

TUFTS MEDICARE PREFERRED PDP PLANS | 2016

Tufts Medicare Preferred PDP Group Retiree 2016 Formulary (List of Covered Drugs)

PLEASE READ: This document contains information about the drugs we cover in this plan

This formulary was updated on January 1, 2016. For more recent information or other questions, please contact us at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit tuftsmedicarepreferred.org.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

TUFTS MEDICARE PREFERRED PDP GROUP RETIREE

2016 Formulary (List of Covered Drugs)

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Tufts Health Plan Medicare Preferred. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred PDP.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the Tufts Medicare Preferred PDP Formulary?

A formulary is a list of covered drugs selected by Tufts Medicare Preferred PDP in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Tufts Medicare Preferred PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2016. To get updated information about the drugs covered by Tufts Medicare Preferred PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Tufts Medicare Preferred PDP covers both brand name drugs and generic drugs. 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.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Tufts Medicare Preferred PDP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred PDP before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred PDP limits the amount of the drug that Tufts Medicare Preferred PDP will cover. For example, Tufts Medicare Preferred PDP provides 30 tablets per prescription for *ROZEREM*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred PDP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Tufts Medicare Preferred PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred PDP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Tufts Medicare Preferred PDP formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Relations and ask if your drug is covered.

If you learn that Tufts Medicare Preferred PDP does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by Tufts Medicare Preferred PDP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Tufts Medicare Preferred PDP.
- You can ask Tufts Medicare Preferred PDP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Tufts Medicare Preferred PDP Formulary?

You can ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred PDP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Tufts Medicare Preferred PDP will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

As a current member, if you are admitted to or discharged from a long term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary “first fill” will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred PDP Customer Relations department.

For more information

For more detailed information about your Tufts Medicare Preferred PDP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Tufts Medicare Preferred PDP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Tufts Medicare Preferred PDP Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., PROAIR HFA) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred PDP has any special requirements for coverage of your drug.

B/D: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Medicare Preferred PDP has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, “How do I request an exception to the Tufts Medicare Preferred PDP formulary?” on page III for information about how to request an exception.

EC: Enhanced Coverage Drug.

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Access Drug.

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call the on next business day. TTY users should call 1-800-208-9562.

PA: Prior Authorization Required.

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

STPA: Step Therapy Prior Authorization Applies.

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred PDP for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP formulary?" on page III for information about how to request an exception.

Part B Drug:

This drug is considered to be Part B and not covered under the Tufts Medicare Preferred PDP. Please contact your medical carrier for coverage details.

**Tufts Medicare Preferred PDP
Group Retiree 2016 Formulary**

Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE	3
BLOOD THINNERS AND BLOOD MODIFYING AGENTS	8
CANCER DRUGS	9
CARDIOVASCULAR AGENTS	14
DIABETES MELLITUS	19
EAR, NOSE AND THROAT	21
ENHANCED COVERAGE DRUGS	22
EYE	23
GASTROINTESTINAL DRUGS	25
HOME INFUSION THERAPY	28
HORMONES	33
IMMUNOLOGIC AGENTS	35
MISCELLANEOUS DRUGS	37
NEUROLOGICAL DRUGS	42
PAIN AND INFLAMMATORY DISEASES	45
PSYCHIATRIC	48
RESPIRATORY DRUGS	52
SKIN	54
WOMENS HEALTH	58

**Tufts Medicare Preferred PDP
Group Retiree 2016 Formulary**

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole</i>	Tier-1	
CRESEMBA	Tier-2	
<i>fluconazole</i>	Tier-1	
<i>flucytosine</i>	Tier-1	
<i>griseofulvin microsize</i>	Tier-1	
<i>griseofulvin ultramicrosize</i>	Tier-1	
<i>itraconazole</i>	Tier-1	PA
<i>ketoconazole</i>	Tier-1	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-3	QL (56 EA per 28 days)
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier-3	QL (28 EA per 28 days)
NOXAFIL	Tier-2	
<i>nystatin</i>	Tier-1	
<i>terbinafine hcl</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension for reconstitution</i>	Tier-1	
<i>voriconazole oral tablet 200 mg</i>	Tier-1	QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-1	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-2	
ALINIA	Tier-3	
BILTRICIDE	Tier-2	
<i>ivermectin</i>	Tier-1	
<i>linezolid</i>	Tier-1	
<i>methenamine hippurate</i>	Tier-1	
<i>metronidazole</i>	Tier-1	
MONUROL	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin</i>	Tier-1	
<i>nitrofurantoin macrocrystal</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst</i>	Tier-1	PA; QL (90 EA per 365 days)
PRIMSOL	Tier-2	
SIVEXTRO	Tier-2	
STROMECTOL	Tier-2	
<i>trimethoprim</i>	Tier-1	
<i>vancomycin</i>	Tier-1	
XIFAXAN ORAL TABLET 200 MG	Tier-2	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier-2	PA; QL (60 EA per 30 days)
ZYVOX	Tier-2	
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone</i>	Tier-1	
<i>atovaquone-proguanil</i>	Tier-1	
<i>chloroquine phosphate</i>	Tier-1	
COARTEM	Tier-2	QL (24 EA per 3 days)
<i>dapsone</i>	Tier-1	
DARAPRIM	Tier-2	
<i>hydroxychloroquine</i>	Tier-1	
<i>mefloquine</i>	Tier-1	
NEBUPENT	Tier-3	B/D
<i>paromomycin</i>	Tier-1	
PENTAM	Tier-2	
<i>primaquine</i>	Tier-1	
<i>quinine sulfate</i>	Tier-1	
<i>tinidazole</i>	Tier-1	
ANTIVIRALS		
<i>abacavir</i>	Tier-1	
<i>abacavir-lamivudine-zidovudine</i>	Tier-1	
<i>acyclovir</i>	Tier-1	
<i>adefovir</i>	Tier-1	
<i>amantadine hcl</i>	Tier-1	
APTIVUS	Tier-2	
ATRIPLA	Tier-2	
COMPLERA	Tier-2	
COPEGUS	Tier-2	
CRIVAN	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine</i>	Tier-1	
EDURANT	Tier-2	
EMTRIVA	Tier-2	
<i>entecavir</i>	Tier-1	
EPIVIR	Tier-2	
EPZICOM	Tier-2	
EVOTAZ	Tier-2	
<i>famciclovir</i>	Tier-1	
FUZEON	Tier-2	
GENVOYA	Tier-2	
HARVONI	Tier-2	PA
INTELENCE	Tier-2	
INTRON A	Tier-2	
INVIRASE	Tier-2	
ISENTRESS ORAL POWDER IN PACKET	Tier-2	
ISENTRESS ORAL TABLET	Tier-2	QL (360 EA per 90 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier-2	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 days)
KALETRA	Tier-2	
<i>lamivudine</i>	Tier-1	
<i>lamivudine-zidovudine</i>	Tier-1	
LEXIVA	Tier-2	
<i>nevirapine</i>	Tier-1	
NORVIR	Tier-2	
PEGASYS	Tier-2	QL (4 ML per 28 days)
PEGASYS PROCLICK	Tier-2	QL (4 ML per 28 days)
PEGINTRON	Tier-2	QL (4 EA per 28 days)
PEGINTRON REDIPEN	Tier-2	QL (4 EA per 28 days)
PREZCOBIX	Tier-2	
PREZISTA	Tier-2	
REBETOL	Tier-2	
RELENZA DISKHALER	Tier-2	QL (60 EA per 180 days)
RESCRIPTOR	Tier-2	
REYATAZ	Tier-2	
<i>ribasphere</i>	Tier-1	
<i>ribasphere ribapak</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin</i>	Tier-1	
<i>rimantadine</i>	Tier-1	
SELZENTRY ORAL TABLET 150 MG	Tier-2	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-2	QL (120 EA per 30 days)
SOVALDI	Tier-2	PA
<i>stavudine</i>	Tier-1	
STRIBILD	Tier-2	
SUSTIVA	Tier-2	
TAMIFLU ORAL CAPSULE 30 MG	Tier-2	QL (56 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier-2	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	Tier-2	QL (360 ML per 180 days)
TIVICAY	Tier-2	
TRIUMEQ	Tier-2	
TRUVADA	Tier-2	
TYBOST	Tier-2	
TYZEKA	Tier-2	QL (30 EA per 30 days)
<i>valacyclovir</i>	Tier-2	
VALCYTE	Tier-2	
<i>valganciclovir</i>	Tier-1	
VIDEX 2 GRAM PEDIATRIC	Tier-2	
VIRACEPT	Tier-2	
VIRAMUNE XR	Tier-2	
VIREAD	Tier-2	
VITEKTA	Tier-2	
ZIAGEN	Tier-2	
<i>zidovudine</i>	Tier-1	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-1	
<i>ampicillin</i>	Tier-1	
BICILLIN C-R	Tier-2	
BICILLIN L-A	Tier-2	
CEDAX	Tier-3	
<i>cefaclor</i>	Tier-1	
<i>cefadroxil</i>	Tier-1	
<i>cefdinir</i>	Tier-1	
<i>cefixime</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefepodoxime</i>	Tier-1	
<i>cefprozil</i>	Tier-1	
<i>cefuroxime axetil</i>	Tier-1	
<i>cephalexin</i>	Tier-1	
<i>dicloxacillin</i>	Tier-1	
<i>penicillin v potassium</i>	Tier-1	
SUPRAX	Tier-3	
KETOLIDES		
KETEK	Tier-2	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin</i>	Tier-1	
<i>clarithromycin</i>	Tier-1	
<i>clindamycin hcl</i>	Tier-1	
<i>clindamycin pediatric</i>	Tier-1	
DIFICID	Tier-2	PA
<i>e.e.s. 400</i>	Tier-1	
E.E.S. GRANULES	Tier-3	
<i>eryped 200</i>	Tier-1	
<i>eryped 400</i>	Tier-1	
ERY-TAB	Tier-3	
<i>erythrocin (as stearate)</i>	Tier-1	
<i>erythromycin</i>	Tier-1	
<i>erythromycin ethylsuccinate</i>	Tier-1	
PCE	Tier-3	
ZMAX	Tier-3	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
<i>ethambutol</i>	Tier-1	
<i>isoniazid</i>	Tier-1	
PASER	Tier-3	
PRIFTIN	Tier-2	
<i>pyrazinamide</i>	Tier-1	
<i>rifabutin</i>	Tier-1	
RIFAMATE	Tier-3	
<i>rifampin</i>	Tier-1	
RIFATER	Tier-3	
SIRTURO	Tier-2	PA

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

Drug Name	Drug Tier	Requirements/Limits
TRECTOR	Tier-3	
QUINOLONES		
<i>ciprofloxacin</i>	Tier-1	
<i>ciprofloxacin (mixture)</i>	Tier-1	
<i>ciprofloxacin hcl</i>	Tier-1	
<i>levofloxacin</i>	Tier-2	
<i>moxifloxacin</i>	Tier-2	
<i>ofloxacin</i>	Tier-1	
SULFONAMIDES		
<i>sulfadiazine</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	
TETRACYCLINES		
<i>demeclocycline</i>	Tier-1	
<i>doxycycline hyclate</i>	Tier-1	
<i>doxycycline monohydrate</i>	Tier-1	
<i>minocycline</i>	Tier-1	
<i>tetracycline</i>	Tier-1	
VIBRAMYCIN	Tier-3	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-3	
<i>aspirin-dipyridamole</i>	Tier-2	
BRILINTA	Tier-3	
<i>clopidogrel</i>	Tier-1	
<i>dipyridamole</i>	Tier-1	PA
EFFIENT	Tier-3	
ZONTIVITY	Tier-3	
BLOOD MODIFYING AGENTS		
ARANESP (IN POLYSORBATE)	Tier-2	QL (4 ML per 28 days)
EPOGEN	Tier-2	QL (10 ML per 14 days)
GRANIX	Tier-2	QL (10 ML per 14 Days)
LEUKINE	Tier-2	
MIRCERA	Tier-2	QL (0.3 ML per 14 days)
MOZOBIL	Tier-2	
NEULASTA	Tier-2	QL (1 ML per 14 days)
NEUPOGEN	Tier-2	QL (10 ML per 14 days)
PROCRIT	Tier-2	QL (10 ML per 14 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA	Tier-2	PA; QL (30 EA per 30 days)
ZARXIO	Tier-2	QL (10 ML per 14 days)
BLOOD THINNERS		
COUMADIN	Tier-3	
ELIQUIS	Tier-2	QL (60 EA per 30 days)
<i>enoxaparin</i>	Tier-1	
<i>fondaparinux</i>	Tier-1	
FRAGMIN	Tier-2	
<i>jantoven</i>	Tier-1	
PRADAXA	Tier-2	QL (60 EA per 30 days)
SAVAYSA	Tier-3	
<i>warfarin</i>	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-2	QL (35 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-2	
XARELTO ORAL TABLETS,DOSE PACK	Tier-2	
BLOOD, MISCELLANEOUS		
<i>anagrelide</i>	Tier-1	
<i>cilostazol</i>	Tier-1	
<i>pentoxifylline</i>	Tier-1	
STIMATE	Tier-3	
<i>tranexamic acid</i>	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-2	
ALIMTA	Tier-2	
ALKERAN	Tier-2	
ARRANON	Tier-2	
ARZERRA	Tier-2	
AVASTIN	Tier-2	
<i>azacitidine</i>	Tier-1	
BELEODAQ	Tier-2	
BICNU	Tier-2	
<i>bleomycin</i>	Tier-1	
BUSULFEX	Tier-2	
<i>carboplatin</i>	Tier-1	
<i>cisplatin</i>	Tier-1	
<i>cladribine</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
CLOLAR	Tier-2	
COSMEGEN	Tier-2	
CYRAMZA	Tier-2	PA
<i>cytarabine</i>	Tier-1	
<i>cytarabine (pf)</i>	Tier-1	
<i>dacarbazine</i>	Tier-1	
DACOGEN	Tier-2	
DARZALEX	Tier-2	
<i>daunorubicin</i>	Tier-1	
DAUNOXOME	Tier-2	
DECITABINE	Tier-2	
<i>dexrazoxane hcl</i>	Tier-1	
DOCEFREZ	Tier-2	
<i>docetaxel</i>	Tier-1	
<i>doxorubicin</i>	Tier-1	
<i>doxorubicin, peg-liposomal</i>	Tier-1	
ELITEK	Tier-2	
ELLEENCE	Tier-2	
EMPLICITI	Tier-2	
<i>epirubicin</i>	Tier-1	
ERBITUX	Tier-2	
ERWINAZE	Tier-2	
ETOPOPHOS	Tier-2	
<i>etoposide</i>	Tier-1	
FASLODEX	Tier-2	
<i>fludarabine</i>	Tier-1	
<i>fluorouracil</i>	Tier-1	
<i>ganciclovir sodium</i>	Tier-1	
<i>gemcitabine</i>	Tier-1	
HALAVEN	Tier-2	
HERCEPTIN	Tier-2	
<i>idarubicin</i>	Tier-1	
<i>ifosfamide</i>	Tier-1	
<i>irinotecan</i>	Tier-1	
ISTODAX	Tier-2	
IXEMPRA	Tier-2	
JEVTANA	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
KADCYLA	Tier-2	PA
KEYTRUDA	Tier-2	
<i>leuprolide</i>	Tier-1	
<i>melphalan hcl</i>	Tier-1	
<i>mitomycin</i>	Tier-1	
<i>mitoxantrone</i>	Tier-1	
MUSTARGEN	Tier-2	
ONCASPAR	Tier-2	
OPDIVO	Tier-2	
<i>oxaliplatin</i>	Tier-1	
<i>paclitaxel</i>	Tier-1	
PERJETA	Tier-2	PA
PROLEUKIN	Tier-2	
RITUXAN	Tier-2	PA
SYLATRON	Tier-2	PA; QL (4 EA per 28 days)
SYNRIBO	Tier-2	
THIOTEPA	Tier-2	
<i>topotecan</i>	Tier-1	
TORISEL	Tier-2	
TREANDA	Tier-2	
TRISENOX	Tier-2	
UVADEX	Tier-2	
VECTIBIX	Tier-2	
VELCADE	Tier-2	
<i>vinblastine</i>	Tier-1	
<i>vincasar pfs</i>	Tier-1	
<i>vincristine</i>	Tier-1	
<i>vinorelbine</i>	Tier-1	
YERVOY	Tier-2	
ZALTRAP	Tier-2	
ZANOSAR	Tier-2	
ORAL AGENTS		
8-MOP	Tier-2	
AFINITOR	Tier-2	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ	Tier-2	PA; QL (60 EA per 30 days)
ALECENSA	Tier-2	PA
ALKERAN	Tier-2	Part B

