



GlobalHealth

2018 Formulary Drug List

For Federal Employee Health
Benefits Program Employees



MFEHBDF18 Lists Updated 03/2018

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HELPFUL NUMBERS

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GlobalHealth Privacy Officer:

405.280.5524
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IMPORTANT INFORMATION

This formulary applies to Members who enrolled through the Federal Employees Health Benefits Program.

Member Materials

Your Member materials are three booklets. Each one has a different purpose. **These documents are important legal documents. Keep them in a safe place.**

Booklet	Purpose
<i>FEHB Brochure</i>	<ul style="list-style-type: none">• Tells you about your benefits.<ul style="list-style-type: none">○ What benefits are covered and how much you will pay.○ How they are covered (including limitations and exclusions).○ How to use them.
<i>Physicians and Health Providers Directory</i> (“ <i>Provider Directory</i> ”)	<ul style="list-style-type: none">• Lists our Network of doctors, Facilities, and pharmacies.• Tells you if a Facility is preferred or not.
<i>Formulary Drug List for Federal Employee Health Benefits Program Employees</i> (“ <i>Drug Formulary</i> ” or “ <i>Formulary</i> ”)	<ul style="list-style-type: none">• Lists drugs we cover.• Tells you what Tier a drug is in.• Tells you if there are any rules to getting a drug.

Member materials are available on our website. Contact Customer Care for printed copies at no charge. But, be aware that the most current *Drug Formulary* and *Provider Directory* lists are on the website.

When this document says “we”, “us”, or “our”, it means GlobalHealth, Inc.

For specific questions about your coverage, please call the phone number printed on your Member ID card.

Preferred Drugs

Preferred drugs are listed in this *Drug Formulary*. Drugs on the list are selected based on quality (effectiveness and safety) as well as cost-effectiveness. Doctors and pharmacists have worked together to develop the Formulary, which includes generics and brand name drugs that are approved by the U. S. Food and Drug Administration (“FDA”).

For the Member: Generic drugs contain the same active ingredients in the same amounts as brand name products. However, they may be a different color, shape, or size.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

THIS DOCUMENT LIST IS EFFECTIVE AS OF THE DATE ON THE COVER. THIS LIST IS SUBJECT TO CHANGE. You may find the most current list, including any Utilization Management requirements, on our website. Contact Customer Care for printed copies.

TIER	DESCRIPTION
0	Health Care Reform
1	Generics
2	Preferred Brands
3	Non Preferred Brands/HCG
4	Preferred Specialty
5	Specialty Drug
TYPE	DESCRIPTION
QL	Quantity Limit There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
ST	Step Therapy In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.
GL	Gender Limit This prescription drug is restricted for a single gender. .
AL	Age Limit This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom This drug has unique restrictions.
NPS	Non-Preferred Specialty Drug Non-Preferred Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

HCR

Health Care Reform
Products

The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.

PS

Preferred Specialty

Preferred Specialty.

HCG

High Cost Generic

High Cost Generic.

LCG

Low Cost Generic

Generic drugs available at the lowest cost. Please note the specific strengths and dosage forms; other strengths and/or dosage forms of these products would be subject to the standard generic Cost-share.

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS &
ADRENERGIC AGENTS		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR)		
ADRENACLICK	3	QL 2 / fill PA
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)		
<i>ipratropium-albuterol</i>	1	
<i>terbutaline sulfate 5 mg tab</i>	1	LCG
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
CAFERGOT	3	
D.H.E.45	3	QL 10 / 30 days PA
DIBENZYLIN	3	
<i>dihydroergotamine 4 mg/ml spry</i>	3	QL 8 / 30 days PA HCG
<i>dihydroergotamine mesylate (1 mg/ml amp, 1 mg/ml vl)</i>	1	PA
<i>ergoloid mesylates</i>	1	
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
MIGERGOT	3	
MIGRANAL	3	QL 8 / 30 days PA
<i>phenoxybenzamine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>phentolamine mesylate</i>	1	
<i>phentolamine-alprostadi</i>	1	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl er</i>	1	QL 1 / day GL Male
FLOMAX	3	QL 2 / day
<i>labetalol hcl (100 mg/20 ml vl, 200 mg/40 ml vl)</i>	1	
RAPAFLO	2	QL 1 / day GL Male
<i>tamsulosin hcl</i>	1	QL 2 / day
UROXATRAL	3	QL 1 / day GL Male
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
<i>acetaminophen-cod #3 tablet</i>	1	QL 12 / day AL At least 12 yrs old
<i>acetaminophen-cod #4 tablet</i>	1	QL 6 / day AL At least 12 yrs old
ALLZITAL	3	QL 6 / day
BUPAP	3	QL 6 / day
<i>butalbital-acetaminophen</i>	3	QL 6 / day
<i>butalbital-acetaminophen-caffe (butalb-acetamin-caff 50-300-40, butalb-acetamin-caff 50-325-40, butalbit-acetaminophen-caff cp)</i>	1	QL 6 / day
CAPACET	1	QL 6 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clonidine hcl (1,000 mcg/10 ml vial, 5,000 mcg/10 ml vial)</i>	1	
DURACLON	3	
ESGIC CAPSULE	1	QL 6 / day
ESGIC 50-325-40 MG TABLET	3	QL 6 / day
FIORICET	3	QL 6 / day
GRALISE 30-DAY STARTER PACK	3	ST
GRALISE ER 300 MG TABLET	3	QL 1 / day ST
GRALISE ER 600 MG TABLET	3	QL 3 / day ST
<i>hydrocodone-acetamin 2.5-167/5</i>	1	QL 100 / day AL At least 2 yrs old
<i>isomethept-caff-acetaminophen</i>	1	
<i>isomethept-dichloralp-acetamin</i>	1	
LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET)	3	QL 4 / day PA
LYRICA CR 330 MG TABLET	3	QL 2 / day PA
MARGESIC	1	QL 6 / day
MARTEN-TAB	1	QL 6 / day
NODOLOR	1	
PERCOCET 5-325 MG TABLET	3	QL 12 / day AL At least 18 yrs old
PRIALT	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
PRODRIN	3	
TENCON	1	QL 6 / day
VANATOL LQ	3	
ZEBUTAL	1	QL 6 / day
OPIATE AGONISTS		
ABSTRAL (100 MCG TAB, 200 MCG TAB, 300 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	Excluded Drugs	
<i>acetamin-caff-dihydrocod 320.5</i>	1	QL 10 / day AL At least 18 yrs old
<i>acetamin-caff-dihydrocod 325</i>	1	QL 10 / day
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	1	QL 139 / day AL At least 18 yrs old
<i>acetaminophen-cod #2 tablet</i>	1	QL 22 / day AL At least 18 yrs old
ACTIQ	3	QL 4 / day PA AL At least 18 yrs old
ARYMO ER	3	QL 3 / day PA
<i>asa-butalb-caffeine-codeine</i>	1	QL 6 / day AL At least 18 yrs old
ASCOMP WITH CODEINE	1	QL 6 / day AL At least 18 yrs old
<i>aspirin-caffeine-dihydrocodein</i>	1	QL 10 / day AL At least 18 yrs old
ASTRAMORPH-PF (1 MG/ML AMPUL, 10 MG/10 ML VIAL)	1	QL 50 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ASTRAMORPH-PF (1 MG/2 ML AMPULE, 5 MG/10 ML VIAL)	1	QL 100 / day
<i>belladonna-opium 16.2-30 supp</i>	1	QL 2 / day
<i>belladonna-opium 16.2-60 supp</i>	1	QL 1 / day
<i>butalb-acetaminoph-caff-codein</i>	1	QL 6 / day
<i>butalb-caff-acetaminoph-codein</i>	1	QL 6 / day
<i>butalbital compound-codeine</i>	1	QL 6 / day AL At least 18 yrs old
CAPITAL W-CODEINE	3	QL 125 / day AL At least 18 yrs old
<i>codeine sulfate</i>	1	QL 6 / day AL At least 18 yrs old
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	3	QL 1 / day PA AL At least 18 yrs old
DEMEROL (25 MG/0.5 ML AMPUL, 50 MG/ML AMPUL, 50 MG/ML CARPUJECT, 50 MG/ML VIAL, 75 MG/1.5 ML AMPUL, 100 MG/2 ML AMPUL)	3	QL 10 / day AL At least 18 yrs old
DEMEROL 25 MG/ML CARPUJECT	3	QL 20 / day AL At least 18 yrs old
DEMEROL 75 MG/ML SYRINGE	3	QL 7 / day AL At least 18 yrs old
DEMEROL 100 MG TABLET	3	QL 5 / day AL At least 18 yrs old
DEMEROL 50 MG TABLET	3	QL 10 / day AL At least 18 yrs old
DEMEROL (100 MG/ML AMPUL, 100 MG/ML CARPUJECT, 100 MG/ML VIAL)	3	QL 5 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
DILAUDID 2 MG/ML AMPUL	3	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID 4 MG/ML AMPUL	3	<p>QL 3 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID 5 MG/5 ML ORAL LIQUID	3	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID (0.5 MG/0.5 ML SYRINGE, 1 MG/ML SYRINGE, 2 MG/ML SYRINGE, 4 MG/ML SYRINGE)	3	<p>AL At least 18 yrs old</p>
DILAUDID (2 MG TABLET, 4 MG TABLET, 8 MG TABLET)	3	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID-HP	3	<p>QL 1 / day</p> <p>AL At least 18 yrs old</p>
DOLOPHINE HCL	3	<p>QL 3 / day</p> <p>PA</p>
DURAGESIC	3	<p>QL 0.5 / day</p> <p>PA</p>
DURAMORPH 10 MG/10 ML AMPUL	1	<p>QL 5 / day</p>
DURAMORPH 5 MG/10 ML AMPUL	1	<p>QL 10 / day</p>
EMBEDA	2	<p>QL 2 / day</p> <p>PA</p>
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
EXALGO	3	<p>QL 2 / day</p> <p>PA</p>
<i>fentanyl</i>	1	<p>QL 0.5 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #f1c40f; color: white; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> 4 / day At least 18 yrs old
<i>fentanyl 2,500 mcg/50 ml syrng</i>	1	
<i>fentanyl 2,750 mcg/55 ml syr</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 8 / day
<i>fentanyl citrate (1,000 mcg/20 ml, 1,250 mcg/25 ml)</i>	1	
<i>fentanyl citrate (100 mcg/2 ml syringe, 1,500 mcg/30 ml syr)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 8 / day
<i>fentanyl 250 mcg/5 ml syringe</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 / day
<i>fentanyl 1,375 mcg/55-0.9%nacl</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 15 / day
<i>fentanyl 600 mcg/30ml-0.9%nacl</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 19 / day
<i>fentanyl citrate-0.9% nacl (300 mcg/30ml-0.9%nacl, 2,500mcg/250-0.9%nacl)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 38 / day
<i>fentanyl citrate-0.9% nacl (5 mcg/ml-0.9% nacl, 5 mcg/ml-0.9% nacl vl, 15 mcg/3 ml-0.9% nacl, 25 mcg/2.5ml-0.9%nacl, 50 mcg/5 ml-0.9% nacl, 500 mcg/50ml-0.9%nacl, 1,000 mcg/100 ml-ns, 1,000mcg/50-0.9% nacl, 1,100 mcg/55-0.9%nacl, 1,250mcg/125-0.9%nacl, 1,250mcg/250-0.9%nacl, 5,000mcg/250-0.9%nacl)</i>	1	
<i>fentanyl 2,000mcg/100-0.9%nacl</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 19 / day
<i>fentanyl citrate-0.9% nacl (fentanyl-0.9%nacl 1,000mcg/100, fentanyl 10 mcg/ml-0.9% nacl, fentanyl 1,000mcg/100-0.9%nacl)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 38 / day
<i>fentanyl 100 mcg/10ml-0.9%nacl</i>	1	
<i>fentanyl 100 mcg/10 ml-d5w</i>	1	
<i>fentanyl-bup-ns 4 mcg/ml-0.1%</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 96 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fentanyl-bupiv-n</i> s 2 mcg-0.1%	1	QL 192 / day
<i>fentanyl-bupivacaine</i> -0.9% nacl (2 mcg-bupiv 0.25%-ns, 2 mcg-bupivac 0.1%-ns, 2.5 mcg-bupiv 0.1%-ns)	1	
<i>fentanyl-bupivacaine</i> -0.9% nacl (fentanyl 2 mcg-bupiv 0.1%-ns, fentanyl 2mcg-bupiv 0.0625%-ns, fentanyl-bupiv-ns 2 mcg-0.125%)	1	QL 192 / day
<i>fentanyl</i> 1.5 mcg-bup 0.125%-ns	1	
<i>fentanyl</i> 10 mcg-bupiva 0.2%-ns	1	QL 38 / day
<i>fentanyl</i> 2 mcg-ropiv 0.1%-ns	1	QL 192 / day
<i>fentanyl-ropiv-n</i> s 2 mcg-0.1%	1	QL 192 / day
<i>fentanyl</i> 2 mcg-ropiv 0.15%-ns	1	QL 192 / day
FENTORA (100 MCG TABLET, 200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET)	Excluded Drugs	
FIORICET WITH CODEINE	3	QL 6 / day
FIORINAL WITH CODEINE #3	3	QL 6 / day AL At least 18 yrs old
HYCET	3	QL 140 / day AL At least 2 yrs old
<i>hydrocodone-acetaminophen</i> (5-163/7.5, 10-325/15)	1	AL At least 2 yrs old
<i>hydrocodone-acetaminophen</i> (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	1	QL 140 / day AL At least 2 yrs old
<i>hydrocodone-acetamin</i> 2.5-325	1	QL 20 / day AL At least 18 yrs old
<i>hydrocodone-acetamin</i> 7.5-325	1	QL 8 / day AL At least 18 yrs old
<i>hydrocodone-acetaminophen</i> (5-300 mg, 7.5-300, 10-300 mg)	1	QL 13 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydrocodone-acetaminophen (5-325 mg, 10-325 mg)</i>	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	1	<p>QL 5 / day</p> <p>AL At least 16 yrs old</p>
<i>hydrocodone-ibuprofen 5-200 mg</i>	1	<p>QL 6 / day</p> <p>AL At least 16 yrs old</p>
<i>hydromor 5 mcg-bupiva 0.1%-ns</i>	1	QL 10 / day
<i>hydromorp 20 mcg-bupiv 0.1%-ns</i>	1	QL 3 / day
<i>hydromorph-bupivac-0.9% nacl (10 mcg-bupiva 0.1%-ns, 20 mcg-bupi 0.125%-ns)</i>	1	
<i>hydromorph-ropiva-0.9% nacl</i>	1	QL 6 / day
<i>hydromorphone er</i>	3	<p>QL 2 / day</p> <p>PA</p> <p>HCG</p>
<i>hydromorphone hcl 1 mg/ml amp</i>	1	QL 13 / day
<i>hydromorphone hcl 10 mg/ml amp</i>	1	<p>QL 1 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl 4 mg/ml amp</i>	1	QL 3 / day
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	1	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone 3 mg suppos</i>	1	QL 4 / day
<i>hydromorphone 0.5 mg/0.5 ml</i>	1	<p>QL 50 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone 4 mg/ml carpujct</i>	1	<p>QL 3 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl (1 mg/ml carpujct, 1 mg/ml syringe)</i>	1	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydromorphone hcl (2 mg/ml carpujct, 2 mg/ml isecure)</i>	1	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl (2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp, 60 mg/30 ml syr)</i>	1	<p>QL 6 / day</p>
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl (10 mg/ml vial, hcl 10 mg/ml vl, 50 mg/5 ml vial, 500 mg/50 ml via)</i>	1	<p>QL 1 / day</p>
<i>hydromorphone 15 mg/30 ml-ns</i>	1	<p>QL 25 / day</p>
<i>hydromorphone hcl-0.9% nacl (1 mg/5 ml-ns, 6 mg/30 ml-ns vl, 12 mg/30 ml-ns, 250 mg/250 ml-ns)</i>	1	
<i>hydromorphone hcl-0.9% nacl (10 mg/50 ml-ns, 50 mg/50 ml-ns)</i>	1	<p>QL 1 / day</p>
<i>hydromorphone hcl-0.9% nacl (30 mg/30 ml-ns, 55 mg/55 ml-ns)</i>	1	<p>QL 13 / day</p>
<i>hydromorphone 0.5 mg/50 ml-ns</i>	1	<p>QL 5000 / day</p>
<i>hydromorphone 1 mg/50 ml-ns</i>	1	<p>QL 50 / day</p>
<i>hydromorphone 2 mg/50 ml-ns</i>	1	<p>QL 313 / day</p>
<i>hydromorphone 25 mg/50 ml-ns</i>	1	<p>QL 25 / day</p>
<i>hydromorphone hcl-0.9% nacl (100 mg/50 ml-ns, 200 mg/100 ml-ns)</i>	1	<p>QL 6 / day</p>
<i>hydromorphone hcl-0.9% nacl (hydromorphone 6 mg/30 ml-ns, hydromorphone 20 mg/100 ml-ns, hydromorphone-ns 6 mg/30 ml, hydromorphone-ns 10 mg/50 ml, hydromorphone-ns 20 mg/100 ml)</i>	1	<p>QL 63 / day</p>
<i>hydromorphone 0.5 mg/5 ml-d5w</i>	1	
HYSINGLA ER (ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
IBUDONE 10-200 MG TABLET	3	<p>QL 5 / day</p> <p>AL At least 16 yrs old</p>
IBUDONE 5-200 MG TABLET	1	<p>QL 6 / day</p> <p>AL At least 16 yrs old</p>
INFUMORPH 200 MG/20 ML AMPUL	3	<p>QL 5 / day</p>
INFUMORPH 500 MG/20 ML AMPUL	3	<p>QL 2 / day</p>
IONSYS	3	<p>QL 1 / day</p>
KADIAN (ER 10 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE, ER 60 MG CAPSULE, ER 80 MG CAPSULE, ER 100 MG CAPSULE, ER 200 MG CAPSULE)	Excluded Drugs	
LAZANDA (100 MCG NASAL SPRAY, 300 MCG NASAL SPRAY, 400 MCG NASAL SPRAY)	Excluded Drugs	
LORCET	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
LORCET HD	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
LORCET PLUS	1	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
LORTAB 10 MG-300 MG/15 ML ELXR	3	<p>QL 90 / day</p> <p>AL At least 2 yrs old</p>
LORTAB (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	1	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 10 mg/ml cartrdge</i>	1	<p>QL 50 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 50 mg/5 ml solution</i>	1	<p>QL 50 / day</p> <p>AL At least 18 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>meperidine 100 mg tablet</i>	1	<p>QL 5 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 50 mg tablet</i>	1	<p>QL 10 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 100 mg/ml vial</i>	1	<p>QL 5 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 25 mg/ml vial</i>	1	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 50 mg/ml vial</i>	1	<p>QL 10 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 300 mg/30 ml-ns syr</i>	1	
<i>meperidine 550 mg/55 ml-ns syr</i>	1	QL 50 / day
<i>meperidine hcl-0.9% nacl (250 mg/25 ml syr, 550 mg/55 ml syr, 1,000 mg/100 ml)</i>	1	QL 50 / day
<i>methadone 10 mg/5 ml solution</i>	1	<p>QL 8 / day</p> <p>PA</p>
<i>methadone 5 mg/5 ml solution</i>	1	<p>QL 18 / day</p> <p>PA</p>
<i>methadone hcl 10 mg/ml syringe</i>	1	<p>QL 2 / day</p> <p>PA</p>
<i>methadone hcl (5 mg/0.5 ml syringe, 10 mg/ml oral conc, hcl 10 mg tablet)</i>	1	<p>QL 2 / day</p> <p>PA</p>
<i>methadone hcl 5 mg tablet</i>	1	<p>QL 3 / day</p> <p>PA</p>
<i>methadone hcl (10 mg/ml vial, 200 mg/20 ml vl)</i>	1	QL 2 / day
METHADONE INTENSOL	1	<p>QL 2 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
METHADOSE 10 MG/ML ORAL CONC	3	QL 2 / day PA
MORPHABOND ER	3	QL 2 / day PA
<i>morphine sulfate (1 mg/ml vial p-f, sulfate 1 mg/ml vial, 30 mg/30 ml syringe)</i>	1	QL 50 / day PA
<i>morphine sulfate (5 mg/ml syringe, 5 mg/ml vial)</i>	1	QL 10 / day PA
<i>morphine sulf 10 mg/5 ml soln</i>	1	QL 25 / day
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL 13 / day
<i>morphine sulf 10 mg suppos</i>	1	QL 5 / day
<i>morphine sulf 30 mg suppos</i>	1	QL 2 / day
<i>morphine sulf 5 mg suppos</i>	1	QL 10 / day
<i>morphine sulfate (20 mg suppos, 100 mg/5 ml soln)</i>	1	QL 3 / day
<i>morphine 10 mg/ml isecure syrg</i>	1	QL 5 / day PA
<i>morphine 8 mg/ml isecure syrng</i>	1	QL 6 / day PA
<i>morphine sulfate (2 mg/ml carpject, 2 mg/ml isecure syr, 2 mg/ml syringe)</i>	1	QL 25 / day PA
<i>morphine sulfate (4 mg/ml carpject, 4 mg/ml isecure syr, 4 mg/ml syringe, sulfate 4 mg/ml vial)</i>	1	QL 13 / day PA
<i>morphine sulfate (8 mg/ml carpject, 8 mg/ml syringe, 8 mg/ml vial, sulfate 8 mg/ml vial)</i>	1	QL 6 / day PA
<i>morphine sulfate ir 15 mg tab</i>	1	QL 3 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>morphine sulfate ir 30 mg tab</i>	1	<p>QL 2 / day</p> <p>AL At least 18 yrs old</p>
<i>morphine sulfate (0.5 mg/ml vial, 1 mg/2 ml syringe)</i>	1	<p>QL 100 / day</p> <p>PA</p>
<i>morphine sulfate (10 mg/0.7 ml auto-inj, 15 mg/ml vial)</i>	1	<p>QL 3 / day</p> <p>PA</p>
<i>morphine sulfate (10 mg/ml carpject, 10 mg/ml syringe, sulfate 10 mg/ml vial)</i>	1	<p>QL 5 / day</p> <p>PA</p>
<i>morphine sulfate (25 mg/ml vial, 25 mg/ml vl)</i>	1	<p>QL 2 / day</p> <p>PA</p>
<i>morphine sulfate 50 mg/ml vial</i>	1	<p>QL 1 / day</p> <p>PA</p>
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 100 mg cap)</i>	1	<p>QL 2 / day</p> <p>PA</p>
<i>morphine sulfate er (er 30 mg cap, er 45 mg cap, er 60 mg cap, er 75 mg cap, er 80 mg cap, er 90 mg cap, er 120 mg cap)</i>	1	<p>QL 1 / day</p> <p>PA</p>
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	1	<p>QL 3 / day</p> <p>PA</p>
<i>morphine 300 mg/30ml-0.9% nacl</i>	1	<p>QL 5 / day</p> <p>PA</p>
<i>morphine sulfate-0.9% nacl (50 mg/25 ml-0.9% nacl, 150 mg/30 ml-0.9%nacl, 250 mg/50 ml-ns, 250mg/250ml-0.9% nacl, 275 mg/55-0.9% nacl)</i>	1	<p>PA</p>
<i>morphine sulfate-0.9% nacl (1 mg/ml-0.9% syr, 2 mg/2 ml-0.9%, 100mg/100ml-0.9%)</i>	1	<p>QL 50 / day</p> <p>PA</p>
<i>morphine sulfate-0.9% nacl (3 mg/3 ml-0.9% nacl, 1,000 mg/100 ml-ns)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>morphine sulfate-0.9% nacl (500mg/100ml-0.9% nacl, 1,250 mg/250 ml-ns)</i>	1	QL 10 / day PA
<i>morphine sulfate-0.9% nacl (morphine 10 mg/10 ml-ns syrng, morphine 30 mg/30 ml-0.9% nacl, morphine 50 mg/50 ml-0.9% nacl, morphine-ns 50 mg/50 ml bag, morphine-ns 100 mg/100 ml)</i>	1	QL 50 / day PA
<i>morphine 0.5 mg/0.5ml-0.9%nacl</i>	1	QL 100/ day PA
<i>morphine 0.5 mg/ml-0.9% nacl</i>	1	QL 100 / day PA
<i>morphine sulfate-d5w</i>	1	PA
MS CONTIN	3	QL 3 / day PA
NORCO	3	QL 12 / day AL At least 18 yrs old
NUCYNTA (50 MG TABLET, 75 MG TABLET)	3	QL 6 / day AL At least 18 yrs old
NUCYNTA 100 MG TABLET	3	QL 7 / day AL At least 18 yrs old
NUCYNTA ER (ER 50 MG TABLET, ER 100 MG TABLET, ER 150 MG TABLET, ER 200 MG TABLET, ER 250 MG TABLET)	Excluded Drugs	
OPANA 1 MG/ML INJ AMPULE	3	QL 17 / day AL At least 18 yrs old
OPANA (5 MG TABLET, 10 MG TABLET)	3	QL 12 / day AL At least 18 yrs old
OXAYDO	3	QL 8 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>oxycodone hcl (5 mg capsule, 5 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL 8 / day AL At least 18 yrs old
<i>oxycodone hcl 100 mg/5 ml soln</i>	1	QL 2 / day
<i>oxycodone hcl 5 mg/5 ml soln</i>	1	QL 33 / day
<i>oxycodon 10 mg/0.5 ml oral syr</i>	1	QL 4 / day
<i>oxycodone hcl 10 mg tablet</i>	1	QL 8 / day
<i>oxycodone hcl er</i>	1	QL 3 / day PA
<i>oxycodone hcl-aspirin</i>	1	QL 7 / day AL At least 18 yrs old
<i>oxycodone hcl-ibuprofen</i>	1	QL 4 / day AL At least 18 yrs old
<i>oxycodone-acetaminophn 5-325/5</i>	1	QL 62 / day AL At least 18 yrs old
<i>oxycodon-acetaminophen 7.5-300</i>	1	QL 4 / day AL At least 18 yrs old
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i>	1	QL 12 / day AL At least 18 yrs old
<i>oxycodone-acetaminophen 10-300</i>	1	QL 3 / day AL At least 18 yrs old
<i>oxycodone-acetaminophen 5-300</i>	1	QL 7 / day AL At least 18 yrs old
OXYCONTIN	3	QL 3 / day PA
<i>oxymorphone hcl</i>	3	QL 12 / day AL At least 18 yrs old HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>oxymorphone hcl er</i>	3	<ul style="list-style-type: none"> QL 2 / day PA AL At least 18 yrs old HCG
PERCOCET (7.5-325 MG TABLET, 10-325 MG TABLET)	3	<ul style="list-style-type: none"> QL 12 / day AL At least 18 yrs old
PRIMLEV 10-300 MG TABLET	3	<ul style="list-style-type: none"> QL 3 / day AL At least 18 yrs old
PRIMLEV 5-300 MG TABLET	3	<ul style="list-style-type: none"> QL 7 / day AL At least 18 yrs old
PRIMLEV 7.5-300 MG TABLET	3	<ul style="list-style-type: none"> QL 4 / day AL At least 18 yrs old
REPREXAIN 10-200 MG TABLET	1	<ul style="list-style-type: none"> QL 5 / day AL At least 16 yrs old
REPREXAIN 2.5-200 MG TABLET	3	<ul style="list-style-type: none"> QL 5 / day AL At least 16 yrs old
REPREXAIN 5-200 MG TABLET	3	<ul style="list-style-type: none"> QL 6 / day AL At least 16 yrs old
ROXICODONE	3	<ul style="list-style-type: none"> QL 8 / day AL At least 18 yrs old
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)	Excluded Drugs	
SYNALGOS-DC	3	<ul style="list-style-type: none"> QL 10 / day AL At least 12 yrs old
<i>tramadol hcl</i>	1	<ul style="list-style-type: none"> QL 8 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tramadol hcl er (er 100 mg capsule, er 150 mg capsule, er 200 mg capsule, er 300 mg capsule)</i>	1	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 200 mg tablet, hcl er 300 mg tablet)</i>	3	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old HCG
<i>tramadol hcl-acetaminophen</i>	1	<ul style="list-style-type: none"> QL 8 / day AL At least 18 yrs old
TREZIX	3	<ul style="list-style-type: none"> QL 10 / day AL At least 18 yrs old
TYLENOL-CODEINE NO.3	3	<ul style="list-style-type: none"> QL 12 / day AL At least 12 yrs old
TYLENOL-CODEINE NO.4	3	<ul style="list-style-type: none"> QL 6 / day AL At least 12 yrs old
ULTRACET	3	<ul style="list-style-type: none"> QL 8 / day AL At least 18 yrs old
ULTRAM	3	<ul style="list-style-type: none"> QL 8 / day AL At least 18 yrs old
ULTRAM ER	3	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old
VERDROCET	1	<ul style="list-style-type: none"> QL 20 / day AL At least 18 yrs old
VICODIN	1	<ul style="list-style-type: none"> QL 8 / day AL At least 18 yrs old
VICODIN ES	1	<ul style="list-style-type: none"> QL 13 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
VICODIN HP	1	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
XARTEMIS XR	3	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
XODOL 10-300	3	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
XODOL 5-300	3	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
XODOL 7.5-300	3	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
XTAMPZA ER (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE, ER 36 MG CAPSULE)	Excluded Drugs	
XYLON 10	1	
ZAMICET	3	<p>QL 90 / day</p> <p>AL At least 2 yrs old</p>
ZOHYDRO ER (ER 10 MG CAPSULE, ER 15 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE)	Excluded Drugs	
OPIATE PARTIAL AGONISTS		
BELBUCA	3	<p>QL 2 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
BUNAVAIL (2.1-0.3 MG FILM, 6.3-1 MG FILM)	1	<p>QL 3 / day</p> <p>PA</p>
BUNAVAIL 4.2-0.7 MG FILM	1	<p>QL 2 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
BUPRENEX	3	QL 17 / day
<i>buprenorphine</i>	3	QL 0.144 / day PA
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	QL 3 / day PA
<i>buprenorphine hcl (0.3 mg/ml syring, 0.3 mg/ml vial)</i>	1	QL 17 / day
<i>buprenorphine-naloxone</i>	1	QL 3 / day PA
<i>butorphanol 10 mg/ml spray</i>	1	QL 0.3 / day AL At least 18 yrs old
<i>butorphanol 1 mg/ml vial</i>	1	QL 7 / day AL At least 18 yrs old
<i>butorphanol 2 mg/ml vial</i>	1	QL 4 / day AL At least 18 yrs old
BUTRANS	3	QL 0.144 / day PA
<i>nalbuphine 100 mg/10 ml vial</i>	1	QL 5 / day
<i>nalbuphine hcl (20 mg/ml ampul, 200 mg/10 ml vial)</i>	1	QL 3 / day
<i>pentazocine-naloxone hcl</i>	1	QL 12 / day AL At least 12 yrs old
SUBOXONE (2 MG-0.5 MG FILM, 8 MG-2 MG FILM)	1	QL 3 / day PA
SUBOXONE (4 MG-1 MG FILM, 12 MG-3 MG FILM)	1	QL 2 / day PA
TALWIN (30 MG/ML AMPUL, 30 MG/ML VIAL)	3	QL 5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ZUBSOLV	1	<ul style="list-style-type: none"> QL 3 / day PA
<p>ANOREXIGENIC AGENTS</p> <p>AMPHETAMINE DERIVATIVES</p>		
ADIPEX-P (37.5 MG CAPSULE, 37.5 MG TABLET)	3	<ul style="list-style-type: none"> QL 2 / day PA AL At least 17 yrs old
<i>diethylpropion hcl</i>	1	<ul style="list-style-type: none"> QL 3 / day PA AL At least 16 yrs old
<i>diethylpropion hcl er</i>	1	<ul style="list-style-type: none"> QL 1 / day PA
LOMAIRA	1	<ul style="list-style-type: none"> QL 3 / day PA AL At least 17 yrs old
<i>phendimetrazine er 105 mg cap</i>	1	<ul style="list-style-type: none"> QL 1 / day PA
<i>phendimetrazine 35 mg tablet</i>	1	<ul style="list-style-type: none"> QL 3 / day PA
<i>phentermine hcl (15 mg capsule, 30 mg capsule)</i>	1	<ul style="list-style-type: none"> QL 1 / day PA
<i>phentermine hcl (37.5 mg capsule, 37.5 mg tablet)</i>	1	<ul style="list-style-type: none"> QL 2 / day PA AL At least 17 yrs old
OSYMIA	3	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
SUPRENZA ODT	3	PA
ANOREXIGENIC AGENTS, MISCELLANEOUS		
CONTRAVE	3	QL 4 / day PA AL At least 18 yrs old
SELECTIVE SEROTONIN RECEPTOR AGONISTS		
BELVIO	3	QL 2 / day PA AL At least 18 yrs old
BELVIO XR	3	QL 1 / day PA AL At least 18 yrs old
ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS		
AMPHETAMINES		
ADDERALL (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	3	QL 2 / day ST
ADDERALL XR	3	QL 2 / day ST
ADZENYS ER	3	QL 1 / day ST AL At least 6 yrs old
ADZENYS XR-ODT	3	QL 1 / day ST AL At least 6 yrs old
<i>benzphetamine hcl 25 mg tablet</i>	1	QL 3 / day PA AL At least 12 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>benzphetamine hcl 50 mg tablet</i>	1	QL 3 / day PA
DESOXYN	3	QL 5 / day ST
DEXEDRINE SPANSULE 10 MG	3	QL 5 / day ST
DEXEDRINE SPANSULE 15 MG	3	QL 4 / day ST
DEXEDRINE SPANSULE 5 MG	3	QL 2 / day ST
DEXEDRINE 10 MG TABLET	1	QL 6 / day
DEXEDRINE 5 MG TABLET	1	QL 2 / day
<i>dextroamphetamine 5 mg/5 ml</i>	3	QL 60 / day HCG
<i>dextroamphetamine 10 mg tab</i>	3	QL 6 / day HCG
<i>dextroamphetamine 5 mg tab</i>	3	QL 2 / day HCG
<i>dextroamphetamine er 10 mg cap</i>	3	QL 5 / day HCG
<i>dextroamphetamine er 15 mg cap</i>	3	QL 4 / day HCG
<i>dextroamphetamine sulfate er (d-amphetamine er 5 mg capsule, dextroamphetamine er 5 mg cap)</i>	3	QL 2 / day HCG
<i>dextroamphetamine-amphet er</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	1	QL 2 / day
DYANAVEL XR	3	QL 8 / day ST AL At least 6 yrs old
EVEKEO	3	QL 6 / day ST
<i>methamphetamine hcl</i>	1	QL 5 / day
MYDAYIS	3	QL 1 / day ST
PROCENTRA	3	QL 60 / day ST
REGIMEX	3	QL 3 / day PA AL At least 12 yrs old
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	2	QL 1 / day
VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET, 50 MG TABLET, 60 MG TABLET)	2	QL 1 / day
ZENZEDI (15 MG TABLET, 30 MG TABLET)	3	QL 2 / day ST
ZENZEDI (2.5 MG TABLET, 20 MG TABLET)	3	QL 3 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
ZENZEDI 10 MG TABLET	1	QL 6 / day
ZENZEDI 5 MG TABLET	1	QL 2 / day
ZENZEDI 7.5 MG TABLET	3	QL 8 / day ST
RESPIRATORY AND CNS STIMULANTS		
APTENSIO XR	3	QL 1 / day ST
<i>caffeine and sodium benzoate</i>	1	
<i>caffeine cit 60 mg/3 ml oral</i>	1	
CONCERTA (ER 18 MG TABLET, ER 27 MG TABLET, ER 36 MG TABLET)	3	QL 2 / day ST
CONCERTA ER 54 MG TABLET	3	QL 1 / day ST
COTEMPLA XR-ODT	3	QL 1 / day ST
DAYTRANA	3	QL 1 / day ST
<i>dexmethylphenidate 10 mg tab</i>	1	QL 2 / day
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)</i>	1	QL 3 / day
<i>dexmethylphenidate er 20 mg cp</i>	3	QL 2 / day HCG
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	3	QL 1 / day HCG
DOPRAM	3	
<i>doxapram hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
FOCALIN	3	QL 2 / day ST
FOCALIN XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	3	QL 1 / day ST
FOCALIN XR 20 MG CAPSULE	3	QL 2 / day ST
METADATE CD	3	QL 1 / day ST
METADATE ER	1	QL 3 / day LCG
METHYLIN 10 MG/5 ML SOLUTION	3	QL 30 / day ST
METHYLIN 5 MG/5 ML SOLUTION	3	QL 60 / day ST
METHYLIN (2.5 MG TAB, 5 MG TABLET, 10 MG TABLET)	3	QL 3 / day ST
<i>methylphenidate er (er 20 mg cap, er 40 mg cap)</i>	3	QL 1 / day HCG
<i>methylphenidate er 30 mg cap</i>	3	QL 2 / day HCG
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)</i>	1	QL 2 / day
<i>methylphenidate er (er 54 mg tab, er 72 mg tab)</i>	1	QL 1 / day
<i>methylphenidate er 10 mg tab</i>	1	QL 5 / day
<i>methylphenidate er 20 mg tab</i>	1	QL 3 / day
<i>methylphenidate 10 mg/5 ml sol</i>	1	QL 30 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methylphenidate 5 mg/5 ml soln</i>	1	QL 60 / day
<i>methylphenidate 2.5 mg chew tb</i>	1	
<i>methylphenidate hcl (5 mg chew tab, 10 mg chew tab, 20 mg tablet)</i>	1	QL 3 / day
<i>methylphenidate 10 mg tablet</i>	1	QL 5 / day LCG
<i>methylphenidate 5 mg tablet</i>	1	QL 3 / day LCG
<i>methylphenidate hcl cd</i>	3	QL 1 / day HCG
<i>methylphenidate hcl er (er 10 mg cap, er 50 mg cap, er 60 mg cap)</i>	1	QL 1 / day
<i>methylphenidate la (20 mg cap, 40 mg cap)</i>	3	QL 1 / day HCG
<i>methylphenidate la 30 mg cap</i>	3	QL 2 / day HCG
<i>methylphenidate la 60 mg cap</i>	1	QL 1 / day
QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)	3	QL 1 / day ST AL At least 6 yrs old
QUILLICHEW ER 30 MG CHEW TAB	3	QL 2 / day ST AL At least 6 yrs old
QUILLIVANT XR	3	QL 12 / day ST
RITALIN (5 MG TABLET, 20 MG TABLET)	3	QL 3 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
RITALIN 10 MG TABLET	3	QL 5 / day ST
RITALIN LA (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	3	QL 1 / day ST
RITALIN LA 30 MG CAPSULE	3	QL 2 / day ST
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	3	QL 1 / day PA HCG
<i>modafinil</i>	1	QL 1 / day PA
NUVIGIL	3	QL 1 / day PA
PROVIGIL	3	QL 1 / day PA
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA	3	QL 4 / day PA
BILTRICIDE	3	PA
EMVERM	3	PA
<i>ivermectin</i>	1	PA
STROMEKTOL	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
URINARY ANTI-INFECTIVES		
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
URIBEL	1	QL 4 / day
UROGESIC-BLUE	3	
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
AK-POLY-BAC	1	QL 0.434 / day
AZASITE	3	QL 0.36/day
<i>bacitracin 500 unit/gm ophth</i>	1	QL 0.434 / day
<i>bacitracin-polymyxin</i>	1	QL 0.434 / day
BACTROBAN NASAL	2	PA
BESIVANCE	3	QL 0.767 / day
BLEPH-10	3	QL 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS &
BLEPHAMIDE	3	QL 5 / fill
BLEPHAMIDE S.O.P.	3	QL 4 / fill
CETRAXAL	3	QL 0.567 / day
CILOXAN (EYE DROPS, OINTMENT)	3	QL 0.767 / day
CIPRO HC	3	QL 0.434 / day
CIPRODEX	2	QL 0.257 / day
<i>ciprofloxacin 0.2% otic soln</i>	1	QL 0.567 / day
<i>ciprofloxacin 0.3% eye drop</i>	1	QL 0.767 / day
COLY-MYCIN S	3	QL 10 / fill
CORTISPORIN-TC	3	QL 10 / fill
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	QL 0.54 / day
FLOXIN	3	QL 10 / 30 days
<i>gatifloxacin</i>	1	QL 0.36/day
GENTAK	1	QL 0.54 / day
<i>gentamicin sulfate (0.3% drops, 3 mg/ml drops)</i>	1	QL 2.143 / day
<i>gentamicin 0.3% eye ointment</i>	1	QL 0.54 / day
<i>levofloxacin 0.5% eye drops</i>	1	QL 0.767 / day
MAXITROL EYE DROPS	3	QL 5 / fill
MAXITROL EYE OINTMENT	3	QL 4 / fill
MOXEZA	2	QL 0.434 / day
<i>moxifloxacin 0.5% eye drops</i>	1	QL 0.434 / day
NEO-POLYCIN	1	QL 0.124 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
NEO-POLYCIN HC	1	QL 4 / fill
<i>neomycin-bacitracin-poly-hc</i>	1	QL 4 / fill
<i>neomycin-bacitracin-polymyxin</i>	1	QL 0.124 / day
<i>neomyc-polym-dexameth eye drop</i>	1	QL 5 / fill
<i>neomyc-polym-dexamet eye ointm</i>	1	QL 4 / fill
<i>neomycin-polymyxin-gramicidin</i>	1	QL 1.47 / day
<i>neomycin-poly-hc eye drops</i>	1	QL 10/ fill
<i>neomycin-polymyxin-hc ear susp</i>	1	QL 10 / fill
<i>neomycin-polymyxin-hydrocort</i>	1	QL 10 / fill
NEOSPORIN	3	QL 1.47 / day
OCUFLOX	3	QL 1.47 / day
<i>ofloxacin 0.3% ear drops</i>	1	QL 10 / 30 days
<i>ofloxacin 0.3% eye drops</i>	1	QL 1.47 / day
OTIPRIO	3	
OTOVEL	3	
POLYCIN	1	QL 0.434 / day
<i>polymyxin b sul-trimethoprim</i>	1	QL 1.47 / day
POLYTRIM	3	QL 1.47 / day
PRED-G 1% EYE DROPS	3	QL 5 / fill
PRED-G S.O.P. EYE OINTMENT	3	QL 4 / fill
<i>sulfacetamide 10% eye drops</i>	1	QL 5 / fill
<i>sulfacetamide 10% eye ointment</i>	1	QL 4 / fill
<i>sulfacetamide-prednisolone</i>	1	QL 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS &
TOBRADEX EYE DROPS	3	QL 5 / fill
TOBRADEX EYE OINTMENT	3	QL 4 / fill
TOBRADEX ST	3	QL 5 / fill
<i>tobramycin 0.3% eye drops</i>	1	QL 2.143 / day
<i>tobramycin-dexamethasone</i>	1	QL 5 / fill
TOBREX 0.3% EYE DROPS	3	QL 2.143 / day
TOBREX 0.3% EYE OINTMENT	3	QL 0.54 / day
<i>vancomycin 2 mg/0.2 ml syringe</i>	1	
VIGAMOX	2	QL 0.434 / day
ZYLET	3	QL 5 / fill
ZYMAXID	3	QL 0.36/day
ANTIFUNGALS (EENT)		
NATACYN	3	QL 0.767 / day
ANTIVIRALS (EENT)		
<i>trifluridine</i>	1	
VIROPTIC	3	
ZIRGAN	3	QL 0.167 / day
EENT ANTI-INFECTIVES, MISCELLANEOUS		
ACETASOL HC	1	
<i>acetic acid 2% ear solution</i>	1	
<i>acetic acid-aluminum</i>	1	
BETADINE	3	
<i>chlorhexidine gluconate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydrocortisone-acetic acid</i>	1	
PAROEX	1	
PERIDEX	3	
PERIOGARD	1	
<i>povidone iodine</i>	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ACANYA GEL PUMP	Excluded Drugs	
AKTIPAK 3%-5% GEL POUCH	Excluded Drugs	
ALTABAX	3	PA
BACTROBAN (CREAM, OINTMENT)	3	
BENZACLIN (GEL, GEL 35G PUMP, GEL 50G PUMP)	Excluded Drugs	
BENZAMYCIN GEL	Excluded Drugs	
BENZAMYCINPAK GEL	Excluded Drugs	
CENTANY	3	PA
CLEOCIN 2% VAGINAL CREAM	3	
CLEOCIN 100 MG VAGINAL OVULE	2	
CLEOCIN T 1% GEL	3	QL 75 / 30 days
CLEOCIN T (LOION, PLEDGES, SOLUION)	3	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P	1	
CLINDAGEL	3	QL 75 / 30 days PA
<i>clindamax</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clindamycin phos-benzoyl perox</i>	3	QL 1.5 / day HCG
<i>clindamycin phos-tretinoin</i>	3	QL 2 / day PA HCG
<i>clindamycin phosphate 1% foam</i>	1	QL 1.667 / day
<i>clindamycin ph 1% gel</i>	1	QL 75 / 30 days
<i>clindamycin phosphate (ph 1% solution, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i>	1	
<i>clindamycin-benzoyl peroxide (clinda-benzoyl 1-5% pump, clindamycin-benzoyl 1-5%)</i>	3	QL 1.667 / day HCG
CLINDESSE	3	
CORTISPORIN CREAM	3	QL 0.25 / day
CORTISPORIN OINTMENT	3	QL 0.5 / day
DUAC 1.2-5% GEL	Excluded Drugs	
ERY	1	
ERYGEL	3	QL 1 / day
<i>erythromycin 2% gel</i>	1	QL 1 / day
<i>erythromycin (pledgets, solution)</i>	1	
<i>erythromycin-benzoyl peroxide</i>	3	QL 1.60 / day HCG
EVOCLIN	3	QL 1.667 / day
<i>gentamicin sulfate (cream, ointment)</i>	1	
METROCREAM	3	
METROGEL (GEL, PUMP)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
METROGEL-VAGINAL	3	
METROLOTION	3	
<i>metronidazole (0.75% cream, 0.75% lotion, topical 1% gel)</i>	3	HCG
<i>metronidazole (top 1% gel pump, vaginal 0.75% gl)</i>	1	
<i>mupirocin (cream, ointment)</i>	1	
NEO-SYNALAR 0.5%-0.025% CREAM	3	
NEUAC GEL	1	QL 1.5 / day
NORITATE	3	PA
NUVESSA	3	
ONEXTON 1.2%-3.75% GEL	3	QL 1.667 / day
ONEXTON GEL PUMP	3	QL 1.967 / day
ROSADAN 0.75% CREAM	1	
ROSADAN (CREAM KIT, GEL KIT)	3	
VANDAZOLE	1	
VELTIN (1.2 %-0.025 % GEL, 1.2%-0.025% GEL)	Excluded Drugs	
ZIANA GEL	Excluded Drugs	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir 5% ointment</i>	3	HCG
DENAVIR	3	QL 0.167 / day PA AL At least 12 yrs old
XERESE	3	QL 0.167 / day PA AL At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOVIRAX 5% CREAM	2	QL 0.167 / day PA AL At least 12 yrs old
ZOVIRAX 5% OINTMENT	3	QL 30 / fill PA AL At least 12 yrs old
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
AVC	3	
DERMAZENE	1	
FEM PH	3	
<i>hydrocortisone-iodoquinol</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	
IODOFLEX	3	
IODOSORB	3	
KLARON	3	QL 4 / day
RELAGARD	3	
SILVADENE	3	
<i>silver nitrate (0.5% soln, 10% ointment, 25% solution, 50% solution)</i>	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	1	QL 4 / day
THERMAZENE	1	
VYTONE	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
SCABICIDES AND PEDICULICIDES		
ELIMITE	3	
EURAX (CREAM, LOTION)	3	ST
<i>lindane (lotion, shampoo)</i>	1	
<i>malathion</i>	3	HCG
NATROBA	3	ST
OVIDE	3	ST
<i>permethrin</i>	1	
SKLICE	3	ST
<i>spinosad</i>	3	HCG
ULESFIA	3	ST
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
ALREX	3	QL 0.5 / day
BECONASE AQ	3	QL 1.667 / day
CORTANE-B	3	
DERMOTIC	3	
<i>dexamethasone 0.1% eye drop</i>	1	QL 10 / fill
DUREZOL	3	
FLAREX	3	QL 10 / fill
<i>flunisolide</i>	1	QL .834 / day
<i>fluocinolone acetonide oil</i>	3	HCG
<i>fluorometholone</i>	1	QL 10 / fill

PRODUCT DESCRIPTION	TIER	LIMITS &
FML	3	QL 10 / fill
FML FORTE	3	QL 10 / fill
FML S.O.P.	3	QL 4 / fill
ILUVIEN	5	QL max 1 per 365 days NPS Non-Preferred Specialty Drug
LOTEMAX 0.5% OPHTHALMIC GEL	3	QL 10 / fill
LOTEMAX 0.5% EYE DROPS	3	QL 21 / fill
LOTEMAX 0.5% EYE OINTMENT	3	QL 4 / fill
MAXIDEX	3	QL 10 / fill
<i>mometasone furoate 50 mcg spry</i>	1	QL 0.567 / day PA
NASONEX	3	QL 0.567 / day PA
OMNARIS	3	QL 0.434 / day
OMNIPRED	3	QL 21 / fill
OZURDEX	5	QL 0.04 / day NPS Non-Preferred Specialty Drug
PRED FORTE	3	QL 21 / fill
PRED MILD	3	QL 21 / fill
<i>prednisolone acetate</i>	1	QL 21 / fill
<i>prednisolone sod 1% eye drop</i>	1	
QNASL	3	QL 0.3 / day
QNASL CHILDREN	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
RETISERT	5	QL max 1 per 365 days NPS Non-Preferred Specialty Drug
RHINOCORT AQUA	3	QL 0.574 / day
TRIESENCE	3	QL 1 / day
VERAMYST	3	QL 0.357 / day
VEXOL	3	QL 10 / fill
ZETONNA	3	QL 0.22 / day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
XIIDRA	3	QL 2 / day PA AL At least 17 yrs old
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	3	QL 15 / 30 days
ACULAR LS	3	QL 5 / fill
ACUVAIL	2	QL 1 / day
<i>bromfenac sodium</i>	1	QL 8 / rx
BROMSITE	3	QL 15/ 180 days
<i>diclofenac 0.1% eye drops</i>	1	QL 5 / fill
<i>flurbiprofen sodium</i>	1	QL 3/ fill
ILEVRO	3	QL 4 / fill
<i>ketorolac 0.4% ophth solution</i>	1	QL 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ketorolac 0.5% ophth solution</i>	1	QL 15 / 30 days
NEVANAC	3	QL 3/ fill
OCUFEN	3	QL 3/ fill
PROLENSA	3	QL 3/ fill
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
LEUKOTRIENE MODIFIERS		
ACCOLATE	3	QL 2 / day
<i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1	QL 1 / day
SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET)	3	QL 1 / day
<i>zafirlukast</i>	1	QL 2 / day
<i>zileuton er</i>	3	QL 4 / day ST
ZYFLO	3	QL 4 / day ST
ZYFLO CR	3	QL 4 / day ST
MAST-CELL STABILIZERS		
ALOCRIL	3	QL 5 / fill
<i>cromolyn 20 mg/2 ml neb soln</i>	1	
<i>cromolyn 4% eye drops</i>	1	QL 10 / fill
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
GASTROCROM	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIANEMIA DRUGS IRON PREPARATIONS		
ACTIVE FE	3	GL Female
FERAHEME	5	NPS Non-Preferred Specialty Drug
FEROCON	1	
FEROTRINSIC	1	
FERREX 150 FORTE	3	
FERRLECIT	5	NPS Non-Preferred Specialty Drug
FOCALGIN DSS	3	GL Female
FOLIVANE-PLUS	3	
FUSION PLUS	3	
FUSION SPRINKLES	3	
HEMATINIC WITH FOLIC ACID	1	
HEMATRON-AF	3	
HEMAX	1	
HEMOCYTE-F	1	
ICAR-C PLUS	3	
INFED	5	NPS Non-Preferred Specialty Drug
INJECTAFER	5	NPS Non-Preferred Specialty Drug
MAXARON FORTE	3	
MULTIGEN FOLIC	3	
MULTIGEN PLUS	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
POLYSACCHARIDE IRON FORTE	1	
<i>prenatal low iron</i>	3	GL Female
PROFERRIN-FORTE	3	
<i>sod ferric gluconate complex</i>	4	NPS Non-Preferred Specialty Drug
TRIFERIC (272 MG POWDER PACKET, 272 MG/50 ML AMPULE)	5	NPS Non-Preferred Specialty Drug
VENOFER	5	NPS Non-Preferred Specialty Drug
VINATE GT	3	GL Female
VINATE II	3	GL Female
VINATE ULTRA	3	GL Female
VIVA DHA	3	GL Female
VYNATAL-FA	1	GL Female
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR 100 MG CAPSULE	2	
NORPACE CR 150 MG CAPSULE	3	
<i>procainamide 500 mg/ml vial</i>	1	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine gluc 80 mg/ml vial</i>	1	
<i>quinidine sulfate (sulf er 300 mg tab, sulfate 200 mg tab, sulfate 300 mg tab)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CLASS IB ANTIARRHYTHMICS		
<i>buffered lidocaine</i>	3	
<i>lidocaine hcl (hcl 1% abboject, hcl 1% syringe, hcl 2% abboject, hcl 2% luer-jet, hcl 2% syringe, hcl 2% vial, 40 mg/2 ml (2%) syrg, 100 mg/5 ml (2%) syr, hcl 100 mg/10 ml syr)</i>	1	
<i>lidocaine hcl in 5% dextrose</i>	1	
<i>mexiletine hcl</i>	1	
XYLOCAINE IV	3	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	3	PA HCG
RYTHMOL	3	
RYTHMOL SR	3	PA
CLASS II ANTIARRHYTHMICS		
<i>atenolol (25 mg tablet, 50 mg tablet)</i>	1	LCG
<i>atenolol 100 mg tablet</i>	1	
<i>metoprolol succinate (er 25 mg tab, er 100 mg tab, er 200 mg tab)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab)</i>	1	LCG
<i>metoprolol tartrate 100 mg tab</i>	1	
<i>propranolol 10 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>amiodarone hcl (150 mg/3 ml syringe, 150 mg/3 ml vial, 450 mg/9 ml vial, 900 mg/18 ml vial)</i>	1	
<i>amiodarone hcl-d5w (amiodarone 150 mg/100 ml-d5w, amiodarone 450 mg/250 ml-d5w, amiodarone 750 mg/500 ml-d5w, amiodarone 900 mg/500 ml-d5w, amiodarone-d5w 150 mg/100 ml)</i>	1	
CORDARONE	2	
CORVERT	3	
<i>dofetilide (250 mcg capsule, 500 mcg capsule)</i>	4	NPS Non-Preferred Specialty Drug
<i>ibutilide fumarate</i>	1	
MULTAQ	3	PA
NEXTERONE	3	
PACERONE	1	
TIKOSYN (250 MCG CAPSULE, 500 MCG CAPSULE)	5	NPS Non-Preferred Specialty Drug
CLASS IV ANTIARRHYTHMICS		
ADENOCARD	3	
<i>adenosine (6 mg/2 ml syringe, 6 mg/2 ml vial, 12 mg/4 ml syringe, 12 mg/4 ml vial)</i>	1	
<i>verapamil er 240 mg tablet</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
BETHKIS	4	PA PS
<i>gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1	
<i>gentamicin sulfate in ns</i>	1	
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
TOBI	5	PA NPS Non-Preferred Specialty Drug
TOBI PODHALER	5	PA NPS Non-Preferred Specialty Drug
<i>tobramycin (300 mg/5 ml ampule, pak 300 mg/5 ml)</i>	4	PA NPS Non-Preferred Specialty Drug
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	1	
<i>tobramycin sulfate in ns</i>	1	
CHLORAMPHENICOL		
<i>chloramphenicol sod succinate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
MACROLIDES		
E.E.S. 200	3	
E.E.S. 400	3	
ERY-TAB	3	
ERYPED 200	2	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE (1 GM ADDVANT VIAL, 500 MG ADDVNT VL, 500 MG VIAL)	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin (dr 250 mg cap, ec 250 mg cap)</i>	1	
<i>erythromycin (250 mg, 500 mg)</i>	3	HCG
<i>erythromycin 200 mg/5 ml gran</i>	1	
<i>erythromycin es 400 mg tab</i>	3	HCG
PCE	3	
QUINOLONONES		
AVELOX	3	QL 21 / fill
AVELOX ABC PACK	3	QL 5 / day
AVELOX IV	3	
BAXDELA (300 MG VIAL, 450 MG TABLET)	3	QL max 14 days PA
CIPRO 10% SUSPENSION	3	QL 10 / day
CIPRO 5% SUSPENSION	3	QL 7 / day
CIPRO (250 MG TABLET, 500 MG TABLET)	3	QL 2 / day
CIPRO I.V.	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
CIPRO XR 1,000 MG TABLET	3	QL 14 / 1 rx
CIPRO XR 500 MG TABLET	3	QL 28 / fill
<i>ciprofloxacin 250 mg/5 ml susp</i>	1	QL 7 / day
<i>ciprofloxacin 500 mg/5 ml susp</i>	1	QL 10 / day
<i>ciprofloxacin (200 mg/20 ml vial, 400 mg/40 ml vial)</i>	1	
<i>ciprofloxacin er 1,000 mg tab</i>	1	QL 14 / 1 rx
<i>ciprofloxacin er 500 mg tablet</i>	1	QL 28 / fill
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 750 mg tab)</i>	1	QL 2 / day
<i>ciprofloxacin hcl 500 mg tab</i>	1	QL 2 / day LCG
<i>ciprofloxacin-d5w</i>	1	
FACTIVE	3	QL 7 / day PA
LEVAQUIN	3	QL 30 / fill
<i>levofloxacin (25 mg/ml solution, 250 mg/10 ml soln, 500 mg/20 ml soln)</i>	1	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	QL 30 / fill
<i>levofloxacin (500 mg/20 ml vial, 750 mg/30 ml vial)</i>	1	
<i>levofloxacin-d5w</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL 21 / fill
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1	QL 56 / fill

