



An Introduction to Independent Health's Drug Formulary III

The following information applies to small group plans available directly from Independent Health, as well as those offered through the NY State of Health: The Official Health Plan Marketplace – for small businesses through the Small Business Marketplace. Check your summary of benefits to ensure this formulary (Drug Formulary III) is associated with your plan prior to using your prescription drug benefit.

Note: If you are reading a printed version of this drug formulary, content may have been updated since it was last printed. For the most up-to-date information, please visit independenthealth.com.

Independent Health members benefit when their health care providers use the formulary because all medications included are selected due to their effectiveness and safety. Use of a formulary also ensures that premiums are kept to a minimum. The cost of each medication on the formulary is balanced with its effectiveness, which means that medications are not included on the formulary just because they are inexpensive; effectiveness is more important than the price of the medication. If a medication is not capable of achieving the desired effect, then the price of treating an illness or condition increases because other therapies must be used. Likewise, there are expensive medications that have not been proven to be any more effective than less costly alternatives.

Since 1996, all prescriptions for Independent Health members have been written from the formulary in order to qualify for coverage. When health care providers write a prescription for Independent Health members, they consult the formulary and select the medication needed. Occasionally, members need a medication that is not on the formulary. In cases when it is medically necessary for a patient to have a medication that is

not included on the formulary, health care providers are encouraged to request a medical exception from Independent Health's Medical Director. The health care provider will need to complete a medical exception form and fax it to Independent Health's Prior Authorization Department, who will review the details of the case.

Independent Health's three-tiered formulary lets you decide among preferred generic, preferred brand-name and non-preferred brand/generic medications with three different copayment/coinsurance levels:

- The lowest copayment is charged in Tier 1. This tier contains preferred generic medications, certain over-the-counter (OTC) medications and select brand-name medications.
- A higher copayment/coinsurance is charged for those medications in Tier 2. This tier contains non-preferred generic medications and preferred brand-name medications.
- The highest copayment/coinsurance is charged for those medications in Tier 3. This tier contains non-preferred brand-name medications and certain specified medications.
- Brand-name medications with a generic equivalent are considered non-formulary (not covered). To obtain a medication that is non-formulary your health care provider is encouraged to submit a prior authorization request for coverage through the exceptions process. If the request is approved, that particular medication will be covered at your Tier 3 copayment/coinsurance level.

All medications listed on the formulary will be available to you and you will be responsible for payment of the copayment/coinsurance as referenced in this document. You will note on the list that a medication's copayment/coinsurance is assigned to a tier. How this affects your

copayment/coinsurance depends upon what prescription plan you have. Independent Health reserves the right to modify the copay/tier of a particular medication as necessary. For example, when a generic equivalent becomes available for a covered brand-name medication, the brand-name medication becomes non-formulary (not covered) and will be covered only if approved through the medical exception process. The generic equivalent medication will be covered in Tier 1 or Tier 2. Because of this, the actual copayment/coinsurance paid may not match the copayment/coinsurance tier levels as published in this document. To determine which prescription plan you have, please refer to your contract. If you have further questions, you may contact Independent Health's Member Services Department.

Because there are thousands of medications in the marketplace, not all Tier 3 non-preferred medications can be listed here. Independent Health makes every attempt to provide you with as accurate a listing of medications as possible, however the list of medications and availability of generics can change frequently. Since this list was created, some medications may have been added, while others may have been deleted. For an updated version of the formulary please visit our website at independenthealth.com.

Prior-Authorization

Independent Health requires you to get prior authorization for certain medications. To obtain coverage for a medication requiring prior authorization, a prior authorization request for medical exception must be submitted by your health care provider and approved by Independent Health's Medical Director. Medications that require prior authorization are listed with a "PA" in the formulary.

Step Therapy

In some cases, Independent Health requires you to first try certain medications to treat your medical condition before we cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means

that an equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective. Medications that require step therapy are listed with a "ST" in the formulary.

Quantity Limitations

Quantity limitations may apply to certain medications. Some medications are covered up to a specific quantity per 30 or 90 days. Some examples of medications with a quantity limitation are: sumatriptan (generic Imitrex®) and zolpidem tartrate (generic Ambien®). Medications with quantity limitations are listed with a "QL" in the formulary.

Specialty Medications

In order to add value and accessibility in your pharmacy benefits, we offer a specialized prescription medication program for certain specialty medications through Reliance Rx® Specialty Pharmacy. Specialty medications include those that are either self-injectable, require special distribution, handling and/or are at limited supply and certain oral oncology medications. These medications are restricted to designated pharmacies such as Reliance Rx. Reliance Rx specializes in providing high-quality service for complex chronic conditions such as hepatitis, multiple sclerosis, cancer and rheumatoid arthritis.

Along with providing these specialized medications, Reliance Rx also provides a convenient way for you to receive the medication, by arranging delivery at no charge directly to your home. They can also provide you with education on the medication you're taking, refill reminders and even the necessary supplies, if applicable. Specialty medications are listed with an "SP" on the formulary. Reliance Rx can be reached at 1-800-809-4763.

Age Restriction

Some prescription medications are restricted by age due to safety reasons or Food and Drug Administration (FDA) recommended labeling. Medications with an age limit are listed with an "AL" in the formulary.

Maximum Daily Dose (MDD)

Certain medications are dose limited by a maximum daily dose (MDD) as recommended by the Food and Drug Administration (FDA) for safety reasons. Limits may be set by the number of tablets/capsules per day or the total daily dose.

Maintenance Medications

Independent Health allows up to a 90-day supply of certain medications to be filled. Medications eligible to be filled for a maintenance supply are indicated on the formulary. Medications eligible for up to a 90-day supply are listed with an "MO" on the formulary.

Over-the-Counter (OTC) Medications

Certain medications listed in the formulary are available over the counter. A prescription is required for coverage of the OTC products.

Sedative/Hypnotic Medications

Sedative/hypnotic medications are limited for all prescribers except sleep specialists to 14 tablets/capsules per month with a maximum of 3 fills per year (3 fills/365 days).

Tablet Splitting

Tablet splitting is the act of physically cutting a higher strength tablet in half to achieve your prescribed dosage. This provides an identical dose while increasing the number of total doses available. For example, by splitting pills in two, 30 tablets can be transformed into a 60-day supply for the same copayment/coinsurance. Not all medications are good candidates for tablet splitting. We recommend that you speak with your health care provider or pharmacist to see if your medication meets splitting requirements. Please note this is a voluntary program. Tablet splitting is not mandated by your plan. Medications eligible for tablet splitting are listed with an "HT" on the formulary.

Compounded Prescription Medications

Compounded prescriptions (medications that are not commercially manufactured) must be prepared by a participating pharmacy and contain at least one prescription component. The dispensing pharmacy is required to submit for prior approval and when covered the compounded prescription will be available at a Tier 2 copayment/coinsurance. Coverage is provided in accordance with our Compounding Medication Products Policy. Bulk products and powders are excluded from coverage because they are not prescription medication products that are approved under sections 505, 505(j) or 507 of the Federal Food, Drug, and Cosmetic Act.

Diabetic Supplies/Medications

Products listed in this section are a covered benefit based on your plan. Products not listed require prior authorization. Copayments vary by plan.

Accu-Check and OneTouch glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require prior authorization.

The following manufacturers will provide a glucose meter to you with no copayment. Quantities are limited by each manufacturer to one meter per member. Please have your ID number available when you contact the manufacturer:

- Accu-Check Glucose Meters can be obtained by calling Roche Diagnostics at 1-888-744-3671.
- One Touch Glucose Meters can be obtained by calling LifeScan, Inc. at 1-888-377-5227, please reference offer code 289IHA001.

Antibiotic Medications

Antibiotics are generally limited to a 10-day supply with one refill within 15 days after the original fill.

Affordable Care Act (ACA)

Preventive Services

Medications listed on the formulary that are covered as preventive services under the Affordable Care Act may be covered. Certain restrictions may apply.

Lost/Stolen/Damaged Medications

Replacement of any lost, stolen or damaged medications is the responsibility of the member.

Emergency Room Prescriptions

Emergency Room prescriptions are limited to a 10-day supply.

Dental Formulary

Drugs covered on our Dental Formulary are available when prescribed by a dental provider. Unless otherwise specified, all products are limited to a 10-day supply with one refill. Drugs included in our Dental Formulary are listed with a "DF" on the formulary. Drugs without a "DF" will not be covered when written by a dental provider.

Additional Formulary Information

- Appetite suppressants/weight-loss medications are excluded from coverage.
- Medications used for cosmetic purposes are excluded from coverage.
- Medical devices (which may or may not require a prescription) are excluded from coverage.
- Medical foods other than PKU supplements (which may or may not require a prescription) are excluded from coverage.
- Drugs used for the treatment of impotence (ED Drugs) are limited to male patients only. Duplicate therapy with other ED medications is not allowed.
- Prenatal vitamins classified as medical foods are not covered. Multivitamins are NOT included in the Formulary as various OTC products are available.
- Contraceptives (for members with contraceptive coverage): All tier 1 generic drugs are covered at a \$0 copayment. Brand-name drugs without a generic equivalent are covered at a \$0 copayment. Brand-name drugs with a generic equivalent are covered at the copayment based on your plan design. Cervical caps, diaphragms, female condoms, and spermicides are covered at a \$0 copayment. Both prescription and

over-the-counter (OTC) products are covered only when prescribed by a licensed health care provider and require a valid prescription.

- Medications listed on the drug formulary as covered without restriction may require prior authorization or may not be covered if it is determined that they are being used in conjunction with a procedure or treatment not covered under the members Health Contract.
- Medications not recognized by the FDA without a National Drug Code (NDC) are excluded from coverage.
- Generic substitution is used only as required by state pharmacy laws. Therapeutic interchange is not utilized.