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

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole</i>	Tier-1	
<i>bexarotene</i>	Tier-1	
<i>bicalutamide</i>	Tier-1	
BOSULIF ORAL TABLET 100 MG	Tier-2	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier-2	PA; QL (30 EA per 30 days)
<i>capecitabine</i>	Tier-1	Part B
CAPRELSA ORAL TABLET 100 MG	Tier-2	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier-2	PA; QL (30 EA per 30 days)
COMETRIQ	Tier-2	PA
COTELLIC	Tier-2	PA
CYCLOPHOSPHAMIDE	Tier-2	B/D
DROXIA	Tier-2	
EMCYT	Tier-2	
ERIVEDGE	Tier-2	PA
<i>exemestane</i>	Tier-1	
FARESTON	Tier-2	
FARYDAK	Tier-2	PA
<i>flutamide</i>	Tier-1	
GILOTRIF	Tier-2	PA
GLEEVEC	Tier-2	
GLEOSTINE	Tier-3	
HEXALEN	Tier-2	
HYCAMTIN	Tier-2	Part B
<i>hydroxyurea</i>	Tier-1	
IBRANCE	Tier-2	PA
ICLUSIG	Tier-2	PA
IMBRUVICA	Tier-2	PA
INLYTA	Tier-2	PA
IRESSA	Tier-2	PA
JAKAFI	Tier-2	PA
LENVIMA	Tier-2	PA
<i>letrozole</i>	Tier-1	
LEUKERAN	Tier-2	
LONSURF	Tier-2	PA
LYNPARZA	Tier-2	PA
LYSODREN	Tier-2	
MATULANE	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol</i>	Tier-1	PA
MEKINIST	Tier-2	PA
<i>mercaptopurine</i>	Tier-1	
MYLERAN	Tier-2	Part B
NEXAVAR	Tier-2	PA; QL (220 EA per 30 days)
NILANDRON	Tier-2	
NINLARO	Tier-2	PA
ODOMZO	Tier-2	PA; LA
POMALYST	Tier-2	PA
PURIXAN	Tier-2	
REVLIMID	Tier-2	PA; LA
SOLTAMOX	Tier-2	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-2	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-2	PA; QL (60 EA per 30 days)
STIVARGA	Tier-2	PA; QL (90 EA per 30 Days)
SUTENT	Tier-2	PA
TABLOID	Tier-2	
TAFINLAR	Tier-2	PA
TAGRISSO ORAL TABLET 40 MG	Tier-2	PA; QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	Tier-2	PA
<i>tamoxifen</i>	Tier-1	
TARCEVA ORAL TABLET 100 MG	Tier-2	QL (90 EA per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-2	QL (30 EA per 30 days)
TARGRETIN	Tier-2	
TASIGNA	Tier-2	PA
<i>temozolomide</i>	Tier-1	Part B
THALOMID	Tier-2	
<i>tretinoin (chemotherapy)</i>	Tier-1	
TYKERB	Tier-2	PA; QL (180 EA per 30 days)
VOTRIENT	Tier-2	PA; QL (120 EA per 30 days)
XALKORI	Tier-2	PA
XTANDI	Tier-2	PA; QL (120 EA per 30 days)
ZELBORAF	Tier-2	PA
ZOLINZA	Tier-2	PA
ZYDELIG	Tier-2	PA
ZYKADIA	Tier-2	PA
ZYTIGA	Tier-2	PA; QL (120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	Tier-1	
FUSILEV	Tier-2	
<i>leucovorin calcium</i>	Tier-1	
LEVOLEUCOVORIN CALCIUM	Tier-2	
<i>mesna</i>	Tier-1	
MESNEX	Tier-3	
ZINECARD (AS HCL)	Tier-2	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-3	
<i>fosinopril</i>	Tier-1	
<i>lisinopril</i>	Tier-1	
<i>moexipril</i>	Tier-1	
<i>perindopril erbumine</i>	Tier-1	
<i>quinapril</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	
ALPHA1 BLOCKERS		
CARDURA XL	Tier-3	
<i>doxazosin</i>	Tier-1	
<i>prazosin</i>	Tier-1	
<i>terazosin</i>	Tier-1	
ANGINA		
CORLANOR	Tier-3	PA
<i>isosorbide dinitrate</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-1	
NITRO-BID	Tier-3	
<i>nitroglycerin</i>	Tier-1	
NITROMIST	Tier-3	
NITROSTAT	Tier-2	
RANEXA	Tier-2	
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan</i>	Tier-1	
<i>eprosartan</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan</i>	Tier-1	
<i>telmisartan</i>	Tier-2	
<i>valsartan</i>	Tier-1	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone</i>	Tier-1	
<i>digitek</i>	Tier-1	
<i>digoxin injection</i>	Tier-1	
<i>digoxin oral solution</i>	Tier-1	PA
<i>digoxin oral tablet 125 mcg</i>	Tier-1	
<i>digoxin oral tablet 250 mcg</i>	Tier-1	PA
<i>disopyramide phosphate</i>	Tier-1	PA
<i>flecainide</i>	Tier-1	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	Tier-3	
LANOXIN ORAL TABLET 187.5 MCG, 250 MCG	Tier-3	PA
<i>mexiletine</i>	Tier-1	
MULTAQ	Tier-3	
NORPACE CR	Tier-3	PA
<i>propafenone</i>	Tier-1	
<i>quinidine gluconate</i>	Tier-1	
<i>quinidine sulfite</i>	Tier-1	
<i>sorine</i>	Tier-1	
<i>sotalol</i>	Tier-1	
<i>sotalol af</i>	Tier-1	
SOTYLIZE	Tier-3	
TIKOSYN	Tier-2	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine-atorvastatin</i>	Tier-2	
<i>amlodipine-benazepril</i>	Tier-2	
<i>amlodipine-valsartan</i>	Tier-2	
<i>amlodipine-valsartan-hcthiazyd</i>	Tier-2	
<i>atenolol-chlorthalidone</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
AZOR	Tier-2	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-2	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>candesartan-hydrochlorothiazid</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-1	
DUTOPROL	Tier-3	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
ENTRESTO	Tier-3	PA
<i>fosinopril-hydrochlorothiazide</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan-hydrochlorothiazide</i>	Tier-1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier-1	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-1	
<i>propranolol-hydrochlorothiazid</i>	Tier-1	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TEKTURNA HCT	Tier-2	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hydrochlorothiazid</i>	Tier-2	
<i>trandolapril-verapamil</i>	Tier-1	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
BETA AND ALPHA BLOCKERS		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-3	
<i>labetalol</i>	Tier-1	
BETA BLOCKERS		
<i>acebutolol</i>	Tier-1	
<i>atenolol</i>	Tier-1	
<i>betaxolol</i>	Tier-1	
<i>bisoprolol fumarate</i>	Tier-1	
<i>metoprolol succinate</i>	Tier-1	
<i>metoprolol tartrate</i>	Tier-1	
<i>nadolol</i>	Tier-1	
<i>pindolol</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol</i>	Tier-1	
<i>timolol maleate</i>	Tier-1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	Tier-1	
<i>amlodipine</i>	Tier-1	
<i>cartia xt</i>	Tier-1	
<i>diltiazem hcl</i>	Tier-1	
<i>dilt-xr</i>	Tier-1	
<i>felodipine</i>	Tier-1	
<i>isradipine</i>	Tier-1	
<i>matzim la</i>	Tier-1	
<i>nicardipine</i>	Tier-1	
<i>nifedical xl</i>	Tier-1	
<i>nifedipine oral capsule</i>	Tier-1	PA
<i>nifedipine oral tablet extended release 24hr</i>	Tier-1	
<i>nimodipine</i>	Tier-1	
<i>nisoldipine</i>	Tier-1	
<i>taztia xt</i>	Tier-1	
<i>verapamil</i>	Tier-1	
CENTRALLY ACTING AGENTS		
<i>clonidine</i>	Tier-1	
<i>clonidine hcl</i>	Tier-1	
NORTHERA	Tier-2	PA
<i>reserpine oral tablet 0.1 mg</i>	Tier-1	
<i>reserpine oral tablet 0.25 mg</i>	Tier-1	PA
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-2	
DIURETICS		
<i>amiloride</i>	Tier-1	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide</i>	Tier-1	
<i>chlorothiazide</i>	Tier-1	
<i>chlorthalidone</i>	Tier-1	
EDECRIN	Tier-2	
<i>eplerenone</i>	Tier-1	
<i>furosemide</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-1	
<i>metolazone</i>	Tier-1	
<i>spironolactone</i>	Tier-1	
<i>spironolacton-hydrochlorothiaz</i>	Tier-1	
<i>toremide</i>	Tier-1	
<i>triamterene-hydrochlorothiazid</i>	Tier-1	
LIPID LOWERING AGENTS		
<i>atorvastatin</i>	Tier-1	
<i>cholestyramine light</i>	Tier-1	
<i>colestipol</i>	Tier-1	
CRESTOR	Tier-3	PA
<i>fenofibrate</i>	Tier-1	
<i>fenofibrate micronized</i>	Tier-1	
<i>fenofibrate nanocrystallized</i>	Tier-1	
<i>fenofibric acid</i>	Tier-1	
<i>fenofibric acid (choline)</i>	Tier-1	
<i>fluvastatin</i>	Tier-2	
<i>gemfibrozil</i>	Tier-1	
JUXTAPID	Tier-2	PA
KYNAMRO	Tier-2	PA
<i>lovastatin</i>	Tier-1	
<i>niacin</i>	Tier-2	
<i>niacor</i>	Tier-1	
<i>omega-3 acid ethyl esters</i>	Tier-2	
<i>pravastatin</i>	Tier-1	
PREVALITE	Tier-3	
REPATHA SURECLICK	Tier-2	PA
REPATHA SYRINGE	Tier-2	PA
SIMCOR	Tier-2	
<i>simvastatin</i>	Tier-1	
VASCEPA	Tier-2	
VYTORIN 10-10	Tier-3	
VYTORIN 10-20	Tier-3	
VYTORIN 10-40	Tier-3	
VYTORIN 10-80	Tier-3	
WELCHOL	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
ZETIA	Tier-2	
POTASSIUM REPLACEMENT		
<i>klor-con 10</i>	Tier-1	
<i>klor-con 8</i>	Tier-1	
KLOR-CON M15	Tier-3	
<i>klor-con m20</i>	Tier-1	
<i>klor-con sprinkle</i>	Tier-1	
K-TAB	Tier-3	
<i>potassium chloride</i>	Tier-1	
VASODILATORS		
BIDIL	Tier-2	
<i>hydralazine</i>	Tier-1	
<i>minoxidil</i>	Tier-1	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>alcohol pads</i>	Tier-1	
<i>assure id insulin safety</i>	Tier-1	
<i>gauze pad</i>	Tier-1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29, 1 ML 29 X 1/2"	Tier-2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i>	Tier-1	
<i>lancets</i>	Tier-1	Part B
ONETOUCH ULTRA TEST	Tier-2	Part B
ONETOUCH VERIO	Tier-2	Part B
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-2	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier-2	
PROGLYCEM	Tier-3	
INSULINS		
HUMALOG	Tier-2	
HUMALOG KWIKPEN	Tier-2	
HUMALOG MIX 50-50	Tier-2	
HUMALOG MIX 50-50 KWIKPEN	Tier-2	
HUMALOG MIX 75-25	Tier-2	
HUMALOG MIX 75-25 KWIKPEN	Tier-2	
HUMULIN 70/30	Tier-2	
HUMULIN N	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R	Tier-2	
HUMULIN R U-500 (CONCENTRATED)	Tier-2	
LANTUS	Tier-2	
LANTUS SOLOSTAR	Tier-2	
TOUJEO SOLOSTAR	Tier-3	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-2	
SYMLINPEN 120	Tier-2	
SYMLINPEN 60	Tier-2	
TRULICITY	Tier-2	
ORAL AGENTS		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-3	
<i>chlorpropamide</i>	Tier-1	PA
FARXIGA	Tier-2	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide-metformin</i>	Tier-1	
<i>glyburide</i>	Tier-1	PA
<i>glyburide micronized</i>	Tier-1	PA
<i>glyburide-metformin</i>	Tier-1	PA
GLYXAMBI	Tier-3	
INVOKAMET	Tier-2	
INVOKANA	Tier-2	
JANUMET	Tier-2	
JANUMET XR	Tier-2	
JANUVIA	Tier-2	
JENTADUETO	Tier-2	
<i>metformin</i>	Tier-1	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone</i>	Tier-2	
<i>pioglitazone-glimepiride</i>	Tier-1	
<i>pioglitazone-metformin</i>	Tier-2	
<i>repaglinide</i>	Tier-1	
<i>repaglinide-metformin</i>	Tier-2	
RIOMET	Tier-2	
<i>tolazamide</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-2	
XIGDUO XR	Tier-2	
EAR, NOSE AND THROAT		
EAR		
<i>acetazol hc</i>	Tier-1	
<i>acetic acid</i>	Tier-1	
CIPRO HC	Tier-2	
CIPRODEX	Tier-2	
<i>fluocinolone acetonide oil</i>	Tier-1	
<i>hydrocortisone-acetic acid</i>	Tier-1	
<i>ofloxacin</i>	Tier-1	
MOUTH AND THROAT		
<i>cevimeline</i>	Tier-1	
<i>chlorhexidine gluconate</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl</i>	Tier-1	
<i>triamcinolone acetonide</i>	Tier-1	
NOSE		
<i>azelastine</i>	Tier-1	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-3	
<i>budesonide</i>	Tier-1	
<i>cyproheptadine</i>	Tier-1	PA
<i>desloratadine</i>	Tier-1	
<i>flunisolide</i>	Tier-1	QL (150 ML per 90 Days)
<i>fluticasone</i>	Tier-1	QL (48 GM per 90 days)
<i>hydroxyzine hcl</i>	Tier-1	PA
<i>hydroxyzine pamoate</i>	Tier-1	PA
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Tier-1	QL (180 ML per 90 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i>	Tier-1	QL (90 ML per 90 days)
<i>levocetirizine</i>	Tier-1	
NASONEX	Tier-2	QL (102 GM per 90 days)
<i>olopatadine</i>	Tier-1	QL (91.5 GM per 90 days)
<i>triamcinolone acetonide</i>	Tier-2	QL (49.5 GM per 90 days)
TYZINE	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
<i>benzonatate</i>	Tier-1	EC
<i>chlorpheniramine-pseudoephed</i>	Tier-1	EC
<i>hydrocodone-chlorpheniramine</i>	Tier-1	EC
<i>hydrocodone-cpm-pseudoephed</i>	Tier-1	EC
<i>hydrocodone-homatropine</i>	Tier-1	EC
<i>promethazine vc-codeine</i>	Tier-1	EC
<i>promethazine-codeine</i>	Tier-1	EC
<i>promethazine-dm</i>	Tier-1	EC
<i>promethazine-phenyleph-codeine</i>	Tier-1	EC
ERECTILE DYSFUNCTION		
CAVERJECT	Tier-3	EC
CAVERJECT IMPULSE	Tier-3	EC
CIALIS	Tier-3	EC; QL (4 EA per 30 days)
EDEX	Tier-3	EC
LEVITRA	Tier-3	EC; QL (4 EA per 30 days)
MUSE	Tier-3	EC
VIAGRA	Tier-3	EC; QL (4 EA per 30 days)
OBESITY MANAGEMENT		
ADIPEX-P	Tier-3	PA; EC
BELVIQ	Tier-3	PA; EC
<i>diethylpropion</i>	Tier-1	PA; EC
<i>phendimetrazine tartrate</i>	Tier-1	PA; EC
<i>phentermine</i>	Tier-1	PA; EC
QSYMIA	Tier-3	PA; EC
SAXENDA	Tier-3	PA; EC
XENICAL	Tier-3	PA; EC
VITAMINS/MINERALS		
<i>cyanocobalamin (vitamin b-12)</i>	Tier-1	EC
<i>ergocalciferol (vitamin d2)</i>	Tier-1	EC
<i>folic acid</i>	Tier-1	EC
MEPHYTON	Tier-3	EC
NASCOBAL	Tier-2	EC
<i>phytonadione (vitamin k1)</i>	Tier-1	EC
<i>vitamin d2</i>	Tier-1	EC