PRODUCT DESCRIPTION	TIER	LIMITS &
SULFONAMIDES (SYSTEMIC)		
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	3	
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-tmp ds tablet</i>	1	LCG
<i>sulfamethoxazole-trimethoprim (ss tablet, susp)</i>	1	
<i>sulfamethoxazole-tmp inj vial</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	
SULFATRIM	1	
TETRACYCLINES		
ACTICLATE	3	ST
ADOXA	3	ST
AVIDOXY	1	
<i>demeclocycline hcl</i>	1	
DORYX DR 200 MG TABLET	3	QL 7/ rx ST
DORYX DR 50 MG TABLET	3	ST
DORYX MPC	3	ST
DOXY 100	1	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline hyclate (75 mg tab, 150 mg tab)</i>	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>doxycycline hyc dr 200 mg tab</i>	3	QL 7/ rx ST HCG
<i>doxycycline hyclate (dr 50 mg tab, dr 75 mg tab, dr 100 mg tab, dr 150 mg tab)</i>	3	ST HCG
<i>doxycycline hyc 100 mg vial</i>	1	
<i>doxycycline ir-dr</i>	1	QL 1 / day
<i>doxycycline mono 150 mg cap</i>	1	QL 30 / fill
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg capsule, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet, mono 150 mg tablet)</i>	1	
MINOCIN (50 MG CAP, 75 MG CAP, 100 MG CAP)	3	
MINOCIN 100 MG VIAL	3	
<i>minocycline hcl (50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet)</i>	1	
<i>minocycline er 45 mg tablet</i>	3	QL 3 / day ST HCG
<i>minocycline hcl er (er 90 mg tablet, er 135 mg tablet)</i>	3	QL 1 / day ST HCG
MONDOXYNE NL	1	
MONODOX	3	
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	1	
OKEBO	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ORACEA	3	QL 1 / day PA
SOLODYN	3	QL 1 / day PA
TARGADOX	3	ST
<i>tetracycline hcl</i>	3	HCG
VIBRAMYCIN (25 MG/5 ML SUSP, 50 MG/5 ML SYRUP, 100 MG CAPSULE)	3	ST
ANTIBACTERIALS, MISCELLANEOUS		
BACITRACINS		
BACIIM	1	
<i>bacitracin (unit vial, units vial)</i>	1	
CYCLIC LIPOPEPTIDES		
CUBICIN	3	
CUBICIN RF	3	
<i>daptomycin</i>	1	
GLYCOPEPTIDES		
VANCOGIN HCL	3	
<i>vancomycin</i>	1	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	3	HCG
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1g/200 ml bag, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 125 mg/2.5 ml oral, 500 mg a-v vial, 500 mg vial, hcl 750 mg vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>vancomycin hcl-0.9% nacl (vanco 1 gram/150 ml-0.9%, vanco 1 gram/250 ml-0.9%, vanco 1.25 gm/150 ml-0.9%, vanco 1.25 gm/250 ml-0.9%, vanco 1.5 gm/150 ml-0.9%, vanco 1.5 gm/250 ml-0.9%, vanco 1.5 gm/300 ml-0.9%, vanco 1.5 gm/500 ml-0.9%, vanco 1.75 g/250 ml-0.9%, vanco 1.75 gm/500 ml-0.9%, vanco 2 gram/250 ml-0.9%, vanco 2 gram/500 ml-0.9%, vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vanco 750 mg/250 ml-0.9%, vancomycin 1 g/100ml-0.9%, vancomycin 1 g/200ml-0.9%)</i>	1	
<i>vancomycin hcl-d5w (vancomycin 1 gram/100 ml-d5w, vancomycin 1 gram/250 ml-d5w, vancomycin 1.25 gram/250ml-d5w, vancomycin 1.5 gram/250 ml-d5w, vancomycin 1.5 gram/500 ml-d5w, vancomycin 1.75 gram/500ml-d5w, vancomycin 750 mg/250 ml-d5w, vancomycin-d5w 1.5 gram/250 ml, vancomycin-d5w 500 mg/100 ml)</i>	1	
VIBATIV	3	
LINCOMYCINS		
CLEOCIN HCL	3	QL 4 / day
CLEOCIN PALMITATE	3	QL 70/ day
CLEOCIN PHOSPHATE (PHOS 9 G/60 ML VIAL, 150 MG/ML ADDVN VIAL, PHOS 150 MG/ML VIAL, PHOS 300 MG/2 ML VIAL, PHOS 300 MG/2ML ADDVAN, PHOS 600 MG/4 ML VIAL, PHOS 900 MG/6 ML VIAL)	3	
CLEOCIN PHOSPHATE IN D5W	3	
<i>clindamycin hcl</i>	1	QL 4 / day
<i>clindamycin palmitate hcl</i>	1	QL 70/ day
<i>clindamycin pediatric</i>	1	QL 70/ day





PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clindamycin phosphate (ph 9 g/60 ml vial, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, 900 mg/6 ml addvan, ph 900 mg/6 ml vl)</i>	1	
<i>clindamycin phosphate-d5w</i>	1	
<i>clindamycin-0.9% nacl</i>	1	
LINCOCIN	3	
<i>lincomycin hcl</i>	1	QL 10 / day
OTHER MISC. ANTIBACTERIAL AGENTS		
PYLERA	2	QL 120 / 365 days PA
OXAZOLIDINONES		
<i>linezolid 600 mg/300 ml iv sol</i>	1	
<i>linezolid 100 mg/5 ml susp</i>	1	QL 900 / rx
<i>linezolid 600 mg tablet</i>	1	QL 2 / day
<i>linezolid-0.9% nacl</i>	1	
SIVEXTRO 200 MG TABLET	3	QL 6 / 30 days PA
SIVEXTRO 200 MG VIAL	3	QL 6 / 30 days PA
ZYVOX (200 MG/100 ML IV SOLN, 600 MG/300 ML IV SOLN)	3	PA
ZYVOX 100 MG/5 ML SUSPENSION	3	QL 900 / rx PA
ZYVOX 600 MG TABLET	3	QL 2 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
POLYMYXINS		
<i>colistimethate</i>	1	
COLY-MYCIN M PARENTERAL	3	
<i>polymyxin b sulfate</i>	1	
RIFAMYCINS		
RIFADIN IV 600 MG VIAL	3	
XIFAXAN	3	PA
STREPTOGRAMINS		
SYNERCID	3	
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANASPAZ	3	
ANORO ELLIPTA	2	QL 2 / day
ATROVENT HFA	3	QL 1.29 / day
B-DONNA	1	
BENTYL 10 MG/ML AMPUL	3	
BENTYL (10 MG CAPSULE, 20 MG TABLET)	3	
BEVESPI AEROSPHERE	3	QL 0.357 / day ST
CANTIL	3	
<i>chlordiazepoxide-clidinium</i>	1	
COMBIVENT RESPIMAT	2	QL 0.267 / day
CUVPOSA	3	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	1	LCG

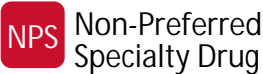






PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dicyclomine 20 mg/2 ml vial</i>	1	
<i>diphenoxylate-atrop 2.5-0.025</i>	1	
DONNATAL (ELIXIR, TABLET)	3	
ED-SPAZ	1	
<i>glycopyrrolate (0.2 mg/ml vial, 0.4 mg/2 ml syr, 0.4 mg/2 ml vl, 0.6 mg/3 ml syr, 1 mg/5 ml syrng, 1 mg/5 ml vial, 4 mg/20 ml vial)</i>	1	
<i>glycopyrrolate (1.5 mg tablet, 2 mg tablet)</i>	1	
<i>glycopyrrolate-sterile water</i>	1	
<i>hyoscyamine sulfate (0.125 mg odt, 0.125 mg tab sl, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate sr</i>	1	
HYOSYNE (0.125 MG/ML DROP, 125 MCG/5 ML ELIXIR)	1	
INCRUSE ELLIPTA	2	QL 1 / day
<i>ipratropium br 0.02% soln</i>	1	QL 12.5 / day
LEVBID	3	
LEVSIN 0.125 MG TABLET	3	
LEVSIN-SL	3	
LIBRAX	3	
<i>methscopolamine bromide</i>	1	
NULEV	1	
OSCIMIN (0.125 MG ODT, 0.125 MG TABLET)	1	
OSCIMIN SL	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
OSCIMIN SR	1	
PHENOHYTRO	1	
<i>propantheline bromide</i>	1	
ROBINUL (0.2 MG/ML VIAL, 0.4 MG/2 ML VIAL, 1 MG/5 ML VIAL, 4 MG/20 ML VIAL)	3	
ROBINUL FORTE	3	
SEEBRI NEOHALER	3	QL 2 / day PA AL At least 18 yrs old
SPIRIVA	2	QL 1 / day
SPIRIVA RESPIMAT	2	QL 1 / day
STIOLTO RESPIMAT	2	QL 0.134 / day
SYMAX	1	
SYMAX DUOTAB	3	
SYMAX-SL	1	
SYMAX-SR	1	
TUDORZA PRESSAIR 400 MCG INH	Excluded Drugs	
ANTIPARKINSONIAN AGENTS		
<i>benztropine mes 2 mg tablet</i>	1	
ANTICOAGULANTS		
ANTICOAGULANTS, MISCELLANEOUS		
<i>sodium citrate 4% syringe</i>	1	
COUMARIN DERIVATIVES		
COUMADIN	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
JANTOVEN (1 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	1	LCG
JANTOVEN (2 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	LCG
<i>warfarin sodium (6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
DIRECT FACTOR XA INHIBITORS		
ARIXTRA (2.5 MG/0.5 ML SYRINGE, 5 MG/0.4 ML SYRINGE)	5	NPS Non-Preferred Specialty Drug
ARIXTRA (7.5 MG/0.6 ML SYRINGE, 10 MG/0.8 ML SYRINGE)	5	NPS Non-Preferred Specialty Drug
BEVYXXA	3	<ul style="list-style-type: none"> QL 1.25 / day PA AL At least 18 yrs old
ELIQUIS 5 MG STARTER PACK	3	<ul style="list-style-type: none"> QL 100 / 30 days PA
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	3	<ul style="list-style-type: none"> QL 2 / day PA
<i>fondaparinux sodium</i>	4	NPS Non-Preferred Specialty Drug
SAVAYSA	3	<ul style="list-style-type: none"> QL 1 / day PA
XARELTO STARTER PACK	2	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL 1 / day
XARELTO 15 MG TABLET	2	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
DIRECT THROMBIN INHIBITORS		
ANGIOMAX	3	
<i>argatroban</i>	1	
<i>argatrobn-0.9% nacl 250 mg/250</i>	3	
<i>argatroban-0.9% nacl (argatroban 50 mg/50ml-0.9%nacl, argatrobn-0.9% nacl 125 mg/125)</i>	1	
<i>argatroban-sodium chloride</i>	1	
<i>bivalirudin (250 mg add-vant vl, 250 mg vial)</i>	1	
IPRIVASK	5	 Non-Preferred Specialty Drug
PRADAXA	2	 2 / day
HEPARINS		
<i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	4	 Non-Preferred Specialty Drug
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR, 7,500 UNITS/0.3 ML SYR, 10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML, 95,000 UNITS/3.8 ML VL)	5	 Non-Preferred Specialty Drug
<i>heparin flush (hep-lock flush 10 units/ml kit, hep-lock flush 100 unit/ml kit, heparin 2 unit/2 ml (1/ml) syr, heparin 3 unit/3 ml (1/ml) syr, heparin 5 unit/5 ml (1/ml) syr, heparin 10 unit/10 ml (1/ml), heparin 30 units/3 ml (10/ml), heparin 60 units/6 ml (10/ml), heparin iv flush 1 unit/ml syr, heparin iv flush 100 units/ml)</i>	1	
<i>heparin flush 10 units/ml syr</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>heparin lock (lock flush 10 units/ml, 20 units/2 ml (10/ml), lock flush 100 unit/ml, 200 unit/2 ml (100/ml))</i>	1	
<i>heparin lock (30 unit/3 ml (10/ml), 50 units/5 ml (10/ml), 100 unit/10 ml (10/ml), 300 unit/3 ml (100/ml), 500 unit/5 ml (100/ml), 1,000 unit/10 (100/ml), 3,000 unit/30 (100/ml))</i>	1	
<i>heparin sodium (1,000 unit/ml vial, 5,000 unit/ 0.5 ml, 5,000 unit/0.5 ml, 5,000 unit/ml syr, 5,000 unit/ml syrg, 5,000 unit/ml vial, 10,000 unit/ml vl, 20,000 unit/ml vl)</i>	1	
<i>heparin sodium (2,000 unit/2 ml vial, 10,000 unit/10 ml vial, 30,000 unit/30 ml vial, 40,000 units/4 ml vial, 50,000 unit/10 ml vial, 50,000 units/10 ml vl, 50,000 units/5 ml vial)</i>	1	
<i>heparin sodium in 0.45% nacl</i>	1	
<i>heparin sodium-0.45% nacl (2.5 unit/10 ml-1/2 ns, 3 unit/3 ml-1/2 ns, 10 unit/10 ml-1/2 ns, 100 unit/100 ml-1/2 ns, 5,000 unit/1,000-1/2ns, 25,000 unit/500-1/2 ns)</i>	1	
<i>heparin sodium-0.9% nacl (heparin 1,000 unit/1,000 ml-ns, heparin-ns 1,000 units/500 ml, heparin-ns 2,000 unit/1,000 ml)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>heparin sodium-0.9% nacl (heparin 100 unit/100 ml-ns, heparin 250 unit/250 ml-ns, heparin 500 unit/500 ml-ns, heparin 2,000 unit/500 ml-ns, heparin 2,500 unit/250 ml-ns, heparin 2,500 unit/500 ml-ns, heparin 3,000 unit/500 ml-ns, heparin 4,000 unit/1,000 ml-ns, heparin 4,000 unit/500 ml-ns, heparin 5,000 unit/1,000 ml-ns, heparin 5,000 unit/5 ml-ns, heparin 5,000 unit/500 ml-ns, heparin 6,000 unit/1,000 ml-ns, heparin 10,000 unit/1,000ml-ns, heparin 25,000 unit/250 ml-ns, heparin 30,000 unit/1,000-ns, heparin-ns 30 units/3 ml syrng)</i>	1	
<i>heparin sodium-d5w (12,500 unit/250 ml, 25,000 unit/250 ml, 25,000 unit/500 ml)</i>	1	
<i>heparin sodium-d5w (12,500 unit/250, 20,000 unit/500, 25,000 unit/250, 25,000 unit/500)</i>	1	
LOVENOX (30 MG/0.3 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 60 MG/0.6 ML SYRINGE, 80 MG/0.8 ML SYRINGE, 100 MG/ML SYRINGE, 120 MG/0.8 ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL)	5	
HEPARIN 50 UNITS/5 ML (10/ML)	1	
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
APTIOM	3	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	3	
BRIVIACT (10 MG TABLET, 50 MG TABLET)	3	 
BRIVIACT 100 MG TABLET	3	 
BRIVIACT 25 MG TABLET	3	 

PRODUCT DESCRIPTION	TIER	LIMITS &
BRIVIACT 75 MG TABLET	3	QL 3 / day PA
BRIVIACT (10 MG/ML ORAL SOLN, 50 MG/5 ML VIAL)	3	QL 20 / day PA
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>carbamazepine er (er 100 mg cap, er 200 mg cap, er 300 mg cap)</i>	1	
<i>carbamazepine er (er 100 mg tablet, er 200 mg tablet, er 400 mg tablet)</i>	3	HCG
CARBATROL	2	
DEPACON	3	
DEPAKENE (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	3	
DEPAKOTE	3	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLE	2	
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i>	1	
<i>divalproex sodium er</i>	1	
EPITOL	1	
EQUETRO	3	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</i>	1	
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	3	PA
FYCOMPA 0.5 MG/ML ORAL SUSP	3	QL 6 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
FYCOMPA (2 MG TABLET, 2 MG-4 MG TABLET KIT, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	QL 1 / day
<i>gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule)</i>	1	QL 9 / day
<i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i>	1	QL 72 / day
<i>gabapentin 600 mg tablet</i>	1	QL 6 / day
<i>gabapentin 800 mg tablet</i>	1	QL 5 / day
GABITRIL (12 MG TABLET, 16 MG TABLET)	2	
GABITRIL (2 MG TABLET, 4 MG TABLET)	3	
HORIZANT ER 300 MG TABLET	3	QL 4 / day PA
HORIZANT ER 600 MG TABLET	3	QL 2 / day PA
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	3	
KEPPRA 500 MG/5 ML VIAL	3	
KEPPRA XR	3	
LAMICTAL (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	3	
LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET)	3	PA
LAMICTAL (BLUE)	3	PA
LAMICTAL (GREEN)	3	
LAMICTAL (ORANGE)	3	
LAMICTAL ODT	3	PA
LAMICTAL ODT (BLUE)	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
LAMICTAL ODT (GREEN)	3	PA
LAMICTAL ODT (ORANGE)	3	PA
LAMICTAL XR	3	
LAMICTAL XR (BLUE)	3	
LAMICTAL XR (GREEN)	3	
LAMICTAL XR (ORANGE)	3	
<i>lamotrigine (25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	1	PA
<i>lamotrigine (blue)</i>	1	
<i>lamotrigine (green)</i>	1	
<i>lamotrigine (orange)</i>	1	
<i>lamotrigine er</i>	3	HCG
<i>lamotrigine odt</i>	1	PA
<i>lamotrigine odt (blue)</i>	1	
<i>lamotrigine odt (green)</i>	1	
<i>lamotrigine odt (orange)</i>	1	
<i>levetiracetam 500 mg/5 ml soln</i>	1	QL 946 / 30 days
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	1	
<i>levetiracetam 500 mg/5 ml vial</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam-nacl</i>	1	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3	QL 2 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3	QL 3 / day PA
LYRICA 20 MG/ML ORAL SOLUTION	3	QL 30 / day PA
<i>magnesium sulfate-0.9% nacl (1 g/100 ml-0.9% nacl, 3 gm/50 ml-0.9% nacl, 4 gm/50 ml-0.9% nacl, 6 g/100 ml-0.9% nacl, 6 gm/50 ml-0.9% nacl, 10 g/250 ml-0.9%nacl, 40 g/1000ml-0.9%nacl, 40 g/500 ml-0.9%nacl)</i>	1	
<i>magnesium sulfate-d5w (4 gram/100, 4 gram/50 bag, 5 gram/100, 6 gram/100, 6 gram/50, 10 gram/100, 20 gram/1000, 20 gram/500, 40 gram/1000, 40 gram/500, 50 gram/500)</i>	1	
<i>magnesium-lactated ringers (20 gram/250, 40 gram/500, 50 gram/500)</i>	1	
NEURONTIN (100 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)	3	QL 9 / day
NEURONTIN 250 MG/5 ML SOLN	3	QL 72 / day
NEURONTIN 600 MG TABLET	3	QL 6 / day
NEURONTIN 800 MG TABLET	3	QL 5 / day
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
OXTELLAR XR	3	PA
POTIGA (200 MG TABLET, 300 MG TABLET, 400 MG TABLET)	3	QL 3 / day PA
POTIGA 50 MG TABLET	3	QL 9 / day PA
QUDEXY XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
ROWEEPRA	1	
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	5	QL 6 / day PA NPS Non-Preferred Specialty Drug
SPRITAM	3	QL 3 / day AL At least 4 yrs old
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	3	
TEGRETOL XR	2	
<i>tiagabine hcl</i>	1	
TOPAMAX (15 MG SPRINKLE CAP, 25 MG SPRINKLE CAP, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	2	
<i>topiramate 15 mg sprinkle cap</i>	1	LCG
<i>topiramate (25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>topiramate er</i>	3	PA HCG
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	3	
TROKENDI XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	Excluded Drugs	
<i>valproate sodium</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml soln, 500 mg/10 ml sol)</i>	1	
<i>vigabatrin</i>	4	QL 6 / day PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, STARTER KIT)	3	
VIMPAT 200 MG/20 ML VIAL	3	
ZONEGRAN	2	
<i>zonisamide (25 mg capsule, 100 mg capsule)</i>	1	
<i>zonisamide 50 mg capsule</i>	1	LCG
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE	3	
<i>primidone</i>	1	
BENZODIAZEPINES (ANTICONVULSANTS)		
ATIVAN 4 MG/ML VIAL	1	
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL 10 / day
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	1	QL 3 / day
<i>diazepam 10 mg/2 ml isecure</i>	1	
KLONOPIN (0.5 MG TABLET, 1 MG TABLET)	3	QL 3 / day
KLONOPIN 2 MG TABLET	3	QL 10 / day
<i>lorazepam 2 mg/ml vial</i>	1	
ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)	5	PA NPS Non-Preferred Specialty Drug
HYDANTOINS		
CEREBYX	3	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
DILANTIN-125	2	
<i>fosphenytoin sodium</i>	1	
PEGANONE	3	
PHENYTEK	2	
<i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i>	1	
<i>phenytoin sodium (50 mg/ml ampul, 50 mg/ml syringe, 50 mg/ml vial, 100 mg/2 ml vial, 250 mg/5 ml vial)</i>	1	
<i>phenytoin sodium extended</i>	1	
SUCCINIMIDES		
CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN	3	QL 1 / day
<i>bupropion hcl 100 mg tablet</i>	1	QL 5 / day
<i>bupropion hcl 75 mg tablet</i>	1	QL 6 / day
<i>bupropion hcl sr (150 mg tablet, 200 mg tablet)</i>	1	QL 2 / day
<i>bupropion hcl sr 100 mg tablet</i>	1	QL 4 / day
<i>bupropion hcl xl 150 mg tablet</i>	1	QL 3 / day
<i>bupropion hcl xl 300 mg tablet</i>	1	QL 1 / day
FORFIVO XL	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>mirtazapine 7.5 mg tablet</i>	1	QL 2 / day
<i>mirtazapine (15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	1	QL 1 / day
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB, 45 MG TABLET)	3	QL 1 / day
WELLBUTRIN 100 MG TABLET	3	QL 5 / day
WELLBUTRIN 75 MG TABLET	3	QL 6 / day
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	3	QL 2 / day
WELLBUTRIN SR 100 MG TABLET	3	QL 4 / day
WELLBUTRIN XL 150 MG TABLET	3	QL 3 / day
WELLBUTRIN XL 300 MG TABLET	3	QL 1 / day
MONOAMINE OXIDASE INHIBITORS		
MARPLAN	3	QL 6 / day
NARDIL	3	QL 6 / day
PARNATE	3	QL 6 / day
<i>phenelzine sulfate</i>	1	QL 6 / day
<i>tranylcypromine sulfate</i>	1	QL 6 / day
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
CYMBALTA (20 MG CAPSULE, 30 MG CAPSULE)	3	QL 1 / day
CYMBALTA 60 MG CAPSULE	3	QL 2 / day
<i>desvenlafaxine er (er 50 mg tab, er 50 mg tablet)</i>	3	QL 1 / day HCG
<i>desvenlafaxine er 100 mg tab</i>	3	QL 1 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>desvenlafaxine fumarate er</i>	3	QL 1 / day HCG
<i>desvenlafaxine succinate er</i>	3	QL 1 / day HCG
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap)</i>	1	QL 1 / day
<i>duloxetine hcl (dr 40 mg cap, dr 60 mg cap)</i>	1	QL 2 / day
EFFEXOR XR (37.5 MG CAPSULE, 150 MG CAPSULE)	3	QL 1 / day
EFFEXOR XR 75 MG CAPSULE	3	QL 3 / day
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	QL 1 / day ST
IRENKA	3	QL 2 / day
KHEDEZLA	3	QL 1 / day
PRISTIQ	3	QL 1 / day
<i>venlafaxine hcl (37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	
<i>venlafaxine hcl 25 mg tablet</i>	1	LCG
<i>venlafaxine hcl er 75 mg cap</i>	1	QL 3 / day
<i>venlafaxine hcl er (er 37.5 mg cap, er 37.5 mg tab, er 75 mg tab, er 150 mg cap, er 150 mg tab, er 225 mg tab)</i>	1	QL 1 / day
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
BRISDELLE	3	QL 1 / day PA
CELEXA	3	QL 1 / day
<i>citalopram hbr 10 mg/5 ml soln</i>	1	QL 20 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL 1 / day LCG
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL 20 / day
<i>escitalopram 20 mg tablet</i>	1	QL 1 / day
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL 1.5 / day
<i>fluoxetine dr</i>	1	QL 0.142 / day
<i>fluoxetine hcl 10 mg capsule</i>	1	QL 1 / day LCG
<i>fluoxetine hcl 20 mg capsule</i>	1	QL 4 / day LCG
<i>fluoxetine hcl 40 mg capsule</i>	1	QL 2 / day
<i>fluoxetine 20 mg/5 ml solution</i>	1	QL 20 / day
<i>fluoxetine hcl 10 mg tablet</i>	1	QL 1.5 / day LCG
<i>fluoxetine hcl 20 mg tablet</i>	1	QL 4 / day
<i>fluoxetine hcl 60 mg tablet</i>	1	QL 1.5 / day
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	1	QL 1 / day
<i>fluvoxamine maleate 100 mg tab</i>	1	QL 3 / day
<i>fluvoxamine maleate er</i>	3	QL 2 / day HCG
LEXAPRO 5 MG/5 ML SOLUTION	3	QL 20 / day
LEXAPRO (5 MG TABLET, 10 MG TABLET)	3	QL 1.5 / day
LEXAPRO 20 MG TABLET	3	QL 1 / day
<i>olanzapine-fluoxetine hcl</i>	3	QL 1 / day AL At least 10 yrs old HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>paroxetine cr (cr 25 mg tablet, cr 37.5 mg tablet)</i>	1	QL 2 / day
<i>paroxetine cr 12.5 mg tablet</i>	1	QL 1 / day
<i>paroxetine er (er 25 mg tablet, er 37.5 mg tablet)</i>	1	QL 2 / day
<i>paroxetine er 12.5 mg tablet</i>	1	QL 1 / day
<i>paroxetine hcl 10 mg tablet</i>	1	QL 1.5 / day LCG
<i>paroxetine hcl 20 mg tablet</i>	1	QL 1 / day LCG
<i>paroxetine hcl 30 mg tablet</i>	1	QL 2 / day
<i>paroxetine hcl 40 mg tablet</i>	1	QL 1 / day
<i>paroxetine mesylate</i>	1	QL 1 / day
PAXIL 10 MG/5 ML SUSPENSION	3	QL 42 / day PA
PAXIL (20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
PAXIL 10 MG TABLET	3	QL 1.5 / day
PAXIL 30 MG TABLET	3	QL 2 / day
PAXIL CR (CR 25 MG TABLET, CR 37.5 MG TABLET)	3	QL 2 / day
PAXIL CR 12.5 MG TABLET	3	QL 1 / day
PEXEVA	3	QL 1 / day PA
PROZAC 10 MG PULVULE	3	
PROZAC 20 MG PULVULE	3	QL 4 / day
PROZAC 40 MG PULVULE	3	QL 2 / day
PROZAC WEEKLY	3	QL 0.15 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
SARAFEM 10 MG TABLET	3	QL 1.5 / day
SARAFEM 20 MG TABLET	3	QL 4 / day
<i>sertraline 20 mg/ml oral conc</i>	1	QL 10 / day
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL 1.5 / day LCG
<i>sertraline hcl 100 mg tablet</i>	1	QL 2 / day LCG
SYMBYAX	3	QL 1 / day AL At least 10 yrs old
ZOLOFT (20 MG/ML ORAL CONC, 20 MG/ML ORAL SOLN)	3	QL 10 / day
ZOLOFT (25 MG TABLET, 50 MG TABLET)	3	QL 1.5 / day
ZOLOFT 100 MG TABLET	3	QL 2 / day
SEROTONIN MODULATORS		
BRINTELLIX	3	QL 1 / day ST
<i>nefazodone hcl 100 mg tablet</i>	1	QL 6 / day
<i>nefazodone hcl 150 mg tablet</i>	1	QL 4 / day
<i>nefazodone hcl 200 mg tablet</i>	1	QL 3 / day
<i>nefazodone hcl 250 mg tablet</i>	1	QL 2.5 / day
<i>nefazodone hcl 50 mg tablet</i>	1	QL 12 / day
<i>trazodone 100 mg tablet</i>	1	QL 4 / day LCG
<i>trazodone 150 mg tablet</i>	1	QL 2 / day LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>trazodone 300 mg tablet</i>	1	QL 1 / day
<i>trazodone 50 mg tablet</i>	1	QL 3 / day LCG
TRINTELLIX	3	QL 1 / day ST
VIIBRYD 10-20 MG STARTER PACK	3	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl</i>	1	LCG
<i>amoxapine</i>	1	
ANAFRANIL	3	
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>clomipramine hcl</i>	3	HCG
<i>desipramine hcl</i>	3	HCG
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	LCG
<i>doxepin hcl (10 mg/ml oral conc, 75 mg capsule, 150 mg capsule)</i>	1	
<i>imipramine hcl</i>	1	LCG
<i>imipramine pamoate</i>	3	HCG
<i>maprotiline hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl (10 mg/5 ml sol, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	1	
PAMELOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>perphenazine-amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
SILENOR	3	QL 1 / day
SURMONTIL	3	
TOFRANIL	3	
<i>trimipramine maleate</i>	1	
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose 100 mg tablet</i>	1	QL 3 / day
<i>acarbose 25 mg tablet</i>	1	QL 12 / day
<i>acarbose 50 mg tablet</i>	1	QL 6 / day
GLYSET	3	QL 3 / day
<i>miglitol</i>	1	QL 3 / day
PRECOSE 100 MG TABLET	3	QL 3 / day
PRECOSE 25 MG TABLET	3	QL 12 / day
PRECOSE 50 MG TABLET	3	QL 6 / day
AMYLINOMIMETICS		
SYMLINPEN 120	2	QL 0.4 / day
SYMLINPEN 60	2	QL 0.2 / day
ANTIDIABETIC AGENTS, MISCELLANEOUS		
KORLYM	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
BIGUANIDES		
AVANDAMET 2 MG-500 MG TABLET	2	QL 2 / day PA
GLUCOPHAGE 1,000 MG TABLET	3	QL 2.5 / day
GLUCOPHAGE 500 MG TABLET	3	QL 5 / day
GLUCOPHAGE 850 MG TABLET	3	QL 3 / day
GLUCOPHAGE XR 500 MG TAB	3	QL 5 / day
GLUCOPHAGE XR 750 MG TAB	3	QL 3 / day
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	1	QL 4 / day
<i>metformin hcl 1,000 mg tablet</i>	1	QL 2.5 / day LCG
<i>metformin hcl 500 mg tablet</i>	1	QL 5 / day LCG
<i>metformin hcl 850 mg tablet</i>	1	QL 3 / day LCG
<i>metformin hcl er 500 mg tablet</i>	1	QL 5 / day C Only Glucophage ER generic covered LCG
<i>metformin hcl er 750 mg tablet</i>	1	QL 3 / day C Only Glucophage ER generic covered
RIOMET	3	QL 25 / day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
<i>alogliptin 12.5 mg tablet</i>	Excluded Drugs	
<i>alogliptin 25 mg tablet</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>alogliptin 6.25 mg tablet</i>	Excluded Drugs	
<i>alogliptin-metformin 12.5-1000</i>	Excluded Drugs	
<i>alogliptin-metformin 12.5-500</i>	Excluded Drugs	
<i>alogliptin-pioglit 12.5-15 mg</i>	Excluded Drugs	
<i>alogliptin-pioglit 12.5-30 mg</i>	Excluded Drugs	
<i>alogliptin-pioglit 12.5-45 mg</i>	Excluded Drugs	
<i>alogliptin-pioglit 25-15 mg tb</i>	Excluded Drugs	
<i>alogliptin-pioglit 25-30 mg tb</i>	Excluded Drugs	
<i>alogliptin-pioglit 25-45 mg tb</i>	Excluded Drugs	
JANUMET	2	QL 2 / day ST
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL 2 / day ST
JANUMET XR 100-1,000 MG TABLET	2	QL 1 / day ST
JANUVIA	2	QL 1 / day ST
JENTADUETO	2	QL 2 / day ST
JENTADUETO XR 2.5 MG-1,000 MG	2	QL 2 / day ST
JENTADUETO XR 5 MG-1,000 MG TB	2	QL 1 / day ST
KAZANO (12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	Excluded Drugs	
KOMBIGLYZE XR (2.5-1,000 MG TAB, 5-1,000 MG TAB, 5-500 MG TABLET)	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
NESINA (6.25 MG TABLET, 12.5 MG TABLET, 25 MG TABLET)	Excluded Drugs	
ONGLYZA (2.5 MG TABLET, 5 MG TABLET)	Excluded Drugs	
OSENI (12.5-15 MG TABLET, 12.5-30 MG TABLET, 12.5-45 MG TABLET, 25-15 MG TABLET, 25-30 MG TABLET, 25-45 MG TABLET)	Excluded Drugs	
TRADJENTA	2	QL 1 / day ST
INCRETIN MIMETICS		
ADLYXIN (10-20 MCG STARTER PACK, 20 MCG MAINTENANCE PK)	Excluded Drugs	
BYDUREON	2	QL 0.15 / day ST
BYDUREON BCISE	2	QL 0.15 / day ST
BYDUREON PEN	2	QL .15 / day ST
BYETTA 10 MCG DOSE PEN INJ	2	QL 0.8 / day ST
BYETTA 5 MCG DOSE PEN INJ	2	QL 0.04 / day ST
SAXENDA	3	QL 0.5 / day PA AL At least 18 yrs old
TANZEUM (30 MG PEN, 50 MG PEN)	Excluded Drugs	
TRULICITY	2	QL 0.08 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
VICTOZA 2-PAK	2	QL 0.3 / day ST
VICTOZA 3-PAK	2	QL 0.3 / day ST
INSULINS		
AFREZZA	3	PA
APIDRA 100 UNITS/ML VIAL		Excluded Drugs
APIDRA SOLOSTAR 100 UNITS/ML		Excluded Drugs
BASAGLAR 100 UNIT/ML KWIKPEN		Excluded Drugs
HUMALOG (100 UNITS/ML CARTRIDGE, 100 UNITS/ML VIAL)	2	QL 1 / day
HUMALOG JUNIOR KWIKPEN	2	QL 1 / day
HUMALOG KWIKPEN U-100	2	QL 1 / day
HUMALOG KWIKPEN U-200	2	QL 0.5 / day
HUMALOG MIX 50-50	2	QL 1 / day
HUMALOG MIX 50-50 KWIKPEN	2	QL 1 / day
HUMALOG MIX 75-25	2	QL 1 / day
HUMALOG MIX 75-25 KWIKPEN	2	QL 1 / day
HUMULIN R U-500	2	
HUMULIN R U-500 KWIKPEN	2	
LANTUS	2	QL 1 / day
LANTUS SOLOSTAR	2	QL 1 / day
LEVEMIR 100 UNITS/ML VIAL		Excluded Drugs
LEVEMIR FLEXTOUCH 100 UNITS/ML		Excluded Drugs

PRODUCT DESCRIPTION	TIER	LIMITS &
NOVOLIN 70-30 (100 UNIT/ML VIAL, RELION VIAL)	Excluded Drugs	
NOVOLIN N (N 100 UNITS/ML VIAL, RELION N 100 UNIT/ML)	Excluded Drugs	
NOVOLIN R (R 100 UNITS/ML VIAL, RELION R 100 UNIT/ML)	Excluded Drugs	
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	Excluded Drugs	
NOVOLOG 100 UNITS/ML FLEXPEN	Excluded Drugs	
NOVOLOG MIX 70-30 VIAL	Excluded Drugs	
NOVOLOG MIX 70-30 FLEXPEN SYRN	Excluded Drugs	
SOLIQUA 100-33	2	QL 0.6 / day PA
TOUJEO SOLOSTAR	2	QL 0.357 / day
TRESIBA FLEXTOUCH 100 UNITS/ML	Excluded Drugs	
TRESIBA FLEXTOUCH 200 UNITS/ML	Excluded Drugs	
XULTOPHY 100 UNIT-3.6MG/ML PEN	Excluded Drugs	
MEGLITINIDES		
<i>nateglinide</i>	1	QL 3 / day
PRANDIN (0.5 MG TABLET, 1 MG TABLET)	3	QL 4 / day
PRANDIN 2 MG TABLET	3	QL 8 / day
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	1	QL 4 / day
<i>repaglinide 2 mg tablet</i>	1	QL 8 / day
<i>repaglinide-metformin hcl</i>	1	QL 5 / day
STARLIX	3	QL 3 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA (5 MG TABLET, 10 MG TABLET)	Excluded Drugs	
GLYXAMBI	3	QL 1 / day PA
INVOKAMET	2	QL 2 / day ST
INVOKAMET XR	2	QL 2 / day ST
INVOKANA	2	QL 1 / day ST
JARDIANCE	2	QL 1 / day ST
SYNJARDY	2	QL 2 / day ST
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL 2 / day ST
SYNJARDY XR 25-1,000 MG TABLET	2	QL 1 / day ST
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	Excluded Drugs	
SULFONYLUREAS		
AMARYL	3	
<i>chlorpropamide 100 mg tablet</i>	1	
<i>chlorpropamide 250 mg tablet</i>	1	QL 3 / day
DIABETA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glimepiride</i>	1	LCG
<i>glipizide</i>	1	LCG
<i>glipizide er</i>	1	LCG
<i>glipizide xl</i>	1	LCG
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL 4 / day
<i>glipizide-metformin 2.5-250 mg</i>	1	QL 8 / day
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	QL 4 / day
<i>glyburide</i>	1	LCG
<i>glyburide micronized</i>	1	LCG
<i>glyburid-metformin 1.25-250 mg</i>	1	QL 8 / day LCG
GLYNASE	3	
<i>tolazamide 250 mg tablet</i>	1	QL 4 / day
<i>tolazamide 500 mg tablet</i>	1	QL 2 / day
<i>tolbutamide</i>	1	QL 6 / day
THIAZOLIDINEDIONES		
ACTOPLUS MET	3	QL 3 / day
ACTOPLUS MET XR 15-1,000 MG TB	2	QL 3 / day ST
ACTOPLUS MET XR 30-1,000 MG TB	2	QL 1 / day ST
ACTOS (15 MG TABLET, 45 MG TABLET)	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
AVANDAMET 2 MG-1,000 MG TAB	2	QL 2 / day PA
AVANDIA 2 MG TABLET	2	QL 3 / day PA
AVANDIA 4 MG TABLET	2	QL 2 / day PA
DUETACT	3	QL 1 / day
<i>pioglitazone hcl (15 mg tablet, 45 mg tablet)</i>	1	QL 1 / day
<i>pioglitazone-glimepiride</i>	1	QL 1 / day
<i>pioglitazone-metformin</i>	3	QL 3 / day HCG
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET (50 MG TABLET, 100 MG TABLET)	3	QL 0.15 / day
ANZEMET 20 MG/ML VIAL	5	NPS Non-Preferred Specialty Drug
<i>granisetron hcl 1 mg tablet</i>	1	QL 6 / 30 days
<i>granisetron hcl (0.1 mg/ml vial, 1 mg/ml vial, 4 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>ondansetron hcl (4 mg/2 ml isecure, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>ondansetron 4 mg/5 ml solution</i>	1	QL 20 / day
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ondansetron hcl 24 mg tablet</i>	1	QL 3 days
<i>ondansetron hcl-0.9% nacl</i>	1	
<i>ondansetron hcl-d5w</i>	1	
<i>ondansetron odt</i>	1	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
SANCUSO	5	QL 0.144 / day NPS Non-Preferred Specialty Drug
ZOFRAN 4 MG/5 ML ORAL SOLN	3	QL 20 / day
ZOFRAN (4 MG TABLET, 8 MG TABLET)	3	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
ZOFRAN 2 MG/ML VIAL	5	NPS Non-Preferred Specialty Drug
ZOFRAN ODT	3	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
ZUPLENZ	3	QL 24 / 30 days
ANTIEMETICS, MISCELLANEOUS		
CESAMET	5	QL 0.67 / day PA NPS Non-Preferred Specialty Drug
<i>dronabinol</i>	3	QL 5 / day HCG
MARINOL	3	QL 5 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>scopolamine</i>	1	
SYNDROS	3	QL 13 / day PA AL At least 18 yrs old
TRANSDERM-SCOP	3	
ANTI-HISTAMINES (GI DRUGS)		
ANTIVERT	3	
COMPAZINE 25 MG SUPPOSITORY	1	
COMPAZINE (5 MG TABLET, 10 MG TABLET)	3	
COMPRO	1	
DICLEGIS	3	QL 4 / day PA
<i>dimenhydrinate</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
TIGAN 300 MG CAPSULE	3	
TIGAN 100 MG/ML VIAL	3	
<i>trimethobenzamide hcl</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
<i>aprepitant 125-80-80 mg pack</i>	1	QL 3/ fill

