



2017 Comprehensive

FORMULARY

(Complete list of covered drugs)

UnitedHealthcare® MedicareRxSM for Groups (PDP)

Please read: This document contains information about the drugs we cover in this plan.

For more recent information or if you have other questions, please call UnitedHealthcare MedicareRx for Groups (PDP) Customer Service at:



Toll-Free **1-888-556-6648**, TTY **711**

8 a.m. - 8 p.m. local time, Monday - Friday



www.UHCRetiree.com



This Comprehensive Formulary is a **complete list** of the drugs covered by our plan. It is current as of August 1, 2016.

For a complete up-to-date formulary (drug list), please call us. Our contact information, along with the date we last updated the formulary, is on the cover.

When this formulary (drug list) refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan” or “our plan,” it means UnitedHealthcare MedicareRx for Groups (PDP).

This list of covered drugs is called a Formulary. We call it a “drug list” for short.

Note to existing members: This **complete drug list** has changed since last year. Please review this document to make sure your drugs are still covered. In most cases, you must use network pharmacies to have your prescriptions covered by the plan.

The UnitedHealthcare MedicareRx for Groups (PDP)

COMPREHENSIVE FORMULARY (drug list)

A formulary (drug list) is a list of covered drugs selected by your plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Your plan will generally cover the drugs listed in our drug list as long as the drug is:

- Medically necessary
- The prescription is filled at a plan network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a **complete drug list** of the drugs covered by your plan.

For your drug to be covered by your plan, it must be included in the complete drug list.

To find out if your drug is covered:

1. See if your drug is included in this **complete drug list**.
2. Visit your plan website. Use the online tools to look up your drugs. The information is updated on a regular basis. The web address is on the cover.
3. Or call Customer Service. Our contact information is on the cover.

In most cases, your prescription must also be filled at one of our network pharmacies.

The drug list may change

We try to make as few changes to the drug list as possible during the plan year.

- If there are changes to the drug list, such as regular or necessary updates, members may see information in their Explanation of Benefits (EOB) statements.
- If there are changes to the drug list outside of regular or necessary updates, members may receive a special mailing.

The drug list may change during the year if your plan:

- Adds new drugs, including generic drugs, as they become available.
- Removes a drug that has been found to be ineffective or unsafe.
- Changes the requirements or limits for a drug.
- Moves a drug into a different tier.

Generally, if you are taking a drug on the 2017 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 plan year except when a new, less expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

Other types of drug list changes, such as removing a drug from the list, will not affect members who are currently taking the drug. For those members it will remain available at the same cost for the remainder of the plan year. We feel it is important for you to have access for the entire plan year to the list of drugs that were available when you chose your plan, except when you can save additional money or your safety is a concern.

If we remove drugs from our drug list, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, during the plan year we must notify affected members at least 60 days before the change becomes effective, or when the member requests a refill of the drug. At this time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration (FDA) declares a drug on our drug list to be unsafe, or if the drug's manufacturer removes the drug from the market, your plan will immediately remove the drug from the drug list and notify members who take the drug. The enclosed drug list is current as of the date printed on the cover. To get updated information about the drugs covered by your plan, please call Customer Service or visit our website using the information provided on the cover of this drug list.

Drug payment stages and drug tiers

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **The drug tier for your drug.** Each covered drug is in one of four drug tiers. Each tier has a co-pay and/or co-insurance amount. The chart below shows the differences between the tiers.

For more information about drug coverage and co-pay or co-insurance amounts for each tier, please review your Evidence of Coverage.

Drug Tier	Includes
Tier 1: Preferred generic	Most generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.
Tier 3: Non-preferred drug	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
Tier 4: Specialty tier	Unique and/or very high-cost drugs.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your co-pays and co-insurance may be lower. Members who qualify for Extra Help will receive the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Please read it to learn about your costs. You can also call Customer Service. Our contact information is on the cover.

How to use the drug list

There are two ways to find your prescription drugs in this complete drug list:

- 1. Medical condition:** Turn to the “Covered drugs by medical condition” section, which begins on page 12, to look for drugs based on your medical conditions. For example, if you want to find drugs used to treat high cholesterol, go to the “Cardiovascular Agents” category and look under “Dyslipidemics, HMG CoA Reductase Inhibitors.”
- 2. Alphabetical list (index):** If you are not sure what category to look under, turn to the “Index of covered drugs” section, which begins on page 164. Find the name of your drug. The page number where you can find the drug will be next to it.

Generic drugs

Your plan covers both brand name drugs and generic drugs.

Generic drugs:

- Are approved by the Food and Drug Administration (FDA) as having the same active ingredients as brand name drugs.
- Usually cost less than brand name drugs.

Talk with your doctor to see if any of the brand name drugs you take have generic versions. Then review the drug list to make sure you are getting the drug you need for the least amount of money.

The drug list shows **brand name** drugs in **bold** type (for example, **Humalog**) and generic drugs in plain type (for example, Simvastatin).

Required actions, restrictions or limits

Some covered drugs may have additional requirements or limits on coverage. If your drug has any requirements or limits, there will be a code(s) in the “Required actions, restrictions or limits” column of the drug list. The codes and what they mean are shown below.

Utilization Management Restrictions

PA - Prior authorization

The plan requires you or your doctor to get prior authorization for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.

QL - Quantity limits

The plan will cover only a certain amount of this drug for one co-pay/co-insurance or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

ST - Step therapy

There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.

Other Special Requirements for Coverage

B/D - Medicare Part B or Part D

Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

HRM - High Risk Medication

This drug is known as a high risk medication (HRM) for Medicare members 65 and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

LA - Limited access

Drugs are considered “limited access” if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.

MED - Morphine Equivalent Dose

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative Morphine Equivalent Dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans and is designed to monitor safe dosing levels of opioids for those individuals who may be taking more than one opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

You can find out if your drug has any additional requirements, restrictions or limits by looking it up in the “Covered drugs by medical condition” section that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may ask us to send you a copy. Our contact information, along with the date we last updated the drug list, is on the cover.

You and your doctor may ask the plan for an exception to these requirements, restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the, “How to request an exception to the UnitedHealthcare MedicareRx for Groups (PDP) drug list” section on the next page or review your Evidence of Coverage to learn more. If you do not get prior approval from the plan for a drug with a requirement, restriction or limit, you may have to pay the full cost of the drug.

If your drug is not on the drug list

If your drug is not included in this **complete formulary** (list of covered drugs), you should call Customer Service and ask if your drug is covered. Our contact information, along with the date we last updated the drug list, is on the cover.

If you learn that your plan does not cover your drug, you have two options:

1. Ask your plan for a list of similar drugs that it covers. Show the list to your doctor and ask him or her to prescribe one of the appropriate drugs from the list.
2. Ask your plan to make an exception and cover your drug. See next page for information about how to request an exception.

How to request an exception to the UnitedHealthcare MedicareRx for Groups (PDP) drug list

At times you may need to ask for drug coverage that's not normally provided by your plan. When you do, your plan will consider your request and respond with a coverage decision (coverage determination).

You can ask your plan to make an exception to the coverage rules. There are several types of exceptions that you can ask us to make.

- **Formulary exception:** You can ask your plan to cover your drug even if it is not on the drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- **Tiering exception:** You can ask your plan to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier.
- **Utilization exception:** You can ask your plan to waive coverage restrictions or limits on your drug. For example, your plan limits the amount it will cover for certain drugs. If your drug has a quantity limit, you can ask your plan to waive the limit and cover more.

Generally, your plan will approve your request for an exception only if the alternative drugs included in your plan's drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause adverse medical effects.

Who can ask for a coverage decision

You, your authorized representative or your doctor can ask for an initial coverage decision for a formulary exception, tiering exception or utilization restriction exception.

When you are requesting a formulary exception, tiering exception or utilization restriction exception, your prescriber or physician should submit a statement supporting your request.

Receiving a coverage decision

Generally, your plan will make a coverage decision within 72 hours after receiving your prescribing physician's statement. You can request an expedited, or fast, decision if you or your doctor believes your health requires it. If your plan agrees to a fast decision, you will receive a decision within 24 hours after your plan receives your doctor's or prescribing physician's supporting statement.

What to do while you talk to your doctor about changing your drugs or requesting an exception

New or continuing members

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

For each of your drugs that is not on the drug list, or if your ability to get your drugs is limited, your plan may cover at least a temporary 30-day supply (unless you have a prescription written for fewer days) from a network pharmacy. After you receive at least a 30-day supply, your plan will not pay for these drugs, even if you have been a member of your plan less than 90 days.

Long-term care facility residents

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

Other transitions

You may have an unplanned transition, like a hospital discharge or a change in your level of care. If this happens and your doctor prescribes a drug that is not on the drug list, or a drug that is on the drug list but your ability to get it is limited, your plan may cover a one-time supply of at least 30-days. You may ask for a one-time emergency supply of at least 30-days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

Drugs with dosages other than a one-month supply

Drugs packaged in an extended day supply

Some drugs are packaged from the manufacturer to provide more than a one-month supply. When you fill these drugs, you may have to pay more than one co-pay/co-insurance for a single prescription. For more information, please call Customer Service using the information on the cover.

Daily cost share for oral medications filled for less than a one-month supply

Daily cost share applies only if the drug is in the form of a solid oral dose (e.g., tablet or capsule) when dispensed for a supply of less than one month under applicable law. The daily cost share requirements do not apply to either of the following:

1. Solid oral doses of antibiotics.
2. Solid oral doses that are dispensed in their original container or are usually dispensed in their original packaging to help patients comply with usage and dosage directions.

For more information

For more information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about your plan, please call us toll-free at **1-888-556-6648**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday. Or visit us online at **www.UHCRetiree.com**.

If you have general questions about Medicare prescription drug coverage, visit www.medicare.gov or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Covered drugs by medical condition

The Comprehensive Formulary (drug list) below provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the “Index of covered drugs,” which begins on page 164.

The first column of the chart lists the drug name. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin).

The second column of the chart lists which coverage level (Tier) your drug is in.

The “Required Actions, Restrictions or Limits” column shows you if your plan has any special coverage requirements for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 125-163.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Analgesics			Esgic (Tablet)	3	PA, QL, HRM
Allzital (Tablet)	3	PA, QL, HRM	Fioricet (Capsule)	3	PA, QL, HRM
Bupap (Tablet)	3	PA, QL, HRM	Fiorinal (Capsule)	3	PA, QL, HRM
Butalbital/ Acetaminophen (Tablet)	3	PA, QL, HRM	Tencon (Tablet)	3	PA, QL, HRM
Butalbital/ Acetaminophen/ Caffeine (50mg-300mg-40mg Capsule, 50mg-325mg-40mg Capsule, 50mg-325mg-40mg Tablet)	3	PA, QL, HRM	Vanatol LQ (Oral Solution)	4	PA, QL, HRM
Butalbital/Aspirin/ Caffeine (Capsule)	3	PA, QL, HRM	Zebutal (Capsule)	3	PA, QL, HRM
			Nonsteroidal Anti-inflammatory Drugs		
			Anaprox DS (Tablet)	3	
			Arthrotec 50 (Tablet Delayed-Release)	3	
			Arthrotec 75 (Tablet Delayed-Release)	3	
			Cambia (Packet)	3	
			Celebrex (Capsule)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Celecoxib (Capsule)	3	QL
Daypro (Tablet)	3	
Diclofenac Potassium (Tablet Immediate-Release)	1	
Diclofenac Sodium (1% Gel)	2	PA
Diclofenac Sodium (1.5% Transdermal Solution)	3	PA
Diclofenac Sodium DR (Tablet Delayed-Release)	1	
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)	1	
Diclofenac Sodium/Misoprostol (Tablet Delayed-Release)	3	
Diflunisal (Tablet)	2	
Duexis (Tablet)	4	ST
EC-Naprosyn (Tablet Delayed-Release)	3	
Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	
Etodolac ER (Tablet Extended-Release 24 Hour)	3	
Feldene (Capsule)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fenoprofen Calcium (400mg Capsule)	3	
Fenoprofen Calcium (600mg Tablet)	3	
Flector (Patch)	3	PA, QL
Flurbiprofen (Tablet)	1	
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1	
Indocin (Suspension)	3	PA, HRM
Indomethacin (Capsule)	3	PA, HRM
Indomethacin ER (Capsule Extended-Release)	3	PA, HRM
Ketoprofen (Capsule Immediate-Release)	2	
Ketoprofen ER (Capsule Extended-Release 24 Hour)	3	
Ketorolac Tromethamine (10mg Tablet, 15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	3	PA, HRM
Meclofenamate Sodium (Capsule)	3	
Mefenamic Acid (Capsule)	3	
Meloxicam (15mg Tablet, 7.5mg Tablet)	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Meloxicam (7.5mg/5ml Suspension)	3	
Mobic (15mg Tablet, 7.5mg Tablet, 7.5mg/5ml Suspension)	3	
Nabumetone (Tablet)	3	
Naprelan (375mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour)	4	
Naprelan (750mg Tablet Extended-Release 24 Hour)	3	
Naprosyn (Tablet)	3	
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1	
Naproxen Sodium (275mg Tablet Immediate-Release, 550mg Tablet Immediate-Release) (Generic Anaprox DS)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Naproxen Sodium CR (Tablet Extended-Release 24 Hour) (Generic Naprelan)	3	
Naproxen Sodium ER (Tablet Extended-Release 24 Hour) (Generic Naprelan)	3	
Oxaprozin (Tablet)	3	
Pennsaid (Transdermal Solution)	4	PA
Piroxicam (Capsule)	2	
Sulindac (Tablet)	1	
Tivorbex (Capsule)	3	PA, QL, HRM
Tolmetin Sodium (400mg Capsule, 600mg Tablet)	3	
Vimovo (Tablet Delayed-Release)	4	ST
Vivlodex (Capsule)	3	QL
Voltaren (Gel)	2	PA
Zipsor (Capsule)	3	ST
Zorvolex (Capsule)	3	ST
Opioid Analgesics, Long-acting		
Conzip (Capsule Extended-Release 24 Hour)	3	QL, MED
Dolophine (Tablet)	3	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Duragesic (100mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	4	QL, MED
Duragesic (12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour)	3	QL, MED
Embeda (Capsule Extended-Release)	2	QL, MED
Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	QL, MED
Exalgo (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 37.5mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	3	QL, MED