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

Drug Name	Drug Tier	Requirements/Limits
EYE		
ALLERGY		
ALOCRIL	Tier-3	
ALOMIDE	Tier-3	
<i>azelastine</i>	Tier-1	
<i>cromolyn</i>	Tier-1	
EMADINE	Tier-3	
<i>epinastine</i>	Tier-1	
LASTACAPT	Tier-3	
<i>naphazoline</i>	Tier-1	
<i>olopatadine</i>	Tier-2	
ANTI-INFECTIVES		
AZASITE	Tier-3	
<i>bacitracin</i>	Tier-1	
<i>bacitracin-polymyxin b</i>	Tier-1	
BESIVANCE	Tier-3	
BLEPHAMIDE	Tier-3	
BLEPHAMIDE S.O.P.	Tier-3	
<i>ciprofloxacin hcl</i>	Tier-1	
<i>erythromycin</i>	Tier-1	
GARAMYCIN	Tier-3	
<i>gatifloxacin</i>	Tier-1	
<i>gentak</i>	Tier-1	
<i>gentamicin</i>	Tier-1	
<i>levofloxacin</i>	Tier-1	
MOXEZA	Tier-3	
<i>neomycin-bacitracin-poly-hc</i>	Tier-1	
<i>neomycin-bacitracin-polymyxin</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
<i>ofloxacin</i>	Tier-1	
<i>polymyxin b sulf-trimethoprim</i>	Tier-1	
<i>sulfacetamide sodium</i>	Tier-1	
<i>sulfacetamide-prednisolone</i>	Tier-1	
TOBRADEX	Tier-3	
TOBRADEX ST	Tier-3	
<i>tobramycin</i>	Tier-1	
<i>tobramycin-dexamethasone</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX	Tier-3	
ANTI-INFLAMMATORIES		
ALREX	Tier-3	
<i>bromfenac</i>	Tier-1	
<i>dexamethasone sodium phosphate</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
DUREZOL	Tier-3	
FLAREX	Tier-3	
<i>fluorometholone</i>	Tier-1	
<i>flurbiprofen sodium</i>	Tier-1	
FML FORTE	Tier-3	
FML S.O.P.	Tier-2	
ILEVRO	Tier-3	
<i>ketorolac</i>	Tier-1	
LOTEMAX	Tier-3	
MAXIDEX	Tier-3	
<i>neomycin-polymyxin b-dexameth</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
NEVANAC	Tier-3	
PRED MILD	Tier-2	
PRED-G	Tier-2	
PRED-G S.O.P.	Tier-2	
<i>prednisolone acetate</i>	Tier-1	
PROLENSA	Tier-3	
VEXOL	Tier-2	
ZYLET	Tier-3	
ANTIVIRALS		
<i>trifluridine</i>	Tier-1	
ZIRGAN	Tier-3	
GLAUCOMA		
<i>acetazolamide</i>	Tier-1	
ALPHAGAN P	Tier-3	
<i>apraclonidine</i>	Tier-1	
AZOPT	Tier-2	
<i>betaxolol</i>	Tier-1	
BETIMOL	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
BETOPTIC S	Tier-3	
<i>bimatoprost</i>	Tier-1	
<i>brimonidine</i>	Tier-1	
<i>carteolol</i>	Tier-1	
COMBIGAN	Tier-3	
<i>dorzolamide</i>	Tier-1	
<i>dorzolamide-timolol</i>	Tier-1	
IOPIDINE	Tier-3	
<i>latanoprost</i>	Tier-1	
<i>levobunolol</i>	Tier-1	
LUMIGAN	Tier-3	STPA
<i>methazolamide</i>	Tier-1	
<i>metipranolol</i>	Tier-1	
PHOSPHOLINE IODIDE	Tier-2	
<i>pilocarpine hcl</i>	Tier-1	
SIMBRINZA	Tier-3	
<i>timolol maleate</i>	Tier-1	
TRAVATAN Z	Tier-3	STPA
<i>travoprost (benzalkonium)</i>	Tier-1	
ZIOPTAN (PF)	Tier-3	STPA
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-3	
<i>atropine</i>	Tier-1	
NATACYN	Tier-3	
<i>proparacaine</i>	Tier-1	
RESTASIS	Tier-2	PA
GASTROINTESTINAL DRUGS		
EMESIS		
AKYNZEO	Tier-3	B/D
ALOXI	Tier-2	B/D
ANZEMET	Tier-2	B/D
CESAMET	Tier-2	B/D
<i>compro</i>	Tier-1	
<i>dronabinol</i>	Tier-1	B/D
EMEND	Tier-2	B/D
<i>granisetron hcl</i>	Tier-1	B/D
<i>meclizine</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl</i>	Tier-1	
<i>ondansetron</i>	Tier-1	B/D
<i>ondansetron hcl</i>	Tier-1	B/D
<i>prochlorperazine</i>	Tier-1	
<i>prochlorperazine maleate</i>	Tier-1	
<i>promethazine oral</i>	Tier-1	PA
<i>promethazine rectal</i>	Tier-1	
SANCUSO	Tier-3	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP	Tier-3	
ENZYMES		
CARBAGLU	Tier-2	PA
CREON	Tier-2	
CYSTAGON	Tier-3	
PANCREAZE	Tier-3	
PERTZYE	Tier-3	
VIOKACE	Tier-3	
ZENPEP	Tier-3	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron</i>	Tier-1	
CANTIL	Tier-3	
<i>constulose</i>	Tier-1	
<i>cromolyn</i>	Tier-1	
<i>dicyclomine</i>	Tier-1	
<i>enulose</i>	Tier-1	
GATTEX ONE-VIAL	Tier-2	PA
<i>generlac</i>	Tier-1	
<i>glycopyrrolate</i>	Tier-1	
KRISTALOSE	Tier-2	
<i>lactulose</i>	Tier-1	
<i>levocarnitine</i>	Tier-1	
<i>levocarnitine (with sugar)</i>	Tier-1	
<i>loperamide</i>	Tier-1	
<i>megestrol</i>	Tier-1	PA
MOVIPREP	Tier-3	
OSMOPREP	Tier-3	
<i>peg 3350-electrolytes</i>	Tier-1	
<i>peg-3350 with flavor packs</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte soln</i>	Tier-1	
<i>polyethylene glycol 3350</i>	Tier-1	
<i>propantheline</i>	Tier-1	
RELISTOR	Tier-2	
SUPREP BOWEL PREP KIT	Tier-3	
<i>trilyte with flavor packets</i>	Tier-1	
<i>ursodiol</i>	Tier-1	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicil-clarithromy-lansopraz</i>	Tier-1	
CARAFATE	Tier-3	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl</i>	Tier-1	
DEXILANT	Tier-3	PA
<i>esomeprazole magnesium</i>	Tier-2	PA
<i>famotidine</i>	Tier-1	
<i>lansoprazole</i>	Tier-2	
<i>methscopolamine</i>	Tier-1	
<i>misoprostol</i>	Tier-1	
<i>nizatidine</i>	Tier-1	
<i>omeprazole</i>	Tier-1	
<i>omeprazole-sodium bicarbonate</i>	Tier-1	
<i>pantoprazole</i>	Tier-1	
PYLERA	Tier-2	
<i>rabeprazole</i>	Tier-2	
<i>ranitidine hcl</i>	Tier-1	
<i>sucralfate</i>	Tier-1	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-2	
APRISO	Tier-2	
ASACOL HD	Tier-2	
<i>balsalazide</i>	Tier-1	
<i>budesonide</i>	Tier-1	
CANASA	Tier-2	
<i>colocort</i>	Tier-1	
DELZICOL	Tier-2	
DIPENTUM	Tier-2	
<i>hydrocortisone</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
LIALDA	Tier-2	
LINZESS	Tier-2	QL (30 EA per 30 days)
<i>mesalamine with cleansing wipe</i>	Tier-1	
PENTASA	Tier-2	
SFROWASA	Tier-3	
<i>sulfasalazine</i>	Tier-1	
<i>sulfazine ec</i>	Tier-1	
UCERIS	Tier-2	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-2	HI
<i>acetazolamide sodium</i>	Tier-1	HI
<i>acyclovir sodium</i>	Tier-1	HI
AMBISOME	Tier-2	HI
<i>amikacin</i>	Tier-1	HI
<i>aminophylline</i>	Tier-1	HI
<i>amphotericin b</i>	Tier-1	HI
<i>ampicillin sodium</i>	Tier-1	HI
<i>ampicillin-sulbactam</i>	Tier-1	HI
ANZEMET	Tier-2	B/D; HI
ARGATROBAN	Tier-3	HI
ARGATROBAN IN 0.9 % SOD CHLOR	Tier-3	HI
<i>atropine</i>	Tier-1	HI
AVELOX IN NACL (ISO-OSMOTIC)	Tier-2	HI
<i>azithromycin</i>	Tier-1	HI
<i>aztreonam</i>	Tier-1	HI
<i>benztropine</i>	Tier-1	HI
<i>bumetanide</i>	Tier-1	HI
<i>buprenorphine hcl</i>	Tier-1	HI
<i>butorphanol tartrate</i>	Tier-1	HI
<i>calcitriol</i>	Tier-1	HI
CANCIDAS	Tier-2	HI
CAPASTAT	Tier-2	HI
CARDENE IV IN SODIUM CHLORIDE	Tier-3	HI
<i>cefazolin</i>	Tier-1	HI
<i>cefazolin in 0.9% sod chloride</i>	Tier-1	HI
<i>cefazolin in dextrose (iso-os)</i>	Tier-1	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin in dextrose 5 %</i>	Tier-1	HI
<i>cefepime</i>	Tier-1	HI
<i>cefepime in dextrose 5 %</i>	Tier-1	HI
<i>cefotaxime</i>	Tier-1	HI
<i>cefotetan</i>	Tier-1	HI
<i>cefoxitin</i>	Tier-1	HI
<i>cefoxitin in dextrose, iso-osm</i>	Tier-1	HI
<i>ceftazidime</i>	Tier-1	HI
<i>ceftazidime in d5w</i>	Tier-1	HI
<i>ceftriaxone</i>	Tier-1	HI
<i>cefuroxime sodium</i>	Tier-1	HI
<i>chloramphenicol sod succinate</i>	Tier-1	HI
<i>cidofovir</i>	Tier-1	HI
<i>ciprofloxacin in 5 % dextrose</i>	Tier-1	HI
<i>ciprofloxacin lactate</i>	Tier-1	HI
<i>clindamycin in 5 % dextrose</i>	Tier-1	HI
<i>clindamycin phosphate</i>	Tier-1	HI
<i>colistin (colistimethate na)</i>	Tier-1	HI
CRESEMBA	Tier-2	HI
CUBICIN	Tier-2	HI
<i>cyclosporine</i>	Tier-1	B/D; HI
CYKLOKAPRON	Tier-2	HI
DALVANCE	Tier-2	HI
<i>dexamethasone sodium phos (pf)</i>	Tier-1	HI
<i>dexamethasone sodium phosphate</i>	Tier-1	HI
<i>diltiazem hcl</i>	Tier-1	HI
<i>diphenhydramine hcl</i>	Tier-1	HI
DORIBAX	Tier-2	HI
DOXY-100	Tier-3	HI
<i>duramorph (pf)</i>	Tier-1	HI
ERAXIS(WATER DILUENT)	Tier-2	HI
ERYTHROCIN	Tier-2	HI
<i>esomeprazole sodium</i>	Tier-1	HI
<i>fluconazole in dextrose(iso-o)</i>	Tier-1	HI
<i>gentamicin</i>	Tier-1	HI
<i>gentamicin in nacl (iso-osm)</i>	Tier-1	HI
<i>gentamicin sulfate (ped) (pf)</i>	Tier-1	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (pf)</i>	Tier-1	HI
<i>granisetron (pf)</i>	Tier-1	B/D; HI
<i>granisetron hcl</i>	Tier-1	B/D; HI
<i>heparin (porcine)</i>	Tier-1	HI
<i>imipenem-cilastatin</i>	Tier-1	HI
INVANZ	Tier-2	HI
<i>isoniazid</i>	Tier-1	HI
<i>labetalol</i>	Tier-1	HI
<i>lactated ringers</i>	Tier-1	HI
<i>levetiracetam in nacl (iso-os)</i>	Tier-1	HI
<i>levocarnitine</i>	Tier-1	HI
<i>levofloxacin</i>	Tier-1	HI
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml</i>	Tier-1	HI
<i>levofloxacin in d5w intravenous piggyback 750 mg/150 ml</i>	Tier-1	HI; HI; Part B
<i>levothyroxine</i>	Tier-1	HI
LINCOCIN	Tier-2	HI
<i>lincomycin</i>	Tier-1	
<i>linezolid</i>	Tier-1	HI
<i>meropenem</i>	Tier-1	HI
<i>methadone</i>	Tier-1	HI
<i>methotrexate sodium (pf)</i>	Tier-1	HI
<i>metoclopramide hcl</i>	Tier-1	HI
<i>metoprolol tartrate</i>	Tier-1	HI
<i>metronidazole in nacl (iso-os)</i>	Tier-1	HI
<i>morphine</i>	Tier-1	HI
<i>moxifloxacin-sod.ace,sul-water</i>	Tier-1	HI; Part B
MYCAMINE	Tier-2	HI
<i>nafcillin</i>	Tier-1	HI
<i>nafcillin in dextrose iso-osm</i>	Tier-1	HI
<i>ondansetron hcl (pf)</i>	Tier-1	B/D; HI
ORBACTIV	Tier-2	HI; Part B
<i>oxacillin</i>	Tier-1	HI
<i>oxacillin in dextrose(iso-osm)</i>	Tier-1	HI
<i>penicillin g pot in dextrose</i>	Tier-1	HI
<i>penicillin g potassium</i>	Tier-1	HI
<i>penicillin g sodium</i>	Tier-1	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam</i>	Tier-1	HI
<i>polymyxin b sulfate</i>	Tier-1	HI
<i>prochlorperazine edisylate</i>	Tier-1	HI
PROGRAF	Tier-2	B/D; HI
<i>promethazine</i>	Tier-1	HI
<i>ranitidine hcl</i>	Tier-1	HI
RETROVIR	Tier-2	HI
<i>rifampin</i>	Tier-1	HI
SIVEXTRO	Tier-2	HI; Part B
<i>streptomycin</i>	Tier-1	HI
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	HI
SYNERCID	Tier-2	HI
TEFLARO	Tier-2	HI
<i>tobramycin sulfate</i>	Tier-1	HI
TYGACIL	Tier-2	HI
<i>valproate sodium</i>	Tier-1	HI
<i>vancomycin</i>	Tier-1	HI
VISTIDE	Tier-2	HI
<i>voriconazole</i>	Tier-1	HI
ZERBAXA	Tier-2	HI
ELECTROLYTES		
<i>ammonium chloride</i>	Tier-1	HI
<i>d10 %-0.45 % sodium chloride</i>	Tier-1	HI
<i>d2.5 %-0.45 % sodium chloride</i>	Tier-1	HI
<i>d5 % and 0.9 % sodium chloride</i>	Tier-1	HI
<i>d5 %-0.45 % sodium chloride</i>	Tier-1	HI
<i>dextrose 10 % and 0.2 % nacl</i>	Tier-1	HI
<i>dextrose 10 % in water (d10w)</i>	Tier-1	HI
<i>dextrose 5 % in water (d5w)</i>	Tier-1	HI
<i>dextrose 5 %-lactated ringers</i>	Tier-1	HI
<i>dextrose 5%-0.2 % sod chloride</i>	Tier-1	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier-1	HI
IONOSOL-B IN D5W	Tier-2	HI
IONOSOL-MB IN D5W	Tier-2	HI
ISOLYTE-P IN 5 % DEXTROSE	Tier-2	HI
ISOLYTE-S	Tier-2	HI
<i>magnesium sulfate</i>	Tier-1	HI

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

Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-M IN 5 % DEXTROSE	Tier-2	HI
NORMOSOL-R IN 5 % DEXTROSE	Tier-2	HI
NORMOSOL-R PH 7.4	Tier-2	HI
PLASMA-LYTE 148	Tier-2	HI
PLASMA-LYTE A	Tier-2	HI
PLASMA-LYTE-56 IN 5 % DEXTROSE	Tier-2	HI
<i>potassium chlorid-d5-0.45%nacl</i>	Tier-1	HI
<i>potassium chloride</i>	Tier-1	HI
<i>potassium chloride in 0.9%nacl</i>	Tier-1	HI
<i>potassium chloride in 5 % dex</i>	Tier-1	HI
<i>potassium chloride in lr-d5</i>	Tier-1	HI
<i>potassium chloride-0.45 % nacl</i>	Tier-1	HI
<i>potassium chloride-d5-0.2%nacl</i>	Tier-1	HI
<i>potassium chloride-d5-0.3%nacl</i>	Tier-1	HI
<i>potassium chloride-d5-0.9%nacl</i>	Tier-1	HI
<i>ringers</i>	Tier-1	HI
<i>sodium chloride 0.45 %</i>	Tier-1	HI
<i>sodium chloride 0.9 %</i>	Tier-1	HI
<i>sodium chloride 3 %</i>	Tier-1	HI
<i>sodium chloride 5 %</i>	Tier-1	HI
<i>sodium lactate</i>	Tier-1	HI
IV NUTRITION		
AMINO ACIDS 15 %	Tier-2	B/D; HI
AMINOSYN 7 % WITH ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN 8.5 %-ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN II 10 %	Tier-2	B/D; HI
AMINOSYN II 15 %	Tier-2	B/D; HI
AMINOSYN II 7 %	Tier-2	B/D; HI
AMINOSYN II 8.5 %	Tier-2	B/D; HI
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN M 3.5 %	Tier-2	B/D; HI
AMINOSYN-HBC 7%	Tier-2	B/D; HI
AMINOSYN-PF 10 %	Tier-2	B/D; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-2	B/D; HI
AMINOSYN-RF 5.2 %	Tier-2	B/D; HI
CLINIMIX 5%/D15W SULFITE FREE	Tier-2	B/D; HI
CLINIMIX 5%/D25W SULFITE-FREE	Tier-2	B/D; HI

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D10W SULF FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 4.25%-D20W SULF-FREE	Tier-2	B/D; HI
CLINIMIX 4.25%-D25W SULF-FREE	Tier-2	B/D; HI
CLINIMIX 5%-D20W(SULFITE-FREE)	Tier-2	B/D; HI
CLINIMIX E 2.75%/D10W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 2.75%/D5W SULF FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D10W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D25W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D5W SULF FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D15W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D20W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D25W SULFIT FREE	Tier-2	B/D; HI
CLINISOL SF 15 %	Tier-2	B/D; HI
FREAMINE HBC 6.9 %	Tier-2	B/D; HI
HEPATAMINE 8%	Tier-2	B/D; HI
INTRALIPID	Tier-2	B/D; HI
NEPHRAMINE 5.4 %	Tier-2	B/D; HI
NUTRILIPID	Tier-2	B/D; HI
PREMASOL 10 %	Tier-2	B/D; HI
PREMASOL 6 %	Tier-2	B/D; HI
PROCALAMINE 3%	Tier-2	B/D; HI
PROSOL 20 %	Tier-2	B/D; HI
<i>tpn electrolytes</i>	Tier-1	B/D; HI
TRAVASOL 10 %	Tier-2	B/D; HI
TROPHAMINE 10 %	Tier-2	B/D; HI
TROPHAMINE 6%	Tier-2	B/D; HI
HORMONES		
ADRENAL CORTICOSTEROIDS		
ACTHAR H.P.	Tier-2	
<i>a-hydrocort</i>	Tier-1	
<i>cortisone</i>	Tier-1	
DEPO-MEDROL	Tier-2	
<i>dexamethasone</i>	Tier-1	
<i>dexamethasone intensol</i>	Tier-1	
<i>dexpak 13 day</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone</i>	Tier-1	
<i>hydrocortisone</i>	Tier-1	
MEDROL	Tier-3	
<i>methylprednisolone</i>	Tier-1	
<i>methylprednisolone acetate</i>	Tier-1	
<i>methylprednisolone sodium succ</i>	Tier-1	
MILLIPRED	Tier-3	Transplant
ORAPRED ODT	Tier-3	Transplant
<i>prednisolone sodium phosphate ophthalmic</i>	Tier-1	
<i>prednisolone sodium phosphate oral</i>	Tier-1	Transplant
<i>prednisone</i>	Tier-1	Transplant
PREDNISON INTENSOL	Tier-3	Transplant
SOLU-CORTEF	Tier-3	
SOLU-CORTEF (PF)	Tier-3	
SOLU-MEDROL	Tier-3	
SOLU-MEDROL (PF)	Tier-3	
VERIPRED 20	Tier-3	Transplant
ANDROGENS		
AVEED	Tier-3	
<i>danazol</i>	Tier-1	
DEPO-TESTOSTERONE	Tier-3	
METHITEST	Tier-3	
<i>methyltestosterone</i>	Tier-1	
<i>oxandrolone</i>	Tier-1	
<i>testosterone</i>	Tier-1	
<i>testosterone cypionate</i>	Tier-1	
<i>testosterone enanthate</i>	Tier-1	
TESTRED	Tier-2	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-2	
FIRMAGON KIT W DILUENT SYRINGE	Tier-2	
LUPRON DEPOT	Tier-2	
LUPRON DEPOT (3 MONTH)	Tier-2	
LUPRON DEPOT (4 MONTH)	Tier-2	
LUPRON DEPOT (6 MONTH)	Tier-2	
LUPRON DEPOT-PED	Tier-2	
SYNAREL	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR	Tier-2	
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
ARMOUR THYROID	Tier-3	
<i>levothyroxine</i>	Tier-1	
<i>levoxyl</i>	Tier-1	
<i>liothyronine</i>	Tier-1	
<i>methimazole</i>	Tier-1	
<i>propylthiouracil</i>	Tier-1	
SYNTHROID	Tier-3	
THYROLAR-1	Tier-3	
THYROLAR-1/2	Tier-3	
THYROLAR-1/4	Tier-3	
THYROLAR-2	Tier-3	
THYROLAR-3	Tier-3	
TIROSINT	Tier-3	
TRIOSTAT	Tier-2	
<i>unithroid</i>	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB (PF)	Tier-2	Part B
ACTIMMUNE	Tier-2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier-2	
ADAGEN	Tier-2	
<i>bcg vaccine, live (pf)</i>	Tier-1	
BEXSERO (PF)	Tier-2	
BIVIGAM	Tier-2	PA
BOOSTRIX TDAP	Tier-2	
CARIMUNE NF NANOFILTERED	Tier-2	PA
CERVARIX VACCINE (PF)	Tier-2	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier-2	
ENGERIX-B (PF)	Tier-2	B/D
ENGERIX-B PEDIATRIC (PF)	Tier-2	B/D
FLEBOGAMMA DIF	Tier-2	PA
GAMASTAN S/D	Tier-2	PA
GAMMAGARD LIQUID	Tier-2	PA
GAMMAKED	Tier-2	PA
GAMMAPLEX	Tier-2	PA

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

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C	Tier-2	PA
GARDASIL (PF)	Tier-2	
GARDASIL 9 (PF)	Tier-2	
HAVRIX (PF)	Tier-2	
HYPERRAB S/D (PF)	Tier-2	
IMOVAX RABIES VACCINE (PF)	Tier-2	
INFANRIX (DTAP) (PF)	Tier-2	
IPOL	Tier-2	
IXIARO (PF)	Tier-2	
MENACTRA (PF)	Tier-2	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-2	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-2	
M-M-R II (PF)	Tier-2	
OCTAGAM	Tier-2	PA
PEDVAX HIB (PF)	Tier-2	
PNEUMOVAX 23	Tier-2	Part B
PREVNAR 13 (PF)	Tier-2	Part B
PRIVIGEN	Tier-2	PA
PROQUAD (PF)	Tier-2	
QUADRACEL (PF)	Tier-2	
RABAVERT (PF)	Tier-2	
RECOMBIVAX HB (PF)	Tier-2	B/D
ROTARIX	Tier-2	
ROTATEQ VACCINE	Tier-2	
TENIVAC (PF)	Tier-2	
<i>tetanus,diphtheria tox ped(pf)</i>	Tier-1	
<i>tetanus-diphtheria toxoids-td</i>	Tier-1	
TRUMENBA	Tier-2	
TWINRIX (PF)	Tier-2	
TYPHIM VI	Tier-2	
VAQTA (PF)	Tier-2	
VARIVAX (PF)	Tier-2	
VARIZIG	Tier-2	
VIVOTIF BERNA VACCINE	Tier-2	
YF-VAX (PF)	Tier-2	
ZOSTAVAX (PF)	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-3	B/D
ATGAM	Tier-2	B/D
BENLYSTA	Tier-2	PA
CELLCEPT	Tier-2	B/D
<i>cyclosporine</i>	Tier-1	B/D
<i>cyclosporine modified</i>	Tier-1	B/D
ENVARSUS XR	Tier-3	B/D
<i>engraf</i>	Tier-1	B/D
<i>mycophenolate mofetil</i>	Tier-1	B/D
<i>mycophenolate sodium</i>	Tier-1	B/D
NULOJIX	Tier-2	B/D
RAPAMUNE	Tier-2	B/D
SIMULECT	Tier-2	B/D
<i>sirolimus</i>	Tier-1	B/D
<i>tacrolimus</i>	Tier-1	B/D
THYMOGLOBULIN	Tier-2	B/D
ZORTRESS	Tier-2	B/D; QL (180 EA per 90 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate</i>	Tier-1	
SANDOSTATIN LAR DEPOT	Tier-2	
SIGNIFOR LAR	Tier-2	PA; QL (2 EA per 28 days)
SOMATULINE DEPOT	Tier-2	
SOMAVERT	Tier-2	PA
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole</i>	Tier-2	
ANAPHYLAXIS EMERGENCY		
<i>epinephrine</i>	Tier-1	QL (2 EA per 1 day)
EPIPEN 2-PAK	Tier-2	QL (2 EA per 1 day)
EPIPEN JR 2-PAK	Tier-2	QL (2 EA per 1 day)
<i>midodrine</i>	Tier-1	
BOTULINUM TOXINS		
BOTOX	Tier-2	PA
DYSPORE	Tier-2	PA
XEOMIN	Tier-2	PA

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

Drug Name	Drug Tier	Requirements/Limits
CASTLEMAN DISEASE		
SYLVANT	Tier-2	PA
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-2	PA
ILARIS (PF)	Tier-2	PA
CUSHING DISEASE		
KORLYM	Tier-2	PA; QL (120 EA per 30 days)
SIGNIFOR	Tier-2	PA; QL (60 ML per 30 days)
CYSTIC FIBROSIS		
BETHKIS	Tier-2	B/D
CAYSTON	Tier-2	
KALYDECO	Tier-2	PA; QL (60 EA per 30 days)
ORKAMBI	Tier-2	PA; QL (120 EA per 30 days)
PULMOZYME	Tier-2	B/D
TOBI PODHALER	Tier-2	
<i>tobramycin in 0.225 % nacl</i>	Tier-1	B/D
CYSTINURIA		
CYSTADANE	Tier-2	
DETOXIFICATION AGENTS		
CHEMET	Tier-3	
EXJADE	Tier-2	
FERRIPROX	Tier-2	
JADENU	Tier-2	
FABRY DISEASE		
FABRAZYME	Tier-2	PA
GAUCHER DISEASE		
CERDELGA	Tier-2	PA
CEREZYME	Tier-2	PA
ELELYSO	Tier-2	PA
VPRIV	Tier-2	PA
ZAVESCA	Tier-2	PA
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-2	PA
GENOTROPIN	Tier-2	PA
GENOTROPIN MINIQUICK	Tier-2	PA
HUMATROPE	Tier-2	PA
INCRELEX	Tier-2	PA