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	1	QL 0.08 / day
<i>aprepitant 80 mg capsule</i>	1	QL 0.15 / day
EMEND TRIPACK	3	QL 3/ fill
EMEND (40 MG CAPSULE, 125 MG CAPSULE, 125 MG POWDER PACKET)	3	QL 0.08 / day
EMEND 80 MG CAPSULE	3	QL 0.15 / day
EMEND 150 MG VIAL	5	QL 2 / fill NPS Non-Preferred Specialty Drug
VARUBI 90 MG TABLET	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
VARUBI 166.5 MG/92.5 ML VIAL	5	PA NPS Non-Preferred Specialty Drug
ANTIFUNGAL (SYSTEMIC)		
ALLYLAMINES		
LAMISIL (125 MG GRANULES PACKET, 187.5 MG GRANULES PACK, 250 MG TABLET)	3	
<i>terbinafine hcl</i>	1	
ANTIFUNGALS, MISCELLANEOUS		
GRIS-PEG	3	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	3	HCG
<i>griseofulvin ultramicrosize</i>	1	
<i>triacetin</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
AZOLES		
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	3	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	3	
DIFLUCAN 150 MG TABLET	3	QL 0.4 / day GL Female
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole 150 mg tablet</i>	1	QL 0.4 / day LCG
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in saline</i>	1	
<i>fluconazole-nacl</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole 200 mg tablet</i>	1	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	3	
NOXAFIL 300 MG/16.7 ML VIAL	3	
ONMEL	3	PA
SPORANOX (10 MG/ML SOLUTION, 100 MG CAPSULE)	3	
VFEND 40 MG/ML SUSPENSION	3	QL 20 / day
VFEND (50 MG TABLET, 200 MG TABLET)	3	QL 4 / day
VFEND IV	3	PA
<i>voriconazole 40 mg/ml susp</i>	3	QL 20 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	3	QL 4 / day HCG
<i>voriconazole 200 mg vial</i>	1	PA
ECHINOCANDINS		
CANCIDAS	3	
<i>caspofungin acetate</i>	1	
ERAXIS (WATER DILUENT)	3	
MYCAMINE	3	
POLYENES		
AMBISOME	3	
<i>amphotericin b</i>	1	
<i>nystatin (100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus, 50,000,000 units pwd, 150,000,000 units pwd, 500,000,000 units pwd)</i>	1	
PYRIMIDINES		
ANCOBON	3	
<i>flucytosine</i>	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine hcl</i>	1	
NAFTIN (1% GEL, 2% CREAM, 2% GEL)	3	
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC		
ALA-QUIN	3	
EXODERM	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
TRIPLE DYE	3	
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole 10 mg troche</i>	1	
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>econazole nitrate</i>	3	HCG
ECOZA	3	
ERTACZO	3	
EXELDERM (CREAM, SOLUTION)	3	
EXTINA	3	
GYNAZOLE 1	3	
JUBLIA	3	QL 0.54 / day PA AL At least 18 yrs old
<i>ketoconazole (cream, foam, shampoo)</i>	1	
LOTRISONE	3	
LUZU	3	QL 2 / day PA
<i>miconazole 3</i>	3	GL Female
NIZORAL	3	
ORAVIG	3	
<i>oxiconazole nitrate</i>	3	PA HCG
OXISTAT (CREAM, LOTION)	3	PA
TERAZOL 3	3	QL 1.5 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
TERAZOL 7	3	QL 1.5 / day
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	1	QL 1.5 / day GL Female
VUSION	3	
XOLEGEL	3	PA
<i>zazole</i>	1	QL 1.5 / day GL Female
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)		
MENTAX	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN 0.77% CREAM KIT	3	
CICLODAN 0.77% CREAM	1	
CICLODAN 8% SOLUTION	1	QL 0.22 / day
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	QL 0.22 / day
CNL 8	3	
LOPROX (0.77% TOPICAL SUSP, 1% SHAMPOO)	3	
PENLAC	3	QL 0.22 / day
OXABOROLES		
KERYDIN	3	QL 0.67 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
POLYENES (SKIN AND MUCOUS MEMBRANE)		
NYAMYC	1	
NYATA 100,000 UNIT/GM POWDER	1	
<i>nystatin (unit/gm cream, unit/gm powd, units/gm oint)</i>	1	
<i>nystatin-triamcinolone (cream, ointm)</i>	3	HCG
NYSTOP	1	
PEDIADERM AF	3	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS	2	QL 0.4 / day
ALPHAGAN P 0.15% EYE DROPS	3	QL 0.4 / day
<i>brimonidine tartrate</i>	1	QL 0.4 / day
COMBIGAN	2	QL 0.334 / day
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
BETAGAN	3	QL 0.4 / day
<i>betaxolol hcl 0.5% eye drop</i>	1	QL 0.54 / day
BETIMOL 0.25% EYE DROPS	3	QL 0.286 / day
BETIMOL 0.5% EYE DROPS	3	QL 0.334 / day
BETOPTIC S	3	QL 0.54 / day
<i>carteolol hcl</i>	1	QL 0.334 / day
ISTALOL	3	QL 0.286 / day
<i>levobunolol hcl</i>	1	QL 0.4 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>metipranolol</i>	1	QL 0.334 / day
<i>timolol maleate (drops, maleate drops)</i>	1	QL 0.334 / day
<i>timolol maleate (0.25% gel-solution, 0.25% gfs gel-solution, maleate 0.25% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1	QL 0.286 / day
TIMOPTIC 0.25% EYE DROPS	3	QL 0.286 / day
TIMOPTIC 0.5% EYE DROPS	3	QL 0.334 / day
TIMOPTIC OCUDOSE	3	QL 2 / day
TIMOPTIC-XE	3	QL 0.286 / day
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide er 500 mg cap</i>	3	HCG
<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	1	
<i>acetazolamide sodium</i>	1	
AZOPT	2	QL 0.334 / day
COSOPT	3	QL 0.334 / day
COSOPT PF	3	QL 2 / day
DIAMOX SEQUELS	3	
<i>dorzolamide hcl</i>	1	QL 0.4 / day
<i>dorzolamide-timolol</i>	1	QL 0.334 / day
<i>methazolamide</i>	1	
NEPTAZANE	3	
SIMBRINZA	3	QL 0.4 / day
TRUSOPT	3	QL 0.4 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
MIOTICS		
ISOPTO CARPINE	3	QL 0.54 / day
MIOCHOL-E	3	
MIOSTAT	3	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	QL 0.54 / day
PROSTAGLANDIN ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	1	QL 0.13 / day
<i>latanoprost</i>	1	QL 0.13 / day
LUMIGAN	2	QL 0.13 / day
TRAVATAN Z	2	QL 0.167 / day
<i>travoprost</i>	1	QL 0.167 / day
XALATAN	3	QL 0.13 / day
ZIOPTAN 0.0015% EYE DROPS	Excluded Drugs	
ANTIHEMORRHAGIC AGENTS		
ANTIHEPARIN AGENTS		
<i>protamine sulfate</i>	1	
HEMOSTATICS		
AFSTYLA	5	PA NPS Non-Preferred Specialty Drug
ALPHANATE	5	PA NPS Non-Preferred Specialty Drug
ALPHANINE SD	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
IDELVION	5	PA NPS Non-Preferred Specialty Drug
LYSTEDA	3	QL 6/ day plus 90/ 90 day limit GL Female
PROFILNINE	5	PA NPS Non-Preferred Specialty Drug
<i>tranexamic acid 650 mg tablet</i>	1	QL 6 / day GL Female
VONVENDI	5	PA NPS Non-Preferred Specialty Drug
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
ARBINOXA (4 MG TABLET, 4 MG/5 ML LIQUID)	1	AL At least 2 yrs old
<i>carbinoxamine maleate (4 mg/5 ml liquid, maleate 4 mg tab)</i>	1	AL At least 2 yrs old
<i>clemastine fumarate</i>	1	AL At least 2 yrs old
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syr)</i>	1	AL At least 2 yrs old
<i>diphenhydramine hcl (50 mg/ml syrng, 50 mg/ml vial)</i>	1	
<i>diphenhydramine-0.9% nacl</i>	1	
KARBINAL ER	3	AL At least 2 yrs old
RYVENT	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
SECOND GENERATION ANTIHISTAMINES		
CLARINEX 0.5 MG/ML (2.5 MG/5)	3	QL 10 / day PA
CLARINEX 5 MG TABLET	3	QL 1 / day
CLARINEX-D 12 HOUR	3	QL 2 / day
<i>desloratadine (2.5 mg odt, 5 mg odt, 5 mg tablet)</i>	1	QL 1 / day
SEMPREX-D	3	QL 4 / day
XYZAL 2.5 MG/5 ML SOLUTION	3	QL 30 / day
XYZAL 5 MG TABLET	3	QL 1 / day
ANTIHISTAMINES (RESPIRATORY TRACT AGNTS)		
FIRST GENERATION ANTIHIST.(RESPIR TRACT)		
<i>promethazine hcl (25 mg/ml syringe, 25 mg/ml vial, 50 mg/ml ampul, 50 mg/ml vial)</i>	1	AL At least 2 yrs old
<i>promethazine vc</i>	1	
ANTIHYPOGLYCEMIC AGENTS		
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
PROGLYCEM	3	
GLYCOGENOLYTIC AGENTS		
GLUCAGEN 1 MG HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
KYNAMRO	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
LOVAZA	3	<p>QL 4 / day</p> <p>PA</p>
<i>niacin er (er 750 mg tablet, er 1,000 mg tablet)</i>	1	QL 2 / day
<i>niacin er 500 mg tablet</i>	1	QL 3 / day
NIACOR	3	QL 12 / day
NIASPAN (ER 750 MG TABLET, ER 1,000 MG TABLET)	3	QL 2 / day
NIASPAN ER 500 MG TABLET	3	QL 3 / day
<i>omega-3 acid ethyl esters</i>	3	<p>QL 4 / day</p> <p>PA</p> <p>HCG</p>
TRIKLO	3	<p>QL 4 / day</p> <p>HCG</p>
VASCEPA	3	<p>QL 4 / day</p> <p>ST</p>
BILE ACID SEQUESTRANTS		
<i>cholestyramine powder</i>	1	QL 24 / day
<i>cholestyramine packet</i>	1	QL 4 / day
<i>cholestyramine light powder</i>	3	<p>QL 24 / day</p> <p>HCG</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cholestyramine light packet</i>	3	QL 4 / day HCG
COLESTID (FLAVORED GRANULES, GRANULES, GRANULES PACKET)	3	QL 6 / day
COLESTID 1 GM TABLET	3	QL 4 / day
<i>colestipol hcl (granules, granules packet)</i>	1	QL 6 / day
<i>colestipol hcl (hcl 1 gm tablet, micronized 1 gm tab)</i>	1	QL 4 / day
PREVALITE POWDER	3	QL 24 / day HCG
PREVALITE PACKET	3	QL 4 / day HCG
QUESTRAN POWDER	3	QL 24 / day
QUESTRAN PACKET	3	QL 4 / day
QUESTRAN LIGHT	3	QL 24 / day
WELCHOL 3.75G PACKET	2	QL 1 / day
WELCHOL 625 MG TABLET	2	QL 6 / day
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL 1 / day
<i>ezetimibe-simvastatin</i>	1	QL 1 / day
VYTORIN	3	QL 1 / day
ZETIA	3	QL 1 / day
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAPSULE	3	QL 2 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTARA 90 MG CAPSULE	3	QL 1 / day PA
<i>fenofibrate (40 mg tablet, 50 mg capsule)</i>	1	QL 2 / day
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 150 mg capsule, 160 mg tablet, 200 mg capsule)</i>	1	QL 1 / day
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	1	QL 2 / day
<i>fenofibrate 120 mg tablet</i>	1	QL 1 / day
<i>fenofibric acid (105 mg tablet, dr 135 mg cap)</i>	1	QL 1 / day
<i>fenofibric acid (35 mg tablet, dr 45 mg cap)</i>	1	QL 2 / day
FENOGLIDE 120 MG TABLET	3	QL 1 / day
FENOGLIDE 40 MG TABLET	3	QL 2 / day
FIBRICOR 105 MG TABLET	3	QL 1 / day
FIBRICOR 35 MG TABLET	3	QL 2 / day
<i>gemfibrozil</i>	1	QL 2 / day
LIPOFEN 150 MG CAPSULE	3	QL 1 / day PA
LIPOFEN 50 MG CAPSULE	3	QL 2 / day PA
LOFIBRA (67 MG CAPSULE, 134 MG CAPSULE, 160 MG TABLET, 200 MG CAPSULE)	3	QL 1 / day
LOFIBRA 54 MG TABLET	3	QL 2 / day
LOPID	3	QL 2 / day
TRICOR 145 MG TABLET	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
TRICOR 48 MG TABLET	3	QL 2 / day
TRIGLIDE	3	QL 1 / day PA
TRILIPIX DR 135 MG CAPSULE	3	QL 1 / day
TRILIPIX DR 45 MG CAPSULE	3	QL 2 / day
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	3	QL 1 / day
<i>amlodipine-atorvastatin</i>	3	QL 1 / day HCG
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	0	QL 1 / day HCR
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	QL 1 / day
CADUET	3	QL 1 / day
CRESTOR	3	QL 1 / day
FLOLIPID	2	PA
<i>fluvastatin er</i>	1	QL 1 / day
<i>fluvastatin sodium 20 mg cap</i>	1	QL 1 / day
<i>fluvastatin sodium 40 mg cap</i>	1	QL 2 / day
LESCOL 20 MG CAPSULE	3	QL 1 / day
LESCOL 40 MG CAPSULE	3	QL 2 / day
LESCOL XL	3	
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
LIPITOR 80 MG TABLET	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
LIVALO	3	QL 1 / day
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	0	QL 1 / day HCR
<i>lovastatin 40 mg tablet</i>	0	QL 2 / day HCR
PRAVACHOL	3	QL 1 / day
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL 1 / day HCR LCG
<i>pravastatin sodium 80 mg tab</i>	0	HCR
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1	QL 1 / day
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	0	QL 1 / day HCR
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL 1.5 / day HCR LCG
<i>simvastatin 5 mg tablet</i>	1	QL 1 / day HCR LCG
<i>simvastatin 80 mg tablet</i>	1	QL 1 / day PA
ZOCOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1.5 / day
ZOCOR 5 MG TABLET	3	QL 1 / day
ZOCOR 80 MG TABLET	3	QL 1 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
PCSK9 INHIBITORS		
PRALUENT PEN	4	<ul style="list-style-type: none"> QL 0.08 / day PA PS
PRALUENT SYRINGE	4	<ul style="list-style-type: none"> QL 0.08 / day PA PS
REPATHA PUSHTRONEX	4	<ul style="list-style-type: none"> QL 0.13 / day PA PS
REPATHA SURECLICK	4	<ul style="list-style-type: none"> QL 0.08 / day PA PS
REPATHA SYRINGE	4	<ul style="list-style-type: none"> QL 0.08 / day PA PS
ANTIMIGRAINE AGENTS		
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	3	<ul style="list-style-type: none"> QL 0.4 / day HCG
ALSUMA	3	<ul style="list-style-type: none"> QL 0.167 / day ST
AMERGE	3	<ul style="list-style-type: none"> QL 0.3 / day ST
AXERT	3	<ul style="list-style-type: none"> QL 0.4 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>eletriptan hbr</i>	3	QL 0.4 / day HCG
FROVA	3	QL 0.6 / day ST
<i>frovatriptan succinate</i>	3	QL 0.6 / day HCG
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML VIAL)	3	QL 0.167 / day ST
IMITREX (5 MG NASAL SPRAY, 20 MG NASAL SPRAY)	3	QL 6 / 30 days ST
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL 0.3 / day ST
MAXALT	3	QL 0.6 / day ST
MAXALT MLT	3	QL 0.6 / day ST
<i>naratriptan</i>	1	QL 0.6 / day
<i>naratriptan hcl</i>	1	QL 0.6 / day
ONZETRA XSAIL	3	ST
RELPAX	3	QL 0.4 / day ST
<i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>	1	QL 0.6 / day
<i>sumatriptan</i>	3	QL 6 / 30 days HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml inject, 6 mg/0.5 ml refill, 6 mg/0.5 ml vial)</i>	3	QL 0.167 / day HCG
<i>sumatriptan 6 mg/0.5 ml syrng</i>	1	QL 0.167 / day
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL 0.3 / day
SUMAVEL DOSEPRO	3	QL 0.134 / day ST
TREXIMET	3	QL 0.3 / day ST
ZEMBRACE SYMTOUCH	3	QL 0.134 / day ST
<i>zolmitriptan</i>	1	QL 0.2 / day
<i>zolmitriptan odt</i>	3	QL 0.2 / day HCG
ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)	2	QL 0.2 / day ST
ZOMIG (2.5 MG TABLET, 5 MG TABLET)	3	QL 0.2 / day ST
ZOMIG ZMT	3	QL 0.2 / day ST
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
ANTITUBERCULOSIS AGENTS		
CAPASTAT SULFATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 100 mg/ml vial</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	QL 1.25 / day
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFADIN (150 MG CAPSULE, 300 MG CAPSULE)	3	
RIFAMATE	3	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	
<i>rifampin iv 600 mg vial</i>	1	
RIFATER	3	
SIRTURO	3	PA
TRECTOR	3	
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)</i>	1	
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet)</i>	1	
<i>benztropine mesylate (2 mg/2 ml ampule, 2 mg/2 ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
COGENTIN	3	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	1	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
COMTAN	3	
<i>entacapone</i>	1	
TASMAR	3	
<i>tolcapone</i>	1	
DOPAMINE PRECURSORS		
<i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DUOPA	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: purple; color: white; padding: 2px 5px; border-radius: 3px;">OL</div> <div style="background-color: brown; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: red; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div> 1 / day Non-Preferred Specialty Drug </div> </div>
RYTARY	3	
SINEMET 10-100	3	
SINEMET 25-100	3	
SINEMET 25-250	3	
SINEMET CR	3	
STALEVO 100	3	
STALEVO 125	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
MONOAMINE OXIDASE B INHIBITORS		
AZILECT	3	
ELDEPRYL	3	
EMSAM	3	QL 1 / day
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	1	
XADAGO	3	QL 1 / day PA AL At least 18 yrs old
ZELAPAR	3	
ANTIPROTOZOALS		
AMEBICIDES		
FLAGYL 500 MG TABLET	3	
FLAGYL ER	3	
<i>metronidazole 500 mg/100 ml</i>	1	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	1	
<i>paromomycin sulfate</i>	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	1	PA
<i>chloroquine phosphate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
COARTEM	3	
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	3	PA
<i>mefloquine hcl</i>	1	
PLAQUENIL	3	
<i>primaquine</i>	1	
QUALAQUIN	3	QL 42 / 365 days PA
<i>quinine sulfate</i>	1	QL 42 / 365 days PA
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3	PA
<i>atovaquone</i>	1	PA
FLAGYL (250 MG TABLET, 375 CAPSULE)	3	
IMPAVIDO	5	NPS Non-Preferred Specialty Drug
MEPRON	3	PA
METRO IV	3	
<i>metronidazole 375 mg capsule</i>	1	
NEBUPENT	3	
PENTAM 300	3	
TINDAMAX	3	
<i>tinidazole</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE	3	AL At least 18 yrs old
<i>loxapine</i>	1	AL At least 18 yrs old
<i>molindone hcl</i>	1	
ORAP	3	
<i>pimozide</i>	1	
ATYPICAL ANTIPSYCHOTICS		
ABILIFY	3	QL 1 / day AL At least 6 yrs old
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	3	QL 0.04 / day PA AL At least 18 yrs old
<i>aripiprazole 1 mg/ml solution</i>	1	QL 30 / day AL At least 6 yrs old
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL 1 / day AL At least 6 yrs old
<i>aripiprazole odt</i>	1	QL 1 / day AL At least 6 yrs old
ARISTADA ER 1064 MG/3.9 ML SYR	3	QL 0.15 / day PA AL At least 18 yrs old
ARISTADA ER 441 MG/1.6 ML SYRN	3	QL 0.07 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
ARISTADA ER 662 MG/2.4 ML SYRN	3	<ul style="list-style-type: none"> QL 0.08 / day PA AL At least 18 yrs old
ARISTADA ER 882 MG/3.2 ML SYRN	3	<ul style="list-style-type: none"> QL 0.12 / day PA AL At least 18 yrs old
<i>clozapine 100 mg tablet</i>	1	<ul style="list-style-type: none"> QL 9 / day AL At least 18 yrs old
<i>clozapine 200 mg tablet</i>	1	<ul style="list-style-type: none"> QL 4 / day AL At least 18 yrs old
<i>clozapine 25 mg tablet</i>	1	<ul style="list-style-type: none"> QL 18 / day AL At least 18 yrs old
<i>clozapine 50 mg tablet</i>	1	<ul style="list-style-type: none"> QL 3 / day AL At least 18 yrs old
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet)</i>	1	<ul style="list-style-type: none"> QL 3 / day AL At least 18 yrs old
<i>clozapine odt (odt 150 mg tablet, odt 200 mg tablet)</i>	1	<ul style="list-style-type: none"> AL At least 18 yrs old
<i>clozapine odt 100 mg tablet</i>	1	<ul style="list-style-type: none"> QL 9 / day AL At least 18 yrs old
CLOZARIL 100 MG TABLET	3	<ul style="list-style-type: none"> QL 9 / day AL At least 18 yrs old
CLOZARIL 25 MG TABLET	3	<ul style="list-style-type: none"> QL 18 / day AL At least 18 yrs old
FANAPT TITRATION PACK	3	<ul style="list-style-type: none"> QL 8 / rx AL At least 18 yrs old
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	<ul style="list-style-type: none"> QL 2 / day ST AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
FAZACLO (12.5 MG ODT, 25 MG ODT, 150 MG ODT, 200 MG ODT)	3	<ul style="list-style-type: none"> QL 3 / day AL At least 18 yrs old
FAZACLO 100 MG ODT	3	<ul style="list-style-type: none"> QL 9 / day AL At least 18 yrs old
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	3	<ul style="list-style-type: none"> QL 2 / day ST AL At least 18 yrs old
GEODON 20 MG/ML VIAL	3	<ul style="list-style-type: none"> ST
INVEGA	3	<ul style="list-style-type: none"> ST AL At least 12 yrs old
INVEGA SUSTENNA 117 MG/0.75 ML	3	<ul style="list-style-type: none"> QL 0.0333 / day PA AL At least 18 yrs old
INVEGA SUSTENNA 156 MG/ML SYRG	3	<ul style="list-style-type: none"> QL 0.04 / day PA AL At least 18 yrs old
INVEGA SUSTENNA 234 MG/1.5 ML	3	<ul style="list-style-type: none"> QL 0.057 / day PA AL At least 18 yrs old
INVEGA SUSTENNA 39 MG/0.25 ML	3	<ul style="list-style-type: none"> QL 0.0111 / day PA AL At least 18 yrs old
INVEGA SUSTENNA 78 MG/0.5 ML	3	<ul style="list-style-type: none"> QL 0.02 / day PA AL At least 18 yrs old
INVEGA TRINZA 273 MG/0.875 ML	3	<ul style="list-style-type: none"> QL 0.0333 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
INVEGA TRINZA 410 MG/1.315 ML	3	<ul style="list-style-type: none"> QL 0.057 / day PA AL At least 18 yrs old
INVEGA TRINZA 546 MG/1.75 ML	3	<ul style="list-style-type: none"> QL 0.067 / day PA AL At least 18 yrs old
INVEGA TRINZA 819 MG/2.625 ML	3	<ul style="list-style-type: none"> QL 0.1 / day PA AL At least 18 yrs old
LATUDA	3	<ul style="list-style-type: none"> QL 1 / day AL At least 13 yrs old
NUPLAZID	5	<ul style="list-style-type: none"> QL 2 / day PA NPS Non-Preferred Specialty Drug
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	1	<ul style="list-style-type: none"> QL 6 / day
<i>olanzapine 10 mg tablet</i>	1	<ul style="list-style-type: none"> QL 3 / day
<i>olanzapine 15 mg tablet</i>	1	<ul style="list-style-type: none"> QL 2 / day
<i>olanzapine 20 mg tablet</i>	1	<ul style="list-style-type: none"> QL 1 / day
<i>olanzapine 7.5 mg tablet</i>	1	<ul style="list-style-type: none"> QL 4 / day
<i>olanzapine 10 mg vial</i>	1	
<i>olanzapine odt 10 mg tablet</i>	3	<ul style="list-style-type: none"> QL 3 / day HCG
<i>olanzapine odt 15 mg tablet</i>	3	<ul style="list-style-type: none"> QL 2 / day HCG
<i>olanzapine odt 20 mg tablet</i>	3	<ul style="list-style-type: none"> QL 1 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>olanzapine odt 5 mg tablet</i>	3	<p>QL 6 / day</p> <p>HCG</p>
<i>paliperidone er</i>	3	<p>AL At least 12 yrs old</p> <p>HCG</p>
<i>quetiapine fumarate (25 mg tab, 50 mg tab)</i>	1	<p>QL 6 / day</p> <p>AL At least 10 yrs old</p>
<i>quetiapine fumarate 100 mg tab</i>	1	<p>QL 3 / day</p> <p>AL At least 10 yrs old</p>
<i>quetiapine fumarate 200 mg tab</i>	1	<p>QL 1.5 / day</p> <p>AL At least 10 yrs old</p>
<i>quetiapine fumarate 300 mg tab</i>	1	<p>QL 1 / day</p> <p>AL At least 10 yrs old</p>
<i>quetiapine fumarate 400 mg tab</i>	1	<p>QL 2 / day</p> <p>AL At least 10 yrs old</p>
<i>quetiapine er 150 mg tablet</i>	3	<p>QL 5 / day</p> <p>PA</p> <p>AL At least 10 yrs old</p> <p>HCG</p>
<i>quetiapine er 200 mg tablet</i>	3	<p>QL 4 / day</p> <p>PA</p> <p>AL At least 10 yrs old</p> <p>HCG</p>
<i>quetiapine er 50 mg tablet</i>	3	<p>QL 6 / day</p> <p>PA</p> <p>AL At least 10 yrs old</p> <p>HCG</p>
<i>quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)</i>	3	<p>QL 2 / day</p> <p>PA</p> <p>AL At least 10 yrs old</p> <p>HCG</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
REXULTI	3	<p>QL 1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
RISPERDAL 1 MG/ML SOLUTION	3	<p>QL 16/day</p> <p>AL At least 5 yrs old</p>
RISPERDAL (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	3	<p>QL 8 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL 3 MG TABLET	3	<p>QL 5 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL 4 MG TABLET	3	<p>QL 4 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL CONSTA	3	<p>QL 0.1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
RISPERDAL M-TAB (0.5 MG ODT, 1 MG ODT, 2 MG ODT)	3	<p>QL 8 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL M-TAB 3 MG ODT	3	<p>QL 5 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL M-TAB 4 MG ODT	3	<p>QL 4 / day</p> <p>AL At least 5 yrs old</p>
<i>risperidone 1 mg/ml solution</i>	1	<p>QL 16/day</p> <p>AL At least 5 yrs old</p>
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	<p>QL 8 / day</p> <p>AL At least 5 yrs old</p>
<i>risperidone 3 mg tablet</i>	1	<p>QL 5 / day</p> <p>AL At least 5 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>risperidone 4 mg tablet</i>	1	<ul style="list-style-type: none"> QL 4 / day AL At least 5 yrs old
<i>risperidone 3 mg odt</i>	3	<ul style="list-style-type: none"> QL 5 / day AL At least 5 yrs old HCG
<i>risperidone 4 mg odt</i>	3	<ul style="list-style-type: none"> QL 4 / day AL At least 5 yrs old HCG
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt)</i>	3	<ul style="list-style-type: none"> QL 8 / day AL At least 5 yrs old HCG
SAPHRIS	3	<ul style="list-style-type: none"> QL 2 / day ST AL At least 10 yrs old
SEROQUEL (25 MG TABLET, 50 MG TABLET)	3	<ul style="list-style-type: none"> QL 6 / day AL At least 10 yrs old
SEROQUEL 100 MG TABLET	3	<ul style="list-style-type: none"> QL 3 / day AL At least 10 yrs old
SEROQUEL 200 MG TABLET	3	<ul style="list-style-type: none"> QL 1.5 / day AL At least 10 yrs old
SEROQUEL 300 MG TABLET	3	<ul style="list-style-type: none"> QL 1 / day AL At least 10 yrs old
SEROQUEL 400 MG TABLET	3	<ul style="list-style-type: none"> QL 2 / day AL At least 10 yrs old
SEROQUEL XR SAMPLE KIT	2	<ul style="list-style-type: none"> AL At least 10 yrs old
SEROQUEL XR (300 MG TABLET, 400 MG TABLET)	2	<ul style="list-style-type: none"> QL 2 / day AL At least 10 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
SEROQUEL XR 150 MG TABLET	2	<p>QL 5 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL XR 200 MG TABLET	2	<p>QL 4 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL XR 50 MG TABLET	2	<p>QL 6 / day</p> <p>AL At least 10 yrs old</p>
VERSACLOZ	3	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	3	<p>QL 1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
<i>ziprasidone hcl</i>	1	<p>QL 2 / day</p> <p>AL At least 18 yrs old</p>
ZYPREXA (2.5 MG TABLET, 5 MG TABLET)	3	<p>QL 6 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 10 MG TABLET	3	<p>QL 3 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 15 MG TABLET	3	<p>QL 2 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 20 MG TABLET	3	<p>QL 1 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 7.5 MG TABLET	3	<p>QL 4 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 10 MG VIAL	3	<p>AL At least 13 yrs old</p>
ZYPREXA RELPREVV	3	<p>QL 0.08 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
ZYPREXA ZYDIS 10 MG TABLET	3	<p>QL 3 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA ZYDIS 15 MG TABLET	3	<p>QL 2 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA ZYDIS 20 MG TABLET	3	<p>QL 1 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA ZYDIS 5 MG TABLET	3	<p>QL 6 / day</p> <p>AL At least 13 yrs old</p>
BUTYROPHENONES		
HALDOL	3	
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
<i>haloperidol 5 mg/ml ampul</i>	1	
<i>haloperidol (0.5 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>haloperidol 1 mg tablet</i>	1	LCG
<i>haloperidol decanoate (dec 500 mg/5 ml vl, decan 50 mg/ml amp)</i>	1	
<i>haloperidol decanoate (50 mg/ml vial, 100 mg/ml vial)</i>	1	
<i>haloperidol decanoate 100</i>	1	
<i>haloperidol lac 2 mg/ml conc</i>	1	
<i>haloperidol lactate (5 mg/ml vial, 50 mg/10 ml vl)</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine 25 mg/ml amp</i>	1	
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	HCG








PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	1	
<i>fluphenazine 2.5 mg/ml vial</i>	1	
<i>perphenazine</i>	1	AL At least 18 yrs old
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	5	OL 2 / day NPS Non-Preferred Specialty Drug
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	4	PS
HIV INTEGRASE INHIBITORS		
ISENTRESS 100 MG POWDER PACKET	4	PS
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW, 400 MG TABLET)	4	PS
ISENTRESS HD	4	PS
TIVICAY	5	NPS Non-Preferred Specialty Drug
HIV NONNUCLEOSIDE REV. TRANSCRIP. INHIB.		
EDURANT	4	PS

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
INTELENCE	4	PS
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>nevirapine er</i>	4	NPS Non-Preferred Specialty Drug
RESCRIPTOR (100 MG TABLET, 200 MG TABLET)	5	NPS Non-Preferred Specialty Drug
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	5	NPS Non-Preferred Specialty Drug
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)	5	NPS Non-Preferred Specialty Drug
VIRAMUNE XR	5	NPS Non-Preferred Specialty Drug
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>abacavir-lamivudine</i>	4	NPS Non-Preferred Specialty Drug
<i>abacavir-lamivudine-zidovudine</i>	4	NPS Non-Preferred Specialty Drug
ATRIPLA	4	PS
COMBIVIR	5	NPS Non-Preferred Specialty Drug
COMPLERA	4	PS
DESCOVY	5	QL 1 / day NPS Non-Preferred Specialty Drug
<i>didanosine</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	PS
EPZICOM	5	NPS Non-Preferred Specialty Drug
GENVOYA	5	NPS Non-Preferred Specialty Drug
<i>lamivudine-zidovudine</i>	4	NPS Non-Preferred Specialty Drug
ODEFSEY	5	NPS Non-Preferred Specialty Drug
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE, 200 MG/20 ML VIAL)	5	NPS Non-Preferred Specialty Drug
<i>stavudine (1 mg/ml solution, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	NPS Non-Preferred Specialty Drug
STRIBILD	5	NPS Non-Preferred Specialty Drug
<i>tenofovir disoproxil fumarate</i>	4	PS
TRIUMEQ	5	NPS Non-Preferred Specialty Drug
TRIZIVIR	5	NPS Non-Preferred Specialty Drug
TRUVADA	4	PS
VIDEX	4	PS
VIDEX EC	5	NPS Non-Preferred Specialty Drug
VIREAD POWDER	5	NPS Non-Preferred Specialty Drug
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	4	PS
ZERIT (1 MG/ML SOLUTION, 15 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	5	NPS Non-Preferred Specialty Drug
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule)</i>	4	NPS Non-Preferred Specialty Drug
HIV PROTEASE INHIBITORS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	4	PS
<i>atazanavir sulfate</i>	4	PS
CRIXIVAN	4	PS
EVOTAZ	5	NPS Non-Preferred Specialty Drug
<i>fosamprenavir calcium</i>	4	NPS Non-Preferred Specialty Drug
INVIRASE (200 MG CAPSULE, 500 MG TABLET)	4	PS
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	5	NPS Non-Preferred Specialty Drug
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	5	NPS Non-Preferred Specialty Drug
<i>lopinavir-ritonavir</i>	4	PS
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	5	NPS Non-Preferred Specialty Drug
PREZCOBIX	5	NPS Non-Preferred Specialty Drug
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	4	PS
REYATAZ (150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	PS
REYATAZ 50 MG POWDER PACKET	4	PS
VIRACEPT	4	PS

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTITHROMBOTIC AGENTS		
PLATELET-AGGREGATION INHIBITORS		
AGGRASTAT (3.75 MG/15 ML VIAL, 5 MG/100 ML IV SOLN, 5 MG/100 ML VIAL, 12.5 MG/250 ML)	3	
BRILINTA	2	QL 2 / day
<i>cilostazol</i>	1	QL 2 / day
<i>clopidogrel</i>	1	QL 1 / day
EFFIENT	3	QL 1 / day
<i>eptifibatide</i>	1	
INTEGRILIN	3	
KENGREAL	3	
LEVACET	3	PA
PLAVIX	3	QL 1 / day
<i>prasugrel hcl</i>	1	QL 1 / day
REOPRO	3	
<i>ticlopidine hcl</i>	1	QL 2 / day
ZONTIVITY	3	QL 1 / day PA
PLATELET-REDUCING AGENTS		
AGRYLIN	3	QL 4 / day
<i>anagrelide hcl</i>	1	QL 4 / day
THROMBOLYTIC AGENTS		
ACTIVASE	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CATHFLO ACTIVASE	5	 Non-Preferred Specialty Drug
TNKASE	3	
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
ANTITOXINS AND IMMUNE GLOBULINS		
CUVITRU	5	  Non-Preferred Specialty Drug
TOXOIDS		
BOOSTRIX TDAP VACCINE SYRINGE	0	
VACCINES		
<i>bcg (tice strain)</i>	5	 Non-Preferred Specialty Drug
HEPLISAV-B	0	
THERACYS	5	 Non-Preferred Specialty Drug
VAXCHORA ACTIVE COMPONENT	2	
VAXCHORA VACCINE	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 800 mg tablet)</i>	1	
<i>famotidine (20 mg piggyback, 20 mg/2 ml syringe, 20 mg/2 ml vial, 40 mg/4 ml vial, 200 mg/20 ml vial, 500 mg/50 ml vial)</i>	1	
<i>famotidine (40 mg tablet, 40 mg/5 ml susp)</i>	1	
<i>famotidine-0.9% nacl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>nizatidine (15 mg/ml solution, 300 mg capsule)</i>	1	
<i>nizatidine 150 mg capsule</i>	1	QL 2 / day
PEPCID (20 MG TABLET, 40 MG TABLET, 40 MG/5 ML ORAL SUSP)	3	
<i>ranitidine hcl (15 mg/ml syrup, 150 mg tablet, 150 mg/10 ml syrup, 300 mg capsule, 300 mg tablet)</i>	1	
<i>ranitidine hcl (50 mg/2 ml vial, 150 mg/6 ml vl)</i>	1	
ZANTAC (150 MG TABLET, 300 MG TABLET)	3	
ZANTAC (50 MG/2 ML VIAL, 150 MG/6 ML VIAL, 1,000 MG/40 ML VIAL)	3	
PROSTAGLANDINS		
CYTOTEC	3	
<i>misoprostol</i>	1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	2	
CARAFATE 1 GM TABLET	3	
<i>sucralfate</i>	1	
PROTON-PUMP INHIBITORS		
ACIPHEX	3	QL 2 / day ST
ACIPHEX SPRINKLE	3	QL 1 / day ST
DEXILANT	3	QL 1 / day ST
<i>esomeprazole mag dr 40 mg cap</i>	3	QL 1 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>esomeprazole sodium</i>	1	
<i>esomeprazole strontium</i>	1	QL 1 / day ST
<i>lansoprazole dr 30 mg capsule</i>	1	QL 1 / day
NEXIUM DR 40 MG CAPSULE	3	QL 1 / day ST
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	3	QL 2 / day ST
NEXIUM I.V.	3	
OMECLAMOX-PAK	3	QL 80 / 365 days PA
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	1	QL 1 / day
<i>omeprazole-bicarb 40-1,100 cap</i>	3	ST HCG
<i>omeprazole-bicarb 40-1,680 pkt</i>	1	ST
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	1	QL 1 / day LCG
<i>pantoprazole sodium 40 mg vial</i>	1	
PREVACID (15 MG SOLUTAB, DR 15 MG CAPSULE, 30 MG SOLUTAB, DR 30 MG CAPSULE)	3	QL 1 / day ST
PRILOSEC	3	ST
PROTONIX (DR 20 MG TABLET, 40 MG SUSPENSION, DR 40 MG TABLET)	3	QL 1 / day ST
PROTONIX IV	3	
<i>rabeprazole sodium</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ZEGERID (20 MG PACKET, 40 MG CAPSULE)	3	ST
ZEGERID 40 MG PACKET	3	QL 1 / day ST
ANTIVIRALS (SYSTEMIC)		
ADAMANTANES		
FLUMADINE	3	
<i>rimantadine hcl</i>	1	
ANTIVIRALS, MISCELLANEOUS		
<i>foscarnet sodium</i>	1	
FOSCAVIR	3	
INTERFERONS		
ALFERON N	5	NPS Non-Preferred Specialty Drug
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	PA NPS Non-Preferred Specialty Drug
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
PEGASYS PROCLICK	5	PA NPS Non-Preferred Specialty Drug
PEGINTRON	4	PA PS
PEGINTRON REDIPEN	4	PA PS
SYLATRON	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	1	QL 20 / 365 days
<i>oseltamivir 6 mg/ml suspension</i>	1	QL 180 / 30 days
RELENZA	3	QL 40 / 365 days
TAMIFLU (30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	3	QL 20 / 365 days
TAMIFLU 6 MG/ML SUSPENSION	3	QL 180 / 30 days
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir sodium (sodium 1 gm vial, 500 mg/10 ml vial, sodium 500 mg vial, 1,000 mg/20 ml vial)</i>	1	
<i>acyclovir sodium-d5w</i>	1	
<i>adefovir dipivoxil</i>	4	NPS Non-Preferred Specialty Drug
BARACLUDE 0.05 MG/ML SOLUTION	5	QL 20 / day PA NPS Non-Preferred Specialty Drug
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>cidofovir</i>	4	NPS Non-Preferred Specialty Drug
COPEGUS	5	QL 6 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CYTOVENE	5	NPS Non-Preferred Specialty Drug
<i>entecavir</i>	4	QL 1 / day NPS Non-Preferred Specialty Drug
<i>famciclovir (125 mg tablet, 500 mg tablet)</i>	1	
FAMVIR (125 MG TABLET, 500 MG TABLET)	3	
<i>ganciclovir</i>	4	NPS Non-Preferred Specialty Drug
<i>ganciclovir sodium</i>	4	NPS Non-Preferred Specialty Drug
HEPSERA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
MODERIBA (200-400 MG DOSEPACK, 400-400 MG DOSEPACK, 600-400 MG DOSEPACK, 600-600 MG DOSEPACK)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
MODERIBA 200 MG TABLET	4	QL 6 / day PA NPS Non-Preferred Specialty Drug
REBETOL 200 MG CAPSULE	5	QL 6 / day PA NPS Non-Preferred Specialty Drug
REBETOL 40 MG/ML SOLUTION	5	QL 30 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
RIBASPHERE (200 MG CAPSULE, 200 MG TABLET)	4	<ul style="list-style-type: none"> QL 6 / day PA NPS Non-Preferred Specialty Drug
RIBASPHERE 400 MG TABLET	5	<ul style="list-style-type: none"> QL 3 / day PA NPS Non-Preferred Specialty Drug
RIBASPHERE 600 MG TABLET	5	<ul style="list-style-type: none"> QL 2 / day PA NPS Non-Preferred Specialty Drug
RIBASPHERE RIBAPAK	5	<ul style="list-style-type: none"> QL 2 / day PA NPS Non-Preferred Specialty Drug
RIBATAB	5	<ul style="list-style-type: none"> QL 2 / day PA NPS Non-Preferred Specialty Drug
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	4	<ul style="list-style-type: none"> QL 6 / day PA NPS Non-Preferred Specialty Drug
<i>ribavirin 6 gm inhalation vial</i>	1	
SITAVIG	3	<ul style="list-style-type: none"> QL 2 / fill PA AL At least 18 yrs old
TYZEKA	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>valacyclovir</i>	3	HCG
VALCYTE 50 MG/ML SOLUTION	3	
VALCYTE 450 MG TABLET	3	QL 4 / day
<i>valganciclovir hcl 50 mg/ml</i>	1	
<i>valganciclovir 450 mg tablet</i>	1	QL 4 / day
VALTREX	3	
		QL 1 / day
VEMLIDY	5	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
VIRAZOLE	3	
VISTIDE	5	NPS Non-Preferred Specialty Drug
ZOVIRAX (200 MG CAPSULE, 200 MG/5 ML SUSP, 400 MG TABLET, 800 MG TABLET)	3	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
AMBIEN	3	QL 1 / day ST
AMBIEN CR	3	QL 1 / day ST
BELSOMRA	3	ST
<i>bupirone hcl</i>	1	
<i>dexmedetomidine 200 mcg/2 ml</i>	1	
<i>droperidol (2.5 mg/ml ampul, 2.5 mg/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
EDLUAR	3	QL 1 / day ST
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	1	QL 1 / day
<i>eszopiclone 3 mg tablet</i>	1	QL 1 / day AL Up to 65 yrs old
HETLIOZ	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml syrup, hcl 50 mg tablet)</i>	1	AL At least 2 yrs old
<i>hydroxyzine hcl (25 mg/ml vial, 50 mg/ml vial, 100 mg/2 ml vial, 500 mg/10 ml vial)</i>	1	AL At least 2 yrs old
<i>hydroxyzine pam 100 mg cap</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	AL At least 2 yrs old
INTERMEZZO	3	QL 1 / day ST
LUNESTA (1 MG TABLET, 2 MG TABLET)	3	QL 1 / day ST
LUNESTA 3 MG TABLET	3	QL 1 / day ST AL Up to 65 yrs old
<i>meprobamate</i>	1	
PRECEDEX (80 MCG/20 ML INJECT, 200 MCG/2 ML VIAL, 200 MCG/50 ML INJECT, 400 MCG/100 ML INJECT)	3	
<i>promethazine 12.5 mg suppos</i>	1	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
PROMETHEGAN 50 MG SUPPOSITORY	1	AL At least 2 yrs old
ROZEREM	3	QL 1 / day ST
SONATA	3	QL 1 / day ST
VISTARIL	3	AL At least 2 yrs old
<i>zaleplon</i>	1	QL 1 / day
<i>zolpidem tartrate (tart 1.75 mg tab sl, tart 3.5 mg tablet sl, tartrate 5 mg tablet, tartrate 10 mg tablet)</i>	1	QL 1 / day
<i>zolpidem tartrate er</i>	1	QL 1 / day
ZOLPIMIST	3	QL 0.257 / day PA
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
AMYTAL SODIUM	3	
BUTISOL SODIUM	3	
NEMBUTAL SODIUM	3	
<i>pentobarbital 1,000 mg/20 ml</i>	1	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1	
<i>phenobarbital sodium</i>	1	
SECONAL SODIUM	3	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL 4 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>alprazolam 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>	1	QL 1 / day
<i>alprazolam er 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam er 3 mg tablet</i>	1	QL 3 / day
ALPRAZOLAM INTENSOL	3	QL 10 / day
<i>alprazolam odt (odt 0.25 mg tab, odt 0.5 mg tab, odt 1 mg tab)</i>	1	QL 4 / day
<i>alprazolam odt 2 mg tab</i>	1	QL 5 / day
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1	QL 1 / day
<i>alprazolam xr 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam xr 3 mg tablet</i>	1	QL 3 / day
ATIVAN (0.5 MG TABLET, 1 MG TABLET)	3	QL 3 / day
ATIVAN 2 MG TABLET	3	QL 5 / day
ATIVAN (2 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL)	3	
<i>chlordiazepoxide 10 mg capsule</i>	1	QL 30 / day
<i>chlordiazepoxide 25 mg capsule</i>	1	QL 12 / day
<i>chlordiazepoxide 5 mg capsule</i>	1	QL 4 / day
<i>clorazepate 15 mg tablet</i>	1	QL 6 / day
<i>clorazepate 3.75 mg tablet</i>	1	QL 24 / day
<i>clorazepate 7.5 mg tablet</i>	1	QL 12 / day
DIASTAT	3	QL 0.07 / day
DIASTAT ACUDIAL	3	QL 0.07 / day
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	1	QL 0.07 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 5 mg/ml vial, 10 mg tablet, 10 mg/2 ml carpject, 10 mg/2 ml syringe, 50 mg/10 ml vial)</i>	1	
DORAL	3	QL 1 / day
<i>estazolam</i>	1	QL 1 / day
<i>flurazepam hcl</i>	1	QL 1 / day
HALCION	3	QL 2 / day
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	1	QL 5 / day
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL 3 / day
<i>lorazepam (2 mg/ml carpject, 2 mg/ml syringe, 4 mg/ml carpject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	1	
LORAZEPAM INTENSOL	1	QL 5 / day
<i>lorazepam-0.9% nacl</i>	1	
<i>lorazepam-d5w</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
<i>midazolam 55 mg/55 ml-0.9%nacl</i>	1	
<i>midazolam 50 mg/50 ml-d5w bag</i>	1	
<i>oxazepam</i>	1	QL 4 / day
<i>quazepam</i>	1	QL 1 / day
RESTORIL	3	QL 1 / day
<i>temazepam</i>	1	QL 1 / day
TRANXENE T-TAB 3.75 MG	3	QL 24 / day
TRANXENE T-TAB 7.5 MG	3	QL 12 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>triazolam 0.125 mg tablet</i>	1	QL 1 / day
<i>triazolam 0.25 mg tablet</i>	1	QL 2 / day
VALIUM	3	
XANAX (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET)	3	QL 4 / day
XANAX 2 MG TABLET	3	QL 5 / day
XANAX XR (0.5 MG TABLET, 1 MG TABLET)	3	QL 1 / day
XANAX XR 2 MG TABLET	3	QL 5 / day
XANAX XR 3 MG TABLET	3	QL 3 / day
AUTONOMIC DRUGS		
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ARICEPT (5 MG TABLET, 10 MG TABLET)	3	AL At least 40 yrs old
ARICEPT 23 MG TABLET	3	ST AL At least 40 yrs old
<i>bethanechol chloride</i>	1	
BLOXIVERZ	3	
<i>cevimeline hcl</i>	3	HCG
<i>donepezil hcl</i>	1	AL At least 40 yrs old
<i>donepezil hcl odt</i>	1	AL At least 40 yrs old
EVOXAC	3	
EXELON (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 4.6 MG/24HR PATCH, 6 MG CAPSULE, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH)	3	AL At least 40 yrs old
<i>galantamine er</i>	3	HCG
<i>galantamine hbr</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>galantamine hydrobromide</i>	1	
<i>guanidine hcl</i>	1	
MESTINON 60 MG/5 ML SYRUP	2	
MESTINON (60 MG TABLET, 180 MG TIMESPAN)	3	
<i>neostigmine 3 mg/3 ml syringe</i>	1	
<i>neostigmine methylsulfate (2 mg/2 ml syringe, 4 mg/4 ml syringe, 5 mg/10 ml vial, 5 mg/5 ml syringe, 10 mg/10 ml vial)</i>	1	
<i>neostigmine 5 mg/5 ml-water</i>	1	
<i>physostigmine salicylate</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>pyridostigmine bromide er</i>	1	
RAZADYNE	3	
RAZADYNE ER	3	
REGONOL	3	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	1	AL At least 40 yrs old
SALAGEN	3	
URECHOLINE	3	
BETA-3-ADRENERGIC AGONISTS		
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ	2	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
BETA-ADRENERGIC AGONISTS		
NON-SELECTIVE BETA-ADRENERGIC AGONISTS		
<i>isoproterenol hcl</i>	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate er 4 mg tab, sulfate er 8 mg tab)</i>	1	
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	1	LCG
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	1	QL 18 / day
<i>albuterol sulfate (2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution)</i>	1	QL 18 / day LCG
ARCAPTA NEOHALER	3	QL 1 / day ST
BROVANA	3	QL 4 / day
FORADIL	3	QL 3 / day
<i>levalbuterol concentrate</i>	3	HCG
<i>levalbuterol hcl</i>	3	HCG
<i>levalbuterol tar hfa 45mcg inh</i>	Excluded Drugs	
<i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syr, 20 mg tablet)</i>	1	
PERFOROMIST	3	QL 120 / 30 days
PROAIR HFA	2	QL .8 / day
PROAIR RESPICLICK	2	QL 0.07 / day
PROVENTIL HFA 90 MCG INHALER	Excluded Drugs	
SEREVENT DISKUS	2	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
STRIVERDI RESPIMAT	2	QL .144 / day ST
<i>terbutaline sulfate 2.5 mg tab</i>	1	LCG
<i>terbutaline sulf 1 mg/ml vial</i>	1	
UTIBRON NEOHALER	3	QL 2 / day ST AL At least 18 yrs old
VENTOLIN HFA	2	QL 1.5 / day
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA 45 MCG INHALER	Excluded Drugs	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
HEMATOPOIETIC AGENTS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	4	PA PS
EPOGEN	5	PA NPS Non-Preferred Specialty Drug
GRANIX	5	PA NPS Non-Preferred Specialty Drug
LEUKINE	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
MIRCERA	5	PA NPS Non-Preferred Specialty Drug
MOZOBIL	5	PA NPS Non-Preferred Specialty Drug
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	4	PA PS
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	4	PA PS
NPLATE	5	PA NPS Non-Preferred Specialty Drug
PROCRIT	4	PA PS
PROMACTA	5	PA NPS Non-Preferred Specialty Drug
ZARXIO	5	QL 90 / 30 days PA NPS Non-Preferred Specialty Drug
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
BRONCHODILATORS		
XANTHINE DERIVATIVES		
<i>aminophylline 250 mg/10 ml vial</i>	1	
THEO-24 ER 300 MG CAPSULE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CALAN	3	QL 3 / day
CALAN SR	3	QL 1 / day
CARDIZEM	3	QL 4 / day
CARDIZEM CD (180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	3	
CARDIZEM CD 120 MG CAPSULE	3	QL 1 / day
CARDIZEM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	3	QL 1 / day
CARDIZEM LA 120 MG TABLET	3	QL 4 / day
CARDIZEM LA 180 MG TABLET	3	QL 3 / day
CARDIZEM LA 240 MG TABLET	3	QL 2 / day
CARTIA XT	1	QL 1 / day
DILT XR 120 MG CAPSULE	1	QL 1 / day
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	1	
<i>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr cd (24hr 180 mg cap, 24hr 240 mg cap, 24hr 300 mg cap, 24hr 360 mg cap)</i>	1	
<i>diltiazem 24hr cd 120 mg cap</i>	1	QL 1 / day
<i>diltiazem 24hr er (24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)</i>	1	
<i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 300 mg tab, 24hr er 360 mg tab, 24hr er 420 mg tab)</i>	1	QL 1 / day
<i>diltiazem 24hr er 180 mg tab</i>	1	QL 3 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diltiazem 24hr er 240 mg tab</i>	1	QL 2 / day
<i>diltiazem er (er 120 mg capsule, er 180 mg capsule)</i>	1	QL 1 / day
<i>diltiazem er 240 mg capsule</i>	1	
<i>diltiazem 90 mg tablet</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)</i>	1	QL 4 / day
<i>diltiazem hcl (25 mg/5 ml vial, 50 mg/10 ml vial, hcl 100 mg vial, 125 mg/25 ml vial)</i>	1	
<i>diltiazem hcl-0.9% nacl</i>	1	
<i>diltiazem 125 mg/125 ml-d5w</i>	1	
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1	QL 1 / day
MATZIM LA 180 MG TABLET	1	QL 3 / day
MATZIM LA 240 MG TABLET	1	QL 2 / day
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE)	1	QL 1 / day
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	1	
TIAZAC (ER 120 MG CAPSULE, ER 180 MG CAPSULE)	3	QL 1 / day
TIAZAC (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	3	
<i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule)</i>	1	QL 1 / day
<i>verapamil er pm (er 200 mg capsule, er 300 mg capsule)</i>	1	QL 1 / day
<i>verapamil 360 mg cap pellet</i>	1	QL 1 / day
<i>verapamil hcl (2.5 mg/ml ampul, 2.5 mg/ml syringe, 2.5 mg/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>verapamil 40 mg tablet</i>	1	
<i>verapamil hcl (80 mg tablet, 120 mg tablet)</i>	1	QL 3 / day
<i>verapamil 5 mg/2 ml vial</i>	1	
<i>verapamil sr</i>	1	QL 1 / day
VERELAN	3	QL 1 / day
VERELAN PM (200 MG CAP PELLETT, 300 MG CAP PELLETT)	3	QL 1 / day
DIHYDROPYRIDINES		
ADALAT CC 30 MG TABLET	3	QL 1 / day
ADALAT CC 60 MG TABLET	3	QL 2 / day
ADALAT CC 90 MG TABLET	3	
AFEDITAB CR 30 MG TABLET	1	QL 1 / day
AFEDITAB CR 60 MG TABLET	1	QL 2 / day
<i>amlodipine besylate</i>	1	QL 1 / day
<i>amlodipine besylate-benazepril</i>	1	QL 1 / day
<i>amlodipine-olmesartan</i>	3	QL 1 / day HCG
<i>amlodipine-valsartan (5-320 mg, 10-160 mg, 10-320 mg)</i>	1	QL 1 / day
<i>amlodipine-valsartan 5-160 mg</i>	1	QL 2 / day
<i>amlodipine-valsartan-hctz</i>	3	QL 1 / day HCG
AZOR	3	QL 1 / day
CARDENE I.V. 25 MG/10 ML AMPUL	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
CARDENE I.V. (CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-DEX 40 MG/200 ML IV, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	3	
CLEVIPREX	3	
EXFORGE	3	QL 1 / day
EXFORGE HCT	3	QL 1 / day
<i>felodipine er</i>	1	QL 1 / day
<i>isradipine 2.5 mg capsule</i>	1	QL 2 / day
<i>isradipine 5 mg capsule</i>	1	QL 4 / day
LOTREL	3	QL 1 / day
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	3	HCG
<i>nicardipine 2.5 mg/ml syringe</i>	1	
<i>nicardipine hcl (25 mg/10 ml ampule, 25 mg/10 ml vial)</i>	1	
<i>nicardipine hcl-0.9% nacl</i>	1	
<i>nicardipine hcl-d5w</i>	1	
NIFEDICAL XL	1	QL 1 / day
<i>nifedipine</i>	1	QL 4 / day
<i>nifedipine er (er 30 mg tablet, er 90 mg tablet)</i>	1	QL 1 / day
<i>nifedipine er 60 mg tablet</i>	1	QL 2 / day
<i>nimodipine</i>	1	
<i>nisoldipine</i>	3	QL 1 / day HCG
NORVASC	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
NYMALIZE	3	QL 120 / day
PROCARDIA	3	QL 4 / day
PROCARDIA XL	3	QL 1 / day
SULAR	3	QL 1 / day
CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN) DIHYDROPYRIDINES (HYPOTENSIVE AGENTS)		
CARDENE SR 30 MG CAPSULE	3	QL 2 / day
CARDIAC DRUGS CARDIAC DRUGS, MISCELLANEOUS		
CORLANOR	2	QL 2 / day ST
RANEXA	2	QL 2 / day
CARDIOTONIC AGENTS		
DIGITEK	1	
DIGOX	1	
<i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1	
<i>digoxin (0.25 mg/ml syringe, 500 mcg/2 ml ampule)</i>	1	
LANOXIN 500 MCG/2 ML AMPULE	2	
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 187.5 MCG TABLET, 250 MCG TABLET)	2	
LANOXIN PEDIATRIC	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	3	
CARDURA XL	3	QL 1 / day ST
<i>doxazosin mesylate</i>	1	
MINIPRESS	3	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	
<i>atenolol-chlorthalidone</i>	1	
BETAPACE	3	
BETAPACE AF	3	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	LCG
BREVIBLOC (100 MG/10 ML VIAL, 2,000 MG/100 ML BAG, 2,500 MG/250 ML BAG)	3	
BYSTOLIC (5 MG TABLET, 10 MG TABLET)	2	QL 3 / day
BYSTOLIC 2.5 MG TABLET	2	QL 1 / day
BYSTOLIC 20 MG TABLET	2	QL 2 / day
BYVALSON	2	QL 1 / day
<i>carvedilol</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule)</i>	1	QL 2 / day
<i>carvedilol er 80 mg capsule</i>	1	QL 1 / day
COREG	3	
COREG CR (CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE)	3	QL 2 / day ST
COREG CR 80 MG CAPSULE	3	QL 1 / day ST
CORGARD	3	
CORZIDE	3	
DUTOPROL	3	QL 2 / day
<i>esmolol hcl 100 mg/10 ml syr</i>	1	
<i>esmolol hcl 100 mg/10 ml syrg</i>	1	
<i>esmolol hcl 100 mg/10 ml vial</i>	1	
HEMANGEOL	5	NPS Non-Preferred Specialty Drug
INDERAL LA	3	
INDERAL XL	3	ST
INNOPRAN XL	3	ST
<i>labetalol hcl (20 mg/4 ml syr, 20 mg/4 ml syrng, 25 mg/5 ml syrng, 50 mg/10 ml syrg)</i>	1	
<i>labetalol hcl 20 mg/4 ml crpj</i>	1	
<i>labetalol hcl 25 mg/5 ml syr</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>labetalol hcl-d5w</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
LEVATOL	3	
LOPRESSOR 5 MG/5 ML AMPUL	3	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	3	
LOPRESSOR HCT	3	
<i>metoprolol succ er 50 mg tab</i>	1	
<i>metoprolol tartrate (1 mg/ml carpject, tart 5 mg/5 ml amp, tart 5 mg/5 ml vial)</i>	1	
<i>metoprolol tartrate (37.5 mg tb, 75 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol 1 mg/ml vial</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
SECTRAL	3	
SORINE	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
<i>sotalol hcl</i>	1	
SOTYLIZE	3	
TENORETIC 100	3	
TENORETIC 50	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
TENORMIN	3	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
TOPROL XL	3	
ZEBETA	3	
ZIAC	3	
CELLULAR AND GENE THERAPY		
CELLULAR THERAPY		
PROVENGE	5	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
LITHOBID	3	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	3	<div style="background-color: #FFD700; padding: 2px 5px; border-radius: 3px;">HCG</div>
<i>atomoxetine hcl</i>	1	<div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> 2 / day <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">AL</div> At least 6 yrs old
AUSTEDO	5	<div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> 4 / day <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">AL</div> At least 18 yrs old <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NPS</div> Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>carbidopa</i>	1	
<i>flumazenil</i>	1	
<i>guanfacine hcl er</i>	1	
INGREZZA 40 MG CAPSULE	5	<ul style="list-style-type: none"> QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
INGREZZA 80 MG CAPSULE	5	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
INTUNIV	3	QL 1 / day
LODOSYN	3	
<i>memantine hcl 2 mg/ml solution</i>	1	<ul style="list-style-type: none"> QL 360 / 30 days AL At least 40 yrs old
<i>memantine 5-10 mg titration pk</i>	1	AL At least 40 yrs old
<i>memantine hcl 10 mg tablet</i>	1	<ul style="list-style-type: none"> QL 2 / day AL At least 40 yrs old
<i>memantine hcl 5 mg tablet</i>	1	<ul style="list-style-type: none"> QL 3 / day AL At least 40 yrs old
NAMENDA (2 MG/ML SOLUTION, 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	3	AL At least 40 yrs old
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE, TITRATION PACK)	3	<ul style="list-style-type: none"> ST AL At least 40 yrs old
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	3	ST