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fentanyl (62.5mcg/hr Patch 72 Hour, 87.5mcg/hr Patch 72 Hour)	4	QL, MED
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	QL, MED
Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	2	QL, MED

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Kadian (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	4	QL, MED
Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour)	3	QL, MED
Levorphanol Tartrate (Tablet)	3	QL, MED
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2	QL, MED
Methadone HCl (10mg/ml Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour) (Generic Kadian)	4	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Morphine Sulfate ER (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin), (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian), (120mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	3	QL, MED	Morphine Sulfate ER (15mg Tablet Extended-Release, 30mg Tablet Extended-Release) (Generic MS Contin)	2	QL, MED
			MS Contin (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release)	4	QL, MED
			MS Contin (15mg Tablet Extended-Release, 30mg Tablet Extended-Release)	3	QL, MED
			Nucynta ER (Tablet Extended-Release 12 Hour)	2	QL, MED
			Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	QL, MED
			OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	QL, MED
			Oxymorphone HCl ER (Tablet Extended-Release 12 Hour)	3	QL, MED

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tramadol HCl ER (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	3	QL, MED
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour) (Generic Ultram ER), (300mg Tablet Extended-Release 24 Hour) (Generic Ryzolt)	3	QL, MED
Ultram ER (Tablet Extended-Release 24 Hour)	3	QL, MED
Xartemis XR (Tablet Extended-Release)	3	QL, MED
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	QL, ST, MED
Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	PA, QL, MED
Opioid Analgesics, Short-acting		
Abstral (Tablet Sublingual)	4	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	QL, MED
Actiq (Lollipop)	4	PA, QL
Ascomp/Codeine (Capsule)	3	PA, QL, HRM, MED
Butalbital/Acetaminophen/Caffeine/Codeine (Capsule)	3	PA, QL, HRM, MED
Butalbital/Aspirin/Caffeine/Codeine (Capsule)	3	PA, QL, HRM, MED
Butorphanol Tartrate (10mg/ml Nasal Solution)	2	QL, MED
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	2	
Capital/Codeine (Suspension)	3	QL, MED
Carisoprodol/Aspirin/Codeine (Tablet)	3	PA, QL, HRM, MED
Codeine Sulfate (Tablet)	2	QL, MED
Demerol (100mg Tablet, 50mg Tablet)	3	PA, QL, HRM, MED
Demerol (50mg/ml Injection)	3	PA, HRM

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dilaudid (1mg/ml Liquid, 2mg Tablet, 4mg Tablet, 8mg Tablet)	3	QL, MED	Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	2	QL, MED
Duramorph (Injection)	2		Hydrocodone/ Ibuprofen (10mg-200mg Tablet, 5mg-200mg Tablet)	3	QL, MED
Endocet (Tablet)	2	QL, MED	Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet)	2	QL, MED
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	4	PA, QL	Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	3	
Fentanyl Citrate Oral Transmucosal (200mcg Lollipop, 400mcg Lollipop)	3	PA, QL	Hydromorphone HCl (1mg/ml Liquid)	3	QL, MED
Fentora (Tablet)	4	PA, QL	Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate- Release, 8mg Tablet Immediate-Release)	1	QL, MED
Fioricet/Codeine (Capsule)	3	PA, QL, HRM, MED	Hydromorphone HCl (2mg/ml Injection)	3	
Fiorinal/Codeine #3 (Capsule)	3	PA, QL, HRM, MED	Ibudone (Tablet)	3	QL, MED
Hycet (Oral Solution)	3	QL, MED	Lazanda (Nasal Solution)	4	PA, QL
Hydrocodone Bitartrate/ Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	3	QL, MED	Lorcet (Tablet)	2	QL, MED
Hydrocodone Bitartrate/ Acetaminophen (7.5mg-325mg/15ml Oral Solution)	2	QL, MED	Lorcet Plus (Tablet)	2	QL, MED
			Lortab (Tablet)	2	QL, MED

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Meperidine HCl (100mg Tablet, 50mg Tablet, 50mg/5ml Oral Solution)	3	PA, QL, HRM, MED
Meperidine HCl (100mg/ml Injection, 25mg/ml Injection, 50mg/ml Injection)	3	PA, HRM
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	2	QL, MED
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	2	
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	2	QL, MED
Morphine Sulfate (2mg/ml Injection)	2	
Nalbuphine HCl (Injection)	2	
Norco (Tablet)	3	QL, MED
Nucynta (100mg Tablet)	4	QL, MED
Nucynta (50mg Tablet, 75mg Tablet)	3	QL, MED
Opana (10mg Tablet Immediate-Release)	4	QL, MED

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Opana (5mg Tablet Immediate-Release)	3	QL, MED
Oxycodone HCl (100mg/5ml Concentrate, 5mg Capsule Immediate-Release)	3	QL, MED
Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1	QL, MED
Oxycodone HCl (5mg/5ml Oral Solution)	2	QL, MED
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	2	QL, MED
Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	3	QL, MED
Oxycodone/Aspirin (Tablet)	2	QL, MED
Oxycodone/Ibuprofen (Tablet)	2	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxymorphone HCl (Tablet Immediate-Release)	3	QL, MED
Pentazocine/Naloxone HCl (Tablet)	3	PA, QL, HRM, MED
Percocet (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	4	QL, MED
Percocet (2.5mg-325mg Tablet)	3	QL, MED
Primlev (10mg-300mg Tablet, 7.5mg-300mg Tablet)	4	QL, MED
Primlev (5mg-300mg Tablet)	3	QL, MED
Reprexain (Tablet)	3	QL, MED
Roxicodone (15mg Tablet, 5mg Tablet)	3	QL, MED
Roxicodone (30mg Tablet)	4	QL, MED
Subsys (Liquid)	4	PA, QL
Synalgos-DC (Capsule)	3	QL, MED
Talwin (Injection)	3	PA, HRM
Tramadol HCl (Tablet Immediate-Release)	1	QL, MED
Tramadol HCl/Acetaminophen (Tablet)	1	QL, MED
Trezix (Capsule)	3	QL, MED
Tylenol/Codeine #3 (Tablet)	3	QL, MED

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tylenol/Codeine #4 (Tablet)	3	QL, MED
Ultracet (Tablet)	3	QL, MED
Ultram (Tablet)	3	QL, MED
Vicodin (Tablet)	3	QL, MED
Vicodin ES (Tablet)	3	QL, MED
Vicodin HP (Tablet)	3	QL, MED
Xodol (10mg-300mg Tablet, 7.5mg-300mg Tablet)	4	QL, MED
Xodol (5mg-300mg Tablet)	3	QL, MED
Zamiset (Oral Solution)	3	QL, MED
Anesthetics		
Local Anesthetics		
Lidocaine (5% Ointment)	3	
Lidocaine (5% Patch)	2	PA, QL
Lidocaine HCl (0.5% Injection, 2% Injection)	2	B/D, PA
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	
Lidocaine/Prilocaine (Cream)	2	
Lidoderm (Patch)	3	PA, QL
Xylocaine (Injection)	3	B/D, PA
Anti-Addiction/Substance Abuse Treatment Agents		

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	3	
Antabuse (Tablet)	3	
Disulfiram (Tablet)	3	
Naltrexone HCl (Tablet)	2	
Vivitrol (Injection)	4	PA
Opioid Dependence Treatments		
Belbuca (Film)	3	PA, QL, MED
Bunavail (Film)	3	PA, QL
Buprenex (Injection)	4	
Buprenorphine HCl (0.3mg/ml Injection)	2	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	2	PA, QL
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	2	PA, QL
Butrans (Patch Weekly)	2	QL, MED
Evzio (Injection)	4	ST
Naloxone HCl (Injection)	2	
Narcan (Liquid)	2	
Suboxone (Film)	3	PA, QL
Zubsolv (Tablet Sublingual)	3	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Smoking Cessation Agents		
Buprobam (Tablet Extended-Release 12 Hour)	1	
Chantix (Tablet)	2	
Chantix Continuing Month Pak (Tablet)	2	
Chantix Starting Month Pak (Tablet)	2	
Nicotrol Inhaler	3	
Nicotrol NS (Nasal Solution)	3	
Zyban (Tablet Extended-Release 12 Hour)	3	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (Injection)	2	
Bethkis (Nebulized Solution)	4	B/D, PA, QL
Gentak (Ophthalmic Ointment)	1	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution, 10mg/ml Injection, 40mg/ml Injection)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1	
Isotonic Gentamicin (Injection)	1	
Neomycin Sulfate (Tablet)	1	
Paromomycin Sulfate (Capsule)	3	
Streptomycin Sulfate (Injection)	3	
TOBI (Nebulized Solution)	4	B/D, PA, QL
TOBI Podhaler (Capsule)	4	PA, QL
Tobradex (0.3%-0.1% Ophthalmic Ointment)	2	
Tobramycin (Nebulized Solution)	4	B/D, PA, QL
Tobramycin Sulfate (0.3% Ophthalmic Solution)	1	
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	2	
Tobrex (0.3% Ophthalmic Ointment)	2	
Tobrex (0.3% Ophthalmic Solution)	3	
Antibacterials, Other		
Altabax (Ointment)	3	
BACiiM (Injection)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Bacitracin (50000unit Injection, 500unit/gm Ophthalmic Ointment)	1	
Bactroban (Cream)	3	
Bactroban Nasal (Ointment)	3	PA
Chloramphenicol Sodium Succinate (Injection)	2	
Cleocin (100mg Suppository, 150mg Capsule, 300mg Capsule, 75mg Capsule, 2% Cream)	3	
Cleocin in D5W (Injection)	3	
Cleocin Pediatric Granules (Oral Solution)	3	
Cleocin Phosphate (Injection)	3	
Clindamycin HCl (Capsule Immediate- Release)	1	
Clindamycin Palmitate HCl (Oral Solution)	1	
Clindamycin Phosphate (2% Cream)	2	
Clindamycin Phosphate (300mg/ 2ml Solution, 900mg/ 6ml Solution, 600mg/ 4ml Injection)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clindamycin Phosphate in D5W (Injection)	3	
Clindesse (Cream)	3	
Colistimethate Sodium (Injection)	3	
Cubicin (Injection)	4	
Dalvance (Injection)	4	PA
Flagyl (250mg Tablet, 500mg Tablet, 375mg Capsule)	3	
Furadantin (Suspension)	4	
Hiprex (Tablet)	3	
Lincocin (Injection)	3	
Lincomycin HCl (Injection)	3	
Linezolid (100mg/5ml Suspension)	4	PA
Linezolid (600mg Tablet)	4	PA, QL
Linezolid (600mg/300ml Injection)	3	PA
Macrobid (Capsule)	3	QL, HRM
Macrodantin (100mg Capsule)	3	QL, HRM
Macrodantin (25mg Capsule, 50mg Capsule)	3	
Methenamine Hippurate (Tablet)	3	
MetroCream (Cream)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
MetroGel (Gel)	3	
MetroGel-Vaginal (Gel)	3	
MetroLotion (Lotion)	3	
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 375mg Capsule Immediate-Release)	3	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Metronidazole in NaCl 0.79% (Injection)	2	
Metronidazole Vaginal (Gel)	3	
Monurol (Packet)	3	
Mupirocin (2% Cream)	3	
Mupirocin (2% Ointment)	1	
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	2	
Nitrofurantoin (Suspension)	3	
Nitrofurantoin Macrocrystals (100mg Capsule) (Generic Macrodantin)	3	QL, HRM