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

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPPO	Tier-2	PA
NUTROPIN AQ	Tier-2	PA
NUTROPIN AQ NUSPIN	Tier-2	PA
OMNITROPE	Tier-2	PA
SAIZEN	Tier-2	PA
SAIZEN CLICK.EASY	Tier-2	PA
SEROSTIM	Tier-2	PA
ZOMACTON	Tier-2	PA
ZORBTIVE	Tier-2	PA
HEREDITARY ANGIOEDEMA		
BERINERT	Tier-2	
CINRYZE	Tier-2	PA
FIRAZYR	Tier-2	PA; QL (3 ML per 7 days)
RUCONEST	Tier-2	
HEREDITARY TYROSINEMIA TYPE 1		
ORFADIN	Tier-2	PA
HUNTINGTON DISEASE		
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier-1	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier-1	PA; QL (120 EA per 30 days)
XENAZINE ORAL TABLET 12.5 MG	Tier-2	PA; QL (90 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	Tier-2	PA; QL (120 EA per 30 days)
HYPERCALCEMIA		
SENSIPAR	Tier-2	
HYPERPARATHYROIDISM		
<i>calcitriol</i>	Tier-1	
<i>doxercalciferol</i>	Tier-1	
<i>paricalcitol</i>	Tier-1	
HYPOPARATHYROIDISM		
NATPARA	Tier-2	PA; QL (2 EA per 28 days)
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-2	
ELAPRASE	Tier-2	
LUMIZYME	Tier-2	
NAGLAZYME	Tier-2	
MULTIPLE SCLEROSIS		
AMPYRA	Tier-2	PA; QL (60 EA per 30 days)
AUBAGIO	Tier-2	PA; QL (30 EA per 30 Days)

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

Drug Name	Drug Tier	Requirements/Limits
AVONEX	Tier-2	QL (4 EA per 28 days)
AVONEX (WITH ALBUMIN)	Tier-2	QL (4 EA per 28 days)
BETASERON	Tier-2	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	Tier-2	QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Tier-2	QL (12 ML per 28 days)
EXTAVIA	Tier-2	QL (15 EA per 30 days)
GILENYA	Tier-2	PA; QL (30 EA per 30 Days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	Tier-2	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier-2	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier-2	
REBIF (WITH ALBUMIN)	Tier-2	QL (12 ML per 28 days)
REBIF REBIDOSE	Tier-2	QL (12 ML per 28 days)
REBIF TITRATION PACK	Tier-2	QL (12 ML per 28 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier-2	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier-2	PA; QL (60 EA per 30 Days)
TYSABRI	Tier-2	PA; LA
MYASTHENIA GRAVIS		
<i>guanidine</i>	Tier-1	
MESTINON	Tier-3	
MESTINON TIMESPAN	Tier-2	
<i>pyridostigmine bromide</i>	Tier-1	
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-1	
PHENYLKETONURIA		
KUVAN	Tier-2	PA
PHEOCHROMOCYTOMA		
DEMSER	Tier-2	
DIBENZYLINE	Tier-3	
<i>phenoxybenzamine</i>	Tier-2	
PHOSPHATE BINDERS		
AURYXIA	Tier-3	
<i>calcium acetate</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL	Tier-2	
PHOSLYRA	Tier-2	
RENAGEL	Tier-2	
RENVELA	Tier-2	
VELPHORO	Tier-2	
POMPE DISEASE		
MYOZYME	Tier-2	
POTASSIUM BINDER		
<i>kionex</i>	Tier-1	
<i>sodium polystyrene (sorb free)</i>	Tier-1	
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-2	
VIRAZOLE	Tier-2	
SMOKING CESSATION		
<i>buproban</i>	Tier-1	
CHANTIX	Tier-3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	Tier-3	QL (56 EA per 28 days)
CHANTIX STARTING MONTH BOX	Tier-3	QL (53 EA per 28 days)
NICOTROL	Tier-2	
NICOTROL NS	Tier-3	
SUCRASE DEFICIENCY		
SUCRAID	Tier-2	
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin</i>	Tier-1	
AVODART	Tier-2	
CIALIS	Tier-3	PA; QL (30 EA per 30 days)
<i>dutasteride</i>	Tier-2	
<i>dutasteride-tamsulosin</i>	Tier-2	
<i>finasteride</i>	Tier-1	
JALYN	Tier-2	
<i>tamsulosin</i>	Tier-1	
UREA CYCLE DISORDERS		
RAVICTI	Tier-2	PA
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-1	
<i>desmopressin</i>	Tier-1	
ELMIRON	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
ENABLEX	Tier-3	STPA
<i>flavoxate</i>	Tier-1	
GELNIQUE	Tier-2	
MYRBETRIQ	Tier-3	STPA
<i>oxybutynin chloride</i>	Tier-1	
<i>potassium citrate</i>	Tier-1	
SAMSCA	Tier-3	
<i>tolterodine</i>	Tier-2	
<i>tropium</i>	Tier-1	
UROCIT-K 10	Tier-3	
UROCIT-K 15	Tier-3	
UROCIT-K 5	Tier-3	
VESICARE	Tier-2	
WILSON'S DISEASE		
CUPRIMINE	Tier-2	
DEPEN TITRATABS	Tier-2	
SYPRINE	Tier-2	
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
<i>donepezil</i>	Tier-1	
<i>ergoloid</i>	Tier-1	
EXELON	Tier-3	
<i>galantamine</i>	Tier-1	
<i>memantine</i>	Tier-2	
NAMENDA XR	Tier-2	
<i>rivastigmine</i>	Tier-1	
<i>rivastigmine tartrate</i>	Tier-1	
MIGRAINE THERAPY		
<i>almotriptan malate</i>	Tier-1	
<i>dihydroergotamine</i>	Tier-1	PA
MIGERGOT	Tier-2	
MIGRANAL	Tier-3	
<i>naratriptan</i>	Tier-1	
<i>rizatriptan</i>	Tier-1	
<i>sumatriptan</i>	Tier-1	
<i>sumatriptan succinate</i>	Tier-1	
<i>zolmitriptan</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
PARKINSONS DISEASE		
APOKYN	Tier-2	
AZILECT	Tier-2	
<i>benztropine</i>	Tier-1	PA
<i>bromocriptine</i>	Tier-1	
<i>cabergoline</i>	Tier-1	
<i>carbidopa</i>	Tier-1	
<i>carbidopa-levodopa</i>	Tier-1	
<i>carbidopa-levodopa-entacapone</i>	Tier-1	
CYCLOSET	Tier-2	
DUOPA	Tier-3	
<i>entacapone</i>	Tier-1	
NEUPRO	Tier-3	QL (30 EA per 30 days)
<i>pramipexole</i>	Tier-1	
<i>ropinirole</i>	Tier-1	
RYTARY	Tier-3	
<i>selegiline hcl</i>	Tier-1	
TASMAR	Tier-2	
<i>tolcapone</i>	Tier-1	
<i>trihexyphenidyl</i>	Tier-1	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA	Tier-2	PA
SEIZURES		
APTIOM	Tier-3	PA
BANZEL	Tier-2	
<i>carbamazepine</i>	Tier-1	
CELONTIN	Tier-3	
CEREBYX	Tier-3	
<i>clonazepam</i>	Tier-1	
<i>diazepam</i>	Tier-1	
<i>diazepam intensol</i>	Tier-1	
DILANTIN	Tier-2	
DILANTIN EXTENDED	Tier-2	
DILANTIN INFATABS	Tier-2	
DILANTIN-125	Tier-2	
<i>divalproex</i>	Tier-1	
<i>epitol</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide</i>	Tier-1	
<i>felbamate</i>	Tier-1	
FYCOMPA	Tier-3	PA
<i>gabapentin</i>	Tier-1	
GABITRIL	Tier-2	
HORIZANT	Tier-3	QL (60 EA per 30 days)
<i>lamotrigine oral tablet</i>	Tier-1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier-2	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier-1	
<i>lamotrigine oral tablet, disintegrating</i>	Tier-1	
<i>levetiracetam</i>	Tier-1	
LYRICA	Tier-3	STPA
ONFI ORAL SUSPENSION	Tier-3	
ONFI ORAL TABLET	Tier-3	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	Tier-1	
OXTELLAR XR	Tier-3	
PEGANONE	Tier-3	
<i>phenobarbital</i>	Tier-1	PA
<i>phenytoin</i>	Tier-1	
<i>phenytoin sodium</i>	Tier-1	
<i>phenytoin sodium extended</i>	Tier-1	
POTIGA	Tier-3	PA
<i>primidone</i>	Tier-1	
QUDEXY XR	Tier-3	
SABRIL	Tier-2	
SAVELLA	Tier-2	STPA; QL (180 EA per 90 days)
TEGRETOL XR	Tier-2	
<i>tiagabine</i>	Tier-1	
<i>topiramate</i>	Tier-1	
TROKENDI XR	Tier-3	
<i>valproic acid</i>	Tier-1	
<i>valproic acid (as sodium salt)</i>	Tier-1	
VIMPAT INTRAVENOUS	Tier-3	
VIMPAT ORAL SOLUTION	Tier-3	PA
VIMPAT ORAL TABLET	Tier-3	PA; QL (180 EA per 90 days)
<i>zonisamide</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
SPASTICITY		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine</i>	Tier-1	PA
<i>dantrolene</i>	Tier-1	
<i>tizanidine</i>	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-2	PA
AZASAN	Tier-3	B/D
<i>azathioprine</i>	Tier-1	B/D
CIMZIA	Tier-2	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-2	PA
<i>diclofenac sodium</i>	Tier-1	
ENBREL SUBCUTANEOUS RECON SOLN	Tier-2	PA; QL (8 EA per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	Tier-2	PA; QL (8.16 ML per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	Tier-2	PA; QL (7.84 ML per 28 Days)
ENBREL SURECLICK	Tier-2	PA; QL (7.84 ML per 28 days)
HUMIRA	Tier-2	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHN'S START	Tier-2	PA
HUMIRA PEN	Tier-2	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	Tier-2	PA
KINERET	Tier-2	PA; QL (20.1 ML per 28 days)
<i>leflunomide</i>	Tier-1	
<i>methotrexate sodium</i>	Tier-1	B/D
ORENCIA	Tier-2	PA; QL (4 ML per 28 Days)
ORENCIA (WITH MALTOSE)	Tier-2	PA
OTREXUP (PF)	Tier-3	
REMICADE	Tier-2	PA
RIDAURA	Tier-2	
SIMPONI ARIA	Tier-2	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier-2	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier-2	PA; QL (4 ML per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 Days)
TREXALL	Tier-3	B/D
VOLTAREN	Tier-3	
XELJANZ	Tier-2	PA; QL (60 EA per 30 days)
GOUT		
<i>allopurinol</i>	Tier-1	
<i>colchicine</i>	Tier-1	
<i>colchicine-probenecid</i>	Tier-1	
<i>probenecid</i>	Tier-1	
ULORIC	Tier-3	STPA
PAIN, NSAID ANALGESICS		
<i>celecoxib</i>	Tier-2	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
<i>diclofenac-misoprostol</i>	Tier-1	
<i>diflunisal</i>	Tier-1	
<i>etodolac</i>	Tier-1	
<i>fenoprofen</i>	Tier-1	
<i>flurbiprofen</i>	Tier-1	
<i>ibuprofen</i>	Tier-1	
INDOCIN	Tier-3	
<i>indomethacin</i>	Tier-1	PA
<i>ketoprofen</i>	Tier-1	
<i>meclofenamate</i>	Tier-1	
<i>mefenamic acid</i>	Tier-1	
<i>meloxicam</i>	Tier-1	
<i>nabumetone</i>	Tier-1	
<i>naproxen</i>	Tier-1	
<i>naproxen sodium</i>	Tier-1	
<i>oxaprozin</i>	Tier-1	
<i>piroxicam</i>	Tier-1	
<i>sulindac</i>	Tier-1	
<i>tolmetin</i>	Tier-1	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-2	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	Tier-1	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier-1	QL (300 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	Tier-1	QL (400 EA per 30 days)
ACTIQ	Tier-2	PA; QL (120 EA per 30 days)
<i>butorphanol tartrate</i>	Tier-1	QL (7.5 ML per 30 days)
BUTRANS	Tier-3	QL (4 EA per 28 Days)
<i>codeine sulfate</i>	Tier-1	QL (180 EA per 30 days)
DILAUDID	Tier-3	QL (1440 ML per 30 days)
EMBEDA	Tier-3	QL (60 EA per 30 days)
<i>endocet</i>	Tier-1	QL (360 EA per 30 days)
<i>fentanyl</i>	Tier-1	QL (10 EA per 30 days)
<i>fentanyl citrate</i>	Tier-1	PA; QL (120 EA per 30 days)
FENTORA	Tier-2	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	Tier-1	QL (5540 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier-1	QL (400 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier-1	QL (480 EA per 30 days)
<i>hydromorphone oral liquid</i>	Tier-1	QL (1350 ML per 30 days)
<i>hydromorphone oral tablet</i>	Tier-1	QL (360 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier-1	QL (30 EA per 30 days)
HYSINGLA ER	Tier-3	QL (60 EA per 30 days)
<i>ibuprofen-oxycodone</i>	Tier-1	QL (240 EA per 30 days)
LAZANDA	Tier-2	PA; QL (30 EA per 30 days)
<i>levorphanol tartrate</i>	Tier-1	QL (240 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	Tier-1	QL (1800 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	Tier-1	QL (3600 ML per 30 days)
<i>methadone oral tablet</i>	Tier-1	QL (120 EA per 30 days)
<i>morphine concentrate</i>	Tier-1	QL (540 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine oral solution</i>	Tier-1	QL (960 ML per 30 days)
<i>morphine oral tablet</i>	Tier-1	QL (180 EA per 30 days)
<i>morphine oral tablet extended release</i>	Tier-1	QL (60 EA per 30 days)
<i>oxycodone oral capsule</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone oral concentrate</i>	Tier-1	QL (120 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral solution</i>	Tier-1	QL (2400 ML per 30 Days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier-1	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	Tier-1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-1	QL (360 EA per 30 days)
OXYCONTIN	Tier-2	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier-1	QL (180 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier-1	QL (60 EA per 30 Days)
SUBSYS	Tier-2	PA; QL (120 EA per 30 days)
<i>tramadol</i>	Tier-1	
<i>tramadol-acetaminophen</i>	Tier-1	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate</i>	Tier-1	
<i>disulfiram</i>	Tier-1	
<i>naltrexone</i>	Tier-1	
VIVITROL	Tier-2	
ANXIETY		
<i>alprazolam</i>	Tier-1	
<i>alprazolam intensol</i>	Tier-1	
<i>amitriptyline-chlordiazepoxide</i>	Tier-1	
<i>bupirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-1	
<i>lorazepam</i>	Tier-1	
<i>lorazepam intensol</i>	Tier-1	
<i>oxazepam</i>	Tier-1	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-3	STPA
<i>amphetamine salt combo</i>	Tier-1	
<i>clonidine hcl</i>	Tier-1	
DESOXYN	Tier-3	
DEXEDRINE SPANSULE	Tier-3	
<i>dexmethylphenidate</i>	Tier-1	
<i>dextroamphetamine</i>	Tier-1	
<i>dextroamphetamine-amphetamine</i>	Tier-1	
FOCALIN XR	Tier-2	STPA