Key

AL – Age Limit

DF – Dental Formulary

HT – Tablet Splitting

MO – 90-day supply

PA – Prior Authorization Required

QL – Quantity Limits Apply

RF – Restricted to Females

RM – Restricted to Males

SP – Specialty Pharmacy

ST – Step Therapy

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| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|------------|--|------|---|
| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* | | | *Analgesics - Anti-Inflammatory* | | |
| amphetamine-dextroamphet er | 1 | AL | ACTEMRA SUBCUTANEOUS* | 3 | PA; SP; OBTAINED THROUGH SPECIALTY PHARMACY |
| amphetamine-dextroamphetami ne | 1 | AL | ARCALYST | 2 | PA; SP; Accredo Pharmacy |
| APTENSIO XR | 3 | MO; AL | celecoxib oral | 1 | MO |
| clonidine hcl er | 1 | | diclofenac potassium | 1 | MO |
| DAYTRANA | 3 | AL | diclofenac sodium er | 1 | MO |
| dexmethylphenidate hcl | 1 | AL | diclofenac sodium oral | 1 | MO |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg | 1 | AL | diclofenac-misoprostol | 1 | MO |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg, 5 mg | 1 | MO; AL | ENBREL | 2 | PA; SP |
| dextroamphetamine sulfate er | 1 | AL | ENBREL SURECLICK | 2 | PA; SP |
| dextroamphetamine sulfate oral | 1 | AL | etodolac oral | 1 | MO |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG | 3 | MO; AL | fenoprofen calcium oral | 2 | MO |
| guanfacine hcl er oral tablet extended release 24 hr* 1 mg | 2 | MO; AL | flurbiprofen oral | 1 | MO |
| guanfacine hcl er oral tablet extended release 24 hr* 2 mg, 3 mg, 4 mg | 2 | AL | HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML | 2 | PA; SP; AL |
| METADATE ER | 2 | AL | HUMIRA PEN SUBCUTANEOUS* 40 MG/0.8ML | 2 | PA; SP; AL |
| methamphetamine hcl | 1 | AL | HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS* 40 MG/0.8ML | 2 | PA; SP; AL |
| methylphenidate hcl er (cd) | 1 | AL | HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS* 40 MG/0.8ML | 2 | PA; SP; AL |
| methylphenidate hcl er (la) | 1 | AL | HUMIRA SUBCUTANEOUS* 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML | 2 | PA; SP; AL |
| methylphenidate hcl er oral tablet extendedrelease* 10 mg | 2 | AL | ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | DF; MO |
| methylphenidate hcl er oral tablet extendedrelease* 18 mg, 20 mg, 27 mg, 36 mg, 54 mg | 1 | AL | INDOCIN ORAL | 2 | MO |
| methylphenidate hcl oral solution | 1 | AL | indomethacin er | 1 | MO |
| methylphenidate hcl oral tablet | 1 | AL | indomethacin oral | 1 | MO |
| methylphenidate hcl oral tablet chewable | 1 | MO | ketoprofen er | 3 | MO |
| modafinil | 2 | PA; AL | ketoprofen oral | 1 | MO |
| NUVIGIL | 2 | PA; AL | ketorolac tromethamine oral | 1 | MO |
| QUILLIVANT XR | 3 | ST; AL | leflunomide oral | 2 | PA |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG | 3 | MO; AL | meclofenamate sodium oral | 1 | MO |
| STRATTERA | 2 | MO; AL | mefenamic acid oral | 3 | MO |
| VYVANSE | 3 | PA; AL | meloxicam oral suspension | 3 | MO |
| ZENZEDI ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | 3 | AL | meloxicam oral tablet | 1 | MO |
| *Aminoglycosides* | | | nabumetone oral | 1 | MO |
| BETHKIS | 3 | PA; QL | NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG | 3 | |
| KITABIS PAK | 3 | PA; SP; QL | naproxen dr | 1 | DF; MO |
| neomycin sulfate oral | 1 | | naproxen oral | 1 | DF; MO |
| paromomycin sulfate oral | 1 | | naproxen sodium er | 3 | |
| TOBI PODHALER | 2 | PA; QL | ORENCIA SUBCUTANEOUS* | 3 | PA; SP |
| tobramycin inhalation | 1 | PA; QL | OTEZLA ORAL TABLET | 3 | PA; SP; QL |
| | | | OTREXUP SUBCUTANEOUS* 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML | 3 | PA |
| | | | oxaprozin | 1 | MO |
| | | | piroxicam oral | 1 | MO |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|------------------------|--|------|-----------------------------|
| RASUVO SUBCUTANEOUS* | 3 | PA | hydrocodone-acetaminophen oral tablet 2.5-325 mg | 1 | |
| 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 27.5 MG/0.55ML, 30 MG/0.6ML | | | hydrocodone-ibuprofen oral tablet 7.5-200 mg | 1 | DF |
| RHEUMATREX | 2 | | hydromorphone hcl er oral 12 mg, 16 mg, 8 mg | 2 | |
| RIDAURA | 2 | | hydromorphone hcl oral | 1 | ST |
| SIMPONI | 3 | PA; SP | KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG | 3 | ST |
| SPRIX | 3 | MO | LAZANDA | 3 | PA |
| sulindac oral | 1 | MO | levorphanol tartrate oral | 2 | |
| tolmetin sodium | 1 | MO | methadone hcl oral | 1 | |
| XELJANZ | 3 | PA; SP | METHADOSE ORAL TABLET SOLUBLE | 1 | |
| ZIPSOR | 3 | MO | morphine sulfate (concentrate) oral solution 100 mg/5ml | 1 | ST |
| *Analgesics - Nonnarcotic* | | | morphine sulfate (concentrate) oral solution 20 mg/ml | 1 | |
| butalbital-apap-caffeine oral capsule 50-300-40 mg | 1 | | morphine sulfate er beads oral capsule extended release 24 hour 120 mg | 3 | ST |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 | | morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg | 3 | |
| diflunisal oral | 1 | MO | morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | 1 | |
| *Analgesics - Opioid* | | | morphine sulfate er oral capsule extended release 24 hour 100 mg | 1 | ST |
| ABSTRAL | 3 | PA | morphine sulfate er oral tablet extendedrelease* 100 mg, 200 mg | 1 | ST |
| acetaminophen-codeine #2 | 1 | DF | morphine sulfate er oral tablet extendedrelease* 15 mg, 30 mg, 60 mg | 1 | |
| acetaminophen-codeine #3 | 1 | DF | morphine sulfate oral | 1 | |
| acetaminophen-codeine #4 | 1 | DF | NUCYNTA | 2 | |
| acetaminophen-codeine oral solution | 1 | DF | NUCYNTA ER | 2 | |
| ASCOMP-CODEINE | 1 | | OPANA ER ORAL 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 7.5 MG | 3 | ST |
| aspirin-caff-dihydrocodeine | 1 | | OPANA ER ORAL 5 MG | 3 | |
| buprenorphine hcl sublingual | 2 | PA | oxycodone hcl oral tablet | 1 | |
| butalbital-apap-caff-cod | 1 | | oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| butalbital-asa-caff-codeine | 1 | | oxycodone-ibuprofen | 3 | |
| butorphanol tartrate nasal | 1 | PA | OXYCONTIN ORAL 10 MG, 15 MG, 20 MG, 30 MG, 40 MG | 2 | |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR | 3 | PA | OXYCONTIN ORAL 60 MG, 80 MG | 2 | ST |
| codeine sulfate oral tablet | 2 | | oxymorphone hcl | 2 | PA; PA except Pain Medicine |
| EMBEDA ORAL CAPSULE EXTENDED RELEASE* 100-4 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG | 2 | ST | oxymorphone hcl er | 2 | ST |
| EMBEDA ORAL CAPSULE EXTENDED RELEASE* 20-0.8 MG | 2 | | SUBSYS | 3 | PA |
| EXALGO ORAL 32 MG | 3 | ST | tramadol hcl er (biphasic) | 1 | ST |
| fentanyl citrate buccal | 2 | PA; PA except Oncology | tramadol hcl er oral capsule extended release 24 hour | 2 | ST |
| fentanyl transdermal patch 72 hr 100 mcg/hr, 50 mcg/hr, 75 mcg/hr | 2 | ST | | | |
| fentanyl transdermal patch 72 hr 12 mcg/hr, 25 mcg/hr | 2 | | | | |
| FENTORA | 3 | PA; ST | | | |
| hydrocodone-acetaminophen oral solution 5-217 mg/10ml, 7.5-325 mg/15ml | 1 | DF | | | |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 1 | DF | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|----------------------------|---|------|--------|
| tramadol hcl er oral tablet extended release 24 hr* 100 mg, 200 mg | 1 | ST | isosorbide mononitrate | 1 | MO |
| tramadol hcl er oral tablet extended release 24 hr* 300 mg | 1 | | isosorbide mononitrate er | 1 | MO |
| tramadol hcl oral | 1 | | MINITRAN | 3 | MO |
| tramadol-acetaminophen | 1 | PA except Pain Medicine | NITRO-BID | 3 | MO |
| XARTEMIS XR | 3 | | NITRO-DUR TRANSDERMAL PATCH 24 HR 0.3 MG/HR, 0.8 MG/HR | 3 | MO |
| ZUBSOLV | 2 | | nitroglycerin transdermal | 1 | MO |
| *Androgens-Anabolic* | | | nitroglycerin translingual solution | 1 | MO |
| ANADROL-50 | 3 | | NITROSTAT | 2 | MO |
| ANDRODERM TRANSDERMAL PATCH 24 HR 2 MG/24HR, 4 MG/24HR | 2 | PA; RM | RANEXA | 3 | MO |
| ANDROGEL PUMP | 2 | PA; RM | *Antianxiety Agents* | | |
| ANDROGEL TRANSDERMAL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) | 2 | PA; RM | alprazolam er | 1 | |
| ANDROID | 2 | PA; RM; MO | alprazolam oral | 1 | |
| AXIRON | 3 | PA; RM | alprazolam xr | 1 | |
| danazol oral | 2 | | bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg | 1 | |
| FORTESTA | 3 | PA; RM | bupirone hcl oral tablet 7.5 mg | 2 | |
| methitest | 2 | PA; RM; MO | clorazepate dipotassium | 1 | |
| NATESTO | 3 | PA; RM | diazepam oral tablet 10 mg, 2 mg, 5 mg | 1 | AL |
| oxandrolone oral | 2 | | hydroxyzine hcl oral | 1 | AL |
| STRIANT | 3 | PA; RM | hydroxyzine pamoate oral | 1 | AL |
| TESTIM | 3 | PA; RM | lorazepam oral tablet 0.5 mg | 1 | |
| testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml | 1 | PA; RM | meprobamate | 1 | AL |
| testosterone enanthate intramuscular* | 1 | PA; RM | oxazepam | 1 | |
| testosterone transdermal 10 mg/act (2%), 12.5 mg/act (1%), 50 mg/5gm (1%) | 3 | PA; RM | *Antiarrhythmics* | | |
| testosterone transdermal 25 mg/2.5gm (1%) | 2 | PA; RM | amiodarone hcl oral | 1 | MO |
| TESTRED | 2 | PA; RM; MO | disopyramide phosphate oral | 1 | MO |
| VOGELXO | 3 | PA; RM | flecainide acetate | 1 | MO |
| VOGELXO PUMP | 3 | PA; RM | mexiletine hcl oral | 1 | MO |
| *Anorectal Agents* | | | MULTAQ | 3 | MO |
| COLOCORT | 1 | | NORPACE CR | 2 | MO |
| hydrocortisone ace-pramoxine cream | 1 | | PACERONE | 1 | MO |
| hydrocortisone enema | 1 | | propafenone hcl | 1 | MO |
| PROCTOSOL HC | 1 | | propafenone hcl er | 1 | MO |
| PROCTOZONE-HC | 1 | | quinidine gluconate er | 1 | MO |
| RECTIV | 3 | | quinidine sulfate er | 1 | MO |
| *Anthelmintics* | | | quinidine sulfate oral | 1 | MO |
| ALBENZA | 3 | | TIKOSYN | 2 | MO |
| BILTRICIDE | 2 | | *Antiasthmatic And Bronchodilator Agents* | | |
| ivermectin oral | 1 | | ADVAIR DISKUS | 2 | MO |
| *Antianginal Agents* | | | ADVAIR HFA | 2 | MO |
| DILATRATE-SR | 2 | MO | AEROSPAN | 2 | MO |
| ISORDIL TITRADOSE ORAL TABLET 40 MG | 2 | MO | albuterol sulfate er | 1 | MO |
| isosorbide dinitrate er | 1 | MO | albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml | 1 | MO |
| isosorbide dinitrate oral | 1 | MO | albuterol sulfate oral | 1 | MO |
| | | | ALVESCO | 2 | MO |
| | | | ANORO ELLIPTA | 2 | MO; AL |
| | | | ARCAPTA NEOHALER | 2 | MO; AL |
| | | | ARNUIITY ELLIPTA | 2 | MO; AL |
| | | | ASMANEX 120 METERED DOSES | 2 | MO |
| | | | ASMANEX 14 METERED DOSES | 2 | MO |
| | | | ASMANEX 30 METERED DOSES | 2 | MO |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|-----------------------|--|------|--|
| ASMANEX 60 METERED DOSES | 2 | MO | *Anticoagulants* | | |
| ASMANEX 7 METERED DOSES | 2 | MO | ELIQUIS | 2 | MO |
| ASMANEX HFA | 2 | MO | enoxaparin sodium subcutaneous* | 2 | PA; PA required for duration of greater than 14 days except when written by Oncology; QL |
| ATROVENT HFA | 2 | MO | fondaparinux sodium | 2 | PA; PA required for duration of greater than 14 days except when written by Oncology; QL |
| BREO ELLIPTA | 2 | MO; AL | FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | 2 | PA; PA required for duration of greater than 14 days except when written by Oncology; QL |
| BROVANA | 3 | PA; MO | heparin sodium (porcine) injection solution 5000 unit/ml | 1 | |
| budesonide inhalation | 1 | AL | JANTOVEN | 1 | MO |
| COMBIVENT RESPIMAT | 2 | MO | PRADAXA | 2 | MO |
| cromolyn sodium inhalation | 1 | | SAVAYSA | 3 | PA; MO |
| DALIRESP | 2 | PA except Pulmonology | warfarin sodium oral | 1 | MO |
| DULERA INHALATION AEROSOL† 100-5 MCG/ACT, 200-5 MCG/ACT | 2 | MO; AL | XARELTO | 2 | MO |
| ELIXOPHYLLIN | 2 | | XARELTO STARTER PACK | 2 | |
| FLOVENT DISKUS | 2 | MO | *Anticonvulsants* | | |
| FLOVENT HFA | 2 | MO | BANZEL | 2 | PA; MO; AL |
| FORADIL AEROLIZER | 2 | ST; MO | carbamazepine er | 1 | MO |
| INCRUSE ELLIPTA | 3 | MO; AL | carbamazepine oral | 1 | MO |
| ipratropium bromide inhalation | 1 | MO | CELONTIN | 2 | MO |
| ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml | 1 | MO | clonazepam oral tablet dispersible | 1 | MO |
| ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml | 3 | MO | DILANTIN ORAL CAPSULE 30 MG | 3 | MO |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 2 | PA; MO | divalproex sodium | 1 | MO |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml | 1 | PA; MO | divalproex sodium er | 1 | MO |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml | 3 | PA; MO | EPITOL | 1 | MO |
| metaproterenol sulfate oral | 1 | MO | ethosuximide oral | 1 | MO |
| montelukast sodium oral packet | 1 | AL | felbamate | 1 | MO |
| montelukast sodium oral tablet | 1 | AL | FYCOMPA | 3 | PA; PA except Neurology; AL |
| montelukast sodium oral tablet chewable 4 mg, 5 mg | 1 | AL | gabapentin oral capsule | 1 | MO |
| PERFORMIST | 3 | PA; MO | gabapentin oral solution | 1 | |
| PROVENTIL HFA | 2 | | gabapentin oral tablet | 1 | MO |
| PULMICORT FLEXHALER | 2 | MO | GABITRIL ORAL TABLET 12 MG, 16 MG | 2 | PA; PA except Neurology; MO |
| QVAR | 2 | MO | lamotrigine er | 1 | MO; AL |
| SEREVENT DISKUS | 2 | ST; MO | lamotrigine oral tablet | 1 | MO |
| SPIRIVA HANDIHALER | 2 | MO; AL | lamotrigine oral tablet chewable | 1 | MO |
| SPIRIVA RESPIMAT | 2 | MO; AL | lamotrigine oral tablet dispersible | 2 | PA |
| STIOLTO RESPIMAT | 2 | AL | levetiracetam er | 1 | MO |
| STRIVERDI RESPIMAT | 3 | AL | levetiracetam oral solution | 1 | MO; MO |
| SYMBICORT | 2 | | levetiracetam oral tablet | 1 | MO |
| terbutaline sulfate oral | 1 | MO | LYRICA | 2 | MO |
| THEO-24 | 2 | | ONFI ORAL SUSPENSION | 2 | PA |
| THEOCHRON | 1 | | | | |
| theophylline er | 1 | | | | |
| theophylline oral solution | 1 | | | | |
| TUDORZA PRESSAIR | 3 | MO; AL | | | |
| VENTOLIN HFA | 2 | | | | |
| XOPENEX HFA | 3 | MO | | | |
| zafirlukast | 1 | | | | |
| ZYFLO CR | 3 | MO | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|-----------------------------|--------------------------------|------|--------|
| ONFI ORAL TABLET 10 MG, 20 MG | 2 | PA | paroxetine hcl | 1 | MO |
| oxcarbazepine | 1 | MO | paroxetine hcl er | 1 | ST; MO |
| OXTELLAR XR | 3 | ST; MO | PEXEVA | 3 | MO |
| PEGANONE | 2 | | phenelzine sulfate oral | 1 | MO |
| PHENYTOIN INFATABS | 1 | MO | PRISTIQ | 3 | ST; MO |
| phenytoin oral suspension 125 mg/5ml | 1 | | protriptyline hcl | 2 | |
| phenytoin oral tablet chewable | 1 | MO | sertraline hcl oral | 1 | MO |
| phenytoin sodium extended oral capsule 100 mg | 1 | MO | tranylcypromine sulfate | 1 | MO |
| POTIGA | 3 | MO | trazodone hcl oral | 1 | |
| primidone oral | 1 | MO | venlafaxine hcl | 1 | MO |
| QUDEXY XR | 3 | PA; AL | venlafaxine hcl er | 1 | MO |
| SABRIL | 2 | PA | VIIBRYD ORAL TABLET | 3 | MO |
| STAVZOR | 3 | MO | | | |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HR* 100 MG | 3 | MO | *Antidiabetics* | | |
| tiagabine hcl | 1 | PA; PA except Neurology; MO | acarbose | 1 | MO |
| topiramate oral capsule sprinkle | 1 | PA; MO | AFREZZA | 3 | PA |
| topiramate oral tablet | 1 | MO | APIDRA | 3 | PA; MO |
| TROKENDI XR | 3 | PA; MO | APIDRA SOLOSTAR | 3 | PA; MO |
| valproic acid oral capsule | 1 | MO | AVANDIA | 3 | PA; MO |
| valproic acid oral syrup | 1 | | BYDUREON | 2 | ST |
| VIMPAT ORAL | 2 | PA; MO; AL | BYETTA 5 MCG PEN | 2 | ST |
| zonisamide oral | 1 | PA; MO | chlorpropamide | 3 | PA; MO |
| | | | CYCLOSET | 3 | MO |
| *Antidepressants* | | | glimepiride | 1 | MO |
| amitriptyline hcl oral | 1 | | glipizide er | 1 | MO |
| amoxapine | 1 | | glipizide oral | 1 | MO |
| APLENZIN | 3 | MO | GLIPIZIDE XL | 1 | MO |
| BRINTELLIX | 3 | ST | glipizide-metformin hcl | 1 | MO |
| bupropion hcl er (sr) | 1 | MO | GLUCAGON HYPOKIT | 2 | |
| bupropion hcl er (xl) | 1 | MO | GLUCAGON EMERGENCY | 2 | |
| bupropion hcl oral | 1 | MO | GLUMETZA | 3 | ST; MO |
| citalopram hydrobromide | 1 | MO | glyburide micronized | 1 | MO |
| clomipramine hcl oral | 1 | | glyburide oral | 1 | MO |
| desipramine hcl oral | 1 | | glyburide-metformin | 1 | MO |
| desvenlafaxine er | 2 | | GLYSET | 3 | PA; MO |
| doxepin hcl oral | 1 | | GLYXAMBI | 3 | ST; MO |
| duloxetine hcl oral | 1 | | HUMALOG | 2 | MO |
| EMSAM | 3 | PA; MO | HUMALOG KWIKPEN | 2 | MO |
| escitalopram oxalate | 1 | MO | HUMALOG MIX 50/50 | 2 | MO |
| FETZIMA | 3 | ST | HUMALOG MIX 50/50 KWIKPEN | 2 | MO |
| fluoxetine hcl oral capsule 10 mg, 20 mg | 1 | MO | HUMALOG MIX 75/25 | 2 | MO |
| fluoxetine hcl oral capsule 40 mg | 3 | MO | HUMALOG MIX 75/25 KWIKPEN | 2 | MO |
| fluoxetine hcl oral capsule delayed release | 3 | MO | HUMULIN 70/30 KWIKPEN | 3 | MO |
| fluoxetine hcl oral solution | 1 | MO | HUMULIN N KWIKPEN | 2 | MO |
| flvoxamine maleate | 3 | MO | HUMULIN R U-500 (CONCENTRATED) | 2 | MO |
| FORFIVO XL | 3 | MO | INVOKAMET | 2 | MO |
| imipramine hcl oral | 1 | | INVOKANA | 2 | MO |
| imipramine pamoate | 2 | | JANUMET | 2 | MO |
| maprotiline hcl | 2 | | JANUMET XR | 2 | MO |
| MARPLAN | 3 | MO | JANUVIA | 2 | MO |
| mirtazapine oral | 1 | MO | JENTADUETO | 2 | MO |
| nefazodone hcl | 1 | PA; MO | KOMBIGLYZE XR | 2 | MO |
| nortriptyline hcl oral | 1 | | LANTUS | 2 | MO |
| | | | LANTUS SOLOSTAR | 2 | MO |
| | | | LEVEMIR | 2 | MO |
| | | | LEVEMIR FLEXTOUCH | 2 | MO |
| | | | metformin hcl er | 1 | PA; MO |
| | | | metformin hcl oral | 1 | MO |
| | | | nateglinide | 1 | PA; MO |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---------------------------------|------|--|---------------------------------|------|-------------------------------------|
| NOVOLOG | 2 | MO | fluconazole oral tablet 100 mg, | 1 | |
| NOVOLOG FLEXPEN | 2 | MO | 200 mg, 50 mg | | |
| NOVOLOG MIX 70/30 | 2 | MO | fluconazole oral tablet 150 mg | 1 | QL |
| NOVOLOG MIX 70/30 | 2 | MO | flucytosine oral | 2 | |
| FLEXPEN | | | griseofulvin microsize oral | 1 | |
| NOVOLOG PENFILL | 2 | MO | griseofulvin ultramicrosize | 1 | |
| ONGLYZA | 2 | MO | itraconazole oral | 2 | PA; PA except Infectious Disease |
| pioglitazone hcl | 1 | MO | ketoconazole oral | 1 | PA |
| pioglitazone hcl-glimepiride | 1 | MO | NOXAFIL ORAL | 2 | PA; MO |
| pioglitazone hcl-metformin hcl | 1 | MO | nystatin oral tablet | 1 | |
| PROGLYCEM | 2 | PA; PA except Endocrinology; MO | SPORANOX ORAL SOLUTION | 3 | PA |
| repaglinide | 1 | MO | terbinafine hcl oral | 2 | PA |
| RIOMET | 2 | MO | voriconazole oral | 2 | PA; PA except Infectious Disease |
| SYMLINPEN 120 | 2 | PA; PA except Endocrinology; MO | | | |
| SYMLINPEN 60 | 2 | PA; PA except Endocrinology; MO | | | |
| TANZEUM | 3 | ST | | | |
| tolazamide | 3 | MO | | | |