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nitrofurantoin Macrocrystals (25mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3	QL, HRM
Noritate (Cream)	4	
Nuversa (Gel)	3	
Orbactiv (Injection)	4	
Polymyxin B Sulfate (Injection)	2	
Sivextro (200mg Injection, 200mg Tablet)	4	PA
Sulfamylon (5% Packet)	4	
Sulfamylon (85mg/gm Cream)	3	
Synercid (Injection)	4	
Tindamax (Tablet)	3	
Tinidazole (Tablet)	3	
Trimethoprim (Tablet)	1	
Tygacil (Injection)	4	
Vancocin HCl (Capsule)	4	PA
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Vancomycin HCl (125mg Capsule, 250mg Capsule)	4	PA
Vandazole (Gel)	3	
Xifaxan (Tablet)	4	PA
Zyvox (100mg/5ml Suspension, 600mg/300ml Injection)	4	PA
Zyvox (600mg Tablet)	4	PA, QL
Beta-lactam, Cephalosporins		
Avycaz (Injection)	4	PA
Cedax (180mg/5ml Suspension, 400mg Capsule)	3	
Cefaclor (125mg/5ml Suspension, 250mg/5ml Suspension, 375mg/5ml Suspension)	3	
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	1	
Cefaclor ER (Tablet Extended-Release 12 Hour)	3	
Cefadroxil (1gm Tablet)	3	
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cefazolin Sodium (Injection)	2	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	2	
Cefepime (Injection)	2	
Cefixime (Suspension)	3	
Cefotaxime Sodium (Injection)	2	
Cefotetan (Injection)	3	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	2	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	3	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	2	
Ceftazidime (Injection)	2	
Ceftin (125mg/5ml Suspension, 250mg/5ml Suspension)	3	
Ceftin (500mg Tablet)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	2	
Cefuroxime Axetil (Tablet)	1	
Cefuroxime Sodium (Injection)	1	
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	1	
Cephalexin (250mg Tablet, 500mg Tablet)	3	
Claforan (10gm Injection, 500mg Injection)	3	
Claforan (1gm Injection, 2gm Injection)	3	
Fortaz (1gm Injection, 2gm Injection, 6gm Injection)	3	
Maxipime (Injection)	3	
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	2	
Suprax (100mg/5ml Suspension)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Suprax (200mg/5ml Suspension)	4	
Suprax (400mg Capsule, 500mg/5ml Suspension)	2	
Tazicef (Injection)	2	
Teflaro (Injection)	4	
Zerbaxa (Injection)	4	PA
Zinacef (Injection)	3	
Beta-lactam, Other		
Azactam in Iso-Osmotic Dextrose (Injection)	3	
Aztreonam (Injection)	3	
Doribax (Injection)	2	
Imipenem/Cilastatin (Injection)	2	
Invanz (Injection)	3	
Meropenem (Injection)	2	
Merrem (Injection)	3	
Primaxin IV (Injection)	3	
Beta-lactam, Penicillins		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	1	
Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amoxicillin/ Clavulanate Potassium ER (Tablet Extended- Release 12 Hour)	3	
Ampicillin (125mg/5ml Suspension, 250mg/ 5ml Suspension, 250mg Capsule, 500mg Capsule)	1	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	2	
Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	2	
Augmentin (Suspension)	4	
Bactocill in Dextrose (Injection)	3	
Bicillin C-R (Injection)	3	
Bicillin L-A (Injection)	3	
Dicloxacillin Sodium (Capsule)	1	
Nafcillin Sodium (10gm Injection)	3	
Nafcillin Sodium (1gm Injection)	4	
Oxacillin Sodium (10gm Injection)	4	
Oxacillin Sodium (2gm Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Penicillin G Potassium (Injection)	3	
Penicillin G Potassium in Iso- Osmotic Dextrose (Injection)	2	
Penicillin G Procaine (Injection)	3	
Penicillin G Sodium (Injection)	4	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	1	
Piperacillin/ Tazobactam (Injection)	2	
Unasyn (Injection)	3	
Unasyn Bulk Pack (Injection)	3	
Zosyn (Injection)	3	
Macrolides		
Azasite (Ophthalmic Solution)	3	
Azithromycin (100mg/ 5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	1	
Azithromycin (1gm Packet)	1	

Bold type = Brand name drug

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Biaxin (250mg Tablet, 500mg Tablet, 250mg/5ml Suspension)	3		Erythromycin Base (Tablet)	3	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	3		Erythromycin Ethylsuccinate (Tablet)	3	
Clarithromycin (250mg Tablet, 500mg Tablet)	2		Ilotycin (Ophthalmic Ointment)	1	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	2		Ketek (Tablet)	3	PA
Dificid (Tablet)	4	PA	PCE (Tablet Delayed-Release)	3	
E.E.S. 400 (Tablet)	3		Zithromax (100mg/5ml Suspension, 200mg/5ml Suspension, 1gm Packet, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	3	
E.E.S. Granules (Suspension)	3		Zithromax Tri-Pak (Tablet)	3	
EryPed 200 (Suspension)	3		Zithromax Z-Pak (Tablet)	3	
EryPed 400 (Suspension)	4		Zmax (Suspension)	3	
Ery-Tab (Tablet Delayed-Release)	3		Quinolones		
Erythrocin Lactobionate (Injection)	3		Avelox (400mg Tablet, 400mg/250ml-0.8% Injection)	3	
Erythrocin Stearate (Tablet)	3		Avelox ABC Pack (Tablet)	3	
Erythromycin (250mg Capsule Delayed-Release)	3		Besivance (Suspension)	3	
Erythromycin (5mg/gm Ophthalmic Ointment)	1		Ciloxan (0.3% Ointment, 0.3% Ophthalmic Solution)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cipro (250mg Tablet, 500mg Tablet, 500mg/5ml Suspension, 5gm/100ml Suspension)	3	
Cipro I.V. in D5W (Injection)	3	
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension)	3	
Ciprofloxacin (400mg/40ml Injection)	1	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	2	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	1	
Ciprofloxacin I.V. in D5W (Injection)	1	
Gatifloxacin (Ophthalmic Solution)	2	
Levaquin (Tablet)	3	
Levofloxacin (0.5% Ophthalmic Solution, 25mg/ml Injection)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	1	
Levofloxacin (25mg/ml Oral Solution)	3	
Levofloxacin in D5W (Injection)	2	
Moxeza (Ophthalmic Solution)	3	
Moxifloxacin HCl (400mg Tablet)	2	
Moxifloxacin HCl (400mg/250ml Injection)	3	
Ocuflox (Ophthalmic Solution)	3	
Ofloxacin (0.3% Ophthalmic Solution)	1	
Ofloxacin (0.3% Otic Solution, 400mg Tablet)	2	
Vigamox (Ophthalmic Solution)	3	
Zymaxid (Ophthalmic Solution)	3	
Sulfonamides		
Bactrim (Tablet)	3	
Bactrim DS (Tablet)	3	
Bleph-10 (Ophthalmic Solution)	3	
Silvadene (Cream)	3	
Silver Sulfadiazine (Cream)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sodium Sulfacetamide (Ophthalmic Solution)	1	
SSD (Cream)	2	
Sulfacetamide Sodium (10% Ophthalmic Ointment)	1	
Sulfadiazine (Tablet)	3	
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet, 400mg-80mg/5ml Injection)	1	
Sulfamethoxazole/Trimethoprim DS (Tablet)	1	
Tetracyclines		
Adoxa (Capsule)	4	
Demeclocycline HCl (Tablet)	3	
Doxy 100 (Injection)	2	
Doxycycline (150mg Capsule, 75mg Capsule, 25mg/5ml Suspension)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Injection, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	2	
Doxycycline Hyclate DR (100mg Tablet Delayed-Release, 150mg Tablet Delayed-Release, 50mg Tablet Delayed-Release, 75mg Tablet Delayed-Release)	3	
Doxycycline Hyclate DR (200mg Tablet Delayed-Release)	4	
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	2	
Doxycycline Monohydrate (150mg Tablet)	3	
Minocin (Capsule)	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)	1	
Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	3	
Minocycline HCl ER (Tablet Extended-Release 24 Hour)	3	
Oracea (Capsule Delayed-Release)	3	
Solodyn (Tablet Extended-Release 24 Hour)	4	
Tetracycline HCl (Capsule)	3	
Vibramycin (100mg Capsule, 25mg/5ml Suspension, 50mg/5ml Syrup)	3	
Anticonvulsants		
Anticonvulsants, Other		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	4	QL
BRIVIACT (50mg/5ml Injection)	3	QL
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	3	
Keppra (1000mg Tablet, 500mg Tablet, 750mg Tablet, 100mg/ml Oral Solution)	4	
Keppra (250mg Tablet)	3	
Keppra XR (Tablet Extended-Release 24 Hour)	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution, 500mg/5ml Injection)	1	
Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection)	1	
Levetiracetam ER (Tablet Extended-Release 24 Hour)	2	
Potiga (Tablet)	4	QL
Roweepra (Tablet)	1	
Spritam (Tablet Disintegrating Soluble)	3	
Calcium Channel Modifying Agents		
Celontin (Capsule)	3	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	2	
Zarontin (250mg Capsule)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zarontin (250mg/5ml Oral Solution)	3	
Zonegran (Capsule)	4	
Zonisamide (Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Depacon (Injection)	3	
Depakene (250mg Capsule)	3	
Depakene (250mg/5ml Syrup)	4	
Diastat AcuDial (Gel)	3	
Diastat Pediatric (Gel)	3	
Diazepam (10mg Gel, 2.5mg Gel, 20mg Gel)	3	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	1	
Gabapentin (250mg/5ml Oral Solution)	2	
Gabitril (12mg Tablet, 16mg Tablet)	3	QL
Gabitril (2mg Tablet, 4mg Tablet)	3	
Mysoline (Tablet)	4	
Neurontin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Neurontin (600mg Tablet, 800mg Tablet)	4	
Onfi (10mg Tablet, 20mg Tablet)	4	QL
Onfi (2.5mg/ml Suspension)	4	
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	3	PA, HRM
Primidone (Tablet)	1	
Sabril (500mg Packet, 500mg Tablet)	4	PA, QL, LA
Tiagabine HCl (Tablet)	3	
Valproate Sodium (100mg/ml Injection)	2	
Valproic Acid (250mg Capsule, 250mg/5ml Syrup)	1	
Glutamate Reducing Agents		
Felbamate (400mg Tablet, 600mg Tablet)	3	
Felbamate (600mg/5ml Suspension)	4	
Felbatol (400mg Tablet, 600mg Tablet, 600mg/5ml Suspension)	4	
Lamictal (Tablet)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lamictal Chewable Dispersible (25mg Tablet Chewable)	4	
Lamictal Chewable Dispersible (5mg Tablet Chewable)	3	
Lamictal ODT (Tablet Dispersible)	3	
Lamictal Starter (Blue Kit)	3	
Lamictal Starter (Green Kit)	4	
Lamictal Starter (Orange Kit)	3	
Lamictal XR (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 250mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	
Lamictal XR (Kit)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	1	
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	2	
Lamotrigine ER (Tablet Extended-Release 24 Hour)	3	
Lamotrigine ODT (Tablet Dispersible)	3	
Qudexy XR (100mg Capsule Extended-Release 24 Hour Sprinkle, 25mg Capsule Extended-Release 24 Hour Sprinkle, 50mg Capsule Extended-Release 24 Hour Sprinkle)	3	PA
Qudexy XR (150mg Capsule Extended-Release 24 Hour Sprinkle, 200mg Capsule Extended-Release 24 Hour Sprinkle)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Topamax (100mg Tablet, 200mg Tablet)	4	
Topamax (25mg Tablet, 50mg Tablet)	3	
Topamax Sprinkle (15mg Capsule Sprinkle)	3	
Topamax Sprinkle (25mg Capsule Sprinkle)	4	
Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	1	
Topiramate ER (Capsule Extended-Release 24 Hour Sprinkle)	1	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Trokendi XR (100mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	3	PA, QL
Trokendi XR (200mg Capsule Extended-Release 24 Hour)	4	PA, QL
Sodium Channel Agents		
Aptiom (200mg Tablet)	3	QL
Aptiom (400mg Tablet, 600mg Tablet, 800mg Tablet)	4	QL
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	4	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	2	
Carbatrol (Capsule Extended-Release 12 Hour)	3	
Cerebyx (Injection)	4	
Dilantin (Capsule)	2	
Dilantin INFATABS (Tablet Chewable)	2	
Dilantin-125 (Suspension)	3	
Epitol (Tablet)	2	
Fosphenytoin Sodium (Injection)	2	
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	2	
Oxcarbazepine (300mg/5ml Suspension)	3	