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

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine</i>	Tier-1	PA; QL (90 EA per 90 days)
KAPVAY	Tier-3	
METADATE CD	Tier-3	
METADATE ER	Tier-3	
<i>methamphetamine</i>	Tier-1	
METHYLIN	Tier-2	
<i>methylphenidate</i>	Tier-1	
QUILLIVANT XR	Tier-3	STPA
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	Tier-2	QL (30 EA per 30 days)
VYVANSE	Tier-3	STPA
BIPOLAR DISORDER		
EQUETRO	Tier-3	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate</i>	Tier-1	
<i>olanzapine-fluoxetine</i>	Tier-1	STPA
RISPERDAL CONSTA	Tier-2	
<i>risperidone</i>	Tier-1	
DEPRESSION		
<i>amitriptyline</i>	Tier-1	PA
<i>amoxapine</i>	Tier-1	
APLENZIN	Tier-3	STPA
BRINTELLIX	Tier-3	STPA
<i>bupropion hcl</i>	Tier-1	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-1	PA
<i>desipramine</i>	Tier-1	
<i>desvenlafaxine</i>	Tier-1	
<i>doxepin</i>	Tier-1	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	Tier-2	QL (60 EA per 30 Days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	Tier-2	QL (90 EA per 30 days)
DULOXETINE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	Tier-3	STPA; QL (60 EA per 30 days)
EMSAM	Tier-2	STPA
<i>escitalopram oxalate</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
FETZIMA	Tier-3	STPA
<i>fluoxetine</i>	Tier-1	
<i>fluvoxamine</i>	Tier-1	
<i>imipramine hcl</i>	Tier-1	PA
<i>imipramine pamoate</i>	Tier-1	PA
IRENKA	Tier-3	STPA; QL (60 EA per 30 days)
KHEDEZLA	Tier-3	STPA
<i>maprotiline</i>	Tier-1	
MARPLAN	Tier-3	
<i>mirtazapine</i>	Tier-1	
<i>nefazodone</i>	Tier-1	
<i>nortriptyline</i>	Tier-1	
<i>paroxetine hcl</i>	Tier-1	
PAXIL	Tier-3	
PEXEVA	Tier-3	STPA
<i>phenelzine</i>	Tier-1	
PRISTIQ	Tier-3	STPA
<i>protriptyline</i>	Tier-1	
<i>sertraline</i>	Tier-1	
SURMONTIL	Tier-2	PA
<i>tranylcypromine</i>	Tier-1	
<i>trazodone</i>	Tier-1	
<i>trimipramine</i>	Tier-1	PA
<i>venlafaxine</i>	Tier-1	
VIIBRYD	Tier-3	STPA
INSOMNIA		
<i>estazolam</i>	Tier-1	
<i>eszopiclone</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>flurazepam</i>	Tier-1	
HETLIOZ	Tier-3	PA
ROZEREM	Tier-3	QL (30 EA per 30 days)
SILENOR	Tier-3	QL (30 EA per 30 days)
<i>temazepam</i>	Tier-1	
<i>triazolam</i>	Tier-1	
<i>zaleplon</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>zolpidem</i>	Tier-1	PA; QL (90 EA per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY		
<i>modafinil</i>	Tier-1	PA
NUVIGIL	Tier-3	PA
XYREM	Tier-2	LA
OPIOID ANTAGONISTS		
BUNAVAIL	Tier-3	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl</i>	Tier-1	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone</i>	Tier-1	PA; QL (90 EA per 30 days)
EVZIO	Tier-3	QL (1.6 ML per 30 days)
<i>naloxone</i>	Tier-1	
SUBOXONE	Tier-3	PA; QL (90 EA per 30 days)
ZUBSOLV	Tier-3	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY MAINTENA	Tier-2	
<i>aripiprazole</i>	Tier-2	STPA
<i>chlorpromazine</i>	Tier-1	
<i>clozapine</i>	Tier-1	
FANAPT	Tier-3	STPA
FAZACLO	Tier-2	
<i>fluphenazine decanoate</i>	Tier-1	
<i>fluphenazine hcl</i>	Tier-1	
GEODON	Tier-3	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-1	
<i>haloperidol lactate</i>	Tier-1	
INVEGA	Tier-3	STPA
INVEGA SUSTENNA	Tier-2	
INVEGA TRINZA	Tier-2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (60 EA per 30 Days)
<i>loxapine succinate</i>	Tier-1	
<i>molindone</i>	Tier-2	
<i>olanzapine intramuscular</i>	Tier-1	
<i>olanzapine oral</i>	Tier-1	STPA
ORAP	Tier-2	
<i>paliperidone</i>	Tier-2	
<i>perphenazine</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline</i>	Tier-1	
<i>pimozide</i>	Tier-1	
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-1	STPA
<i>quetiapine oral tablet 25 mg, 50 mg</i>	Tier-1	STPA; QL (60 EA per 30 days)
REXULTI	Tier-3	
SAPHRIS (BLACK CHERRY)	Tier-3	STPA
SEROQUEL XR	Tier-2	STPA
<i>thioridazine</i>	Tier-1	PA
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-1	
VERSACLOZ	Tier-3	
<i>ziprasidone hcl</i>	Tier-1	STPA
ZYPREXA	Tier-2	
ZYPREXA RELPREVV	Tier-2	
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR DISKUS	Tier-2	QL (180 EA per 90 days)
ADVAIR HFA	Tier-2	QL (72 GM per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier-1	B/D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier-1	B/D; QL (180 ML per 90 days)
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier-3	QL (36.6 GM per 90 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier-3	QL (18.3 GM per 90 days)
ANORO ELLIPTA	Tier-2	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-3	QL (90 EA per 90 days)
ASMANEX HFA	Tier-2	QL (39 GM per 90 days)
ASMANEX TWISTHALER	Tier-2	QL (360 EA per 90 Days)
ATROVENT HFA	Tier-2	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	Tier-2	QL (180 EA per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	Tier-2	QL (90 EA per 90 days)
BROVANA	Tier-3	B/D; QL (360 ML per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide</i>	Tier-1	B/D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT	Tier-2	QL (24 GM per 90 days)
<i>cromolyn</i>	Tier-1	B/D; QL (720 ML per 90 days)
<i>elixophyllin</i>	Tier-1	
FLOVENT DISKUS	Tier-2	QL (360 EA per 90 days)
FLOVENT HFA	Tier-2	QL (72 GM per 90 days)
FORADIL AEROLIZER	Tier-3	QL (180 EA per 90 Days)
<i>ipratropium bromide</i>	Tier-1	B/D; QL (900 ML per 90 days)
<i>ipratropium-albuterol</i>	Tier-1	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml</i>	Tier-1	B/D; QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	Tier-1	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	Tier-1	B/D; QL (810 EA per 90 days)
<i>metaproterenol</i>	Tier-1	
<i>montelukast</i>	Tier-1	
PERFOROMIST	Tier-2	B/D; QL (360 ML per 90 Days)
PROAIR HFA	Tier-2	QL (51 GM per 90 days)
PROAIR RESPICLICK	Tier-2	QL (6 EA per 90 days)
PROVENTIL HFA	Tier-3	QL (40.2 GM per 90 days)
PULMICORT	Tier-3	QL (720 ML per 90 days)
PULMICORT FLEXHALER	Tier-3	QL (6 EA per 90 days)
QVAR	Tier-2	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-2	QL (180 EA per 90 days)
SPIRIVA RESPIMAT	Tier-2	QL (12 GM per 90 days)
SPIRIVA WITH HANDIHALER	Tier-2	QL (90 EA per 90 days)
STRIVERDI RESPIMAT	Tier-3	QL (180 GM per 90 days)
SYMBICORT	Tier-2	QL (30.6 GM per 90 days)
<i>terbutaline</i>	Tier-1	
<i>theophylline</i>	Tier-1	
TUDORZA PRESSAIR	Tier-3	QL (3 EA per 90 days)
VENTOLIN HFA	Tier-3	QL (108 GM per 90 days)
XOPENEX HFA	Tier-3	QL (90 GM per 90 days)
<i>zafirlukast</i>	Tier-1	
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET	Tier-2	PA; QL (270 EA per 30 days)
OFEV	Tier-2	PA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION		
ADCIRCA	Tier-2	PA
ADEMPAS	Tier-2	PA
<i>epoprostenol (glycine)</i>	Tier-1	PA
FLOLAN	Tier-2	PA
LETAIRIS	Tier-2	PA
OPSUMIT	Tier-2	PA
ORENITRAM	Tier-3	PA
REMODULIN	Tier-2	PA
REVATIO	Tier-2	PA
<i>sildenafil intravenous</i>	Tier-1	PA
<i>sildenafil oral</i>	Tier-2	PA
TRACLEER	Tier-2	PA; LA
TYVASO	Tier-2	PA
VELETRI	Tier-2	PA
VENTAVIS	Tier-2	PA
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine</i>	Tier-1	B/D
ARALAST NP	Tier-2	
DALIRESP	Tier-3	
GLASSIA	Tier-2	
GRASTEK	Tier-3	PA
PROLASTIN-C	Tier-2	
RAGWITEK	Tier-3	PA
XOLAIR	Tier-2	PA
ZEMAIRA	Tier-2	
SKIN		
ACNE ROSACEA		
FINACEA	Tier-2	
<i>metronidazole</i>	Tier-1	
NORITATE	Tier-3	
SOOLANTRA	Tier-3	
ACNE VULGARIS		
ABSORICA	Tier-3	
<i>adapalene</i>	Tier-1	PA
ATRALIN	Tier-3	PA
<i>avita</i>	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
AZELEX	Tier-3	
<i>claravis</i>	Tier-1	
CLINDAGEL	Tier-3	
<i>clindamycin phosphate</i>	Tier-1	
<i>clindamycin-benzoyl peroxide</i>	Tier-1	
DIFFERIN	Tier-3	PA
<i>ery pads</i>	Tier-1	
<i>erythromycin with ethanol</i>	Tier-1	
<i>erythromycin-benzoyl peroxide</i>	Tier-1	
EVOCLIN	Tier-3	
FABIOR	Tier-3	PA
RETIN-A	Tier-3	PA
RETIN-A MICRO	Tier-3	PA
<i>tretinoin</i>	Tier-1	PA
<i>tretinoin microspheres</i>	Tier-1	PA
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-3	
CORTISPORIN	Tier-3	
<i>gentamicin</i>	Tier-1	
<i>mupirocin</i>	Tier-1	
<i>mupirocin calcium</i>	Tier-1	
<i>silver sulfadiazine</i>	Tier-1	
<i>ssd</i>	Tier-1	
CORTICOSTEROIDS, TOPICAL		
<i>ala-cort</i>	Tier-1	
ALA-SCALP	Tier-3	
<i>alclometasone</i>	Tier-1	
<i>amcinonide</i>	Tier-1	
<i>apexicon e</i>	Tier-1	
<i>betamethasone dipropionate</i>	Tier-1	
<i>betamethasone valerate</i>	Tier-1	
<i>betamethasone, augmented</i>	Tier-1	
CAPEX	Tier-3	
<i>clobetasol</i>	Tier-1	
<i>clobetasol-emollient</i>	Tier-1	
<i>clodan</i>	Tier-1	
CLODERM	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
CORDRAN	Tier-3	
CORDRAN TAPE LARGE ROLL	Tier-3	
<i>cormax</i>	Tier-1	
<i>desonide</i>	Tier-1	
<i>desoximetasone</i>	Tier-1	
<i>diflorasone</i>	Tier-1	
<i>fluocinolone</i>	Tier-1	
<i>fluocinonide</i>	Tier-1	
<i>fluocinonide-e</i>	Tier-1	
<i>fluticasone</i>	Tier-1	
<i>halobetasol propionate</i>	Tier-1	
HALOG	Tier-3	
<i>hydrocortisone</i>	Tier-1	
<i>hydrocortisone butyrate</i>	Tier-1	
<i>hydrocortisone butyr-emollient</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-2	
KENALOG	Tier-3	
<i>mometasone</i>	Tier-1	
PANDEL	Tier-3	
<i>prednicarbate</i>	Tier-1	
<i>triamcinolone acetonide</i>	Tier-1	
TRIANEX	Tier-3	
<i>triderm</i>	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox</i>	Tier-1	
<i>clotrimazole</i>	Tier-1	
<i>clotrimazole-betamethasone</i>	Tier-1	
<i>econazole</i>	Tier-1	
ERTACZO	Tier-3	
EXELDERM	Tier-3	
<i>ketconazole</i>	Tier-1	
MENTAX	Tier-3	
<i>naftifine</i>	Tier-1	
NAFTIN	Tier-2	
<i>nyamyc</i>	Tier-1	
<i>nystatin</i>	Tier-1	
<i>nystatin-triamcinolone</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i>	Tier-1	
OXISTAT	Tier-2	
PSORIASIS AND SEBORRHEA		
<i>acitretin</i>	Tier-1	
<i>calcipotriene</i>	Tier-1	
<i>calcipotriene-betamethasone</i>	Tier-1	
<i>calcitriol</i>	Tier-1	
COSENTYX PEN	Tier-2	PA; QL (2 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-1	
OTEZLA	Tier-2	PA
OTEZLA STARTER	Tier-2	PA
STELARA	Tier-2	PA
TAZORAC	Tier-3	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-2	
<i>lindane</i>	Tier-1	
<i>malathion</i>	Tier-1	
<i>permethrin</i>	Tier-1	
SKLICE	Tier-3	
ULESFIA	Tier-3	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate</i>	Tier-1	
ANUSOL-HC	Tier-3	
<i>diclofenac sodium</i>	Tier-1	
ELIDEL	Tier-3	STPA
FLUOROPLEX	Tier-2	
<i>fluorouracil</i>	Tier-1	
<i>lidocaine hcl</i>	Tier-1	
<i>lidocaine topical adhesive patch,medicated</i>	Tier-2	PA; QL (90 EA per 30 Days)
<i>lidocaine topical ointment</i>	Tier-1	
<i>lidocaine-prilocaine</i>	Tier-1	
<i>neomycin-polymyxin b gu</i>	Tier-1	
PANRETIN	Tier-2	
PICATO	Tier-3	
<i>procto-pak</i>	Tier-1	
<i>proctosol hc</i>	Tier-1	
<i>proctozone-hc</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pradoxin</i>	Tier-1	
REGRANEX	Tier-2	
SANTYL	Tier-2	
<i>selenium sulfide</i>	Tier-1	
<i>sodium chloride</i>	Tier-1	
<i>sulfacetamide sodium (acne)</i>	Tier-1	
SULFAMYLON	Tier-3	
<i>tacrolimus</i>	Tier-1	
TARGRETIN	Tier-2	
VALCHLOR	Tier-2	
<i>water for irrigation, sterile</i>	Tier-1	
ZONALON	Tier-3	
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir</i>	Tier-1	
CONDYLOX	Tier-3	
DENAVIR	Tier-3	
<i>imiquimod</i>	Tier-1	
<i>podofilox</i>	Tier-1	
ZOVIRAX	Tier-2	
WOMENS HEALTH		
CONTRACEPTIVES		
<i>amethia</i>	Tier-1	
<i>amethyst</i>	Tier-1	
<i>apri</i>	Tier-1	
<i>aranelle (28)</i>	Tier-1	
<i>ashlyna</i>	Tier-1	
<i>aubra</i>	Tier-1	
<i>aviane</i>	Tier-1	
<i>balziva (28)</i>	Tier-1	
BEYAZ	Tier-3	
<i>briellyn</i>	Tier-1	
<i>camila</i>	Tier-1	
<i>deblitane</i>	Tier-1	
<i>delyla (28)</i>	Tier-1	
<i>desog-e.estradiol/e.estradiol</i>	Tier-1	
<i>drospirenone-ethinyl estradiol</i>	Tier-1	
<i>emoquette</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>errin</i>	Tier-1	
<i>estradiol-norethindrone acet</i>	Tier-1	
<i>falmina (28)</i>	Tier-1	
GENERESS FE	Tier-3	
<i>gildagia</i>	Tier-1	
<i>gildess 1.5/30 (21)</i>	Tier-1	
<i>gildess 24 fe</i>	Tier-1	
<i>introvale</i>	Tier-1	
<i>jinteli</i>	Tier-1	
<i>junel 1.5/30 (21)</i>	Tier-1	
<i>junel 1/20 (21)</i>	Tier-1	
<i>junel fe 1.5/30 (28)</i>	Tier-1	
<i>junel fe 1/20 (28)</i>	Tier-1	
<i>junel fe 24</i>	Tier-1	
<i>kariva (28)</i>	Tier-1	
<i>kelnor 1/35 (28)</i>	Tier-1	
<i>l norgest/e.estradiol-e.estrad</i>	Tier-1	
<i>larin 1.5/30 (21)</i>	Tier-1	
<i>larin 1/20 (21)</i>	Tier-1	
<i>larin fe 1.5/30 (28)</i>	Tier-1	
<i>larin fe 1/20 (28)</i>	Tier-1	
<i>lessina</i>	Tier-1	
<i>levonest (28)</i>	Tier-1	
<i>levonorgestrel-ethinyl estrad</i>	Tier-1	
<i>levora-28</i>	Tier-1	
LO LOESTRIN FE	Tier-3	
<i>lopreeza</i>	Tier-1	
<i>marlissa</i>	Tier-1	
<i>microgestin 1.5/30 (21)</i>	Tier-1	
<i>microgestin 1/20 (21)</i>	Tier-1	
<i>microgestin fe 1.5/30 (28)</i>	Tier-1	
<i>microgestin fe 1/20 (28)</i>	Tier-1	
MINASTRIN 24 FE	Tier-2	
<i>necon 0.5/35 (28)</i>	Tier-1	
<i>necon 1/35 (28)</i>	Tier-1	
NECON 10/11 (28)	Tier-2	
<i>necon 7/7/7 (28)</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nikki (28)</i>	Tier-1	
<i>noreth-ethinyl estradiol-iron</i>	Tier-1	
<i>norethindrone ac-eth estradiol</i>	Tier-1	
<i>norethindrone-e.estradiol-iron</i>	Tier-1	
<i>norlyroc</i>	Tier-1	
<i>nortrel 0.5/35 (28)</i>	Tier-1	
<i>nortrel 1/35 (21)</i>	Tier-1	
<i>nortrel 1/35 (28)</i>	Tier-1	
<i>nortrel 7/7/7 (28)</i>	Tier-1	
NUVARING	Tier-2	
<i>orsythia</i>	Tier-1	
ORTHO TRI-CYCLEN (28)	Tier-3	
<i>portia</i>	Tier-1	
<i>quasense</i>	Tier-1	
SAFYRAL	Tier-3	
<i>sharobel</i>	Tier-1	
<i>tarina fe 1/20 (28)</i>	Tier-1	
<i>trinessa (28)</i>	Tier-1	
<i>tri-previfem (28)</i>	Tier-1	
<i>tri-sprintec (28)</i>	Tier-1	
<i>trivora (28)</i>	Tier-1	
<i>velivet triphasic regimen (28)</i>	Tier-1	
<i>vyfemla (28)</i>	Tier-1	
ZENCHENT (28)	Tier-3	
ZENCHENT FE	Tier-3	
<i>zovia 1/35e (28)</i>	Tier-1	
<i>zovia 1/50e (28)</i>	Tier-1	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate</i>	Tier-1	
ALORA	Tier-3	PA
ANGELIQ	Tier-3	
<i>calcitonin (salmon)</i>	Tier-1	
COMBIPATCH	Tier-3	PA
CRINONE	Tier-2	
DELESTROGEN	Tier-3	
DEPO-ESTRADIOL	Tier-2	
DEPO-PROVERA	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104	Tier-2	
DIVIGEL	Tier-3	
DUAVEE	Tier-3	PA
ELESTRIN	Tier-3	
ENJUVIA	Tier-3	PA
ESTRACE	Tier-2	
<i>estradiol</i>	Tier-1	PA
<i>estradiol valerate</i>	Tier-1	
ESTRING	Tier-2	
<i>estropipate</i>	Tier-1	PA
EVAMIST	Tier-3	
FEMHRT LOW DOSE	Tier-3	PA
FEMRING	Tier-2	
FORTEO	Tier-2	PA
<i>ibandronate intravenous</i>	Tier-1	
<i>ibandronate oral</i>	Tier-2	
<i>medroxyprogesterone</i>	Tier-1	
MENEST	Tier-3	PA
MENOSTAR	Tier-3	PA
<i>methylegonovine</i>	Tier-1	
MIACALCIN	Tier-2	
<i>norethindrone acetate</i>	Tier-1	
<i>pamidronate</i>	Tier-1	
PREMARIN INJECTION	Tier-3	
PREMARIN ORAL	Tier-3	PA
PREMARIN VAGINAL	Tier-3	
PREMPHASE	Tier-3	PA
PREMPRO	Tier-3	PA
<i>progesterone micronized</i>	Tier-1	
PROLIA	Tier-2	PA
<i>raloxifene</i>	Tier-1	
RECLAST	Tier-2	
<i>risedronate</i>	Tier-2	
VAGIFEM	Tier-2	
XGEVA	Tier-2	PA
<i>zoledronic acid</i>	Tier-1	
<i>zoledronic acid-mannitol-water</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMINS		
<i>prenatal vitamin plus low iron</i>	Tier-1	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-3	
CLEOCIN	Tier-3	
<i>clindamycin phosphate</i>	Tier-1	
GYNAZOLE-1	Tier-3	
<i>metronidazole</i>	Tier-1	
<i>miconazole-3</i>	Tier-1	
NUVESSA	Tier-3	
<i>terconazole</i>	Tier-1	
<i>vandazole</i>	Tier-1	

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

Index

8-MOP	11	<i>alfuzosin</i>	41	<i>ammonium chloride</i>	31
<i>abacavir</i>	4	ALIMTA	9	<i>ammonium lactate</i>	57
<i>abacavir-lamivudine-zidovudine</i>	4	ALINIA	3	<i>amoxapine</i>	49
ABELCET	28	ALKERAN	9, 11	<i>amoxicil-clarithromy-lansopraz</i>	27
ABILIFY MAINTENA	51	<i>allopurinol</i>	46	<i>amoxicillin</i>	6
ABRAXANE	9	<i>almotriptan malate</i>	42	<i>amoxicillin-pot clavulanate</i>	6
ABSORICA	54	ALOCRIAL	23	<i>amphetamine salt combo</i>	48
ABSTRAL	46	ALOMIDE	23	<i>amphotericin b</i>	28
<i>acamprosate</i>	48	ALORA	60	<i>ampicillin</i>	6
<i>acarbose</i>	20	<i>alose tron</i>	26	<i>ampicillin sodium</i>	28
<i>acebutolol</i>	16	ALOXI	25	<i>ampicillin-sulbactam</i>	28
<i>acetaminophen-codeine</i>	46, 47	ALPHAGAN P	24	AMPYRA	39
<i>acetazolamide</i>	24	<i>alprazolam</i>	48	<i>anagrelide</i>	9
<i>acetazolamide sodium</i>	28	<i>alprazolam intensol</i>	48	<i>anastrozole</i>	12
<i>acetic acid</i>	21	ALREX	24	ANGELIQ	60
<i>acetylcysteine</i>	54	ALTABAX	55	ANORO ELLIPTA	52
<i>acitretin</i>	57	ALVESCO	52	ANUSOL-HC	57
ACTEMRA	45	<i>amantadine hcl</i>	4	ANZEMET	25, 28
ACTHAR H.P.	33	AMBISOME	28	<i>apexicon e</i>	55
ACTHIB (PF)	35	<i>amcinonide</i>	55	APLENZIN	49
ACTIMMUNE	35	<i>amethia</i>	58	APOKYN	43
ACTIQ	47	<i>amethyst</i>	58	<i>apraclonidine</i>	24
ACTOPLUS MET XR	20	<i>amifostine crystalline</i>	14	<i>apri</i>	58
<i>acyclovir</i>	4, 58	<i>amikacin</i>	28	APRISO	27
<i>acyclovir sodium</i>	28	<i>amiloride</i>	17	APTIOM	43
ADACEL(TDAP		<i>amiloride-hydrochlorothiazide</i>	17	APTIVUS	4
ADOLESN/ADULT)(PF)	35	AMINO ACIDS 15 %	32	ARALAST NP	54
ADAGEN	35	<i>aminophylline</i>	28	<i>aranelle (28)</i>	58
<i>adapalene</i>	54	AMINOSYN 7 % WITH		ARANESP (IN POLYSORBATE)	8
ADCIRCA	54	ELECTROLYTES	32	ARCALYST	38
ADDERALL XR	48	AMINOSYN 8.5		ARCAPTA NEOHALER	52
<i>adefovir</i>	4	%-ELECTROLYTES	32	ARGATROBAN	28
ADEMPAS	54	AMINOSYN II 10 %	32	ARGATROBAN IN 0.9 % SOD	
ADIPEX-P	22	AMINOSYN II 15 %	32	CHLOR	28
ADVAIR DISKUS	52	AMINOSYN II 7 %	32	<i>aripiprazole</i>	51
ADVAIR HFA	52	AMINOSYN II 8.5		ARMOUR THYROID	35
<i>afeditab cr</i>	17	%-ELECTROLYTES	32	ARRANON	9
AFINITOR	11	AMINOSYN M 3.5 %	32	ARZERRA	9
AFINITOR DISPERZ	11	AMINOSYN-HBC 7%	32	ASACOL HD	27
AGGRENOX	8	AMINOSYN-PF 10 %	32	<i>ashlyna</i>	58
<i>a-hydrocort</i>	33	AMINOSYN-PF 7 %		ASMANEX HFA	52
AKYNZEO	25	(SULFITE-FREE)	32	ASMANEX TWISTHALER	52
<i>ala-cort</i>	55	AMINOSYN-RF 5.2 %	32	<i>aspirin-dipyridamole</i>	8
ALA-SCALP	55	<i>amiodarone</i>	15	<i>assure id insulin safety</i>	19
ALBENZA	3	AMITIZA	27	ASTAGRAF XL	37
<i>albuterol sulfate</i>	52	<i>amitriptyline</i>	49	<i>atenolol</i>	16
ALCAINE	25	<i>amitriptyline-chlordiazepoxide</i>	48	<i>atenolol-chlorthalidone</i>	15
<i>alclometasone</i>	55	<i>amlodipine</i>	17	ATGAM	37
<i>alcohol pads</i>	19	<i>amlodipine-atorvastatin</i>	15	<i>atorvastatin</i>	18
ALDURAZYME	39	<i>amlodipine-benazepril</i>	15	<i>atovaquone</i>	4
ALECENSA	11	<i>amlodipine-valsartan</i>	15	<i>atovaquone-proguanil</i>	4
<i>alendronate</i>	60	<i>amlodipine-valsartan-hcthiazyd</i>		ATRALIN	54
			15		