| tolbutamide | 2 | | | | |
| TOUJEO SOLOSTAR | 2 | MO | | | |
| TRADJENTA | 2 | MO | | | |
| TRULICITY | 3 | ST | | | |
| VICTOZA | 2 | ST | | | |
| *Antidiarrheals* | | | *Antihistamines* | | |
| diphenoxylate-atropine | 1 | | carbinoxamine maleate oral | 1 | AL |
| MOTOFEN | 3 | AL | CLARINEX ORAL SYRUP | 3 | PA |
| *Antidotes* | | | clemastine fumarate oral syrup | 1 | |
| CHEMET | 3 | | clemastine fumarate oral tablet | 1 | |
| EVZIO | 3 | PA; QL | 2.68 mg | | |
| EXJADE | 2 | PA; SP; Walgreens Specialty Pharmacy | cyproheptadine hcl oral | 1 | AL |
| FERRIPROX | 3 | PA; SP; Centric Specialty Pharmacy | desloratadine oral tablet | 2 | PA |
| JADENU | 3 | PA; SP; AL | desloratadine oral tablet | 3 | PA; AL |
| naltrexone hcl oral | 2 | | dispersible | | |
| *Antiemetics* | | | diphenhydramine hcl oral | 1 | OTC |
| AKYNZEO | 3 | ST; QL | capsule 50 mg | | |
| ANZEMET ORAL | 3 | ST; QL | levocetirizine dihydrochloride | 2 | PA |
| CESAMET | 3 | | oral | | |
| DICLEGIS | 2 | QL | promethazine hcl oral solution | 1 | AL |
| dronabinol | 2 | | promethazine hcl oral syrup | 1 | AL |
| EMEND ORAL CAPSULE 125 | 2 | ST; QL | promethazine hcl oral tablet | 1 | AL |
| MG, 40 MG, 80 MG | | | 12.5 mg, 25 mg, 50 mg | | |
| granisetron hcl oral | 3 | ST; QL | promethazine hcl suppository | 1 | AL |
| meclizine hcl oral tablet 25 mg | 1 | OTC | | | |
| ondansetron | 1 | QL | | | |
| ondansetron hcl oral solution | 1 | QL | | | |
| ondansetron hcl oral tablet | 1 | QL | | | |
| SANCUSO | 3 | ST; QL | | | |
| TRANSDERM-SCOP | 3 | | | | |
| trimethobenzamide hcl oral | 1 | PA | | | |
| ZUPLENZ | 3 | ST; QL | | | |
| *Antifungals* | | | *Antihyperlipidemics* | | |
| fluconazole oral suspension | 1 | | ALTOPREV | 3 | MO |
| reconstituted | | | atorvastatin calcium oral | 1 | MO |
| | | | cholestyramine light | 1 | MO |
| | | | cholestyramine oral | 1 | MO |
| | | | colestipol hcl | 1 | MO |
| | | | CRESTOR | 3 | MO |
| | | | fenofibrate micronized | 1 | MO |
| | | | fluvastatin sodium | 3 | MO |
| | | | fluvastatin sodium er | 3 | MO |
| | | | gemfibrozil oral | 1 | MO |
| | | | JUXTAPID ORAL CAPSULE 10 | 3 | PA; SP |
| | | | MG, 20 MG, 5 MG | | |
| | | | JUXTAPID ORAL CAPSULE 30 | 3 | PA |
| | | | MG, 40 MG, 60 MG | | |
| | | | KYNAMRO | 3 | PA; SP; QL |
| | | | LIVALO | 3 | MO |
| | | | lovastatin | 1 | MO |
| | | | micronized colestipol hcl | 1 | MO |
| | | | niacin er (antihyperlipidemic) | 2 | |
| | | | NIACOR | 2 | |
| | | | omega-3-acid ethyl esters | 2 | MO |
| | | | pravastatin sodium | 1 | MO |
| | | | REPATHA | 3 | PA; SP |
| | | | REPATHA SURECLICK | 3 | PA; SP |
| | | | simvastatin oral | 1 | MO |
| | | | VASCEPA | 2 | MO |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|------------|--|------|---|
| VYTORIN | 3 | ST; MO | telmisartan-hctz | 1 | ST; MO |
| WELCHOL | 2 | MO | terazosin hcl oral | 1 | MO |
| ZETIA | 2 | MO | trandolapril | 1 | MO |
| *Antihypertensives* | | | trandolapril-verapamil hcl er | 2 | |
| amlodipine besy-benazepril hcl | 1 | MO | TRIBENZOR | 3 | ST; MO |
| amlodipine besylate-valsartan | 2 | MO | valsartan | 1 | MO |
| amlodipine-valsartan-hctz oral | 2 | ST | valsartan-hydrochlorothiazide | 1 | MO |
| 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg | | | *Anti-Infective Agents - Misc.* | | |
| amlodipine-valsartan-hctz oral | 2 | ST; MO | ALINIA ORAL SUSPENSION | 2 | PA; AL |
| tablet 5-160-12.5 mg | | | RECONSTITUTED | | |
| atenolol-chlorthalidone | 1 | MO | ALINIA ORAL TABLET | 2 | PA |
| AZOR | 3 | ST; MO | atovaquone oral | 1 | |
| benazepril hcl oral | 1 | MO | CAYSTON | 2 | PA; SP; Must be obtained through Cystic Fibrosis Services. PA except for Cystic Fibrosis Specialists.; QL; AL |
| benazepril-hydrochlorothiazide | 1 | MO | clindamycin hcl oral | 1 | DF |
| BENICAR | 3 | ST; MO | clindamycin palmitate hcl | 1 | DF |
| BENICAR HCT | 3 | ST; MO | dapsone oral | 2 | |
| bisoprolol-hydrochlorothiazide | 1 | MO | FLAGYL ER | 3 | |
| candesartan cilxetil | 1 | ST; MO | KETEK | 3 | |
| candesartan cilxetil-hctz | 1 | ST; MO | LINCOCIN | 2 | |
| captopril oral | 1 | MO | linezolid oral | 2 | PA; PA except Infectious Disease |
| captopril-hydrochlorothiazide | 1 | MO | metronidazole oral | 1 | |
| clonidine hcl oral | 1 | MO | NEBUPENT | 2 | PA |
| clonidine hcl transdermal | 1 | MO | PRIMSOL | 2 | |
| DEMSER | 3 | | SIVEXTRO ORAL | 3 | PA |
| DIBENZYLINE | 3 | PA | sulfamethoxazole-trimethoprim | 1 | |
| doxazosin mesylate | 1 | MO | oral suspension 200-40 mg/5ml | | |
| DUTOPROL | 1 | MO | sulfamethoxazole-trimethoprim | 1 | |
| enalapril maleate oral | 1 | MO | oral tablet 400-80 mg | | |
| enalapril-hydrochlorothiazide | 1 | MO | tinidazole oral | 1 | |
| EPANED | 3 | PA; MO | trimethoprim oral | 1 | |
| eplerenone | 1 | PA; MO | vancomycin hcl oral | 2 | PA; PA except Infectious Disease |
| eprosartan mesylate | 1 | ST; MO | XIFAXAN ORAL TABLET 200 | 3 | PA; QL |
| fosinopril sodium | 1 | MO | MG | | |
| guanfacine hcl oral | 1 | MO | XIFAXAN ORAL TABLET 550 | 3 | PA |
| hydralazine hcl oral | 1 | MO | MG | | |
| irbesartan | 1 | MO | ZYVOX ORAL SUSPENSION | 2 | PA; PA except Infectious Disease |
| irbesartan-hydrochlorothiazide | 1 | MO | RECONSTITUTED | | |
| lisinopril oral | 1 | MO | *Antimalarials* | | |
| lisinopril-hydrochlorothiazide | 1 | MO | atovaquone-proguanil hcl | 2 | |
| losartan potassium | 1 | MO | chloroquine phosphate oral | 1 | |
| losartan potassium-hctz | 1 | MO | COARTEM | 2 | QL |
| methyldopa oral | 1 | MO | DARAPRIM | 2 | |
| methyldopa-hydrochlorothiazide | 1 | MO | hydroxychloroquine sulfate oral | 1 | MO |
| metoprolol-hydrochlorothiazide | 1 | MO | mefloquine hcl | 2 | |
| minoxidil oral | 1 | MO | primaquine phosphate oral | 2 | |
| moexipril hcl | 1 | MO | quinine sulfate oral | 1 | PA; QL; AL |
| moexipril-hydrochlorothiazide | 1 | MO | *Antimyasthenic Agents* | | |
| nadolol-bendroflumethiazide | 1 | MO | guanidine hcl oral | 1 | MO |
| perindopril erbumine | 1 | MO | MESTINON ORAL SYRUP | 2 | MO |
| phenoxybenzamine hcl oral | 2 | PA | *Antimyasthenic/Cholinergic Agents* | | |
| prazosin hcl oral | 1 | MO | pyridostigmine bromide er | 2 | MO; QL |
| propranolol-hctz | 1 | MO | pyridostigmine bromide oral | 1 | MO |
| quinapril hcl | 1 | MO | | | |
| quinapril-hydrochlorothiazide | 1 | MO | | | |
| ramipril | 1 | MO | | | |
| TEKTURNA | 2 | ST; MO | | | |
| TEKTURNA HCT | 3 | ST; MO | | | |
| telmisartan | 1 | ST; MO | | | |
| telmisartan-amlodipine | 3 | ST; MO; MO | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|--|---|------|--|
| *Antimycobacterial Agents* | | | JAKAFI | 2 | PA; SP; Walgreens Specialty Pharmacy |
| cycloserine oral | 2 | | LENVIMA 10 MG DAILY DOSE | 3 | PA; SP |
| ethambutol hcl oral | 1 | | LENVIMA 14 MG DAILY DOSE | 3 | PA; SP |
| isoniazid oral | 1 | MO | LENVIMA 20 MG DAILY DOSE | 3 | PA; SP |
| pyrazinamide oral | 2 | | LENVIMA 24 MG DAILY DOSE | 3 | PA; SP |
| rifabutin | 2 | PA | letrozole oral | 1 | PA; SP; PA except Oncology and Fertility Specialists; RF; MO; QL |
| RIFAMATE | 2 | | leucovorin calcium oral | 1 | |
| rifampin oral | 1 | | LEUKERAN | 2 | |
| RIFATER | 2 | | leuprolide acetate injection | 2 | PA |
| *Antineoplastics And Adjunctive Therapies* | | | lomustine | 2 | |
| ACTIMMUNE | 3 | PA; SP | LYNPARZA | 3 | PA; SP; QL |
| AFINITOR | 2 | PA; SP | LYSODREN | 2 | SP |
| AFINITOR DISPERZ | 2 | PA; SP; OBTAINED THROUGH SPECIALTY PHARMACY | MATULANE | 2 | SP; Accredo Pharmacy |
| anastrozole oral | 1 | PA; SP; PA except Oncology, Oncology Surgery, and Breast Surgery; RF; MO | megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml | 1 | SP; Obtained through Specialty Pharmacy |
| bexarotene | 2 | PA | megestrol acetate oral tablet | 1 | SP |
| bicalutamide | 1 | SP; RM | mercaptapurine oral | 1 | |
| BOSULIF | 3 | PA; SP | MESNEX ORAL | 2 | PA; SP |
| capecitabine | 2 | PA | methotrexate oral | 1 | MO |
| CAPRELSA | 2 | PA; SP; Biologics, Inc. | methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml | 1 | |
| COMETRIQ (100 MG DAILY DOSE) | 3 | PA; PA except Pulmonology | methotrexate sodium injection solution | 1 | |
| COMETRIQ (140 MG DAILY DOSE) | 3 | PA; PA except Pulmonology | NEXAVAR | 3 | PA; SP; Walgreens Specialty Pharmacy |
| COMETRIQ (60 MG DAILY DOSE) | 3 | PA; PA except Pulmonology | POMALYST | 3 | PA; SP |
| cyclophosphamide oral capsule | 2 | | SPRYCEL | 2 | ST; SP |
| EMCYT | 2 | SP | STIVARGA | 3 | PA; SP; Walgreens Specialty Pharmacy |
| ERIVEDGE | 2 | PA; SP; Walgreens Specialty Pharmacy | SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG | 2 | PA; SP |
| etoposide oral | 1 | SP | SYNRIBO | 3 | PA |
| exemestane | 1 | PA; SP; PA except Oncology, Oncology Surgery, and Breast Surgery; RF; MO | TABLOID | 2 | |
| FARESTON | 2 | SP; RF; MO | tamoxifen citrate oral | 1 | MO |
| FARYDAK | 3 | PA; SP | TARCEVA | 2 | PA; SP |
| FIRMAGON | 3 | PA | TASIGNA | 2 | ST; SP |
| flutamide | 1 | SP; RM | temozolomide | 1 | SP |
| GILOTRIF | 3 | PA; SP; Obtained through Specialty Pharmacy | tretinoin oral | 1 | |
| GLEEVEC | 2 | PA; SP | TREXALL | 2 | |
| HEXALEN | 2 | SP | XALKORI | 3 | PA; SP; Walgreens Specialty Pharmacy |
| hydroxyurea oral | 1 | SP | ZOLINZA | 2 | PA; SP |
| IBRANCE | 3 | PA; SP | ZYDELIG | 3 | PA; SP |
| IMBRUVICA | 3 | PA; SP | ZYKADIA | 3 | PA; SP |
| INTRON A INJECTION SOLUTION | 2 | PA; SP | ZYTIGA | 2 | PA; SP |
| IRESSA | 3 | | *Antiparkinson Agents* | | |
| | | | amantadine hcl oral | 1 | MO |
| | | | APOKYN | 2 | PA; MO |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|-------------------------------------|--|------|--|
| AZILECT | 2 | PA; PA except Neurology; MO | SEROQUEL XR | 3 | ST; MO |
| benztropine mesylate oral | 1 | MO | thioridazine hcl oral | 1 | MO; AL |
| bromocriptine mesylate oral | 1 | MO | thiothixene oral | 1 | MO |
| carbidopa oral | 2 | MO | trifluoperazine hcl oral | 1 | MO |
| carbidopa-levodopa er | 1 | MO | ziprasidone hcl | 1 | MO |
| carbidopa-levodopa oral tablet | 1 | MO | *Antivirals* | | |
| carbidopa-levodopa oral tablet dispersible | 1 | ST; MO | abacavir sulfate | 1 | MO |
| carbidopa-levodopa-entacapone | 1 | | abacavir-lamivudine-zidovudine | 1 | PA; MO |
| DUOPA | 3 | PA; QL | acyclovir oral | 1 | |
| entacapone | 1 | ST; MO | adefovir dipivoxil | 2 | PA; PA except Gastroenterology or Infectious Disease |
| MIRAPEX ER ORAL TABLET | 3 | PA | APTIVUS | 2 | |
| EXTENDED RELEASE 24 HR* 3.75 MG | | | ATRIPLA | 2 | |
| pramipexole dihydrochloride | 1 | PA; MO | BARACLUDE ORAL SOLUTION | 2 | PA; PA except Gastroenterology and Infectious Disease |
| pramipexole dihydrochloride er | 2 | PA | COMPLERA | 2 | |
| ropinirole hcl | 1 | PA; MO | CRIXIVAN | 2 | |
| ropinirole hcl er | 2 | PA; MO | DAKLINZA | 3 | PA; SP |
| selegiline hcl oral | 1 | MO | didanosine | 1 | |
| tolcapone | 3 | ST; MO | EDURANT | 3 | |
| trihexyphenidyl hcl | 1 | MO | EMTRIVA | 2 | |
| ZELAPAR | 2 | PA; MO | entecavir | 1 | PA; PA except Gastroenterology and Infectious Disease |
| *Antipsychotics/Antimanic Agents* | | | EPIVIR HBV ORAL SOLUTION | 2 | |
| aripiprazole oral tablet | 2 | PA; PA except Psychiatry | EPZICOM | 2 | |
| chlorpromazine hcl oral | 1 | MO | EVOTAZ | 3 | |
| clozapine oral tablet | 1 | PA; PA except Psychiatry; MO; QL | famciclovir oral | 1 | |
| clozapine oral tablet dispersible | 2 | PA except Psychiatry; QL | FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED | 2 | PA; SP |
| EQUETRO | 3 | MO | HARVONI ORAL TABLET 90-400 MG | 2 | PA; SP |
| FANAPT | 3 | PA; PA except Psychiatry; MO | INTELENCE | 2 | |
| FANAPT TITRATION PACK | 3 | PA; PA except Psychiatry; MO | INVIRASE | 2 | |
| fluphenazine decanoate injection | 2 | | ISENTRESS | 2 | |
| fluphenazine hcl oral | 1 | MO | KALETRA | 2 | |
| haloperidol lactate oral | 1 | MO | lamivudine | 1 | |
| haloperidol oral | 1 | MO | lamivudine-zidovudine | 1 | MO |
| INVEGA | 3 | PA; MO | LEXIVA | 2 | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 80 MG | 3 | MO | MODERIBA | 3 | PA |
| lithium | 1 | MO | MODERIBA 1200 DOSE PACK | 3 | PA |
| lithium carbonate er | 1 | MO | MODERIBA 800 DOSE PACK | 3 | PA |
| lithium carbonate oral | 1 | MO | nevirapine | 1 | |
| loxapine succinate oral | 1 | MO | nevirapine er | 2 | |
| olanzapine oral tablet | 1 | MO | NORVIR | 2 | |
| olanzapine oral tablet dispersible | 2 | PA | OLYSIO | 2 | PA |
| perphenazine oral | 1 | MO | PEGASYS PROCLICK | 2 | PA; SP |
| prochlorperazine maleate oral | 1 | MO; AL | PEGASYS SUBCUTANEOUS* SOLUTION 180 MCG/0.5ML | 2 | PA; SP |
| quetiapine fumarate | 1 | MO | PEG-INTRON | 2 | PA; SP |
| REXULTI | 3 | PA | PEG-INTRON REDIPEN | 2 | PA; SP |
| RISPERIDONE M-TAB | 1 | PA | PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT 120 MCG/0.5ML | 2 | PA; SP |
| risperidone oral solution | 1 | MO; AL | PREZCOBIX | 3 | |
| risperidone oral tablet | 1 | MO | | | |
| risperidone oral tablet dispersible | 1 | PA | | | |
| SAPHRIS | 3 | | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|--|---|------|--|
| PREZISTA ORAL SUSPENSION | 2 | ST | REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG | 2 | PA; SP; Walgreens Specialty Pharmacy |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG | 2 | ST | SANDIMMUNE ORAL SOLUTION | 2 | MO |
| REBETOL ORAL SOLUTION | 3 | PA; SP | sirolimus oral | 2 | PA; PA except Renal Transplant Surgeons and Nephrology; MO |
| RELENZA DISKHALER | 2 | MO; QL; AL | sodium polystyrene sulfonate oral | 1 | |
| RESCRIPTOR | 2 | | sodium polystyrene sulfonate suspension | 1 | |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG | 2 | | tacrolimus oral | 1 | MO |
| ribavirin oral | 1 | PA; SP | THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG | 2 | SP |
| SELZENTRY | 2 | | THALOMID ORAL CAPSULE 50 MG | 2 | SP; Walgreens Specialty Pharmacy |
| SOVALDI | 2 | PA; SP | ZORTRESS | 2 | PA; MO |
| stavudine | 1 | | *Beta Blockers* | | |
| STRIBILD | 2 | | acebutolol hcl oral | 1 | MO |
| SUSTIVA | 2 | | atenolol oral | 1 | MO |
| TAMIFLU ORAL CAPSULE | 2 | QL | betaxolol hcl oral | 1 | |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | 2 | QL | bisoprolol fumarate | 1 | MO |
| TECHNIVIE | 3 | PA; SP | BYSTOLIC | 2 | MO |
| TIVICAY | 2 | | carvedilol | 1 | MO |
| TRIUMEQ | 2 | PA | COREG CR | 3 | MO |
| TRUVADA | 2 | | HEMANGEOL | 3 | PA |
| TYBOST | 2 | ST | INNOPRAN XL | 2 | |
| TYZEKA | 2 | PA | labetalol hcl oral | 1 | MO |
| valacyclovir hcl oral tablet 1 gm, 500 mg | 1 | QL | LEVATOL | 3 | |
| VALCYTE ORAL SOLUTION RECONSTITUTED | 2 | PA | metoprolol succinate er | 1 | MO |
| valganciclovir hcl | 2 | PA | metoprolol tartrate oral | 1 | MO |
| VICTRELIS | 2 | PA; SP | nadolol oral | 1 | MO |
| VIDEX | 2 | | pindolol | 3 | MO |
| VIEKIRA PAK | 3 | PA; SP | propranolol hcl er | 1 | MO |
| VIRACEPT | 2 | | propranolol hcl oral | 1 | MO |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG | 2 | | SORINE | 1 | MO |
| VIRAZOLE | 3 | PA | sotalol hcl (af) | 1 | MO |
| VIREAD | 2 | | sotalol hcl oral | 1 | MO |
| VITEKTA | 2 | ST | SOTYLIZE | 3 | QL |
| ZIAGEN ORAL SOLUTION | 2 | | timolol maleate oral | 1 | MO |
| zidovudine | 1 | | *Biologicals Misc* | | |
| *Assorted Classes* | | | GRASITEK | 3 | PA; SP |
| ASTAGRAF XL | 3 | PA; MO | oralair | 3 | PA; SP |
| AZASAN | 2 | MO | RAGWITEK | 3 | PA; SP |
| azathioprine oral | 1 | MO | *Calcium Channel Blockers* | | |
| CUPRIMINE | 2 | | AFEDITAB CR | 1 | MO |
| cyclosporine modified | 1 | MO | amlodipine besylate oral | 1 | MO |
| cyclosporine oral | 1 | MO | CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR* 120 MG | 3 | MO |
| DEPEN TITRATABS | 2 | | CARTIA XT | 1 | MO |
| ENVARUSUS XR | 3 | ST | diltiazem hcl er | 1 | MO |
| GENGRAF | 1 | MO | diltiazem hcl er beads | 1 | MO |
| KIONEX | 1 | | diltiazem hcl er coated beads oral capsule extended release 24 hour | 1 | MO |
| mycophenolate mofetil | 1 | MO | diltiazem hcl oral | 1 | MO |
| mycophenolic acid | 1 | PA; MO | diit-xr | 1 | MO |
| PHYSIOLYTE | 2 | | | | |
| PHYSIOSOL IRRIGATION | 1 | | | | |
| RAPAMUNE ORAL SOLUTION | 2 | PA; PA except Renal Transplant Surgeons and Nephrology | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|------------|------------------------------------|------|-------|
| felodipine er | 1 | MO | cephalexin oral suspension | 1 | DF |
| isradipine | 1 | MO | reconstituted | | |
| MATZIM LA | 1 | MO | *Contraceptives* | | |
| nicardipine hcl oral | 3 | MO | ALTAVERA | 1 | MO |
| NIFEDIAC CC ORAL TABLET | 1 | MO | alyacen 1/35 | 1 | MO |
| EXTENDED RELEASE 24 HR* | | | alyacen 7/7/7 | 1 | MO |
| 30 MG, 60 MG | | | AMETHIA | 1 | |
| NIFEDICAL XL | 1 | MO | AMETHIA LO | 1 | |
| nifedipine er | 1 | MO | AMETHYST | 2 | |
| nifedipine er osmotic | 1 | MO | APRI | 1 | MO |
| nifedipine oral capsule 10 mg, | 1 | MO | ARANELLE | 1 | MO |
| 20 mg | | | AUBRA | 1 | MO |
| nimodipine oral | 1 | PA; MO | AVIANE | 1 | MO |
| nisoldipine er | 3 | MO | AZURETTE | 1 | MO |
| NYMALIZE | 3 | PA; MO; QL | BEYAZ | 3 | MO |
| TAZTIA XT | 1 | MO | briellyn | 1 | MO |
| verapamil hcl er | 1 | MO | CAMRESE | 1 | |
| verapamil hcl oral | 1 | MO | CAMRESE LO | 1 | |
| *Cardiotonics* | | | CAZIAN | 1 | MO |
| digoxin oral | 1 | MO | CESIA | 1 | MO |
| LANOXIN ORAL TABLET | 3 | MO | CHATEAL | 1 | MO |
| 0.0625 MG, 187.5 MCG | | | CRYSSELLE-28 | 1 | MO |
| *Cardiovascular Agents - Misc.* | | | DAYSEE | 1 | |
| ADCIRCA | 2 | PA; MO | desogestrel-ethinyl estradiol oral | 1 | MO |
| ADEMPAS | 3 | PA; SP | tablet 0.15-30 mg-mcg | | |
| amlodipine-atorvastatin | 3 | MO | drosiprenone-ethinyl estradiol | 1 | MO |
| BIDIL | 3 | MO | oral tablet 3-0.03 mg | | |
| CIALIS ORAL TABLET 2.5 MG, | 3 | RM; QL | ELINEST | 1 | MO |
| 5 MG | | | ELLA | 2 | QL |
| CORLANOR | 3 | PA; AL | EMOQUETTE | 1 | MO |
| ENTRESTO | 3 | PA | ENPRESSE-28 | 1 | MO |
| LETAIRIS ORAL TABLET 10 | 2 | PA; SP | ENSKYCE | 1 | MO |
| MG, 5 MG | | | ESTARYLLA | 1 | MO |
| OPSUMIT | 3 | PA; SP | FALMINA | 1 | MO |
| ORENITRAM | 3 | PA; SP | GIANVI | 1 | MO |
| REVATIO ORAL SUSPENSION | 3 | PA; AL | GILDESS 1.5/30 | 1 | MO |
| RECONSTITUTED | | | GILDESS FE 1.5/30 | 1 | MO |
| sildenafil citrate oral | 1 | PA; MO; AL | INTROVALE | 1 | |
| TRACLEER | 2 | PA; SP | JOLESSA | 1 | |
| VENTAVIS | 3 | PA; SP | JUNEL 1.5/30 | 1 | MO |
| VIAGRA | 3 | QL | JUNEL FE 1.5/30 | 1 | MO |
| *Cephalosporins* | | | KARIVA | 1 | MO |
| CEDAX ORAL CAPSULE | 3 | | KELNOR 1/35 | 1 | MO |
| cefaclor | 1 | | KURVELO | 1 | MO |