PRODUCT DESCRIPTION	TIER	LIMITS &
NUEDEXTA	2	PA
RILUTEK	3	
<i>riluzole</i>	1	
STRATTERA	3	QL 2 / day AL At least 6 yrs old
<i>tetrabenazine</i>	4	PA NPS Non-Preferred Specialty Drug
XENAZINE	5	PA NPS Non-Preferred Specialty Drug
XYREM	5	QL 18 / day PA NPS Non-Preferred Specialty Drug
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3	QL 2 / day ST
OPIATE ANTAGONISTS		
DEPADE	1	
EVZIO (0.4 MG, 2 MG)	Excluded Drugs	
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN 2 MG NASAL SPRAY	3	QL 5 / 30 days
NARCAN 4 MG NASAL SPRAY	3	QL 2 / 30 days
REVIA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
VIVITROL	5	PA NPS Non-Preferred Specialty Drug
CEPHALOSPORINS		
FIFTH GENERATION CEPHALOSPORINS		
TEFLARO	3	PA
FIRST GENERATION CEPHALOSPORINS		
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	1	
<i>cefazolin sodium-0.9% nacl (1 g/10 ml-ns syringe, 2 g/10 ml-ns syringe, 2 g/100 ml-0.9% nacl, 2 g/50 ml-0.9% nacl, 3 g/100 ml-0.9% nacl)</i>	1	
<i>cefazolin sodium-d5w (2 gram/100, 2 gram/50 bag, 3 gram/100)</i>	1	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)</i>	1	
<i>cefazolin sodium-sterile water</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 750 mg capsule)</i>	1	
DAXBIA	3	QL 4 / day ST
KEFLEX	3	
FOURTH GENERATION CEPHALOSPORINS		
<i>cefepime</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cefepime hcl</i>	1	
<i>cefepime-dextrose</i>	1	
MAXIPIME (1 GM ADD-VANTAGE VL, 1 GRAM VIAL, 2 GM ADD-VANTAGE VL, 2 GRAM VIAL)	3	
SECOND GENERATION CEPHALOSPORINS		
<i>cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)</i>	1	
<i>cefaclor er</i>	1	QL 20 / 30 days
<i>cefoxitin 1 gm vial</i>	1	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
CEFTIN (125 MG/5 ML ORAL SUSP, 250 MG/5 ML ORAL SUSP)	2	
CEFTIN (250 MG TABLET, 500 MG TABLET)	3	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium</i>	1	
MEFOXIN	3	
ZINACEF (1.5 GM TWISTVIAL, 1.5 GM VIAL, 1.5 GRAM/50 ML, 7.5 GM VIAL, 750 MG TWISTVIAL, 750 MG VIAL)	3	
THIRD GENERATION CEPHALOSPORINS		
AVYCAZ	3	
CEDAX (180 MG/5 ML SUSPENSION, 400 MG CAPSULE)	3	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefditoren pivoxil</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cefixime</i>	3	QL 1200 / 90 days HCG
<i>cefotaxime sodium (1 gm vial, 2 gm vial, 500 mg vial)</i>	1	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	1	
<i>ceftibuten (180 mg/5 ml susp, 400 mg capsule)</i>	3	HCG
<i>ceftriaxone (1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	1	
CLAFORAN (1 GM ADD-VANTAGE VL, 1 GM VIAL, 2 GM ADD-VANTAGE VL, 2 GM VIAL, 500 MG VIAL)	3	
CLAFORAN-DEXTROSE	3	
FORTAZ (1 GM TWISTVIAL, 1 GM VIAL, 2 GM TWISTVIAL, 2 GM VIAL, 6 GM VIAL, 500 MG VIAL)	3	
FORTAZ IN ISO-OSMOTIC DEXTROSE	3	
SPECTRACEF	3	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	3	
SUPRAX (100 MG/5 ML SUSPENSION, 200 MG/5 ML SUSPENSION)	3	QL 1200 / 90 days
TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 2 GM ADD-VANTAGE, 2 GRAM VIAL, 6 GRAM VIAL)	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS	2	QL 2 / day
ADVAIR HFA	2	QL 0.4 / day
AEROSPAN	2	QL 0.334 / day
AIRDUO RESPICLICK (55-14 MCG, 113-14 MCG, 232-14 MCG)	Excluded Drugs	
ALVESCO (80 MCG INHALER, 160 MCG INHALER)	Excluded Drugs	
ARNUIITY ELLIPTA 100 MCG INH	2	QL 2 / day
ARNUIITY ELLIPTA 200 MCG INH	2	QL 1 / day
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 110 MCG #7, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	Excluded Drugs	
ASMANEX HFA (HFA 100 MCG INHALER, HFA 200 MCG INHALER)	Excluded Drugs	
BREO ELLIPTA	2	QL 2 / day
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	1	
DULERA (100 MCG/5 MCG INHALER, 200 MCG/5 MCG INHALER)	Excluded Drugs	
FLOVENT 250 MCG DISKUS	2	QL 8 / day
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QL 4 / day
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	2	QL 0.8 / day
FLOVENT HFA 44 MCG INHALER	2	QL 0.767 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluticasone-salmeterol</i>	1	 0.04 / day  At least 12 yrs old
PULMICORT	3	 120 / 30 days
PULMICORT FLEXHALER	2	 0.07 / day
QVAR (40 MCG ORAL INHALER, 80 MCG ORAL INHALER)	Excluded Drugs	
QVAR REDHALER (40 MCG, 80 MCG)	Excluded Drugs	
SYMBICORT	2	 0.4 / day
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	 2 / day   Non-Preferred Specialty Drug
ORKAMBI	5	 4 / day   Non-Preferred Specialty Drug
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS		
8-MOP	3	
<i>methoxsalen</i>	1	
OXSORALEN-ULTRA	3	
UVADEX	5	 Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
CORTROSYN	3	
<i>cosyntropin (0.25 mg vial, 0.25 mg/ml)</i>	1	
H.P. ACTHAR	5	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
DIABETES MELLITUS		
<i>accu-chek aviva plus test strip</i>	Excluded Drugs	
<i>accu-chek aviva plus test strip</i>	Excluded Drugs	
<i>accu-chek aviva test strips</i>	Excluded Drugs	
<i>accu-chek aviva test strips</i>	Excluded Drugs	
<i>accu-chek compact plus strips</i>	Excluded Drugs	
<i>accu-chek compact plus strips</i>	Excluded Drugs	
<i>accu-chek guide test strip</i>	Excluded Drugs	
<i>accu-chek guide test strip</i>	Excluded Drugs	
<i>accu-chek smartview test strip</i>	Excluded Drugs	
<i>accu-chek smartview test strip</i>	Excluded Drugs	
<i>accutrend glucose test strip</i>	Excluded Drugs	
<i>accutrend glucose test strip</i>	Excluded Drugs	
<i>acura test strips</i>	Excluded Drugs	
<i>acura test strips</i>	Excluded Drugs	
<i>advocate redi-code test strip</i>	Excluded Drugs	
<i>advocate redi-code test strip</i>	Excluded Drugs	
<i>advocate redi-code+ test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>advocate redi-code+ test strip</i>	Excluded Drugs	
<i>advocate test strip</i>	Excluded Drugs	
<i>advocate test strip</i>	Excluded Drugs	
<i>agamatrix amp test strips</i>	Excluded Drugs	
<i>agamatrix amp test strips</i>	Excluded Drugs	
<i>assure 4 test strips</i>	Excluded Drugs	
<i>assure 4 test strips</i>	Excluded Drugs	
<i>assure platinum test strips</i>	Excluded Drugs	
<i>assure platinum test strips</i>	Excluded Drugs	
<i>assure prism multi test strips</i>	Excluded Drugs	
<i>assure prism multi test strips</i>	Excluded Drugs	
<i>bg-star glucose test strips</i>	Excluded Drugs	
<i>bg-star glucose test strips</i>	Excluded Drugs	
<i>blood glucose test strip</i>	Excluded Drugs	
<i>blood glucose test strip</i>	Excluded Drugs	
<i>blood glucose test strips</i>	Excluded Drugs	
<i>blood glucose test strips</i>	Excluded Drugs	
<i>breeze 2 disc test strip</i>	Excluded Drugs	
<i>breeze 2 disc test strip</i>	Excluded Drugs	
<i>careone blood glucose tst strp</i>	Excluded Drugs	
<i>careone blood glucose tst strp</i>	Excluded Drugs	
<i>caresens n test strips</i>	Excluded Drugs	
<i>caresens n test strips</i>	Excluded Drugs	
<i>choicedm clarus test strips</i>	Excluded Drugs	
<i>choicedm clarus test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clever choice micro test strip</i>	Excluded Drugs	
<i>clever choice micro test strip</i>	Excluded Drugs	
<i>clever choice pro test strip</i>	Excluded Drugs	
<i>clever choice pro test strip</i>	Excluded Drugs	
<i>clever choice talk test strips</i>	Excluded Drugs	
<i>clever choice talk test strips</i>	Excluded Drugs	
<i>clever choice test strips</i>	Excluded Drugs	
<i>clever choice test strips</i>	Excluded Drugs	
<i>clever choice voice+ tst strip</i>	Excluded Drugs	
<i>clever choice voice+ tst strip</i>	Excluded Drugs	
<i>contour next strips</i>	Excluded Drugs	
<i>contour next strips</i>	Excluded Drugs	
<i>contour test strips</i>	Excluded Drugs	
<i>contour test strips</i>	Excluded Drugs	
<i>control ast test strip</i>	Excluded Drugs	
<i>control test strips</i>	Excluded Drugs	
<i>cool glucose test strip</i>	Excluded Drugs	
<i>cool glucose test strip</i>	Excluded Drugs	
<i>cvs advanced glucose test str</i>	Excluded Drugs	
<i>cvs advanced glucose test str</i>	Excluded Drugs	
<i>dario blood glucose test strip</i>	Excluded Drugs	
<i>dario blood glucose test strip</i>	Excluded Drugs	
<i>diatrue plus test strip</i>	Excluded Drugs	
<i>diatrue plus test strip</i>	Excluded Drugs	
<i>easy check glucose test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easy check glucose test strip</i>	Excluded Drugs	
<i>easy gluco g2 test strip</i>	Excluded Drugs	
<i>easy gluco g2 test strip</i>	Excluded Drugs	
<i>easy plus glucose test strip</i>	Excluded Drugs	
<i>easy plus glucose test strip</i>	Excluded Drugs	
<i>easy plus ii test strips</i>	Excluded Drugs	
<i>easy plus ii test strips</i>	Excluded Drugs	
<i>easy step glucose test strips</i>	Excluded Drugs	
<i>easy step glucose test strips</i>	Excluded Drugs	
<i>easy talk glucose test strip</i>	Excluded Drugs	
<i>easy talk glucose test strip</i>	Excluded Drugs	
<i>easy touch glucose test strip</i>	Excluded Drugs	
<i>easy touch glucose test strip</i>	Excluded Drugs	
<i>easy trak glucose test strip</i>	Excluded Drugs	
<i>easy trak glucose test strip</i>	Excluded Drugs	
<i>easygluco plus test strips</i>	Excluded Drugs	
<i>easygluco plus test strips</i>	Excluded Drugs	
<i>easygluco test strips</i>	Excluded Drugs	
<i>easygluco test strips</i>	Excluded Drugs	
<i>easymax 15 glucose test strip</i>	Excluded Drugs	
<i>easymax 15 glucose test strip</i>	Excluded Drugs	
<i>easymax glucose test strips</i>	Excluded Drugs	
<i>easymax glucose test strips</i>	Excluded Drugs	
<i>element compact test strips</i>	Excluded Drugs	
<i>element compact test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>element test strips</i>	Excluded Drugs	
<i>element test strips</i>	Excluded Drugs	
<i>embrace evo test strips</i>	Excluded Drugs	
<i>embrace evo test strips</i>	Excluded Drugs	
<i>embrace glucose test strips</i>	Excluded Drugs	
<i>embrace glucose test strips</i>	Excluded Drugs	
<i>embrace pro test strips</i>	Excluded Drugs	
<i>embrace pro test strips</i>	Excluded Drugs	
<i>embrace test strips</i>	Excluded Drugs	
<i>embrace test strips</i>	Excluded Drugs	
<i>eq blood glucose test strip</i>	Excluded Drugs	
<i>eq blood glucose test strip</i>	Excluded Drugs	
<i>evencare g2 test strip</i>	Excluded Drugs	
<i>evencare g2 test strip</i>	Excluded Drugs	
<i>evencare g3 test strip</i>	Excluded Drugs	
<i>evencare g3 test strip</i>	Excluded Drugs	
<i>evencare glucose tst strips</i>	Excluded Drugs	
<i>evencare glucose tst strips</i>	Excluded Drugs	
<i>evencare mini glucose test str</i>	Excluded Drugs	
<i>evencare mini glucose test str</i>	Excluded Drugs	
<i>evolution test strips</i>	Excluded Drugs	
<i>evolution test strips</i>	Excluded Drugs	
<i>ez smart plus test strips</i>	Excluded Drugs	
<i>ez smart plus test strips</i>	Excluded Drugs	
<i>ez smart test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ez smart test strips</i>	Excluded Drugs	
<i>fifty50 glucose test strip</i>	Excluded Drugs	
<i>fifty50 glucose test strip</i>	Excluded Drugs	
<i>fora blood glucose test strip</i>	Excluded Drugs	
<i>fora blood glucose test strip</i>	Excluded Drugs	
<i>fora d15g glucose test strips</i>	Excluded Drugs	
<i>fora d15g glucose test strips</i>	Excluded Drugs	
<i>fora d20 glucose test strips</i>	Excluded Drugs	
<i>fora d20 glucose test strips</i>	Excluded Drugs	
<i>fora d40-g31 test strips</i>	Excluded Drugs	
<i>fora d40-g31 test strips</i>	Excluded Drugs	
<i>fora g20 glucose test strips</i>	Excluded Drugs	
<i>fora g20 glucose test strips</i>	Excluded Drugs	
<i>fora g30a glucose test strip</i>	Excluded Drugs	
<i>fora g30a glucose test strip</i>	Excluded Drugs	
<i>fora gd50 test strips</i>	Excluded Drugs	
<i>fora gd50 test strips</i>	Excluded Drugs	
<i>fora tn'g voice test strips</i>	Excluded Drugs	
<i>fora tn'g voice test strips</i>	Excluded Drugs	
<i>fora v10 glucose test strip</i>	Excluded Drugs	
<i>fora v10 glucose test strip</i>	Excluded Drugs	
<i>fora v10-v12-d10-d20 strips</i>	Excluded Drugs	
<i>fora v10-v12-d10-d20 strips</i>	Excluded Drugs	
<i>fora v12 glucose test strip</i>	Excluded Drugs	
<i>fora v12 glucose test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fora v20 glucose test strips</i>	Excluded Drugs	
<i>fora v20 glucose test strips</i>	Excluded Drugs	
<i>fora v30a glucose test strip</i>	Excluded Drugs	
<i>fora v30a glucose test strip</i>	Excluded Drugs	
<i>foracare gd20 test strips</i>	Excluded Drugs	
<i>foracare gd20 test strips</i>	Excluded Drugs	
<i>foracare gd40 glucose strips</i>	Excluded Drugs	
<i>foracare gd40 glucose strips</i>	Excluded Drugs	
<i>fortiscare glucose test strips</i>	Excluded Drugs	
<i>fortiscare glucose test strips</i>	Excluded Drugs	
<i>freestyle insulinx strip nfrs</i>	Excluded Drugs	
<i>freestyle insulinx strip nfrs</i>	Excluded Drugs	
<i>freestyle insulinx test strip</i>	Excluded Drugs	
<i>freestyle insulinx test strip</i>	Excluded Drugs	
<i>freestyle insulinx test strips</i>	Excluded Drugs	
<i>freestyle insulinx test strips</i>	Excluded Drugs	
<i>freestyle lite test strip</i>	Excluded Drugs	
<i>freestyle lite test strip</i>	Excluded Drugs	
<i>freestyle lite test strip nfrs</i>	Excluded Drugs	
<i>freestyle lite test strip nfrs</i>	Excluded Drugs	
<i>freestyle lite test strips</i>	Excluded Drugs	
<i>freestyle lite test strips</i>	Excluded Drugs	
<i>freestyle prec neo test strips</i>	Excluded Drugs	
<i>freestyle prec neo test strips</i>	Excluded Drugs	
<i>freestyle test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>freestyle test strips</i>	Excluded Drugs	
<i>freestyle test strips nfrs</i>	Excluded Drugs	
<i>freestyle test strips nfrs</i>	Excluded Drugs	
g-4 test strips	Excluded Drugs	
g-4 test strips	Excluded Drugs	
<i>ge100 blood glucose test strip</i>	Excluded Drugs	
<i>ge100 blood glucose test strip</i>	Excluded Drugs	
<i>genstrip glucose test strip</i>	Excluded Drugs	
<i>genstrip glucose test strip</i>	Excluded Drugs	
<i>genultimate test strip</i>	Excluded Drugs	
<i>genultimate test strip</i>	Excluded Drugs	
<i>ght blood glucose test strip</i>	Excluded Drugs	
<i>ght blood glucose test strip</i>	Excluded Drugs	
<i>gluco navii glucose test strip</i>	Excluded Drugs	
<i>gluco navii glucose test strip</i>	Excluded Drugs	
<i>glucocard 01 sensor plus strip</i>	Excluded Drugs	
<i>glucocard 01 sensor plus strip</i>	Excluded Drugs	
<i>glucocard expression test strp</i>	Excluded Drugs	
<i>glucocard expression test strp</i>	Excluded Drugs	
<i>glucocard shine test strips</i>	Excluded Drugs	
<i>glucocard shine test strips</i>	Excluded Drugs	
<i>glucocard vital sensor strip</i>	Excluded Drugs	
<i>glucocard vital sensor strip</i>	Excluded Drugs	
<i>glucocard vital test strips</i>	Excluded Drugs	
<i>glucocard vital test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glucocom glucose test strip</i>	Excluded Drugs	
<i>glucocom glucose test strip</i>	Excluded Drugs	
<i>gmate test strips</i>	Excluded Drugs	
<i>gmate test strips</i>	Excluded Drugs	
<i>gnp easy touch gluc test strip</i>	Excluded Drugs	
<i>gnp easy touch gluc test strip</i>	Excluded Drugs	
<i>gs blood glucose test strip</i>	Excluded Drugs	
<i>gs blood glucose test strip</i>	Excluded Drugs	
<i>healthpro glucose test strips</i>	Excluded Drugs	
<i>healthpro glucose test strips</i>	Excluded Drugs	
<i>humana true metrix test strips</i>	Excluded Drugs	
<i>humana true metrix test strips</i>	Excluded Drugs	
<i>humana truetest test strips</i>	Excluded Drugs	
<i>humana truetest test strips</i>	Excluded Drugs	
<i>iglucose test strip</i>	Excluded Drugs	
<i>iglucose test strip</i>	Excluded Drugs	
<i>infinity test strips</i>	Excluded Drugs	
<i>infinity test strips</i>	Excluded Drugs	
<i>kro premium blood glucose test</i>	Excluded Drugs	
<i>kro premium blood glucose test</i>	Excluded Drugs	
<i>liberty test strips</i>	Excluded Drugs	
<i>liberty test strips</i>	Excluded Drugs	
<i>maxima test strip</i>	Excluded Drugs	
<i>maxima test strip</i>	Excluded Drugs	
<i>meijer blood glucose test strp</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>meijer blood glucose test strp</i>	Excluded Drugs	
<i>microdot test strips</i>	Excluded Drugs	
<i>microdot test strips</i>	Excluded Drugs	
<i>microdot xtra test strips</i>	Excluded Drugs	
<i>microdot xtra test strips</i>	Excluded Drugs	
<i>myglucohealth test strips</i>	Excluded Drugs	
<i>myglucohealth test strips</i>	Excluded Drugs	
<i>neutek 2tek test strips</i>	Excluded Drugs	
<i>neutek 2tek test strips</i>	Excluded Drugs	
<i>nova max glucose test strip</i>	Excluded Drugs	
<i>nova max glucose test strip</i>	Excluded Drugs	
<i>on call express test strip</i>	Excluded Drugs	
<i>on call express test strip</i>	Excluded Drugs	
<i>on call plus test strip</i>	Excluded Drugs	
<i>on call plus test strip</i>	Excluded Drugs	
<i>on call vivid test strip</i>	Excluded Drugs	
<i>on call vivid test strip</i>	Excluded Drugs	
<i>onetouch ultra test strips</i>	2	QL 10 / day
<i>onetouch verio test strip</i>	2	QL 10 / day
<i>optium ez test strip</i>	Excluded Drugs	
<i>optium ez test strip</i>	Excluded Drugs	
<i>optium test strip</i>	Excluded Drugs	
<i>optium test strip</i>	Excluded Drugs	
<i>optumrx test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>optumrx test strip</i>	Excluded Drugs	
<i>pharmacist choice test strips</i>	Excluded Drugs	
<i>pharmacist choice test strips</i>	Excluded Drugs	
<i>precision pcx plus test str</i>	Excluded Drugs	
<i>precision pcx plus test str</i>	Excluded Drugs	
<i>precision pcx test strips</i>	Excluded Drugs	
<i>precision pcx test strips</i>	Excluded Drugs	
<i>precision point of care str</i>	Excluded Drugs	
<i>precision point of care str</i>	Excluded Drugs	
<i>precision q-i-d test strips</i>	Excluded Drugs	
<i>precision q-i-d test strips</i>	Excluded Drugs	
<i>precision xtra test strips</i>	Excluded Drugs	
<i>precision xtra test strips</i>	Excluded Drugs	
<i>premium blood glucose test str</i>	Excluded Drugs	
<i>premium blood glucose test str</i>	Excluded Drugs	
<i>premium blood glucose tst strp</i>	Excluded Drugs	
<i>premium blood glucose tst strp</i>	Excluded Drugs	
<i>premium v10 glucose test strip</i>	Excluded Drugs	
<i>premium v10 glucose test strip</i>	Excluded Drugs	
<i>prodigy no coding test strips</i>	Excluded Drugs	
<i>prodigy no coding test strips</i>	Excluded Drugs	
<i>pv truetrack smart sys strips</i>	Excluded Drugs	
<i>pv truetrack smart sys strips</i>	Excluded Drugs	
<i>quintet ac glucose test strips</i>	Excluded Drugs	
<i>quintet ac glucose test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>quintet glucose test strips</i>	Excluded Drugs	
<i>quintet glucose test strips</i>	Excluded Drugs	
<i>ra truetest glucose test strip</i>	Excluded Drugs	
<i>ra truetest glucose test strip</i>	Excluded Drugs	
<i>refuah plus test strips</i>	Excluded Drugs	
<i>refuah plus test strips</i>	Excluded Drugs	
<i>relion confirm-micro test strip</i>	Excluded Drugs	
<i>relion confirm-micro test strip</i>	Excluded Drugs	
<i>relion micro test strips</i>	Excluded Drugs	
<i>relion micro test strips</i>	Excluded Drugs	
<i>relion prime test strips</i>	Excluded Drugs	
<i>relion prime test strips</i>	Excluded Drugs	
<i>relion ultima test strips</i>	Excluded Drugs	
<i>relion ultima test strips</i>	Excluded Drugs	
<i>reveal test strip</i>	Excluded Drugs	
<i>reveal test strip</i>	Excluded Drugs	
<i>rexall blood glucose test strip</i>	Excluded Drugs	
<i>rexall blood glucose test strip</i>	Excluded Drugs	
<i>rightest gs100 test strips</i>	Excluded Drugs	
<i>rightest gs100 test strips</i>	Excluded Drugs	
<i>rightest gs250s test strips</i>	Excluded Drugs	
<i>rightest gs250s test strips</i>	Excluded Drugs	
<i>rightest gs260 test strips</i>	Excluded Drugs	
<i>rightest gs260 test strips</i>	Excluded Drugs	
<i>rightest gs300 test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rightest gs300 test strips</i>	Excluded Drugs	
<i>rightest gs550 test strips</i>	Excluded Drugs	
<i>rightest gs550 test strips</i>	Excluded Drugs	
<i>smart sense test strips</i>	Excluded Drugs	
<i>smart sense test strips</i>	Excluded Drugs	
<i>smartest test strips</i>	Excluded Drugs	
<i>smartest test strips</i>	Excluded Drugs	
<i>solus v2 audible test strips</i>	Excluded Drugs	
<i>solus v2 audible test strips</i>	Excluded Drugs	
<i>sure-test easyplus mini strip</i>	Excluded Drugs	
<i>sure-test easyplus mini strip</i>	Excluded Drugs	
<i>td gold test strip</i>	Excluded Drugs	
<i>td gold test strip</i>	Excluded Drugs	
<i>telcare test strips</i>	Excluded Drugs	
<i>telcare test strips</i>	Excluded Drugs	
<i>test n'go glucose test strip</i>	Excluded Drugs	
<i>test n'go glucose test strip</i>	Excluded Drugs	
<i>true metrix glucose test strip</i>	Excluded Drugs	
<i>true metrix glucose test strip</i>	Excluded Drugs	
<i>truetest glucose test strip</i>	Excluded Drugs	
<i>truetest glucose test strip</i>	Excluded Drugs	
<i>truetest glucose test strips</i>	Excluded Drugs	
<i>truetest glucose test strips</i>	Excluded Drugs	
<i>truetrack glucose test strips</i>	Excluded Drugs	
<i>truetrack glucose test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ultima test strips</i>	Excluded Drugs	
<i>ultima test strips</i>	Excluded Drugs	
<i>ultratrak test strip</i>	Excluded Drugs	
<i>ultratrak test strip</i>	Excluded Drugs	
<i>ultratrak ultimate test strips</i>	Excluded Drugs	
<i>ultratrak ultimate test strips</i>	Excluded Drugs	
<i>unistrip1 glucose test strip</i>	Excluded Drugs	
<i>unistrip1 glucose test strip</i>	Excluded Drugs	
<i>up & up blood glucose tst strp</i>	Excluded Drugs	
<i>up & up blood glucose tst strp</i>	Excluded Drugs	
v-r glucose test strip	Excluded Drugs	
v-r glucose test strip	Excluded Drugs	
<i>wavesense jazz test strips</i>	Excluded Drugs	
<i>wavesense jazz test strips</i>	Excluded Drugs	
<i>wavesense presto test strips</i>	Excluded Drugs	
<i>wavesense presto test strips</i>	Excluded Drugs	
MYASTHENIA GRAVIS		
ENLON	3	
ENLON-PLUS	3	
PITUITARY FUNCTION		
ACTHREL	5	<div style="display: inline-block; border: 1px solid black; padding: 2px;">PA</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; background-color: red; color: white;">NPS</div> Non-Preferred Specialty Drug
ROENTGENOGRAPHY		
OPTIRAY 240 (240 MG/ML) SYRN	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
THYROID FUNCTION		
THYROGEN	5	PA NPS Non-Preferred Specialty Drug
DIURETICS		
LOOP DIURETICS		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
DEMADEX	3	
EDECRIN	3	
<i>ethacrynic acid</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)</i>	1	
<i>furosemide 100 mg/100 ml-ns</i>	1	
LASIX	3	
<i>torseamide</i>	1	
OSMOTIC DIURETICS		
<i>mannitol (5% iv solution, 10% iv solution, 20% iv solution, 25% vial)</i>	1	
OSMITROL	1	
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
DYAZIDE	3	
DYRENIUM	3	
MAXZIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
MAXZIDE-25 MG	3	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 50-25 mg cap, 75-50 mg tab)</i>	1	
THIAZIDE DIURETICS		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
DIURIL	3	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 50 mg tab)</i>	1	
<i>hydrochlorothiazide 25 mg tab</i>	1	LCG
<i>methyclothiazide</i>	1	
MICROZIDE	3	
SODIUM DIURIL	3	
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
VASOPRESSIN ANTAGONISTS		
SAMSCA 15 MG TABLET	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
SAMSCA 30 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
DIURETICS (HYPOTENSIVE AGENTS)		
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS)		
<i>lisinopril-hctz 10-12.5 mg tab</i>	1	QL 2 / day
<i>lisinopril-hctz 20-25 mg tab</i>	1	QL 2 / day LCG
<i>losartan-hctz 50-12.5 mg tab</i>	1	QL 2 / day
<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	1	QL 1 / day
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	1	
<i>cabergoline</i>	1	
CYCLOSET	3	QL 6 / day PA
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN	5	PA NPS Non-Preferred Specialty Drug
MIRAPEX	3	
MIRAPEX ER	3	ST
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole er</i>	3	PA HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
REQUIP	3	
REQUIP XL	3	QL 1 / day
<i>ropinirole er</i>	1	QL 1 / day
<i>ropinirole hcl</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NEUTRAL	3	
K-PHOS NO.2	3	
K-PHOS ORIGINAL	3	
PHOSPHA 250 NEUTRAL	1	
VIRT-PHOS 250 NEUTRAL	1	
ALKALINIZING AGENTS		
CYTRA-2	1	
CYTRA-K CRYSTALS PACKET	1	
<i>potassium citrate er</i>	1	
<i>sodium citrate-citric acid</i>	1	
TARON-CRYSTALS	1	
<i>tromethamine-sterile water</i>	1	
UROCIT-K	3	
VIRTRATE-2	1	
AMMONIA DETOXICANTS		
BUPHENYL 500 MG TABLET	5	NPS Non-Preferred Specialty Drug
CARBAGLU	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CONSTULOSE	1	
ENULOSE	1	
GENERLAC	1	
KRISTALOSE	1	
<i>lactulose</i>	1	
RAVICTI	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: purple; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: brown; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: red; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div> 20 / day Non-Preferred Specialty Drug </div> </div>
<i>sodium phenylbutyrate 500mg tb</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: red; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div> Non-Preferred Specialty Drug </div> </div>
CALORIC AGENTS		
<i>amino acid 3%-d10w</i>	1	
CLINIMIX N14G30E	3	
CLINIMIX N9G15E	3	
IRRIGATING SOLUTIONS		
RESECTISOL	3	
REPLACEMENT PREPARATIONS		
<i>calcium gluconate-0.9% nacl (1 g/50-0.9%, 1 g/60-0.9%, 2 g/120-0.9%, 2 g/50-0.9%, 2 g/70-0.9%)</i>	1	
<i>calcium gluconate-d5w (1 g/110, 1 g/60 bag, 4 g/250)</i>	1	
<i>dextrose 5%-0.2% nacl-kcl</i>	1	
<i>dextrose 5%-0.225% nacl-kcl</i>	1	
<i>dextrose 5%-0.3% nacl-kcl</i>	1	
<i>dextrose 5%-0.33% nacl-kcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dextrose 5%-0.45% nacl-kcl</i>	1	
<i>dextrose 5%-1/2ns-kcl</i>	1	
<i>dextrose 5%-1/4ns-kcl</i>	1	
<i>dextrose 5%-ns-kcl</i>	1	
<i>dextrose 5%-potassium chloride</i>	1	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	3	
EFFER-K 25 MEQ TABLET EFF	1	
K EFFERVESCENT	1	
K-SOL	1	
K-TAB ER	3	
KLOR-CON 20 MEQ PACKET	1	
KLOR-CON 25 MEQ PACKET	3	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	3	
KLOR-CON M20	1	
KLOR-CON SPRINKLE	1	
KLOR-CON-EF	1	
<i>potassium acetate</i>	1	
<i>potassium bicarbonate</i>	1	
<i>potassium chl-normal saline</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>potassium chloride (2 meq/ml iv sol, 2 meq/ml vial, er 8 meq capsule, er 8 meq tablet, 10 meq/100 ml sol, 10 meq/5 ml conc, 10 meq/50 ml sol, 10% (20 meq/15 ml, 10% (40 meq/30 ml, er 10 meq capsule, er 10 meq tablet, 20 meq packet, 20 meq/10 ml conc, 20 meq/100 ml sol, 20 meq/50 ml sol, 20% (40 meq/15 ml, er 20 meq tablet, 25 meq tab eff, 30 meq/100 ml sol, 30 meq/15 ml conc, 40 meq/100 ml sol, 40 meq/20 ml conc)</i>	1	
<i>potassium chloride in d5lr</i>	1	
<i>potassium chloride-0.9% nacl (10 meq/1,000ml-ns, 10 meq/100 ml-ns, 20 meq/250 ml-ns)</i>	1	
<i>potassium chloride-nacl</i>	1	
<i>potassium cl-lidocaine-ns</i>	1	
<i>potassium phosphate-0.9% nacl (10 mmol/250 ml-ns, 15 mmol/100 ml-ns, 30 mmol/250 ml-ns, 30 mmol/500 ml-ns)</i>	1	
<i>sodium phos 30 mmol/250 ml-ns</i>	1	
<i>sodium phosphate-d5w</i>	1	
<i>zinc chloride</i>	1	
<i>zinc sulfate</i>	1	
URICOSURIC AGENTS		
DUZALLO	3	PA
<i>probenecid</i>	1	QL 4 / day
<i>probenecid-colchicine</i>	1	QL 2 / day
ZURAMPIC	3	QL 1 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
ESTROGENS AND ANTIESTROGENS		
ANTIESTROGENS		
AROMASIN	3	
<i>exemestane</i>	1	
FEMARA	3	PA
<i>letrozole</i>	1	
ESTROGEN AGONIST-ANTAGONISTS		
<i>clomiphene citrate</i>	1	GL Female
EVISTA	3	QL 1 / day
FARESTON	2	
OSPHENA	3	
<i>raloxifene hcl</i>	0	HCR
SEROPHENE	1	GL Female
SOLTAMOX	3	
<i>tamoxifen citrate</i>	0	HCR
ESTROGENS		
ACTIVELLA	3	QL 1 / day GL Female
ALORA	3	QL 0.29 / day GL Female
AMABELZ	1	QL 1 / day GL Female
ANGELIQ	3	QL 1 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
CLIMARA	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;">QL 0.15 / day</div> <div style="display: flex; align-items: center;">GL Female</div> </div>
CLIMARA PRO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;">QL 0.15 / day</div> <div style="display: flex; align-items: center;">GL Female</div> </div>
COMBIPATCH	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;">QL 0.29 / day</div> <div style="display: flex; align-items: center;">GL Female</div> </div>
DELESTROGEN	3	<div style="display: flex; align-items: center;">GL Female</div>
DEPO-ESTRADIOL	3	<div style="display: flex; align-items: center;">GL Female</div>
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 1 MG GEL PACKET)	2	<div style="display: flex; align-items: center;">GL Female</div>
DUAVEE	2	
ELESTRIN	3	<div style="display: flex; align-items: center;">GL Female</div>
ENJUVIA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;">QL 1 / day</div> <div style="display: flex; align-items: center;">GL Female</div> </div>
ESTRACE 0.01% CREAM	2	<div style="display: flex; align-items: center;">GL Female</div>
ESTRACE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;">QL 1 / day</div> <div style="display: flex; align-items: center;">GL Female</div> </div>
<i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i>	1	<div style="display: flex; align-items: center;">GL Female</div>
<i>estradiol (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;">QL 0.29 / day</div> <div style="display: flex; align-items: center;">GL Female</div> </div>
<i>estradiol (tds 0.025 mg/day, 0.0375 mg/day patch, tds 0.0375 mg/day, tds 0.05 mg/day, tds 0.06 mg/day, 0.075 mg/day patch, tds 0.075 mg/day, tds 0.1 mg/day)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;">QL 0.15 / day</div> <div style="display: flex; align-items: center;">GL Female</div> </div>
<i>estradiol 0.06 mg/day patch</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;">QL .15 / day</div> <div style="display: flex; align-items: center;">GL Female</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1	<ul style="list-style-type: none"> QL 1 / day GL Female LCG
<i>estradiol 2 mg tablet</i>	1	<ul style="list-style-type: none"> QL 1 / day GL Female
<i>estradiol valerate</i>	1	<ul style="list-style-type: none"> GL Female
<i>estradiol-norethindrone acetat</i>	1	<ul style="list-style-type: none"> QL 1 / day GL Female
ESTRING	2	<ul style="list-style-type: none"> QL 90 days GL Female
ESTROGEL	3	<ul style="list-style-type: none"> QL 1.667 / day GL Female
<i>estropipate</i>	1	<ul style="list-style-type: none"> QL 1 / day GL Female LCG
EVAMIST	3	<ul style="list-style-type: none"> QL 0.54 / day GL Female
FEMHRT	3	<ul style="list-style-type: none"> QL 1 / day GL Female
FEMRING	3	<ul style="list-style-type: none"> QL 0.02 / day GL Female
FYAVOLV	1	<ul style="list-style-type: none"> GL Female
JEVANTIQUE LO	3	<ul style="list-style-type: none"> GL Female
JINTELI	0	<ul style="list-style-type: none"> QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
LOPREEZA	1	<p>QL 1 / day</p> <p>GL Female</p>
MENEST (0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET)	3	<p>QL 1 / day</p> <p>GL Female</p>
MENEST 0.3 MG TABLET	2	<p>QL 1 / day</p> <p>GL Female</p>
MENOSTAR	3	<p>QL 0.15 / day</p> <p>GL Female</p>
MIMVEY	1	<p>QL 1 / day</p> <p>GL Female</p>
MIMVEY LO	1	
MINIVELLE	3	<p>QL 0.29 / day</p> <p>GL Female</p>
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	0	HCR
OGEN	3	<p>QL 1 / day</p> <p>GL Female</p>
PREFEST	3	<p>QL 1 / day</p> <p>GL Female</p>
PREMARIN VAGINAL CREAM-APPL	2	GL Female
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	2	<p>QL 1 / day</p> <p>GL Female</p>
PREMARIN 25 MG VIAL	2	
PREMPHASE	2	<p>QL 1 / day</p> <p>GL Female</p>
PREMPRO	2	<p>QL 1 / day</p> <p>GL Female</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
VAGIFEM	3	GL Female
VIVELLE-DOT	3	QL 8 / 28 days GL Female
YUVAFEM	1	GL Female
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTIALLERGIC AGENTS		
ALOMIDE	3	QL 10 / fill
ASTEPRO	3	QL 2 / day
<i>azelastine hcl 0.05% drops</i>	1	QL 0.267 / day
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL 2 / day
BEPREVE	3	QL 0.334 / day
DYMISTA	2	QL 0.8 / day
ELESTAT	3	QL 0.286 / day
EMADINE	3	QL 5 / fill
<i>epinastine hcl</i>	1	QL 0.286 / day
LASTACAFT	3	QL 3 / 30 days ST
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	QL 0.286 / day
<i>olopatadine 665 mcg nasal spry</i>	3	QL 31 / 30 days HCG
PATADAY	3	QL 0.286 / day
PATANASE	3	QL 31 / 30 days
PATANOL	3	QL 0.286 / day








PRODUCT DESCRIPTION	TIER	LIMITS &
PAZEO	3	QL 0.286 / day
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine hcl</i>	1	QL 0.8 / day
ATROVENT	3	QL 2 / day
<i>bevacizumab</i>	4	PA NPS Non-Preferred Specialty Drug
CYSTARAN	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
IOPIDINE (0.5% DROPS, 1% DROPS)	3	QL 0.8 / day
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	1	QL 2 / day
JETREA 2.5 MG/ML VIAL	5	PA NPS Non-Preferred Specialty Drug
LUCENTIS (0.3 MG VIAL, 0.3 MG/0.05 ML VIAL, 0.5 MG VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
RESCULA 0.15% EYE DROPS	Excluded Drugs	
VISUDYNE	5	NPS Non-Preferred Specialty Drug
LOCAL ANESTHETICS (EENT)		
AKTEN	3	
ALCAINE	3	
ALTACAINE	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ALTAFLUOR	1	
<i>cocaine hcl</i>	1	
FLUCAINE	1	
<i>fluorescein-benoxinate</i>	1	
<i>fluorescein-proparacaine</i>	1	
FLUROX	1	
<i>proparacaine hcl</i>	1	
TETCAINE	1	
<i>tetracaine hcl (eye drops, steri-unit sol)</i>	1	
TETRAVISC	1	
TETRAVISC FORTE	1	
TREAGAN OTIC	3	
MYDRIATICS		
<i>atropine sulfate (drops, ointment)</i>	1	
HOMATROPAIRE	1	
<i>homatropine hydrobromide</i>	1	
ISOPTO ATROPINE	3	
OMIDRIA	3	
VASOCONSTRICTORS		
ADRENALIN CHLORIDE	3	PA
<i>naphazoline hcl</i>	1	
<i>phenylephrine hcl (2.5% drop, 10% drops)</i>	1	
TYZINE (PEDIATRIC 0.05% DROP, 0.1% NOSE DROPS, 0.1% NOSE SPRAY)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
FIRST GENERATION ANTIHISTAMINES		
PHENOTHIAZINE DERIVATIVES		
PHENADOZ	1	AL At least 2 yrs old
PHENERGAN (12.5 MG, 25 MG, 50 MG)	1	AL At least 2 yrs old
PHENERGAN (25 MG/ML AMPUL, 25 MG/ML VIAL, 50 MG/ML AMPUL, 50 MG/ML VIAL)	3	AL At least 2 yrs old
<i>promethazine 25 mg/ml ampul</i>	1	AL At least 2 yrs old
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrup, 12.5 mg tablet, 25 mg suppository, 50 mg suppository, 50 mg tablet)</i>	1	AL At least 2 yrs old
<i>promethazine 25 mg tablet</i>	1	AL At least 2 yrs old LCG
<i>promethazine hcl-0.9% nacl</i>	1	
<i>promethazine-phenylephrine</i>	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	1	AL At least 2 yrs old
PROPYLAMINE DERIVATIVES		
CENTERGY	1	
RESPA A.R.	3	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl</i>	1	GL Female AL At least 18 yrs old
APRISO	2	
ASACOL HD DR 800 MG TABLET	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>balsalazide disodium</i>	1	
CANASA	2	
COLAZAL	3	
DELZICOL DR 400 MG CAPSULE	Excluded Drugs	
DIPENTUM	3	
GIAZO	3	GL Male
LIALDA DR 1.2 GM TABLET	Excluded Drugs	
LOTRONEX	3	PA GL Female AL At least 18 yrs old
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit)</i>	1	
<i>mesalamine dr 1.2 gm tablet</i>	3	HCG
<i>mesalamine 800 mg dr tablet</i>	Excluded Drugs	
PENTASA	3	
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	3	
SFROWASA	3	
ANTIDIARRHEA AGENTS		
<i>diphenoxylat-atrop 2.5-0.025/5</i>	1	
FULYZAQ	5	NPS Non-Preferred Specialty Drug
LOMOTIL	3	
MOTOFEN	3	
MYTESI	5	NPS Non-Preferred Specialty Drug
<i>opium tincture</i>	1	QL 5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>paregoric</i>	1	
XERMELO	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div> At least 18 yrs old Non-Preferred Specialty Drug </div> </div>
CATHARTICS AND LAXATIVES		
AMITIZA	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> </div> <div> 2 / day At least 18 yrs old </div> </div>
COLYTE WITH FLAVOR PACKETS	3	
GAVILYTE-C	0	HCR
GAVILYTE-G	0	HCR
GAVILYTE-N	0	HCR
GOLYTELY PACKET	0	HCR
GOLYTELY SOLUTION	3	
MOVIPREP	0	HCR
NULYTELY WITH FLAVOR PACKS	3	
OSMOPREP	3	
<i>peg 3350-electrolyte (3350 electrolyte soln, 3350-electrolyte solution)</i>	0	HCR
<i>peg-3350 and electrolytes</i>	0	HCR
<i>peg-3350 with flavor packs</i>	0	HCR
PEG-PREP	1	
PREPOPIK	3	QL 2 / fill
SUPREP	3	QL 354 / fill
TRILYTE WITH FLAVOR PACKETS	0	HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
CHOLELITHOLYTIC AGENTS		
ACTIGALL	3	
CHENODAL	5	 Non-Preferred Specialty Drug
URSO	3	
URSO FORTE	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
DIGESTANTS		
CREON	2	
PANCREAZE (DR 2,600 UNIT CAP, DR 4,200 UNIT CAP, DR 10,500 UNIT CAP, DR 16,800 UNIT CAP, DR 21,000 UNIT CAP)		Excluded Drugs
PERTZYE (DR 4,000 UNIT CAPSULE, DR 8,000 UNIT CAPSULE, DR 16,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE)		Excluded Drugs
VIOKACE (10,440-39,150 TB, 20,880-78,300 TB)		Excluded Drugs
ZENPEP	2	
GI DRUGS, MISCELLANEOUS		
CHOLBAM 250 MG CAPSULE	5	 7 / day   Non-Preferred Specialty Drug
CHOLBAM 50 MG CAPSULE	5	 4 / day   Non-Preferred Specialty Drug
ENTEREG	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ENTYVIO	5	<ul style="list-style-type: none"> QL 2/ 30 days PA NPS Non-Preferred Specialty Drug
GATTEX	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug
LINZESS	2	<ul style="list-style-type: none"> QL 1 / day ST
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	Excluded Drugs	
OCALIVA	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	3	PA
RELISTOR 150 MG TABLET	3	PA
RESTORA SPRINKLES	3	
SYMPROIC 0.2 MG TABLET	Excluded Drugs	
VIBERZI	2	<ul style="list-style-type: none"> QL 2 / day PA
XENICAL	3	
PROKINETIC AGENTS		
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)</i>	1	LCG
<i>metoclopramide 10 mg/2 ml syr</i>	1	
<i>metoclopramide 10 mg/2 ml vial</i>	1	LCG
<i>metoclopramide hcl odt</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
METOZOLV ODT	3	
REGLAN	3	
GENERAL ANESTHETICS		
BARBITURATES (GENERAL ANESTHETICS)		
<i>methohexital-sterile water</i>	1	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin er</i>	3	QL 1 / day PA HCG
DETROL	3	QL 2 / day
DETROL LA	3	QL 1 / day
DITROPAN XL 10 MG TABLET	3	QL 2 / day
DITROPAN XL 5 MG TABLET	3	QL 1 / day
ENABLEX	3	QL 1 / day PA
<i>flavoxate hcl</i>	1	
GELNIQUE 3% GEL	3	QL 3.067 / day ST
GELNIQUE (GEL PUMP, GEL SACHETS)	3	QL 1 / day ST
<i>oxybutynin 5 mg/5 ml syrup</i>	1	QL 20 / day
<i>oxybutynin 5 mg tablet</i>	1	QL 4 / day
<i>oxybutynin cl er 10 mg tablet</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>oxybutynin cl er 5 mg tablet</i>	1	QL 1 / day
OXYTROL	3	QL 0.357 / day ST
<i>tolterodine tartrate</i>	1	QL 2 / day
<i>tolterodine tartrate er</i>	3	QL 1 / day HCG
TOVIAZ	3	QL 1 / day
<i>trospium chloride</i>	3	QL 2 / day HCG
<i>trospium chloride er</i>	3	QL 1 / day HCG
VESICARE	2	QL 1 / day
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
CETROTIDE	4	PA GL Female PS
FIRMAGON	5	PA NPS Non-Preferred Specialty Drug
<i>ganirelix acetate</i>	4	GL Female NPS Non-Preferred Specialty Drug
GONADOTROPINS		
BRAVELLE	4	PA GL Female PS

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>chorionic gonadotropin</i>	4	NPS Non-Preferred Specialty Drug
ELIGARD	5	PA NPS Non-Preferred Specialty Drug
FOLLISTIM AQ (75 UNIT VIAL, 300 UNIT CARTRIDG, 600 UNIT CARTRIDG, 900 UNIT CARTRIDG)	5	PA NPS Non-Preferred Specialty Drug
GONAL-F	4	PA PS
GONAL-F RFF	4	PA GL Female PS
GONAL-F RFF REDI-JECT	4	PA GL Female PS
<i>leuprolide acetate (1 mg/0.2 ml vial, 2wk 1 mg/0.2 ml kit)</i>	4	PA NPS Non-Preferred Specialty Drug
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	4	PA NPS Non-Preferred Specialty Drug
LUPANETA PACK	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 11.25 MG 3MO KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT 3.75 MG KIT	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LUPRON DEPO 11.25MG (LUPANETA)	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	5	PA NPS Non-Preferred Specialty Drug
MENOPUR	4	PA GL Female PS
NOVAREL	5	PA NPS Non-Preferred Specialty Drug
OVIDREL	4	PA PS
PREGNYL	5	PA NPS Non-Preferred Specialty Drug
SUPPRELIN LA	5	PA NPS Non-Preferred Specialty Drug
SYNAREL	5	PA NPS Non-Preferred Specialty Drug
TRELSTAR (3.75 MG SYRINGE, 3.75 MG VIAL, 11.25 MG SYRINGE, 11.25 MG VIAL, 22.5 MG SYRINGE, 22.5 MG VIAL)	5	PA NPS Non-Preferred Specialty Drug
VANTAS	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOLADEX	4	PA PS
HCV ANTIVIRALS HCV POLYMERASE INHIBITORS		
EPCLUSA	4	QL 1 / day PA PS
HARVONI	4	QL 1 / day PA PS
SOVALDI	4	QL 1 / day PA PS
VOSEVI	4	QL 1 / day PA AL At least 18 yrs old PS
HCV PROTEASE INHIBITORS		
MAVYRET	4	QL 3 / day PA AL At least 18 yrs old PS
OLYSIO	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
HCV REPLICATION COMPLEX INHIBITORS		
DAKLINZA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
TECHNIVIE	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
VIEKIRA PAK	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
VIEKIRA XR	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
ZEPATIER	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
A-HYDROCORT	3	
A-METHAPRED	1	
ARISTOSPAN	3	
<i>betamethasone acetate-sod phos</i>	1	
<i>budesonide ec</i>	3	PA HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
CELESTONE	3	
CORTEF	3	
<i>cortisone acetate</i>	1	
DECADRON	1	
DELTASONE	1	
DEPO-MEDROL	3	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	1	
<i>dexamethasone-0.9% nacl</i>	1	
DEXPAK	3	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">AL</div> <div style="background-color: #8B4513; color: white; padding: 2px;">NPS</div> </div> At least 5 yrs old Non-Preferred Specialty Drug
ENTOCORT EC	3	<div style="background-color: #8B4513; color: white; padding: 2px;">PA</div>
EZ USE JOINT-TUNNEL-TRIGGER	3	
FLO-PRED	3	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
INTRAROSA	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px;">AL</div> </div> 1 / day At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
KENALOG-10	3	
KENALOG-40	3	
LOCORT	3	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	
MEDROL 2 MG TABLET	2	
<i>methylprednisolone (4 mg dosepak, 4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium succ</i>	1	
MILLIPRED (5 MG TABLET, 10 MG/5 ML SOLUTION)	3	
MILLIPRED DP	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phos odt</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
PREDNISON INTENSOL	2	
RAYOS	3	
SOLU-CORTEF	3	
SOLU-MEDROL (1 GM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>triamcinolone acetonide (acet 40 mg/ml vl, acet 40mg/ml vl, acet 50mg/5ml vl, 200 mg/5 ml vial, 400 mg/10 ml vl)</i>	1	
UCERIS (2 MG RECTAL FOAM, 9 MG ER TABLET)	3	
VERIPRED 20	3	
ZODEX	3	
ZONACORT	3	
ANDROGENS		
ANDRODERM	2	QL 1 / day PA GL Male
ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	2	QL 5 / day PA GL Male
ANDROGEL (1% GEL PUMP, 1%(2.5G) GEL PACKET, 1%(5G) GEL PACKET)	Excluded Drugs	
ANDROID	3	PA GL Male
ANDROXY	3	PA GL Male
AVEED	5	PA NPS Non-Preferred Specialty Drug
AXIRON 30 MG/ACTUATION SOLN	Excluded Drugs	
COVARYX	1	GL Female
COVARYX H.S.	1	GL Female
<i>danazol</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
DELATESTRYL	3	PA GL Male
DEPO-TESTOSTERONE (100 MG/ML VL, 200 MG/ML)	3	GL Male
EEMT	1	GL Female
EEMT H.S.	1	GL Female
<i>estrogen-methyltestosterone</i>	1	GL Female
FORTESTA 10 MG GEL PUMP	Excluded Drugs	
METHITEST	3	PA GL Male
<i>methyltestosterone</i>	1	
NATESTO	3	QL 3 / day PA GL Male AL At least 18 yrs old
STRIANT	3	PA GL Male
TESTIM 1% (50MG) GEL	Excluded Drugs	
TESTOPEL	5	PA GL Male NPS Non-Preferred Specialty Drug
<i>testosterone (10 mg gel pump, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 30 mg/1.5 ml pump, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	3	HCG
<i>testosterone cypionate</i>	1	GL Male
<i>testosterone enanthate</i>	1	PA GL Male