ATRIPLA	4	BETIMOL	24	CAPASTAT	28
<i>atropine</i>	25, 28	BETOPTIC S	25	<i>capecitabine</i>	12
ATROVENT HFA	52	<i>bexarotene</i>	12	CAPEX	55
AUBAGIO	39	BEXSERO (PF)	35	CAPRELSA	12
<i>aubra</i>	58	BEYAZ	58	<i>captopril</i>	14
AURYXIA	40	<i>bicalutamide</i>	12	<i>captopril-hydrochlorothiazide</i>	16
AVASTIN	9	BICILLIN C-R	6	CARAFATE	27
AVC VAGINAL	62	BICILLIN L-A	6	CARBAGLU	26
AVEED	34	BICNU	9	<i>carbamazepine</i>	43
AVELOX IN NA ₂ CL		BIDIL	19	<i>carbidopa</i>	43
(ISO-OSMOTIC)	28	BILTRICIDE	3	<i>carbidopa-levodopa</i>	43
<i>aviane</i>	58	<i>bimatoprost</i>	25	<i>carbidopa-levodopa-entacapone</i>	43
<i>avita</i>	54	<i>bisoprolol fumarate</i>	16		43
AVODART	41	<i>bisoprolol-hydrochlorothiazide</i>	16	<i>carboplatin</i>	9
AVONEX	40		16	CARDENE IV IN SODIUM	
AVONEX (WITH ALBUMIN)	40	BIVIGAM	35	CHLORIDE	28
	40	<i>bleomycin</i>	9	CARDURA XL	14
<i>azacitidine</i>	9	BLEPHAMIDE	23	CARIMUNE NF	
AZASAN	45	BLEPHAMIDE S.O.P.	23	NANOFILTERED	35
AZASITE	23	BOOSTRIX TDAP	35	<i>carteolol</i>	25
<i>azathioprine</i>	45	BOSULIF	12	<i>cartia xt</i>	17
<i>azelastine</i>	21, 23	BOTOX	37	<i>carvedilol</i>	16
AZELEX	55	BREO ELLIPTA	52	CAVERJECT	22
AZILECT	43	<i>briellyn</i>	58	CAVERJECT IMPULSE	22
<i>azithromycin</i>	7, 28	BRILINTA	8	CAYSTON	38
AZOPT	24	<i>brimonidine</i>	25	CEDAX	6
AZOR	16	BRINTELLIX	49	<i>cefaclor</i>	6
<i>aztreonam</i>	28	<i>bromfenac</i>	24	<i>cefadroxil</i>	6
<i>bacitracin</i>	23	<i>bromocriptine</i>	43	<i>cefazolin</i>	28
<i>bacitracin-polymyxin b</i>	23	BROVANA	52	<i>cefazolin in 0.9% sod chloride</i>	28
<i>baclofen</i>	45	<i>budesonide</i>	21, 27, 53	<i>cefazolin in dextrose (iso-os)</i>	28
BACTROBAN NASAL	21	<i>bumetanide</i>	17, 28	<i>cefazolin in dextrose 5 %</i>	29
<i>balsalazide</i>	27	BUNAVAIL	51	<i>cefdinir</i>	6
<i>balziva (28)</i>	58	<i>buprenorphine hcl</i>	28, 51	<i>cefepime</i>	29
BANZEL	43	<i>buprenorphine-naloxone</i>	51	<i>cefepime in dextrose 5 %</i>	29
<i>bcg vaccine, live (pf)</i>	35	<i>buproban</i>	41	<i>cefixime</i>	6
BELEODAQ	9	<i>bupropion hcl</i>	49	<i>cefotaxime</i>	29
BELVIQ	22	<i>bupirone</i>	48	<i>cefotetan</i>	29
<i>benazepril</i>	14	BUSULFEX	9	<i>cefoxitin</i>	29
<i>benazepril-hydrochlorothiazide</i>	16	<i>butorphanol tartrate</i>	28, 47	<i>cefoxitin in dextrose, iso-osm</i>	29
	16	BUTRANS	47	<i>cefpodoxime</i>	7
BENICAR	14	BYDUREON	20	<i>cefprozil</i>	7
BENICAR HCT	16	<i>cabergoline</i>	43	<i>ceftazidime</i>	29
BENLYSTA	37	<i>calcipotriene</i>	57	<i>ceftazidime in d5w</i>	29
<i>benzonatate</i>	22	<i>calcipotriene-betamethasone</i>	57	<i>ceftriaxone</i>	29
<i>benztropine</i>	28, 43	<i>calcitonin (salmon)</i>	60	<i>cefuroxime axetil</i>	7
BERINERT	39	<i>calcitriol</i>	28, 39, 57	<i>cefuroxime sodium</i>	29
BESIVANCE	23	<i>calcium acetate</i>	40	<i>celecoxib</i>	46
<i>betamethasone dipropionate</i>	55	<i>camila</i>	58	CELLCEPT	37
<i>betamethasone valerate</i>	55	CANASA	27	CELONTIN	43
<i>betamethasone, augmented</i>	55	CANCIDAS	28	<i>cephalexin</i>	7
BETASERON	40	<i>candesartan</i>	15	CERDELGA	38
<i>betaxolol</i>	16, 24	<i>candesartan-hydrochlorothiazid</i>	16	CEREBYX	43
<i>bethanechol chloride</i>	41		16	CEREZYME	38
BETHKIS	38	CANTIL	26	CERVARIX VACCINE (PF)	35

CESAMET.....	25	CLINIMIX 4.25%/D5W SULFIT	COPAXONE.....	40
<i>cevimeline</i>	21	FREE.....	COPEGUS.....	4
CHANTIX.....	41	CLINIMIX 4.25%-D20W	CORDRAN.....	56
CHANTIX CONTINUING		SULF-FREE.....	CORDRAN TAPE LARGE ROLL	
MONTH BOX.....	41	CLINIMIX 4.25%-D25W	.....	56
CHANTIX STARTING MONTH		SULF-FREE.....	COREG CR.....	16
BOX.....	41	CLINIMIX	CORLANOR.....	14
CHEMET.....	38	5%-D20W(SULFITE-FREE).....	<i>cormax</i>	56
<i>chloramphenicol sod succinate</i>	29	CLINIMIX E 2.75%/D10W SUL	<i>cortisone</i>	33
<i>chlorhexidine gluconate</i>	21	FREE.....	CORTISPORIN.....	55
<i>chloroquine phosphate</i>	4	CLINIMIX E 2.75%/D5W SULF	COSENTYX PEN.....	57
<i>chlorothiazide</i>	17	FREE.....	COSMEGEN.....	10
<i>chlorpheniramine-pseudoephed</i>		CLINIMIX E 4.25%/D10W SUL	COTELLIC.....	12
.....	22	FREE.....	COUMADIN.....	9
<i>chlorpromazine</i>	51	CLINIMIX E 4.25%/D25W SUL	CREON.....	26
<i>chlorpropamide</i>	20	FREE.....	CRESEMBA.....	3, 29
<i>chlorthalidone</i>	17	CLINIMIX E 4.25%/D5W SULF	CRESTOR.....	18
<i>cholestyramine light</i>	18	FREE.....	CRINONE.....	60
CIALIS.....	22, 41	CLINIMIX E 5%/D15W SULFIT	CRIVAN.....	4
<i>ciclopirox</i>	56	FREE.....	<i>cromolyn</i>	23, 26, 53
<i>cidofovir</i>	29	CLINIMIX E 5%/D20W SULFIT	CUBICIN.....	29
<i>cilostazol</i>	9	FREE.....	CUPRIMINE.....	42
<i>cimetidine</i>	27	CLINIMIX E 5%/D25W SULFIT	<i>cyanocobalamin (vitamin b-12)</i>	
<i>cimetidine hcl</i>	27	FREE.....	.....	22
CIMZIA.....	45	CLINISOL SF 15 %.....	<i>cyclobenzaprine</i>	45
CIMZIA POWDER FOR		<i>clobetasol</i>	CYCLOPHOSPHAMIDE.....	12
RECONST.....	45	<i>clobetasol-emollient</i>	CYCLOSET.....	43
CINRYZE.....	39	<i>clodan</i>	<i>cyclosporine</i>	29, 37
CIPRO HC.....	21	CLODERM.....	<i>cyclosporine modified</i>	37
CIPRODEX.....	21	CLOLAR.....	CYKLOKAPRON.....	29
<i>ciprofloxacin</i>	8	<i>clomipramine</i>	<i>cyproheptadine</i>	21
<i>ciprofloxacin (mixture)</i>	8	<i>clonazepam</i>	CYRAMZA.....	10
<i>ciprofloxacin hcl</i>	8, 23	<i>clonidine</i>	CYSTADANE.....	38
<i>ciprofloxacin in 5 % dextrose</i>	29	<i>clonidine hcl</i>	CYSTAGON.....	26
<i>ciprofloxacin lactate</i>	29	<i>clopidogrel</i>	<i>cytarabine</i>	10
<i>cisplatin</i>	9	<i>clorazepate dipotassium</i>	<i>cytarabine (pf)</i>	10
<i>citalopram</i>	49	<i>clorpres</i>	<i>d10 %-0.45 % sodium chloride</i>	31
<i>cladribine</i>	9	<i>clotrimazole</i>	<i>d2.5 %-0.45 % sodium chloride</i>	
<i>claravis</i>	55	<i>clotrimazole-betamethasone</i>.....	.....	31
<i>clarithromycin</i>	7	<i>clozapine</i>	<i>d5 % and 0.9 % sodium chloride</i>	
CLEOCIN.....	62	COARTEM.....	.....	31
CLINDAGEL.....	55	<i>codeine sulfate</i>	<i>d5 %-0.45 % sodium chloride</i>	31
<i>clindamycin hcl</i>	7	<i>colchicine</i>	<i>dacarbazine</i>	10
<i>clindamycin in 5 % dextrose</i>	29	<i>colchicine-probenecid</i>	DACOGEN.....	10
<i>clindamycin pediatric</i>	7	<i>colestipol</i>	DALIRESP.....	54
<i>clindamycin phosphate</i>	29, 55, 62	<i>colistin (colistimethate na)</i>	DALVANCE.....	29
<i>clindamycin-benzoyl peroxide</i>	55	<i>colocort</i>	<i>danazol</i>	34
CLINIMIX 5%/D15W SULFITE		COMBIGAN.....	<i>dantrolene</i>	45
FREE.....	32	COMBIPATCH.....	<i>dapsone</i>	4
CLINIMIX 5%/D25W		COMBIVENT RESPIMAT.....	DAPTACEL (DTAP PEDIATRIC)	
SULFITE-FREE.....	32	COMETRIQ.....	(PF).....	35
CLINIMIX 2.75%/D5W SULFIT		COMPLERA.....	DARAPRIM.....	4
FREE.....	33	<i>compro</i>	DARZALEX.....	10
CLINIMIX 4.25%/D10W SULF		CONDYLOX.....	<i>daunorubicin</i>	10
FREE.....	33	<i>constulose</i>	DAUNOXOME.....	10

<i>deblitane</i>	58	DIFICID.....	7	ELAPRASE.....	39
DECITABINE.....	10	<i>diflorasone</i>	56	ELELYSO.....	38
DELESTROGEN.....	60	<i>diflunisal</i>	46	ELESTRIN.....	61
<i>delyla (28)</i>	58	<i>digitek</i>	15	ELIDEL.....	57
DELZICOL.....	27	<i>digoxin</i>	15	ELIGARD.....	34
<i>demeclocycline</i>	8	<i>dihydroergotamine</i>	42	ELIQUIS.....	9
DEMSEK.....	40	DILANTIN.....	43	ELITEK.....	10
DENAVIR.....	58	DILANTIN EXTENDED.....	43	<i>elixophyllin</i>	53
DEPEN TITRATABS.....	42	DILANTIN INFATABS.....	43	ELLENCE.....	10
DEPO-ESTRADIOL.....	60	DILANTIN-125.....	43	ELMIRON.....	41
DEPO-MEDROL.....	33	DILAUDID.....	47	EMADINE.....	23
DEPO-PROVERA.....	60	<i>diltiazem hcl</i>	17, 29	EMBEDA.....	47
DEPO-SUBQ PROVERA 104.....	61	<i>dilt-xr</i>	17	EMCYT.....	12
DEPO-TESTOSTERONE.....	34	DIPENTUM.....	27	EMEND.....	25
<i>desipramine</i>	49	<i>diphenhydramine hcl</i>	29	<i>emoquette</i>	58
<i>desloratadine</i>	21	<i>dipyridamole</i>	8	EMPLICITI.....	10
<i>desmopressin</i>	41	<i>disopyramide phosphate</i>	15	EMSAM.....	49
<i>desog-e.estradiol/e.estradiol</i>	58	<i>disulfiram</i>	48	EMTRIVA.....	5
<i>desonide</i>	56	<i>divalproex</i>	43	ENABLEX.....	42
<i>desoximetasone</i>	56	DIVIGEL.....	61	<i>enalapril maleate</i>	14
DESOXYN.....	48	DOCEFREZ.....	10	<i>enalapril-hydrochlorothiazide</i>	16
<i>desvenlafaxine</i>	49	<i>docetaxel</i>	10	ENBREL.....	45
<i>dexamethasone</i>	33	<i>donepezil</i>	42	ENBREL SURECLICK.....	45
<i>dexamethasone intensol</i>	33	DORIBAX.....	29	<i>endocet</i>	47
<i>dexamethasone sodium phos (pf)</i>	29	<i>dorzolamide</i>	25	ENGERIX-B (PF).....	35
<i>dexamethasone sodium phosphate</i>	24, 29	<i>dorzolamide-timolol</i>	25	ENGERIX-B PEDIATRIC (PF).....	35
DEXEDRINE SPANSULE.....	48	<i>doxazosin</i>	14	ENJUVA.....	61
DEXILANT.....	27	<i>doxepin</i>	49	<i>enoxaparin</i>	9
<i>dexmethylphenidate</i>	48	<i>doxercalciferol</i>	39	<i>entacapone</i>	43
<i>dexpak 13 day</i>	33	<i>doxorubicin</i>	10	<i>entecavir</i>	5
<i>dexrazoxane hcl</i>	10	<i>doxorubicin, peg-liposomal</i>	10	ENTRESTO.....	16
<i>dextroamphetamine</i>	48	DOXY-100.....	29	<i>enulose</i>	26
<i>dextroamphetamine-amphetamine</i>	48	<i>doxycycline hyclate</i>	8	ENVARUSUS XR.....	37
<i>dextrose 10 % and 0.2 % nacl</i>	31	<i>doxycycline monohydrate</i>	8	EPANED.....	14
<i>dextrose 10 % in water (d10w)</i>	31	<i>dronabinol</i>	25	<i>epinastine</i>	23
<i>dextrose 5 % in water (d5w)</i>	31	<i>drosiprone-ethinyl estradiol</i>	58	<i>epinephrine</i>	37
<i>dextrose 5 %-lactated ringers</i>	31	DROXIA.....	12	EPIPEN 2-PAK.....	37
<i>dextrose 5%-0.2 % sod chloride</i>	31	DUAVEE.....	61	EPIPEN JR 2-PAK.....	37
<i>dextrose 5%-0.3 % sod.chloride</i>	31	<i>duloxetine</i>	49	<i>epirubicin</i>	10
<i>diazepam</i>	43	DULOXETINE.....	49	<i>epitol</i>	43
<i>diazepam intensol</i>	43	DUOPA.....	43	EPIVIR.....	5
DIBENZYLINE.....	40	<i>duramorph (pf)</i>	29	<i>eplerenone</i>	17
<i>diclofenac potassium</i>	46	DUREZOL.....	24	EPOGEN.....	8
<i>diclofenac sodium</i>	24, 45, 46, 57	<i>dutasteride</i>	41	<i>epoprostenol (glycine)</i>	54
<i>diclofenac-misoprostol</i>	46	<i>dutasteride-tamsulosin</i>	41	<i>eprosartan</i>	15
<i>dicloxacillin</i>	7	DUTOPROL.....	16	EPZICOM.....	5
<i>dicyclomine</i>	26	DYSPORT.....	37	EQUETRO.....	49
<i>didanosine</i>	5	<i>e.e.s. 400</i>	7	ERAXIS(WATER DILUENT).....	29
<i>diethylpropion</i>	22	E.E.S. GRANULES.....	7	ERBITUX.....	10
DIFFERIN.....	55	<i>econazole</i>	56	<i>ergocalciferol (vitamin d2)</i>	22
		EDECIN.....	17	<i>ergoloid</i>	42
		EDEX.....	22	ERIVEDGE.....	12
		EDURANT.....	5	<i>errin</i>	59
		EFFIENT.....	8	ERTACZO.....	56
		EGRIFTA.....	38		