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Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxtellar XR (Tablet Extended-Release 24 Hour)	3	PA	Donepezil HCl (Tablet Immediate-Release)	1	QL
Peganone (Tablet)	3		Donepezil HCl ODT (Tablet Dispersible)	1	QL
Phenytek (Capsule)	1		Exelon (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	3	QL
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	1		Exelon (13.3mg/24hr Patch 24 Hour, 4.6mg/24hr Patch 24 Hour, 9.5mg/24hr Patch 24 Hour)	3	QL, ST
Phenytoin Sodium (Injection)	1		Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 16mg Capsule Extended-Release 24 Hour, 24mg Capsule Extended-Release 24 Hour, 8mg Capsule Extended-Release 24 Hour, 4mg/ml Oral Solution)	3	QL
Phenytoin Sodium Extended (Capsule)	1		Razadyne (Tablet)	3	QL
Tegretol (100mg/5ml Suspension, 200mg Tablet)	3		Razadyne ER (Capsule Extended-Release 24 Hour)	3	QL
Tegretol-XR (Tablet Extended-Release 12 Hour)	3		Rivastigmine Tartrate (Capsule Immediate-Release)	2	QL
Trileptal (150mg Tablet, 300mg Tablet)	3				
Trileptal (300mg/5ml Suspension, 600mg Tablet)	4				
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	3	QL			
Vimpat (200mg/20ml Injection)	3	PA			
Antidementia Agents					
Cholinesterase Inhibitors					
Aricept (Tablet)	3	QL			

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rivastigmine Transdermal System (Patch 24 Hour)	3	QL, ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet)	1	PA, QL
Memantine HCl (2mg/ml Oral Solution)	2	PA, QL
Memantine HCl Titration Pak (Tablet)	1	PA
Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 10mg/5ml Oral Solution)	3	PA, QL
Namenda Titration Pak (Tablet)	3	PA
Namenda XR (Capsule Extended-Release 24 Hour)	2	PA, QL
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	2	PA, QL
Antidepressants		
Antidepressants, Other		
Aplenzin (Tablet Extended-Release 24 Hour)	4	
Bupropion HCl (Tablet Immediate-Release)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Bupropion HCl SR (Tablet Extended-Release 12 Hour)	1	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1	
Chlordiazepoxide/Amitriptyline (Tablet)	3	PA, HRM
Forfivo XL (Tablet Extended-Release 24 Hour)	3	
Mirtazapine (Tablet Immediate-Release)	1	
Mirtazapine ODT (Tablet Dispersible)	1	
Olanzapine/Fluoxetine (Capsule)	3	
Perphenazine/Amitriptyline (Tablet)	3	PA, HRM
Remeron (Tablet)	3	
Remeron Soltab (Tablet Dispersible)	3	
Symbyax (Capsule)	3	
Wellbutrin SR (Tablet Extended-Release 12 Hour)	3	
Wellbutrin XL (Tablet Extended-Release 24 Hour)	4	
Monoamine Oxidase Inhibitors		
Emsam (Patch 24 Hour)	4	QL
Marplan (Tablet)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nardil (Tablet)	3	
Parnate (Tablet)	4	
Phenelzine Sulfate (Tablet)	2	
Tranylcypromine Sulfate (Tablet)	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Brisdelle (Capsule)	3	
Celexa (Tablet)	3	
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1	
Citalopram HBr (10mg/5ml Oral Solution)	2	
Desvenlafaxine ER (Tablet Extended-Release 24 Hour)	3	QL, ST
Effexor XR (Capsule Extended-Release 24 Hour)	3	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Fetzima (Capsule Extended-Release 24 Hour)	3	QL, ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	3	ST
Fluoxetine DR (Capsule Delayed-Release)	3	
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	1	
Fluoxetine HCl (10mg Tablet, 20mg Tablet)	3	
Fluoxetine HCl (60mg Tablet)	3	
Fluvoxamine Maleate (Tablet)	2	
Fluvoxamine Maleate ER (Capsule Extended-Release 24 Hour)	3	
Khedezia (Tablet Extended-Release 24 Hour)	3	QL, ST
Lexapro (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	3	
Maprotiline HCl (Tablet)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nefazodone HCl (Tablet)	2	
Paroxetine HCl (Tablet Immediate-Release)	1	PA, HRM
Paroxetine HCl ER (Tablet Extended-Release 24 Hour)	3	PA, HRM
Paxil (10mg Tablet, 20mg Tablet, 30mg Tablet, 40mg Tablet, 10mg/5ml Suspension)	3	PA, HRM
Paxil CR (Tablet Extended-Release 24 Hour)	3	PA, HRM
Pexeva (Tablet)	3	PA, HRM
Pristiq (Tablet Extended-Release 24 Hour)	3	QL
Prozac (10mg Capsule, 20mg Capsule)	3	
Prozac (40mg Capsule)	4	
Prozac Weekly (Capsule Delayed-Release)	3	
Sarafem (Tablet)	3	
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Sertraline HCl (20mg/ml Concentrate)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Trazodone HCl (Tablet)	1	
Trintellix (Tablet)	3	QL
Venlafaxine HCl (Tablet Immediate-Release)	2	
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	1	
Venlafaxine HCl ER (150mg Tablet Extended-Release 24 Hour, 37.5mg Tablet Extended-Release 24 Hour, 75mg Tablet Extended-Release 24 Hour)	3	ST
Venlafaxine HCl ER (225mg Tablet Extended-Release 24 Hour)	3	ST
Viibryd (Tablet)	3	QL
Viibryd Starter Pack (Kit)	3	QL
Zoloft (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)	3	
Tricyclics		

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Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amitriptyline HCl (Tablet)	3	PA, HRM
Amoxapine (Tablet)	2	PA, HRM
Anafranil (Capsule)	4	PA, HRM
Clomipramine HCl (Capsule)	3	PA, HRM
Desipramine HCl (Tablet)	1	PA, HRM
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	3	PA, HRM
Elavil (Tablet)	4	PA, HRM
Imipramine HCl (Tablet)	3	PA, HRM
Imipramine Pamoate (Capsule)	3	PA, HRM
Norpramin (Tablet)	3	PA, HRM
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	PA, HRM
Pamelor (Capsule)	4	PA, HRM
Protriptyline HCl (Tablet)	3	PA, HRM
Surmontil (Capsule)	3	PA, HRM

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tofranil (Tablet)	4	PA, HRM
Trimipramine Maleate (Capsule)	3	PA, HRM
Antiemetics		
Antiemetics, Other		
Akynzeo (Capsule)	3	PA
Compro (Suppository)	3	
Hydroxyzine Pamoate (Capsule)	3	PA, HRM
Meclizine HCl (Tablet)	1	PA, HRM
Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Metoclopramide HCl (5mg/ml Injection)	2	
Metoclopramide ODT (Tablet Dispersible)	3	ST
Metozolv ODT (Tablet Dispersible)	4	ST
Perphenazine (Tablet)	3	
Prochlorperazine (Suppository)	3	
Prochlorperazine Edisylate (Injection)	2	
Prochlorperazine Maleate (Tablet)	1	
Reglan (Tablet)	3	
Tigan (100mg/ml Injection, 300mg Capsule)	3	PA, HRM

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Transderm-Scop (Patch 72 Hour)	3	
Trimethobenzamide HCl (Capsule)	3	PA, HRM
Vistaril (Capsule)	3	PA, HRM
Emetogenic Therapy Adjuncts		
Aloxi (Injection)	4	
Anzemet (100mg Tablet, 50mg Tablet)	4	B/D, PA
Anzemet (20mg/ml Injection)	3	
Cesamet (Capsule)	4	PA
Dronabinol (Capsule)	3	PA, QL
Emend (Pack, 125mg Capsule, 40mg Capsule, 80mg Capsule)	3	PA
Emend (150mg Injection)	3	
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	3	
Granisetron HCl (1mg Tablet)	3	B/D, PA, QL
Marinol (10mg Capsule, 5mg Capsule)	4	PA, QL
Marinol (2.5mg Capsule)	3	PA, QL
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	1	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ondansetron HCl (4mg/2ml Injection)	2	
Ondansetron HCl (4mg/5ml Oral Solution)	3	B/D, PA
Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
Sancuso (Patch)	4	
Varubi (Tablet)	3	B/D, PA
Zofran (40mg/20ml Injection)	3	
Zofran (4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution)	4	B/D, PA
Zofran ODT (Tablet Dispersible)	4	B/D, PA
Zuplenz (4mg Film)	3	B/D, PA
Zuplenz (8mg Film)	4	B/D, PA
Antifungals		
Antifungals		
Abelcet (Injection)	4	B/D, PA
AmBisome (Injection)	4	B/D, PA
Amphotericin B (Injection)	3	B/D, PA
Ancobon (Capsule)	4	
AVC (Cream)	3	
Candidas (Injection)	4	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	2	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ciclopirox Nail Lacquer (External Solution)	2		Fluconazole in NaCl (Injection)	1	
Ciclopirox Olamine (Cream)	2		Flucytosine (Capsule)	4	
Clotrimazole (1% Cream, 1% External Solution, 10mg Troche)	1		Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	3	
Cresemba (186mg Capsule, 372mg Injection)	4	PA	Griseofulvin Ultramicrosize (Tablet)	3	
Diflucan (100mg Tablet, 150mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	3		GRIS-PEG (Tablet)	3	
Diflucan (200mg Tablet)	4		Gynazole-1 (Cream)	3	
Econazole Nitrate (Cream)	3		Itraconazole (Capsule)	3	PA, QL
Eraxis (Injection)	4		Jublia (External Solution)	3	
Ertaczo (Cream)	4		Kerydin (External Solution)	4	ST
Exelderm (1% Cream, 1% External Solution)	3		Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	1	
Extina (Foam)	4		Ketoconazole (2% Foam)	3	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1		Lamisil (125mg Packet, 187.5mg Packet)	3	
			Lamisil (250mg Tablet)	4	
			Loprox (Cream)	3	
			Loprox Shampoo	4	
			Luzu (Cream)	3	
			Mentax (Cream)	3	
			Miconazole 3 (Suppository)	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Mycamine (100mg Injection)	4	
Mycamine (50mg Injection)	3	
Naftifine HCl (1% Cream)	3	
Naftifine HCl (2% Cream)	3	
Naftin (1% Gel, 2% Gel, 2% Cream)	3	
Natacyn (Suspension)	2	
Nizoral (Shampoo)	3	
Noxafil (100mg Tablet Delayed-Release)	4	PA, QL
Noxafil (40mg/ml Suspension)	4	QL
Nyamyc (Powder)	1	
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
Nystatin/ Triamcinolone (0.1% Cream, 0.1% Ointment)	3	
Nystop (Powder)	1	
ONMEL (Tablet)	4	PA
Oravig (Tablet)	4	
Oxiconazole Nitrate (Cream)	3	
Oxistat (1% Cream, 1% Lotion)	3	
Sporanox (100mg Capsule)	4	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sporanox (10mg/ml Oral Solution)	4	PA
Terazol 3 (Cream)	3	
Terazol 7 (Cream)	3	
Terbinafine HCl (Tablet)	1	
Terconazole (0.4% Cream, 0.8% Cream)	3	
Terconazole (80mg Suppository)	2	
Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	4	
Vfend IV (Injection)	4	
Voriconazole (200mg Injection, 40mg/ml Suspension)	4	
Voriconazole (200mg Tablet, 50mg Tablet)	3	
Zazole (Cream)	3	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Aloprim (Injection)	3	
Colchicine (0.6mg Capsule) (Generic Mitigare)	3	QL
Colchicine (0.6mg Tablet) (Generic Colcrys)	2	QL
Colcrys (Tablet)	3	PA, QL
Mitigare (Capsule)	3	QL