PRODUCT DESCRIPTION	TIER	LIMITS &
TESTRED	3	PA GL Male
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKT)	Excluded Drugs	
CONTRACEPTIVES		
ALTAVERA	0	QL 1 / day GL Female HCR
ALYACEN	0	GL Female HCR
AMETHIA	0	QL 91 days GL Female HCR
AMETHIA LO	0	QL 91 days GL Female HCR
AMETHYST	0	QL 1 / day GL Female HCR
APRI	0	GL Female HCR
ARANELLE	0	GL Female HCR
ASHLYNA	0	GL Female HCR
AUBRA	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
AVIANE	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
AZURETTE	0	<p>GL Female</p> <p>HCR</p>
BALZIVA	0	<p>GL Female</p> <p>HCR</p>
BEKYREE	0	<p>GL Female</p> <p>HCR</p>
BEYAZ	3	<p>GL Female</p>
BLISOVI 24 FE	0	<p>GL Female</p> <p>HCR</p>
BLISOVI FE	0	<p>GL Female</p> <p>HCR</p>
BREVICON	3	<p>GL Female</p>
BRIELLYN	0	<p>GL Female</p> <p>HCR</p>
CAMILA	0	<p>GL Female</p> <p>HCR</p>
CAMRESE	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
CAMRESE LO	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
CAZIAN	0	<p>GL Female</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
CHATEAL	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
CRYSSELLE	0	<p>GL Female</p> <p>HCR</p>
CYCLAFEM	0	<p>GL Female</p> <p>HCR</p>
CYCLESSA	3	<p>GL Female</p>
CYRED	0	<p>GL Female</p> <p>HCR</p>
DASETТА	0	<p>GL Female</p> <p>HCR</p>
DAYSEE	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
DEBLITANE	0	<p>GL Female</p> <p>HCR</p>
DELYLA	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
DESOGEN	3	<p>GL Female</p>
<i>desogestr-eth estrad eth estra</i>	0	<p>GL Female</p> <p>HCR</p>
<i>desogestrel-ethinyl estradiol</i>	0	<p>GL Female</p> <p>HCR</p>
<i>drospirenone-eth estra-levomef</i>	0	<p>GL Female</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>drospirenone-ethinyl estradiol</i>	0	GL Female HCR
ELINEST	0	GL Female HCR
ELLA	0	QL 1 / day GL Female HCR
EMOQUETTE	0	GL Female HCR
ENPRESSE	0	GL Female HCR
ENSKYCE	0	GL Female HCR
ERRIN	0	GL Female HCR
ESTARYLLA	0	GL Female HCR
ESTROSTEP FE	3	GL Female
<i>ethynodiol-ethinyl estradiol</i>	0	GL Female HCR
FALMINA	0	QL 1 / day GL Female HCR
FAYOSIM	0	QL 91 days GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
FEMCON FE	3	GL Female
FEMYNOR	0	GL Female HCR
GENERESS FE	3	GL Female
GIANVI	0	GL Female HCR
GILDAGIA	0	GL Female HCR
GILDESS	0	GL Female HCR
GILDESS 24 FE	0	GL Female HCR
GILDESS FE	0	GL Female HCR
HEATHER	0	GL Female HCR
INTROVALE	0	QL 91 days GL Female HCR
ISIBLOOM	0	GL Female HCR
JENCYCLA	0	GL Female HCR
JOLESSA	0	QL 91 days GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
JOLIVETTE	0	GL Female HCR
JULEBER	0	GL Female HCR
JUNEL	0	GL Female HCR
JUNEL FE	0	GL Female HCR
JUNEL FE 24	0	GL Female HCR
KAITLIB FE	0	GL Female HCR
KARIVA	0	GL Female HCR
KELNOR 1-35	0	GL Female HCR
KIMIDESS	0	GL Female HCR
KURVELO	0	QL 1 / day GL Female HCR
LARIN	0	GL Female HCR
LARIN 24 FE	0	GL Female HCR
LARIN FE	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
LARISSIA	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
LAYOLIS FE	0	<p>GL Female</p> <p>HCR</p>
LEENA	0	<p>GL Female</p> <p>HCR</p>
LESSINA	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
LEVONEST	0	<p>GL Female</p> <p>HCR</p>
<i>levono-e estrad 0.15-0.03-0.01</i>	0	<p>GL Female</p> <p>HCR</p>
<i>levonorg-eth estrad eth estrad (levono-e estrad 0.10-0.02-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i>	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
<i>levonor-eth estrad 0.15-0.03</i>	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
<i>levonor-eth estrad triphasic</i>	0	<p>GL Female</p> <p>HCR</p>
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg)</i>	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
LEVORA-28	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
LILLOW	0	<ul style="list-style-type: none"> QL 1 / day GL Female HCR
LO LOESTRIN FE	0	<ul style="list-style-type: none"> GL Female HCR
LOESTRIN	3	<ul style="list-style-type: none"> GL Female
LOESTRIN FE	3	<ul style="list-style-type: none"> GL Female
LOMEDIA 24 FE	0	<ul style="list-style-type: none"> GL Female HCR
LORYNA	0	<ul style="list-style-type: none"> GL Female HCR
LOSEASONIQUE	3	<ul style="list-style-type: none"> QL 91 days GL Female
LOW-OGESTREL	0	<ul style="list-style-type: none"> GL Female HCR
LUTERA	0	<ul style="list-style-type: none"> QL 1 / day GL Female HCR
LYZA	0	<ul style="list-style-type: none"> GL Female HCR
MARLISSA	0	<ul style="list-style-type: none"> QL 1 / day GL Female HCR
MELODETTA 24 FE	0	<ul style="list-style-type: none"> GL Female HCR
MIBELAS 24 FE	0	<ul style="list-style-type: none"> GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
MICROGESTIN	0	GL Female HCR
MICROGESTIN 24 FE	0	GL Female HCR
MICROGESTIN FE	0	GL Female HCR
MINASTRIN 24 FE	3	GL Female
MIRCETTE	3	GL Female
MODICON	3	GL Female
MONO-LINYAH	0	GL Female HCR
MONONESSA	0	GL Female HCR
MYZILRA	0	GL Female HCR
NATAZIA	2	GL Female
NECON (0.5-35-28 TABLET, 1-35-28 TABLET, 1-50-28 TABLET, 10-11-28 TABLET)	0	GL Female HCR
NECON 7-7-7-28 TABLET	3	QL 1 / day GL Female HCR
NIKKI	0	GL Female HCR
NOR-Q-D	3	GL Female
NORA-BE	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, noreth-estr-ad-fe 1-0.02(21)-75, noreth-estr-ad-fe 1-0.02(24)-75, norethin-estra-fe 0.8-0.025 mg)</i>	0	GL Female HCR
<i>norethind-eth estrad 1-0.02 mg</i>	0	GL Female HCR
<i>norethindrone</i>	0	GL Female HCR
<i>norgestimate-ethinyl estradiol</i>	0	GL Female HCR
NORINYL 1+50	0	GL Female HCR
NORINYL 1-35	3	GL Female
NORLYDA	0	GL Female HCR
NORLYROC	0	GL Female HCR
NORTREL	0	GL Female HCR
NUVARING	0	GL Female HCR
OCELLA	0	GL Female HCR
OGESTREL	0	QL 1 / day GL Female HCR
ORSYTHIA	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
ORTHO MICRONOR	3	GL Female
ORTHO TRI-CYCLEN	3	GL Female
ORTHO TRI-CYCLEN LO	3	GL Female
ORTHO-CYCLEN	3	GL Female
ORTHO-NOVUM	3	GL Female
OVCON-35	3	GL Female
PHILITH	0	GL Female HCR
PIMTREA	0	GL Female HCR
PIRMELLA	0	GL Female HCR
PORTIA	0	QL 1 / day GL Female HCR
PREVIFEM	0	GL Female HCR
QUARTETTE	3	GL Female
QUASENSE	0	QL 91 days GL Female HCR
RAJANI	0	GL Female HCR
RECLIPSEN	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
RIVELSA	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
SAFYRAL	3	<p>GL Female</p>
SEASONIQUE	3	<p>QL 91 days</p> <p>GL Female</p>
SETLAKIN	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
SHAROBEL	0	<p>GL Female</p> <p>HCR</p>
SPRINTEC	0	<p>GL Female</p> <p>HCR</p>
SRONYX	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
SYEDA	0	<p>GL Female</p> <p>HCR</p>
TARINA FE	0	<p>GL Female</p> <p>HCR</p>
TAYTULLA	0	<p>GL Female</p> <p>HCR</p>
TILIA FE	0	<p>GL Female</p> <p>HCR</p>
TRI FEMYNOR	0	<p>GL Female</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
TRI-ESTARYLLA	0	GL Female HCR
TRI-LEGEST FE	0	GL Female HCR
TRI-LINYAH	0	GL Female HCR
TRI-LO-ESTARYLLA	0	GL Female HCR
TRI-LO-MARZIA	0	GL Female HCR
TRI-LO-SPRINTEC	0	GL Female HCR
TRI-NORINYL	3	GL Female
TRI-PREVIFEM	0	GL Female HCR
TRI-SPRINTEC	0	GL Female HCR
TRI-VYLIBRA	0	GL Female HCR
TRINESSA	0	GL Female HCR
TRINESSA LO	0	GL Female HCR
TRIVORA-28	0	GL Female HCR
VELIVET	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
VESTURA	0	GL Female HCR
VIENVA	0	QL 1 / day GL Female HCR
VIORELE	0	GL Female HCR
VYFEMLA	0	GL Female HCR
VYLIBRA	0	GL Female HCR
WERA	0	GL Female HCR
WYMZYA FE	0	GL Female HCR
XULANE	0	QL 0.12 / day GL Female HCR
YASMIN 28	3	GL Female
YAZ	3	GL Female
ZARAH	0	GL Female HCR
ZENCHENT	0	GL Female HCR
ZENCHENT FE	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOVIA 1-35E	0	GL Female HCR
ZOVIA 1-50E	0	GL Female HCR
LEPTINS		
MYALEPT	5	PA NPS Non-Preferred Specialty Drug
PITUITARY		
DDAVP (0.01% NASAL SPRAY, 0.1 MG TABLET, 0.2 MG TABLET, 10 MCG/0.1 ML SOLUTION)	3	
DDAVP (4 MCG/ML AMPUL, 4 MCG/ML VIAL)	3	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg/ml sol, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr)</i>	1	
<i>desmopressin acetate (ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 40 mcg/10 ml vial)</i>	1	
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA NPS Non-Preferred Specialty Drug
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA NPS Non-Preferred Specialty Drug
NOCTIVA	3	
NORDITROPIN FLEXPRO	4	PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
NUTROPIN AQ	5	PA NPS Non-Preferred Specialty Drug
NUTROPIN AQ NUSPIN	5	PA NPS Non-Preferred Specialty Drug
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA NPS Non-Preferred Specialty Drug
SAIZEN (5 MG VIAL, 8.8 MG CLICK.EASY CARTG, 8.8 MG VIAL)	5	PA NPS Non-Preferred Specialty Drug
SAIZEN-SAIZENPREP	5	PA NPS Non-Preferred Specialty Drug
SEROSTIM	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>vasopressin</i>	1	
<i>vasopressin-0.9% nacl (40 unit/100 ml-ns, 50 unit/250 ml-ns, 100 unit/100 ml-ns, 100 unit/250 ml-ns)</i>	1	
<i>vasopressin-d5w (60 unit/100 ml-d5w, 100 unit/100ml-d5w)</i>	1	
ZOMACTON	5	PA NPS Non-Preferred Specialty Drug
ZORBTIVE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
PROGESTINS		
AYGESTIN	3	GL Female
CRINONE 4% GEL	3	GL Female
CRINONE 8% GEL	3	GL Female
ENDOMETRIN	4	GL Female PS
<i>hydroxyprogesterone caproate</i>	4	PA GL Female NPS Non-Preferred Specialty Drug
MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)	4	PA GL Female PS
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	GL Female LCG
<i>medroxyprogesterone 150 mg/ml</i>	0	QL 0.04 / day GL Female HCR
MEGACE	3	
MEGACE ES	3	GL Female
<i>megestrol acetate (acet 40 mg/ml susp, acet 400 mg/10 ml, 625 mg/5 ml susp)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	GL Female
<i>norethindrone acetate</i>	1	GL Female
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>progesterone oil 50 mg/ml v1</i>	1	GL Female
<i>progesterone in oil</i>	1	GL Female
PROMETRIUM	3	GL Female
PROVERA	3	GL Female
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
CATAPRES	3	
CATAPRES-TTS 1	3	QL 0.15 / day
CATAPRES-TTS 2	3	QL 0.4 / day
CATAPRES-TTS 3	3	QL 0.4 / day
<i>clonidine (0.2 mg/day patch, 0.3 mg/day patch)</i>	3	QL 0.29 / day HCG
<i>clonidine 0.1 mg/day patch</i>	3	QL 0.15 / day HCG
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet)</i>	1	LCG
<i>clonidine hcl 0.3 mg tablet</i>	1	LCG
<i>clonidine hcl er</i>	3	QL 4 / day HCG
CLORPRES	3	
<i>guanfacine hcl</i>	1	
KAPVAY	3	QL 4 / day ST
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methyldopate hcl</i>	1	
TENEX	3	
DIRECT VASODILATORS		
BIDIL	3	QL 6 / day
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>hydralazine 20 mg/ml vial</i>	1	
<i>minoxidil</i>	1	
NITROPRESS	3	
<i>sodium nitroprusside</i>	1	
HYPOTENSIVE AGENTS, MISCELLANEOUS		
CORLOPAM (10 MG/ML AMPUL, 10 MG/ML VIAL)	3	
VECAMYL	5	PA NPS Non-Preferred Specialty Drug
PERIPHERAL ADRENERGIC INHIBITORS		
<i>reserpine</i>	1	
ION-REMOVING AGENTS		
OTHER ION-REMOVING AGENTS		
RADIOGARDASE	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA	3	
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
ELIPHOS	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	3	
FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW, 1,000 MG TABLET CHEW)	2	
<i>lanthanum carbonate</i>	1	
PHOSLYRA	3	
RENAGEL	3	
REVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET)	3	
REVELA 800 MG TABLET	2	
<i>sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet, carbonate 800 mg tab)</i>	3	HCG
VELPHORO	3	
POTASSIUM-REMOVING AGENTS		
KAYEXALATE	3	
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	1	
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA)	1	
VELTASSA	3	QL 1 / day PA
MACROLIDES		
KETOLIDES		
KETEK	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
OTHER MACROLIDES		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg tablet, 600 mg tablet)</i>	1	
<i>azithromycin 250 mg tablet</i>	1	QL 6 / 5 days
<i>azithromycin i.v. 500 mg vial</i>	1	
BIAXIN (250 MG TABLET, 250 MG/5 ML SUSPENSION, 500 MG TABLET)	3	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	1	
<i>clarithromycin er</i>	1	
DIFICID	3	PA
ZITHROMAX 100 MG/5 ML SUSP	3	QL 30 / fill
ZITHROMAX 200 MG/5 ML SUSP	3	QL 60 / fill
ZITHROMAX (1 GM POWDER PACKET, 250 MG Z-PAK TABLET)	3	
ZITHROMAX 250 MG TABLET	3	QL 6 / 5 days
ZITHROMAX 500 MG TABLET	3	QL 5 / fill
ZITHROMAX 600 MG TABLET	3	QL 0.29 / day
ZITHROMAX I.V. 500 MG VIAL	3	
ZITHROMAX TRI-PAK	3	
ZMAX	2	QL 60 / fill
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
CARBAPENEMS		
DORIBAX	3	
<i>doripenem</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>imipenem-cilastatin sodium</i>	1	
INVANZ (1 GM ADD-VANTAGE VIAL, 1 GM VIAL)	3	
<i>meropenem</i>	1	
<i>meropenem-0.9% nacl</i>	1	
MERREM	3	
PRIMAXIN	3	
CEPHAMYCINS		
CEFOTAN	3	
<i>cefotetan</i>	1	
<i>cefotetan & dextrose</i>	1	
<i>cefoxitin (2 gm vial, 10 gm vial)</i>	1	
<i>cefoxitin sodium</i>	1	
MONOBACTAMS		
AZACTAM	3	
AZACTAM-ISO-OSMOTIC DEXTROSE	3	
<i>aztreonam</i>	1	
CAYSTON	5	PA NPS Non-Preferred Specialty Drug
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
AVODART	3	QL 1 / day GL Male
<i>dutasteride</i>	3	QL 1 / day GL Male HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dutasteride-tamsulosin</i>	1	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: #27ae60; color: white; padding: 2px;">GL</div> Male
<i>finasteride 5 mg tablet</i>	1	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: #27ae60; color: white; padding: 2px;">GL</div> Male
JALYN	3	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: #27ae60; color: white; padding: 2px;">GL</div> Male
PROSCAR	3	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: #27ae60; color: white; padding: 2px;">GL</div> Male
ALCOHOL DETERRENTS		
ANTABUSE	3	
<i>disulfiram</i>	1	
ANTIDOTES		
BAL IN OIL	3	
<i>calcium disodium versenate</i>	1	
CHEMET	3	
<i>deferoxamine mesylate</i>	1	
DESFERAL	3	
DESFERAL MESYLATE	3	
DUODOTE	3	
FUSILEV	5	<div style="display: inline-block; background-color: #e91e63; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>leucovorin calcium (50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	4	<div style="display: inline-block; background-color: #e91e63; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
<i>levoleucovorin calcium (50 mg vial, 175 mg vial, 175 mg/17.5 ml, 250 mg/25 ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methylene blue (ampul, vial)</i>	1	
NITHIODOTE	3	
<i>pralidoxime chloride</i>	1	
PROTOPAM CHLORIDE	3	
<i>sodium thiosulfate</i>	1	
VISTOGARD	5	NPS Non-Preferred Specialty Drug
VORAXAZE	5	NPS Non-Preferred Specialty Drug
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	1	QL 3 / day LCG
<i>allopurinol 300 mg tablet</i>	1	QL 2 / day LCG
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine 0.6 mg capsule</i>	1	QL 2 / day
<i>colchicine 0.6 mg tablet</i>	1	QL 4 / day
COLCRYS	2	QL 4 / day
KRYSTEXXA	5	QL 0.07 / day PA NPS Non-Preferred Specialty Drug
MITIGARE	3	QL 2 / day ST
<i>naproxen 375 mg tablet</i>	1	LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>naproxen (ec 375 mg tablet, ec 500 mg tablet)</i>	1	
<i>naproxen sodium</i>	1	
ULORIC	2	QL 1 / day ST
ZYLOPRIM 100 MG TABLET	3	QL 3 / day
ZYLOPRIM 300 MG TABLET	3	QL 2 / day
BONE RESORPTION INHIBITORS		
ACTONEL (5 MG TABLET, 30 MG TABLET)	3	QL 1 / day
ACTONEL 150 MG TABLET	3	QL 0.04 / day
ACTONEL 35 MG TABLET	3	QL 0.15 / day
<i>alendronate sodium (5 mg tablet, 10 mg tab)</i>	1	QL 1 / day
<i>alendronate sodium (sod 70 mg/75 ml, sodium 35 mg tab, sodium 40 mg tab, sodium 70 mg tab)</i>	1	QL .15 / day
AELVIA	3	QL 0.15 / day ST
BINOSTO	3	QL .15 / day
BONIVA 3 MG/3 ML SYRINGE	5	NPS Non-Preferred Specialty Drug
BONIVA 150 MG TABLET	3	QL 0.04 / day
<i>etidronate disodium</i>	1	
FOSAMAX	3	QL .15 / day
FOSAMAX PLUS D	3	QL 0.15 / day
<i>ibandronate 3 mg/3 ml syringe</i>	4	NPS Non-Preferred Specialty Drug
<i>ibandronate sodium 150 mg tab</i>	1	QL 0.04 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ibandronate 3 mg/3 ml vial</i>	4	NPS Non-Preferred Specialty Drug
<i>pamidronate disodium (30 mg/10 ml vial, disod 30 mg vial, 60 mg/10 ml vial, 90 mg/10 ml vial, disod 90 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
PROLIA	4	QL 0.13 / day PA PS
RECLAST	5	NPS Non-Preferred Specialty Drug
<i>risedronate sodium 150 mg tab</i>	3	QL 0.04 / day HCG
<i>risedronate sodium 30 mg tab</i>	3	HCG
<i>risedronate sodium 35 mg tab</i>	3	QL 0.15 / day HCG
<i>risedronate sodium 5 mg tablet</i>	3	QL 1 / day HCG
<i>risedronate sodium dr</i>	1	
XGEVA	5	QL 0.07 / day PA NPS Non-Preferred Specialty Drug
<i>zoledronic acid 5 mg/100 ml</i>	4	NPS Non-Preferred Specialty Drug
<i>zoledronic acid (4 mg vial, 4 mg/100 ml, 4 mg/5 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
ZOMETA (4 MG/100 ML INJECTION, 4 MG/5 ML VIAL)	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
KEVEYIS	5	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
COMPLEMENT INHIBITORS		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CINRYZE	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
FIRAZYR	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
HAEGARDA	5	<p>QL 1.25 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
KALBITOR	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
RUCONEST	5	<p>QL 0.87 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SOLIRIS	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA (80 MG/4 ML VIAL, 162 MG/0.9 ML SYRINGE, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	5	<ul style="list-style-type: none"> QL 0.15 / day PA NPS Non-Preferred Specialty Drug
ARAVA	3	
CIMZIA (200 MG VIAL KIT, 200 MG/ML SYRINGE KIT)	5	<ul style="list-style-type: none"> QL 0.08 / day PA NPS Non-Preferred Specialty Drug
CIMZIA 200 MG/ML STARTER KIT	5	<ul style="list-style-type: none"> QL 3/ fill PA NPS Non-Preferred Specialty Drug
CUPRIMINE	3	
DEPEN	2	
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	4	<ul style="list-style-type: none"> QL 0.29 / day PA PS
ENBREL MINI	4	<ul style="list-style-type: none"> QL 0.15 / day PA PS
ENBREL SURECLICK	4	<ul style="list-style-type: none"> QL 0.15 / day PA PS
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	4	<ul style="list-style-type: none"> QL 0.22 / day PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
HUMIRA 10 MG/0.2 ML SYRINGE	4	<ul style="list-style-type: none"> QL 0.15 / day PA PS
HUMIRA PEDIATRIC CROHN'S	4	<ul style="list-style-type: none"> QL 0.22 / day PA PS
HUMIRA PEN	4	<ul style="list-style-type: none"> QL 0.22 / day PA PS
HUMIRA PEN CROHN-UC-HS STARTER	4	<ul style="list-style-type: none"> QL 0.22 / day PA PS
HUMIRA PEN PSORIASIS-UVEITIS	4	<ul style="list-style-type: none"> QL 0.22 / day PA PS
KEVZARA	5	<ul style="list-style-type: none"> QL 0.1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KINERET	5	<ul style="list-style-type: none"> QL 10 / day PA NPS Non-Preferred Specialty Drug
<i>leflunomide</i>	1	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ORENCIA CLICKJECT	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
OTREXUP	3	<p>QL 0.08 / day</p> <p>PA</p>
RASUVO (10 MG/0.2 ML, 12.5 MG/0.25 ML)	3	<p>QL .08 / day</p> <p>PA</p>
RASUVO (7.5 MG/0.15 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML)	3	<p>QL 0.08 / day</p> <p>PA</p>
RENFLEXIS	5	<p>QL 10 / 30 days</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
RHEUMATREX	3	
RIDAURA	2	
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	<p>QL 0.04 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SIMPONI ARIA	5	<p>QL 0.1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
TREXALL	2	
XATMEP	3	<ul style="list-style-type: none"> QL 4 / day PA AL Up to 18 yrs old
XELJANZ	5	<ul style="list-style-type: none"> QL 2 / day PA NPS Non-Preferred Specialty Drug
XELJANZ XR	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	5	NPS Non-Preferred Specialty Drug
AUBAGIO	4	<ul style="list-style-type: none"> QL 1 / day PA PS
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG, PREFILLED SYR 30 MCG KT)	4	<ul style="list-style-type: none"> QL 0.15 / day PA PS
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	4	<ul style="list-style-type: none"> QL 0.15 / day PA PS
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	5	<ul style="list-style-type: none"> QL 0.5 / day PA NPS Non-Preferred Specialty Drug
COPAXONE	4	<ul style="list-style-type: none"> QL 1 / day PA PS




















PRODUCT DESCRIPTION	TIER	LIMITS &
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	5	<ul style="list-style-type: none"> QL 0.5 / day PA NPS Non-Preferred Specialty Drug
GILENYA	4	<ul style="list-style-type: none"> QL 1 / day PA PS
GLATOPA	4	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
PLEGRIDY 125 MCG/0.5 ML SYRING	4	<ul style="list-style-type: none"> QL 0.04 / day PA PS
PLEGRIDY SYRINGE STARTER PACK	4	<ul style="list-style-type: none"> QL 1 / lifetime PA PS
PLEGRIDY 125 MCG/0.5 ML PEN	4	<ul style="list-style-type: none"> QL 0.04 / day PA PS
PLEGRIDY PEN INJ STARTER PACK	4	<ul style="list-style-type: none"> QL 1 / lifetime PA PS
POMALYST	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
PROLEUKIN	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	<ul style="list-style-type: none"> QL 0.22 / day PA NPS Non-Preferred Specialty Drug
REBIF TITRATION PACK	5	<ul style="list-style-type: none"> QL 4.2 / 365 days PA NPS Non-Preferred Specialty Drug
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	<ul style="list-style-type: none"> QL 0.22 / day PA NPS Non-Preferred Specialty Drug
REBIF REBIDOSE TITRATION PACK	5	<ul style="list-style-type: none"> QL 4.2 / 365 days PA NPS Non-Preferred Specialty Drug
REVLIMID	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
TECFIDERA	4	<ul style="list-style-type: none"> QL 2 / day PA PS
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	5	<ul style="list-style-type: none"> QL 2 / day PA NPS Non-Preferred Specialty Drug
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TYSABRI	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
ZINBRYTA	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 1 / day</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAPSULE	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 15 / day</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
ASTAGRAF XL 1 MG CAPSULE	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 30 / day</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
ASTAGRAF XL 5 MG CAPSULE	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 6 / day</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
AZASAN	3	
<i>azathioprine</i>	1	
<i>azathioprine sodium</i>	1	
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
BENLYSTA 120 MG VIAL	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 0.25 / day</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
BENLYSTA 400 MG VIAL	5	<p>QL 0.07 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL)	5	NPS Non-Preferred Specialty Drug
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
<i>cyclophosphamide (1 gm vial, 2 gm vial, 500 mg vial)</i>	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>cyclosporine 50 mg/ml ampul</i>	4	NPS Non-Preferred Specialty Drug
<i>cyclosporine (25 mg capsule, 100 mg capsule, 100 mg/ml soln)</i>	4	NPS Non-Preferred Specialty Drug
<i>cyclosporine modified (25 mg, 50 mg)</i>	4	NPS Non-Preferred Specialty Drug
ENVARUSUS XR	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
GENGRAF (25 MG CAPSULE, 50 MG CAPSULE, 100 MG/ML SOLUTION)	4	NPS Non-Preferred Specialty Drug
IMURAN	3	
<i>mercaptopurine</i>	1	
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>mycophenolate mofetil (200 mg/ml susp, 500 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>mycophenolic acid</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
MYFORTIC	5	NPS Non-Preferred Specialty Drug
NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	5	NPS Non-Preferred Specialty Drug
NULOJIX	5	PA NPS Non-Preferred Specialty Drug
PROGRAF 5 MG/ML AMPULE	5	NPS Non-Preferred Specialty Drug
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	5	NPS Non-Preferred Specialty Drug
PURIXAN	5	PA NPS Non-Preferred Specialty Drug
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	5	NPS Non-Preferred Specialty Drug
SANDIMMUNE 50 MG/ML AMPUL	5	NPS Non-Preferred Specialty Drug
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	5	NPS Non-Preferred Specialty Drug
SANDIMMUNE 100 MG/ML SOLN	4	PS
SIMULECT	3	
<i>sirolimus (1 mg tablet, 2 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>sirolimus 0.5 mg tablet</i>	4	NPS Non-Preferred Specialty Drug
<i>tacrolimus 0.5 mg capsule</i>	4	QL 2 / day NPS Non-Preferred Specialty Drug
<i>tacrolimus 1 mg capsule</i>	4	QL 8 / day NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tacrolimus 5 mg capsule</i>	4	 4 / day  Non-Preferred Specialty Drug
ZORTRESS	5	  Non-Preferred Specialty Drug
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA	4	 2 / day  
ARCALYST	5	  Non-Preferred Specialty Drug
CARDIOVID PLUS	3	
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	3	
CARNITOR 1 GM/5 ML VIAL	3	
CARNITOR SF	3	
CERDELGA	5	 2 / day   Non-Preferred Specialty Drug
CYSTADANE	5	 Non-Preferred Specialty Drug
CYSTAGON 150 MG CAPSULE	5	 13 / day   Non-Preferred Specialty Drug
CYSTAGON 50 MG CAPSULE	5	 40/ day   Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
DEMSER	3	
DYSPORT	5	PA NPS Non-Preferred Specialty Drug
ILARIS 150 MG/ML VIAL	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
ILARIS 180 MG VIAL	5	QL 0.4 / day PA NPS Non-Preferred Specialty Drug
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	5	PA NPS Non-Preferred Specialty Drug
<i>levocarnitine 200 mg/ml vial</i>	1	
MYOBLOC	5	PA NPS Non-Preferred Specialty Drug
NEXAVIR	3	
NITYR	5	PA NPS Non-Preferred Specialty Drug
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	4	PA NPS Non-Preferred Specialty Drug
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
POTABA	3	
PROCYSBI DR 25 MG CAPSULE	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
PROCYSBI DR 75 MG CAPSULE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.05 MG/ML AMPUL	5	QL 30 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.1 MG/ML AMPUL	5	QL 15 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.5 MG/ML AMPUL	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.2 MG/ML VIAL	5	QL 8 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 1 MG/ML VIAL	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 30 MG KT, 30 MG VL)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 0.07 / day</div> <div style="margin-bottom: 5px;">PA</div> <div>NPS Non-Preferred Specialty Drug</div> </div>
THIOLA	3	PA
TYBOST	4	PS
XEOMIN	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div>NPS Non-Preferred Specialty Drug</div> </div>
XURIDEN	5	NPS Non-Preferred Specialty Drug
ZAVESCA	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div>NPS Non-Preferred Specialty Drug</div> </div>
PROTECTIVE AGENTS		
<i>amifostine</i>	4	NPS Non-Preferred Specialty Drug
<i>dexrazoxane</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div>NPS Non-Preferred Specialty Drug</div> </div>
ELMIRON	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 3 / day</div> <div>PA</div> </div>
ETHYOL	5	NPS Non-Preferred Specialty Drug
<i>mesna</i>	4	NPS Non-Preferred Specialty Drug
MESNEX (1 GRAM/10 ML VIAL, 400 MG TABLET)	5	NPS Non-Preferred Specialty Drug
ZINECARD	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div>NPS Non-Preferred Specialty Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
CELEBREX (50 MG CAPSULE, 200 MG CAPSULE)	3	QL 2 / day
CELEBREX 100 MG CAPSULE	3	QL 3 / day
CELEBREX 400 MG CAPSULE	3	QL 1 / day
<i>celecoxib (50 mg capsule, 200 mg capsule)</i>	1	QL 2 / day
<i>celecoxib 100 mg capsule</i>	1	QL 3 / day
<i>celecoxib 400 mg capsule</i>	1	QL 1 / day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
ANAPROX DS	3	
ANSAID	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CALDOLOR	3	
CAMBIA 50 MG POWDER PACKET	Excluded Drugs	
DAYPRO	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac 1.5% topical soln</i>	3	PA HCG
<i>diclofenac sodium 1% gel</i>	3	QL 1000/ 30 days HCG
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	1	
<i>diclofenac sodium er</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diclofenac sodium-misoprostol</i>	1	
<i>diflunisal</i>	1	
DUEXIS 800-26.6 MG TABLET	Excluded Drugs	
DYLOJECT	3	
EC-NAPROSYN	3	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	1	
<i>etodolac er</i>	1	
FELDENE	3	
<i>fenoprofen calcium (200 mg capsule, 400 mg capsule, 600 mg tablet)</i>	1	
FENORTHO	3	
FLECTOR	3	QL 2 / day
<i>flurbiprofen</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	LCG
<i>ibuprofen lysine</i>	3	
INDOCIN 25 MG/5 ML SUSPENSION	3	QL 6 / day
INDOCIN 50 MG SUPPOSITORY	3	QL 4 / day
INDOCIN I.V.	3	
<i>indomethacin 25 mg capsule</i>	1	LCG
<i>indomethacin 50 mg capsule</i>	1	
<i>indomethacin 1 mg vial</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen er 200 mg capsule</i>	3	HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ketoprofen 50 mg capsule</i>	1	LCG
<i>ketoprofen 75 mg capsule</i>	1	
<i>ketorolac tromethamine (15 mg/ml carpject, 15 mg/ml isecure syr, 15 mg/ml vial)</i>	1	QL 40 / 23 days
<i>ketorolac tromethamine (30 mg/ml carpject, 60 mg/2 ml carpject, 60 mg/2 ml vial)</i>	1	QL 20 / 30 days LCG
<i>ketorolac tromethamine (30 mg/ml isecure syr, 30 mg/ml syringe)</i>	1	QL 20 / 23 days
<i>ketorolac 10 mg tablet</i>	1	QL 21 / fill LCG
<i>ketorolac 30 mg/ml vial</i>	1	QL 20 / 23 days LCG
<i>ketorolac tromethamine (60 mg/2 ml syringe, 300 mg/10 ml vial)</i>	1	QL 20 / 30 days
KLOFENSAID II	3	PA HCG
LODINE	3	
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	3	QL 5 / day HCG
<i>meloxicam 7.5 mg/5 ml susp</i>	1	QL 10 / day
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	QL 1 / day LCG
MOBIC 7.5 MG/5 ML SUSPENSION	3	QL 10 / day
MOBIC (7.5 MG TABLET, 15 MG TABLET)	3	QL 1 / day
<i>nabumetone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
NALFON	3	
NAPRELAN (CR 375 MG TABLET, CR 500 MG TABLET)	3	PA
NAPRELAN CR 750 MG TABLET	3	QL 1 / day PA
NAPROSYN (125 MG/5 ML SUSPEN, 500 MG TABLET)	3	
<i>naproxen (125 mg/5 ml suspen, 500 mg kit, 500 mg tablet)</i>	1	LCG
<i>naproxen (250 mg tablet, dr 375 mg tablet, dr 500 mg tablet)</i>	1	
<i>naproxen sod cr 375 mg tablet</i>	3	HCG
<i>naproxen sod cr 500 mg tablet</i>	3	PA HCG
<i>naproxen sodium ds</i>	1	
<i>naproxen sod er 375 mg tablet</i>	3	PA HCG
NEOPROFEN	3	
<i>oxaprozin</i>	3	HCG
PENNSAID 2% PUMP	Excluded Drugs	
<i>piroxicam</i>	1	AL Up to 75 yrs old
PONSTEL	3	QL 5 / day
PROFENO	1	
SPRIX	3	QL 5 days PA
<i>sulindac</i>	1	
TIVORBEX	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tolmetin sodium (200 mg tab, 400 mg cap, 600 mg tab)</i>	1	
VIMOVO (DR 375-20 MG TABLET, DR 500-20 MG TABLET)	Excluded Drugs	
VIVLODEX	3	QL 1 / day PA AL At least 18 yrs old
VOLTAREN	3	QL 1000/ 30 days
VOLTAREN-XR	3	
ZIPSOR	3	QL 4 / day PA
ZORVOLEX (18 MG CAPSULE, 35 MG CAPSULE)	Excluded Drugs	
SALICYLATES		
<i>butalbital-aspirin-caffeine (butalb-aspirin-caffe 50-325-40, butalbital-asa-caffeine cap)</i>	1	QL 6 / day
<i>choline mag trisalicylate</i>	1	
DISALCID	3	
DURLAZA	3	QL 1 / day PA
FIORINAL	3	QL 6 / day
<i>salsalate</i>	1	
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin-salmon</i>	1	QL 0.13 / day
FORTICAL	3	QL 0.13 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
MIACALCIN 200 UNIT NASAL SPRAY	3	QL 0.13 / day
MIACALCIN 400 UNIT/2 ML VIAL	5	NPS Non-Preferred Specialty Drug
SENSIPAR (30 MG TABLET, 60 MG TABLET)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
SENSIPAR 90 MG TABLET	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
PARATHYROID AGENTS		
FORTEO	5	PA NPS Non-Preferred Specialty Drug
NATPARA	5	PA NPS Non-Preferred Specialty Drug
TYMLOS	5	QL 1.60 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (125 mg tab chew, 250 mg tab chew, 250 mg/5 ml susp, 500 mg capsule)</i>	1	
<i>amoxicillin (125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 400 mg/5 ml susp, 875 mg tablet)</i>	1	LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>amoxicillin er</i>	1	
<i>amoxicillin-clavulanate pot er</i>	3	HCG
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	1	
<i>ampicillin trihydrate (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	1	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial)</i>	1	
AUGMENTIN 125-31.25 MG/5 ML	2	
AUGMENTIN (250-62.5 MG/5 ML, 500-125 TABLET, 875-125 TABLET)	3	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
MOXATAG	3	
UNASYN (1.5 GM VIAL, 3 GM VIAL)	3	
EXTENDED-SPECTRUM PENICILLINS		
<i>piperacil-tazobact 13.5 gm vl</i>	3	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 40.5 gram)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOSYN (2.25 GM/50 ML GALAXY BAG, 2.25 GRAM VIAL, 3.375 GM/50 ML GALAXY, 3.375 GRAM VIAL, 4.5 GM/100 ML GALAXY BAG, 4.5 GRAM VIAL, 40.5 GRAM BULK VIAL)	3	
NATURAL PENICILLINS		
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin gk-iso-osm dextrose</i>	1	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	LCG
PFIZERPEN	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin 250 mg capsule</i>	1	
<i>dicloxacillin 500 mg capsule</i>	1	LCG
<i>nafcillin</i>	3	
<i>nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial, 10 gm vial)</i>	1	
<i>oxacillin</i>	3	
<i>oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial)</i>	1	
RENIN-ANGIOTENSIN-ALDOSTER. INHIB.(HYPOTN)		
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)		
<i>losartan potassium 50 mg tab</i>	1	QL 2 / day LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)		
<i>captopril 100 mg tablet</i>	1	QL 4 / day
<i>enalapril maleate</i>	1	QL 2 / day
<i>lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QL 1 / day LCG
<i>lisinopril (5 mg tablet, 30 mg tablet)</i>	1	QL 1 / day
<i>lisinopril 40 mg tablet</i>	1	QL 2 / day
<i>ramipril 1.25 mg capsule</i>	1	QL 2 / day
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	3	QL 1 / day
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	3	QL 1 / day
ATACAND HCT 16-12.5 MG TAB	3	QL 2 / day
AVALIDE 150-12.5 MG TABLET	3	QL 2 / day
AVALIDE 300-12.5 MG TABLET	3	QL 1 / day
AVAPRO	3	QL 1 / day
BENICAR	3	QL 3 / day
BENICAR HCT	3	QL 1 / day
<i>candesartan cilexetil</i>	1	QL 1 / day
<i>candesartan-hctz 16-12.5 mg tb</i>	1	QL 2 / day
<i>candesartan-hydrochlorothiazid (32-12.5 mg tb, 32-25 mg tab)</i>	1	QL 1 / day
COZAAR (25 MG TABLET, 50 MG TABLET)	3	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
COZAAR 100 MG TABLET	3	QL 1 / day
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	3	QL 2 / day
DIOVAN 320 MG TABLET	3	QL 1 / day
DIOVAN HCT (320-12.5 MG TAB, 320-25 MG TABLET)	3	QL 1 / day
DIOVAN HCT (80-12.5 MG TABLET, 160-12.5 MG TAB, 160-25 MG TABLET)	3	QL 2 / day
EDARBI	3	QL 1 / day ST
EDARBYCLOR	3	QL 1 / day ST
ENTRESTO	3	QL 2 / day PA
<i>eprosartan mesylate</i>	1	QL 1 / day
HYZAAR (100-12.5 TABLET, 100-25 TABLET)	3	QL 1 / day
HYZAAR 50-12.5 TABLET	3	QL 2 / day
<i>irbesartan</i>	1	QL 1 / day
<i>irbesartan-hctz 150-12.5 mg tb</i>	1	QL 2 / day
<i>irbesartan-hctz 300-12.5 mg tb</i>	1	QL 1 / day
<i>losartan potassium 100 mg tab</i>	1	QL 1 / day LCG
<i>losartan potassium 25 mg tab</i>	1	QL 2 / day LCG
MICARDIS	3	QL 1 / day
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
MICARDIS HCT 80-12.5 MG TABLET	3	QL 2 / day
<i>olmesartan medoxomil</i>	1	QL 3 / day
<i>olmesartan-amlodipine-hctz</i>	3	QL 1 / day HCG
<i>olmesartan-hydrochlorothiazide</i>	1	QL 1 / day
<i>telmisartan</i>	1	QL 1 / day
<i>telmisartan-amlodipine</i>	1	QL 1 / day
<i>telmisartan-hctz 80-12.5 mg tb</i>	3	QL 2 / day HCG
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	3	QL 1 / day HCG
TRIBENZOR	3	QL 1 / day
TWYNSTA	3	QL 1 / day
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QL 2 / day
<i>valsartan 320 mg tablet</i>	1	QL 1 / day
<i>valsartan-hydrochlorothiazide (320-12.5 mg tab, 320-25 mg tab)</i>	1	QL 1 / day
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab)</i>	1	QL 2 / day
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	3	QL 2 / day
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	3	QL 2 / day
ACCURETIC 20-25 MG TABLET	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ACEON	3	QL 1 / day
ALTACE	3	QL 2 / day
<i>benazepril hcl (10 mg tablet, 40 mg tablet)</i>	1	QL 2 / day
<i>benazepril hcl 20 mg tablet</i>	1	QL 4 / day
<i>benazepril hcl 5 mg tablet</i>	1	QL 3 / day
<i>benazepril-hydrochlorothiazide</i>	1	QL 1 / day
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	QL 4 / day
<i>captopril-hydrochlorothiazide</i>	1	QL 2 / day
<i>enalapril-hctz 10-25 mg tablet</i>	1	QL 2 / day
<i>enalapril-hctz 5-12.5 mg tab</i>	1	
<i>enalaprilat</i>	1	
EPANED (1 MG/ML ORAL SOLUTION, 1 MG/ML SOLUTION)	3	QL 5 / day
<i>fosinopril sodium</i>	1	QL 2 / day
<i>fosinopril-hydrochlorothiazide</i>	1	QL 2 / day
<i>lisinopril-hctz 20-12.5 mg tab</i>	1	QL 2 / day
LOTENSIN 20 MG TABLET	3	QL 4 / day
LOTENSIN 40 MG TABLET	3	QL 2 / day
LOTENSIN HCT	3	QL 1 / day
MAVIK	3	QL 2 / day
<i>moexipril hcl</i>	1	QL 1 / day
<i>moexipril-hydrochlorothiazide</i>	1	QL 2 / day
<i>perindopril erbumine</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
PRESTALIA	3	QL 1 / day ST
PRINIVIL	3	QL 1 / day
QBRELIS	3	QL 40/ day
<i>quinapril hcl</i>	1	QL 2 / day
<i>quinapril-hctz 20-25 mg tab</i>	1	QL 1 / day
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	QL 2 / day
<i>ramipril (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL 2 / day
TARKA	3	QL 1 / day
<i>trandolapril</i>	1	QL 2 / day
<i>trandolapril-verapamil er</i>	1	
VASERETIC	3	QL 2 / day
VASOTEC	3	QL 2 / day
ZESTORETIC	3	QL 2 / day
ZESTRIL	3	QL 1 / day
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
ALDACTAZIDE	3	
ALDACTONE	3	
CAROSPIR	2	PA
<i>eplerenone</i>	3	HCG
INSPRA	3	
<i>spironolactone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>spironolactone-hctz</i>	1	
RENIN INHIBITORS		
TEKAMLO	3	QL 1 / day
TEKTURNA	3	QL 1 / day ST
TEKTURNA HCT	3	QL 1 / day ST
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
NUCALA	5	QL 0.04 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ANTIFIBROTIC AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	QL 9 / day PA NPS Non-Preferred Specialty Drug
ESBRIET 801 MG TABLET	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
OFEV	5	QL 2 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTITUSSIVES		
<i>benzonatate</i>	1	AL At least 11 yrs old
BROMFED DM	1	AL At least 2 yrs old
<i>brompheniramine-pseudoephed-dm</i>	1	AL At least 2 yrs old
CENTERGY DM	1	
FLOWTUSS	3	QL 60 / day AL At least 18 yrs old
HYCOFENIX	3	QL 40/ day AL At least 18 yrs old
<i>hydrocod-cpm-pseudoephedrine</i>	1	QL 20 / day AL At least 18 yrs old
<i>hydrocodone-chlorpheniramne er</i>	1	QL 10 / day AL At least 6 yrs old
<i>hydrocodone-homatropine mbr (soln, syrup)</i>	1	QL 30 / day AL At least 2 yrs old
<i>hydrocodone-homatropine 5-1.5</i>	1	QL 6 / day AL At least 6 yrs old
HYDROMET	1	QL 30 / day AL At least 2 yrs old
OBREDON	3	QL 60 / day AL At least 18 yrs old
<i>promethazine vc-codeine</i>	1	QL 30 / day AL At least 6 yrs old
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	AL At least 2 yrs old LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>promethazine-phenyleph-codeine</i>	1	<p>QL 30 / day</p> <p>AL At least 6 yrs old</p>
REZIRA	3	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
TESSALON PERLE	3	<p>AL At least 11 yrs old</p>
TUSSICAPS	3	<p>QL 6 / day</p> <p>AL At least 6 yrs old</p>
TUSSIGON	1	<p>QL 6 / day</p> <p>AL At least 6 yrs old</p>
TUSSIONEX	3	<p>QL 10 / day</p> <p>AL At least 6 yrs old</p>
TUZISTRA XR	3	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
VITUZ	3	<p>QL 4 / day</p> <p>AL At least 6 yrs old</p>
ZUTRIPRO	3	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
MUCOLYTIC AGENTS		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	
PULMOZYME	5	<p>QL 5 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP	3	<p>QL 1 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
PULMONARY SURFACTANTS		
CUROSURF	3	
INFASURF	3	
SURVANTA	3	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP	5	PA NPS Non-Preferred Specialty Drug
GLASSIA	5	PA NPS Non-Preferred Specialty Drug
PROLASTIN C 1,000 MG VIAL	5	PA NPS Non-Preferred Specialty Drug
XOLAIR	5	PA AL At least 6 yrs old NPS Non-Preferred Specialty Drug
ZEMAIRA	5	PA NPS Non-Preferred Specialty Drug
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
<i>epoprostenol sodium</i>	4	NPS Non-Preferred Specialty Drug
FLOLAN	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LETAIRIS	4	<ul style="list-style-type: none"> QL 1 / day PA PS
OPSUMIT	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
ORENITRAM ER	5	<ul style="list-style-type: none"> QL 3 / day PA NPS Non-Preferred Specialty Drug
REMODULIN	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug
<i>sildenafil</i>	4	<ul style="list-style-type: none"> QL 3 / day PA NPS Non-Preferred Specialty Drug
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	4	<ul style="list-style-type: none"> QL 2 / day PA PS
TYVASO	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
TYVASO INSTITUTIONAL START KIT	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
TYVASO REFILL KIT	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug




PRODUCT DESCRIPTION	TIER	LIMITS &
TYVASO STARTER KIT	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
UPTRAVI 200-800 TITRATION PACK	5	<p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	<p>QL 2 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
VELETRI	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
VENTAVIS	5	<p>QL 9 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

SKELETAL MUSCLE RELAXANTS

CENTRALLY ACTING SKELETAL MUSCLE RELAXANT

AMRIX (ER 15 MG CAPSULE, ER 30 MG CAPSULE)	Excluded Drugs	
<i>carisoprodol</i>	1	
<i>carisoprodol compound</i>	1	
<i>carisoprodol compound-codeine</i>	1	QL 21 / day
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	QL 21 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine 10 mg tablet</i>	1	LCG
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
FEXMID	3	
LORZONE	3	PA
METAXALL	1	
<i>metaxalone</i>	3	HCG
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
<i>methocarbamol 1,000 mg/10 ml</i>	1	
PARAFON FORTE DSC	3	
ROBAXIN 500 MG TABLET	3	
ROBAXIN 1,000 MG/10 ML VIAL	3	
ROBAXIN-750	3	
SKELAXIN	3	
SOMA	3	
<i>tizanidine hcl (2 mg capsule, 2 mg tablet, 4 mg capsule, 4 mg tablet, 6 mg capsule)</i>	1	
ZANAFLEX (2 MG CAPSULE, 4 MG CAPSULE, 4 MG TABLET, 6 MG CAPSULE)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
DANTRIUM (25 MG CAPSULE, 50 MG CAPSULE)	3	
DANTRIUM 20 MG VIAL	3	
<i>dantrolene sodium</i>	1	
REVONTO	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen</i>	1	
GABLOFEN (50 MCG/ML SYRINGE, 10,000 MCG/20 ML SYRG, 10,000 MCG/20 ML VIAL, 20,000 MCG/20 ML SYRG, 20,000 MCG/20 ML VIAL, 40,000 MCG/20 ML SYRG, 40,000 MCG/20 ML VIAL)	5	 Non-Preferred Specialty Drug
LIORESAL INTRATHECAL (10 MG/20 ML K, 10 MG/5 ML K, 40 MG/20 ML K)	5	 Non-Preferred Specialty Drug
LIORESAL IT 0.05 MG/1 ML AMP	5	 Non-Preferred Specialty Drug
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
<i>orphenadrine er 100 mg tablet</i>	1	
<i>orphenadrine citrate (30 mg/ml vial, 60 mg/2 ml ampule, 60 mg/2 ml vial)</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ALA-CORT	1	
ALA-SCALP	3	
<i>alclometasone dipropionate (dipr oint, dipro crm)</i>	1	
<i>amcinonide (cream, lotion, ointment)</i>	1	
ANALPRAM HC (1% CREAM, 2.5%-1% CREAM, 2.5%-1% CRM SINGLE, 2.5%-1% LOTION)	3	
ANUCORT-HC	1	
ANUSOL-HC 2.5% CREAM	3	
ANUSOL-HC 25 MG SUPPOSITORY	1	
APEXICON E	3	
<i>betamethasone dipropionate (aug crm, aug gel, aug lot, aug oin, crm, lot, oint)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm, valer 0.12% foam)</i>	1	
CAPEX SHAMPOO	3	
<i>clobetasol emollient (emollient crm, emollnt foam)</i>	1	
<i>clobetasol emulsion</i>	1	
<i>clobetasol propionate (cream, gel, ointment, prop foam, prop spray, shampoo, solution, topical lotn)</i>	1	
CLOBEX (SHAMPOO, SPRAY, TOPICAL LOTION)	3	
<i>clocortolone pivalate</i>	1	
CLODAN 0.05% SHAMPOO	1	
CLODERM	3	
COLOCORT	1	
CORMAX	1	
CORTENEMA	3	
CORTIFOAM	3	
CUTIVATE (CREAM, LOTION)	3	
DERMA-SMOOTH-FS (BODY OIL, SCALP OIL)	3	
DERMATOP (EMOLLIENT CREAM, OINTMENT)	3	
DESONATE	3	
<i>desonide (cream, lotion, ointment)</i>	3	HCG
DESOWEN (CREAM, LOTION)	3	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	3	HCG
<i>diflorasone diacetate (cream, ointment)</i>	1	
DIPROLENE (LOTION, OINTMENT)	3	
DIPROLENE AF	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ELOCON (CREAM, LOTION, OINTMENT)	3	
EPIFOAM	3	
EUCRISA	2	QL 2.143 / day ST AL At least 2 yrs old
<i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.025% cream, 0.025% ointment)</i>	3	HCG
<i>fluocinolone 0.01% solution</i>	1	
<i>fluocinonide 0.1% cream</i>	1	PA
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)</i>	1	
<i>halobetasol propionate (cream, ointmnt)</i>	3	HCG
HALOG (CREAM, OINTMENT)	3	PA
HEMMOREX-HC	1	
<i>hydrocortisone (1% absorbase, 1% cream, 2.5% cream, 2.5% lotion, 2.5% ointment, 100 mg/60 ml)</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint, hydrocortisone butyr soln)</i>	1	
<i>hydrocortisone valerate (cream, ointmt)</i>	1	
<i>hydrocortisone-pramoxine (1%-1% crm, 2.5%-1% cm, 2.5-1% crm)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydrocortisone-pramoxine hcl</i>	1	
IMPOYZ	3	
KENALOG	3	
<i>lidocaine-hc 3-0.5% cream</i>	3	HCG
LOCOID (CREAM, LOTION, OINTMENT, SOLUTION)	3	PA
<i>lokara</i>	1	
LUXIQ	3	
MICORT-HC	3	
<i>mometasone furoate (cream, oint, soln)</i>	1	
NOVACORT GEL	3	
OLUX	3	PA
OLUX-E	3	
ORALONE	1	
PANDEL	3	
PRAMCORT	1	
PRAMOSONE (1% LOTION, 1%-1% CREAM, 1%-1% OINTMENT, 2.5%-1% CREAM, 2.5%-1% LOTION, 2.5%-1% OINTMENT)	3	
PRAMOSONE E	3	
<i>prednicarbate (cream, ointment)</i>	1	
PROCORT	3	
PROCTO-MED HC	1	
PROCTO-PAK	1	
PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY)	3	
PROCTOFOAM-HC	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
PROCTOSOL-HC	1	
PROCTOZONE-HC	1	
PSORCON	3	
RIMSO-50	3	
SANADERMRX	1	
SCALACORT	1	
SERNIVO	3	PA
SYNALAR (0.01% SOLUTION, 0.025% CREAM)	3	
SYNALAR TS	3	
TEMOVATE (CREAM, OINTMENT)	3	
TEMOVATE EMOLLIENT	3	
TEXACORT	3	
TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT, 0.25% SPRAY)	3	
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.1% paste, 0.147 mg/g spray, 0.5% cream, 0.5% ointment)</i>	1	
TRIANEX	3	PA
TRIDERM	1	
TRIDESILON	3	
ULTRAVATE 0.05% LOTION	3	PA
ULTRAVATE (CREAM, OINTMENT)	3	
VANOS	3	ST
VANOXIDE-HC	3	QL 0.84 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
VERDESO	3	
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANA-LEX 2-2% CREAM	3	
ANACAINE	3	
ANASTIA	3	
CETACAINE	3	
CIDALEAZE	1	
<i>doxepin 5% cream</i>	1	QL 49 / fill PA
EMLA	3	
<i>ethyl chloride</i>	1	
<i>lidocaine 5% patch</i>	3	QL 3 / day PA HCG
<i>lidocaine hcl (3% cream, hcl 3% lotion, hcl 4% solution)</i>	1	
<i>lidocaine-hydrocortisone (lidocaine-hc 2.8-0.55% gel, lidocaine-hydrocort 3-2.5% gel)</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>lidocaine-tetracaine</i>	1	
LIDODERM	3	QL 3 / day PA
LIDOPIN 3% CREAM	1	
LIDOPIN 3.25% CREAM	3	
LIDOPRIL	1	
LIDOTRAL	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
LIDOVEX	3	
LIDTOPIC MAX	3	
LP LITE PAK	1	
NUMBONEX	3	
<i>phenazopyridine hcl</i>	1	
PLIAGLIS	3	
PONTOCAINE	3	
PRE-ATTACHED LTA KIT	3	
PRUDOXIN	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">49 / fill</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; margin-left: 10px;">PA</div> </div>
PYRIDIUM	3	
REGENECARE	3	
SPRAY AND STRETCH	3	
SYNERA	3	<div style="background-color: #8b5722; color: white; padding: 2px 5px; display: inline-block;">PA</div>
ZONALON	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">49 / fill</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; margin-left: 10px;">PA</div> </div>
ASTRINGENTS		
DRYSOL	3	
CELL STIMULANTS AND PROLIFERANTS		
ATRALIN	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1.5 / day</div> </div>
AVITA (CREAM, GEL)	1	
KEPIVANCE	5	<div style="display: flex; align-items: center;"> <div style="background-color: #d62728; color: white; padding: 2px 5px; margin-right: 5px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
REGRANEX	3	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1 / day</div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; margin-left: 10px;">PA</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
RETIN-A (0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.1% CREAM)	3	
RETIN-A MICRO	3	QL 50 / 30 days
RETIN-A MICRO PUMP	3	QL 50 / 30 days
TRETIN-X (0.0375% CREAM, 0.075% CREAM)	3	
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)</i>	1	
<i>tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)</i>	3	QL 1.667 / day PA HCG
KERATOLYTIC AGENTS		
ALUVEA	3	
BENSAL HP	3	
BENZEFOAM	3	QL 2 / day
BENZEFOAM ULTRA	3	QL 3.334 / day
BENZEPRO (6% FOAMING CLOTHS, 7% CREAMY WASH)	1	
<i>pr benzoyl peroxide 7% wash</i>	1	
BP-50% UREA	1	
BPO (4% GEL, 8% GEL)	3	
BPO 6% FOAMING CLOTHS	1	QL 2 / day
CEM-UREA	3	
GORDO-UREA 40% OINTMENT	3	
HYDRO 35	3	
HYDRO 40	3	























PRODUCT DESCRIPTION	TIER	LIMITS &
KERAFOAM	3	
KERALAC	3	
KERALYT	3	
LATRIX	1	
NUOX	3	QL 1.47 / day
PACNEX	1	
PACNEX HP	3	
PACNEX LP	3	
<i>potassium hydroxide</i>	1	
PR BENZOYL PEROXIDE	1	
REA LO 40 (40 CM, 40 TION)	1	
REMEVEN	1	
RYNODERM	3	
SALACYN (CREAM, LOTION)	1	
SALEX 6% SHAMPOO	3	
<i>salicylic acid (6% cream, 6% foam, 6% gel, 6% lotion, 6% shampoo, 26% liquid, 27.5% liquid)</i>	1	
<i>salicylic acid er</i>	1	
SALIMEZ FORTE	3	
SALKERA	3	
SALVAX	3	
<i>silver nitrate 10% solution</i>	1	
<i>grafco silver nit applicator</i>	1	
<i>silver nitrate applicator</i>	3	
SSS 10-5 (10-5 CREAM, 10-5 FOAM)	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ULTRASAL-ER	3	
UMECTA (EMULSION, NAIL FILM PEN, NAIL FILM SUSP)	3	
UMECTA 40% MOUSSE	1	
UMECTA PD (PD EMULSION, PD SUSPENSION)	3	
URAMAXIN (20% FOAM, 45% LOTION, 45% NAIL GEL, 45% UREA CREAM)	3	
URAMAXIN GT 45% PRE-FILLED APP	3	
URE-K	1	
<i>urea (35% foam, 39% cream, 40% cream, 40% gel, 40% lotion, 40% nail film susp, 45% cream, 45% lotion, 45% nail gel, 47% cream, 50% cream)</i>	1	
<i>urea 50% nail stick</i>	3	
UREVAZ	3	PA
UTOPIC	3	
VIRASAL	3	
KERATOPLASTIC AGENTS		
<i>coal tar</i>	1	
DRITHOCREME HP	3	
ZITHRANOL	3	
ZITHRANOL-RR	3	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
ABSORICA	3	PA
<i>acitretin (17.5 mg capsule, 25 mg capsule)</i>	3	QL 2 / day HCG
<i>acitretin 10 mg capsule</i>	3	QL 4 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
ACZONE (5% GEL, 7.5% GEL PUMP)	3	QL 3 / day
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	3	QL 1.5 / day HCG
<i>adapalene 0.1% lotion</i>	1	QL 2 / day
<i>adapalene-benzoyl peroxide</i>	3	QL 1.5 / day
ALDARA	3	QL 0.434 / day AL At least 12 yrs old
AMNESTEEM	3	PA HCG
AZELEX	3	QL 1.667 / day
<i>calcipotriene (cream, ointment)</i>	3	QL 2 / day HCG
<i>calcipotriene 0.005% solution</i>	1	QL 2 / day
<i>calcipotriene-betamethasone dp</i>	1	QL 3 / day PA
CALCITRENE	1	QL 2 / day
<i>calcitriol 3 mcg/g ointment</i>	1	QL 3.334 / day
CARAC	2	
CLARAVIS	3	PA HCG
CONDYLOX (GEL, TOPICAL SOLN)	3	
COSENTYX (2 SYRINGES)	5	QL 0.357 / day PA NPS Non-Preferred Specialty Drug
COSENTYX PEN	5	QL 0.357 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
COSENTYX PEN (2 PENS)	5	<ul style="list-style-type: none"> QL 0.357 / day PA NPS Non-Preferred Specialty Drug
COSENTYX SYRINGE	5	<ul style="list-style-type: none"> QL 0.357 / day PA NPS Non-Preferred Specialty Drug
<i>dapsone 5% gel</i>	1	<ul style="list-style-type: none"> QL 3 / day
DEBACTEROL (SOLUTION, SWABSTICK)	3	
<i>diclofenac sodium 3% gel</i>	1	<ul style="list-style-type: none"> QL 100 / 30 days PA
DIFFERIN (0.1% CREAM, 0.3% GEL, 0.3% GEL PUMP)	3	<ul style="list-style-type: none"> QL 1.5 / day
DIFFERIN 0.1% LOTION	3	<ul style="list-style-type: none"> QL 1.967 / day
DOVONEX	3	<ul style="list-style-type: none"> QL 2 / day
DUPIXENT	5	<ul style="list-style-type: none"> QL 0.15 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
EFUDEX	3	
ELIDEL	2	<ul style="list-style-type: none"> QL 2.5 / day ST AL At least 2 yrs old
ENSTILAR	3	<ul style="list-style-type: none"> QL 2 / day PA
EPIDUO 0.1-2.5% GEL	3	<ul style="list-style-type: none"> QL 1.667 / day
EPIDUO 0.1-2.5% GEL PUMP	3	<ul style="list-style-type: none"> QL 1.5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
EPIDUO FORTE	3	QL 1.667 / day
FABIOR	3	QL 3.73 / day PA AL Up to 34 yrs old
FINACEA (FOAM, GEL)	3	QL 50 / 30 days PA
FLUOROPLEX	2	
<i>fluorouracil (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)</i>	1	
FORMADON	1	
<i>formaldehyde</i>	1	
<i>imiquimod</i>	1	QL 0.434 / day AL At least 12 yrs old
<i>isotretinoin</i>	1	PA
MIRVASO (GEL, GEL PUMP)	2	QL 1 / day
MUCOTROL	3	
MYORISAN	3	PA HCG
PANRETIN	3	
PICATO	3	ST
PODOCON-25	3	PA
<i>podofilox</i>	1	
PROTOPIC 0.03% OINTMENT	3	QL 2.5 / day ST AL At least 2 yrs old
PROTOPIC 0.1% OINTMENT	3	QL 2.5 / day ST AL At least 16 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
PYROGALLIC ACID	1	
QUTENZA	5	 Non-Preferred Specialty Drug
RECTIV	3	
RHOFADE	3	 1.25 / day 
SANTYL	3	
SOLARAZE	3	 100 / 30 days 
SOOLANTRA	2	 1.5 / day
SORIATANE (17.5 MG CAPSULE, 25 MG CAPSULE)	3	 2 / day
SORIATANE 10 MG CAPSULE	3	 4 / day
SORILUX	3	 2 / day
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	 0.08 / day   Non-Preferred Specialty Drug
STELARA 130 MG/26 ML VIAL	5	 3.73 / day   Non-Preferred Specialty Drug
TACLONEX OINTMENT	3	 3 / day 
TACLONEX 0.005%-0.064% SUSPENS	3	 4 / day 
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	3	 100 / 30 days  

PRODUCT DESCRIPTION	TIER	LIMITS &
TALTZ AUTOINJECTOR	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ AUTOINJECTOR (2 PACK)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ AUTOINJECTOR (3 PACK)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ SYRINGE	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ SYRINGE (2 PACK)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ SYRINGE (3 PACK)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TARGRETIN 1% GEL	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>tazarotene</i>	3	<p>QL 1.47 / day</p> <p>HCG</p>
TAZORAC (0.05% CREAM, 0.1% CREAM)	3	<p>QL 2 / day</p>
TAZORAC (0.05% GEL, 0.1% GEL)	3	<p>QL 3.334 / day</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
TOLAK	3	<ul style="list-style-type: none"> QL 1.47 / day ST
TREMFYA	5	<ul style="list-style-type: none"> QL 0.04 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
TRI-CHLOR	3	
<i>trichloroacetic acid (20%, 25%, 50%, 75%, 80%, 85%, 90%, 100%)</i>	1	
VALCHLOR	5	<ul style="list-style-type: none"> QL 3 / day PA NPS Non-Preferred Specialty Drug
VECTICAL	3	QL 3.334 / day
VEREGEN	3	PA
ZENATANE	3	<ul style="list-style-type: none"> PA HCG
ZYCLARA (CREAM, CREAM PUMP)	3	<ul style="list-style-type: none"> QL 56 / 60 days AL At least 12 yrs old
ZYCLARA 2.5% CREAM PUMP	3	<ul style="list-style-type: none"> QL 56 / 30 days AL At least 12 yrs old
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>aminophylline 500 mg/20 ml v1</i>	1	
ELIXOPHYLLIN	3	
THEO-24 (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 400 MG CAPSULE)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
THEOCHRON	1	
<i>theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)</i>	1	
<i>theophylline anhydrous</i>	1	
<i>theophylline in 5% dextrose</i>	1	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
SIGNIFOR	5	PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (20 MG KIT, 20 MG VIAL)	5	QL 0.1 / day PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (40 MG KIT, 40 MG VIAL)	5	QL 0.067 / day PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (60 MG KIT, 60 MG VIAL)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
SOMATULINE DEPOT	5	QL 0.02 / day PA NPS Non-Preferred Specialty Drug