ERWINAZE	10	<i>fenofibrate micronized</i>	18	FRAGMIN	9
<i>ery pads</i>	55	<i>fenofibrate nanocrystallized</i>	18	FREAMINE HBC 6.9 %	33
<i>eryped 200</i>	7	<i>fenofibric acid</i>	18	<i>furosemide</i>	17
<i>eryped 400</i>	7	<i>fenofibric acid (choline)</i>	18	FUSILEV	14
ERY-TAB	7	<i>fenoprofen</i>	46	FUZEON	5
ERYTHROCIN	29	<i>fentanyl</i>	47	FYCOMPA	44
<i>erythrocin (as stearate)</i>	7	<i>fentanyl citrate</i>	47	<i>gabapentin</i>	44
<i>erythromycin</i>	7, 23	FENTORA	47	GABITRIL	44
<i>erythromycin ethylsuccinate</i>	7	FERRIPROX	38	<i>galantamine</i>	42
<i>erythromycin with ethanol</i>	55	FETZIMA	50	GAMASTAN S/D	35
<i>erythromycin-benzoyl peroxide</i>	55	FINACEA	54	GAMMAGARD LIQUID	35
ESBRIET	53	<i>finasteride</i>	41	GAMMAKED	35
<i>escitalopram oxalate</i>	49	FIRAZYR	39	GAMMAPLEX	35
<i>esomeprazole magnesium</i>	27	FIRMAGON KIT W DILUENT		GAMUNEX-C	36
<i>esomeprazole sodium</i>	29	SYRINGE	34	<i>ganciclovir sodium</i>	10
<i>estazolam</i>	50	FLAREX	24	GARAMYCIN	23
ESTRACE	61	<i>flavoxate</i>	42	GARDASIL (PF)	36
<i>estradiol</i>	61	FLEBOGAMMA DIF	35	GARDASIL 9 (PF)	36
<i>estradiol valerate</i>	61	<i>flecainide</i>	15	<i>gatifloxacin</i>	23
<i>estradiol-norethindrone acet</i>	59	FLOLAN	54	GATTEX ONE-VIAL	26
ESTRING	61	FLOVENT DISKUS	53	<i>gauze pad</i>	19
<i>estropipate</i>	61	FLOVENT HFA	53	GELNIQUE	42
<i>eszopiclone</i>	50	<i>fluconazole</i>	3	<i>gemcitabine</i>	10
<i>ethambutol</i>	7	<i>fluconazole in dextrose(iso-o)</i>	29	<i>gemfibrozil</i>	18
<i>ethosuximide</i>	44	<i>flucytosine</i>	3	GENERESS FE	59
<i>etidronate disodium</i>	40	<i>fludarabine</i>	10	<i>generlac</i>	26
<i>etodolac</i>	46	<i>fludrocortisone</i>	34	<i>gengraf</i>	37
ETOPOPHOS	10	<i>flunisolide</i>	21	GENOTROPIN	38
<i>etoposide</i>	10	<i>fluocinolone</i>	56	GENOTROPIN MINIQUICK	38
EURAX	57	<i>fluocinolone acetonide oil</i>	21	<i>gentak</i>	23
EVAMIST	61	<i>fluocinonide</i>	56	<i>gentamicin</i>	23, 29, 55
EVOCLIN	55	<i>fluocinonide-e</i>	56	<i>gentamicin in nacl (iso-osm)</i>	29
EVOTAZ	5	<i>fluorometholone</i>	24	<i>gentamicin sulfate (ped) (pf)</i>	29
EVZIO	51	FLUOROPLEX	57	<i>gentamicin sulfate (pf)</i>	30
EXELDERM	56	<i>fluorouracil</i>	10, 57	GENVOYA	5
EXELON	42	<i>fluoxetine</i>	50	GEODON	51
<i>exemestane</i>	12	<i>fluphenazine decanoate</i>	51	<i>gildagia</i>	59
EXJADE	38	<i>fluphenazine hcl</i>	51	<i>gildess 1.5/30 (21)</i>	59
EXTAVIA	40	<i>flurazepam</i>	50	<i>gildess 24 fe</i>	59
FABIOR	55	<i>flurbiprofen</i>	46	GILENYA	40
FABRAZYME	38	<i>flurbiprofen sodium</i>	24	GILOTRIF	12
<i>falmina (28)</i>	59	<i>flutamide</i>	12	GLASSIA	54
<i>famciclovir</i>	5	<i>fluticasone</i>	21, 56	GLEEVEC	12
<i>famotidine</i>	27	<i>fluvastatin</i>	18	GLEOSTINE	12
FANAPT	51	<i>fluvoxamine</i>	50	<i>glimepiride</i>	20
FARESTON	12	FML FORTE	24	<i>glipizide</i>	20
FARXIGA	20	FML S.O.P.	24	<i>glipizide-metformin</i>	20
FARYDAK	12	FOCALIN XR	48	GLUCAGEN HYPOKIT	19
FASLODEX	10	<i>folic acid</i>	22	GLUCAGON EMERGENCY KIT	
FAZACLO	51	<i>fondaparinux</i>	9	(HUMAN)	19
<i>felbamate</i>	44	FORADIL AEROLIZER	53	<i>glyburide</i>	20
<i>felodipine</i>	17	FORTEO	61	<i>glyburide micronized</i>	20
FEMHRT LOW DOSE	61	<i>fosinopril</i>	14	<i>glyburide-metformin</i>	20
FEMRING	61	<i>fosinopril-hydrochlorothiazide</i>	16	<i>glycopyrrolate</i>	26
<i>fenofibrate</i>	18	FOSRENOL	41	GLYXAMBI	20

<i>granisetron (pf)</i>	30	<i>hydrocortisone butyr-emollient</i> ..	56	IRENKA	50
<i>granisetron hcl</i>	25, 30	<i>hydrocortisone valerate</i>	56	IRESSA	12
GRANIX	8	<i>hydrocortisone-acetic acid</i>	21	<i>irinotecan</i>	10
GRASTEK	54	<i>hydromorphone</i>	47	ISENTRESS	5
<i>griseofulvin microsize</i>	3	<i>hydroxychloroquine</i>	4	ISOLYTE-P IN 5 % DEXTROSE	
<i>griseofulvin ultramicrosize</i>	3	<i>hydroxyurea</i>	12	.....	31
<i>guanfacine</i>	49	<i>hydroxyzine hcl</i>	21	ISOLYTE-S	31
<i>guanidine</i>	40	<i>hydroxyzine pamoate</i>	21	<i>isoniazid</i>	7, 30
GYNAZOLE-1	62	HYPERRAB S/D (PF)	36	<i>isosorbide dinitrate</i>	14
HALAVEN	10	HYSINGLA ER	47	<i>isosorbide mononitrate</i>	14
<i>halobetasol propionate</i>	56	<i>ibandronate</i>	61	<i>isradipine</i>	17
HALOG	56	IBRANCE	12	ISTODAX	10
<i>haloperidol</i>	51	<i>ibuprofen</i>	46	<i>itraconazole</i>	3
<i>haloperidol decanoate</i>	51	<i>ibuprofen-oxycodone</i>	47	<i>ivermectin</i>	3
<i>haloperidol lactate</i>	51	ICLUSIG	12	IXEMPRAS	10
HARVONI	5	<i>idarubicin</i>	10	IXIARO (PF)	36
HAVRIX (PF)	36	<i>ifosfamide</i>	10	JADENU	38
<i>heparin (porcine)</i>	30	ILARIS (PF)	38	JAKAFI	12
HEPATAMINE 8%	33	ILEVRO	24	JALYN	41
HERCEPTIN	10	IMBRUVICA	12	<i>jantoven</i>	9
HETLIOZ	50	<i>imipenem-cilastatin</i>	30	JANUMET	20
HEXALEN	12	<i>imipramine hcl</i>	50	JANUMET XR	20
HORIZANT	44	<i>imipramine pamoate</i>	50	JANUVIA	20
HUMALOG	19	<i>imiquimod</i>	58	JENTADUETO	20
HUMALOG KWIKPEN	19	IMOVAX RABIES VACCINE		JEVTANA	10
HUMALOG MIX 50-50	19	(PF)	36	<i>jinteli</i>	59
HUMALOG MIX 50-50		INCRELEX	38	<i>junel 1.5/30 (21)</i>	59
KWIKPEN	19	<i>indapamide</i>	18	<i>junel 1/20 (21)</i>	59
HUMALOG MIX 75-25	19	INDOCIN	46	<i>junel fe 1.5/30 (28)</i>	59
HUMALOG MIX 75-25		<i>indomethacin</i>	46	<i>junel fe 1/20 (28)</i>	59
KWIKPEN	19	INFANRIX (DTAP) (PF)	36	<i>junel fe 24</i>	59
HUMATROPE	38	INLYTA	12	JUXTAPID	18
HUMIRA	45	INSULIN SYRINGE-NEEDLE		KADCYLA	11
HUMIRA PEDIATRIC CROHN'S		U-100	19	KALETRA	5
START	45	<i>insulin syringe-needle u-100</i>	19	KALYDECO	38
HUMIRA PEN	45	INTELENCE	5	KAPVAY	49
HUMIRA PEN CROHN'S-UC-HS		INTRALIPID	33	<i>kariva (28)</i>	59
START	45	INTRON A	5	<i>kelnor 1/35 (28)</i>	59
HUMULIN 70/30	19	<i>introvale</i>	59	KENALOG	56
HUMULIN N	19	INVANZ	30	KETEK	7
HUMULIN R	20	INVEGA	51	<i>ketoconazole</i>	3, 56
HUMULIN R U-500		INVEGA SUSTENNA	51	<i>ketoprofen</i>	46
(CONCENTRATED)	20	INVEGA TRINZA	51	<i>ketorolac</i>	24
HYCAMTIN	12	INVIRASE	5	KEYTRUDA	11
<i>hydralazine</i>	19	INVOKAMET	20	KHEDEZLA	50
<i>hydrochlorothiazide</i>	17	INVOKANA	20	KINERET	45
<i>hydrocodone-acetaminophen</i>	47	IONOSOL-B IN D5W	31	<i>kionex</i>	41
<i>hydrocodone-chlorpheniramine</i>		IONOSOL-MB IN D5W	31	<i>klor-con 10</i>	19
.....	22	IOPIDINE	25	<i>klor-con 8</i>	19
<i>hydrocodone-cpm-pseudoephed</i>		IPOL	36	KLOR-CON M15	19
.....	22	<i>ipratropium bromide</i>	21, 53	<i>klor-con m20</i>	19
<i>hydrocodone-homatropine</i>	22	<i>ipratropium-albuterol</i>	53	<i>klor-con sprinkle</i>	19
<i>hydrocodone-ibuprofen</i>	47	<i>irbesartan</i>	15	KORLYM	38
<i>hydrocortisone</i>	27, 34, 56	<i>irbesartan-hydrochlorothiazide</i>		KRISTALOSE	26
<i>hydrocortisone butyrate</i>	56	.....	16	K-TAB	19

KUVAN	40	LINCOCIN	30	MENOMUNE - A/C/Y/W-135	
KYNAMRO	18	<i>lincomycin</i>	30	(PF)	36
<i>l norgest/e.estradiol-e.estrad</i>	59	<i>lindane</i>	57	MENOSTAR	61
<i>labetalol</i>	16, 30	<i>linezolid</i>	3, 30	MENTAX	56
<i>lactated ringers</i>	30	LINZESS	28	MENVEO A-C-Y-W-135-DIP	
<i>lactulose</i>	26	<i>liothyronine</i>	35	(PF)	36
LAMISIL	3	<i>lisinopril</i>	14	MEPHYTON	22
<i>lamivudine</i>	5	<i>lisinopril-hydrochlorothiazide</i>	16	<i>mercaptopurine</i>	13
<i>lamivudine-zidovudine</i>	5	<i>lithium carbonate</i>	49	<i>meropenem</i>	30
<i>lamotrigine</i>	44	<i>lithium citrate</i>	49	<i>mesalamine with cleansing wipe</i>	
<i>lancets</i>	19	LO LOESTRIN FE	59		28
LANOXIN	15	LONSURF	12	<i>mesna</i>	14
<i>lansoprazole</i>	27	<i>loperamide</i>	26	MESNEX	14
LANTUS	20	<i>lopreeza</i>	59	MESTINON	40
LANTUS SOLOSTAR	20	<i>lorazepam</i>	48	MESTINON TIMESPAN	40
<i>larin 1.5/30 (21)</i>	59	<i>lorazepam intensol</i>	48	METADATE CD	49
<i>larin 1/20 (21)</i>	59	<i>losartan</i>	15	METADATE ER	49
<i>larin fe 1.5/30 (28)</i>	59	<i>losartan-hydrochlorothiazide</i>	16	<i>metaproterenol</i>	53
<i>larin fe 1/20 (28)</i>	59	LOTEMAX	24	<i>metformin</i>	20
LASTACAFT	23	<i>lovastatin</i>	18	<i>methadone</i>	30, 47
<i>latanoprost</i>	25	<i>loxapine succinate</i>	51	<i>methamphetamine</i>	49
LATUDA	51	LUMIGAN	25	<i>methazolamide</i>	25
LAZANDA	47	LUMIZYME	39	<i>methenamine hippurate</i>	3
<i>leflunomide</i>	45	LUPRON DEPOT	34	<i>methimazole</i>	35
LENVIMA	12	LUPRON DEPOT (3 MONTH)		METHITEST	34
<i>lessina</i>	59		34	<i>methotrexate sodium</i>	45
LETAIRIS	54	LUPRON DEPOT (4 MONTH)		<i>methotrexate sodium (pf)</i>	30
<i>letrozole</i>	12		34	<i>methoxsalen rapid</i>	57
<i>leucovorin calcium</i>	14	LUPRON DEPOT (6 MONTH)		<i>methscopolamine</i>	27
LEUKERAN	12		34	<i>methyclothiazide</i>	18
LEUKINE	8	LUPRON DEPOT-PED	34	<i>methylergonovine</i>	61
<i>leuprolide</i>	11	LYNPARZA	12	METHYLIN	49
<i>levalbuterol hcl</i>	53	LYRICA	44	<i>methylphenidate</i>	49
<i>levetiracetam</i>	44	LYSODREN	12	<i>methylprednisolone</i>	34
<i>levetiracetam in nacl (iso-os)</i>	30	<i>magnesium sulfate</i>	31	<i>methylprednisolone acetate</i>	34
LEVITRA	22	<i>malathion</i>	57	<i>methylprednisolone sodium succ</i>	
<i>levobunolol</i>	25	<i>maprotiline</i>	50		34
<i>levocarnitine</i>	26, 30	<i>marlissa</i>	59	<i>methyltestosterone</i>	34
<i>levocarnitine (with sugar)</i>	26	MARPLAN	50	<i>metipranolol</i>	25
<i>levocetirizine</i>	21	MATULANE	12	<i>metoclopramide hcl</i>	26, 30
<i>levofloxacin</i>	8, 23, 30	<i>matzim la</i>	17	<i>metolazone</i>	18
<i>levofloxacin in d5w</i>	30	MAXIDEX	24	<i>metoprolol succinate</i>	16
LEVOLEUCOVORIN CALCIUM		<i>meclizine</i>	25	<i>metoprolol ta-hydrochlorothiaz</i>	
	14	<i>meclofenamate</i>	46		16
<i>levonest (28)</i>	59	MEDROL	34	<i>metoprolol tartrate</i>	16, 30
<i>levonorgestrel-ethinyl estrad</i>	59	<i>medroxyprogesterone</i>	61	<i>metronidazole</i>	3, 54, 62
<i>levora-28</i>	59	<i>mefenamic acid</i>	46	<i>metronidazole in nacl (iso-os)</i>	30
<i>levorphanol tartrate</i>	47	<i>mefloquine</i>	4	<i>mexiletine</i>	15
<i>levothyroxine</i>	30, 35	<i>megestrol</i>	13, 26	MIACALCIN	61
<i>levoxyl</i>	35	MEKINIST	13	<i>miconazole-3</i>	62
LEXIVA	5	<i>meloxicam</i>	46	<i>microgestin 1.5/30 (21)</i>	59
LIALDA	28	<i>melphalan hcl</i>	11	<i>microgestin 1/20 (21)</i>	59
<i>lidocaine</i>	57	<i>memantine</i>	42	<i>microgestin fe 1.5/30 (28)</i>	59
<i>lidocaine hcl</i>	57	MENACTRA (PF)	36	<i>microgestin fe 1/20 (28)</i>	59
<i>lidocaine-prilocaine</i>	57	MENEST	61	<i>midodrine</i>	37

MIGERGOT	42	NATACYN	25	NORMOSOL-R IN 5 %	
MIGRANAL	42	<i>nateglinide</i>	20	DEXTROSE	32
MILLIPRED	34	NATPARA	39	NORMOSOL-R PH 7.4	32
MINASTRIN 24 FE	59	NEBUPENT	4	NORPACE CR	15
<i>minocycline</i>	8	<i>necon 0.5/35 (28)</i>	59	NORTHERA	17
<i>minoxidil</i>	19	<i>necon 1/35 (28)</i>	59	<i>nortrel 0.5/35 (28)</i>	60
MIRCERA	8	NECON 10/11 (28)	59	<i>nortrel 1/35 (21)</i>	60
<i>mirtazapine</i>	50	<i>necon 7/7/7 (28)</i>	59	<i>nortrel 1/35 (28)</i>	60
<i>misoprostol</i>	27	<i>nefazodone</i>	50	<i>nortrel 7/7/7 (28)</i>	60
<i>mitomycin</i>	11	<i>neomycin</i>	4	<i>nortriptyline</i>	50
<i>mitoxantrone</i>	11	<i>neomycin-bacitracin-poly-hc</i>	23	NORVIR	5
M-M-R II (PF)	36	<i>neomycin-bacitracin-polymyxin</i>		NOXAFIL	3
<i>modafinil</i>	51		23	NUEDEXTA	43
<i>moexipril</i>	14	<i>neomycin-polymyxin b gu</i>	57	NULOJIX	37
<i>moexipril-hydrochlorothiazide</i>	16	<i>neomycin-polymyxin b-dexameth</i>		NUTRILIPID	33
<i>molindone</i>	51		24	NUTROPIN AQ	39
<i>mometasone</i>	56	<i>neomycin-polymyxin-gramicidin</i>		NUTROPIN AQ NUSPIN	39
<i>montelukast</i>	53		24	NUVARING	60
MONUROL	3	<i>neomycin-polymyxin-hc</i>	23, 24	NUVESSA	62
<i>morphine</i>	30, 47	NEPHRAMINE 5.4 %	33	NUVIGIL	51
<i>morphine concentrate</i>	47	NEULASTA	8	<i>nyamyc</i>	56
MOVIPREP	26	NEUPOGEN	8	<i>nystatin</i>	3, 56
MOXEZA	23	NEUPRO	43	<i>nystatin-triamcinolone</i>	56
<i>moxifloxacin</i>	8	NEVANAC	24	<i>nystop</i>	57
<i>moxifloxacin-sod.ace,sul-water</i>		<i>nevirapine</i>	5	OCTAGAM	36
	30	NEXAVAR	13	<i>octreotide acetate</i>	37
MOZOBIL	8	<i>niacin</i>	18	ODOMZO	13
MULTAQ	15	<i>niacor</i>	18	OFEV	53
<i>mupirocin</i>	55	<i>nicardipine</i>	17	<i>ofloxacin</i>	8, 21, 23
<i>mupirocin calcium</i>	55	NICOTROL	41	<i>olanzapine</i>	51
MUSE	22	NICOTROL NS	41	<i>olanzapine-fluoxetine</i>	49
MUSTARGEN	11	<i>nifedical xl</i>	17	<i>olopatadine</i>	21, 23
MYCAMINE	30	<i>nifedipine</i>	17	<i>omega-3 acid ethyl esters</i>	18
<i>mycophenolate mofetil</i>	37	<i>nikki (28)</i>	60	<i>omeprazole</i>	27
<i>mycophenolate sodium</i>	37	NILANDRON	13	<i>omeprazole-sodium bicarbonate</i>	
MYLERAN	13	<i>nimodipine</i>	17		27
MYOZYME	41	NINLARO	13	OMNITROPE	39
MYRBETRIQ	42	<i>nisoldipine</i>	17	ONCASPAR	11
<i>nabumetone</i>	46	NITRO-BID	14	<i>ondansetron</i>	26
<i>nadolol</i>	16	<i>nitrofurantoin macrocrystal</i>	4	<i>ondansetron hcl</i>	26
<i>nadolol-bendroflumethiazide</i>	16	<i>nitrofurantoin monohyd/m-cryst</i>	4	<i>ondansetron hcl (pf)</i>	30
<i>nafcillin</i>	30	<i>nitroglycerin</i>	14	ONETOUCH ULTRA TEST	19
<i>nafcillin in dextrose iso-osm</i>	30	NITROMIST	14	ONETOUCH VERIO	19
<i>naftifine</i>	56	NITROSTAT	14	ONFI	44
NAFTIN	56	<i>nizatidine</i>	27	OPDIVO	11
NAGLAZYME	39	NORDITROPIN FLEXP	39	OPSUMIT	54
<i>naloxone</i>	51	<i>noreth-ethinyl estradiol-iron</i>	60	ORAP	51
<i>naltrexone</i>	48	<i>norethindrone acetate</i>	61	ORAPRED ODT	34
NAMENDA XR	42	<i>norethindrone ac-eth estradiol</i>	60	ORBACTIV	30
<i>naphazoline</i>	23	<i>norethindrone-e.estradiol-iron</i>	60	ORENCIA	45
<i>naproxen</i>	46	NORITATE	54	ORENCIA (WITH MALTOSE)	
<i>naproxen sodium</i>	46	<i>norlyroc</i>	60		45
<i>naratriptan</i>	42	NORMOSOL-M IN 5 %		ORENITRAM	54
NASCOBAL	22	DEXTROSE	32	ORFADIN	39
NASONEX	21			ORKAMBI	38