| cefadroxil | 1 | | LARIN FE 1.5/30 | 1 | MO |
| cefazolin sodium injection | 2 | | LEENA | 1 | MO |
| cefazolin sodium intravenous* | 2 | | LESSINA | 1 | MO |
| solution reconstituted | | | LEVONEST | 1 | MO |
| cefdinir | 1 | | levonorgest-eth estrad 91-day | 1 | |
| cefditoren pivoxil oral tablet 200 | 3 | AL | oral tablet 0.1-0.02 & 0.01 mg, | | |
| mg, 400 mg | | | 0.15-0.03 mg | | |
| cefixime | 2 | | levonorgestrel oral tablet 1.5 mg | 1 | QL |
| cefpodoxime proxetil | 1 | | levonorgestrel-ethinyl estrad | 1 | MO |
| cefprozil | 1 | | oral tablet 0.1-20 mg-mcg, | | |
| CEFTIN ORAL SUSPENSION | 3 | | 0.15-30 mg-mcg | | |
| RECONSTITUTED 250 | | | LEVORA 0.15/30 (28) | 1 | MO |
| MG/5ML | | | LO LOESTRIN FE | 2 | MO |
| cefuroxime axetil oral tablet | 1 | | LORYNA | 1 | MO |
| cephalexin oral capsule 250 mg, | 1 | DF | LOW-OGESTREL | 1 | MO |
| 500 mg | | | LUTERA | 1 | MO |
| | | | marlissa | 1 | MO |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--------------------------------|------|--|---|------|---------------------------|
| MICROGESTIN 1.5/30 | 1 | MO | DEXPAK 6 DAY | 2 | |
| MICROGESTIN FE 1.5/30 | 1 | MO | fludrocortisone acetate oral | 1 | MO |
| MINASTRIN 24 FE | 3 | MO | hydrocortisone oral | 1 | MO |
| MONO-LINYAH | 1 | MO | methylprednisolone (pak) | 1 | DF |
| MONONESSA | 1 | MO | methylprednisolone oral | 1 | DF |
| MYZILRA | 1 | MO | MILLIPRED DP | 3 | |
| NATAZIA | 2 | MO | MILLIPRED DP 12-DAY | 3 | |
| NECON 0.5/35 (28) | 1 | MO | MILLIPRED ORAL SOLUTION | 3 | |
| NECON 1/50 (28) | 2 | MO | MILLIPRED ORAL TABLET | 3 | QL |
| NECON 10/11 (28) | 2 | MO | prednisolone oral | 1 | |
| norethin ace-eth estrad-fe | 1 | MO | prednisolone sodium phosphate oral solution | 1 | |
| norethindrone acet-ethinyl est | 1 | MO | prednisolone sodium phosphate oral tablet dispersible | 3 | |
| norethindrone oral | 1 | MO | prednisone (pak) | 1 | DF |
| norgestimate-eth estradiol | 1 | MO | prednisone oral | 1 | DF |
| norgestim-eth estrad triphasic | 1 | MO | RAYOS | 3 | ST |
| NORINYL 1+50 (28) | 2 | MO | UCERIS ORAL | 3 | PA |
| NORTREL 0.5/35 (28) | 1 | MO | VERIPRED 20 | 2 | |
| NUVARING | 2 | QL | | | |
| OCELLA | 1 | MO | | | |
| OGESTREL | 2 | MO | | | |
| ORSYTHIA | 1 | MO | | | |
| ORTHO TRI-CYCLEN LO | 2 | MO | | | |
| PIMTREA | 1 | MO | | | |
| PORTIA-28 | 1 | MO | | | |
| PREVIFEM | 1 | MO | | | |
| QUARTETTE | 2 | | | | |
| QUASENSE | 1 | | | | |
| RECLIPSEN | 1 | MO | | | |
| SAFYRAL | 2 | MO | | | |
| SOLIA | 1 | MO | | | |
| SPRINTEC 28 | 1 | MO | | | |
| SRONYX | 1 | MO | | | |
| SYEDA | 1 | MO | | | |
| TILIA FE | 1 | MO | | | |
| TRI-ESTARYLLA | 1 | MO | | | |
| TRI-LEGEST FE | 1 | MO | | | |
| TRI-LINYAH | 1 | MO | | | |
| TRINESSA (28) | 1 | MO | | | |
| TRI-PREVIFEM | 1 | MO | | | |
| TRI-SPRINTEC | 1 | MO | | | |
| TRIVORA (28) | 1 | MO | | | |
| VELIVET | 1 | MO | | | |
| VESTURA | 1 | MO | | | |
| viorele | 1 | MO | | | |
| WERA | 1 | MO | | | |
| WYMZYA FE | 1 | MO | | | |
| XULANE | 1 | MO | | | |
| ZARAH | 1 | MO | | | |
| ZENCHENT FE | 1 | MO | | | |
| ZOVIA 1/35E (28) | 1 | MO | | | |
| ZOVIA 1/50E (28) | 2 | MO | | | |
| *Corticosteroids* | | | *Cough/Cold/Allergy* | | |
| budesonide er | 2 | PA except Gastroenterology and Colorectal Specialists/Surgeons | acetylcysteine inhalation | 1 | |
| cortisone acetate oral | 2 | MO | benzonatate oral capsule 100 mg, 200 mg | 1 | |
| dexamethasone oral | 1 | DF | hydrocod polst-cpm polst er | 1 | |
| DEXPAK 10 DAY | 2 | | promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml | 1 | AL |
| DEXPAK 13 DAY | 2 | | promethazine-codeine | 1 | AL |
| | | | *Dermatologicals* | | |
| | | | 8-MOP | 2 | |
| | | | ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 3 | PA; PA except Dermatology |
| | | | ACANYA | 3 | ST |
| | | | acitretin | 2 | PA |
| | | | ACTICIN | 1 | |
| | | | acyclovir external | 2 | |
| | | | ACZONE | 3 | PA |
| | | | adapalene external | 1 | |
| | | | adapalene external cream | 1 | |
| | | | adapalene external lotion | 2 | |
| | | | alclometasone dipropionate | 1 | |
| | | | ALTABAX | 3 | ST |
| | | | amcinonide | 1 | |
| | | | AMNESTEEM | 1 | PA; PA except Dermatology |
| | | | APEXICON E | 3 | |
| | | | AVAGE | 3 | PA |
| | | | AZELEX | 3 | |
| | | | BENZAMYCINPAK | 3 | |
| | | | benzoyl peroxide-erythromycin | 1 | |
| | | | betamethasone dipropionate aug | 1 | |
| | | | betamethasone dipropionate external | 1 | |
| | | | betamethasone valerate external cream | 1 | |
| | | | betamethasone valerate external lotion | 1 | |
| | | | betamethasone valerate external ointment | 1 | |
| | | | calcipotriene external | 2 | PA |
| | | | calcipotriene-betameth diprop | 3 | PA |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|---------------------------------------|---|------|---|
| CALCITRENE | 2 | PA | fluocinonide external cream | 1 | |
| calcitriol external | 3 | | 0.05 % | | |
| CAPEX | 3 | | fluocinonide external cream 0.1 % | 3 | |
| ciclopirox | 1 | | fluocinonide external ointment | 1 | |
| ciclopirox olamine external | 1 | | fluocinonide external solution | 1 | |
| CLARAVIS | 1 | PA; PA except Dermatology | fluocinonide-e | 1 | |
| CLINDAGEL | 3 | | FLUOROPLEX | 3 | |
| clindamycin phos-benzoyl perox | 1 | | fluorouracil external cream 0.5 % | 3 | ST |
| clindamycin phosphate external | 1 | | fluorouracil external cream 5 % | 1 | |
| clobetasol propionate emulsion | 1 | | fluorouracil external solution | 1 | |
| clobetasol propionate external | 1 | | fluticasone propionate external | 1 | |
| clobetasol propionate external cream | 1 | | gentamicin sulfate external | 1 | |
| clobetasol propionate external foam | 1 | | halobetasol propionate | 1 | |
| clobetasol propionate external liquid† | 2 | | HALOG | 3 | |
| clobetasol propionate external lotion | 1 | | hydrocortisone butyr lipo base | 1 | |
| clobetasol propionate external ointment | 1 | | hydrocortisone butyrate external cream | 1 | |
| clobetasol propionate external shampoo | 1 | | hydrocortisone butyrate external ointment | 1 | |
| clobetasol propionate external solution | 1 | | hydrocortisone butyrate external solution | 1 | |
| CLODERM | 3 | | hydrocortisone external cream 2.5 % | 1 | |
| CLODERM PUMP | 3 | | hydrocortisone external lotion 2.5 % | 1 | |
| clotrimazole-betamethasone | 1 | | hydrocortisone external ointment 2.5 % | 1 | |
| CONDYLOX EXTERNAL | 3 | | hydrocortisone valerate | 1 | |
| CORDRAN EXTERNAL | 3 | | imiquimod external | 1 | PA; PA except Dermatology, Urology, OBGYN, and Colorectal Surgery |
| LOTION | | | | | |
| CORDRAN EXTERNAL TAPE | 3 | | | | |
| CORTISPORIN EXTERNAL | 3 | | | | |
| COSENTYX | 3 | PA; SP | | | |
| COSENTYX SENSOREADY | 3 | PA; SP | iodoquinol-hydrocortisone-aloe | 2 | |
| PEN | | | JUBLIA | 3 | PA |
| DENAVIR | 3 | | KERYDIN | 3 | PA |
| DESONATE | 3 | | ketoconazole external cream | 1 | |
| desonide external | 1 | | ketoconazole external shampoo | 1 | |
| desoximetasone external | 1 | | KETODAN EXTERNAL FOAM | 2 | |
| diclofenac sodium transdermal | 2 | PA | lidocaine external ointment | 1 | |
| diflorasone diacetate external | 2 | | lidocaine external patch | 2 | |
| doxycycline | 2 | PA | lidocaine hcl external | 1 | |
| econazole nitrate external | 1 | | lidocaine hcl external solution | 1 | |
| ELIDEL | 2 | PA; PA except Dermatology and Allergy | lidocaine-prilocaine | 1 | |
| | | | lindane external | 1 | |
| EPIDUO | 3 | PA | malathion external | 1 | |
| EPIDUO FORTE | 3 | PA | MENTAX | 3 | |
| ERTACZO | 3 | | methoxsalen rapid | 2 | |
| erythromycin external | 1 | | metronidazole external | 1 | |
| EURAX | 2 | | MIRVASO | 2 | PA |
| EXELDERM | 3 | | mometasone furoate external cream | 1 | MO |
| FABIOR | 3 | PA; QL | mometasone furoate external ointment | 1 | MO |
| FINACEA | 2 | | mupirocin calcium | 1 | |
| FLECTOR | 3 | | mupirocin external | 1 | |
| fluocinolone acetonide body | 1 | | MYORISAN ORAL CAPSULE | 1 | PA; PA except Dermatology |
| fluocinolone acetonide external | 1 | | 10 MG, 20 MG, 40 MG | | |
| fluocinolone acetonide scalp | 1 | | naftifine hcl | 2 | |
| fluocinonide external | 1 | | NAFTIN EXTERNAL 1 % | 3 | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---------------------------|--|------|--------------------------|
| NAFTIN EXTERNAL CREAM 2 % | 3 | | VECTICAL | 3 | PA |
| NATROBA | 2 | ST; QL | VELTIN | 3 | |
| NORITATE | 2 | | VERDESO | 3 | |
| nystatin external cream | 1 | | VEREGEN | 3 | |
| nystatin external ointment | 1 | | VOLTAREN TRANSDERMAL | 3 | QL |
| nystatin external powder 100000 unit/gm | 1 | | XOLEGEL | 3 | |
| nystatin-triamcinolone | 1 | | ZIANA | 3 | |
| OXISTAT | 3 | | ZONALON | 2 | |
| OXSORALEN | 3 | | ZOVIRAX EXTERNAL CREAM | 3 | PA |
| PANDEL | 3 | | ZYCLARA | 2 | PA |
| PANRETIN | 3 | PA | ZYCLARA PUMP | 2 | PA |
| PEDIADERM HC | 2 | | *Digestive Aids* | | |
| PEDIADERM TA | 2 | | CREON | 2 | MO |
| permethrin external cream | 1 | | PERTZYE | 2 | MO |
| PICATO | 3 | | SUCRAID | 2 | PA; SP; Accredo Pharmacy |
| podofilox external | 1 | | ULTRESA | 2 | MO |
| prednicarbate | 1 | | ZENPEP | 2 | MO |
| PRUDOXIN | 2 | | *Diuretics* | | |
| REGRANEX | 3 | PA | acetazolamide er | 1 | MO |
| salicylic acid external cream | 1 | | acetazolamide oral | 1 | MO |
| SANTYL | 3 | | ALDACTAZIDE ORAL TABLET 50-50 MG | 2 | MO |
| selenium sulfide external lotion | 1 | | amiloride hcl oral | 1 | MO |
| selenium sulf-pyrithione-urea | 1 | | amiloride-hydrochlorothiazide | 1 | MO |
| silver sulfadiazine external | 1 | | bumetanide oral | 1 | MO |
| SKLICE | 2 | ST; QL | chlorothiazide oral | 1 | MO |
| SOOLANTRA | 3 | PA; PA except Dermatology | chlorthalidone oral tablet 25 mg, 50 mg | 1 | MO |
| sulfacetamide sodium (acne) | 1 | | DIURIL | 2 | MO |
| sulfacetamide sodium external suspension | 1 | | DYRENIUM | 3 | MO |
| sulfacetamide sodium-sulfur external emulsion | 1 | | EDECRIN | 3 | MO |
| sulfacetamide sodium-sulfur external liquid† | 1 | | furosemide oral solution 10 mg/ml, 8 mg/ml | 1 | MO |
| SULFAMYLON EXTERNAL CREAM | 3 | | furosemide oral tablet | 1 | MO |
| SYNERA | 3 | | hydrochlorothiazide oral | 1 | MO |
| TACLONEX EXTERNAL SUSPENSION | 3 | PA | indapamide oral | 1 | MO |
| tacrolimus external | 2 | PA | methazolamide oral | 1 | MO |
| TAZORAC | 2 | PA | methyclothiazide oral | 1 | MO |
| TEXACORT | 3 | | metolazone | 1 | MO |
| THERMAZENE | 1 | | spironolactone oral | 1 | MO |
| TOPICORT EXTERNAL CREAM 0.05 % | 3 | | spironolactone-hctz | 1 | MO |
| TOPICORT EXTERNAL OINTMENT 0.05 % | 3 | | toremide oral | 1 | MO |
| tretinoin external 0.01 %, 0.025 %, 0.05 % | 1 | | triamterene-hctz oral capsule 37.5-25 mg | 1 | MO |
| tretinoin external cream | 1 | | triamterene-hctz oral tablet | 1 | MO |
| triamcinolone acetonide external aerosol, solution | 2 | | *Endocrine And Metabolic Agents - Misc.* | | |
| triamcinolone acetonide external cream | 1 | | alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 | MO |
| triamcinolone acetonide external lotion | 1 | | alendronate sodium oral tablet 40 mg | 2 | MO |
| triamcinolone acetonide external ointment | 1 | | BRAVELLE | 2 | PA; AL |
| TRIANEX | 3 | | BUPHENYL ORAL TABLET | 3 | PA |
| VALCHLOR | 3 | PA; SP | cabergoline | 1 | PA; MO |
| | | | calcitonin (salmon) | 1 | MO |
| | | | calcitriol oral | 1 | MO |
| | | | CARBAGLU | 3 | PA |
| | | | chorionic gonadotropin intramuscular* | 1 | PA; ST; AL |
| | | | clomiphene citrate oral | 1 | RF; QL; AL |
| | | | CYSTADANE | 2 | PA; SP |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--------------------------------|------|-------------------|--|------|-----------------|
| desmopressin ace rhinal tube | 1 | MO | SENSIPAR | 2 | MO |
| desmopressin ace spray refrig | 1 | MO | SEROSTIM | 3 | PA; ST; SP |
| desmopressin acetate oral | 1 | MO | SIGNIFOR | 3 | PA |
| desmopressin acetate spray | 1 | MO | sodium phenylbutyrate oral | 1 | PA |
| doxercalciferol | 1 | ST | SOMATULINE DEPOT | 3 | PA |
| etidronate disodium | 2 | | STIMATE | 2 | MO |
| FOLLISTIM AQ INJECTION | 3 | PA; AL | SYNAREL | 2 | PA |
| SOLUTION 75 UNT/0.5ML | | | ZORBTIVE | 3 | PA; ST; SP |
| FOLLISTIM AQ | 3 | PA; AL | *Estrogens* | | |
| SUBCUTANEOUS* | | | ANGELIQ | 2 | MO |
| FORTEO | 2 | PA; SP | COMBIPATCH | 2 | MO |
| FORTICAL | 1 | MO | COVARYX | 1 | MO |
| FOSAMAX PLUS D | 2 | MO | COVARYX HS | 1 | MO |
| ganirelix acetate | 3 | PA | DIVIGEL TRANSDERMAL 1 | 3 | AL |
| GENOTROPIN | 3 | PA; ST; SP | MG/GM | | |
| GENOTROPIN MINIQUICK | 3 | PA; ST; SP | DUAVEE | 3 | MO; AL |
| GONAL-F | 3 | PA | ELESTRIN | 3 | |
| GONAL-F RFF | 3 | PA | ENJUVIA | 3 | MO; AL |
| GONAL-F RFF PEN | 3 | PA | est estrogens-methyltest | 1 | MO |
| GONAL-F RFF REDIJECT | 3 | PA | est estrogens-methyltest ds | 1 | MO |
| HUMATROPE INJECTION | 3 | PA | est estrogens-methyltest hs | 1 | MO |
| SOLUTION RECONSTITUTED | | | estradiol oral | 1 | MO; AL |
| 12 MG, 24 MG | | | estradiol transdermal patch | 1 | MO |
| HUMATROPE INJECTION | 3 | PA; SP; Obtained | biweekly | | |
| SOLUTION RECONSTITUTED | | through Specialty | estradiol transdermal patch | 1 | AL |
| 5 MG, 6 MG | | Pharmacy | weekly | | |
| ibandronate sodium oral | 3 | MO; QL | ESTROGEL | 3 | |
| INCRELEX | 2 | PA; MO | estropipate oral | 1 | MO; AL |
| KUVAN ORAL TABLET | 2 | PA; SP; Walgreens | EVAMIST | 3 | MO |
| SOLUBLE | | Specialty | MENEST | 2 | |
| | | Pharmacy | MENOSTAR | 2 | RF; AL |
| MENOPUR | 2 | PA | PREMARIN ORAL | 2 | MO; AL |
| MYALEPT | 3 | PA; SP | PREMPHASE | 2 | MO; AL |
| NATPARA | 3 | PA; SP | PREMPRO | 2 | MO; AL |
| NORDITROPIN FLEXPRO | 2 | PA; SP | *Fluoroquinolones* | | |
| SUBCUTANEOUS* SOLUTION | | | ciprofloxacin hcl oral | 1 | |
| 10 MG/1.5ML, 15 MG/1.5ML, 5 | | | ciprofloxacin oral | 1 | |
| MG/1.5ML | | | ciprofloxacin-ciproflox hcl er | 3 | |
| NORDITROPIN FLEXPRO | 2 | PA | FACTIVE | 3 | |
| SUBCUTANEOUS* SOLUTION | | | levofloxacin oral | 1 | |
| 30 MG/3ML | | | moxifloxacin hcl oral | 1 | |
| NOVAREL | 1 | PA; ST; AL | ofloxacin oral tablet 400 mg | 1 | |
| NUTROPIN AQ NUSPIN 10 | 3 | PA; ST; SP | *Gastrointestinal Agents - Misc.* | | |
| NUTROPIN AQ NUSPIN 20 | 3 | PA; ST; SP | alosectron hcl | 2 | |
| NUTROPIN AQ NUSPIN 5 | 3 | PA; ST; SP | AMITIZA | 3 | ST |
| NUTROPIN AQ PEN | 3 | PA; ST; SP | APRISO | 2 | MO |
| octreotide acetate injection | 2 | PA | ASACOL HD | 2 | MO |
| solution 100 mcg/ml, 1000 | | | AURYXIA | 3 | MO |
| mcg/ml, 200 mcg/ml, 50 mcg/ml, | | | balsalazide disodium | 1 | AL |
| 500 mcg/ml | | | calcium acetate oral capsule | 1 | MO |
| OMNITROPE | 3 | PA; ST; SP | CANASA | 2 | |
| SUBCUTANEOUS* SOLUTION | | | CHENODAL | 3 | PA; SP; Centric |
| RECONSTITUTED | | | | | Specialty |
| OVIDREL | 3 | PA; ST; AL | | | Pharmacy |
| paricalcitol oral | 1 | ST; MO | CHOLBAM | 3 | PA; SP |
| PREGNYL | 1 | PA; ST; AL | CIMZIA | 3 | PA; SP |
| raloxifene hcl | 1 | MO | CIMZIA PREFILLED | 3 | PA; SP |
| REPRONEX | 2 | PA; AL | CIMZIA STARTER KIT | 3 | PA; SP |
| risedronate sodium | 2 | MO | cromolyn sodium oral | 1 | MO |
| SAIZEN | 3 | PA; ST; SP | DELZICOL | 2 | |
| SAIZEN CLICK.EASY | 3 | PA; ST; SP | DIPENTUM | 3 | |
| SAMSCA | 3 | PA; MO | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|--------|--|------|---|
| enulose | 1 | | *Hematopoietic Agents* | | |
| FOSRENOL ORAL TABLET CHEWABLE | 2 | MO | ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML | 2 | PA |
| generlac | 1 | | ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/0.5ML, 100 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 200 MCG/ML, 25 MCG/0.42ML, 25 MCG/ML, 300 MCG/0.6ML, 300 MCG/ML, 40 MCG/0.4ML, 40 MCG/ML, 500 MCG/ML, 60 MCG/0.3ML, 60 MCG/ML | 2 | PA; SP |
| GIAZO | 3 | RM; AL | CERDELGA | 3 | PA; SP |
| lactulose encephalopathy | 1 | | cyanocobalamin injection | 1 | |
| LIALDA | 2 | MO | DROXIA | 3 | SP |
| LINZESS | 3 | ST | EPOGEN | 2 | PA; SP; Obtained through Specialty Pharmacy |
| mesalamine enema | 1 | | FERRALET 90 | 3 | |
| mesalamine-cleanser | 1 | | FERREX 150 FORTE PLUS | 3 | |
| metoclopramide hcl oral solution | 1 | | folic acid oral tablet 1 mg | 1 | OTC |
| metoclopramide hcl oral tablet | 1 | | GRANIX | 2 | PA; SP |
| metoclopramide hcl oral tablet dispersible | 2 | PA | HEMETAB | 3 | |
| MOVANTIK | 3 | ST | LEUKINE INTRAVENOUS* | 2 | PA; SP |
| PENTASA | 2 | MO | MULTIGEN PLUS | 3 | |
| PHOSLYRA | 2 | MO | NEULASTA | 2 | PA; SP |
| RELISTOR SUBCUTANEOUS* SOLUTION | 3 | | NEUPOGEN | 2 | PA; SP |
| RENAGEL | 2 | MO | PROCRIT | 2 | PA; SP; Obtained through Specialty Pharmacy |
| REVELA | 2 | MO | PROMACTA ORAL TABLET 12.5 MG | 2 | PA; SP; Walgreens Specialty Pharmacy |
| SFROWASA | 2 | | PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG | 2 | PA; SP |
| sulfasalazine oral | 1 | MO | ZARXIO | 2 | PA; SP |
| SULFAZINE | 1 | MO | ZAVESCA | 2 | PA; SP; Accredo Pharmacy; MO |
| ursodiol oral | 2 | | *Hemostatics* | | |
| VELPHORO | 3 | | tranexamic acid oral | 2 | PA; AL |
| *Genitourinary Agents - Miscellaneous* | | | *Hypnotics* | | |
| alfuzosin hcl er | 1 | RM; MO | BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG | 3 | ST; QL |
| AVODART | 2 | RM; MO | EDLUAR | 3 | ST; QL; AL |
| CARDURA XL | 3 | MO | estazolam | 1 | QL |
| CYSTAGON | 2 | PA | HETLIOZ | 3 | PA |
| ELMIRON | 2 | PA | INTERMEZZO | 3 | ST; QL; AL |
| finasteride oral tablet 5 mg | 1 | RM; MO | phenobarbital oral elixir | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | | phenobarbital oral solution | 1 | |
| potassium citrate er | 1 | MO | phenobarbital oral tablet 15 mg | 1 | |
| RAPAFLO | 3 | RM; MO | SILENOR | 3 | QL |
| sodium chloride irrigation | 1 | | *Hypnotics/Sedatives/Sleep Disorder Agents* | | |
| tamsulosin hcl | 1 | MO | BELSOMRA ORAL TABLET 5 MG | 3 | ST; QL |
| THIOLA | 2 | PA | eszopiclone | 1 | PA; PA except Sleep Specialists |
| *Gout Agents* | | | flurazepam hcl | 1 | QL; AL |
| allopurinol oral | 1 | MO | midazolam hcl oral | 1 | |
| colchicine oral | 2 | | | | |
| colchicine-probenecid | 1 | MO | | | |
| probenecid oral | 1 | MO | | | |
| ULORIC | 3 | ST; MO | | | |
| *Hematological Agents - Misc.* | | | | | |
| anagrelide hcl | 1 | PA; MO | | | |
| aspirin-dipyridamole er | 2 | PA; MO | | | |
| BRILINTA | 2 | MO | | | |
| cilostazol | 1 | MO | | | |
| clopidogrel bisulfate | 1 | MO | | | |
| dipyridamole oral | 1 | MO | | | |
| EFFIENT | 2 | MO; AL | | | |
| FIRAZYR | 3 | PA; SP | | | |
| pentoxifylline er | 1 | MO | | | |
| RUCONEST | 2 | PA; SP | | | |