PRODUCT DESCRIPTION	TIER	LIMITS &
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
EGRIFTA	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
INCRELEX	5	PA NPS Non-Preferred Specialty Drug
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	5	NPS Non-Preferred Specialty Drug
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
ADRENALIN	3	
ADYPHREN	3	QL 2 / fill
ADYPHREN AMP	3	QL 2 / fill
ADYPHREN AMP II	3	QL 2 / fill
ADYPHREN II	3	QL 2 / fill
AUVI-Q	3	QL 2 / fill PA
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	1	QL 2 / fill
<i>epinephrine (0.1 mg/ml syringe, 1 mg/ml ampul, 1 mg/ml vial)</i>	1	
<i>epinephrine hcl-0.9% nacl (0.16 mg/10 ml-ns, 0.8 mg/50 ml-ns)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>epinephrine hcl-d5w (1 mg/250, 5 mg/250)</i>	1	
<i>epinephrine 100 mcg/10 ml-d5w</i>	1	
EPINEPHRINESNAP-V	3	QL 2 / fill
EPIPEN	3	QL 2 / fill PA
EPIPEN 2-PAK	3	QL 2 / fill PA
EPIPEN JR 2-PAK	3	QL 4 / fill PA
EPISNAP	3	QL 2 / fill
EPY	3	QL 2 / fill
<i>norepinephrine bitar-0.9% nacl (norepineph 0.8 mg/50-0.9% nacl, norepineph 15 mg/250-0.9% nacl, norepineph 16 mg/500-0.9% nacl, norepinephr 0.16 mg/10 ml-ns)</i>	1	
<i>norepinephrine bitartrate-d5w (100 mcg/10, 160 mcg/10)</i>	1	
NORTHERA	5	QL 84 / 14 days PA NPS Non-Preferred Specialty Drug
ALPHA-ADRENERGIC AGONISTS		
<i>midodrine hcl</i>	1	
<i>phenylephrine 100 mg/250 ml-ns</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>phenylephrine hcl-0.9% nacl (5 mg/50 ml-ns, 10 mg/250 ml-ns, 25 mg/250 ml-ns, 30 mg/250 ml-ns, 100 mcg/10 ml-ns, 100 mg/100 ml-ns, 200 mcg/2 ml-ns, 200 mg/250 ml-ns, 1,200mcg/10ml-ns)</i>	1	
<i>phenylephrine 100 mg/250ml-d5w</i>	1	
<i>phenylephrine hcl-d5w (8 mg/100 ml-d5w, 10 mg/250 ml-d5w, 20 mg/250 ml-d5w, 20 mg/500 ml-d5w, 25 mg/250 ml-d5w, 30 mg/250 ml-d5w, 50 mg/250 ml-d5w, 200 mg/250ml-d5w)</i>	1	
<i>phenylephrine hcl-water</i>	1	
TETRACYCLINES		
GLYCYLCYCLINES		
<i>tigecycline</i>	1	
TYGACIL	3	
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
THYROID AGENTS		
ARMOUR THYROID	3	
CYTOMEL	3	
LEVO-T	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet)</i>	1	LCG
<i>levothyroxine sodium (75 mcg tablet, 88 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
<i>levothyroxine sodium (100 mcg vial, 200 mcg vial, 500 mcg vial)</i>	1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET)	1	LCG
LEVOXYL (75 MCG TABLET, 88 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
<i>liothyronine sod 10 mcg/ml vl</i>	1	
NATURE-THROID	3	
NP THYROID	1	
SYNTHROID	2	
<i>thyroid (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	QL 1 / day
TRIOSTAT	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET)	1	LCG
UNITHROID (75 MCG TABLET, 88 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	1	
WESTHROID	3	
WP THYROID	3	
UNCATEGORIZED		
<i>onetouch ultra test strips</i>	2	QL 10 / day
<i>onetouch ultra2 glucose syst</i>	2	
<i>onetouch ultramini meter</i>	2	
<i>onetouch verio flex starttr kit</i>	2	QL 10 / day
<i>onetouch verio flex system kit</i>	2	QL 10 / day
<i>onetouch verio iq meter</i>	2	
<i>onetouch verio iq system kit</i>	2	
<i>onetouch verio meter system</i>	2	
<i>onetouch verio sync syst kit</i>	2	
<i>onetouch verio test strip</i>	2	QL 10 / day
Uncategorized		
Unclassified		
<i>2tek glucose-wrist monitor kit</i>	Excluded Drugs	
ABRAXANE	5	PA NPS Non-Preferred Specialty Drug
<i>accu-chek aviva connect meter</i>	Excluded Drugs	







PRODUCT DESCRIPTION	TIER	LIMITS &
<i>accu-chek aviva connect meter</i>	Excluded Drugs	
<i>accu-chek aviva plus meter</i>	Excluded Drugs	
<i>accu-chek aviva plus meter</i>	Excluded Drugs	
<i>accu-chek combo system</i>	Excluded Drugs	
<i>accu-chek compact plus kit</i>	Excluded Drugs	
<i>accu-chek compact plus kit</i>	Excluded Drugs	
<i>accu-chek guide monitor system</i>	Excluded Drugs	
<i>accu-chek guide monitor system</i>	Excluded Drugs	
<i>accu-chek nano smartview meter</i>	Excluded Drugs	
<i>accu-chek nano smartview meter</i>	Excluded Drugs	
<i>accu-chek voicemate system</i>	Excluded Drugs	
<i>accu-chek voicemate system</i>	Excluded Drugs	
ADCETRIS	5	  Non-Preferred Specialty Drug
ADRIAMYCIN	4	 Non-Preferred Specialty Drug
ADRUCIL	4	 Non-Preferred Specialty Drug
<i>advocate blood glucose monitor</i>	Excluded Drugs	
<i>advocate blood glucose monitor</i>	Excluded Drugs	
<i>advocate duo glu-wrist monitor</i>	Excluded Drugs	
<i>advocate duo meter</i>	Excluded Drugs	
<i>advocate duo meter</i>	Excluded Drugs	
<i>advocate redi-code duo meter</i>	Excluded Drugs	
<i>advocate redi-code glu meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>advocate redi-code glu meter</i>	Excluded Drugs	
<i>advocate redi-code glu monitor</i>	Excluded Drugs	
<i>advocate redi-code glu monitor</i>	Excluded Drugs	
<i>advocate redi-code plus meter</i>	Excluded Drugs	
<i>advocate redi-code plus meter</i>	Excluded Drugs	
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	<ul style="list-style-type: none"> QL 2 / day PA NPS Non-Preferred Specialty Drug
AFINITOR 2.5 MG TABLET	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
AFINITOR DISPERZ	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug
<i>agamatrix amp gluc monitor sys</i>	Excluded Drugs	
<i>agamatrix amp gluc monitor sys</i>	Excluded Drugs	
ALDURAZYME	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug
ALECENSA	5	<ul style="list-style-type: none"> QL 8 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALIMTA	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug

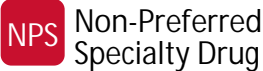
PRODUCT DESCRIPTION	TIER	LIMITS &
ALKERAN 2 MG TABLET	3	
ALKERAN 50 MG VIAL	5	NPS Non-Preferred Specialty Drug
ALLFEN CDX	3	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALUNBRIG 180 MG TABLET	5	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALUNBRIG 30 MG TABLET	5	QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ARRANON	5	NPS Non-Preferred Specialty Drug
ARZERRA	5	PA NPS Non-Preferred Specialty Drug
<i>assure platinum glucose meter</i>	Excluded Drugs	
<i>assure platinum glucose meter</i>	Excluded Drugs	
<i>assure prism multi meter</i>	Excluded Drugs	
<i>assure prism multi meter</i>	Excluded Drugs	
AVAILNEX	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
AVASTIN	5	PA NPS Non-Preferred Specialty Drug
AVENOVA	3	
<i>azacitidine</i>	4	NPS Non-Preferred Specialty Drug
BELEODAQ	5	PA NPS Non-Preferred Specialty Drug
<i>betamethasone 12 mg/2 ml-water</i>	1	
<i>bicalutamide</i>	1	
BICNU	5	NPS Non-Preferred Specialty Drug
BLEO 15K	5	NPS Non-Preferred Specialty Drug
<i>bleomycin sulfate</i>	4	NPS Non-Preferred Specialty Drug
BLINCYTO (35 MCG VIAL, 35MCG VIAL+STABILIZER)	5	NPS Non-Preferred Specialty Drug
<i>blood glucose monitoring syst</i>		Excluded Drugs
<i>blood glucose monitoring syst</i>		Excluded Drugs
<i>bortezomib</i>	4	PA NPS Non-Preferred Specialty Drug
BOSULIF (400 MG TABLET, 500 MG TABLET)	4	QL 1 / day PA PS
BOSULIF 100 MG TABLET	4	QL 4 / day PA PS




PRODUCT DESCRIPTION	TIER	LIMITS &
<i>busulfan</i>	4	NPS Non-Preferred Specialty Drug
BUSULFEX	5	NPS Non-Preferred Specialty Drug
CA-DTPA	1	
CABOMETYX 20 MG TABLET	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
CABOMETYX 40 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
CABOMETYX 60 MG TABLET	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
CAMPATH	5	PA NPS Non-Preferred Specialty Drug
CAMPTOSAR	5	NPS Non-Preferred Specialty Drug
<i>capecitabine</i>	4	PA NPS Non-Preferred Specialty Drug
CAPRELSA 100 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
CAPRELSA 300 MG TABLET	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>carboplatin (50 mg/5 ml vial, 150 mg vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	4	 Non-Preferred Specialty Drug
CARDENE SR 45 MG CAPSULE	3	 2 / day
<i>careone glucose monitoring sys</i>	Excluded Drugs	
<i>careone glucose monitoring sys</i>	Excluded Drugs	
<i>caresens n blood glucose syst</i>	Excluded Drugs	
<i>caresens n blood glucose syst</i>	Excluded Drugs	
<i>caresens n voice glucose meter</i>	Excluded Drugs	
<i>caresens n voice glucose meter</i>	Excluded Drugs	
<i>caresens n voice glucose sys</i>	Excluded Drugs	
<i>caresens n voice glucose sys</i>	Excluded Drugs	
CASODEX	3	
CEDAX 90 MG/5 ML SUSPENSION	3	
CEREZYME	5	  Non-Preferred Specialty Drug
<i>chemstrip bg diary</i>	Excluded Drugs	
<i>choicedm clarus monitor system</i>	Excluded Drugs	
<i>choicedm clarus monitor system</i>	Excluded Drugs	
<i>cisplatin</i>	4	 Non-Preferred Specialty Drug
<i>cladribine</i>	4	 Non-Preferred Specialty Drug
<i>clever chek blood glucose syst</i>	Excluded Drugs	
<i>clever chek blood glucose syst</i>	Excluded Drugs	
<i>clever choice blood glucos sys</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clever choice blood glucos sys</i>	Excluded Drugs	
<i>clever choice glucose monitor</i>	Excluded Drugs	
<i>clever choice glucose monitor</i>	Excluded Drugs	
<i>clever choice hd glucose syst</i>	Excluded Drugs	
<i>clever choice hd glucose syst</i>	Excluded Drugs	
<i>clever choice micro monitor</i>	Excluded Drugs	
<i>clever choice micro monitor</i>	Excluded Drugs	
<i>clever choice pro glucose mtr</i>	Excluded Drugs	
<i>clever choice pro glucose mtr</i>	Excluded Drugs	
<i>clever choice talk glucose sys</i>	Excluded Drugs	
<i>clever choice talk glucose sys</i>	Excluded Drugs	
<i>clofarabine</i>	4	NPS Non-Preferred Specialty Drug
CLOLAR	5	NPS Non-Preferred Specialty Drug
COMETRIQ 100 MG DAILY-DOSE PK	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
COMETRIQ 140 MG DAILY-DOSE PK	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
COMETRIQ 60 MG DAILY-DOSE PACK	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
<i>contour link meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>contour link meter</i>	Excluded Drugs	
<i>contour meter</i>	Excluded Drugs	
<i>contour meter</i>	Excluded Drugs	
<i>contour meter system</i>	Excluded Drugs	
<i>contour meter system</i>	Excluded Drugs	
<i>contour next ez meter</i>	Excluded Drugs	
<i>contour next ez meter</i>	Excluded Drugs	
<i>contour next ez meter system</i>	Excluded Drugs	
<i>contour next ez meter system</i>	Excluded Drugs	
<i>contour next link 2.4 meter kt</i>	Excluded Drugs	
<i>contour next link 2.4 meter kt</i>	Excluded Drugs	
<i>contour next link meter</i>	Excluded Drugs	
<i>contour next link meter</i>	Excluded Drugs	
<i>contour next meter</i>	Excluded Drugs	
<i>contour next meter</i>	Excluded Drugs	
<i>contour next one meter</i>	Excluded Drugs	
<i>contour next one meter</i>	Excluded Drugs	
<i>contour next usb meter</i>	Excluded Drugs	
<i>contour next usb meter</i>	Excluded Drugs	
<i>control ast monitoring system</i>	Excluded Drugs	
<i>cool blood glucose meter</i>	Excluded Drugs	
<i>cool blood glucose meter</i>	Excluded Drugs	
<i>cool blood glucose meter kit</i>	Excluded Drugs	
<i>cool blood glucose meter kit</i>	Excluded Drugs	
COSMEGEN	5	











PRODUCT DESCRIPTION	TIER	LIMITS &
COTELLIC	5	<ul style="list-style-type: none"> QL 2.5 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>cvs advanced glucose meter</i>	Excluded Drugs	
<i>cvs advanced glucose meter</i>	Excluded Drugs	
CYRAMZA	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug
<i>cytarabine</i>	4	NPS Non-Preferred Specialty Drug
<i>dacarbazine</i>	4	NPS Non-Preferred Specialty Drug
DACOGEN	5	NPS Non-Preferred Specialty Drug
<i>dario blood glucose monitor</i>	Excluded Drugs	
DARZALEX	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug
<i>daunorubicin hcl (20 mg vial, 20 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
DAUNOXOME	5	NPS Non-Preferred Specialty Drug
<i>decitabine</i>	4	NPS Non-Preferred Specialty Drug
DEPOCYT	5	NPS Non-Preferred Specialty Drug
<i>dexchlorpheniramine maleate</i>	1	
<i>dexcom g4 (ped) receiver kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dexcom g4 receiver kit</i>	Excluded Drugs	
<i>dexcom g4 receiver-share (ped)</i>	Excluded Drugs	
<i>dexcom g4 receiver-share kit</i>	Excluded Drugs	
<i>dexcom g5 receiver kit</i>	Excluded Drugs	
<i>dexcom receiver kit</i>	Excluded Drugs	
<i>diatrue plus blood glucose sys</i>	Excluded Drugs	
<i>diatrue plus blood glucose sys</i>	Excluded Drugs	
DILUENT FOR ELITEK	3	
DOCEFREZ	5	 Non-Preferred Specialty Drug
<i>docetaxel</i>	4	 Non-Preferred Specialty Drug
<i>doxorubicin hcl (10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	4	 Non-Preferred Specialty Drug
DROXIA	3	
<i>easy check blood glucose sys</i>	Excluded Drugs	
<i>easy check blood glucose sys</i>	Excluded Drugs	
<i>easy check glucose meter</i>	Excluded Drugs	
<i>easy check glucose meter</i>	Excluded Drugs	
<i>easy plus blood glucose kit</i>	Excluded Drugs	
<i>easy plus blood glucose kit</i>	Excluded Drugs	
<i>easy plus blood glucose system</i>	Excluded Drugs	
<i>easy plus blood glucose system</i>	Excluded Drugs	
<i>easy plus ii blood glucose sys</i>	Excluded Drugs	
<i>easy plus ii blood glucose sys</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easy step blood glucose meter</i>	Excluded Drugs	
<i>easy step blood glucose meter</i>	Excluded Drugs	
<i>easy step glucose system kit</i>	Excluded Drugs	
<i>easy step glucose system kit</i>	Excluded Drugs	
<i>easy talk blood glucose meter</i>	Excluded Drugs	
<i>easy talk blood glucose meter</i>	Excluded Drugs	
<i>easy talk glucose system kit</i>	Excluded Drugs	
<i>easy talk glucose system kit</i>	Excluded Drugs	
<i>easy touch glucose monitor sys</i>	Excluded Drugs	
<i>easy touch glucose monitor sys</i>	Excluded Drugs	
<i>easy trak blood glucose meter</i>	Excluded Drugs	
<i>easy trak blood glucose meter</i>	Excluded Drugs	
<i>easy trak glucose system kit</i>	Excluded Drugs	
<i>easy trak glucose system kit</i>	Excluded Drugs	
<i>easygluco meter</i>	Excluded Drugs	
<i>easygluco meter</i>	Excluded Drugs	
<i>easygluco meter starter kit</i>	Excluded Drugs	
<i>easygluco meter starter kit</i>	Excluded Drugs	
<i>easygluco plus meter kit</i>	Excluded Drugs	
<i>easygluco plus meter kit</i>	Excluded Drugs	
<i>easygluco plus starter kit</i>	Excluded Drugs	
<i>easygluco plus starter kit</i>	Excluded Drugs	
<i>easymax I blood glucose system</i>	Excluded Drugs	
<i>easymax I blood glucose system</i>	Excluded Drugs	
<i>easymax ng blood glucose sys</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easymax ng blood glucose sys</i>	Excluded Drugs	
<i>easymax ng glucose system kit</i>	Excluded Drugs	
<i>easymax ng glucose system kit</i>	Excluded Drugs	
<i>easymax v speaking glucose sys</i>	Excluded Drugs	
<i>easymax v speaking glucose sys</i>	Excluded Drugs	
<i>easymax v2 blood glucose sys</i>	Excluded Drugs	
<i>easymax v2 blood glucose sys</i>	Excluded Drugs	
<i>eclipse needle</i>	3	
ELAPRASE	5	PA NPS Non-Preferred Specialty Drug
ELELYSO	4	PA PS
<i>element compact glucose meter</i>	Excluded Drugs	
<i>element compact glucose meter</i>	Excluded Drugs	
<i>element compact v glucose mtr</i>	Excluded Drugs	
<i>element compact v glucose mtr</i>	Excluded Drugs	
<i>element plus blood glucose kit</i>	Excluded Drugs	
<i>element plus blood glucose kit</i>	Excluded Drugs	
ELITEK	5	NPS Non-Preferred Specialty Drug
ELLENC	5	NPS Non-Preferred Specialty Drug
<i>embrace blood glucose kit</i>	Excluded Drugs	
<i>embrace blood glucose kit</i>	Excluded Drugs	
<i>embrace blood glucose system</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>embrace blood glucose system</i>	Excluded Drugs	
<i>embrace evo blood glucose kit</i>	Excluded Drugs	
<i>embrace evo blood glucose kit</i>	Excluded Drugs	
<i>embrace pro blood glucose mtr</i>	Excluded Drugs	
<i>embrace pro blood glucose mtr</i>	Excluded Drugs	
EMCYT	5	NPS Non-Preferred Specialty Drug
<i>enteral gravity bag set-enfit</i>	3	
<i>epirubicin hcl (50 mg/25 ml vial, hcl 50 mg vial, 200 mg/100 ml vial, hcl 200 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
EPISIL	3	
ERBITUX	5	PA NPS Non-Preferred Specialty Drug
ERIVEDGE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
ERWINAZE	5	NPS Non-Preferred Specialty Drug
<i>ethyl acetate</i>	1	
ETOPOPHOS	5	NPS Non-Preferred Specialty Drug
<i>etoposide (50 mg capsule, 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
EUFLEXXA	4	PA PS
<i>evencare g2 blood glucose sys</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>evencare g2 blood glucose sys</i>	Excluded Drugs	
<i>evencare g3 blood glucose sys</i>	Excluded Drugs	
<i>evencare g3 blood glucose sys</i>	Excluded Drugs	
<i>evencare mini monitor system</i>	Excluded Drugs	
<i>evencare mini monitor system</i>	Excluded Drugs	
<i>evencare monitoring system</i>	Excluded Drugs	
<i>evencare monitoring system</i>	Excluded Drugs	
<i>evolution blood glucose meter</i>	Excluded Drugs	
<i>evolution blood glucose meter</i>	Excluded Drugs	
EVOMELA	5	 Non-Preferred Specialty Drug
EXJADE	5	  Non-Preferred Specialty Drug
<i>ez smart plus system kit</i>	Excluded Drugs	
<i>ez smart plus system kit</i>	Excluded Drugs	
<i>ez smart system kit</i>	Excluded Drugs	
<i>ez smart system kit</i>	Excluded Drugs	
FABRAZYME	5	  Non-Preferred Specialty Drug
FARYDAK	5	  Non-Preferred Specialty Drug
FASLODEX	5	 1.25 / day   Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	5	PA NPS Non-Preferred Specialty Drug
<i>fifty50 2.0 glucose meter</i>	Excluded Drugs	
<i>fifty50 2.0 glucose meter</i>	Excluded Drugs	
<i>filter needle 5 micron</i>	3	
<i>floxuridine</i>	4	NPS Non-Preferred Specialty Drug
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>fluorouracil (2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5 gm/100 ml btl, 5 gm/100 ml vial, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)</i>	4	NPS Non-Preferred Specialty Drug
<i>flutamide</i>	1	
FOLOTYN	5	PA NPS Non-Preferred Specialty Drug
<i>fora d10 blood glucose system</i>	Excluded Drugs	
<i>fora d20 blood glucose system</i>	Excluded Drugs	
<i>fora d20 blood glucose system</i>	Excluded Drugs	
<i>fora g20 blood glucose system</i>	Excluded Drugs	
<i>fora g20 blood glucose system</i>	Excluded Drugs	
<i>fora g30a blood glucose system</i>	Excluded Drugs	
<i>fora g30a blood glucose system</i>	Excluded Drugs	
<i>fora gd50 blood glucose system</i>	Excluded Drugs	
<i>fora gd50 blood glucose system</i>	Excluded Drugs	
<i>fora premium v10 glucose meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fora premium v10 glucose meter</i>	Excluded Drugs	
<i>fora test n'go voice system</i>	Excluded Drugs	
<i>fora test n'go voice system</i>	Excluded Drugs	
<i>fora tn'g voice glucose meter</i>	Excluded Drugs	
<i>fora tn'g voice glucose meter</i>	Excluded Drugs	
<i>fora v10 blood glucose system</i>	Excluded Drugs	
<i>fora v10 blood glucose system</i>	Excluded Drugs	
<i>fora v12 blood glucose system</i>	Excluded Drugs	
<i>fora v12 blood glucose system</i>	Excluded Drugs	
<i>fora v20 blood glucose system</i>	Excluded Drugs	
<i>fora v20 blood glucose system</i>	Excluded Drugs	
<i>fora v30a blood glucose system</i>	Excluded Drugs	
<i>fora v30a blood glucose system</i>	Excluded Drugs	
<i>foracare gd20 glucose system</i>	Excluded Drugs	
<i>foracare gd20 glucose system</i>	Excluded Drugs	
<i>foracare gd40a glucose system</i>	Excluded Drugs	
<i>foracare gd40a glucose system</i>	Excluded Drugs	
<i>foracare gd40b glucose system</i>	Excluded Drugs	
<i>foracare gd40b glucose system</i>	Excluded Drugs	
FORMA-RAY	3	
<i>fortiscare blood glucose syst</i>	Excluded Drugs	
<i>fortiscare blood glucose syst</i>	Excluded Drugs	
<i>freestyle flash system kit</i>	Excluded Drugs	
<i>freestyle flash system kit</i>	Excluded Drugs	
<i>freestyle freedom kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>freestyle freedom kit</i>	Excluded Drugs	
<i>freestyle freedom lite meter</i>	Excluded Drugs	
<i>freestyle freedom lite meter</i>	Excluded Drugs	
<i>freestyle freedom lite nfrs</i>	Excluded Drugs	
<i>freestyle freedom lite nfrs</i>	Excluded Drugs	
<i>freestyle insulinx glucose sys</i>	Excluded Drugs	
<i>freestyle insulinx glucose sys</i>	Excluded Drugs	
<i>freestyle lite meter</i>	Excluded Drugs	
<i>freestyle lite meter</i>	Excluded Drugs	
<i>freestyle lite meter nfrs</i>	Excluded Drugs	
<i>freestyle lite meter nfrs</i>	Excluded Drugs	
<i>freestyle navigator sensor kit</i>	Excluded Drugs	
<i>freestyle navigator sensor kit</i>	Excluded Drugs	
<i>freestyle precision neo meter</i>	Excluded Drugs	
<i>freestyle precision neo meter</i>	Excluded Drugs	
<i>freestyle sidekick ii valpk</i>	Excluded Drugs	
<i>freestyle sidekick ii valpk</i>	Excluded Drugs	
<i>freestyle system kit</i>	Excluded Drugs	
<i>freestyle system kit</i>	Excluded Drugs	
GALZIN	3	
GAZYVA	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div> <p>Non-Preferred Specialty Drug</p> </div> </div>
<i>gdrive blood glucose system</i>	Excluded Drugs	
<i>gdrive blood glucose system</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ge100 blood glucose system</i>	Excluded Drugs	
<i>ge100 blood glucose system</i>	Excluded Drugs	
GEL-ONE	5	PA NPS Non-Preferred Specialty Drug
<i>gemcitabine hcl (1 gram/26.3 ml vl, hcl 1 gram vial, hcl 1 gram/10 ml, hcl 1.5 gram/15 ml, 2 gram/52.6 ml vl, hcl 2 gram vial, hcl 2 gram/20 ml, 200 mg/5.26 ml vl, hcl 200 mg vial, hcl 200 mg/2 ml vl)</i>	4	NPS Non-Preferred Specialty Drug
GEMZAR	5	NPS Non-Preferred Specialty Drug
<i>gentamicin-sodium citrate</i>	1	
GENVISC 850	5	PA NPS Non-Preferred Specialty Drug
GILOTRIF	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
GLEEVEC 100 MG TABLET	4	QL 8 / day PA PS
GLEEVEC 400 MG TABLET	4	QL 2 / day PA PS
GLEOSTINE	3	
GLIADEL	3	
<i>gluco navii glucose monitor kt</i>	Excluded Drugs	
<i>gluco navii glucose monitor kt</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glucocard 01 meter kit</i>	Excluded Drugs	
<i>glucocard 01 meter kit</i>	Excluded Drugs	
<i>glucocard expression meter</i>	Excluded Drugs	
<i>glucocard expression meter</i>	Excluded Drugs	
<i>glucocard expression meter kit</i>	Excluded Drugs	
<i>glucocard expression meter kit</i>	Excluded Drugs	
<i>glucocard shine meter</i>	Excluded Drugs	
<i>glucocard shine meter</i>	Excluded Drugs	
<i>glucocard shine meter kit</i>	Excluded Drugs	
<i>glucocard shine meter kit</i>	Excluded Drugs	
<i>glucocard shine xl meter</i>	Excluded Drugs	
<i>glucocard shine xl meter</i>	Excluded Drugs	
<i>glucocard vital meter kit</i>	Excluded Drugs	
<i>glucocard vital meter kit</i>	Excluded Drugs	
<i>glucocom blood glucose kit</i>	Excluded Drugs	
<i>glucocom blood glucose kit</i>	Excluded Drugs	
<i>glucocom blood glucose meter</i>	Excluded Drugs	
<i>glucocom blood glucose meter</i>	Excluded Drugs	
<i>glucocom value kit</i>	Excluded Drugs	
<i>glucocom value kit</i>	Excluded Drugs	
<i>gmate smart meter kit</i>	Excluded Drugs	
<i>gmate smart meter kit</i>	Excluded Drugs	
<i>gmate smart starter kit</i>	Excluded Drugs	
<i>gmate smart starter kit</i>	Excluded Drugs	
<i>gmate voice meter monitor syst</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>gmate voice meter monitor syst</i>	Excluded Drugs	
<i>gmate voice starter kit</i>	Excluded Drugs	
<i>gmate voice starter kit</i>	Excluded Drugs	
<i>gnp easy touch glucose monitor</i>	Excluded Drugs	
<i>gnp easy touch glucose monitor</i>	Excluded Drugs	
<i>gs blood glucose monitor sys</i>	Excluded Drugs	
<i>gs blood glucose monitor sys</i>	Excluded Drugs	
<i>guardian link 3</i>	3	
<i>guardian real-time glu monitor</i>	Excluded Drugs	
<i>guardian sensor 3</i>	3	
HALAVEN	5	PA NPS Non-Preferred Specialty Drug
<i>haloperidol lac 5 mg/ml syring</i>	1	
<i>healthpro glucose monitor syst</i>	Excluded Drugs	
<i>healthpro glucose monitor syst</i>	Excluded Drugs	
HERCEPTIN	5	PA NPS Non-Preferred Specialty Drug
HEXALEN	5	PA NPS Non-Preferred Specialty Drug
HICON	3	
<i>humana true metrix air glu mtr</i>	Excluded Drugs	
<i>humana true metrix air glu mtr</i>	Excluded Drugs	
<i>humana true metrix air meter</i>	Excluded Drugs	
<i>humana true metrix air meter</i>	Excluded Drugs	













PRODUCT DESCRIPTION	TIER	LIMITS &
<i>humana trueresult glucose mtr</i>	Excluded Drugs	
<i>humana trueresult glucose mtr</i>	Excluded Drugs	
HYALGAN (20 MG/2 ML SYRINGE, 20 MG/2 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
HYCAMTIN 4 MG VIAL	5	NPS Non-Preferred Specialty Drug
HYDREA	3	
<i>hydroxyurea</i>	1	
HYLATOPICPLUS (CREAM, EMOLLIENT FOAM, LOTION)	3	
HYMOVIS	5	PA NPS Non-Preferred Specialty Drug
IBRANCE 100 MG CAPSULE	5	QL 1.25 / day PA NPS Non-Preferred Specialty Drug
IBRANCE 125 MG CAPSULE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
IBRANCE 75 MG CAPSULE	5	QL 1.667 / day PA NPS Non-Preferred Specialty Drug
ICLUSIG 15 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ICLUSIG 45 MG TABLET	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
IDAMYCIN PFS	5	<ul style="list-style-type: none"> NPS Non-Preferred Specialty Drug
<i>idarubicin hcl</i>	4	<ul style="list-style-type: none"> NPS Non-Preferred Specialty Drug
IDHIFA	5	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
IFEX	5	<ul style="list-style-type: none"> NPS Non-Preferred Specialty Drug
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial)</i>	4	<ul style="list-style-type: none"> NPS Non-Preferred Specialty Drug
<i>ifosfamide-mesna</i>	4	<ul style="list-style-type: none"> NPS Non-Preferred Specialty Drug
<i>iglucose blood glucose monitor</i>	Excluded Drugs	
<i>iglucose blood glucose monitor</i>	Excluded Drugs	
IMBRUVICA	5	<ul style="list-style-type: none"> QL 4 / day PA NPS Non-Preferred Specialty Drug
<i>infinity meter kit</i>	Excluded Drugs	
<i>infinity meter kit</i>	Excluded Drugs	
<i>infinity starter kit</i>	Excluded Drugs	
<i>infinity starter kit</i>	Excluded Drugs	
INLYTA	4	<ul style="list-style-type: none"> QL 4 / day PA PS










PRODUCT DESCRIPTION	TIER	LIMITS &
IRESSA	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 1 / day</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
<i>irinotecan hcl</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
ISTODAX	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
IXEMPRA	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
JADENU	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
JADENU SPRINKLE	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
JAKAFI	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 2 / day</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
<i>jazz wireless 2 meter kit</i>	Excluded Drugs	
<i>jazz wireless 2 meter kit</i>	Excluded Drugs	
JEVTANA	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
KADCYLA	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">NPS Non-Preferred Specialty Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
KISQALI 200 MG DAILY DOSE	5	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI 400 MG DAILY DOSE	5	<ul style="list-style-type: none"> QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI 600 MG DAILY DOSE	5	<ul style="list-style-type: none"> QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI FEMARA 200 MG CO-PACK	5	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI FEMARA 400 MG CO-PACK	5	<ul style="list-style-type: none"> QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI FEMARA 600 MG CO-PACK	5	<ul style="list-style-type: none"> QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>kro premium blood glucose syst</i>	Excluded Drugs	




PRODUCT DESCRIPTION	TIER	LIMITS &
<i>kro premium blood glucose syst</i>	Excluded Drugs	
KYPROLIS	5	PA NPS Non-Preferred Specialty Drug
LENVIMA	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
LEUKERAN	3	
<i>liberty blood glucose monitor</i>	Excluded Drugs	
<i>liberty blood glucose monitor</i>	Excluded Drugs	
<i>lidocaine hcl (hcl 50 mg/5 ml syrng, 200 mg/20 ml(1%) syr, 400mg/20ml (2%) syr)</i>	1	
<i>lidocaine 5 mg/ml-0.9% nacl</i>	1	
LONSURF 15 MG-6.14 MG TABLET	5	QL 2.15 / day PA NPS Non-Preferred Specialty Drug
LONSURF 20 MG-8.19 MG TABLET	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
LUMINAL SODIUM	3	
LUMIZYME	5	PA NPS Non-Preferred Specialty Drug
LYNPARZA (50 MG CAPSULE, 100 MG TABLET, 150 MG TABLET)	5	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

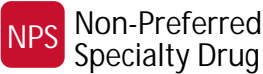
PRODUCT DESCRIPTION	TIER	LIMITS &
LYSODREN	5	 Non-Preferred Specialty Drug
MARQIBO	5	  Non-Preferred Specialty Drug
MATULANE	5	 Non-Preferred Specialty Drug
MAXIFED CDX	3	
MAXIPHEN CD	3	
MAXIPHEN CDX	3	
MEKINIST 0.5 MG TABLET	5	 4 / day   Non-Preferred Specialty Drug
MEKINIST 2 MG TABLET	5	 1 / day   Non-Preferred Specialty Drug
<i>melphalan</i>	1	
<i>melphalan hcl</i>	4	 Non-Preferred Specialty Drug
METASTRON	3	
METHERGINE	1	
<i>methylergonovine 0.2 mg tablet</i>	1	
<i>microdot blood glucose system</i>	Excluded Drugs	
<i>microdot blood glucose system</i>	Excluded Drugs	
<i>minimed 630g guardian start kt</i>	3	
<i>mitomycin</i>	4	 Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>mitoxantrone hcl</i>	4	PA NPS Non-Preferred Specialty Drug
MONOVISC	5	PA NPS Non-Preferred Specialty Drug
MUSTARGEN	5	NPS Non-Preferred Specialty Drug
<i>myglucohealth monitoring kit</i>	Excluded Drugs	
<i>myglucohealth monitoring kit</i>	Excluded Drugs	
MYLERAN	5	NPS Non-Preferred Specialty Drug
NAGLAZYME	5	PA NPS Non-Preferred Specialty Drug
NAVELBINE	5	NPS Non-Preferred Specialty Drug
<i>needle</i>	3	
NERLYNX	5	QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
NEXAVAR	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
NILANDRON	5	PA NPS Non-Preferred Specialty Drug
<i>nilutamide</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
NINLARO	5	 0.124 / day   At least 18 yrs old  Non-Preferred Specialty Drug
NIPENT	5	 Non-Preferred Specialty Drug
<i>nova max blood glucose meter</i>	Excluded Drugs	
<i>nova max blood glucose meter</i>	Excluded Drugs	
<i>novamax plus glu-ket ctrl soln</i>	Excluded Drugs	
NUMOISYN LOZENGE	3	
ODOMZO	5	 1 / day   Non-Preferred Specialty Drug
<i>on call express ctrl soln pak</i>	Excluded Drugs	
<i>on call express meter</i>	Excluded Drugs	
<i>on call express meter</i>	Excluded Drugs	
<i>on call express meter system</i>	Excluded Drugs	
<i>on call express meter system</i>	Excluded Drugs	
<i>on call plus meter</i>	Excluded Drugs	
<i>on call plus meter</i>	Excluded Drugs	
<i>on call vivid meter</i>	Excluded Drugs	
<i>on call vivid meter</i>	Excluded Drugs	
<i>on call vivid pal meter</i>	Excluded Drugs	
<i>on call vivid pal meter</i>	Excluded Drugs	
ONCASPAR	5	 Non-Preferred Specialty Drug


PRODUCT DESCRIPTION	TIER	LIMITS &
<i>onetouch ultra2 glucose syst</i>	2	
<i>onetouch ultramini meter</i>	2	
<i>onetouch verio flex starttr kit</i>	2	QL 10 / day
<i>onetouch verio flex system kit</i>	2	QL 10 / day
<i>onetouch verio iq meter</i>	2	
<i>onetouch verio iq system kit</i>	2	
<i>onetouch verio meter system</i>	2	
<i>onetouch verio sync syst kit</i>	2	
ONXOL	4	NPS Non-Preferred Specialty Drug
OPDIVO	5	PA NPS Non-Preferred Specialty Drug
<i>optumrx blood glucose meter</i>	Excluded Drugs	
<i>optumrx blood glucose meter</i>	Excluded Drugs	
<i>optumrx blood glucose system</i>	Excluded Drugs	
<i>optumrx blood glucose system</i>	Excluded Drugs	
ORAFATE	5	NPS Non-Preferred Specialty Drug
ORTHOVISC	5	PA NPS Non-Preferred Specialty Drug
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>oxytocin 20 unit/500 ml-ns</i>	1	
<i>oxytocin 30 unit/500 ml-d5w</i>	1	
<i>paclitaxel</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>pen needle 30g x 5/16"</i>	2	
<i>pentetate calcium trisodium</i>	1	
<i>pentetate zinc trisodium</i>	1	
PERJETA	5	  Non-Preferred Specialty Drug
<i>pharmacist choice glucose sys</i>		Excluded Drugs
<i>pharmacist choice glucose sys</i>		Excluded Drugs
<i>pharmacist choice mini glu sys</i>		Excluded Drugs
<i>pharmacist choice mini glu sys</i>		Excluded Drugs
PHOTOFRIN	5	 Non-Preferred Specialty Drug
PNV-DHA PLUS	3	
PNV-IRON	3	
<i>precision link direct monit</i>		Excluded Drugs
<i>precision link direct monit</i>		Excluded Drugs
<i>precision xtra monitor</i>		Excluded Drugs
<i>precision xtra monitor</i>		Excluded Drugs
<i>precision xtra monitor nfrs</i>		Excluded Drugs
<i>precision xtra monitor nfrs</i>		Excluded Drugs
<i>precision xtra monitor system</i>		Excluded Drugs
<i>precision xtra monitor system</i>		Excluded Drugs
<i>premium blood glucose monitor</i>		Excluded Drugs
<i>premium blood glucose monitor</i>		Excluded Drugs
<i>premium blood glucose system</i>		Excluded Drugs
<i>premium blood glucose system</i>		Excluded Drugs

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>premium v10 blood glucose mtr</i>	Excluded Drugs	
<i>premium v10 blood glucose mtr</i>	Excluded Drugs	
<i>presto pro blood glucose meter</i>	Excluded Drugs	
<i>presto pro blood glucose meter</i>	Excluded Drugs	
<i>prodigy autocode meter kit</i>	Excluded Drugs	
<i>prodigy autocode meter kit</i>	Excluded Drugs	
<i>prodigy autocode monitor syst</i>	Excluded Drugs	
<i>prodigy autocode monitor syst</i>	Excluded Drugs	
<i>prodigy pocket meter kit</i>	Excluded Drugs	
<i>prodigy pocket meter kit</i>	Excluded Drugs	
<i>prodigy voice meter kit</i>	Excluded Drugs	
<i>prodigy voice meter kit</i>	Excluded Drugs	
PROTHELIAL	5	 Non-Preferred Specialty Drug
<i>pv truetrack smart system</i>	Excluded Drugs	
<i>pv truetrack smart system</i>	Excluded Drugs	
<i>quintet ac blood glucose meter</i>	Excluded Drugs	
<i>quintet ac blood glucose meter</i>	Excluded Drugs	
<i>quintet blood glucose system</i>	Excluded Drugs	
<i>quintet blood glucose system</i>	Excluded Drugs	
<i>ra blood glucose monitor</i>	Excluded Drugs	
<i>ra blood glucose monitor</i>	Excluded Drugs	
<i>refuah plus monitoring system</i>	Excluded Drugs	
<i>refuah plus monitoring system</i>	Excluded Drugs	
<i>relion all-in-one meter kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>relion all-in-one meter kit</i>	Excluded Drugs	
<i>relion confirm glucose monitor</i>	Excluded Drugs	
<i>relion confirm glucose monitor</i>	Excluded Drugs	
<i>relion confirm system kit</i>	Excluded Drugs	
<i>relion confirm system kit</i>	Excluded Drugs	
<i>relion micro blood glucose sys</i>	Excluded Drugs	
<i>relion micro blood glucose sys</i>	Excluded Drugs	
<i>relion micro system</i>	Excluded Drugs	
<i>relion micro system kit</i>	Excluded Drugs	
<i>relion micro system kit</i>	Excluded Drugs	
<i>relion prime blood glucose mtr</i>	Excluded Drugs	
<i>relion prime blood glucose mtr</i>	Excluded Drugs	
<i>relion ultima glucose meter</i>	Excluded Drugs	
<i>relion ultima glucose meter</i>	Excluded Drugs	
<i>reveal blood glucose meter</i>	Excluded Drugs	
<i>reveal blood glucose meter</i>	Excluded Drugs	
<i>rexall glucose monitoring sys</i>	Excluded Drugs	
<i>rexall glucose monitoring sys</i>	Excluded Drugs	
<i>rightest gm100 system kit</i>	Excluded Drugs	
<i>rightest gm100 system kit</i>	Excluded Drugs	
<i>rightest gm250s glucose meter</i>	Excluded Drugs	
<i>rightest gm250s glucose meter</i>	Excluded Drugs	
<i>rightest gm260 glucose meter</i>	Excluded Drugs	
<i>rightest gm260 glucose meter</i>	Excluded Drugs	
<i>rightest gm300 system kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rightest gm300 system kit</i>	Excluded Drugs	
<i>rightest gm550 system kit</i>	Excluded Drugs	
<i>rightest gm550 system kit</i>	Excluded Drugs	
RITUXAN	5	PA NPS Non-Preferred Specialty Drug
RITUXAN HYCELA	5	PA NPS Non-Preferred Specialty Drug
<i>romidepsin</i>	4	PA NPS Non-Preferred Specialty Drug
RUBRACA (200 MG TABLET, 250 MG TABLET)	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
RUBRACA 300 MG TABLET	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
RYDAPT	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>sidekick blood glucose system</i>	Excluded Drugs	
SILVRSTAT	3	
<i>smart caresens n glucose system</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>smart caresens n glucose system</i>	Excluded Drugs	
<i>smart sense monitoring system</i>	Excluded Drugs	
<i>smart sense monitoring system</i>	Excluded Drugs	
<i>smartest eject meter</i>	Excluded Drugs	
<i>smartest eject meter</i>	Excluded Drugs	
<i>smartest persona glucose meter</i>	Excluded Drugs	
<i>smartest persona glucose meter</i>	Excluded Drugs	
<i>smartest persona starter kit</i>	Excluded Drugs	
<i>smartest persona starter kit</i>	Excluded Drugs	
<i>smartest pronto glucose meter</i>	Excluded Drugs	
<i>smartest pronto glucose meter</i>	Excluded Drugs	
<i>smartest pronto starter kit</i>	Excluded Drugs	
<i>smartest pronto starter kit</i>	Excluded Drugs	
<i>smartest protege meter</i>	Excluded Drugs	
<i>smartest protege meter</i>	Excluded Drugs	
<i>smartest smart code meter</i>	Excluded Drugs	
<i>smartest smart code meter</i>	Excluded Drugs	
<i>smartest talking meter</i>	Excluded Drugs	
<i>smartest talking meter</i>	Excluded Drugs	
SOLESTA	5	 Non-Preferred Specialty Drug
<i>solus v2 audible meter</i>	Excluded Drugs	
<i>solus v2 audible meter</i>	Excluded Drugs	
<i>solus v2 audible meter sys kit</i>	Excluded Drugs	
<i>solus v2 audible meter sys kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
SP ANTIPRURITIC	3	
SPRYCEL (100 MG TABLET, 140 MG TABLET)	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
SPRYCEL (70 MG TABLET, 80 MG TABLET)	5	<ul style="list-style-type: none"> QL 2 / day PA NPS Non-Preferred Specialty Drug
SPRYCEL 20 MG TABLET	5	<ul style="list-style-type: none"> QL 9 / day PA NPS Non-Preferred Specialty Drug
SPRYCEL 50 MG TABLET	5	<ul style="list-style-type: none"> QL 3 / day PA NPS Non-Preferred Specialty Drug
STIVARGA	5	<ul style="list-style-type: none"> QL 4 / day PA NPS Non-Preferred Specialty Drug
STRENSIQ	4	<ul style="list-style-type: none"> PA PS
SUCRAID	5	<ul style="list-style-type: none"> NPS Non-Preferred Specialty Drug
SUPARTZ FX	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug
<i>sure-test easyplus mini meter</i>	Excluded Drugs	
<i>sure-test easyplus mini meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>sureчек blood glucose monitor</i>	Excluded Drugs	
<i>sureчек blood glucose monitor</i>	Excluded Drugs	
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	4	QL 1 / day PA PS
SUTENT 12.5 MG CAPSULE	4	QL 7 / day PA PS
SUTENT 25 MG CAPSULE	4	QL 3 / day PA PS
SYLVANT	5	PA NPS Non-Preferred Specialty Drug
SYNRIBO	5	PA NPS Non-Preferred Specialty Drug
SYNVISC	4	PA PS
SYNVISC-ONE	4	PA PS
SYPRINE	5	PA NPS Non-Preferred Specialty Drug
TABLOID	3	PA
TAFINLAR 50 MG CAPSULE	5	QL 6 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TAFINLAR 75 MG CAPSULE	5	<ul style="list-style-type: none"> QL 4 / day PA NPS Non-Preferred Specialty Drug
TAGRISSO	4	<ul style="list-style-type: none"> QL 1 / day PA AL At least 18 yrs old PS
TARCEVA (100 MG TABLET, 150 MG TABLET)	5	<ul style="list-style-type: none"> QL 1 / day PA NPS Non-Preferred Specialty Drug
TARCEVA 25 MG TABLET	5	<ul style="list-style-type: none"> QL 6 / day PA NPS Non-Preferred Specialty Drug
TASIGNA	4	<ul style="list-style-type: none"> QL 4 / day PA PS
TAXOTERE	5	<ul style="list-style-type: none"> NPS Non-Preferred Specialty Drug
<i>td gold blood glucose monitor</i>	Excluded Drugs	
<i>td gold blood glucose monitor</i>	Excluded Drugs	
<i>td gold voice glucose monitor</i>	Excluded Drugs	
<i>td gold voice glucose monitor</i>	Excluded Drugs	
TECENTRIQ	5	<ul style="list-style-type: none"> PA NPS Non-Preferred Specialty Drug
<i>telcare blood glucose monitor</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>telcare blood glucose monitor</i>	Excluded Drugs	
TEMODAR (5 MG CAPSULE, 20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
TEMODAR 100 MG VIAL	4	PS
<i>temozolomide</i>	4	PA NPS Non-Preferred Specialty Drug
<i>teniposide</i>	4	NPS Non-Preferred Specialty Drug
<i>test n'go blood glucose system</i>	Excluded Drugs	
<i>test n'go blood glucose system</i>	Excluded Drugs	
<i>thiotepa</i>	4	NPS Non-Preferred Specialty Drug
TOPOSAR	4	NPS Non-Preferred Specialty Drug
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
TORISEL	5	QL 0.29 / day PA NPS Non-Preferred Specialty Drug
TREANDA (25 MG VIAL, 45 MG/0.5 ML VIAL, 100 MG VIAL, 180 MG/2 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
<i>tretinoin 10 mg capsule</i>	4	QL 90 / 365 days NPS Non-Preferred Specialty Drug
TRISENOX (10 MG/10 ML AMPULE, 12 MG/6 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>true metrix air glucose meter</i>	Excluded Drugs	
<i>true metrix air glucose meter</i>	Excluded Drugs	
<i>true metrix blood glucose mtr</i>	Excluded Drugs	
<i>true metrix blood glucose mtr</i>	Excluded Drugs	
<i>true metrix go glucose meter</i>	Excluded Drugs	
<i>true metrix go glucose meter</i>	Excluded Drugs	
<i>true2go blood glucose system</i>	Excluded Drugs	
<i>true2go blood glucose system</i>	Excluded Drugs	
<i>trueresult blood glucose systm</i>	Excluded Drugs	
<i>trueresult blood glucose systm</i>	Excluded Drugs	
<i>truetrack blood glucose system</i>	Excluded Drugs	
<i>truetrack blood glucose system</i>	Excluded Drugs	
<i>truetrack smart system</i>	Excluded Drugs	
<i>truetrack smart system</i>	Excluded Drugs	
TYKERB	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #663399; color: white; padding: 2px 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6666; color: white; padding: 2px 5px;">PS</div> </div> 6 / day
<i>ultima monitor kit</i>	Excluded Drugs	
<i>ultima monitor kit</i>	Excluded Drugs	
<i>ultratrak blood glucose meter</i>	Excluded Drugs	
<i>ultratrak blood glucose meter</i>	Excluded Drugs	
<i>ultratrak pro glucose mtr sys</i>	Excluded Drugs	
<i>ultratrak pro glucose mtr sys</i>	Excluded Drugs	
<i>ultratrak pro meter kit</i>	Excluded Drugs	
<i>ultratrak pro meter kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ultrarak ultimate glucose mtr</i>	Excluded Drugs	
<i>ultrarak ultimate glucose mtr</i>	Excluded Drugs	
UNITUXIN	5	PA NPS Non-Preferred Specialty Drug
<i>up & up blood monitoring syst</i>	Excluded Drugs	
<i>up & up blood monitoring syst</i>	Excluded Drugs	
VALSTAR	5	NPS Non-Preferred Specialty Drug
VECTIBIX	5	PA NPS Non-Preferred Specialty Drug
VELCADE	5	PA NPS Non-Preferred Specialty Drug
VENATAL COMPLETE DHA	3	GL Female
VENCLEXTA	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
VENCLEXTA STARTING PACK	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
VIDAZA	5	NPS Non-Preferred Specialty Drug
VIMIZIM	5	NPS Non-Preferred Specialty Drug
<i>vinblastine sulfate</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
VINCASAR PFS	4	NPS Non-Preferred Specialty Drug
<i>vincristine sulfate</i>	4	NPS Non-Preferred Specialty Drug
<i>vinorelbine tartrate</i>	4	NPS Non-Preferred Specialty Drug
VITASPIRE	3	GL Female
VITRASE	3	
VOTRIENT	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
VPRIV	5	PA NPS Non-Preferred Specialty Drug
<i>wavesense amp system kit</i>	Excluded Drugs	
<i>wavesense amp system kit</i>	Excluded Drugs	
<i>wavesense presto system kit</i>	Excluded Drugs	
<i>wavesense presto system kit</i>	Excluded Drugs	
XALKORI	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
XELODA	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
XIAFLEX	5	NPS Non-Preferred Specialty Drug
XOFIGO	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
XTANDI	5	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
YERVOY	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ZALTRAP	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ZANOSAR	5	<p>NPS Non-Preferred Specialty Drug</p>
ZEJULA	5	<p>QL 3 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
ZELBORAF	5	<p>QL 8 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ZEVALIN	5	<p>NPS Non-Preferred Specialty Drug</p>
ZN-DTPA	1	
ZOLINZA	5	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ZOTEX-C	3	
ZYDELIG	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
ZYKADIA	5	<ul style="list-style-type: none"> QL 8 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ZYTIGA 250 MG TABLET	4	<ul style="list-style-type: none"> QL 4 / day PA PS
ZYTIGA 500 MG TABLET	4	<ul style="list-style-type: none"> QL 2 / day PA PS
VASODILATING AGENTS NITRATES AND NITRITES		
<i>amyl nitrite</i>	1	
DILATRATE-SR	3	<ul style="list-style-type: none"> QL 4 / day
GONITRO	3	<ul style="list-style-type: none"> QL 1.25 / day PA AL At least 18 yrs old
ISOCHRON	1	<ul style="list-style-type: none"> QL 4 / day
ISORDIL	3	<ul style="list-style-type: none"> QL 12 / day
ISORDIL TITRADOSE	3	<ul style="list-style-type: none"> QL 12 / day
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	<ul style="list-style-type: none"> QL 12 / day
<i>isosorbide dinitrate er 40 mg tablet</i>	1	<ul style="list-style-type: none"> QL 4 / day
<i>isosorbide mononitrate</i>	1	<ul style="list-style-type: none"> QL 2 / day
<i>isosorbide mononitrate er</i>	1	<ul style="list-style-type: none"> QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
MINITRAN	1	QL 1 / day
NITRO-BID	2	QL 4 / day
NITRO-DUR	3	QL 1 / day
NITRO-TIME	1	QL 4 / day
<i>nitroglycerin (er 2.5 mg cap, er 6.5 mg cap, er 9 mg capsule)</i>	1	QL 4 / day
<i>nitroglycerin 400 mcg spray</i>	3	QL 0.3 / day HCG
<i>nitroglycerin lingual 0.4 mg</i>	3	QL 0.8 / day HCG
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	1	QL 6 / day
<i>nitroglycerin 5 mg/ml vial</i>	1	
<i>nitroglycerin in d5w</i>	1	
<i>nitroglycerin patch</i>	1	QL 1 / day
NITROLINGUAL	3	QL 0.8 / day
NITROMIST	3	QL 0.3 / day
NITRONAL (25 MG/25 ML AMPULE, 50 MG/50 ML VIAL)	3	
NITROSTAT	3	QL 6 / day
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
LEVITRA (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
REVATIO 10 MG/ML ORAL SUSP	5	<ul style="list-style-type: none"> QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
REVATIO 20 MG TABLET	5	<ul style="list-style-type: none"> QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
REVATIO 10 MG/12.5 ML VIAL	5	<ul style="list-style-type: none"> PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>sildenafil 10 mg/12.5 ml vial</i>	4	<ul style="list-style-type: none"> PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
STAXYN 10 MG ODT	Excluded Drugs	
STENDRA (50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	Excluded Drugs	
VASODILATING AGENTS, MISCELLANEOUS		
AGGRENOX	3	<ul style="list-style-type: none"> QL 2 / day
<i>aspirin-dipyridamole er</i>	3	<ul style="list-style-type: none"> QL 2 / day HCG
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	<ul style="list-style-type: none"> QL 4 / day
<i>isoxsuprine hcl</i>	1	
NATRECOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>papaverine hcl</i>	1	
<i>papaverine-alprostadil</i>	1	
PERSANTINE	3	QL 4 / day
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ATABEX EC	3	GL Female
CADEAU DHA	3	
DOTHELLE DHA	3	
ELITE OB DHA	3	GL Female
ELITE-OB	3	GL Female
ELITE-OB 400	3	GL Female
FOCALGIN 90 DHA	3	
FOCALGIN CA	3	GL Female
FOLBECAL	3	GL Female
<i>levomefolate dha</i>	3	GL Female
MACNATAL CN DHA	3	GL Female
MATERNITY	1	GL Female
MAXINATE	3	GL Female
MYNATAL (CAPSULE, ULTRACAPLET)	3	GL Female
MYNATAL ADVANCE	3	GL Female
MYNATAL PLUS	3	GL Female
MYNATAL-Z	3	GL Female
MYNATE 90 PLUS	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
NEWGEN	3	
O-CAL FA	3	GL Female
OBSTETRIX EC	3	GL Female
OBSTETRIX ONE	1	GL Female
OBTREX DHA	3	GL Female
PNV 29-1	3	GL Female
PNV-DHA + DOCUSATE	3	GL Female
PNV-OMEGA	3	GL Female
PNV-VP-U	3	
PRENA1 CHEW	3	GL Female
PRENA1 PEARL	3	GL Female
PRENA1 TRUE	3	GL Female
PRENAISSANCE NEXT	3	GL Female
PRENATABS RX	3	GL Female
<i>prenatal plus multivitamin tab</i>	3	
<i>prenatal-u</i>	3	GL Female
PREPLUS	3	GL Female
PRETAB	3	GL Female
PROVIDA DHA	3	
PROVIDA OB	3	GL Female
R-NATAL OB	3	GL Female
RULAVITE DHA	3	
THRIVITE 19	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
THRIVITE RX	3	
TRI-TABS DHA	3	GL Female
TRICARE PRENATAL	3	GL Female
TRINATE	3	GL Female
TRIVEEN-ONE	3	GL Female
TRIVEEN-U	3	GL Female
TRUST NATAL DHA	3	GL Female
VINATE DHA	3	GL Female
VINATE DHA RF	3	GL Female
VINATE ONE	3	GL Female
VINATE PN CARE	3	GL Female
VINATE-M	3	GL Female
VIRT-ADVANCE	3	GL Female
VIRT-C DHA	3	
VIRT-NATE	3	GL Female
VIRT-NATE DHA	3	GL Female
VIRT-PN	3	GL Female
VIRT-PN DHA	3	GL Female
VIRT-PN PLUS	3	GL Female
VITAFOL GUMMIES	3	GL Female
VITATRUE	3	GL Female
VOL-TAB RX	3	GL Female
VP-CH-PNV	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
VP-HEME OB	3	GL Female
VP-HEME ONE	3	GL Female
VP-PNV-DHA	3	
VITAMIN B COMPLEX		
B-12 COMPLIANCE	3	
B-12 KIT	1	
CARDIOTEK-RX	3	
<i>cyanocobalamin injection</i>	1	
FOLBEE	1	
FOLBEE AR	3	
FOLGARD RX	3	
<i>folic acid 1 mg tablet</i>	1	
<i>folic acid 5 mg/ml vial</i>	1	
<i>folic acid-vit b6-vit b12</i>	1	
FOLPLEX 2.2	1	
<i>hydroxocobalamin</i>	1	
NASCOBAL	3	PA
NEURIN-SL	3	
<i>pyridoxine hcl</i>	1	
<i>thiamine hcl</i>	1	
VIRT-GARD	1	
VIRT-VITE	1	
VITA-RESPA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
VITAMIN C		
<i>ascorbic acid</i>	1	
VITAMIN D		
<i>calcitriol 1 mcg/ml ampul</i>	1	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	4	NPS Non-Preferred Specialty Drug
<i>doxercalciferol (4 mcg/2 ml amp, 4 mcg/2 ml vl)</i>	4	NPS Non-Preferred Specialty Drug
DRISDOL	3	
HECTOROL (0.5 MCG CAPSULE, 1 MCG CAPSULE, 2.5 MCG CAPSULE)	5	NPS Non-Preferred Specialty Drug
HECTOROL (2 MCG/ML VIAL, 4 MCG/2 ML VIAL)	5	NPS Non-Preferred Specialty Drug
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	NPS Non-Preferred Specialty Drug
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
RAYALDEE	5	NPS Non-Preferred Specialty Drug
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	
<i>vitamin d2</i>	1	
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOLATE	1	
VITAMIN K ACTIVITY		
MEPHYTON	2	
<i>phytonadione</i>	1	
<i>vitamin k1</i>	1	