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Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Probenecid (Tablet)	1	
Probenecid/Colchicine (Tablet)	1	
Uloric (Tablet)	2	ST
Zyloprim (Tablet)	3	
Antimigraine Agents		
Ergot Alkaloids		
Cafergot (Tablet)	2	
Dihydroergotamine Mesylate (1mg/ml Injection)	4	
Dihydroergotamine Mesylate (4mg/ml Nasal Solution)	4	
Ergomar (Tablet Sublingual)	3	
Migergot (Suppository)	4	
Migranal (Nasal Solution)	4	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Almotriptan Malate (Tablet)	3	QL, ST
Amerge (Tablet)	3	QL, ST
Axert (12.5mg Tablet)	3	QL, ST
Axert (6.25mg Tablet)	4	QL, ST
Frova (Tablet)	3	QL, ST
Frovatriptan Succinate (Tablet)	3	QL, ST
Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet)	3	QL, ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Imitrex (20mg/act Nasal Solution, 5mg/act Nasal Solution)	3	QL
Imitrex (6mg/0.5ml Injection)	4	QL
Imitrex Statdose Refill (Injection)	4	QL
Maxalt (Tablet)	3	QL, ST
Maxalt-MLT (Tablet Dispersible)	3	QL, ST
Naratriptan HCl (Tablet)	2	QL
Onzetra Xsail (Exhale Powder)	3	QL
Relpax (Tablet)	3	QL, ST
Rizatriptan Benzoate (Tablet Immediate-Release)	2	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	2	QL
Sumatriptan (Nasal Solution)	3	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	QL
Sumatriptan Succinate (6mg/0.5ml Injection)	3	QL
Sumatriptan Succinate Refill (Injection)	3	QL
Sumavel DosePro (Injection)	4	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Treximet (Tablet)	4	QL, ST
Zembrace Symtouch (Injection)	4	QL
Zolmitriptan (Tablet)	3	QL, ST
Zolmitriptan ODT (Tablet Dispersible)	3	QL, ST
Zomig (2.5mg Tablet, 5mg Tablet)	4	QL, ST
Zomig Nasal Spray (2.5mg Solution, 5mg Solution)	3	QL
Zomig ZMT (Tablet Dispersible)	4	QL, ST
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	2	
Mestinon (60mg Tablet, 60mg/5ml Syrup)	4	
Mestinon Timespan (Tablet Extended-Release)	4	
Pyridostigmine Bromide (180mg Tablet Extended-Release, 60mg Tablet)	3	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	2	
Mycobutin (Capsule)	3	
Rifabutin (Capsule)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Antituberculars		
Capastat Sulfate (Injection)	3	
Ethambutol HCl (Tablet)	2	
Isoniazid (100mg Tablet, 300mg Tablet)	1	
Isoniazid (100mg/ml Injection)	2	
Isoniazid (50mg/5ml Syrup)	3	
Myambutol (Tablet)	3	
Paser (Packet)	3	
Priftin (Tablet)	3	
Pyrazinamide (Tablet)	3	
Rifadin (150mg Capsule)	3	
Rifadin (300mg Capsule)	3	
Rifadin (600mg Injection)	4	
Rifamate (Capsule)	3	
Rifampin (150mg Capsule, 300mg Capsule)	2	
Rifampin (600mg Injection)	3	
Rifater (Tablet)	3	
Sirturo (Tablet)	4	PA
Trecator (Tablet)	3	
Antineoplastics		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alkylating Agents		
Alkeran (Injection)	3	
BiCNU (Injection)	4	
Busulfex (Injection)	4	
Cyclophosphamide (Capsule)	3	B/D, PA
Dacarbazine (Injection)	2	
Gleostine (Capsule)	3	
Hexalen (Capsule)	4	PA
Ifex (Injection)	3	
Ifosfamide (Injection)	3	
Leukeran (Tablet)	2	
Matulane (Capsule)	4	LA
Melphalan HCl (Injection)	3	
Mustargen (Injection)	4	
Treanda (Injection)	4	PA
Valchlor (Gel)	4	PA, LA
Zanosar (Injection)	3	
Antiandrogens		
Bicalutamide (Tablet)	1	
Casodex (Tablet)	3	
Flutamide (Capsule)	2	
Nilandron (Tablet)	4	
Xtandi (Capsule)	4	PA, QL
Zytiga (Tablet)	4	PA, QL
Antiangiogenic Agents		
Pomalyst (Capsule)	4	PA, QL
Revlimid (Capsule)	4	PA, QL, LA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Thalomid (Capsule)	4	PA, QL
Antiestrogens/Modifiers		
Emcyt (Capsule)	4	
Fareston (Tablet)	4	
Faslodex (Injection)	4	
Soltamox (Oral Solution)	3	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Adrucil (Injection)	2	B/D, PA
Alimta (Injection)	4	PA
Cladribine (Injection)	4	B/D, PA
Clolar (Injection)	4	
Cytarabine Aqueous (Injection)	1	B/D, PA
Droxia (Capsule)	3	
Elitek (Injection)	4	
Fluorouracil (2.5gm/50ml Injection)	2	B/D, PA
Folotyn (Injection)	4	
Gemcitabine HCl (Injection)	3	
Gemzar (Injection)	4	
Hydrea (Capsule)	3	
Hydroxyurea (Capsule)	1	
Lonsurf (Tablet)	4	PA, QL
Mercaptopurine (Tablet)	2	
Nipent (Injection)	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Purixan (Suspension)	4	PA
Tabloid (Tablet)	4	PA
Antineoplastics, Other		
Abraxane (Injection)	4	PA
Alecensa (Capsule)	4	PA, QL
Amifostine (Injection)	4	
Arranon (Injection)	4	
Azacitidine (Injection)	4	PA
Beleodaq (Injection)	4	PA
Bleomycin Sulfate (Injection)	2	B/D, PA
Camptosar (Injection)	3	
Carboplatin (Injection)	2	
Cisplatin (Injection)	2	
Cosmegen (Injection)	4	
Dacogen (Injection)	4	
Daunorubicin HCl (Injection)	1	
Decitabine (Injection)	4	
Dexrazoxane (Injection)	4	PA
Docefrez (Injection)	4	
Docetaxel (80mg/4ml Injection)	4	
Docetaxel (80mg/8ml Injection)	4	
Doxil (Injection)	4	
Doxorubicin HCl (Injection)	2	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Doxorubicin HCl Liposome (Injection)	4	
Ellence (Injection)	4	
Erwinaze (Injection)	4	
Farydak (Capsule)	4	PA
Fludarabine Phosphate (Injection)	3	
Fusilev (Injection)	4	
Halaven (Injection)	4	PA
Ibrance (Capsule)	4	PA, QL
Idamycin PFS (Injection)	4	
Idarubicin HCl (Injection)	4	
Irinotecan (Injection)	3	
Istodax (Injection)	4	PA
Jevtana (Injection)	4	PA
Leucovorin Calcium (100mg Injection, 350mg Injection, 10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	2	
Levoleucovorin Calcium (Injection)	4	
Lynparza (Capsule)	4	PA, QL
Mesna (Injection)	2	
Mesnex (100mg/ml Injection)	3	
Mesnex (400mg Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Mitomycin (Injection)	4	
Mitoxantrone HCl (Injection)	2	
Ninlaro (Capsule)	4	PA, QL
Oxaliplatin (Injection)	3	
Paclitaxel (Injection)	2	
Proleukin (Injection)	4	PA
Synribo (Injection)	4	PA
Taxotere (Injection)	4	
Thiotepa (Injection)	4	
Trisenox (Injection)	3	
Velcade (Injection)	4	PA
Venclexta (100mg Tablet)	4	PA, QL
Venclexta (10mg Tablet, 50mg Tablet)	3	PA, QL
Venclexta Starting Pack (Tablet Therapy Pack)	4	PA
Vidaza (Injection)	4	PA
Vinblastine Sulfate (Injection)	2	B/D, PA
Vincasar PFS (Injection)	2	B/D, PA
Vincristine Sulfate (Injection)	2	B/D, PA
Vinorelbine Tartrate (Injection)	2	
Zaltrap (Injection)	4	PA
Zinecard (Injection)	4	PA
Zolinza (Capsule)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zydelig (Tablet)	4	PA, QL
Zykadia (Capsule)	4	PA, QL
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Arimidex (Tablet)	3	
Aromasin (Tablet)	4	
Exemestane (Tablet)	2	
Femara (Tablet)	4	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Etopophos (Injection)	4	
Etoposide (Injection)	2	
Hycamtin (Injection)	4	
Toposar (Injection)	2	
Topotecan HCl (Injection)	4	
Molecular Target Inhibitors		
Afinitor (Tablet)	4	PA
Afinitor Disperz (Tablet Soluble)	4	PA
Bosulif (Tablet)	4	PA, QL
Cabometyx (Tablet)	4	PA, QL
Caprelsa (Tablet)	4	PA, LA
Cometriq (Kit)	4	PA
Cotellic (Tablet)	4	PA, QL, LA
Erivedge (Capsule)	4	PA, QL
Gilotrif (Tablet)	4	PA
Gleevec (Tablet)	4	PA, QL
Iclusig (15mg Tablet)	4	PA, QL, LA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Iclusig (45mg Tablet)	4	PA, QL
Imatinib Mesylate (Tablet)	4	PA, QL
Imbruvica (Capsule)	4	PA, QL
Inlyta (Tablet)	4	PA, QL
Iressa (Tablet)	4	PA, QL
Jakafi (Tablet)	4	PA, QL, LA
Lenvima (Capsule Therapy Pack)	4	PA
Mekinist (Tablet)	4	PA
Nexavar (Tablet)	4	PA
Odomzo (Capsule)	4	PA, QL, LA
Sprycel (Tablet)	4	PA, QL
Stivarga (Tablet)	4	PA, QL
Sutent (Capsule)	4	PA, QL
Tafinlar (Capsule)	4	PA
Tarceva (Tablet)	4	PA, QL
Tasigna (Capsule)	4	PA, QL
Tykerb (Tablet)	4	PA
Votrient (Tablet)	4	PA, QL
Xalkori (Capsule)	4	PA, LA
Zelboraf (Tablet)	4	PA, QL
Monoclonal Antibodies		
Avastin (Injection)	4	PA
Cyramza (Injection)	4	PA
Darzalex (Injection)	4	PA, LA
Empliciti (Injection)	4	PA
Erbix (Injection)	4	PA
Herceptin (Injection)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Kadcyla (Injection)	4	PA
Keytruda (Injection)	4	PA
Opdivo (Injection)	4	PA
Perjeta (Injection)	4	PA
Rituxan (Injection)	4	PA
Sylvant (Injection)	4	PA
Tagrisso (Tablet)	4	PA, QL, LA
Tecentriq (Injection)	4	PA
Vectibix (Injection)	4	PA
Yervoy (Injection)	4	PA
Retinoids		
Bexarotene (Capsule)	4	PA
Panretin (Gel)	4	PA
Targretin (1% Gel, 75mg Capsule)	4	PA
Tretinoin (10mg Capsule)	4	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	4	QL
Biltricide (Tablet)	3	
Emverm (Tablet Chewable)	4	
Ivermectin (Tablet)	2	
Sklice (Lotion)	3	
Stromectol (Tablet)	3	
Antiprotozoals		
Alinia (100mg/5ml Suspension)	3	
Alinia (500mg Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Atovaquone (Suspension)	4	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	2	
Chloroquine Phosphate (Tablet)	1	
Coartem (Tablet)	3	
DARAPRIM (Tablet)	4	
Hydroxychloroquine Sulfate (Tablet)	1	
Malarone (Tablet)	3	
Mefloquine HCl (Tablet)	1	
Mepron (Suspension)	4	
Nebupent (Inhalation Solution)	3	B/D, PA, QL
Pentam 300 (Injection)	3	
Plaquenil (Tablet)	3	
Primaquine Phosphate (Tablet)	3	
Qualaquin (Capsule)	3	PA
Quinine Sulfate (Capsule)	3	PA
Pediculicides/Scabicides		
Elimite (Cream)	3	
Eurax (10% Cream, 10% Lotion)	3	
Lindane (Shampoo)	3	
Malathion (Lotion)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ovide (Lotion)	3	
Permethrin (Cream)	2	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	PA, HRM
Benzotropine Mesylate (1mg/ml Injection)	3	
Cogentin (Injection)	3	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	3	PA, HRM
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet)	2	
Amantadine HCl (50mg/5ml Syrup)	1	
Comtan (Tablet)	3	
Entacapone (Tablet)	3	
Tasmar (Tablet)	4	QL
Tolcapone (Tablet)	4	QL
Dopamine Agonists		
Apokyn (Injection)	4	PA, QL
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	2	
Mirapex (Tablet)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Mirapex ER (Tablet Extended-Release 24 Hour)	3	
Neupro (Patch 24 Hour)	3	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	2	
Pramipexole Dihydrochloride ER (Tablet Extended-Release 24 Hour)	3	
Requip (Tablet)	3	
Requip XL (Tablet Extended-Release 24 Hour)	3	
Ropinirole ER (Tablet Extended-Release 24 Hour)	3	
Ropinirole HCl (Tablet Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Tablet)	4	
Carbidopa/Levodopa (Tablet Immediate-Release)	1	
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
Carbidopa/Levodopa/Entacapone (Tablet)	3	
Duopa (Suspension)	4	PA
Lodosyn (Tablet)	4	
Rytary (Capsule Extended-Release)	3	
Sinemet (Tablet)	3	
Sinemet CR (Tablet Extended-Release)	3	
Stalevo 100 (Tablet)	4	PA
Stalevo 125 (Tablet)	3	PA
Stalevo 150 (Tablet)	4	PA
Stalevo 200 (Tablet)	4	PA
Stalevo 50 (Tablet)	3	PA
Stalevo 75 (Tablet)	3	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
Azilect (Tablet)	2	
Eldepryl (Capsule)	3	
Selegiline HCl (5mg Capsule, 5mg Tablet)	2	
Zelapar (Tablet Dispersible)	4	
Antipsychotics		
1st Generation/Typical		