| ZONTIVITY | 3 | PA; MO | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---------------------|--|------|--------------------------|
| phenobarbital oral tablet 100 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg | 1 | | dihydroergotamine mesylate nasal | 3 | PA; QL |
| ROZEREM | 2 | MO; QL | ERGOMAR | 2 | |
| zaleplon | 1 | QL | FROVA | 3 | QL |
| zolpidem tartrate | 1 | QL; AL | naratriptan hcl | 3 | QL |
| zolpidem tartrate er | 3 | ST; QL; AL | rizatriptan benzoate | 3 | QL |
| *Laxatives* | | | sumatriptan nasal | 1 | QL |
| constulose | 1 | | sumatriptan succinate oral | 1 | QL |
| KRISTALOSE | 2 | | sumatriptan succinate refill | 1 | QL |
| lactulose oral | 1 | | sumatriptan succinate | 1 | QL |
| MOVIPREP | 3 | | subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml | | |
| OSMOPREP | 3 | | sumatriptan succinate subcutaneous* solution | 1 | QL |
| peg 3350/electrolytes | 1 | | SUMAVEL DOSEPRO | 3 | QL |
| *Macrolides* | | | zolmitriptan oral tablet | 1 | QL |
| azithromycin oral packet | 3 | | ZOMIG NASAL SOLUTION 5 MG | 2 | QL |
| azithromycin oral suspension reconstituted | 1 | | *Minerals & Electrolytes* | | |
| azithromycin oral tablet 250 mg, 600 mg | 1 | | KLOR-CON 10 | 1 | MO |
| azithromycin oral tablet 500 mg | 1 | PA except Neurology | KLOR-CON M10 | 1 | MO |
| clarithromycin er | 1 | | KLOR-CON M15 | 1 | MO |
| clarithromycin oral suspension reconstituted | 1 | | KLOR-CON M20 | 1 | MO |
| clarithromycin oral tablet 250 mg | 1 | | KLOR-CON ORAL TABLET EXTENDEDRELEASE* | 1 | MO |
| clarithromycin oral tablet 500 mg | 1 | DF | potassium chloride crys er | 1 | MO |
| DIFICID | 3 | PA | potassium chloride er oral capsule extended release* | 1 | MO |
| E.E.S. 400 | 3 | | potassium chloride er oral tablet extendedrelease* 10 meq, 8 meq | 1 | MO |
| E.E.S. GRANULES | 3 | | potassium chloride er oral tablet extendedrelease* 20 meq | 1 | MO; MO |
| ERYPED 200 | 3 | | *Mouth/Throat/Dental Agents* | | |
| ERYPED 400 | 3 | | cevimeline hcl | 1 | MO |
| ERY-TAB | 2 | | clotrimazole mouth/throat | 1 | DF |
| ERYTHROCIN STEARATE | 2 | | lidocaine hcl mouth/throat | 1 | |
| erythromycin base oral tablet | 1 | DF | lidocaine viscous | 1 | DF |
| erythromycin ethylsuccinate oral | 1 | DF | nystatin mouth/throat | 1 | DF |
| PCE | 2 | | PAROEX | 1 | |
| ZMAX | 3 | | pilocarpine hcl oral | 1 | |
| *Medical Devices* | | | triamcinolone acetonide mouth/throat | 1 | DF |
| FEMCAP | 2 | | *Multivitamins* | | |
| V-GO 20 | 2 | | DIALYVITE | 1 | PA; PA except Nephrology |
| V-GO 30 | 2 | | NEPHRONEX ORAL TABLET | 1 | |
| V-GO 40 | 2 | | prenatal 19 oral tablet 29-1 mg | 2 | MO |
| WIDE-SEAL DIAPHRAGM 60 | 2 | | prenatal 19 oral tablet chewable | 2 | MO |
| WIDE-SEAL DIAPHRAGM 65 | 2 | | prenatal oral tablet 27-1 mg | 2 | MO |
| WIDE-SEAL DIAPHRAGM 70 | 2 | | prenatal plus | 2 | MO |
| WIDE-SEAL DIAPHRAGM 75 | 2 | | prenatal plus iron oral tablet 29-1 mg | 1 | |
| WIDE-SEAL DIAPHRAGM 80 | 2 | | prenatal plus iron oral tablet 29-1 mg | 2 | MO |
| WIDE-SEAL DIAPHRAGM 85 | 2 | | PRENATAL-U | 2 | MO |
| WIDE-SEAL DIAPHRAGM 90 | 2 | | rena-vite rx | 1 | PA except Nephrology |
| WIDE-SEAL DIAPHRAGM 95 | 2 | | vol-care rx | 1 | PA except Nephrology |
| *Migraine Products* | | | | | |
| almotriptan malate | 2 | QL | | | |
| ALSUMA | 3 | QL | | | |
| CAMBIA | 3 | MO; QL; AL | | | |
| dihydroergotamine mesylate injection | 2 | | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|--|---|------|---------------------------------|
| *Musculoskeletal Therapy Agents* | | | CILOXAN OPHTHALMIC OINTMENT | 3 | |
| AMRIX | 3 | PA; AL | ciprofloxacin hcl ophthalmic | 1 | |
| baclofen oral | 1 | MO | COMBIGAN | 2 | |
| carisoprodol oral tablet 350 mg | 1 | AL | COSOPT PF | 2 | |
| carisoprodol-aspirin-codeine | 1 | AL | cromolyn sodium ophthalmic | 1 | MO |
| chlorzoxazone oral | 1 | AL | cyclopentolate hcl ophthalmic | 1 | |
| cyclobenzaprine hcl oral | 1 | AL | CYSTARAN | 3 | PA; SP |
| dantrolene sodium oral | 1 | | dexamethasone sodium phosphate ophthalmic | 1 | |
| LORZONE | 2 | AL | diclofenac sodium ophthalmic | 1 | PA |
| metaxalone | 2 | AL | dorzolamide hcl | 1 | |
| methocarbamol oral | 1 | AL | dorzolamide hcl-timolol mal | 1 | |
| orphenadrine citrate er | 1 | | DUREZOL | 3 | |
| tizanidine hcl oral | 1 | | EMADINE | 3 | |
| *Nasal Agents - Systemic And Topical* | | | epinastine hcl | 1 | ST |
| azelastine hcl nasal solution 0.1 % | 1 | | erythromycin ophthalmic | 1 | |
| azelastine hcl nasal solution 0.15 % | 3 | ST | FLAREX | 2 | |
| BACTROBAN NASAL | 3 | | fluorometholone ophthalmic | 1 | |
| BECONASE AQ | 3 | ST; AL | flurbiprofen sodium | 1 | |
| budesonide nasal | 1 | ST | FML | 2 | |
| DYMISTA | 3 | ST | FML FORTE | 2 | |
| flunisolide nasal solution 25 mcg/act (0.025%) | 1 | | gentamicin sulfate ophthalmic | 1 | |
| fluticasone propionate nasal | 1 | OTC | IOPIDINE OPHTHALMIC SOLUTION 1 % | 3 | |
| ipratropium bromide nasal | 1 | MO | ISOPTO CARBACHOL | 2 | |
| NASONEX | 2 | | ISTALOL | 3 | |
| olopatadine hcl | 2 | ST | ketorolac tromethamine ophthalmic | 1 | PA; PA except ophthalmology |
| OMNARIS | 3 | ST | ketotifen fumarate ophthalmic | 1 | OTC |
| QNASL | 3 | ST | LASTACAFT | 3 | ST |
| QNASL CHILDRENS | 3 | ST; AL | latanoprost ophthalmic | 1 | AL except ophthalmology; AL |
| TYZINE | 2 | | levobunolol hcl | 1 | |
| VERAMYST | 3 | ST | levofloxacin ophthalmic | 2 | |
| ZETONNA | 3 | ST | LOTEMAX OPHTHALMIC OINTMENT | 2 | |
| *Neuromuscular Agents* | | | LOTEMAX OPHTHALMIC SUSPENSION | 2 | |
| riluzole | 2 | MO | LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | AL except ophthalmology; AL |
| *Ophthalmic Agents* | | | MAXIDEX | 3 | |
| ACUVAIL | 2 | PA | metipranolol | 1 | |
| ALOCRIAL | 3 | ST | naphazoline hcl ophthalmic | 2 | |
| ALOMIDE | 2 | PA | NATACYN | 2 | PA |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | | neomycin-polymyxin-dexameth ophthalmic ointment | 1 | |
| ALREX | 2 | PA; PA except Ophthalmology or Allergy | neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| apraclonidine hcl | 2 | | NEVANAC | 2 | PA; Maximum of 2 fills per year |
| azelastine hcl ophthalmic | 1 | ST | ofloxacin ophthalmic | 1 | QL |
| AZOPT | 2 | | PATADAY | 3 | ST |
| bacitra-neomycin-polymyxin-hc | 1 | | PATANOL | 3 | ST |
| BEPREVE | 3 | ST | PHOSPHOLINE IODIDE | 2 | |
| BESIVANCE | 3 | | pilocarpine hcl ophthalmic | 1 | |
| betaxolol hcl ophthalmic | 1 | | polymyxin b-trimethoprim | 1 | |
| BETIMOL | 2 | | PRED MILD | 2 | |
| BETOPTIC-S | 2 | | prednisolone acetate ophthalmic | 1 | |
| bimatoprost ophthalmic | 2 | AL except ophthalmology; AL | prednisolone sodium phosphate ophthalmic | 1 | |
| BLEPHAMIDE | 2 | | | | |
| brimonidine tartrate ophthalmic | 1 | | | | |
| bromfenac sodium | 2 | PA | | | |
| carteolol hcl | 1 | | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|--------------------------------------|--|------|---|
| PROLENSA | 3 | PA; ST; Maximum of 2 fills per year | megestrol acetate oral suspension 625 mg/5ml | 3 | SP; QL |
| proparacaine hcl ophthalmic | 1 | | norethindrone acetate oral | 1 | MO |
| RESTASIS | 2 | PA; PA except Ophthalmology | progesterone micronized oral | 1 | MO |
| SIMBRINZA | 2 | | *Psychotherapeutic And Neurological Agents - Misc.* | | |
| sulfacetamide sodium ophthalmic solution | 1 | | acamprosate calcium | 1 | PA |
| timolol maleate ophthalmic | 1 | | AMPYRA | 2 | PA; SP; Walgreens Specialty Pharmacy |
| TIMOPTIC OCUDOSE | 3 | | AUBAGIO | 3 | PA; SP; PA except Neurology |
| TOBRADEX OPHTHALMIC OINTMENT | 3 | | AVONEX | 2 | PA; SP; PA except Neurology |
| tobramycin ophthalmic | 1 | | AVONEX PEN | 2 | PA; SP; PA except Neurology |
| tobramycin-dexamethasone TOBEX OPHTHALMIC OINTMENT | 1 | | AVONEX PREFILLED | 2 | PA; SP |
| TRAVATAN Z | 2 | AL except ophthalmology; AL | BRISDELLE | 3 | MO |
| travoprost | 2 | AL except ophthalmology; AL | BUPROBAN | 1 | MO; QL |
| trifluridine ophthalmic | 1 | | bupropion hcl er (smoking det) | 1 | MO; QL |
| tropicamide ophthalmic | 1 | | CHANTIX | 2 | QL |
| VEXOL | 3 | | CHANTIX CONTINUING MONTH PAK | 2 | QL |
| ZIOPTAN | 3 | AL except ophthalmology; AL | CHANTIX STARTING MONTH PAK | 2 | QL |
| ZIRGAN | 2 | | COPAXONE | 2 | PA; SP; PA except Neurology |
| *Otic Agents* | | | SUBCUTANEOUS* 40 MG/ML | 2 | PA; SP; PA except Neurology |
| ACETASOL HC | 1 | | disulfiram oral | 1 | |
| acetic acid otic | 1 | | donepezil hcl oral tablet 10 mg, 5 mg | 1 | MO |
| acetic acid-aluminum acetate | 1 | | donepezil hcl oral tablet dispersible | 1 | MO |
| CIPRO HC | 3 | PA; PA except ENT and Otolaryngology | ergoloid mesylates oral | 2 | |
| CIPRODEX | 2 | PA; PA except ENT and Otolaryngology | EXTAVIA | 3 | PA; SP; Obtained through Specialty Pharmacy |
| COLY-MYCIN S | 3 | | fluoxetine hcl (pmdd) | 1 | MO |
| CORTISPORIN-TC | 3 | | galantamine hydrobromide | 1 | MO |
| fluocinolone acetonide otic | 1 | | galantamine hydrobromide er | 1 | MO |
| hydrocortisone-acetic acid | 1 | | GILENYA | 2 | PA; SP; PA except Neurology |
| neomycin-polymyxin-hc otic solution 3.5-10000-1 | 1 | | GLATOPA | 2 | PA; SP; PA except Neurology |
| neomycin-polymyxin-hc otic suspension | 1 | | GRALISE | 3 | ST |
| ofloxacin otic | 1 | | memantine hcl oral | 2 | |
| *Penicillins* | | | NAMENDA ORAL SOLUTION | 2 | MO |
| amoxicillin | 1 | DF | NAMENDA XR | 2 | MO |
| amoxicillin er | 3 | DF | NAMENDA XR TITRATION | 2 | MO |
| amoxicillin-pot clavulanate er | 1 | DF | PACK | | |
| amoxicillin-pot clavulanate oral | 1 | DF | NAMZARIC | 3 | ST |
| ampicillin | 1 | | NICOTROL | 3 | QL |
| AUGMENTIN ORAL | 3 | | NICOTROL NS | 3 | QL |
| SUSPENSION | | | NUDEXTA | 2 | PA |
| RECONSTITUTED 125-31.25 MG/5ML | | | olanzapine-fluoxetine hcl | 3 | PA; MO |
| dicloxacillin sodium | 1 | | ORAP | 2 | MO |
| penicillin v potassium oral | 1 | | REBIF | 3 | PA; SP; PA except Neurology |
| solution reconstituted | | | REBIF REBIDOSE | 3 | PA; SP; PA except Neurology |
| penicillin v potassium oral tablet | 1 | DF | REBIF REBIDOSE TITRATION | 3 | PA; SP; PA except Neurology |
| *Progestins* | | | PACK | | |
| medroxyprogesterone acetate oral | 1 | MO | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|-------------------------------------|---|------|---|
| REBIF TITRATION PACK | 3 | PA; SP; PA except Neurology | famotidine oral suspension reconstituted | 1 | MO |
| rivastigmine | 2 | MO | famotidine oral tablet 20 mg, 40 mg | 1 | MO |
| rivastigmine tartrate | 3 | MO | glycopyrrolate oral | 1 | MO |
| SAVELLA | 2 | MO | lansoprazole oral capsule | 1 | |
| SAVELLA TITRATION PACK | 2 | MO | delayed release 30 mg | | |
| TECFIDERA | 2 | PA; SP; PA except Neurology | methscopolamine bromide oral | 1 | MO |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG | 2 | PA; SP; Accredo Pharmacy; QL | misoprostol oral | 1 | MO |
| XYREM | 2 | PA; SP; Express Scripts Pharmacy | nizatidine | 1 | MO |
| *Respiratory Agents - Misc.* | | | omeprazole oral capsule delayed release | 1 | MO |
| ESBRIET | 3 | PA; SP | OMEPRAZOLE+SYRSPEND | 3 | PA |
| KALYDECO ORAL PACKET | 2 | PA; AL | SF ALKA | | |
| KALYDECO ORAL TABLET | 2 | PA; SP | pantoprazole sodium oral | 1 | |
| OFEV | 3 | PA; SP | rabeprazole sodium | 1 | |
| ORKAMBI | 2 | PA; SP; AL | ranitidine hcl oral capsule | 1 | |
| PULMOZYME | 2 | | ranitidine hcl oral syrup | 1 | |
| *Sulfonamides* | | | ranitidine hcl oral tablet 300 mg | 1 | MO |
| sulfadiazine oral | 2 | | sucralfate oral tablet | 1 | MO |
| *Tetracyclines* | | | *Urinary Anti-Infectives* | | |
| demeclocycline hcl oral | 2 | | MACRODANTIN ORAL CAPSULE 25 MG | 3 | AL |
| doxycycline hyclate oral capsule | 1 | DF | methenamine hippurate | 1 | |
| doxycycline hyclate oral tablet | 1 | DF | nitrofurantoin | 1 | AL |
| doxycycline monohydrate | 1 | DF | nitrofurantoin macrocrystal oral | 1 | AL |
| minocycline hcl oral capsule | 2 | | nitrofurantoin monohyd macro | 1 | AL |
| tetracycline hcl oral | 2 | | *Urinary Antispasmodics* | | |
| VIBRAMYCIN ORAL SYRUP | 2 | | bethanechol chloride oral | 1 | MO |
| *Thyroid Agents* | | | ENABLEX | 3 | ST; MO; AL |
| ARMOUR THYROID | 2 | MO | flavoxate hcl | 1 | MO |
| levothyroxine sodium oral | 1 | MO | GELNIQUE | 3 | ST; MO |
| liothyronine sodium oral | 1 | MO | MYRBETRIQ | 3 | ST |
| methimazole oral | 1 | MO | oxybutynin chloride er | 1 | MO |
| propylthiouracil oral | 1 | MO | oxybutynin chloride oral | 1 | MO |
| SYNTHROID | 2 | MO | tolterodine tartrate | 1 | ST; MO |
| THYROLAR-1 | 3 | MO | tolterodine tartrate er | 1 | ST; MO |
| THYROLAR-1/2 | 3 | MO | TOVIAZ | 3 | ST; MO |
| THYROLAR-1/4 | 3 | MO | tropium chloride | 1 | ST; MO |
| THYROLAR-2 | 3 | MO | tropium chloride er | 1 | ST; MO |
| THYROLAR-3 | 3 | MO | VESICARE | 3 | ST; MO |
| UNITHROID | 1 | MO | *Vaginal Products* | | |
| *Ulcer Drugs* | | | CLEOCIN VAGINAL SUPPOSITORY | 3 | |
| amoxicill-clarithro-lansopraz | 1 | | clindamycin phosphate vaginal | 1 | |
| CANTIL | 3 | MO | CRINONE | 3 | PA; PA except Reproductive Endocrinology; QL; AL |
| CARAFATE ORAL SUSPENSION | 2 | | ENDOMETRIN | 2 | QL; AL |
| cimetidine hcl | 1 | MO | ESTRACE VAGINAL | 2 | |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | 1 | MO | ESTRING | 2 | |
| CUVPOSA | 3 | ST; MO | FEMRING | 2 | |
| DEXILANT | 3 | ST; MO | GNAZOLE-1 | 3 | |
| dicyclomine hcl oral capsule | 1 | MO | NUVESSA | 3 | |
| dicyclomine hcl oral solution | 2 | | PREMARIN VAGINAL | 2 | AL |
| dicyclomine hcl oral tablet | 1 | MO | terconazole | 1 | |
| DONNATAL EXTENTABS | 2 | MO | VAGIFEM | 2 | |
| DONNATAL ORAL ELIXIR | 2 | | VANDAZOLE | 1 | |
| DONNATAL ORAL TABLET | 3 | MO | | | |
| esomeprazole magnesium | 2 | ST; MO | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|-----------------------|------|--------|-----------|------|-------|
| *Vasopressors* | | | | | |
| AUVI-Q | 2 | QL | | | |
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| levorphanol tartrate | 4 | methenamine hippurate | 22 | nadolol | 12 |
| levothyroxine sodium | 22 | methimazole | 22 | nadolol-bendroflumethiazide | 9 |
| LEXIVA | 11 | methitest | 5 | naftifine hcl | 15 |
| LIALDA | 18 | methocarbamol | 20 | NAFTIN | 15, 16 |
| lidocaine | 15 | methotrexate | 10 | naltrexone hcl | 8 |
| lidocaine hcl | 15, 19 | methotrexate sodium | 10 | NAMENDA | 21 |
| lidocaine viscous | 19 | methotrexate sodium (pf) | 10 | NAMENDA XR | 21 |
| lidocaine-prilocaine | 15 | methoxsalen rapid | 15 | NAMENDA XR TITRATION PACK | 21 |
| LINCOCIN | 9 | methscopolamine bromide | 22 | NAMZARIC | 21 |
| lindane | 15 | methylclothiazide | 16 | naphazoline hcl | 20 |
| linezolid | 9 | methylidopa | 9 | NAPRELAN | 3 |
| LINZESS | 18 | methylidopa-hydrochlorothiazide | 9 | naproxen | 3 |
| liothyronine sodium | 22 | methylphenidate hcl | 3 | naproxen dr | 3 |
| lisinopril | 9 | methylphenidate hcl er | 3 | naproxen sodium er | 3 |
| lisinopril-hydrochlorothiazide | 9 | methylphenidate hcl er (cd) | 3 | naratriptan hcl | 19 |
| lithium | 11 | methylphenidate hcl er (la) | 3 | NASONEX | 20 |
| lithium carbonate | 11 | methylprednisolone | 14 | NATACYN | 20 |
| lithium carbonate er | 11 | methylprednisolone (pak) | 14 | NATAZIA | 14 |
| LIVALO | 8 | metipranolol | 20 | nateglinide | 7 |
| LO LOESTRIN FE | 13 | metoclopramide hcl | 18 | NATESTO | 5 |
| lomustine | 10 | metolazone | 16 | NATPARA | 17 |
| lorazepam | 5 | metoprolol succinate er | 12 | NATROBA | 16 |
| LORYNA | 13 | metoprolol tartrate | 12 | NEBUPENT | 9 |
| LORZONE | 20 | metoprolol-hydrochlorothiazide | 9 | NECON 0.5/35 (28) | 14 |
| losartan potassium | 9 | metronidazole | 9, 15 | NECON 1/50 (28) | 14 |
| losartan potassium-hctz | 9 | mexiletine hcl | 5 | NECON 10/11 (28) | 14 |
| LOTEMAX | 20 | MICROGESTIN 1.5/30 | 14 | nefazodone hcl | 7 |
| lovastatin | 8 | MICROGESTIN FE 1.5/30 | 14 | neomycin sulfate | 3 |
| LOW-OGESTREL | 13 | micronized colestipol hcl | 8 | neomycin-polymyxin-dexameth | 20 |
| loxapine succinate | 11 | midazolam hcl | 18 | neomycin-polymyxin-hc | 21 |
| LUMIGAN | 20 | midodrine hcl | 23 | NEPHRONEX | 19 |
| LUTERA | 13 | MILLIPRED | 14 | NEULASTA | 18 |
| LYNPARZA | 10 | MILLIPRED DP | 14 | NEUPOGEN | 18 |
| LYRICA | 6 | MILLIPRED DP 12-DAY | 14 | NEVANAC | 20 |
| LYSODREN | 10 | MINASTRIN 24 FE | 14 | nevirapine | 11 |
| MACRODANTIN | 22 | MINITRAN | 5 | nevirapine er | 11 |
| malathion | 15 | minocycline hcl | 22 | NEXAVAR | 10 |
| maprotiline hcl | 7 | minoxidil | 9 | niacin er (antihyperlipidemic) | 8 |
| marlissa | 13 | MIRAPEX ER | 11 | NIACOR | 8 |
| MARPLAN | 7 | mirtazapine | 7 | nicardipine hcl | 13 |
| MATULANE | 10 | MIRVASO | 15 | NICOTROL | 21 |
| MATZIM LA | 13 | misoprostol | 22 | NICOTROL NS | 21 |
| MAXIDEX | 20 | modafinil | 3 | NIFEDIAC CC | 13 |
| meclizine hcl | 8 | MODERIBA | 11 | NIFEDICAL XL | 13 |
| meclofenamate sodium | 3 | MODERIBA 1200 DOSE PACK | 11 | nifedipine | 13 |
| medroxyprogesterone acetate | 21 | MODERIBA 800 DOSE PACK | 11 | nifedipine er | 13 |
| mefenamic acid | 3 | moexipril hcl | 9 | nifedipine er osmotic | 13 |
| mefloquine hcl | 9 | moexipril-hydrochlorothiazide | 9 | nimodipine | 13 |
| megestrol acetate | 10, 21 | mometasone furoate | 15 | nisoldipine er | 13 |
| meloxicam | 3 | MONO-LINYAH | 14 | NITRO-BID | 5 |
| memantine hcl | 21 | MONONESSA | 14 | NITRO-DUR | 5 |
| MENEST | 17 | montelukast sodium | 6 | nitrofurantoin | 22 |
| MENOPUR | 17 | morphine sulfate | 4 | nitrofurantoin macrocrystal | 22 |
| MENOSTAR | 17 | morphine sulfate (concentrate) | 4 | nitrofurantoin monohyd macro | 22 |
| MENTAX | 15 | morphine sulfate er | 4 | nitroglycerin | 5 |
| MEPHYTON | 23 | morphine sulfate er beads | 4 | NITROSTAT | 5 |
| meprobamate | 5 | MOTOFEN | 8 | nizatidine | 22 |
| mercaptapurine | 10 | MOVANTI | 18 | NORDITROPIN FLEXP | 17 |
| mesalamine | 18 | MOVIPREP | 19 | norethin ace-eth estrad-fe | 14 |
| mesalamine-cleanser | 18 | moxifloxacin hcl | 17 | norethindrone | 14 |
| MESNEX | 10 | MULTAQ | 5 | norethindrone acetate | 21 |
| MESTINON | 9 | MULTIGEN PLUS | 18 | norethindrone acet-ethinyl est | 14 |
| METADATE ER | 3 | mupirocin | 15 | norgestimate-eth estradiol | 14 |
| metaproterenol sulfate | 6 | mupirocin calcium | 15 | norgestim-eth estrad triphasic | 14 |
| metaxalone | 20 | MYALEPT | 17 | NORINYL 1+50 (28) | 14 |
| metformin hcl | 7 | mycophenolate mofetil | 12 | NORITATE | 16 |
| metformin hcl er | 7 | mycophenolic acid | 12 | NORPACE CR | 5 |
| methadone hcl | 4 | MYORISAN | 15 | NORTHERA | 23 |