Index of Covered Drugs

2	
2tek glucose-wrist monitor kit	279
8	
8-MOP	154
A	
A-HYDROCORT	193
A-METHAPRED	193
abacavir	118
abacavir-lamivudine	118
abacavir-lamivudine-zidovudine	118
ABILIFY	108
ABILIFY MAINTENA	108
ABRAXANE	279
ABSORICA	267
ABSTRAL	6
acamprosate calcium	147
ACANYA	35
acarbose	75
ACCOLATE	42
accu-chek aviva connect meter	279,280
accu-chek aviva plus meter	280
accu-chek aviva plus test strp	155
accu-chek aviva test strips	155
accu-chek combo system	280
accu-chek compact plus kit	280
accu-chek compact plus strips	155
accu-chek guide monitor system	280
accu-chek guide test strip	155
accu-chek nano smartview meter	280
accu-chek smartview test strip	155
accu-chek voicemate system	280
ACCUPRIL	248
ACCURETIC	248
accutrend glucose test strip	155
acebutolol hcl	144
ACEON	249
acetamin-caff-dihydrocodeine	6
acetaminophen-codeine	4,6
ACETASOL HC	34
acetazolamide	92
acetazolamide sodium	92
acetic acid	34
acetic acid-aluminum	34
acetylcysteine	253
ACIPHEX	123
ACIPHEX SPRINKLE	123
acitretin	267
ACTEMRA	225
ACTHREL	168
ACTICLATE	50
ACTIGALL	186
ACTIMMUNE	228
ACTIQ	6
ACTIVASE	121
ACTIVE FE	43
ACTIVELLA	176
ACTONEL	222
ACTOPLUS MET	82
ACTOPLUS MET XR	82
ACTOS	82
ACULAR	41
ACULAR LS	41
acura test strips	155
ACUVAIL	41
acyclovir	37,126
acyclovir sodium	126
acyclovir sodium-d5w	126
ACZONE	268
ADALAT CC	141
adapalene	268
adapalene-benzoyl peroxide	268
ADASUVE	108
ADCETRIS	280
ADCIRCA	323
ADDERALL	24
ADDERALL XR	24
adefovir dipivoxil	126
ADEMPAS	254
ADENOCARD	46

adenosine	46	AKTIPAK	35
ADIPEX-P	23	AKYNZEO	85
ADLYXIN	78	ALA-CORT	258
ADOXA	50	ALA-QUIN	88
ADRENACLICK	3	ALA-SCALP	258
ADRENALIN	275	ALBENZA	30
ADRENALIN CHLORIDE	182	albuterol sulfate	136
ADRIAMYCIN	280	ALCAINE	181
ADRUCIL	280	alclometasone dipropionate	258
ADVAIR DISKUS	153	ALDACTAZIDE	250
ADVAIR HFA	153	ALDACTONE	250
advocate blood glucose monitor	280	ALDARA	268
advocate duo glu-wrist monitor	280	ALDURAZYME	281
advocate duo meter	280	ALECENSA	281
advocate redi-code duo meter	280	alendronate sodium	222
advocate redi-code glu meter	280,281	ALFERON N	125
advocate redi-code glu monitor	281	alfuzosin hcl er	4
advocate redi-code plus meter	281	ALIMTA	281
advocate redi-code test strip	155	ALINIA	107
advocate redi-code+ test strip	155,156	ALKERAN	282
advocate test strip	156	ALLFEN CDX	282
ADYPHREN	275	allopurinol	221
ADYPHREN AMP	275	allopurinol sodium	221
ADYPHREN AMP II	275	ALLZITAL	4
ADYPHREN II	275	almotriptan malate	101
ADZENYS ER	24	ALOCRIIL	42
ADZENYS XR-ODT	24	alogliptin 12.5 mg tablet	76
AEROSPAN	153	alogliptin 25 mg tablet	76
AFEDITAB CR	141	alogliptin 6.25 mg tablet	77
AFINITOR	281	alogliptin-metformin 12.5-1000	77
AFINITOR DISPERZ	281	alogliptin-metformin 12.5-500	77
AFREZZA	79	alogliptin-pioglit 12.5-15 mg	77
AFSTYLA	93	alogliptin-pioglit 12.5-30 mg	77
agamatrix amp gluc monitor sys	281	alogliptin-pioglit 12.5-45 mg	77
agamatrix amp test strips	156	alogliptin-pioglit 25-15 mg tb	77
AGGRASTAT	121	alogliptin-pioglit 25-30 mg tb	77
AGGRENEX	324	alogliptin-pioglit 25-45 mg tb	77
AGRYLIN	121	ALOMIDE	180
AIRDUO RESPICLICK	153	ALOPRIM	221
AK-POLY-BAC	31	ALORA	176
AKTEN	181	alosetron hcl	183

ALPHAGAN P.....	91	amlodipine besylate.....	141
ALPHANATE.....	93	amlodipine besylate-benazepril.....	141
ALPHANINE SD.....	93	amlodipine-atorvastatin.....	99
alprazolam.....	131,132	amlodipine-olmesartan.....	141
alprazolam er.....	132	amlodipine-valsartan.....	141
ALPRAZOLAM INTENSOL.....	132	amlodipine-valsartan-hctz.....	141
alprazolam odt.....	132	AMNESTEEM.....	268
alprazolam xr.....	132	amoxapine.....	74
ALREX.....	39	amoxicillin.....	243
ALSUMA.....	101	amoxicillin er.....	244
ALTABAX.....	35	amoxicillin-clavulanate pot er.....	244
ALTACAINE.....	181	amoxicillin-clavulanate potass.....	244
ALTACE.....	249	amphotericin b.....	88
ALTAFLUOR.....	182	ampicillin sodium.....	244
ALTAVERA.....	198	ampicillin trihydrate.....	244
ALTOPREV.....	99	ampicillin-sulbactam.....	244
ALUNBRIG.....	282	AMPYRA.....	234
ALUVEA.....	265	AMRIX.....	256
ALVESCO.....	153	amyl nitrite.....	322
ALYACEN.....	198	AMYTAL SODIUM.....	131
AMABELZ.....	176	ANA-LEX.....	263
amantadine.....	104	ANACAINE.....	263
AMARYL.....	81	ANAFRANIL.....	74
AMBIEN.....	129	anagrelide hcl.....	121
AMBIEN CR.....	129	ANALPRAM HC.....	258
AMBISOME.....	88	ANAPROX DS.....	238
amcinonide.....	258	ANASPAZ.....	55
AMERGE.....	101	ANASTIA.....	263
AMETHIA.....	198	ANCOBON.....	88
AMETHIA LO.....	198	ANDRODERM.....	196
AMETHYST.....	198	ANDROGEL.....	196
amifostine.....	237	ANDROID.....	196
amikacin sulfate.....	47	ANDROXY.....	196
amiloride hcl.....	169	ANGELIQ.....	176
amiloride-hydrochlorothiazide.....	169	ANGIOMAX.....	59
amino acid 3%-d10w.....	173	ANORO ELLIPTA.....	55
aminophylline.....	138,273	ANSAID.....	238
amiodarone hcl.....	46	ANTABUSE.....	220
amiodarone hcl-d5w.....	46	ANTARA.....	97,98
AMITIZA.....	185	ANTIVERT.....	85
amitriptyline hcl.....	74	ANUCORT-HC.....	258

ANUSOL-HC	258	ASCOMP WITH CODEINE	6
ANZEMET	83	ascorbic acid	329
APEXICON E	258	ASHLYNA	198
APIDRA	79	ASMANEX	153
APIDRA SOLOSTAR	79	ASMANEX HFA	153
APLENZIN	68	aspirin-caffeine-dihydrocodein	6
APOKYN	171	aspirin-dipyridamole er	324
apraclonidine hcl	181	assure 4 test strips	156
aprepitant	85,86	assure platinum glucose meter	282
APRI	198	assure platinum test strips	156
APRISO	183	assure prism multi meter	282
APTENSIO XR	27	assure prism multi test strips	156
APTIOM	61	ASTAGRAF XL	231
APTIVUS	120	ASTEPRO	180
ARALAST NP	254	ASTRAMORPH-PF	6,7
ARANELLE	198	ATABEX EC	325
ARANESP	137	ATACAND	246
ARAVA	225	ATACAND HCT	246
ARBINOXA	94	atazanavir sulfate	120
ARCALYST	234	ATELVIA	222
ARCAPTA NEOHALER	136	atenolol	45
argatroban	59	atenolol-chlorthalidone	144
argatroban-0.9% nacl	59	ATIVAN	67,132
argatroban-sodium chloride	59	atomoxetine hcl	147
ARICEPT	134	atorvastatin calcium	99
aripiprazole	108	atovaquone	107
aripiprazole odt	108	atovaquone-proguanil hcl	106
ARISTADA	108,109	ATRALIN	264
ARISTOSPAN	193	ATRIPLA	118
ARIXTRA	58	atropine sulfate	182
armodafinil	30	ATROVENT	181
ARMOUR THYROID	277	ATROVENT HFA	55
ARNUIY ELLIPTA	153	AUBAGIO	228
AROMASIN	176	AUBRA	198
ARRANON	282	AUGMENTIN	244
ARTHROTEC 50	238	AUGMENTIN ES-600	244
ARTHROTEC 75	238	AUGMENTIN XR	244
ARYMO ER	6	AURYXIA	216
ARZERRA	282	AUSTEDO	147
asa-butalb-caffeine-codeine	6	AUVI-Q	275
ASACOL HD	183	AVAILNEX	282

AVALIDE	246	B-DONNA	55
AVANDAMET	76,83	BACIIM	52
AVANDIA	83	bacitracin	31,52
AVAPRO	246	bacitracin-polymyxin	31
AVASTIN	283	baclofen	258
AVC	38	BACTRIM	50
AVEED	196	BACTRIM DS	50
AVELOX	48	BACTROBAN	35
AVELOX ABC PACK	48	BACTROBAN NASAL	31
AVELOX IV	48	BAL IN OIL	220
AVENOVA	283	balsalazide disodium	184
AVIANE	199	BALZIVA	199
AVIDOXY	50	BANZEL	61
AVITA	264	BARACLUDE	126
AVODART	219	BASAGLAR KWIKPEN U-100	79
AVONEX	228	BAXDELA	48
AVONEX PEN	228	bcg (tice strain)	122
AVYCAZ	151	BECONASE AQ	39
AXERT	101	BEKYREE	199
AXIRON	196	BELBUCA	21
AYGESTIN	214	BELEODAQ	283
azacitidine	283	belladonna-opium	7
AZACTAM	219	BELSOMRA	129
AZACTAM-ISO-OSMOTIC DEXTROSE	219	BELVIO	24
AZASAN	231	BELVIO XR	24
AZASITE	31	benazepril hcl	249
azathioprine	231	benazepril-hydrochlorothiazide	249
azathioprine sodium	231	BENICAR	246
azelastine hcl	180	BENICAR HCT	246
AZELEX	268	BENLYSTA	231,232
AZILECT	106	BENSAL HP	265
azithromycin	218	BENTYL	55
AZOPT	92	BENZACLIN	35
AZOR	141	BENZAMYCIN	35
aztreonam	219	BENZAMYCINPAK	35
AZULFIDINE	50	BENZEFOAM	265
AZURETTE	199	BENZEFOAM ULTRA	265
		BENZEPRO	265
B		benzonatate	252
B-12 COMPLIANCE	328	benzoyl peroxide	265
B-12 KIT	328	benzphetamine hcl	24,25

benztropine mesylate	57,104	BLISOVI 24 FE	199
BEPREVE	180	BLISOVI FE	199
BERINERT	224	blood glucose monitoring syst	283
BESIVANCE	31	blood glucose test strip	156
BETADINE	34	blood glucose test strips	156
BETAGAN	91	BLOXIVERZ	134
betamethasone acetate-sod phos	193	BONIVA	222
betamethasone dipropionate	258	BOOSTRIX TDAP	122
betamethasone sod phos-water	283	bortezomib	283
betamethasone valerate	259	BOSULIF	283
BETAPACE	144	BP-50% UREA	265
BETAPACE AF	144	BPO	265
BETASERON	228	BRAVELLE	189
betaxolol hcl	91,144	breeze 2 disc test strip	156
bethanechol chloride	134	BREO ELLIPTA	153
BETHKIS	47	BREVBLOC	144
BETIMOL	91	BREVICON	199
BETOPTIC S	91	BRIELLYN	199
bevacizumab	181	BRILINTA	121
BEVESPI AEROSPHERE	55	brimonidine tartrate	91
BEVYXXA	58	BRINTELLIX	73
BEYAZ	199	BRISDELLE	70
bg-star glucose test strips	156	BRIVIACT	61,62
BIAXIN	218	BROMFED DM	252
bicalutamide	283	bromfenac sodium	41
BICILLIN C-R	245	bromocriptine mesylate	171
BICILLIN L-A	245	brompheniramine-pseudoephed-dm	252
BICNU	283	BROMSITE	41
BIDIL	216	BROVANA	136
BILTRICIDE	30	budesonide	153
bimatoprost	93	budesonide ec	193
BINOSTO	222	buffered lidocaine	45
bisoprolol fumarate	144	bumetanide	169
bisoprolol-hydrochlorothiazide	144	BUNAVAIL	21
bivalirudin	59	BUPAP	4
BLEO 15K	283	BUPHENYL	172
bleomycin sulfate	283	BUPRENEX	22
BLEPH-10	31	buprenorphine	22
BLEPHAMIDE	32	buprenorphine hcl	22
BLEPHAMIDE S.O.P.	32	buprenorphine-naloxone	22
BLINCYTO	283	bupropion hcl	68

bupropion hcl sr	68	CALDOLOR	238
bupropion xl	68	CAMBIA	238
bupirone hcl	129	CAMILA	199
busulfan	284	CAMPATH	284
BUSULFEX	284	CAMPTOSAR	284
butalb-acetaminoph-caff-codein	7	CAMRESE	199
butalb-caff-acetaminoph-codein	7	CAMRESE LO	199
butalbital compound-codeine	7	CANASA	184
butalbital-acetaminophen	4	CANCIDAS	88
butalbital-acetaminophen-caffe	4	candesartan cilexetil	246
butalbital-aspirin-caffeine	242	candesartan-hydrochlorothiazid	246
BUTISOL SODIUM	131	CANTIL	55
butorphanol tartrate	22	CAPACET	4
BUTRANS	22	CAPASTAT SULFATE	103
BYDUREON	78	capecitabine	284
BYDUREON BCISE	78	CAPEX SHAMPOO	259
BYDUREON PEN	78	CAPITAL W-CODEINE	7
BYETTA	78	CAPRELSA	284
BYSTOLIC	144	captopril	246,249
BYVALSON	144	captopril-hydrochlorothiazide	249
		CARAC	268
C		CARAFATE	123
CA-DTPA	284	CARBAGLU	172
cabergoline	171	carbamazepine	62
CABOMETYX	284	carbamazepine er	62
CADEAU DHA	325	CARBATROL	62
CADUET	99	carbidopa	148
CAFERGOT	3	carbidopa-levodopa	105
caffeine and sodium benzoate	27	carbidopa-levodopa er	105
caffeine citrate	27	carbidopa-levodopa-entacapone	105
CALAN	139	carbinoxamine maleate	94
CALAN SR	139	carboplatin	285
calcipotriene	268	CARDENE I.V.	141,142
calcipotriene-betamethasone dp	268	CARDENE SR	143,285
calcitonin-salmon	242	CARDIOTEK-RX	328
CALCITRENE	268	CARDIOVID PLUS	234
calcitriol	268,329	CARDIZEM	139
calcium acetate	216	CARDIZEM CD	139
calcium disodium versenate	220	CARDIZEM LA	139
calcium gluconate-0.9% nacl	173	CARDURA	144
calcium gluconate-d5w	173	CARDURA XL	144

careone blood glucose tst strp	156	cefixime	152
careone glucose monitoring sys	285	CEFOTAN	219
caresens n blood glucose syst	285	cefotaxime sodium	152
caresens n test strips	156	cefotetan	219
caresens n voice glucose meter	285	cefotetan & dextrose	219
caresens n voice glucose sys	285	cefoxitin	151,219
carisoprodol	256	cefoxitin sodium	219
carisoprodol compound	256	cefpodoxime proxetil	152
carisoprodol compound-codeine	256	cefprozil	151
carisoprodol-aspirin	256	ceftazidime	152
carisoprodol-aspirin-codeine	256	ceftibuten	152
CARNITOR	234	CEFTIN	151
CARNITOR SF	234	ceftriaxone	152
CAROSPIR	250	cefuroxime	151
carteolol hcl	91	cefuroxime sodium	151
CARTIA XT	139	CELEBREX	238
carvedilol	144	celecoxib	238
carvedilol er	145	CELESTONE	194
CASODEX	285	CELEXA	70
caspofungin acetate	88	CELLCEPT	232
CATAPRES	215	CELONTIN	68
CATAPRES-TTS 1	215	CEM-UREA	265
CATAPRES-TTS 2	215	CENTANY	35
CATAPRES-TTS 3	215	CENTERGY	183
CATHFLO ACTIVASE	122	CENTERGY DM	252
CAYSTON	219	cephalexin	150
CAZIAN	199	CERDELGA	234
CEDAX	151,285	CEREBYX	67
cefaclor	151	CEREZYME	285
cefaclor er	151	CESAMET	84
cefadroxil	150	CETACAINE	263
cefazolin sodium	150	CETRAXAL	32
cefazolin sodium-0.9% nacl	150	CETROTIDE	189
cefazolin sodium-d5w	150	cevimeline hcl	134
cefazolin sodium-dextrose	150	CHATEAL	200
cefazolin sodium-sterile water	150	CHEMET	220
cefdinir	151	chemstrip bg diary	285
cefditoren pivoxil	151	CHENODAL	186
cefepime	150	chloramphenicol sod succinate	47
cefepime hcl	151	chlordiazepoxide hcl	132
cefepime-dextrose	151	chlordiazepoxide-amitriptyline	74

chlordiazepoxide-clidinium	55	CLARINEX-D 12 HOUR	95
chlorhexidine gluconate	34	clarithromycin	218
chloroquine phosphate	106	clarithromycin er	218
chlorothiazide	170	clemastine fumarate	94
chlorothiazide sodium	170	CLEOCIN	35
chlorpromazine hcl	116	CLEOCIN HCL	53
chlorpropamide	81	CLEOCIN PALMITATE	53
chlorthalidone	170	CLEOCIN PHOSPHATE	53
chlorzoxazone	257	CLEOCIN PHOSPHATE IN D5W	53
choicedm clarus monitor system	285	CLEOCIN T	35
choicedm clarus test strips	156	clever chek blood glucose syst	285
CHOLBAM	186	clever choice blood glucos sys	285,286
cholestyramine	96	clever choice glucose monitor	286
cholestyramine light	96,97	clever choice hd glucose syst	286
choline mag trisalicylate	242	clever choice micro monitor	286
chorionic gonadotropin	190	clever choice micro test strip	157
CICLODAN	90	clever choice pro glucose mtr	286
ciclopirox	90	clever choice pro test strip	157
CIDALEAZE	263	clever choice talk glucose sys	286
cidofovir	126	clever choice talk test strips	157
cilostazol	121	clever choice test strips	157
CILOXAN	32	clever choice voice+ tst strip	157
cimetidine	122	CLEVIPREX	142
CIMZIA	225	CLIMARA	177
CINRYZE	224	CLIMARA PRO	177
CIPRO	48	CLINDACIN ETZ	35
CIPRO HC	32	CLINDACIN P	35
CIPRO I.V.	48	CLINDAGEL	35
CIPRO XR	49	clindamax	35
CIPRODEX	32	clindamycin hcl	53
ciprofloxacin	49	clindamycin palmitate hcl	53
ciprofloxacin er	49	clindamycin pediatric	53
ciprofloxacin hcl	32,49	clindamycin phos-benzoyl perox	36
ciprofloxacin-d5w	49	clindamycin phos-tretinoin	36
cisplatin	285	clindamycin phosphate	36,54
citalopram hbr	70,71	clindamycin phosphate-d5w	54
cladribine	285	clindamycin-0.9% nacl	54
CLAFORAN	152	clindamycin-benzoyl peroxide	36
CLAFORAN-DEXTROSE	152	CLINDESSE	36
CLARAVIS	268	CLINIMIX N14G30E	173
CLARINEX	95	CLINIMIX N9G15E	173

clobetasol emollient	259	COMBIVENT RESPIMAT	55
clobetasol emulsion	259	COMBIVIR	118
clobetasol propionate	259	COMETRIQ	286
CLOBEX	259	COMPAZINE	85
clocortolone pivalate	259	COMPLERA	118
CLODAN	259	COMPRO	85
CLODERM	259	COMTAN	105
clofarabine	286	CONCERTA	27
CLOLAR	286	CONDYLOX	268
clomiphene citrate	176	CONSTULOSE	173
clomipramine hcl	74	contour link meter	286,287
clonazepam	67	contour meter	287
clonidine	215	contour meter system	287
clonidine hcl	5,215	contour next ez meter	287
clonidine hcl er	215	contour next ez meter system	287
clopidogrel	121	contour next link 2.4 meter kt	287
clorazepate dipotassium	132	contour next link meter	287
CLORPRES	215	contour next meter	287
clotrimazole	89	contour next one meter	287
clotrimazole-betamethasone	89	contour next strips	157
clozapine	109	contour next usb meter	287
clozapine odt	109	contour test strips	157
CLOZARIL	109	CONTRAVE	24
CNL 8	90	control ast monitoring system	287
coal tar	267	control ast test strip	157
COARTEM	107	control test strips	157
cocaine hcl	182	CONZIP	7
codeine sulfate	7	cool blood glucose meter	287
COGENTIN	105	cool blood glucose meter kit	287
COLAZAL	184	cool glucose test strip	157
colchicine	221	COPAXONE	228
COLCRYS	221	COPEGUS	126
COLESTID	97	CORDARONE	46
colestipol hcl	97	COREG	145
colistimethate	55	COREG CR	145
COLOCORT	259	CORGARD	145
COLY-MYCIN M PARENTERAL	55	CORLANOR	143
COLY-MYCIN S	32	CORLOPAM	216
COLYTE WITH FLAVOR PACKETS	185	CORMAX	259
COMBIGAN	91	CORTANE-B	39
COMBIPATCH	177	CORTEF	194

CORTENEMA.....	259	cyclobenzaprine hcl.....	257
CORTIFOAM.....	259	cyclophosphamide.....	232
cortisone acetate.....	194	cycloserine.....	104
CORTISPORIN.....	36	CYCLOSET.....	171
CORTISPORIN-TC.....	32	cyclosporine.....	232
CORTROSYN.....	155	cyclosporine modified.....	232
CORVERT.....	46	CYMBALTA.....	69
CORZIDE.....	145	cyproheptadine hcl.....	94
COSENTYX (2 SYRINGES).....	268	CYRAMZA.....	288
COSENTYX PEN.....	268	CYRED.....	200
COSENTYX PEN (2 PENS).....	269	CYSTADANE.....	234
COSENTYX SYRINGE.....	269	CYSTAGON.....	234
COSMEGEN.....	287	CYSTARAN.....	181
COSOPT.....	92	cytarabine.....	288
COSOPT PF.....	92	CYTOMEL.....	277
cosyntropin.....	155	CYTOTEC.....	123
COTELLIC.....	288	CYTOVENE.....	127
COTEMPLA XR-ODT.....	27	CYTRA-2.....	172
COUMADIN.....	57	CYTRA-K.....	172
COVARYX.....	196		
COVARYX H.S.....	196	D	
COZAAR.....	246,247	D.H.E.45.....	3
CREON.....	186	dacarbazine.....	288
CRESEMBA.....	87	DACOGEN.....	288
CRESTOR.....	99	DAKLINZA.....	193
CRINONE.....	214	DALIRESP.....	253
CRIXIVAN.....	120	danazol.....	196
cromolyn sodium.....	42	DANTRIUM.....	257
CRYSELLE.....	200	dantrolene sodium.....	257
CUBICIN.....	52	dapsone.....	103,269
CUBICIN RF.....	52	daptomycin.....	52
CUPRIMINE.....	225	darifenacin er.....	188
CUROSURF.....	254	dario blood glucose monitor.....	288
CUTIVATE.....	259	dario blood glucose test strip.....	157
CUVITRU.....	122	DARZALEX.....	288
CUVPOSA.....	55	DASETTA.....	200
cvs advanced glucose meter.....	288	daunorubicin hcl.....	288
cvs advanced glucose test str.....	157	DAUNOXOME.....	288
cyanocobalamin injection.....	328	DAXBIA.....	150
CYCLAFEM.....	200	DAYPRO.....	238
CYCLESSA.....	200	DAYSEE.....	200

DAYTRANA.....	27	DESONATE.....	259
DDAVP.....	212	desonide.....	259
DEBACTEROL.....	269	DESOWEN.....	259
DEBLITANE.....	200	desoximetasone.....	259
DECADRON.....	194	DESOXYN.....	25
decitabine.....	288	desvenlafaxine er.....	69
deferoxamine mesylate.....	220	desvenlafaxine fumarate er.....	70
DELATESTRYL.....	197	desvenlafaxine succinate er.....	70
DELESTROGEN.....	177	DETROL.....	188
DELTASONE.....	194	DETROL LA.....	188
DELYLA.....	200	dexamethasone.....	194
DELZICOL.....	184	DEXAMETHASONE INTENSOL.....	194
DEMADEX.....	169	dexamethasone sodium phosphate.....	39,194
demeclocycline hcl.....	50	dexamethasone-0.9% nacl.....	194
DEMEROL.....	7	dexchlorpheniramine maleate.....	288
DEMSEK.....	235	dexcom g4 (ped) receiver kit.....	288
DENAVIR.....	37	dexcom g4 receiver kit.....	289
DEPACON.....	62	dexcom g4 receiver-share (ped).....	289
DEPADE.....	149	dexcom g4 receiver-share kit.....	289
DEPAKENE.....	62	dexcom g5 receiver kit.....	289
DEPAKOTE.....	62	dexcom receiver kit.....	289
DEPAKOTE ER.....	62	DEXEDRINE.....	25
DEPAKOTE SPRINKLE.....	62	DEXILANT.....	123
DEPEN.....	225	dexmedetomidine hcl.....	129
DEPO-ESTRADIOL.....	177	dexmethylphenidate hcl.....	27
DEPO-MEDROL.....	194	dexmethylphenidate hcl er.....	27
DEPO-TESTOSTERONE.....	197	DEXPAK.....	194
DEPOCYT.....	288	dexrazoxane.....	237
DERMA-SMOOTHIE-FS.....	259	dextroamphetamine sulfate.....	25
DERMATOP.....	259	dextroamphetamine sulfate er.....	25
DERMAZENE.....	38	dextroamphetamine-amphet er.....	25
DERMOTIC.....	39	dextroamphetamine-amphetamine.....	26
DESCOVY.....	118	dextrose 5%-0.2% nacl-kcl.....	173
DESFERAL.....	220	dextrose 5%-0.225% nacl-kcl.....	173
DESFERAL MESYLATE.....	220	dextrose 5%-0.3% nacl-kcl.....	173
desipramine hcl.....	74	dextrose 5%-0.33% nacl-kcl.....	173
desloratadine.....	95	dextrose 5%-0.45% nacl-kcl.....	174
desmopressin acetate.....	212	dextrose 5%-1/2ns-kcl.....	174
DESOGEN.....	200	dextrose 5%-1/4ns-kcl.....	174
desogestr-eth estrad eth estra.....	200	dextrose 5%-ns-kcl.....	174
desogestrel-ethinyl estradiol.....	200	dextrose 5%-potassium chloride.....	174

DIABETA	81	dimenhydrinate	85
DIAMOX SEQUELS	92	DIOVAN	247
DIASTAT	132	DIOVAN HCT	247
DIASTAT ACUDIAL	132	DIPENTUM	184
diatrue plus blood glucose sys	289	diphenhydramine hcl	94
diatrue plus test strip	157	diphenhydramine-0.9% nacl	94
diazepam	67,132,133	diphenoxylate-atropine	56,184
DIBENZYLINE	3	DIPROLENE	259
DICLEGIS	85	DIPROLENE AF	259
diclofenac potassium	238	dipyridamole	324
diclofenac sodium	41,238,269	DISALCID	242
diclofenac sodium er	238	disopyramide phosphate	44
diclofenac sodium-misoprostol	239	disulfiram	220
dicloxacillin sodium	245	DITROPAN XL	188
dicyclomine hcl	55,56	DIURIL	170
didanosine	118	divalproex sodium	62
diethylpropion hcl	23	divalproex sodium er	62
diethylpropion hcl er	23	DIVIGEL	177
DIFFERIN	269	DOCEFREZ	289
DIFICID	218	docetaxel	289
diflorasone diacetate	259	dofetilide	46
DIFLUCAN	87	DOLOPHINE HCL	8
diflunisal	239	donepezil hcl	134
DIGITEK	143	donepezil hcl odt	134
DIGOX	143	DONNATAL	56
digoxin	143	DOPRAM	27
dihydroergotamine mesylate	3	DORAL	133
DILANTIN	67	DORIBAX	218
DILANTIN-125	68	doripenem	218
DILATRATE-SR	322	DORYX	50
DILAUDID	8	DORYX MPC	50
DILAUDID-HP	8	dorzolamide hcl	92
DILT-XR	139	dorzolamide-timolol	92
diltiazem 12hr er	139	DOTHELLE DHA	325
diltiazem 24hr cd	139	DOVONEX	269
diltiazem 24hr er	139,140	doxapram hcl	27
diltiazem er	140	doxazosin mesylate	144
diltiazem hcl	140	doxepin hcl	74,263
diltiazem hcl-0.9% nacl	140	doxercalciferol	329
diltiazem-d5w	140	doxorubicin hcl	289
DILUENT FOR ELITEK	289	DOXY 100	50

doxycycline hyclate	32,50,51	easy check glucose test strip	157,158
doxycycline ir-dr	51	easy gluco g2 test strip	158
doxycycline monohydrate	51	easy plus blood glucose kit	289
DRISDOL	329	easy plus blood glucose system	289
DRITHOCREME HP	267	easy plus glucose test strip	158
dronabinol	84	easy plus ii blood glucose sys	289
droperidol	129	easy plus ii test strips	158
drospirenone-eth estra-levomef	200	easy step blood glucose meter	290
drospirenone-ethinyl estradiol	201	easy step glucose system kit	290
DROXIA	289	easy step glucose test strips	158
DRYSOL	264	easy talk blood glucose meter	290
DUAC	36	easy talk glucose system kit	290
DUAVEE	177	easy talk glucose test strip	158
DUETACT	83	easy touch glucose monitor sys	290
DUEXIS	239	easy touch glucose test strip	158
DULERA	153	easy trak blood glucose meter	290
duloxetine hcl	70	easy trak glucose system kit	290
DUODOTE	220	easy trak glucose test strip	158
DUOPA	105	easygluco meter	290
DUPIXENT	269	easygluco meter starter kit	290
DURACLON	5	easygluco plus meter kit	290
DURAGESIC	8	easygluco plus starter kit	290
DURAMORPH	8	easygluco plus test strips	158
DUREZOL	39	easygluco test strips	158
DURLAZA	242	easymax 15 glucose test strip	158
dutasteride	219	easymax glucose test strips	158
dutasteride-tamsulosin	220	easymax I blood glucose system	290
DUTOPROL	145	easymax ng blood glucose sys	290,291
DUZALLO	175	easymax ng glucose system kit	291
DYANAVAL XR	26	easymax v speaking glucose sys	291
DYAZIDE	169	easymax v2 blood glucose sys	291
DYLOJECT	239	EC-NAPROSYN	239
DYMISTA	180	eclipse needle	291
DYRENIUM	169	econazole nitrate	89
DYSPORT	235	ECOZA	89
E		ED-SPAZ	56
E.E.S. 200	48	EDARBI	247
E.E.S. 400	48	EDARBYCLOR	247
easy check blood glucose sys	289	EDECRIIN	169
easy check glucose meter	289	EDLUAR	130
		EDURANT	117

EEMT.....	197	embrace pro blood glucose mtr.....	292
EEMT H.S.....	197	embrace pro test strips.....	159
efavirenz.....	118	embrace test strips.....	159
EFFER-K.....	174	EMCYT.....	292
EFFEXOR XR.....	70	EMEND.....	86
EFFIENT.....	121	EMFLAZA.....	194
EFUDEX.....	269	EMLA.....	263
EGRIFTA.....	275	EMOQUETTE.....	201
ELAPRASE.....	291	EMSAM.....	106
ELDEPRYL.....	106	EMTRIVA.....	119
ELELYSO.....	291	EMVERM.....	30
element compact glucose meter.....	291	ENABLEX.....	188
element compact test strips.....	158	enalapril maleate.....	246
element compact v glucose mtr.....	291	enalapril-hydrochlorothiazide.....	249
element plus blood glucose kit.....	291	enalaprilat.....	249
element test strips.....	159	ENBREL.....	225
ELESTAT.....	180	ENBREL MINI.....	225
ELESTRIN.....	177	ENBREL SURECLICK.....	225
eletriptan hbr.....	102	ENDOCET.....	8
ELIDEL.....	269	ENDOMETRIN.....	214
ELIGARD.....	190	ENJUVIA.....	177
ELIMITE.....	39	ENLON.....	168
ELINEST.....	201	ENLON-PLUS.....	168
ELIPHOS.....	216	enoxaparin sodium.....	59
ELIQUIS.....	58	ENPRESSE.....	201
ELITE OB DHA.....	325	ENSKYCE.....	201
ELITE-OB.....	325	ENSTILAR.....	269
ELITE-OB 400.....	325	entacapone.....	105
ELITEK.....	291	entecavir.....	127
ELIXOPHYLLIN.....	273	enteral gravity bag set-enfit.....	292
ELLA.....	201	ENTEREG.....	186
ELLENCES.....	291	ENTOCORT EC.....	194
ELMIRON.....	237	ENTRESTO.....	247
ELOCON.....	260	ENTYVIO.....	187
EMADINE.....	180	ENULOSE.....	173
EMBEDA.....	8	ENVARSUS XR.....	232
embrace blood glucose kit.....	291	EPANED.....	249
embrace blood glucose system.....	291,292	EPCLUSA.....	192
embrace evo blood glucose kit.....	292	EPIDUO.....	269
embrace evo test strips.....	159	EPIDUO FORTE.....	270
embrace glucose test strips.....	159	EPIFOAM.....	260

epinastine hcl	180	ESBRIET	251
epinephrine	275	escitalopram oxalate	71
epinephrine hcl-0.9% nacl	275	ESGIC	5
epinephrine hcl-d5w	276	esmolol hcl	145
epinephrine-d5w	276	esomeprazole magnesium	123
EPINEPHRINESNAP-V	276	esomeprazole sodium	124
EPIPEN	276	esomeprazole strontium	124
EPIPEN 2-PAK	276	ESTARYLLA	201
EPIPEN JR 2-PAK	276	estazolam	133
epirubicin hcl	292	ESTRACE	177
EPISIL	292	estradiol	177,178
EPISNAP	276	estradiol valerate	178
EPITOL	62	estradiol-norethindrone acetat	178
eplerenone	250	ESTRING	178
EPOGEN	137	ESTROGEL	178
epoprostenol sodium	254	estrogen-methyltestosterone	197
eprosartan mesylate	247	estropipate	178
eptifibatide	121	ESTROSTEP FE	201
EPY	276	eszopiclone	130
EPZICOM	119	ethacrynic acid	169
eq blood glucose test strip	159	ethambutol hcl	104
EQUETRO	62	ethosuximide	68
ERAXIS (WATER DILUENT)	88	ethyl acetate	292
ERBITUX	292	ethyl chloride	263
ergoloid mesylates	3	ethynodiol-ethinyl estradiol	201
ERGOMAR	3	ETHYOL	237
ergotamine-caffeine	3	etidronate disodium	222
ERIVEDGE	292	etodolac	239
ERRIN	201	etodolac er	239
ERTACZO	89	ETOPOPHOS	292
ERWINAZE	292	etoposide	292
ERY	36	EUCRISA	260
ERY-TAB	48	EUFLEXXA	292
ERYGEL	36	EURAX	39
ERYPED 200	48	EVAMIST	178
ERYPED 400	48	EVEKEO	26
ERYTHROCIN LACTOBIONATE	48	evencare g2 blood glucose sys	292,293
ERYTHROCIN STEARATE	48	evencare g2 test strip	159
erythromycin	32,36,48	evencare g3 blood glucose sys	293
erythromycin ethylsuccinate	48	evencare g3 test strip	159
erythromycin-benzoyl peroxide	36	evencare glucose tst strips	159

evencare mini glucose test str	159	FARYDAK	293
evencare mini monitor system	293	FASLODEX	293
evencare monitoring system	293	FAYOSIM	201
EVISTA	176	FAZACLO	110
EVOCLIN	36	felbamate	62
evolution blood glucose meter	293	FELBATOL	62
evolution test strips	159	FELDENE	239
EVOMELA	293	felodipine er	142
EVOTAZ	120	FEM PH	38
EVOXAC	134	FEMARA	176
EVZIO	149	FEMCON FE	202
EXALGO	8	FEMHRT	178
EXELDERM	89	FEMRING	178
EXELON	134	FEMYNOR	202
exemestane	176	fenofibrate	98
EXFORGE	142	fenofibric acid	98
EXFORGE HCT	142	FENOGLIDE	98
EXJADE	293	fenoprofen calcium	239
EXODERM	88	FENORTHO	239
EXTAVIA	229	fentanyl	8
EXTINA	89	fentanyl citrate	9
ez smart plus system kit	293	fentanyl citrate-0.9% nacl	9
ez smart plus test strips	159	fentanyl citrate-d5w	9
ez smart system kit	293	fentanyl-bupivacaine-0.9% nacl	9,10
ez smart test strips	159,160	fentanyl-ropivacaine-0.9% nacl	10
EZ USE JOINT-TUNNEL-TRIGGER	194	FENTORA	10
ezetimibe	97	FERAHEME	43
ezetimibe-simvastatin	97	FEROCON	43
		FEROTRINSIC	43
F		FERREX 150 FORTE	43
FABIOR	270	FERRIPROX	294
FABRAZYME	293	FERRLECIT	43
FACTIVE	49	FETZIMA	70
FALMINA	201	FEXMID	257
famciclovir	127	FIBRICOR	98
famotidine	122	fifty50 2.0 glucose meter	294
famotidine-0.9% nacl	122	fifty50 glucose test strip	160
FAMVIR	127	filter needle	294
FANAPT	109	FINACEA	270
FARESTON	176	finasteride	220
FARXIGA	81	FIORICET	5

FIORICET WITH CODEINE	10	fluoxetine hcl	71
FIORINAL	242	fluphenazine decanoate	117
FIORINAL WITH CODEINE #3	10	fluphenazine hcl	117
FIRAZYR	224	flurazepam hcl	133
FIRMAGON	189	flurbiprofen	239
FLAGYL	106,107	flurbiprofen sodium	41
FLAGYL ER	106	FLUROX	182
FLAREX	39	flutamide	294
flavoxate hcl	188	fluticasone propionate	260
flecainide acetate	45	fluticasone-salmeterol	154
FLECTOR	239	fluvastatin er	99
FLO-PRED	194	fluvastatin sodium	99
FLOLAN	254	fluvoxamine maleate	71
FLOLIPID	99	fluvoxamine maleate er	71
FLOMAX	4	FML	40
FLOVENT DISKUS	153	FML FORTE	40
FLOVENT HFA	153	FML S.O.P.	40
FLOWTUSS	252	FOCALGIN 90 DHA	325
FLOXIN	32	FOCALGIN CA	325
floxuridine	294	FOCALGIN DSS	43
FLUCAINE	182	FOCALIN	28
fluconazole	87	FOCALIN XR	28
fluconazole in dextrose	87	FOLBECAL	325
fluconazole in saline	87	FOLBEE	328
fluconazole-nacl	87	FOLBEE AR	328
flucytosine	88	FOLGARD RX	328
fludarabine phosphate	294	folic acid	328
fludrocortisone acetate	194	folic acid-vit b6-vit b12	328
FLUMADINE	125	FOLIVANE-PLUS	43
flumazenil	148	FOLLISTIM AQ	190
flunisolide	39	FOLOTYN	294
fluocinolone acetonide	260	FOLPLEX 2.2	328
fluocinolone acetonide oil	39	fondaparinux sodium	58
fluocinonide	260	fora blood glucose test strip	160
fluocinonide-e	260	fora d10 blood glucose system	294
fluorescein-benoxinate	182	fora d15g glucose test strips	160
fluorescein-proparacaine	182	fora d20 blood glucose system	294
fluorometholone	39	fora d20 glucose test strips	160
FLUOROPLEX	270	fora d40-g31 test strips	160
fluorouracil	270,294	fora g20 blood glucose system	294
fluoxetine dr	71	fora g20 glucose test strips	160

fora g30a blood glucose system.....	294	fosphenytoin sodium.....	68
fora g30a glucose test strip.....	160	FOSRENOL.....	217
fora gd50 blood glucose system.....	294	FRAGMIN.....	59
fora gd50 test strips.....	160	freestyle flash system kit.....	295
fora premium v10 glucose meter.....	294,295	freestyle freedom kit.....	295,296
fora test n'go voice system.....	295	freestyle freedom lite meter.....	296
fora tn'g voice glucose meter.....	295	freestyle freedom lite nfrs.....	296
fora tn'g voice test strips.....	160	freestyle insulinx glucose sys.....	296
fora v10 blood glucose system.....	295	freestyle insulinx strip nfrs.....	161
fora v10 glucose test strip.....	160	freestyle insulinx test strip.....	161
fora v10-v12-d10-d20 strips.....	160	freestyle insulinx test strips.....	161
fora v12 blood glucose system.....	295	freestyle lite meter.....	296
fora v12 glucose test strip.....	160	freestyle lite meter nfrs.....	296
fora v20 blood glucose system.....	295	freestyle lite test strip.....	161
fora v20 glucose test strips.....	161	freestyle lite test strip nfrs.....	161
fora v30a blood glucose system.....	295	freestyle lite test strips.....	161
fora v30a glucose test strip.....	161	freestyle navigator sensor kit.....	296
foracare gd20 glucose system.....	295	freestyle prec neo test strips.....	161
foracare gd20 test strips.....	161	freestyle precision neo meter.....	296
foracare gd40 glucose strips.....	161	freestyle sidekick ii valpk.....	296
foracare gd40a glucose system.....	295	freestyle system kit.....	296
foracare gd40b glucose system.....	295	freestyle test strips.....	161,162
FORADIL.....	136	freestyle test strips nfrs.....	162
FORFIVO XL.....	68	FROVA.....	102
FORMA-RAY.....	295	frovatriptan succinate.....	102
FORMADON.....	270	FULYZAQ.....	184
formaldehyde.....	270	FURADANTIN.....	31
FORTAZ.....	152	furosemide.....	169
FORTAZ IN ISO-OSMOTIC DEXTROSE.....	152	furosemide-0.9% nacl.....	169
FORTEO.....	243	FUSILEV.....	220
FORTESTA.....	197	FUSION PLUS.....	43
FORTICAL.....	242	FUSION SPRINKLES.....	43
fortiscare blood glucose syst.....	295	FUZEON.....	117
fortiscare glucose test strips.....	161	FYAVOLV.....	178
FOSAMAX.....	222	FYCOMPA.....	62,63
FOSAMAX PLUS D.....	222		
fosamprenavir calcium.....	120	G	
foscarnet sodium.....	125	g-4 test strips.....	162
FOSCAVIR.....	125	gabapentin.....	63
fosinopril sodium.....	249	GABITRIL.....	63
fosinopril-hydrochlorothiazide.....	249	GABLOFEN.....	258

galantamine er	134	GILDESS FE	202
galantamine hbr	134	GILENYA	229
galantamine hydrobromide	135	GILOTRIF	297
GALZIN	296	GLASSIA	254
ganciclovir	127	GLATOPA	229
ganciclovir sodium	127	GLEEVEC	297
ganirelix acetate	189	GLEOSTINE	297
GASTROCROM	42	GLIADEL	297
gatifloxacin	32	glimepiride	82
GATTEX	187	glipizide	82
GAVILYTE-C	185	glipizide er	82
GAVILYTE-G	185	glipizide xl	82
GAVILYTE-N	185	glipizide-metformin	82
GAZYVA	296	GLUCAGEN	95
gdrive blood glucose system	296	GLUCAGON EMERGENCY KIT	95
ge100 blood glucose system	297	gluco navii glucose monitor kt	297
ge100 blood glucose test strip	162	gluco navii glucose test strip	162
GEL-ONE	297	glucocard 01 meter kit	298
GELNIQUE	188	glucocard 01 sensor plus strip	162
gemcitabine hcl	297	glucocard expression meter	298
gemfibrozil	98	glucocard expression meter kit	298
GEMZAR	297	glucocard expression test strp	162
GENERESS FE	202	glucocard shine meter	298
GENERLAC	173	glucocard shine meter kit	298
GENGRAF	232	glucocard shine test strips	162
GENOTROPIN	212	glucocard shine xl meter	298
genstrip glucose test strip	162	glucocard vital meter kit	298
GENTAK	32	glucocard vital sensor strip	162
gentamicin sulfate	32,36,47	glucocard vital test strips	162
gentamicin sulfate in ns	47	glucocom blood glucose kit	298
gentamicin-sodium citrate	297	glucocom blood glucose meter	298
genultimate test strip	162	glucocom glucose test strip	163
GENVISC 850	297	glucocom value kit	298
GENVOYA	119	GLUCOPHAGE	76
GEODON	110	GLUCOPHAGE XR	76
ght blood glucose test strip	162	GLUCOTROL	82
GIANVI	202	GLUCOTROL XL	82
GIAZO	184	GLUCOVANCE	82
GILDAGIA	202	glyburide	82
GILDESS	202	glyburide micronized	82
GILDESS 24 FE	202	glyburide-metformin hcl	76,82

glycopyrrolate	56	HALDOL DECANOATE 50	116
glycopyrrolate-sterile water	56	halobetasol propionate	260
GLYNASE	82	HALOG	260
GLYSET	75	haloperidol	116
GLYXAMBI	81	haloperidol decanoate	116
gmate smart meter kit	298	haloperidol decanoate 100	116
gmate smart starter kit	298	haloperidol lactate	116,299
gmate test strips	163	HARVONI	192
gmate voice meter monitor syst	298,299	healthpro glucose monitor syst	299
gmate voice starter kit	299	healthpro glucose test strips	163
gnp easy touch gluc test strip	163	HEATHER	202
gnp easy touch glucose monitor	299	HECTOROL	329
GOLYTELY	185	HEMANGEOL	145
GONAL-F	190	HEMATINIC WITH FOLIC ACID	43
GONAL-F RFF	190	HEMATRON-AF	43
GONAL-F RFF REDI-JECT	190	HEMAX	43
GONITRO	322	HEMMOREX-HC	260
GORDO-UREA	265	HEMOCYTE-F	43
GRALISE	5	heparin flush	59
granisetron hcl	83	heparin lock	60
GRANIX	137	heparin sodium	60
GRIS-PEG	86	heparin sodium in 0.45% nacl	60
griseofulvin	86	heparin sodium-0.45% nacl	60
griseofulvin ultramicrosized	86	heparin sodium-0.9% nacl	60,61
gs blood glucose monitor sys	299	heparin sodium-d5w	61
gs blood glucose test strip	163	HEPLISAV-B	122
guanfacine hcl	215	HEPSERA	127
guanfacine hcl er	148	HERCEPTIN	299
guanidine hcl	135	HETLIOZ	130
guardian link 3	299	HEXALEN	299
guardian real-time glu monitor	299	HICON	299
guardian sensor 3	299	HIPREX	31
GYNAZOLE 1	89	HOMATROPAIRE	182
		homatropine hydrobromide	182
H		HORIZANT	63
H.P. ACTHAR	155	HUMALOG	79
HAEGARDA	224	HUMALOG JUNIOR KWIKPEN	79
HALAVEN	299	HUMALOG KWIKPEN U-100	79
HALCION	133	HUMALOG KWIKPEN U-200	79
HALDOL	116	HUMALOG MIX 50-50	79
HALDOL DECANOATE 100	116	HUMALOG MIX 50-50 KWIKPEN	79

HUMALOG MIX 75-25	79	hydromorphone er	11
HUMALOG MIX 75-25 KWIKPEN	79	hydromorphone hcl	11,12
humana true metrix air glu mtr	299	hydromorphone hcl-0.9% nacl	12
humana true metrix air meter	299	hydromorphone hcl-d5w	12
humana true metrix test strips	163	hydroxocobalamin	328
humana trueresult glucose mtr	300	hydroxychloroquine sulfate	107
humana truetest test strips	163	hydroxyprogesterone caproate	214
HUMATROPE	212	hydroxyurea	300
HUMIRA	225,226	hydroxyzine hcl	130
HUMIRA PEDIATRIC CROHN'S	226	hydroxyzine pamoate	130
HUMIRA PEN	226	HYLATOPICPLUS	300
HUMIRA PEN CROHN-UC-HS STARTER	226	HYMOVIS	300
HUMIRA PEN PSORIASIS-UVEITIS	226	hyoscyamine sulfate	56
HUMULIN R U-500	79	hyoscyamine sulfate er	56
HUMULIN R U-500 KWIKPEN	79	hyoscyamine sulfate sr	56
HYALGAN	300	HYOSYNE	56
HYCAMTIN	300	HYSINGLA ER	12
HYCET	10	HYZAAR	247
HYCOFENIX	252		
hydralazine hcl	216	I	
HYDREA	300	ibandronate sodium	222,223
HYDRO 35	265	IBRANCE	300
HYDRO 40	265	IBUDONE	13
hydrochlorothiazide	170	ibuprofen	239
hydrocod-cpm-pseudoephedrine	252	ibuprofen lysine	239
hydrocodone-acetaminophen	5,10,11	ibutilide fumarate	46
hydrocodone-chlorpheniramine er	252	ICAR-C PLUS	43
hydrocodone-homatropine mbr	252	ICLUSIG	300,301
hydrocodone-ibuprofen	11	IDAMYCIN PFS	301
hydrocortisone	194,260	idarubicin hcl	301
hydrocortisone acetate	260	IDELVION	94
hydrocortisone butyrate	260	IDHIFA	301
hydrocortisone valerate	260	IFEX	301
hydrocortisone-acetic acid	35	ifosfamide	301
hydrocortisone-iodoquinol	38	ifosfamide-mesna	301
hydrocortisone-iodoquinol-aloe	38	iglucose blood glucose monitor	301
hydrocortisone-pramoxine	260	iglucose test strip	163
hydrocortisone-pramoxine hcl	261	ILARIS	235
HYDROMET	252	ILEVRO	41
hydromorph-bupivac-0.9% nacl	11	ILUVIEN	40
hydromorph-ropiva-0.9% nacl	11	IMBRUVICA	301

imipenem-cilastatin sodium	219	INVOKAMET XR	81
imipramine hcl	74	INVOKANA	81
imipramine pamoate	74	IODOFLEX	38
imiquimod	270	IODOSORB	38
IMITREX	102	IONSYS	13
IMPAVIDO	107	IOPIDINE	181
IMPOYZ	261	ipratropium bromide	56,181
IMURAN	232	ipratropium-albuterol	3
INCRELEX	275	IPRIVASK	59
INCRUSE ELLIPTA	56	irbesartan	247
indapamide	170	irbesartan-hydrochlorothiazide	247
INDERAL LA	145	IRENKA	70
INDERAL XL	145	IRESSA	302
INDOCIN	239	irinotecan hcl	302
INDOCIN I.V.	239	ISENTRESS	117
indomethacin	239	ISENTRESS HD	117
indomethacin er	239	ISIBLOOM	202
INFASURF	254	ISOCHRON	322
INFED	43	isomethept-caff-acetaminophen	5
infinity meter kit	301	isomethept-dichloralp-acetamin	5
infinity starter kit	301	isoniazid	104
infinity test strips	163	isoproterenol hcl	136
INFUMORPH	13	ISOPTO ATROPINE	182
INGREZZA	148	ISOPTO CARPINE	93
INJECTAFER	43	ISORDIL	322
INLYTA	301	ISORDIL TITRADOSE	322
INNOPRAN XL	145	isosorbide dinitrate	322
INSPIRA	250	isosorbide mononitrate	322
INTEGRILIN	121	isosorbide mononitrate er	322
INTELENCE	118	isotretinoin	270
INTERMEZZO	130	isoxsuprine hcl	324
INTRAROSA	194	isradipine	142
INTRON A	125	ISTALOL	91
INTROVALE	202	ISTODAX	302
INTUNIV	148	itraconazole	87
INVANZ	219	ivermectin	30
INVEGA	110	IXEMPRA	302
INVEGA SUSTENNA	110		
INVEGA TRINZA	110,111	J	
INVIRASE	120	JADENU	302
INVOKAMET	81	JADENU SPRINKLE	302