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	1		Loxapine Succinate (10mg Capsule, 5mg Capsule)	1	QL
Fluphenazine Decanoate (Injection)	2		Loxapine Succinate (25mg Capsule, 50mg Capsule)	1	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/ml Injection)	1		Molindone HCl (Tablet)	3	
Fluphenazine HCl (2.5mg/5ml Elixir)	3		Orap (Tablet)	3	
Fluphenazine HCl (5mg/ml Concentrate)	2		Pimozide (Tablet)	2	
Haldol (Injection)	3		Thioridazine HCl (Tablet)	3	PA, HRM
Haldol Decanoate 100 (Injection)	3		Thiothixene (Capsule)	3	
Haldol Decanoate 50 (Injection)	3		Trifluoperazine HCl (Tablet)	3	
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	1		2nd Generation/Atypical		
Haloperidol Decanoate (Injection)	1		Abilify (Tablet)	4	QL
Haloperidol Lactate (Injection)	1		Abilify Maintena (Injection)	4	
			Aripiprazole (Tablet)	3	QL
			Aripiprazole ODT (Tablet Dispersible)	4	QL
			Aristada (Injection)	4	
			Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	4	QL, ST
			Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	3	QL, ST
			Fanapt Titration Pack (Tablet)	3	ST

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	4	QL
Geodon (20mg Injection)	3	
Invega (Tablet Extended-Release 24 Hour)	4	PA, QL
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	4	
Invega Sustenna (39mg/0.25ml Injection)	3	
Invega Trinza (Injection)	4	PA
Latuda (Tablet)	4	QL
Nuplazid (Tablet)	4	PA, QL
Olanzapine (10mg Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	1	QL
Olanzapine ODT (Tablet Dispersible)	3	QL
Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL
Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Rexulti (Tablet)	4	QL
Risperdal (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 1mg/ml Oral Solution)	3	
Risperdal (2mg Tablet, 3mg Tablet, 4mg Tablet)	4	
Risperdal Consta (12.5mg Injection, 25mg Injection)	3	
Risperdal Consta (37.5mg Injection, 50mg Injection)	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Risperdal M-Tab (0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	3	
Risperdal M-Tab (2mg Tablet Dispersible, 3mg Tablet Dispersible, 4mg Tablet Dispersible)	4	
Risperidone (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release, 3mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	1	
Risperidone (1mg/ml Oral Solution)	3	
Risperidone ODT (Tablet Dispersible)	3	
Saphris (Tablet Sublingual)	3	QL
Seroquel (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet)	3	QL
Seroquel (300mg Tablet, 400mg Tablet)	4	QL
Seroquel XR (Tablet Extended-Release 24 Hour)	2	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	4	QL, ST
Vraylar (Capsule Therapy Pack)	3	ST
Ziprasidone HCl (Capsule)	2	QL
Zyprexa (10mg Injection)	3	
Zyprexa (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 7.5mg Tablet)	3	QL
Zyprexa (15mg Tablet, 20mg Tablet)	4	QL
Zyprexa Relprevv (Injection)	4	
Zyprexa Zydis (10mg Tablet Dispersible, 5mg Tablet Dispersible)	3	QL
Zyprexa Zydis (15mg Tablet Dispersible, 20mg Tablet Dispersible)	4	QL
Treatment-Resistant		
Clozapine (Tablet Immediate-Release)	2	
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	2	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible)	2	QL
Clozapine ODT (200mg Tablet Dispersible)	4	QL
Clozaril (100mg Tablet)	4	
Clozaril (25mg Tablet)	3	
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	4	QL
Fazaclo (12.5mg Tablet Dispersible, 25mg Tablet Dispersible)	3	QL
Versacloz (Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Cidofovir (Injection)	4	
Cytovene (Injection)	3	B/D, PA
Ganciclovir (Injection)	2	B/D, PA
Valcyte (450mg Tablet)	4	QL
Valcyte (50mg/ml Oral Solution)	4	
Valganciclovir (Tablet)	4	
Zirgan (Gel)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Tablet)	4	
Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet)	4	
Entecavir (Tablet)	4	
Epivir HBV (100mg Tablet)	3	
Epivir HBV (5mg/ml Oral Solution)	2	
Hepsera (Tablet)	4	
Lamivudine (100mg Tablet)	2	
Tyzeka (Tablet)	4	
Anti-hepatitis C (HCV) Agents		
Copegus (Tablet)	4	
Daklinza (Tablet)	4	PA, QL
Harvoni (Tablet)	4	PA, QL
Intron A (Injection)	4	PA
Intron A w/Diluent (Injection)	4	PA
Moderiba (200mg Tablet)	3	
Moderiba 1200 Dose Pack (Tablet)	3	
Moderiba 800 Dose Pack (Tablet)	3	
Pegasys (Injection)	4	PA
Pegasys ProClick (Injection)	4	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
PegIntron (Injection)	4	PA	Famciclovir (Tablet)	2	QL
PegIntron REDIPEN (Injection)	4	PA	Famvir (125mg Tablet, 250mg Tablet)	3	QL
Rebetol (Oral Solution)	3		Famvir (500mg Tablet)	4	QL
Ribasphere (200mg Capsule)	3		Trifluridine (Ophthalmic Solution)	3	
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	2		Valacyclovir HCl (Tablet)	2	QL
Ribasphere Ribapak (Tablet)	3		Valtrex (Tablet)	3	QL
Ribavirin (200mg Capsule)	3		Viroptic (Ophthalmic Solution)	3	
Ribavirin (200mg Tablet)	2		Xerese (Cream)	4	PA, QL
Sovaldi (Tablet)	4	PA, QL	Zovirax (200mg Capsule, 200mg/5ml Suspension)	3	
Sylatron (Injection)	4	PA	Zovirax (5% Cream, 5% Ointment)	4	QL
Technivie (Tablet)	4	PA, QL	Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Viekira Pak (Tablet Therapy Pack)	4	PA, QL	Evotaz (Tablet)	4	QL
Zepatier (Tablet)	4	PA, QL	Genvoya (Tablet)	4	QL
Antitherpetic Agents			Isentress (100mg Packet, 100mg Tablet Chewable, 400mg Tablet)	4	QL
Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet)	1		Isentress (25mg Tablet Chewable)	2	QL
Acyclovir (5% Ointment)	3	QL	Prezcobix (Tablet)	4	QL
Acyclovir Sodium (Injection)	1	B/D, PA	Stribild (Tablet)	4	QL
Denavir (Cream)	4	QL	Tivicay (10mg Tablet)	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tivicay (25mg Tablet, 50mg Tablet)	4	QL
Triumeq (Tablet)	4	QL
Tybost (Tablet)	3	QL
Vitekta (Tablet)	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	4	QL
Complera (Tablet)	4	QL
Edurant (Tablet)	4	QL
Intelence (Tablet)	4	QL
Nevirapine (200mg Tablet Immediate-Release)	2	QL
Nevirapine (50mg/5ml Suspension)	2	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	2	QL
Odefsey (Tablet)	4	QL
Rescriptor (Tablet)	3	QL
Sustiva (200mg Capsule, 600mg Tablet)	4	QL
Sustiva (50mg Capsule)	3	QL
Viramune (200mg Tablet)	4	QL
Viramune (50mg/5ml Suspension)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Viramune XR (100mg Tablet Extended-Release 24 Hour)	3	QL
Viramune XR (400mg Tablet Extended-Release 24 Hour)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (Tablet)	3	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	4	QL
Combivir (Tablet)	4	QL
Descovy (Tablet)	4	QL
Didanosine (Capsule Delayed-Release)	2	QL
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	3	QL
Epivir (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
Epzicom (Tablet)	4	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	2	QL
Lamivudine/Zidovudine (Tablet)	3	QL
Retrovir (100mg Capsule, 50mg/5ml Syrup)	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Retrovir IV Infusion (Injection)	3		Anti-HIV Agents, Protease Inhibitors		
Stavudine (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)	2	QL	Aptivus (100mg/ml Oral Solution, 250mg Capsule)	4	QL
Trizivir (Tablet)	4	QL	Crixivan (Capsule)	2	QL
Truvada (Tablet)	4	QL	Invirase (200mg Capsule, 500mg Tablet)	4	QL
Videx EC (Capsule Delayed-Release)	3	QL	Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)	3	QL
Videx Pediatric (Oral Solution)	3	QL	Kaletra (200mg-50mg Tablet)	4	QL
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)	4	QL	Lexiva (50mg/ml Suspension)	3	QL
Zerit (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)	3	QL	Lexiva (700mg Tablet)	4	QL
Ziagen (20mg/ml Oral Solution, 300mg Tablet)	3	QL	Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)	3	QL
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	2	QL	Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	4	QL
Anti-HIV Agents, Other			Prezista (75mg Tablet)	3	QL
Fuzeon (Injection)	4	QL	Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	4	QL
Selzentry (Tablet)	4	QL	Viracept (Tablet)	4	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Anti-influenza Agents		
Flumadine (Tablet)	3	
Relenza Diskhaler (Aerosol Powder)	2	QL
Rimantadine HCl (Tablet)	3	
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	3	QL
Antivirals		
Virazole (Inhalation Solution)	4	
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Tablet)	1	
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup, 25mg/ml Injection, 50mg/ml Injection)	3	PA, HRM
Meprobamate (Tablet)	3	PA, HRM
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	1	QL
Alprazolam ER (Tablet Extended-Release 24 Hour)	3	PA, QL
Alprazolam Intensol (1mg/ml Concentrate)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alprazolam ODT (Tablet Dispersible)	3	QL
Alprazolam XR (0.5mg Tablet Extended-Release 24 Hour)	3	PA, QL
Ativan (Tablet)	4	QL
Chlordiazepoxide HCl (Capsule)	1	
Clonazepam (Tablet Immediate-Release)	1	QL
Clonazepam ODT (Tablet Dispersible)	3	QL
Clorazepate Dipotassium (Tablet)	1	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	1	QL
Diazepam (1mg/ml Oral Solution)	1	
Diazepam Intensol (5mg/ml Concentrate)	1	QL
Estazolam (Tablet)	3	QL
Halcion (Tablet)	3	QL
Klonopin (Tablet)	3	QL
Lorazepam (Tablet)	1	QL
Lorazepam Intensol (2mg/ml Concentrate)	1	QL
Oxazepam (Capsule)	3	
Tranxene T (Tablet)	3	QL
Triazolam (Tablet)	3	QL
Valium (Tablet)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Xanax (Tablet)	3	QL
Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour)	3	PA, QL
Xanax XR (2mg Tablet Extended-Release 24 Hour)	4	PA, QL
Bipolar Agents		
Mood Stabilizers		
Depakote (Tablet Delayed-Release)	3	
Depakote ER (Tablet Extended-Release 24 Hour)	3	
Depakote Sprinkles (Capsule Sprinkle Delayed-Release)	3	
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	1	
Divalproex Sodium DR (Tablet Delayed-Release)	1	
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	1	
Equetro (Capsule Extended-Release 12 Hour)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lithium (Oral Solution)	2	
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	1	
Lithium Carbonate ER (Tablet Extended-Release)	1	
Lithobid (Tablet Extended-Release)	3	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Tablet)	1	QL
Actoplus Met (Tablet)	3	QL
Actoplus Met XR (Tablet Extended-Release 24 Hour)	3	QL
Actos (Tablet)	3	QL
Alogliptin (Tablet)	3	QL, ST
Alogliptin/Metformin HCl (Tablet)	3	QL, ST
Alogliptin/Pioglitazone (Tablet)	3	QL, ST
Amaryl (Tablet)	3	QL
Avandia (Tablet)	3	PA, QL
Bydureon (Injection)	2	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Byetta (Injection)	3	QL
Chlorpropamide (Tablet)	3	PA, QL, HRM
Cycloset (Tablet)	3	PA, QL
Duetact (Tablet)	3	QL
Farxiga (Tablet)	3	QL, ST
Fortamet (Tablet Extended-Release 24 Hour)	4	PA, QL
Glimepiride (Tablet)	1	QL
Glipizide (Tablet Immediate-Release)	1	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL
Glucophage (Tablet)	3	QL
Glucophage XR (Tablet Extended-Release 24 Hour)	3	QL
Glucotrol (Tablet)	3	QL
Glucotrol XL (Tablet Extended-Release 24 Hour)	3	QL
Glucovance (Tablet)	3	PA, QL, HRM
Glumetza (Tablet Extended-Release 24 Hour)	4	PA, QL
Glyburide (Tablet)	3	PA, QL, HRM