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| NORTREL 0.5/35 (28) | 14 | PANDEL | 16 | PREMPRO | 17 |
| nortriptyline hcl | 7 | PANRETIN | 16 | prenatal | 19 |
| NORVIR | 11 | pantoprazole sodium | 22 | prenatal 19 | 19 |
| NOVAREL | 17 | paricalcitol | 17 | prenatal plus | 19 |
| NOVOLOG | 8 | PAROEX | 19 | prenatal plus iron | 19 |
| NOVOLOG FLEXPEN | 8 | paromomycin sulfate | 3 | PRENATAL-U | 19 |
| NOVOLOG MIX 70/30 | 8 | paroxetine hcl | 7 | PREVIFEM | 14 |
| NOVOLOG MIX 70/30 FLEXPEN | 8 | paroxetine hcl er | 7 | PREZCOBIX | 11 |
| NOVOLOG PENFILL | 8 | PATADAY | 20 | PREZISTA | 12 |
| NOXAFIL | 8 | PATANOL | 20 | primaquine phosphate | 9 |
| NUCYNTA | 4 | PCE | 19 | primidone | 7 |
| NUCYNTA ER | 4 | PEDIADERM HC | 16 | PRIMSOL | 9 |
| NUEDEXTA | 21 | PEDIADERM TA | 16 | PRISTIQ | 7 |
| NUTROPIN AQ NUSPIN 10 | 17 | peg 3350/electrolytes | 19 | probenecid | 18 |
| NUTROPIN AQ NUSPIN 20 | 17 | PEGANONE | 7 | prochlorperazine maleate | 11 |
| NUTROPIN AQ NUSPIN 5 | 17 | PEGASYS | 11 | PROCRIT | 18 |
| NUTROPIN AQ PEN | 17 | PEGASYS PROCLICK | 11 | PROCTOSOL HC | 5 |
| NUVARING | 14 | PEG-INTRON | 11 | PROCTOZONE-HC | 5 |
| NUVESSA | 22 | PEG-INTRON REDIPEN | 11 | progesterone micronized | 21 |
| NUVIGIL | 3 | PEG-INTRON REDIPEN PAK 4 | 11 | PROGLYCEM | 8 |
| NYMALIZE | 13 | penicillin v potassium | 21 | PROLENSA | 21 |
| nystatin | 8, 16, 19 | PENTASA | 18 | PROMACTA | 18 |
| nystatin-triamcinolone | 16 | pentoxifylline er | 18 | promethazine hcl | 8 |
| OCELLA | 14 | PERFOROMIST | 6 | promethazine vc/codeine | 14 |
| octreotide acetate | 17 | perindopril erbumine | 9 | promethazine-codeine | 14 |
| OFEV | 22 | permethrin | 16 | propafenone hcl | 5 |
| ofloxacin | 17, 20, 21 | perphenazine | 11 | propafenone hcl er | 5 |
| OGESTREL | 14 | PERTZYE | 16 | propracaine hcl | 21 |
| olanzapine | 11 | PEXEVA | 7 | propranolol hcl | 12 |
| olanzapine-fluoxetine hcl | 21 | phenazopyridine hcl | 18 | propranolol hcl er | 12 |
| olopatadine hcl | 20 | phenelzine sulfate | 7 | propranolol-hctz | 9 |
| OLYSIO | 11 | phenobarbital | 18, 19 | propylthiouracil | 22 |
| omega-3-acid ethyl esters | 8 | phenoxybenzamine hcl | 9 | protriptyline hcl | 7 |
| omeprazole | 22 | phenytoin | 7 | PROVENTIL HFA | 6 |
| OMEPRAZOLE+SYRSPEND SF ALKA | 22 | PHENYTOIN INFATABS | 7 | PRUDOXIN | 16 |
| OMNARIS | 20 | phenytoin sodium extended | 7 | PULMICORT FLEXHALER | 6 |
| OMNITROPE | 17 | PHOSLYRA | 18 | PULMOZYME | 22 |
| ondansetron | 8 | PHOSPHOLINE IODIDE | 20 | pyrazinamide | 10 |
| ondansetron hcl | 8 | PHYSIOLYTE | 12 | pyridostigmine bromide | 9 |
| ONFI | 6, 7 | PHYSIOSOL IRRIGATION | 12 | pyridostigmine bromide er | 9 |
| ONGLYZA | 8 | PICATO | 16 | QNASL | 20 |
| OPANA ER | 4 | pilocarpine hcl | 19, 20 | QNASL CHILDRENS | 20 |
| OPSUMIT | 13 | PIMTREA | 14 | QUARTETTE | 14 |
| oralair | 12 | pindolol | 12 | QUASENSE | 14 |
| ORAP | 21 | pioglitazone hcl | 8 | QUDEXY XR | 7 |
| ORENCIA | 3 | pioglitazone hcl-glimepiride | 8 | quetiapine fumarate | 11 |
| ORENITRAM | 13 | pioglitazone hcl-metformin hcl | 8 | QUILLIVANT XR | 3 |
| ORKAMBI | 22 | piroxicam | 3 | quinapril hcl | 9 |
| orphenadrine citrate er | 20 | podofilox | 16 | quinapril-hydrochlorothiazide | 9 |
| ORSYTHIA | 14 | polymyxin b-trimethoprim | 20 | quinidine gluconate er | 5 |
| ORTHO TRI-CYCLEN LO | 14 | POMALYST | 10 | quinidine sulfate | 5 |
| OSMOPREP | 19 | PORTIA-28 | 14 | quinidine sulfate er | 5 |
| OTEZLA | 3 | potassium chloride crys er | 19 | quinine sulfate | 9 |
| OTREXUP | 3 | potassium chloride er | 19 | QVAR | 6 |
| OVIDREL | 17 | potassium citrate er | 18 | rabeprazole sodium | 22 |
| oxandrolone | 5 | POTIGA | 7 | RAGWITEK | 12 |
| oxaprozin | 3 | PRADAXA | 6 | raloxifene hcl | 17 |
| oxazepam | 5 | pramipexole dihydrochloride | 11 | ramipril | 9 |
| oxcarbazepine | 7 | pramipexole dihydrochloride er | 11 | RANEXA | 5 |
| OXISTAT | 16 | pravastatin sodium | 8 | ranitidine hcl | 22 |
| OXSORALEN | 16 | prazosin hcl | 9 | RAPAFLO | 18 |
| OXTELLAR XR | 7 | PRED MILD | 20 | RAPAMUNE | 12 |
| oxybutynin chloride | 22 | prednicarbate | 16 | RASUVO | 4 |
| oxybutynin chloride er | 22 | prednisolone | 14 | RAYOS | 14 |
| oxycodone hcl | 4 | prednisolone acetate | 20 | REBETOL | 12 |
| oxycodone-acetaminophen | 4 | prednisolone sodium phosphate | 14, 20 | REBIF | 21 |
| oxycodone-ibuprofen | 4 | prednisone | 14 | REBIF REBIDOSE | 21 |
| OXYCONTIN | 4 | prednisone (pak) | 14 | REBIF REBIDOSE TITRATION PACK | 21 |
| oxymorphone hcl | 4 | PREGNYL | 17 | REBIF TITRATION PACK | 22 |
| oxymorphone hcl er | 4 | PREMARIN | 17, 22 | RECLIPSEN | 14 |
| PACERONE | 5 | PREMPHASE | 17 | RECTIV | 5 |