JAKAFI	302	KAZANO	77
JALYN	220	KEFLEX	150
JANTOVEN	58	KELNOR 1-35	203
JANUMET	77	KENALOG	261
JANUMET XR	77	KENALOG-10	195
JANUVIA	77	KENALOG-40	195
JARDIANCE	81	KENGREAL	121
jazz wireless 2 meter kit	302	KEPIVANCE	264
JENCYCLA	202	KEPPRA	63
JENTADUETO	77	KEPPRA XR	63
JENTADUETO XR	77	KERAFOAM	266
JETREA	181	KERALAC	266
JEVANTIQUE LO	178	KERALYT	266
JEVTANA	302	KERYDIN	90
JINTELI	178	KETEK	217
JOLESSA	202	ketoconazole	87,89
JOLIVETTE	203	ketoprofen	239,240
JUBLIA	89	ketorolac tromethamine	41,42,240
JULEBER	203	KEVEYIS	224
JUNEL	203	KEVZARA	226
JUNEL FE	203	KEYTRUDA	302
JUNEL FE 24	203	KHEDEZLA	70
JUXTAPID	95,96	KIMIDESS	203
		KINERET	226
K		KIONEX	217
K EFFERVESCENT	174	KISQALI	303
K-PHOS NEUTRAL	172	KISQALI FEMARA CO-PACK	303
K-PHOS NO.2	172	KLARON	38
K-PHOS ORIGINAL	172	KLOFENSAID II	240
K-SOL	174	KLONOPIN	67
K-TAB ER	174	KLOR-CON	174
KADCYLA	302	KLOR-CON 10	174
KADIAN	13	KLOR-CON 8	174
KAITLIB FE	203	KLOR-CON M10	174
KALBITOR	224	KLOR-CON M15	174
KALETRA	120	KLOR-CON M20	174
KALYDECO	154	KLOR-CON SPRINKLE	174
KAPVAY	215	KLOR-CON-EF	174
KARBINAL ER	94	KOMBIGLYZE XR	77
KARIVA	203	KORLYM	75
KAYEXALATE	217	KRISTALOSE	173

kro premium blood glucose syst	303,304	LARIN	203
kro premium blood glucose test	163	LARIN 24 FE	203
KRYSTEXXA	221	LARIN FE	203
KURVELO	203	LARISSIA	204
KUVAN	235	LASIX	169
KYNAMRO	96	LASTACRAFT	180
KYPROLIS	304	latanoprost	93
L		LATRIX	266
labetalol hcl	4,145	LATUDA	111
labetalol hcl-d5w	145	LAYOLIS FE	204
lactulose	173	LAZANDA	13
LAMICTAL	63	LEENA	204
LAMICTAL (BLUE)	63	leflunomide	226
LAMICTAL (GREEN)	63	LENVIMA	304
LAMICTAL (ORANGE)	63	LESCOL	99
LAMICTAL ODT	63	LESCOL XL	99
LAMICTAL ODT (BLUE)	63	LESSINA	204
LAMICTAL ODT (GREEN)	64	LETAIRIS	255
LAMICTAL ODT (ORANGE)	64	letrozole	176
LAMICTAL XR	64	leucovorin calcium	220
LAMICTAL XR (BLUE)	64	LEUKERAN	304
LAMICTAL XR (GREEN)	64	LEUKINE	137
LAMICTAL XR (ORANGE)	64	leuprolide acetate	190
LAMISIL	86	LEVACET	121
lamivudine-zidovudine	119	levalbuterol concentrate	136
lamotrigine	64	levalbuterol hcl	136
lamotrigine (blue)	64	levalbuterol tar hfa 45mcg inh	136
lamotrigine (green)	64	LEVAQUIN	49
lamotrigine (orange)	64	LEVATOL	146
lamotrigine er	64	LEVBID	56
lamotrigine odt	64	LEVEMIR	79
lamotrigine odt (blue)	64	LEVEMIR FLEXTOUCH	79
lamotrigine odt (green)	64	levetiracetam	64
lamotrigine odt (orange)	64	levetiracetam er	64
LANOXIN	143	levetiracetam-nacl	64
LANOXIN PEDIATRIC	143	LEVITRA	323
lansoprazole	124	LEVO-T	277
lanthanum carbonate	217	levobunolol hcl	91
LANTUS	79	levocarnitine	235
LANTUS SOLOSTAR	79	levofloxacin	32,49
		levofloxacin-d5w	49

levoleucovorin calcium.....	220	lisinopril-hydrochlorothiazide.....	171,249
levomefolate dha.....	325	lithium.....	147
LEVONEST.....	204	lithium carbonate.....	147
levonorg-eth estrad eth estrad.....	204	lithium carbonate er.....	147
levonorgestrel-eth estradiol.....	204	LITHOBID.....	147
LEVORA-28.....	204	LIVALO.....	100
levothyroxine sodium.....	278	LO LOESTRIN FE.....	205
LEVOXYL.....	278	LOCOID.....	261
LEVSIN.....	56	LOCORT.....	195
LEVSIN-SL.....	56	LODINE.....	240
LEXAPRO.....	71	LODOSYN.....	148
LEXIVA.....	120	LOESTRIN.....	205
LIALDA.....	184	LOESTRIN FE.....	205
liberty blood glucose monitor.....	304	LOFIBRA.....	98
liberty test strips.....	163	lokara.....	261
LIBRAX.....	56	LOMAIRA.....	23
lidocaine.....	263	LOMEDIA 24 FE.....	205
lidocaine hcl.....	45,263,304	LOMOTIL.....	184
lidocaine hcl in 5% dextrose.....	45	LONSURF.....	304
lidocaine hcl-0.9% nacl.....	304	LOPID.....	98
lidocaine-hydrocortisone.....	261,263	lopinavir-ritonavir.....	120
lidocaine-prilocaine.....	263	LOPREEZA.....	179
lidocaine-tetracaine.....	263	LOPRESSOR.....	146
LIDODERM.....	263	LOPRESSOR HCT.....	146
LIDOPIN.....	263	LOPROX.....	90
LIDOPRIL.....	263	lorazepam.....	67,133
LIDOTRAL.....	263	LORAZEPAM INTENSOL.....	133
LIDOVEX.....	264	lorazepam-0.9% nacl.....	133
LIDTOPIC MAX.....	264	lorazepam-d5w.....	133
LILLOW.....	205	LORCET.....	13
LINCOCIN.....	54	LORCET HD.....	13
lincomycin hcl.....	54	LORCET PLUS.....	13
lindane.....	39	LORTAB.....	13
linezolid.....	54	LORYNA.....	205
linezolid-0.9% nacl.....	54	LORZONE.....	257
LINZESS.....	187	losartan potassium.....	245,247
LIORESAL INTRATHECAL.....	258	losartan-hydrochlorothiazide.....	171
liothyronine sodium.....	278	LOSEASONIQUE.....	205
LIPITOR.....	99	LOTEMAX.....	40
LIPOFEN.....	98	LOTENSIN.....	249
lisinopril.....	246	LOTENSIN HCT.....	249

LOTREL	142	MARINOL	84
LOTRISONE	89	MARLISSA	205
LOTRONEX	184	MARPLAN	69
lovastatin	100	MARQIBO	305
LOVAZA	96	MARTEN-TAB	5
LOVENOX	61	MATERNITY	325
LOW-OGESTREL	205	MATULANE	305
loxapine	108	MATZIM LA	140
LP LITE PAK	264	MAVIK	249
LUCENTIS	181	MAVYRET	192
LUMIGAN	93	MAXALT	102
LUMINAL SODIUM	304	MAXALT MLT	102
LUMIZYME	304	MAXARON FORTE	43
LUNESTA	130	MAXIDEX	40
LUPANETA PACK	190	MAXIFED CDX	305
LUPRON DEPOT	190	maxima test strip	163
LUPRON DEPOT (LUPANETA)	191	MAXINATE	325
LUPRON DEPOT-PED	191	MAXIPHEN CD	305
LUTERA	205	MAXIPHEN CDX	305
LUXIQ	261	MAXIPIME	151
LUZU	89	MAXITROL	32
LYNPARZA	304	MAXZIDE	169
LYRICA	64,65	MAXZIDE-25 MG	170
LYRICA CR	5	meclofenamate sodium	240
LYSODREN	305	MEDROL	195
LYSTEDA	94	medroxyprogesterone acetate	214
LYZA	205	mefenamic acid	240
		mefloquine hcl	107
M		MEFOXIN	151
MACNATAL CN DHA	325	MEGACE	214
MACROBID	31	MEGACE ES	214
MACRODANTIN	31	megestrol acetate	214
magnesium sulfate-0.9% nacl	65	meijer blood glucose test strp	163,164
magnesium sulfate-d5w	65	MEKINIST	305
magnesium-lactated ringers	65	MELODETTA 24 FE	205
MAKENA	214	meloxicam	240
MALARONE	107	melphalan	305
malathion	39	melphalan hcl	305
mannitol	169	memantine hcl	148
maprotiline hcl	74	MENEST	179
MARGESIC	5	MENOPUR	191

MENOSTAR	179	methylphenidate er	28
MENTAX	90	methylphenidate hcl	28,29
meperidine hcl	13,14	methylphenidate hcl cd	29
meperidine hcl-0.9% nacl	14	methylphenidate hcl er	29
MEPHYTON	330	methylphenidate la	29
meprobamate	130	methylprednisolone	195
MEPRON	107	methylprednisolone acetate	195
mercaptapurine	232	methylprednisolone sodium succ	195
meropenem	219	methyltestosterone	197
meropenem-0.9% nacl	219	metipranolol	92
MERREM	219	metoclopramide hcl	187
mesalamine	184	metoclopramide hcl odt	187
mesalamine 800 mg dr tablet	184	metolazone	170
mesna	237	metoprolol succinate	45,146
MESNEX	237	metoprolol tartrate	45,146
MESTINON	135	metoprolol-hydrochlorothiazide	146
METADATE CD	28	METozolv ODT	188
METADATE ER	28	METRO IV	107
metaproterenol sulfate	136	METROCREAM	36
METASTRON	305	METROGEL	36
METAXALL	257	METROGEL-VAGINAL	37
metaxalone	257	METROLOTION	37
metformin hcl	76	metronidazole	37,106,107
metformin hcl er	76	mexiletine hcl	45
methadone hcl	14	MIACALCIN	243
METHADONE INTENSOL	14	MIBELAS 24 FE	205
METHADOSE	15	MICARDIS	247
methamphetamine hcl	26	MICARDIS HCT	247,248
methazolamide	92	miconazole 3	89
methenamine hippurate	31	MICORT-HC	261
methenamine mandelate	31	microdot blood glucose system	305
METHERGINE	305	microdot test strips	164
methimazole	277	microdot xtra test strips	164
METHITEST	197	MICROGESTIN	206
methocarbamol	257	MICROGESTIN 24 FE	206
methohexital-sterile water	188		
methotrexate	226		
methotrexate sodium	226		
methoxsalen	154		
methscopolamine bromide	56		
methylclothiazide	170		
		methylphenidate hcl	216
		methylene blue	221
		methylergonovine maleate	305
		METHYLIN	28

MICROGESTIN FE	206	mometasone furoate	40,261
MICROZIDE	170	MONDOXYNE NL	51
midazolam hcl	133	MONO-LINYAH	206
midazolam hcl-0.9% nacl	133	MONODOX	51
midazolam hcl-d5w	133	MONOJECT PREFILL	61
midodrine hcl	276	MONONESSA	206
MIGERGOT	3	MONOVISC	306
miglitol	75	montelukast sodium	42
MIGRANAL	3	MONUROL	31
MILLIPRED	195	MORGIDOX	51
MILLIPRED DP	195	MORPHABOND ER	15
MIMVEY	179	morphine sulfate	15,16
MIMVEY LO	179	morphine sulfate er	16
MINASTRIN 24 FE	206	morphine sulfate-0.9% nacl	16,17
minimed 630g guardian start kt	305	morphine sulfate-d5w	17
MINIPRESS	144	MOTOFEN	184
MINITRAN	323	MOVANTIK	187
MINIVELLE	179	MOVIPREP	185
MINOCIN	51	MOXATAG	244
minocycline hcl	51	MOXEZA	32
minocycline hcl er	51	moxifloxacin	32,49
minoxidil	216	moxifloxacin hcl	49
MIOCHOL-E	93	MOZOBIL	138
MIOSTAT	93	MS CONTIN	17
MIRAPEX	171	MUCOTROL	270
MIRAPEX ER	171	MULTAQ	46
MIRCERA	138	MULTIGEN FOLIC	43
MIRCETTE	206	MULTIGEN PLUS	43
mirtazapine	69	mupirocin	37
MIRVASO	270	MUSTARGEN	306
misoprostol	123	MYALEPT	212
MITIGARE	221	MYAMBUTOL	104
mitomycin	305	MYCAMINE	88
mitoxantrone hcl	306	MYCOBUTIN	104
MOBIC	240	mycophenolate mofetil	232
modafinil	30	mycophenolic acid	232
MODERIBA	127	MYDAYIS	26
MODICON	206	MYFORTIC	233
moexipril hcl	249	myglucohealth monitoring kit	306
moexipril-hydrochlorothiazide	249	myglucohealth test strips	164
molindone hcl	108	MYLERAN	306

MYNATAL	325	NASONEX	40
MYNATAL ADVANCE	325	NATACYN	34
MYNATAL PLUS	325	NATAZIA	206
MYNATAL-Z	325	nateglinide	80
MYNATE 90 PLUS	325	NATESTO	197
MYOBLOC	235	NATPARA	243
MYORISAN	270	NATRECOR	324
MYRBETRIQ	135	NATROBA	39
MYSOLINE	67	NATURE-THROID	278
MYTESI	184	NAVELBINE	306
MYZILRA	206	NEBUPENT	107
		NECON	206
N		needle	306
nabumetone	240	nefazodone hcl	73
nadolol	146	NEMBUTAL SODIUM	131
nadolol-bendroflumethiazide	146	NEO-POLYCIN	32
nafcillin	245	NEO-POLYCIN HC	33
nafcillin sodium	245	NEO-SYNALAR	37
naftifine hcl	88	neomycin sulfate	47
NAFTIN	88	neomycin-bacitracin-poly-hc	33
NAGLAZYME	306	neomycin-bacitracin-polymyxin	33
nalbuphine hcl	22	neomycin-polymyxin-dexameth	33
NALFON	241	neomycin-polymyxin-gramicidin	33
naloxone hcl	149	neomycin-polymyxin-hc	33
naltrexone hcl	149	neomycin-polymyxin-hydrocort	33
NAMENDA	148	NEOPROFEN	241
NAMENDA XR	148	NEORAL	233
NAMZARIC	148	NEOSPORIN	33
naphazoline hcl	182	neostigmine methylsulfate	135
NAPRELAN	241	neostigmine-sterile water	135
NAPROSYN	241	NEPTAZANE	92
naproxen	221,222,241	NERLYNX	306
naproxen sodium	222	NESINA	78
naproxen sodium cr	241	NEUAC	37
naproxen sodium ds	241	NEULASTA	138
naproxen sodium er	241	NEUPOGEN	138
naratriptan	102	NEUPRO	171
naratriptan hcl	102	NEURIN-SL	328
NARCAN	149	NEURONTIN	65
NARDIL	69	neutek 2tek test strips	164
NASCOBAL	328	NEVANAC	42

nevirapine	118	NOCTIVA	212
nevirapine er	118	NODOLOR	5
NEWGEN	326	NOR-Q-D	206
NEXAVAR	306	NORA-BE	206
NEXAVIR	235	NORCO	17
NEXIUM	124	NORDITROPIN FLEXPEN	212
NEXIUM I.V.	124	norepinephrine bitar-0.9% nacl	276
NEXTERONE	46	norepinephrine bitartrate-d5w	276
niacin er	96	norethin-eth estra-ferrous fum	207
NIACOR	96	norethindron-ethinyl estradiol	179,207
NIASPAN	96	norethindrone	207
nicardipine hcl	142	norethindrone ac (lupaneta)	214
nicardipine hcl-0.9% nacl	142	norethindrone acetate	214
nicardipine hcl-d5w	142	norgestimate-ethinyl estradiol	207
NIFEDICAL XL	142	NORINYL 1+50	207
nifedipine	142	NORINYL 1-35	207
nifedipine er	142	NORITATE	37
NIKKI	206	NORLYDA	207
NILANDRON	306	NORLYROC	207
nilutamide	306	NORPACE	44
nimodipine	142	NORPACE CR	44
NINLARO	307	NORPRAMIN	74
NIPENT	307	NORTHERA	276
nisoldipine	142	NORTREL	207
NITHIODOTE	221	nortriptyline hcl	74
NITRO-BID	323	NORVASC	142
NITRO-DUR	323	NORVIR	120
NITRO-TIME	323	nova max blood glucose meter	307
nitrofurantoin	31	nova max glucose test strip	164
nitrofurantoin mono-macro	31	NOVACORT	261
nitroglycerin	323	novamax plus glu-ket ctrl soln	307
nitroglycerin in d5w	323	NOVAREL	191
nitroglycerin patch	323	NOVOLIN 70-30	80
NITROLINGUAL	323	NOVOLIN N	80
NITROMIST	323	NOVOLIN R	80
NITRONAL	323	NOVOLOG	80
NITROPRESS	216	NOVOLOG FLEXPEN	80
NITROSTAT	323	NOVOLOG MIX 70-30	80
NITYR	235	NOVOLOG MIX 70-30 FLEXPEN	80
nizatidine	123	NOXAFIL	87
NIZORAL	89	NP THYROID	278

NPLATE	138	OKEBO	51
NUCALA	251	olanzapine	111
NUCYNTA	17	olanzapine odt	111,112
NUCYNTA ER	17	olanzapine-fluoxetine hcl	71
NUEDEXTA	149	olmesartan medoxomil	248
NULEV	56	olmesartan-amlodipine-hctz	248
NULOJIX	233	olmesartan-hydrochlorothiazide	248
NULYTELY WITH FLAVOR PACKS	185	olopatadine hcl	180
NUMBONEX	264	OLUX	261
NUMOISYN	307	OLUX-E	261
NUOX	266	OLYSIO	192
NUPLAZID	111	OMECLAMOX-PAK	124
NUTROPIN AQ	213	omega-3 acid ethyl esters	96
NUTROPIN AQ NUSPIN	213	omeprazole	124
NUVARING	207	omeprazole-sodium bicarbonate	124
NUVESSA	37	OMIDRIA	182
NUVIGIL	30	OMNARIS	40
NYAMYC	91	OMNIPRED	40
NYATA	91	OMNITROPE	213
NYMALIZE	143	on call express ctrl soln pak	307
nystatin	88,91	on call express meter	307
nystatin-triamcinolone	91	on call express meter system	307
NYSTOP	91	on call express test strip	164
		on call plus meter	307
O		on call plus test strip	164
O-CAL FA	326	on call vivid meter	307
OBREDON	252	on call vivid pal meter	307
OBSTETRIX EC	326	on call vivid test strip	164
OBSTETRIX ONE	326	ONCASPAR	307
OBTREX DHA	326	ondansetron hcl	83,84
OALIVA	187	ondansetron hcl-0.9% nacl	84
OCELLA	207	ondansetron hcl-d5w	84
octreotide acetate	235	ondansetron odt	84
OCUFEN	42	onetouch ultra test strips	164,279
OCUFLOX	33	onetouch ultra2 glucose syst	279,308
ODEFSEY	119	onetouch ultramini meter	279,308
ODOMZO	307	onetouch verio flex startr kit	279,308
OFEV	251	onetouch verio flex system kit	279,308
ofloxacin	33,49	onetouch verio iq meter	279,308
OGEN	179	onetouch verio iq system kit	279,308
OGESTREL	207	onetouch verio meter system	279,308

onetouch verio sync syst kit	279,308	OSENI	78
onetouch verio test strip	164,279	OSMITROL	169
ONEXTON	37	OSMOPREP	185
ONFI	67	OSPHENA	176
ONGLYZA	78	OTEZLA	227
ONMEL	87	OTIPRIO	33
ONXOL	308	OTOVEL	33
ONZETRA XSAIL	102	OTREXUP	227
OPANA	17	OVCON-35	208
OPDIVO	308	OVIDE	39
opium tincture	184	OVIDREL	191
OPSUMIT	255	oxacillin	245
OPTIRAY 240	168	oxacillin sodium	245
optium ez test strip	164	oxaliplatin	308
optium test strip	164	oxaprozin	241
optumrx blood glucose meter	308	OXAYDO	17
optumrx blood glucose system	308	oxazepam	133
optumrx test strip	164,165	oxcarbazepine	65
ORACEA	52	oxiconazole nitrate	89
ORAFATE	308	OXISTAT	89
ORALONE	261	OXSORALEN-ULTRA	154
ORAP	108	OXTELLAR XR	65
ORAPRED ODT	195	oxybutynin chloride	188
ORAVIG	89	oxybutynin chloride er	188,189
ORENCIA	227	oxycodone hcl	18
ORENCIA CLICKJECT	227	oxycodone hcl er	18
ORENITRAM ER	255	oxycodone hcl-aspirin	18
ORFADIN	235	oxycodone hcl-ibuprofen	18
ORKAMBI	154	oxycodone-acetaminophen	18
orphenadrine citrate	258	OXYCONTIN	18
ORSYTHIA	207	oxymorphone hcl	18
ORTHO MICRONOR	208	oxymorphone hcl er	19
ORTHO TRI-CYCLEN	208	oxytocin-0.9% nacl	308
ORTHO TRI-CYCLEN LO	208	oxytocin-d5w	308
ORTHO-CYCLEN	208	OXYTROL	189
ORTHO-NOVUM	208	OZURDEX	40
ORTHOVISC	308		
OSCIMIN	56	P	
OSCIMIN SL	56	PACERONE	46
OSCIMIN SR	57	paclitaxel	308
oseltamivir phosphate	126	PACNEX	266

PACNEX HP	266	pen needle	309
PACNEX LP	266	penicillin g potassium	245
paliperidone er	112	penicillin g procaine	245
PAMELOR	74	penicillin g sodium	245
pamidronate disodium	223	penicillin gk-iso-osm dextrose	245
PANCREAZE	186	penicillin v potassium	245
PANDEL	261	PENLAC	90
PANRETIN	270	PENNSAID	241
pantoprazole sodium	124	PENTAM 300	107
papaverine hcl	325	PENTASA	184
papaverine-alprostadil	325	pentazocine-naloxone hcl	22
PARAFON FORTE DSC	257	pentetate calcium trisodium	309
paregoric	185	pentetate zinc trisodium	309
paricalcitol	329	pentobarbital sodium	131
PARLODEL	171	pentoxifylline	138
PARNATE	69	PEPCID	123
PAROEX	35	PERCOCET	5,19
paromomycin sulfate	106	PERFOROMIST	136
paroxetine cr	72	PERIDEX	35
paroxetine er	72	perindopril erbumine	249
paroxetine hcl	72	PERIOGARD	35
paroxetine mesylate	72	PERJETA	309
PASER	104	permethrin	39
PATADAY	180	perphenazine	117
PATANASE	180	perphenazine-amitriptyline	75
PATANOL	180	PERSANTINE	325
PAXIL	72	PERTZYE	186
PAXIL CR	72	PEXEVA	72
PAZEO	181	PFIZERPEN	245
PCE	48	pharmacist choice glucose sys	309
PEDIADERM AF	91	pharmacist choice mini glu sys	309
PEDIAPRED	195	pharmacist choice test strips	165
peg 3350-electrolyte	185	PHENADOZ	183
peg-3350 and electrolytes	185	phenazopyridine hcl	264
peg-3350 with flavor packs	185	phendimetrazine tartrate	23
PEG-PREP	185	phenelzine sulfate	69
PEGANONE	68	PHENERGAN	183
PEGASYS	125	phenobarbital	131
PEGASYS PROCLICK	125	phenobarbital sodium	131
PEGINTRON	125	PHENOHYTRO	57
PEGINTRON REDIPEN	125	phenoxybenzamine hcl	3

phentermine hcl	23	POLYCIN	33
phentolamine mesylate	4	polymyxin b sul-trimethoprim	33
phentolamine-alprostadi	4	polymyxin b sulfate	55
phenylephrine hcl	182	POLYSACCHARIDE IRON FORTE	44
phenylephrine hcl-0.9% nacl	276,277	POLYTRIM	33
phenylephrine hcl-d5w	277	POMALYST	229
phenylephrine hcl-water	277	PONSTEL	241
PHENYTEK	68	PONTOCAINE	264
phenytoin	68	PORTIA	208
phenytoin sodium	68	POTABA	236
phenytoin sodium extended	68	potassium acetate	174
PHILITH	208	potassium bicarbonate	174
PHOSLYRA	217	potassium chl-normal saline	174
PHOSPHA 250 NEUTRAL	172	potassium chloride	175
PHOTOFRIN	309	potassium chloride in d5lr	175
physostigmine salicylate	135	potassium chloride-0.9% nacl	175
phytonadione	330	potassium chloride-nacl	175
PICATO	270	potassium citrate er	172
pilocarpine hcl	93,135	potassium cl-lidocaine-ns	175
pimozide	108	potassium hydroxide	266
PIMTREA	208	potassium phosphate-0.9% nacl	175
pindolol	146	POTIGA	65
pioglitazone hcl	83	povidone iodine	35
pioglitazone-glimepiride	83	PR BENZOYL PEROXIDE	266
pioglitazone-metformin	83	PRADAXA	59
piperacillin-tazobactam	244	pralidoxime chloride	221
PIRMELLA	208	PRALUENT PEN	101
piroxicam	241	PRALUENT SYRINGE	101
PLAQUENIL	107	PRAMCORT	261
PLAVIX	121	pramipexole dihydrochloride	171
PLEGRIDY	229	pramipexole er	171
PLEGRIDY PEN	229	PRAMOSONE	261
PLIAGLIS	264	PRAMOSONE E	261
PNV 29-1	326	PRANDIN	80
PNV-DHA + DOCUSATE	326	prasugrel hcl	121
PNV-DHA PLUS	309	PRAVACHOL	100
PNV-IRON	309	pravastatin sodium	100
PNV-OMEGA	326	prazosin hcl	144
PNV-VP-U	326	PRE-ATTACHED LTA KIT	264
PODOCON-25	270	PRECEDEX	130
podofilox	270	precision link direct monit	309

precision pcx plus test str	165	presto pro blood glucose meter	310
precision pcx test strips	165	PRETAB	326
precision point of care str	165	PREVACID	124
precision q-i-d test strips	165	PREVALITE	97
precision xtra monitor	309	PREVIFEM	208
precision xtra monitor nfrs	309	PREZCOBIX	120
precision xtra monitor system	309	PREZISTA	120
precision xtra test strips	165	PRIALT	5
PRECOSE	75	PRIFTIN	104
PRED FORTE	40	PRILOSEC	124
PRED MILD	40	primaquine	107
PRED-G	33	PRIMAXIN	219
prednicarbate	261	primidone	67
prednisolone	195	PRIMLEV	19
prednisolone acetate	40	PRIMSOL	31
prednisolone sodium phos odt	195	PRINIVIL	250
prednisolone sodium phosphate	40,195	PRISTIQ	70
prednisone	195	PROAIR HFA	136
PREDNISONO INTENSOL	195	PROAIR RESPICLICK	136
PREFEST	179	probenecid	175
PREGNYL	191	probenecid-colchicine	175
PREMARIN	179	procainamide hcl	44
premium blood glucose monitor	309	PROCARDIA	143
premium blood glucose system	309	PROCARDIA XL	143
premium blood glucose test str	165	PROCENTRA	26
premium blood glucose tst strp	165	prochlorperazine	85
premium v10 blood glucose mtr	310	prochlorperazine edisylate	85
premium v10 glucose test strip	165	prochlorperazine maleate	85
PREMPHASE	179	PROCORT	261
PREMPRO	179	PROCRIT	138
PRENA1 CHEW	326	PROCTO-MED HC	261
PRENA1 PEARL	326	PROCTO-PAK	261
PRENA1 TRUE	326	PROCTOCORT	261
PRENAISSANCE NEXT	326	PROCTOFOAM-HC	261
PRENATABS RX	326	PROCTOSOL-HC	262
prenatal low iron	44	PROCTOZONE-HC	262
prenatal plus	326	PROCYSBI	236
prenatal-u	326	prodigy autocode meter kit	310
PREPLUS	326	prodigy autocode monitor syst	310
PREPOPIK	185	prodigy no coding test strips	165
PRESTALIA	250	prodigy pocket meter kit	310

prodigy voice meter kit	310	PROVENTIL HFA	136
PRODRIN	6	PROVERA	215
PROFENO	241	PROVIDA DHA	326
PROFERRIN-FORTE	44	PROVIDA OB	326
PROFILNINE	94	PROVIGIL	30
progesterone	214,215	PROZAC	72
progesterone in oil	215	PROZAC WEEKLY	72
PROGLYCEM	95	PRUDOXIN	264
PROGRAF	233	PSORCON	262
PROLASTIN C	254	PULMICORT	154
PROLENSA	42	PULMICORT FLEXHALER	154
PROLEUKIN	229	PULMOZYME	253
PROLIA	223	PURIXAN	233
PROMACTA	138	pv truetrack smart sys strips	165
promethazine hcl	95,130,183	pv truetrack smart system	310
promethazine hcl-0.9% nacl	183	PYLERA	54
promethazine vc	95	pyrazinamide	104
promethazine vc-codeine	252	PYRIDIDIUM	264
promethazine-codeine	252	pyridostigmine bromide	135
promethazine-dm	252	pyridostigmine bromide er	135
promethazine-phenyleph-codeine	253	pyridoxine hcl	328
promethazine-phenylephrine	183	PYROGALLIC ACID	271
PROMETHEGAN	131,183		
PROMETRIUM	215	Q	
propafenone hcl	45	QBRELIS	250
propafenone hcl er	45	QNASL	40
propantheline bromide	57	QNASL CHILDREN	40
proparacaine hcl	182	QSYMIA	23
propranolol hcl	45,146	QUALAQUIN	107
propranolol hcl er	146	QUARTETTE	208
propranolol-hydrochlorothiazid	146	QUASENSE	208
propylthiouracil	277	quazepam	133
PROSCAR	220	QUDEXY XR	65
protamine sulfate	93	QUESTRAN	97
PROTHELIAL	310	QUESTRAN LIGHT	97
PROTONIX	124	quetiapine fumarate	112
PROTONIX IV	124	quetiapine fumarate er	112
PROTOPAM CHLORIDE	221	QUILLICHEW ER	29
PROTOPIC	270	QUILLIVANT XR	29
protriptyline hcl	75	quinapril hcl	250
PROVENGE	147	quinapril-hydrochlorothiazide	250

quinidine gluconate	44	REGIMEX	26
quinidine sulfate	44	REGLAN	188
quinine sulfate	107	REGONOL	135
quintet ac blood glucose meter	310	REGRANEX	264
quintet ac glucose test strips	165	RELAGARD	38
quintet blood glucose system	310	RELENZA	126
quintet glucose test strips	166	relion all-in-one meter kit	310,311
QUTENZA	271	relion confirm glucose monitor	311
QVAR	154	relion confirm system kit	311
QVAR REDIHALER	154	relion confirm-micro test strp	166
 		relion micro blood glucose sys	311
R		relion micro system	311
R-NATAL OB	326	relion micro system kit	311
ra blood glucose monitor	310	relion micro test strips	166
ra truetest glucose test strip	166	relion prime blood glucose mtr	311
rabeprazole sodium	124	relion prime test strips	166
RADIOGARDASE	216	relion ultima glucose meter	311
RAJANI	208	relion ultima test strips	166
raloxifene hcl	176	RELISTOR	187
ramipril	246,250	RELPAX	102
RANEXA	143	REMERON	69
ranitidine hcl	123	REMEVEN	266
RAPAFLO	4	REMODULIN	255
RAPAMUNE	233	RENAGEL	217
rasagiline mesylate	106	RENFLEXIS	227
RASUVO	227	REVELA	217
RAVICTI	173	REOPRO	121
RAYALDEE	329	repaglinide	80
RAYOS	195	repaglinide-metformin hcl	80
RAZADYNE	135	REPATHA PUSHTRONEX	101
RAZADYNE ER	135	REPATHA SURECLICK	101
REA LO 40	266	REPATHA SYRINGE	101
REBETOL	127	REPREXAIN	19
REBIF	230	REQUIP	172
REBIF REBIDOSE	230	REQUIP XL	172
RECLAST	223	RESCRIPTOR	118
RECLIPSEN	208	RESCULA	181
RECTIV	271	RESECTISOL	173
refuah plus monitoring system	310	reserpine	216
refuah plus test strips	166	RESPA A.R.	183
REGENECARE	264	RESTASIS	41

RESTASIS MULTIDOSE.....	41	rightest gs550 test strips.....	167
RESTORA SPRINKLES.....	187	RILUTEK.....	149
RESTORIL.....	133	riluzole.....	149
RETIN-A.....	265	rimantadine hcl.....	125
RETIN-A MICRO.....	265	RIMSO-50.....	262
RETIN-A MICRO PUMP.....	265	RIOMET.....	76
RETISERT.....	41	risedronate sodium.....	223
RETROVIR.....	119	risedronate sodium dr.....	223
REVATIO.....	324	RISPERDAL.....	113
reveal blood glucose meter.....	311	RISPERDAL CONSTA.....	113
reveal test strip.....	166	RISPERDAL M-TAB.....	113
REVIA.....	149	risperidone.....	113,114
REVLIMID.....	230	risperidone odt.....	114
REVONTO.....	257	RITALIN.....	29,30
rexall blood glucose test strp.....	166	RITALIN LA.....	30
rexall glucose monitoring sys.....	311	RITUXAN.....	312
REXULTI.....	113	RITUXAN HYCELA.....	312
REYATAZ.....	120	rivastigmine.....	135
REZIRA.....	253	RIVELSA.....	209
RHEUMATREX.....	227	rizatriptan.....	102
RHINOCORT AQUA.....	41	ROBAXIN.....	257
RHOFADE.....	271	ROBAXIN-750.....	257
RIBASPHERE.....	128	ROBINUL.....	57
RIBASPHERE RIBAPAK.....	128	ROBINUL FORTE.....	57
RIBATAB.....	128	ROCALTROL.....	329
ribavirin.....	128	romidepsin.....	312
RIDAURA.....	227	ropinirole er.....	172
rifabutin.....	104	ropinirole hcl.....	172
RIFADIN.....	55,104	ROSADAN.....	37
RIFAMATE.....	104	rosuvastatin calcium.....	100
rifampin.....	104	ROWASA.....	184
RIFATER.....	104	ROWEEPRA.....	66
rightest gm100 system kit.....	311	ROXICODONE.....	19
rightest gm250s glucose meter.....	311	ROZEREM.....	131
rightest gm260 glucose meter.....	311	RUBRACA.....	312
rightest gm300 system kit.....	311,312	RUCONEST.....	224
rightest gm550 system kit.....	312	RULAVITE DHA.....	326
rightest gs100 test strips.....	166	RYDAPT.....	312
rightest gs250s test strips.....	166	RYNODERM.....	266
rightest gs260 test strips.....	166	RYTARY.....	105
rightest gs300 test strips.....	166,167	RYTHMOL.....	45

RYTHMOL SR.....	45	SEROPHENE.....	176
RYVENT.....	94	SEROQUEL.....	114
S		SEROQUEL XR.....	114,115
SABRIL.....	66	SEROSTIM.....	213
SAFYRAL.....	209	sertraline hcl.....	73
SAIZEN.....	213	SETLAKIN.....	209
SAIZEN-SAIZENPREP.....	213	sevelamer carbonate.....	217
SALACYN.....	266	SFROWASA.....	184
SALAGEN.....	135	SHAROBEL.....	209
SALEX.....	266	sidekick blood glucose system.....	312
salicylic acid.....	266	SIGNIFOR.....	274
salicylic acid er.....	266	SIGNIFOR LAR.....	274
SALIMEZ FORTE.....	266	sildenafil.....	255
SALKERA.....	266	sildenafil citrate.....	324
salsalate.....	242	SILENOR.....	75
SALVAX.....	266	SILVADENE.....	38
SAMSCA.....	170	silver nitrate.....	38,266
SANADERMRX.....	262	silver nitrate applicator.....	266
SANCUSO.....	84	silver sulfadiazine.....	38
SANDIMMUNE.....	233	SILVRSTAT.....	312
SANDOSTATIN.....	236	SIMBRINZA.....	92
SANDOSTATIN LAR DEPOT.....	236,237	SIMPONI.....	227
SANTYL.....	271	SIMPONI ARIA.....	227
SAPHRIS.....	114	SIMULECT.....	233
SARAFEM.....	73	simvastatin.....	100
SAVAYSA.....	58	SINEMET 10-100.....	105
SAVELLA.....	149	SINEMET 25-100.....	105
SAXENDA.....	78	SINEMET 25-250.....	105
SCALACORT.....	262	SINEMET CR.....	105
scopolamine.....	85	SINGULAIR.....	42
SEASONIQUE.....	209	sirolimus.....	233
SECONAL SODIUM.....	131	SIRTURO.....	104
SECTRAL.....	146	SITAVIG.....	128
SEEBRI NEOHALER.....	57	SIVEXTRO.....	54
selegiline hcl.....	106	SKELAXIN.....	257
SELZENTRY.....	117	SKLICE.....	39
SEMPREX-D.....	95	smart caresens n glucose system.....	312,313
SENSIPAR.....	243	smart sense monitoring system.....	313
SEREVENT DISKUS.....	136	smart sense test strips.....	167
SERNIVO.....	262	smartest eject meter.....	313
		smartest persona glucose meter.....	313

smartest persona starter kit	313	SP ANTIPRURITIC	314
smartest pronto glucose meter	313	SPECTRACEF	152
smartest pronto starter kit	313	spinosad	39
smartest protege meter	313	SPIRIVA	57
smartest smart code meter	313	SPIRIVA RESPIMAT	57
smartest talking meter	313	spironolactone	250
smartest test strips	167	spironolactone-hctz	251
sod ferric gluconate complex	44	SPORANOX	87
sodium citrate	57	SPRAY AND STRETCH	264
sodium citrate-citric acid	172	SPRINTEC	209
SODIUM DIURIL	170	SPRITAM	66
sodium nitroprusside	216	SPRIX	241
sodium phenylbutyrate	173	SPRYCEL	314
sodium phosphate-0.9% nacl	175	SPS	217
sodium phosphate-d5w	175	SRONYX	209
sodium polystyrene sulfonate	217	SSD	38
sodium thiosulfate	221	SSKI	277
SOLARAZE	271	SSS 10-5	266
SOLESTA	313	STALEVO 100	105
SOLIQUA 100-33	80	STALEVO 125	105
SOLIRIS	224	STALEVO 150	106
SOLODYN	52	STALEVO 200	106
SOLTAMOX	176	STALEVO 50	106
SOLU-CORTEF	195	STALEVO 75	106
SOLU-MEDROL	195	STARLIX	80
solus v2 audible meter	313	stavudine	119
solus v2 audible meter sys kit	313	STAXYN	324
solus v2 audible test strips	167	STELARA	271
SOMA	257	STENDRA	324
SOMATULINE DEPOT	274	STIOLTO RESPIMAT	57
SOMAVERT	275	STIVARGA	314
SONATA	131	STRATTERA	149
SOOLANTRA	271	STRENSIQ	314
SORIATANE	271	streptomycin sulfate	47
SORILUX	271	STRIANT	197
SORINE	146	STRIBILD	119
sotalol	146	STRIVERDI RESPIMAT	137
sotalol af	146	STROMECTOL	30
sotalol hcl	146	SUBOXONE	22
SOTYLIZE	146	SUBSYS	19
SOVALDI	192	SUCRAID	314

sucralfate	123	SYNDROS	85
SULAR	143	SYNERA	264
sulfacetamide sodium	33,38	SYNERCID	55
sulfacetamide-prednisolone	33	SYNJARDY	81
sulfadiazine	50	SYNJARDY XR	81
sulfamethoxazole-trimethoprim	50	SYNRIBO	315
sulfasalazine	50	SYNTHROID	278
sulfasalazine dr	50	SYNVISC	315
SULFATRIM	50	SYNVISC-ONE	315
sulindac	241	SYPRINE	315
sumatriptan	102		
sumatriptan succinate	103	T	
SUMAVEL DOSEPRO	103	TABLOID	315
SUPARTZ FX	314	TACLONEX	271
SUPPRELIN LA	191	tacrolimus	233,234,271
SUPRAX	152	TAFINLAR	315,316
SUPRENZA ODT	24	TAGRISSO	316
SUPREP	185	TALTZ AUTOINJECTOR	272
sure-test easyplus mini meter	314	TALTZ AUTOINJECTOR (2 PACK)	272
sure-test easyplus mini strip	167	TALTZ AUTOINJECTOR (3 PACK)	272
surechek blood glucose monitor	315	TALTZ SYRINGE	272
SURMONTIL	75	TALTZ SYRINGE (2 PACK)	272
SURVANTA	254	TALTZ SYRINGE (3 PACK)	272
SUSTIVA	118	TALWIN	22
SUTENT	315	TAMIFLU	126
SYEDA	209	tamoxifen citrate	176
SYLATRON	125	tamsulosin hcl	4
SYLVANT	315	TANZEUM	78
SYMAX	57	TAPAZOLE	277
SYMAX DUOTAB	57	TARCEVA	316
SYMAX-SL	57	TARGADOX	52
SYMAX-SR	57	TARGETIN	272
SYMBICORT	154	TARINA FE	209
SYMBYAX	73	TARKA	250
SYMLINPEN 120	75	TARON-CRYSTALS	172
SYMLINPEN 60	75	TASIGNA	316
SYMPROIC	187	TASMAR	105
SYNALAR	262	TAXOTERE	316
SYNALAR TS	262	TAYTULLA	209
SYNALGOS-DC	19	tazarotene	272
SYNAREL	191	TAZICEF	152

TAZORAC.....	272	TESTOPEL.....	197
TAZTIA XT.....	140	testosterone.....	197
td gold blood glucose monitor.....	316	testosterone cypionate.....	197
td gold test strip.....	167	testosterone enanthate.....	197
td gold voice glucose monitor.....	316	TESTRED.....	198
TECENTRIQ.....	316	TETCAINE.....	182
TECFIDERA.....	230	tetrabenazine.....	149
TECHNIVIE.....	193	tetracaine hcl.....	182
TEFLARO.....	150	tetracycline hcl.....	52
TEGRETOL.....	66	TETRAVISC.....	182
TEGRETOL XR.....	66	TETRAVISC FORTE.....	182
TEKAMLO.....	251	TEXACORT.....	262
TEKURNA.....	251	THALOMID.....	230
TEKURNA HCT.....	251	THEO-24.....	138,273
telcare blood glucose monitor.....	316,317	THEOCHRON.....	274
telcare test strips.....	167	theophylline.....	274
telmisartan.....	248	theophylline anhydrous.....	274
telmisartan-amlodipine.....	248	theophylline in 5% dextrose.....	274
telmisartan-hydrochlorothiazid.....	248	THERACYS.....	122
temazepam.....	133	THERMAZENE.....	38
TEMODAR.....	317	thiamine hcl.....	328
TEMOVATE.....	262	THIOLA.....	237
TEMOVATE EMOLLIENT.....	262	thioridazine hcl.....	117
temozolomide.....	317	thiotepa.....	317
TENCON.....	6	thiothixene.....	117
TENEX.....	216	THRIVITE 19.....	326
teniposide.....	317	THRIVITE RX.....	327
tenofovir disoproxil fumarate.....	119	THYROGEN.....	169
TENORETIC 100.....	146	thyroid.....	278
TENORETIC 50.....	146	THYROLAR-1.....	278
TENORMIN.....	147	THYROLAR-1/2.....	278
TERAZOL 3.....	89	THYROLAR-1/4.....	278
TERAZOL 7.....	90	THYROLAR-2.....	278
terazosin hcl.....	144	THYROLAR-3.....	278
terbinafine hcl.....	86	tiagabine hcl.....	66
terbutaline sulfate.....	3,137	TIAZAC.....	140
terconazole.....	90	ticlopidine hcl.....	121
TESSALON PERLE.....	253	TIGAN.....	85
test n'go blood glucose system.....	317	tigecycline.....	277
test n'go glucose test strip.....	167	TIKOSYN.....	46
TESTIM.....	197	TILIA FE.....	209

timolol maleate	92,147	tramadol hcl	19
TIMOPTIC	92	tramadol hcl er	20
TIMOPTIC OCUDOSE	92	tramadol hcl-acetaminophen	20
TIMOPTIC-XE	92	trandolapril	250
TINDAMAX	107	trandolapril-verapamil er	250
tinidazole	107	tranexamic acid	94
TIROSINT	278	TRANSDERM-SCOP	85
TIVICAY	117	TRANXENE T-TAB	133
TIVORBEX	241	tranylcypromine sulfate	69
tizanidine hcl	257	TRAVATAN Z	93
TNKASE	122	travoprost	93
TOBI	47	trazodone hcl	73,74
TOBI PODHALER	47	TREAGAN OTIC	182
TOBRADEX	34	TREANDA	317
TOBRADEX ST	34	TRECTOR	104
tobramycin	34,47	TRELSTAR	191
tobramycin sulfate	47	TREMFYA	273
tobramycin sulfate in ns	47	TRESIBA FLEXTOUCH U-100	80
tobramycin-dexamethasone	34	TRESIBA FLEXTOUCH U-200	80
TOBEX	34	TRETIN-X	265
TOFRANIL	75	tretinoin	265,317
TOLAK	273	tretinoin microsphere	265
tolazamide	82	TREXALL	228
tolbutamide	82	TREXIMET	103
tolcapone	105	TREZIX	20
tolmetin sodium	242	TRI FEMYNOR	209
tolterodine tartrate	189	TRI-CHLOR	273
tolterodine tartrate er	189	TRI-ESTARYLLA	210
TOPAMAX	66	TRI-LEGEST FE	210
TOPICORT	262	TRI-LINYAH	210
topiramate	66	TRI-LO-ESTARYLLA	210
topiramate er	66	TRI-LO-MARZIA	210
TOPOSAR	317	TRI-LO-SPRINTEC	210
topotecan hcl	317	TRI-NORINYL	210
TOPROL XL	147	TRI-PREVIFEM	210
TORISEL	317	TRI-SPRINTEC	210
toremide	169	TRI-TABS DHA	327
TOUJEO SOLOSTAR	80	TRI-VYLIBRA	210
TOVIAZ	189	triacetin	86
TRACLEER	255	triamcinolone acetonide	196,262
TRADJENTA	78	triamterene-hydrochlorothiazid	170

TRIANEX.....	262	true2go blood glucose system.....	318
triazolam.....	134	trueresult blood glucose systm.....	318
TRIBENZOR.....	248	truetest glucose test strip.....	167
TRICARE PRENATAL.....	327	truetest glucose test strips.....	167
trichloroacetic acid.....	273	truetrack blood glucose system.....	318
TRICOR.....	98,99	truetrack glucose test strips.....	167
TRIDERM.....	262	truetrack smart system.....	318
TRIDESILON.....	262	TRULICITY.....	78
TRIESENCE.....	41	TRUSOPT.....	92
TRIFERIC.....	44	TRUST NATAL DHA.....	327
trifluoperazine hcl.....	117	TRUVADA.....	119
trifluridine.....	34	TUDORZA PRESSAIR.....	57
TRIGLIDE.....	99	TUSSICAPS.....	253
trihexyphenidyl hcl.....	105	TUSSIGON.....	253
TRIKLO.....	96	TUSSIONEX.....	253
TRILEPTAL.....	66	TUZISTRA XR.....	253
TRILIPIX.....	99	TWYNSTA.....	248
TRILYTE WITH FLAVOR PACKETS.....	185	TYBOST.....	237
trimethobenzamide hcl.....	85	TYGACIL.....	277
trimethoprim.....	31	TYKERB.....	318
trimipramine maleate.....	75	TYLENOL-CODEINE NO.3.....	20
TRINATE.....	327	TYLENOL-CODEINE NO.4.....	20
TRINESSA.....	210	TYMLOS.....	243
TRINESSA LO.....	210	TYSABRI.....	231
TRINTELLIX.....	74	TYVASO.....	255
TRIOSTAT.....	278	TYVASO INSTITUTIONAL START KIT.....	255
TRIPLE DYE.....	89	TYVASO REFILL KIT.....	255
TRISENOX.....	317	TYVASO STARTER KIT.....	256
TRIUMEQ.....	119	TYZEKA.....	128
TRIVEEN-ONE.....	327	TYZINE.....	182
TRIVEEN-U.....	327		
TRIVORA-28.....	210	U	
TRIZIVIR.....	119	UCERIS.....	196
TROKENDI XR.....	66	ULESFIA.....	39
tromethamine-sterile water.....	172	ULORIC.....	222
tropium chloride.....	189	ultima monitor kit.....	318
tropium chloride er.....	189	ultima test strips.....	168
true metrix air glucose meter.....	318	ULTRACET.....	20
true metrix blood glucose mtr.....	318	ULTRAM.....	20
true metrix glucose test strip.....	167	ULTRAM ER.....	20
true metrix go glucose meter.....	318	ULTRASAL-ER.....	267

ultratrak blood glucose meter	318	valproate sodium	66
ultratrak pro glucose mtr sys	318	valproic acid	66
ultratrak pro meter kit	318	valsartan	248
ultratrak test strip	168	valsartan-hydrochlorothiazide	248
ultratrak ultimate glucose mtr	319	VALSTAR	319
ultratrak ultimate test strips	168	VALTREX	129
ULTRAVATE	262	VANATOL LQ	6
UMECTA	267	VANCOGIN HCL	52
UMECTA PD	267	vancomycin	52
UNASYN	244	vancomycin hcl	34,52
unistrip1 glucose test strip	168	vancomycin hcl-0.9% nacl	53
UNITHROID	279	vancomycin hcl-d5w	53
UNITUXIN	319	VANDAZOLE	37
up & up blood glucose tst strp	168	VANOS	262
up & up blood monitoring syst	319	VANOXIDE-HC	262
UPTRAVI	256	VANTAS	191
URAMAXIN	267	VARUBI	86
URAMAXIN GT	267	VASCEPA	96
URE-K	267	VASERETIC	250
urea	267	vasopressin	213
URECHOLINE	135	vasopressin-0.9% nacl	213
UREVAZ	267	vasopressin-d5w	213
URIBEL	31	VASOTEC	250
UROCIT-K	172	VAXCHORA ACTIVE COMPONENT	122
UROGESIC-BLUE	31	VAXCHORA VACCINE	122
UROXATRAL	4	VECAMYL	216
URSO	186	VECTIBIX	319
URSO FORTE	186	VECTICAL	273
ursodiol	186	VELCADE	319
UTIBRON NEOHALER	137	VELETRI	256
UTOPIC	267	VELIVET	210
UVADEX	154	VELPHORO	217
		VELTASSA	217
V		VELTIN	37
v-r glucose test strip	168	VEMLIDY	129
VAGIFEM	180	VENATAL COMPLETE DHA	319
valacyclovir	129	VENCLEXTA	319
VALCHLOR	273	VENCLEXTA STARTING PACK	319
VALCYTE	129	venlafaxine hcl	70
valganciclovir hcl	129	venlafaxine hcl er	70
VALIUM	134	VENOFER	44

VENTAVIS	256	VINATE GT	44
VENTOLIN HFA	137	VINATE II	44
VERAMYST	41	VINATE ONE	327
verapamil er	46,140	VINATE PN CARE	327
verapamil er pm	140	VINATE ULTRA	44
verapamil hcl	140,141	VINATE-M	327
verapamil sr	141	vinblastine sulfate	319
VERDESO	263	VINCASAR PFS	320
VERDROCET	20	vincristine sulfate	320
VEREGEN	273	vinorelbine tartrate	320
VERELAN	141	VIOKACE	186
VERELAN PM	141	VIORELE	211
VERIPRED 20	196	VIRACEPT	120
VERSACLOZ	115	VIRAMUNE	118
VESICARE	189	VIRAMUNE XR	118
VESTURA	211	VIRASAL	267
VEXOL	41	VIRAZOLE	129
VFEND	87	VIREAD	119
VFEND IV	87	VIROPTIC	34
VIBATIV	53	VIRT-ADVANCE	327
VIBERZI	187	VIRT-C DHA	327
VIBRAMYCIN	52	VIRT-GARD	328
VICODIN	20	VIRT-NATE	327
VICODIN ES	20	VIRT-NATE DHA	327
VICODIN HP	21	VIRT-PHOS 250 NEUTRAL	172
VICTOZA 2-PAK	79	VIRT-PN	327
VICTOZA 3-PAK	79	VIRT-PN DHA	327
VIDAZA	319	VIRT-PN PLUS	327
VIDEX	119	VIRT-VITE	328
VIDEX EC	119	VIRTRATE-2	172
VIEKIRA PAK	193	VISTARIL	131
VIEKIRA XR	193	VISTIDE	129
VIENVA	211	VISTOGARD	221
vigabatrin	66	VISUDYNE	181
VIGAMOX	34	VITA-RESPA	328
VIIBRYD	74	VITAFOL GUMMIES	327
VIMIZIM	319	vitamin d2	329
VIMOVO	242	vitamin k1	330
VIMPAT	67	VITASPIRE	320
VINATE DHA	327	VITATRUE	327
VINATE DHA RF	327	VITRASE	320

VITUZ.....	253	WYMZYA FE.....	211
VIVA DHA.....	44		
VIVELLE-DOT.....	180	X	
VIVITROL.....	150	XADAGO.....	106
VIVLODEX.....	242	XALATAN.....	93
VOGELXO.....	198	XALKORI.....	320
VOL-TAB RX.....	327	XANAX.....	134
VOLTAREN.....	242	XANAX XR.....	134
VOLTAREN-XR.....	242	XARELTO.....	58
VONVENDI.....	94	XARTEMIS XR.....	21
VORAXAZE.....	221	XATMEP.....	228
voriconazole.....	87,88	XELJANZ.....	228
VOSEVI.....	192	XELJANZ XR.....	228
VOTRIENT.....	320	XELODA.....	320
VP-CH-PNV.....	327	XENAZINE.....	149
VP-HEME OB.....	328	XENICAL.....	187
VP-HEME ONE.....	328	XEOMIN.....	237
VP-PNV-DHA.....	328	XERESE.....	37
VPRIV.....	320	XERMELO.....	185
VRAYLAR.....	115	XGEVA.....	223
VUSION.....	90	XIAFLEX.....	320
VYFEMLA.....	211	XIFAXAN.....	55
VYLIBRA.....	211	XIGDUO XR.....	81
VYNATAL-FA.....	44	XIIDRA.....	41
VYTONE.....	38	XODOL 10-300.....	21
VYTORIN.....	97	XODOL 5-300.....	21
VYVANSE.....	26	XODOL 7.5-300.....	21
		XOFIGO.....	320
W		XOLAIR.....	254
warfarin sodium.....	58	XOLEGEL.....	90
wavesense amp system kit.....	320	XOPENEX.....	137
wavesense jazz test strips.....	168	XOPENEX CONCENTRATE.....	137
wavesense presto system kit.....	320	XOPENEX HFA.....	137
wavesense presto test strips.....	168	XTAMPZA ER.....	21
WELCHOL.....	97	XTANDI.....	321
WELLBUTRIN.....	69	XULANE.....	211
WELLBUTRIN SR.....	69	XULTOPHY 100-3.6.....	80
WELLBUTRIN XL.....	69	XURIDEN.....	237
WERA.....	211	XYLOCAINE IV.....	45
WESTHROID.....	279	XYLON 10.....	21
WP THYROID.....	279	XYREM.....	149

XYZAL.....	95	ZEVALIN.....	321
Y		ZIAC.....	147
YASMIN 28.....	211	ZIAGEN.....	120
YAZ.....	211	ZIANA.....	37
YERVOY.....	321	zidovudine.....	120
YUVAFEM.....	180	zileuton er.....	42
Z		ZINACEF.....	151
zafirlukast.....	42	ZINBRYTA.....	231
zaleplon.....	131	zinc chloride.....	175
ZALTRAP.....	321	zinc sulfate.....	175
ZAMICET.....	21	ZINECARD.....	237
ZANAFLEX.....	257	ZIOPTAN.....	93
ZANOSAR.....	321	ziprasidone hcl.....	115
ZANTAC.....	123	ZIPSOR.....	242
ZARAH.....	211	ZIRGAN.....	34
ZARONTIN.....	68	ZITHRANOL.....	267
ZARXIO.....	138	ZITHRANOL-RR.....	267
ZAVESCA.....	237	ZITHROMAX.....	218
zazole.....	90	ZITHROMAX TRI-PAK.....	218
ZEBETA.....	147	ZMAX.....	218
ZEBUTAL.....	6	ZN-DTPA.....	321
ZEGERID.....	125	ZOCOR.....	100
ZEJULA.....	321	ZODEX.....	196
ZELAPAR.....	106	ZOFRAN.....	84
ZELBORAF.....	321	ZOFRAN ODT.....	84
ZEMAIRA.....	254	ZOHYDRO ER.....	21
ZEMBRACE SYMTOUCH.....	103	ZOLADEX.....	192
ZEMPLAR.....	329	ZOLATE.....	330
ZENATANE.....	273	zoledronic acid.....	223
ZENCHENT.....	211	ZOLINZA.....	321
ZENCHENT FE.....	211	zolmitriptan.....	103
ZENPEP.....	186	zolmitriptan odt.....	103
ZENZEDI.....	26,27	ZOLOFT.....	73
ZEPATIER.....	193	zolpidem tartrate.....	131
ZERIT.....	119	zolpidem tartrate er.....	131
ZESTORETIC.....	250	ZOLPIMIST.....	131
ZESTRIL.....	250	ZOMACTON.....	213
ZETIA.....	97	ZOMETA.....	223
ZETONNA.....	41	ZOMIG.....	103
		ZOMIG ZMT.....	103
		ZONACORT.....	196

ZONALON	264
ZONEGRAN	67
zonisamide	67
ZONTIVITY	121
ZORBTIVE	213
ZORTRESS	234
ZORVOLEX	242
ZOSYN	245
ZOTEX-C	321
ZOVIA 1-35E	212
ZOVIA 1-50E	212
ZOVIRAX	38,129
ZUBSOLV	23
ZUPLENZ	84
ZURAMPIC	175
ZUTRIPRO	253
ZYCLARA	273
ZYDELIG	321
ZYFLO	42
ZYFLO CR	42
ZYKADIA	322
ZYLET	34
ZYLOPRIM	222
ZYMAXID	34
ZYPREXA	115
ZYPREXA RELPREVV	115
ZYPREXA ZYDIS	116
ZYTIGA	322
ZYVOX	54

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