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Glyburide Micronized (Tablet)	3	PA, QL, HRM
Glyburide/Metformin HCl (Tablet)	3	PA, QL, HRM
Glynase (Tablet)	3	PA, QL, HRM
Glyset (Tablet)	3	QL
Glyxambi (Tablet)	3	QL, ST
Invokamet (Tablet)	2	QL
Invokana (Tablet)	2	QL
Janumet (Tablet Immediate-Release)	2	QL
Janumet XR (Tablet Extended-Release 24 Hour)	2	QL
Januvia (Tablet)	2	QL
Jardiance (Tablet)	2	QL
Jentadueto (Tablet)	3	QL
Jentadueto XR (Tablet Extended-Release 24 Hour)	3	QL
Kazano (Tablet)	3	QL, ST
Kombiglyze XR (Tablet Extended-Release 24 Hour)	2	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	3	PA, QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Miglitol (Tablet)	3	QL
Nateglinide (Tablet)	1	QL
Nesina (Tablet)	3	QL, ST
Onglyza (Tablet)	2	QL
Oseni (Tablet)	3	QL, ST
Pioglitazone HCl (Tablet)	1	QL
Pioglitazone HCl/ Glimepiride (Tablet)	1	QL
Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL
Prandin (0.5mg Tablet, 1mg Tablet)	3	QL
Prandin (2mg Tablet)	4	QL
Precose (Tablet)	3	QL
Repaglinide (Tablet)	1	QL
Repaglinide/Metformin HCl (Tablet)	3	QL
Riomet (Oral Solution)	3	QL
Starlix (Tablet)	3	QL
SymlinPen 120 (Injection)	4	PA
SymlinPen 60 (Injection)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Synjardy (Tablet)	2	QL
Tanzeum (Injection)	3	QL, ST
Tolazamide (Tablet)	1	QL
Tolbutamide (Tablet)	1	QL
Tradjenta (Tablet)	3	QL
Trulicity (Injection)	2	QL
Victoza (Injection)	2	QL
Xigduo XR (Tablet Extended-Release 24 Hour)	3	QL, ST
Glycemic Agents		
GlucaGen HypoKit (Injection)	3	
Glucagon Emergency Kit (Injection)	2	
Proglycem (Suspension)	4	
Insulins		
Afrezza (Powder)	3	PA
Apidra SoloStar (Injection)	3	PA
Apidra Vial (Injection)	3	PA
Humalog Cartridge (Injection)	2	
Humalog KwikPen (Injection)	2	
Humalog Mix 50/50 KwikPen (Injection)	2	
Humalog Mix 50/50 Vial (Injection)	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Humalog Mix 75/25 KwikPen (Injection)	2	
Humalog Mix 75/25 Vial (Injection)	2	
Humalog Vial (Injection)	2	
Humulin 70/30 KwikPen (Injection)	2	
Humulin 70/30 Vial (Injection)	2	
Humulin N KwikPen (Injection)	2	
Humulin N Vial (Injection)	2	
Humulin R U-500 KwikPen (Injection)	2	
Humulin R U-500 Vial (Concentrated) (Injection)	2	
Humulin R Vial (Injection)	2	
Lantus SoloStar (Injection)	2	
Lantus Vial (Injection)	2	
Levemir FlexTouch (Injection)	2	
Levemir Vial (Injection)	2	
Novolin 70/30 Vial (Injection)	3	PA
Novolin N Vial (Injection)	3	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Novolin R Vial (Injection)	3	PA
NovoLog FlexPen (Injection)	3	PA
NovoLog Mix 70/30 Prefilled FlexPen (Injection)	3	PA
NovoLog Mix 70/30 Vial (Injection)	3	PA
NovoLog PenFill (Injection)	3	PA
NovoLog Vial (Injection)	3	PA
Toujeo SoloStar (Injection)	2	
Tresiba FlexTouch (Injection)	3	ST
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Arixtra (Injection)	4	
Coumadin (Tablet)	2	
Eliquis (Tablet)	2	PA, QL
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	4	
Fondaparinux Sodium (2.5mg/0.5ml Injection)	3	
Fragmin (10000unit/ml Injection, 12500unit/0.5ml Injection, 15000unit/0.6ml Injection, 18000unit/0.72ml Injection, 5000unit/0.2ml Injection, 7500unit/0.3ml Injection, 95000unit/3.8ml Injection)	4	
Fragmin (2500unit/0.2ml Injection)	3	
Heparin Sodium (Injection)	2	B/D, PA
Heparin Sodium/D5W (Injection)	2	B/D, PA
Jantoven (Tablet)	1	
Lovenox (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	4	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lovenox (30mg/0.3ml Injection, 40mg/0.4ml Injection)	3	QL
Pradaxa (Capsule)	3	PA, QL
Savaysa (Tablet)	3	PA, QL
Warfarin Sodium (Tablet)	1	
Xarelto (Tablet)	2	PA, QL
Xarelto Starter Pack (Tablet Therapy Pack)	2	PA, QL
Blood Formation Modifiers		
Agrylin (Capsule)	3	
Anagrelide HCl (Capsule)	1	
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	4	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	3	PA
Epogen (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Epogen (20000unit/ml Injection)	4	PA
Granix (Injection)	4	PA
Leukine (Injection)	4	PA
Mircera (Injection)	3	PA
Mozobil (Injection)	4	PA
Neulasta (Injection)	4	PA
Neupogen (Injection)	4	PA
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	4	PA
Promacta (Tablet)	4	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zarxio (Injection)	4	
Blood Products/Modifiers/Volume Expanders		
Argatroban (125mg/125ml-0.9% Injection)	4	B/D, PA
Argatroban (250mg/2.5ml Injection)	4	B/D, PA
Coagulants		
Cyklokapron (Injection)	3	
Lysteda (Tablet)	4	
Tranexamic Acid (1000mg/10ml Injection)	2	
Tranexamic Acid (650mg Tablet)	3	
Platelet Modifying Agents		
Aggrenox (Capsule Extended-Release 12 Hour)	3	PA, QL
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	3	QL
Brilinta (Tablet)	2	QL
Cilostazol (Tablet)	1	
Clopidogrel (300mg Tablet)	3	QL
Clopidogrel (75mg Tablet)	1	QL
Dipyridamole (Tablet)	3	PA, HRM

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Durlaza (Capsule Extended-Release 24 Hour)	3	
Effient (Tablet)	2	QL
Persantine (Tablet)	3	PA, HRM
Plavix (Tablet)	3	QL
Zontivity (Tablet)	3	PA, QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Catapres (Tablet)	3	
Catapres-TTS-1 (Patch Weekly)	3	
Catapres-TTS-2 (Patch Weekly)	3	
Catapres-TTS-3 (Patch Weekly)	3	
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	1	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	3	
Guanfacine HCl (1mg Tablet Immediate-Release)	3	PA, QL, HRM
Guanfacine HCl (2mg Tablet Immediate-Release)	3	PA, HRM

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Methyldopa (Tablet)	3	PA, HRM
Methyldopate HCl (Injection)	3	
Midodrine HCl (Tablet)	2	
Tenex (Tablet)	3	PA, QL, HRM
Alpha-adrenergic Blocking Agents		
Cardura (Tablet)	3	
Dibenzyliline (Capsule)	4	
Doxazosin Mesylate (Tablet)	1	
Minipress (Capsule)	3	
Phenoxybenzamine HCl (Capsule)	4	
Prazosin HCl (Capsule)	1	
Reserpine (Tablet)	3	PA, HRM
Angiotensin II Receptor Antagonists		
Atacand (Tablet)	3	QL
Avapro (Tablet)	3	QL
Benicar (Tablet)	2	QL
Candesartan Cilexetil (Tablet)	1	QL
Cozaar (Tablet)	3	QL
Diovan (Tablet)	3	QL
Edarbi (Tablet)	3	QL
Eprosartan Mesylate (Tablet)	1	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Micardis (Tablet)	3	QL
Telmisartan (Tablet)	1	QL
Valsartan (Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Accupril (Tablet)	3	QL
Altace (Capsule)	3	QL
Benazepril HCl (Tablet)	1	QL
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
Epaned (Oral Solution)	3	
Fosinopril Sodium (Tablet)	1	QL
Lisinopril (Tablet)	1	QL
Lotensin (Tablet)	3	QL
Mavik (1mg Tablet, 2mg Tablet)	3	QL
Moexipril HCl (15mg Tablet)	1	
Moexipril HCl (7.5mg Tablet)	1	QL
Perindopril Erbumine (Tablet)	1	QL
Prinivil (Tablet)	3	QL
Quinapril HCl (Tablet)	1	QL
Ramipril (Capsule)	1	QL
Trandolapril (Tablet)	1	QL
Vasotec (10mg Tablet)	4	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Vasotec (2.5mg Tablet, 5mg Tablet)	3	QL
Vasotec (20mg Tablet)	4	
Zestril (Tablet)	3	QL
Antiarrhythmics		
Amiodarone HCl (200mg Tablet, 50mg/ml Injection)	1	
Amiodarone HCl (400mg Tablet)	3	
Betapace (120mg Tablet, 160mg Tablet)	4	
Betapace (80mg Tablet)	3	
Disopyramide Phosphate (Capsule)	3	PA, HRM
Dofetilide (Capsule)	3	
Flecainide Acetate (Tablet)	1	
Mexiletine HCl (Capsule)	1	
Multaq (Tablet)	2	QL
Nexterone (Injection)	3	
Norpace (Capsule)	3	PA, HRM
Norpace CR (Capsule Extended-Release 12 Hour)	3	PA, HRM
Pacerone (100mg Tablet, 400mg Tablet)	3	
Pacerone (200mg Tablet)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Procainamide HCl (Injection)	2		Acebutolol HCl (Capsule)	2	
Propafenone HCl (Tablet)	1		Atenolol (Tablet)	1	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	3		Betaxolol HCl (10mg Tablet, 20mg Tablet)	2	
Quinidine Gluconate (Injection)	3		Bisoprolol Fumarate (Tablet)	2	
Quinidine Gluconate CR (Tablet Extended-Release)	3		Bystolic (Tablet)	2	QL
Quinidine Sulfate (Tablet)	1		Carvedilol (Tablet Immediate-Release)	1	
Rythmol (Tablet)	3		Coreg (Tablet)	3	
Rythmol SR (225mg Capsule Extended-Release 12 Hour)	3		Coreg CR (Capsule Extended-Release 24 Hour)	3	
Rythmol SR (325mg Capsule Extended-Release 12 Hour, 425mg Capsule Extended-Release 12 Hour)	4		Corgard (Tablet)	3	
Sorine (Tablet)	3		Inderal LA (120mg Capsule Extended-Release 24 Hour, 160mg Capsule Extended-Release 24 Hour)	4	
Sotalol HCl (AF) (Tablet)	1		Inderal LA (60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	3	
Sotalol HCl (Tablet)	1		Innopran XL (Capsule Extended-Release 24 Hour)	3	
Sotyize (Oral Solution)	3	PA			
Tikosyn (Capsule)	3				
Beta-adrenergic Blocking Agents					