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| REGRANEX | 16 | sodium polystyrene sulfonate | 12 | telmisartan-hctz | 9 |
| RELENZA DISKHALER | 12 | SOLIA | 14 | temozolomide | 10 |
| RELISTOR | 18 | SOMATULINE DEPOT | 17 | terazosin hcl | 9 |
| RENAGEL | 18 | SOOLANTRA | 16 | terbinafine hcl | 8 |
| rena-vite rx | 19 | SORINE | 12 | terbutaline sulfate | 6 |
| REVELA | 18 | sotalol hcl | 12 | terconazole | 22 |
| repaglinide | 8 | sotalol hcl (af) | 12 | TESTIM | 5 |
| REPATHA | 8 | SOTYLIZE | 12 | testosterone | 5 |
| REPATHA SURECLICK | 8 | SOVALDI | 12 | testosterone cypionate | 5 |
| REPRONEX | 17 | SPIRIVA HANDIHALER | 6 | testosterone enanthate | 5 |
| RESCRIPTOR | 12 | SPIRIVA RESPIMAT | 6 | TESTRED | 5 |
| RESTASIS | 21 | spironolactone | 16 | tetracycline hcl | 22 |
| REVATIO | 13 | spironolactone-hctz | 16 | TEXACORT | 16 |
| REVLIMID | 12 | SPORANOX | 8 | THALOMID | 12 |
| REXULTI | 11 | SPRINTEC 28 | 14 | THEO-24 | 6 |
| REYATAZ | 12 | SPRIX | 4 | THEOCHRON | 6 |
| RHEUMATREX | 4 | SPRYCEL | 10 | theophylline | 6 |
| ribavirin | 12 | SRONYX | 14 | theophylline er | 6 |
| RIDAURA | 4 | stavudine | 12 | THERMAZENE | 16 |
| rifabutin | 10 | STAVZOR | 7 | THIOLA | 18 |
| RIFAMATE | 10 | STIMATE | 17 | thioridazine hcl | 11 |
| rifampin | 10 | STIOLTO RESPIMAT | 6 | thiothixene | 11 |
| RIFATER | 10 | STIVARGA | 10 | THYROLAR-1 | 22 |
| riluzole | 20 | STRATTERA | 3 | THYROLAR-1/2 | 22 |
| RIOMET | 8 | STRIANT | 5 | THYROLAR-1/4 | 22 |
| risedronate sodium | 17 | STRIBILD | 12 | THYROLAR-2 | 22 |
| risperidone | 11 | STRIVERDI RESPIMAT | 6 | THYROLAR-3 | 22 |
| RISPERIDONE M-TAB | 11 | SUBSYS | 4 | tiagabine hcl | 7 |
| RITALIN LA | 3 | SUCRAID | 16 | TIKOSYN | 5 |
| rivastigmine | 22 | sucralfate | 22 | TILIA FE | 14 |
| rivastigmine tartrate | 22 | sulfacetamide sodium | 16, 21 | timolol maleate | 12, 21 |
| rizatriptan benzoate | 19 | sulfacetamide sodium (acne) | 16 | TIMOPTIC OCUDOSE | 21 |
| ropinirole hcl | 11 | sulfacetamide sodium-sulfur | 16 | tinidazole | 9 |
| ropinirole hcl er | 11 | sulfadiazine | 22 | TIVICAY | 12 |
| ROZEREM | 19 | sulfamethoxazole-trimethoprim | 9 | tizanidine hcl | 20 |
| RUCONEST | 18 | SULFAMILYLON | 16 | TOBI PODHALER | 3 |
| SABRIL | 7 | sulfasalazine | 18 | TOBRADEX | 21 |
| SAFYRAL | 14 | SULFAZINE | 18 | tobramycin | 3, 21 |
| SAIZEN | 17 | sulindac | 4 | tobramycin-dexamethasone | 21 |
| SAIZEN CLICK.EASY | 17 | sumatriptan | 19 | TOBREX | 21 |
| salicylic acid | 16 | sumatriptan succinate | 19 | tolazamide | 8 |
| SAMSCA | 17 | sumatriptan succinate refill | 19 | tolbutamide | 8 |
| SANCUSO | 8 | SUMAVEL DOSEPRO | 19 | tolcapone | 11 |
| SANDIMMUNE | 12 | SUSTIVA | 12 | tolmetin sodium | 4 |
| SANTYL | 16 | SUTENT | 10 | tolterodine tartrate | 22 |
| SAPHRIS | 11 | SYEDA | 14 | tolterodine tartrate er | 22 |
| SAVAYSA | 6 | SYMBICORT | 6 | TOPICORT | 16 |
| SAVELLA | 22 | SYMLINPEN 120 | 8 | topiramate | 7 |
| SAVELLA TITRATION PACK | 22 | SYMLINPEN 60 | 8 | torsemide | 16 |
| selegiline hcl | 11 | SYNAREL | 17 | TOUJEO SOLOSTAR | 8 |
| selenium sulfide | 16 | SYNERA | 16 | TOVIAZ | 22 |
| selenium sulf-pyrithione-urea | 16 | SYNRIBO | 10 | TRACLEER | 13 |
| SELZENTRY | 12 | SYNTHROID | 22 | TRADJENTA | 8 |
| SENSIPAR | 17 | TABLOID | 10 | tramadol hcl | 5 |
| SEREVENT DISKUS | 6 | TACLONEX | 16 | tramadol hcl er | 4, 5 |
| SEROQUEL XR | 11 | tacrolimus | 12, 16 | tramadol hcl er (biphasic) | 4 |
| SEROSTIM | 17 | TAMIFLU | 12 | tramadol-acetaminophen | 5 |
| sertraline hcl | 7 | tamoxifen citrate | 10 | trandolapril | 9 |
| SFROWASA | 18 | tamsulosin hcl | 18 | trandolapril-verapamil hcl er | 9 |
| SIGNIFOR | 17 | TANZEUM | 8 | tranexamic acid | 18 |
| sildenafil citrate | 13 | TARCEVA | 10 | TRANSDERM-SCOP | 8 |
| SILENOR | 18 | TASIGNA | 10 | tranylcypromine sulfate | 7 |
| silver sulfadiazine | 16 | TAZORAC | 16 | TRAVATAN Z | 21 |
| SIMBRINZA | 21 | TAZTIA XT | 13 | travoprost | 21 |
| SIMPONI | 4 | TECFIDERA | 22 | trazodone hcl | 7 |
| simvastatin | 8 | TECHNIVIE | 12 | tretinoin | 10, 16 |
| sirolimus | 12 | TEGRETOL-XR | 7 | TREXALL | 10 |
| SIVEXTRO | 9 | TEKTURNA | 9 | triamcinolone acetonide | 16, 19 |
| SKLICE | 16 | TEKTURNA HCT | 9 | triamterene-hctz | 16 |
| sodium chloride | 18 | telmisartan | 9 | TRIANEX | 16 |
| sodium phenylbutyrate | 17 | telmisartan-amlodipine | 9 | TRIBENZOR | 9 |

