72
VEXOL.....	74	XIAFLEX.....	73
VIBERZI.....	57	XIFAXAN.....	15
VICTOZA 2-PAK.....	39	XOLAIR.....	80
VICTOZA 3-PAK.....	39	XPHE MAXAMAID.....	87
VIDAZA.....	29	XPHE MAXAMUM.....	87
VIDEX.....	36	XTANDI.....	27
vigabatrin.....	20	XYREM.....	81
VIIBRYD.....	23		
VIMPAT.....	21	Y	
VIRACEPT.....	36	YERVOY.....	31
VIREAD.....	36	YF-VAX.....	71
VITAFOL FE+.....	87		
VITAFOL GUMMIES.....	87	Z	
VITAFOL ULTRA.....	87	zafirlukast.....	77
VITAFOL-OB.....	87	zaleplon.....	80
VITAFOL-ONE.....	87	ZALTRAP.....	29
VITAMEDMD ONE RX.....	87	ZARONTIN.....	19
VITAMEDMD REDICHEW RX.....	87	ZAVESCA.....	56
VITAPEARL.....	87	ZEJULA.....	30
VITATRUE.....	87	ZELBORAF.....	30

ZEMAIRA.....	80
ZEMPLAR.....	72
ZENPEP.....	56
ZIAGEN.....	36
zidovudine.....	36
zileuton.....	77
ZIOPTAN.....	75
ziprasidone hcl.....	34
ZIRGAN.....	34
zoledronic acid.....	72
zoledronic acid in mannitol and 0.9 % sodium chloride.....	72
zoledronic acid in mannitol and water for injection.....	72
ZOLINZA.....	29
zolmitriptan.....	26
zolpidem tartrate.....	80
ZOMETA.....	72
ZOMIG.....	26
ZONEGRAN.....	19
zonisamide.....	19
ZORTRESS.....	67
ZOSTAVAX.....	71
ZYCLARA.....	55
ZYDELIG.....	30
ZYFLO.....	77
ZYKADIA.....	30
ZYLET.....	74
ZYTIGA.....	27
ZYVOX.....	15