<i>orsythia</i>	60	<i>perphenazine</i>	51	<i>pravastatin</i>	18
ORTHO TRI-CYCLEN (28).....	60	<i>perphenazine-amitriptyline</i>	52	<i>prazosin</i>	14
OSMOPREP.....	26	PERTZYE.....	26	PRED MILD.....	24
OTEZLA.....	57	PEXEVA.....	50	PRED-G.....	24
OTEZLA STARTER.....	57	<i>phendimetrazine tartrate</i>	22	PRED-G S.O.P.....	24
OTREXUP (PF).....	45	<i>phenelzine</i>	50	<i>prednicarbate</i>	56
<i>oxacillin</i>	30	<i>phenobarbital</i>	44	<i>prednisolone acetate</i>	24
<i>oxacillin in dextrose(iso-osm)</i>	30	<i>phenoxybenzamine</i>	40	<i>prednisolone sodium phosphate</i>	34
<i>oxaliplatin</i>	11	<i>phentermine</i>	22	<i>prednisone</i>	34
<i>oxandrolone</i>	34	<i>phenytoin</i>	44	PREDNISON INTENSOL.....	34
<i>oxaprozin</i>	46	<i>phenytoin sodium</i>	44	PREMARIN.....	61
<i>oxazepam</i>	48	<i>phenytoin sodium extended</i>	44	PREMASOL 10 %.....	33
<i>oxcarbazepine</i>	44	PHOSLYRA.....	41	PREMASOL 6 %.....	33
OXISTAT.....	57	PHOSPHOLINE IODIDE.....	25	PREMPHASE.....	61
OXTELLAR XR.....	44	<i>phytonadione (vitamin k1)</i>	22	PREMPRO.....	61
<i>oxybutynin chloride</i>	42	PICATO.....	57	<i>prenatal vitamin plus low iron</i>	62
<i>oxycodone</i>	47, 48	<i>pilocarpine hcl</i>	21, 25	PREVALITE.....	18
<i>oxycodone-acetaminophen</i>	48	<i>pimozide</i>	52	PREVNAR 13 (PF).....	36
<i>oxycodone-aspirin</i>	48	<i>pindolol</i>	16	PREZCOBIX.....	5
OXYCONTIN.....	48	<i>pioglitazone</i>	20	PREZISTA.....	5
<i>oxymorphone</i>	48	<i>pioglitazone-glimepiride</i>	20	PRIFTIN.....	7
<i>paclitaxel</i>	11	<i>pioglitazone-metformin</i>	20	<i>primaquine</i>	4
<i>paliperidone</i>	51	<i>piperacillin-tazobactam</i>	31	<i>primidone</i>	44
<i>pamidronate</i>	61	<i>piroxicam</i>	46	PRIMSOL.....	4
PANCREAZE.....	26	PLASMA-LYTE 148.....	32	PRISTIQ.....	50
PANDEL.....	56	PLASMA-LYTE A.....	32	PRIVIGEN.....	36
PANRETIN.....	57	PLASMA-LYTE-56 IN 5 %	32	PROAIR HFA.....	53
<i>pantoprazole</i>	27	DEXTROSE.....	32	PROAIR RESPICLICK.....	53
<i>paricalcitol</i>	39	PLEGRIDY.....	40	<i>probenecid</i>	46
<i>paromomycin</i>	4	PNEUMOVAX 23.....	36	PROCALAMINE 3%.....	33
<i>paroxetine hcl</i>	50	<i>podofilox</i>	58	<i>prochlorperazine</i>	26
PASER.....	7	<i>polyethylene glycol 3350</i>	27	<i>prochlorperazine edisylate</i>	31
PAXIL.....	50	<i>polymyxin b sulfate</i>	31	<i>prochlorperazine maleate</i>	26
PCE.....	7	<i>polymyxin b sulf-trimethoprim</i>	23	PROCRIT.....	8
PEDVAX HIB (PF).....	36	POMALYST.....	13	<i>procto-pak</i>	57
<i>peg 3350-electrolytes</i>	26	<i>portia</i>	60	<i>proctosol hc</i>	57
<i>peg-3350 with flavor packs</i>	26	<i>potassium chlorid-d5-0.45%nacl</i>	32	<i>proctozone-hc</i>	57
PEGANONE.....	44	<i>potassium chloride</i>	19, 32	<i>progesterone micronized</i>	61
PEGASYS.....	5	<i>potassium chloride in 0.9%nacl</i>	32	PROGLYCEM.....	19
PEGASYS PROCLICK.....	5	<i>potassium chloride in 5 % dex</i>	32	PROGRAF.....	31
<i>peg-electrolyte soln</i>	27	<i>potassium chloride in 1r-d5</i>	32	PROLASTIN-C.....	54
PEGINTRON.....	5	<i>potassium chloride-0.45 % nacl</i>	32	PROLENSA.....	24
PEGINTRON REDIPEN.....	5	<i>potassium chloride-d5-0.2%nacl</i>	32	PROLEUKIN.....	11
<i>penicillin g pot in dextrose</i>	30	<i>potassium chloride-d5-0.3%nacl</i>	32	PROLIA.....	61
<i>penicillin g potassium</i>	30	<i>potassium chloride-d5-0.9%nacl</i>	32	PROMACTA.....	9
<i>penicillin g sodium</i>	30	<i>potassium chloride-d5-0.9%nacl</i>	32	<i>promethazine</i>	26, 31
<i>penicillin v potassium</i>	7	<i>potassium citrate</i>	42	<i>promethazine vc-codeine</i>	22
PENTAM.....	4	POTIGA.....	44	<i>promethazine-codeine</i>	22
PENTASA.....	28	PRADAXA.....	9	<i>promethazine-dm</i>	22
<i>pentoxifylline</i>	9	<i>pramipexole</i>	43	<i>promethazine-phenyleph-codeine</i>	22
PERFOROMIST.....	53			<i>propafenone</i>	15
<i>perindopril erbumine</i>	14			<i>propranetheline</i>	27
<i>perio gard</i>	21			<i>proparacaine</i>	25
PERJETA.....	11				
<i>permethrin</i>	57				

<i>propranolol</i>	17	<i>reserpine</i>	17	<i>sertraline</i>	50
<i>propranolol-hydrochlorothiazid</i>	16	RESTASIS.....	25	SFROWASA.....	28
<i>propylthiouracil</i>	35	RETIN-A.....	55	<i>sharobel</i>	60
PROQUAD (PF).....	36	RETIN-A MICRO.....	55	SIGNIFOR.....	38
PROSOL 20 %.....	33	RETROVIR.....	31	SIGNIFOR LAR.....	37
<i>protriptyline</i>	50	REVATIO.....	54	<i>sildenafil</i>	54
PROVENTIL HFA.....	53	REVLIMID.....	13	SILENOR.....	50
<i>pradoxin</i>	58	REXULTI.....	52	<i>silver sulfadiazine</i>	55
PULMICORT.....	53	REYATAZ.....	5	SIMBRINZA.....	25
PULMICORT FLEXHALER.....	53	<i>ribasphere</i>	5	SIMCOR.....	18
PULMOZYME.....	38	<i>ribasphere ribapak</i>	5	SIMPONI.....	45, 46
PURIXAN.....	13	<i>ribavirin</i>	6	SIMPONI ARIA.....	45
PYLERA.....	27	RIDAURA.....	45	SIMULECT.....	37
<i>pyrazinamide</i>	7	<i>rifabutin</i>	7	<i>simvastatin</i>	18
<i>pyridostigmine bromide</i>	40	RIFAMATE.....	7	<i>sirolimus</i>	37
QSYMIA.....	22	<i>rifampin</i>	7, 31	SIRTURO.....	7
QUADRACEL (PF).....	36	RIFATER.....	7	SIVEXTRO.....	4, 31
<i>quasense</i>	60	<i>riluzole</i>	37	SKLICE.....	57
QUDEXY XR.....	44	<i>rimantadine</i>	6	<i>sodium chloride</i>	58
<i>quetiapine</i>	52	<i>ringers</i>	32	<i>sodium chloride 0.45 %</i>	32
QUILLIVANT XR.....	49	RIOMET.....	20	<i>sodium chloride 0.9 %</i>	32
<i>quinapril</i>	14	<i>risedronate</i>	61	<i>sodium chloride 3 %</i>	32
<i>quinapril-hydrochlorothiazide</i>	16	RISPERDAL CONSTA.....	49	<i>sodium chloride 5 %</i>	32
<i>quinidine gluconate</i>	15	<i>risperidone</i>	49	<i>sodium lactate</i>	32
<i>quinidine sulfate</i>	15	RITUXAN.....	11	<i>sodium polystyrene (sorb free)</i>	41
<i>quinine sulfate</i>	4	<i>rivastigmine</i>	42	SOLTAMOX.....	13
QVAR.....	53	<i>rivastigmine tartrate</i>	42	SOLU-CORTEF.....	34
RABAVERT (PF).....	36	<i>rizatriptan</i>	42	SOLU-CORTEF (PF).....	34
<i>rabeprazole</i>	27	<i>ropinirole</i>	43	SOLU-MEDROL.....	34
RAGWITEK.....	54	ROTARIX.....	36	SOLU-MEDROL (PF).....	34
<i>raloxifene</i>	61	ROTATEQ VACCINE.....	36	SOMATULINE DEPOT.....	37
<i>ramipril</i>	14	ROZEREM.....	50	SOMAVERT.....	37
RANEXA.....	14	RUCONEST.....	39	SOOLANTRA.....	54
<i>ranitidine hcl</i>	27, 31	RYTARY.....	43	<i>sorine</i>	15
RAPAMUNE.....	37	SABRIL.....	44	<i>sotalol</i>	15
RAVICTI.....	41	SAFYRAL.....	60	<i>sotalol af</i>	15
REBETOL.....	5	SAIZEN.....	39	SOTYLIZE.....	15
REBIF (WITH ALBUMIN).....	40	SAIZEN CLICK.EASY.....	39	SOVALDI.....	6
REBIF REBIDOSE.....	40	SAMSCA.....	42	SPIRIVA RESPIMAT.....	53
REBIF TITRATION PACK.....	40	SANCUSO.....	26	SPIRIVA WITH HANDIHALER.....	53
RECLAST.....	61	SANDOSTATIN LAR DEPOT.....	37	<i>spironolactone</i>	18
RECOMBIVAX HB (PF).....	36	SANTYL.....	58	<i>spironolacton-hydrochlorothiaz</i>	18
REGRANEX.....	58	SAPHRIS (BLACK CHERRY).....	52	SPRYCEL.....	13
RELENZA DISKHALER.....	5	SAVAYSA.....	9	<i>ssd</i>	55
RELISTOR.....	27	SAVELLA.....	44	<i>stavudine</i>	6
REMICADE.....	45	SAXENDA.....	22	STELARA.....	57
REMODULIN.....	54	<i>selegiline hcl</i>	43	STIMATE.....	9
RENAGEL.....	41	<i>selenium sulfide</i>	58	STIVARGA.....	13
REVELA.....	41	SELZENTRY.....	6	STRATTERA.....	49
<i>repaglinide</i>	20	SENSIPAR.....	39	<i>streptomycin</i>	31
<i>repaglinide-metformin</i>	20	SEREVENT DISKUS.....	53	STRIBILD.....	6
REPATHA SURECLICK.....	18	SEROQUEL XR.....	52	STRIVERDI RESPIMAT.....	53
REPATHA SYRINGE.....	18	SEROSTIM.....	39	STROMECTOL.....	4
RESCRIPTOR.....	5				

SUBOXONE	51	temazepam	50	trandolapril	14
SUBSYS	48	temozolomide	13	trandolapril-verapamil	16
SUCRAID	41	TENIVAC (PF)	36	tranexamic acid	9
sucralfate	27	terazosin	14	TRANSDERM-SCOP	26
sulfacetamide sodium	23	terbinafine hcl	3	tranylcypromine	50
sulfacetamide sodium (acne)	58	terbutaline	53	TRAVASOL 10 %	33
sulfacetamide-prednisolone	23	terconazole	62	TRAVATAN Z	25
sulfadiazine	8	testosterone	34	travoprost (benzalkonium)	25
sulfamethoxazole-trimethoprim	8, 31	testosterone cypionate	34	trazodone	50
SULFAMYLON	58	testosterone enanthate	34	TREANDA	11
sulfasalazine	28	TESTRED	34	TRECATOR	8
sulfazine ec	28	tetanus,diphtheria tox ped(pf)	36	TRELSTAR	35
sulindac	46	tetanus-diphtheria toxoids-td	36	tretinoin	55
sumatriptan	42	tetrabenazine	39	tretinoin (chemotherapy)	13
sumatriptan succinate	42	tetracycline	8	tretinoin microspheres	55
SUPRAX	7	THALOMID	13	TREXALL	46
SUPREP BOWEL PREP KIT	27	theophylline	53	triamcinolone acetonide	21, 56
SURMONTIL	50	thioridazine	52	triamterene-hydrochlorothiazid	
SUSTIVA	6	THIOTEPA	11		18
SUTENT	13	thiothixene	52	TRIANEX	56
SYLATRON	11	THYMOGLOBULIN	37	triazolam	50
SYLVANT	38	THYROLAR-1	35	triderm	56
SYMBICORT	53	THYROLAR-1/2	35	trifluoperazine	52
SYMLINPEN 120	20	THYROLAR-1/4	35	trifluridine	24
SYMLINPEN 60	20	THYROLAR-2	35	trihexyphenidyl	43
SYNAGIS	41	THYROLAR-3	35	trilyte with flavor packets	27
SYNAREL	34	tiagabine	44	trimethoprim	4
SYNERCID	31	TIKOSYN	15	trimipramine	50
SYNRIBO	11	timolol maleate	17, 25	trinessa (28)	60
SYNTHROID	35	tinidazole	4	TRIOSTAT	35
SYPRINE	42	TIROSINT	35	tri-previfem (28)	60
TABLOID	13	TIVICAY	6	TRISENOX	11
tacrolimus	37, 58	tizanidine	45	tri-sprintec (28)	60
TAFINLAR	13	TOBI PODHALER	38	TRIUMEQ	6
TAGRISSE	13	TOBRADEX	23	trivora (28)	60
TAMIFLU	6	TOBRADEX ST	23	TROKENDI XR	44
tamoxifen	13	tobramycin	23	TROPHAMINE 10 %	33
tamsulosin	41	tobramycin in 0.225 % nacl	38	TROPHAMINE 6%	33
TARCEVA	13	tobramycin sulfate	31	trospium	42
TARGRETIN	13, 58	tobramycin-dexamethasone	23	TRULICITY	20
tarina fe 1/20 (28)	60	tolazamide	20	TRUMENBA	36
TASIGNA	13	tolbutamide	21	TRUVADA	6
TASMAR	43	tolcapone	43	TUDORZA PRESSAIR	53
TAZORAC	57	tolmetin	46	TWINRIX (PF)	36
taztia xt	17	tolterodine	42	TYBOST	6
TECFIDERA	40	topiramate	44	TYGACIL	31
TEFLARO	31	topotecan	11	TYKERB	13
TEGRETOL XR	44	TORISEL	11	TYPHIM VI	36
TEKTURNA	17	torseamide	18	TYSABRI	40
TEKTURNA HCT	16	TOUJEO SOLOSTAR	20	TYVASO	54
telmisartan	15	tpn electrolytes	33	TYZEKA	6
telmisartan-amlodipine	16	TRACLEER	54	TYZINE	21
telmisartan-hydrochlorothiazid		TRADJENTA	21	UCERIS	28
	16	tramadol	48	ULESFIA	57
		tramadol-acetaminophen	48	ULORIC	46

<i>unithroid</i>	35	VOLTAREN.....	46	ZONALON.....	58
UROCIT-K 10.....	42	<i>voriconazole</i>	3, 31	<i>zonisamide</i>	44
UROCIT-K 15.....	42	VOTRIENT.....	13	ZONTIVITY.....	8
UROCIT-K 5.....	42	VPRIV.....	38	ZORBTIVE.....	39
<i>ursodiol</i>	27	<i>vyfemla (28)</i>	60	ZORTRESS.....	37
UVADEX.....	11	VYTORIN 10-10.....	18	ZOSTAVAX (PF).....	36
VAGIFEM.....	61	VYTORIN 10-20.....	18	<i>zovia 1/35e (28)</i>	60
<i>valacyclovir</i>	6	VYTORIN 10-40.....	18	<i>zovia 1/50e (28)</i>	60
VALCHLOR.....	58	VYTORIN 10-80.....	18	ZOVIRAX.....	58
VALCYTE.....	6	VYVANSE.....	49	ZUBSOLV.....	51
<i>valganciclovir</i>	6	<i>warfarin</i>	9	ZYDELIG.....	13
<i>valproate sodium</i>	31	<i>water for irrigation, sterile</i>	58	ZYKADIA.....	13
<i>valproic acid</i>	44	WELCHOL.....	18	ZYLET.....	24
<i>valproic acid (as sodium salt)</i>	44	XALKORI.....	13	ZYPREXA.....	52
<i>valsartan</i>	15	XARELTO.....	9	ZYPREXA RELPREVV.....	52
<i>valsartan-hydrochlorothiazide</i>	16	XELJANZ.....	46	ZYTIGA.....	13
<i>vancomycin</i>	4, 31	XENAZINE.....	39	ZYVOX.....	4
<i>vandazole</i>	62	XENICAL.....	22		
VAQTA (PF).....	36	XEOMIN.....	37		
VARIVAX (PF).....	36	XGEVA.....	61		
VARIZIG.....	36	XIFAXAN.....	4		
VASCEPA.....	18	XIGDUO XR.....	21		
VECTIBIX.....	11	XOLAIR.....	54		
VELCADE.....	11	XOPENEX HFA.....	53		
VELETRI.....	54	XTANDI.....	13		
<i>velivet triphasic regimen (28)</i>	60	XYREM.....	51		
VELPHORO.....	41	YERVOY.....	11		
<i>venlafaxine</i>	50	YF-VAX (PF).....	36		
VENTAVIS.....	54	<i>zafirlukast</i>	53		
VENTOLIN HFA.....	53	<i>zaleplon</i>	50		
<i>verapamil</i>	17	ZALTRAP.....	11		
VERIPRED 20.....	34	ZANOSAR.....	11		
VERSACLOZ.....	52	ZARXIO.....	9		
VESICARE.....	42	ZAVESCA.....	38		
VEXOL.....	24	ZELBORAF.....	13		
VIAGRA.....	22	ZEMAIRA.....	54		
VIBRAMYCIN.....	8	ZENCHENT (28).....	60		
VIDEX 2 GRAM PEDIATRIC.....	6	ZENCHENT FE.....	60		
VIGAMOX.....	24	ZENPEP.....	26		
VIIIBRYD.....	50	ZERBAXA.....	31		
VIMPAT.....	44	ZETIA.....	19		
<i>vinblastine</i>	11	ZIAGEN.....	6		
<i>vincasar pfs</i>	11	<i>zidovudine</i>	6		
<i>vincristine</i>	11	ZINECARD (AS HCL).....	14		
<i>vinorelbine</i>	11	ZIOPTAN (PF).....	25		
VIOKACE.....	26	<i>ziprasidone hcl</i>	52		
VIRACEPT.....	6	ZIRGAN.....	24		
VIRAMUNE XR.....	6	ZMAX.....	7		
VIRAZOLE.....	41	<i>zoledronic acid</i>	61		
VIREAD.....	6	<i>zoledronic acid-mannitol-water</i>	61		
VISTIDE.....	31	.....	61		
<i>vitamin d2</i>	22	ZOLINZA.....	13		
VITEKTA.....	6	<i>zolmitriptan</i>	42		
VIVITROL.....	48	<i>zolpidem</i>	50		
VIVOTIF BERNA VACCINE.....	36	ZOMACTON.....	39		

This formulary was updated on January 1, 2016. For more recent information or other questions, please contact us at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.

Or visit tuftsmedicarepreferred.org.

Tufts Health Plan Medicare Preferred is a PDP plan with a Medicare contract. Enrollment in Tufts Health Plan Medicare Preferred depends on contract renewal.

The Formulary may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Relations number at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.

Esta información está disponible gratuitamente en otros idiomas. Sírvase llamar a nuestro número de Servicio al Cliente al 1-800-701-9000 o, para usuarios con problemas auditivos (TTY), al 1-800-208-9562, de lunes a viernes, desde las 8:00 a.m. hasta las 8:00 p.m. (desde el 1 de octubre hasta el 14 de febrero hay representantes disponibles los 7 días de la semana, desde las 8:00 a.m. hasta las 8:00 p.m.). Después del horario de atención y en días feriados, por favor deje un mensaje y un representante le devolverá su llamada el día laborable siguiente.



705 Mount Auburn Street,
Watertown, MA 02472