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| TRI-ESTARYLLA | 14 | VIREAD | 12 | ZYTIGA | 10 |
| trifluoperazine hcl | 11 | VITEKTA | 12 | ZYVOX | 9 |
| trifluridine | 21 | VOGELXO | 5 | | |
| trihexyphenidyl hcl | 11 | VOGELXO PUMP | 5 | | |
| TRI-LEGEST FE | 14 | vol-care rx | 19 | | |
| TRI-LINYAH | 14 | VOLTAREN | 16 | | |
| trimethobenzamide hcl | 8 | voriconazole | 8 | | |
| trimethoprim | 9 | VYTORIN | 9 | | |
| TRINESSA (28) | 14 | VYVANSE | 3 | | |
| TRI-PREVIFEM | 14 | warfarin sodium | 6 | | |
| TRI-SPRINTEC | 14 | WELCHOL | 9 | | |
| TRIUMEQ | 12 | WERA | 14 | | |
| TRIVORA (28) | 14 | WIDE-SEAL DIAPHRAGM 60 | 19 | | |
| TROKENDI XR | 7 | WIDE-SEAL DIAPHRAGM 65 | 19 | | |
| tropicamide | 21 | WIDE-SEAL DIAPHRAGM 70 | 19 | | |
| tropium chloride | 22 | WIDE-SEAL DIAPHRAGM 75 | 19 | | |
| tropium chloride er | 22 | WIDE-SEAL DIAPHRAGM 80 | 19 | | |
| TRULICITY | 8 | WIDE-SEAL DIAPHRAGM 85 | 19 | | |
| TRUVADA | 12 | WIDE-SEAL DIAPHRAGM 90 | 19 | | |
| TUDORZA PRESSAIR | 6 | WIDE-SEAL DIAPHRAGM 95 | 19 | | |
| TYBOST | 12 | WYMZYA FE | 14 | | |
| TYZEKA | 12 | XALKORI | 10 | | |
| TYZINE | 20 | XARELTO | 6 | | |
| UCERIS | 14 | XARELTO STARTER PACK | 6 | | |
| ULORIC | 18 | XARTEMIS XR | 5 | | |
| ULTRESA | 16 | XELJANZ | 4 | | |
| UNITHROID | 22 | XENAZINE | 22 | | |
| ursodiol | 18 | XIFAXAN | 9 | | |
| VAGIFEM | 22 | XOLEGEL | 16 | | |
| valacyclovir hcl | 12 | XOPENEX HFA | 6 | | |
| VALCHLOR | 16 | XULANE | 14 | | |
| VALCYTE | 12 | XYREM | 22 | | |
| valganciclovir hcl | 12 | zafirlukast | 6 | | |
| valproic acid | 7 | zaleplon | 19 | | |
| valsartan | 9 | ZARAH | 14 | | |
| valsartan-hydrochlorothiazide | 9 | ZARXIO | 18 | | |
| vancomycin hcl | 9 | ZAVESCA | 18 | | |
| VANDAZOLE | 22 | ZELAPAR | 11 | | |
| VASCEPA | 8 | ZENCHENT FE | 14 | | |
| VECTICAL | 16 | ZENPEP | 16 | | |
| VELIVET | 14 | ZENZEDI | 3 | | |
| VELPHORO | 18 | ZETIA | 9 | | |
| VELTIN | 16 | ZETONNA | 20 | | |
| venlafaxine hcl | 7 | ZIAGEN | 12 | | |
| venlafaxine hcl er | 7 | ZIANA | 16 | | |
| VENTAVIS | 13 | zidovudine | 12 | | |
| VENTOLIN HFA | 6 | ZIOPTAN | 21 | | |
| VERAMYST | 20 | ziprasidone hcl | 11 | | |
| verapamil hcl | 13 | ZIPSOR | 4 | | |
| verapamil hcl er | 13 | ZIRGAN | 21 | | |
| VERDESO | 16 | ZMAX | 19 | | |
| VEREGEN | 16 | ZOLINZA | 10 | | |
| VERIPRED 20 | 14 | zolmitriptan | 19 | | |
| VESICARE | 22 | zolpidem tartrate | 19 | | |
| VESTURA | 14 | zolpidem tartrate er | 19 | | |
| VEXOL | 21 | ZOMIG | 19 | | |
| V-GO 20 | 19 | ZONALON | 16 | | |
| V-GO 30 | 19 | zonisamide | 7 | | |
| V-GO 40 | 19 | ZONTIVITY | 18 | | |
| VIAGRA | 13 | ZORBTIVE | 17 | | |
| VIBRAMYCIN | 22 | ZORTRESS | 12 | | |
| VICTOZA | 8 | ZOVIA 1/35E (28) | 14 | | |
| VICTRELIS | 12 | ZOVIA 1/50E (28) | 14 | | |
| VIDEX | 12 | ZOVIRAX | 16 | | |
| VIEKIRA PAK | 12 | ZUBSOLV | 5 | | |
| VIIBRYD | 7 | ZUPLENZ | 8 | | |
| VIMPAT | 7 | ZYCLARA | 16 | | |
| viorele | 14 | ZYCLARA PUMP | 16 | | |
| VIRACEPT | 12 | ZYDELIG | 10 | | |
| VIRAMUNE XR | 12 | ZYFLO CR | 6 | | |
| VIRAZOLE | 12 | ZYKADIA | 10 | | |