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet, 5mg/ml Injection)	1	
Lopressor (Tablet)	3	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Metoprolol Tartrate (1mg/ml Injection)	2	
Nadolol (Tablet)	3	
Pindolol (Tablet)	2	
Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 1mg/ml Injection, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
Sectral (Capsule)	3	
Tenormin (Tablet)	3	
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	3	
Toprol XL (Tablet Extended-Release 24 Hour)	3	
Zebeta (Tablet)	3	
Calcium Channel Blocking Agents		
Adalat CC (Tablet Extended-Release 24 Hour)	3	QL
Afeditab CR (Tablet Extended-Release 24 Hour)	1	QL
Amlodipine Besylate (Tablet)	1	
Calan (Tablet)	3	
Calan SR (Tablet Extended-Release)	3	
Cardene IV (Injection)	3	
Cardizem (Tablet)	4	
Cardizem CD (Capsule Extended-Release 24 Hour)	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cardizem LA (120mg Tablet Extended-Release 24 Hour, 180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	
Cardizem LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	3	QL
Cartia XT (Capsule Extended-Release 24 Hour)	1	
Diltiazem CD (Capsule Extended-Release 24 Hour)	1	
Diltiazem HCl (100mg Injection, 50mg/10ml Injection, 120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour, 120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 360mg Capsule Extended-Release 24 Hour, 420mg Capsule Extended-Release 24 Hour)	1	
Dilt-XR (Capsule Extended-Release 24 Hour)	1	
Felodipine ER (Tablet Extended-Release 24 Hour)	2	
Isradipine (Capsule)	3	
Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	1	QL
Nicardipine HCl (2.5mg/ml Injection)	1	
Nicardipine HCl (20mg Capsule, 30mg Capsule)	2	
Nifedical XL (Tablet Extended-Release 24 Hour)	1	QL
Nifedipine (Capsule)	3	PA, HRM
Nifedipine ER (Tablet Extended-Release 24 Hour)	1	QL
Nimodipine (Capsule)	4	
Nisoldipine (Tablet Extended-Release 24 Hour)	3	
Nisoldipine ER (Tablet Extended-Release 24 Hour)	3	
Norvasc (Tablet)	3	
Procardia (Capsule)	3	PA, HRM
Procardia XL (Tablet Extended-Release 24 Hour)	3	QL
Sular (Tablet Extended-Release 24 Hour)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Taztia XT (Capsule Extended-Release 24 Hour)	1	
Tiazac (Capsule Extended-Release 24 Hour)	3	
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	1	
Verapamil HCl (2.5mg/ml Injection)	2	
Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	1	
Verapamil HCl SR (Capsule Extended-Release 24 Hour)	2	
Verelan (Capsule Extended-Release 24 Hour)	3	
Verelan PM (Capsule Extended-Release 24 Hour)	3	
Cardiovascular Agents, Other		
Accuretic (Tablet)	3	QL
Aldactazide (Tablet)	3	
Amiloride/ Hydrochlorothiazide (Tablet)	1	
Amlodipine Besylate/ Atorvastatin Calcium (Tablet)	1	QL
Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Amlodipine Besylate/ Valsartan (Tablet)	3	QL
Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Atacand HCT (Tablet)	3	QL
Atenolol/ Chlorthalidone (Tablet)	1	
Avalide (Tablet)	3	QL
Azor (Tablet)	2	QL
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
Benicar HCT (Tablet)	2	QL
BiDil (Tablet)	2	QL
Bisoprolol Fumarate/ Hydrochlorothiazide (10mg-6.25mg Tablet)	2	
Bisoprolol Fumarate/ Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	2	QL
Caduet (Tablet)	3	QL
Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)	1	QL
Captopril/ Hydrochlorothiazide (Tablet)	1	QL
Clorpres (Tablet)	3	
Corlanor (Tablet)	3	PA, QL
Corzide (40mg-5mg Tablet)	3	QL
Corzide (80mg-5mg Tablet)	3	
Demser (Capsule)	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Digitek (0.125mg Tablet)	3	QL, HRM
Digitek (0.25mg Tablet)	3	PA, HRM
Digoxin (0.05mg/ml Oral Solution)	3	PA, QL, HRM
Digoxin (0.25mg/ml Injection)	3	
Digoxin (125mcg Tablet)	3	QL, HRM
Digoxin (250mcg Tablet)	3	PA, HRM
Diovan HCT (Tablet)	3	QL
DUTOPROL (Tablet Extended-Release 24 Hour)	3	
Dyazide (Capsule)	3	
Edarbyclor (Tablet)	3	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL
Entresto (Tablet)	2	PA, QL
Exforge (Tablet)	3	QL
Exforge HCT (Tablet)	3	QL
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL
Hyzaar (Tablet)	3	QL
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lanoxin (0.25mg/ml Injection)	3	
Lanoxin (125mcg Tablet, 62.5mcg Tablet)	3	QL, HRM
Lanoxin (187.5mcg Tablet, 250mcg Tablet)	3	PA, HRM
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
Lopressor HCT (Tablet)	3	
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Lotrel (Capsule)	3	QL
Maxzide (Tablet)	3	
Methyldopa/ Hydrochlorothiazide (Tablet)	3	PA, HRM
Metoprolol/ Hydrochlorothiazide (Tablet)	2	
Micardis HCT (Tablet)	3	QL
Moexipril/ Hydrochlorothiazide (Tablet)	1	QL
Nadolol/ Bendroflumethiazide (40mg-5mg Tablet)	2	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nadolol/ Bendroflumethiazide (80mg-5mg Tablet)	2	
Northera (Capsule)	4	PA, QL
Pentoxifylline ER (Tablet Extended-Release)	1	
Propranolol/ Hydrochlorothiazide (Tablet)	1	
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Ranexa (Tablet Extended-Release 12 Hour)	2	QL
Spirolactone/ Hydrochlorothiazide (Tablet)	1	
Tarka (Tablet Extended-Release)	3	QL
Tekturna (Tablet)	3	QL
Tekturna HCT (Tablet)	3	QL
Telmisartan/ Amlodipine (Tablet)	1	QL
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Tenoretic 100 (Tablet)	3	
Tenoretic 50 (Tablet)	3	
Trandolapril/Verapamil HCl (Tablet Extended-Release)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	1	
Tribenzor (Tablet)	2	QL
Twynsta (Tablet)	3	QL
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Vaseretic (Tablet)	3	
Vecamyl (Tablet)	4	PA
Zestoretic (10mg-12.5mg Tablet, 20mg-12.5mg Tablet)	3	QL
Zestoretic (20mg-25mg Tablet)	3	
Ziac (Tablet)	3	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	2	
Acetazolamide ER (Capsule Extended-Release 12 Hour)	3	
Acetazolamide Sodium (Injection)	2	
Diamox (Capsule Extended-Release 12 Hour)	3	
Keveyis (Tablet)	4	PA, QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Methazolamide (Tablet)	3	
Diuretics, Loop		
Bumetanide (0.25mg/ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Demadex (Tablet)	3	
Edecrin (Tablet)	4	
Ethacrynate Sodium (Injection)	3	
Furosemide (10mg/ml Injection)	1	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Lasix (Tablet)	3	
Torsemide (Tablet)	1	
Diuretics, Potassium-sparing		
Aldactone (Tablet)	3	
Amiloride HCl (Tablet)	1	
Dyrenium (Capsule)	3	
Eplerenone (Tablet)	2	
Inspra (Tablet)	3	
Spirolactone (Tablet)	1	
Diuretics, Thiazide		
Chlorothiazide (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Chlorothiazide Sodium (Injection)	1	B/D, PA
Chlorthalidone (Tablet)	1	
Diuril (Suspension)	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	1	
Methyclothiazide (Tablet)	2	
Metolazone (Tablet)	2	
Microzide (Capsule)	3	
Sodium Diuril (Injection)	3	B/D, PA
Dyslipidemics, Fibric Acid Derivatives		
Antara (Capsule)	2	
Fenofibrate (120mg Tablet)	4	
Fenofibrate (130mg Capsule, 43mg Capsule, 145mg Tablet, 48mg Tablet)	2	
Fenofibrate (150mg Capsule, 50mg Capsule, 40mg Tablet)	3	
Fenofibrate (160mg Tablet, 54mg Tablet)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule)	2	
Fenofibric Acid (Tablet)	2	
Fenofibric Acid DR (Capsule Delayed-Release)	2	
Fenoglide (120mg Tablet)	4	
Fenoglide (40mg Tablet)	3	
Fibricor (Tablet)	3	
Gemfibrozil (Tablet)	1	
Lipofen (Capsule)	3	
Lofibra (134mg Capsule, 200mg Capsule, 67mg Capsule, 160mg Tablet, 54mg Tablet)	3	
Lopid (Tablet)	3	
Tricor (Tablet)	3	
Triglide (Tablet)	3	
Trilipix (Capsule Delayed-Release)	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Altoprev (Tablet Extended-Release 24 Hour)	3	QL, ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Atorvastatin Calcium (Tablet)	1	QL
Crestor (Tablet)	2	QL
Fluvastatin (Capsule Immediate-Release)	1	QL
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	3	QL, ST
Lescol XL (Tablet Extended-Release 24 Hour)	3	QL, ST
Lipitor (Tablet)	3	QL
Livalo (Tablet)	3	QL
Lovastatin (Tablet Immediate-Release)	1	QL
Pravachol (Tablet)	3	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	2	QL
Simvastatin (Tablet)	1	QL
Zocor (Tablet)	3	QL
Dyslipidemics, Other		
Cholestyramine Light (Packet)	3	
Colestid (1gm Tablet, 5gm Granules)	3	
Colestipol HCl (1gm Tablet)	2	
Colestipol HCl (5gm Granules)	3	
Juxtapid (Capsule)	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Kynamro (Injection)	4	PA
Lovaza (Capsule)	3	QL
Niacin ER (Tablet Extended-Release)	3	
Niacor (Tablet)	1	
Niaspan (Tablet Extended-Release)	3	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	3	QL
Praluent (Injection)	4	PA, QL, LA
Prevalite (Powder)	3	
Questran (Packet)	3	
Repatha (Injection)	4	PA, QL
Repatha SureClick (Injection)	4	PA, QL
Vascepa (Capsule)	3	
Vytorin (Tablet)	3	QL
Welchol (3.75gm Packet, 625mg Tablet)	2	
Zetia (Tablet)	2	QL
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Injection)	1	
Minoxidil (Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Isordil Titradoso (Tablet)	4	
Isosorbide Dinitrate (Tablet Immediate-Release)	1	
Isosorbide Dinitrate ER (Tablet Extended-Release)	1	
Isosorbide Mononitrate (Tablet Immediate-Release)	1	
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	1	
Minitran (Patch 24 Hour)	1	
Nitro-Bid (Ointment)	3	
Nitro-Dur (Patch 24 Hour)	3	
Nitroglycerin (Injection)	1	
Nitroglycerin Lingual (Translingual Solution)	1	
Nitroglycerin Transdermal (Patch 24 Hour)	1	
Nitrolingual Pumpspray (Translingual Solution)	3	
NitroMist (Aerosol Solution)	3	
Nitrostat (Tablet Sublingual)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rectiv (Ointment)	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Adderall (Tablet)	3	QL
Adderall XR (Capsule Extended-Release 24 Hour)	3	QL
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	3	QL
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	2	QL
Desoxyn (Tablet)	4	PA
Dexedrine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour)	4	QL
Dexedrine (10mg Tablet, 5mg Tablet)	3	QL
Dexedrine (5mg Capsule Extended-Release 24 Hour)	3	QL
Dextroamphetamine Sulfate (Tablet Immediate-Release)	3	QL
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	3	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Methamphetamine HCl (Tablet)	3	PA
ProCentra (Oral Solution)	3	
Vyvanse (Capsule)	3	
Zenzedi (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 30mg Tablet, 5mg Tablet)	3	QL
Zenzedi (7.5mg Tablet)	4	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Aptensio XR (Capsule Extended-Release 24 Hour)	3	QL
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	3	PA
Concerta (Tablet Extended-Release)	3	QL
Daytrana (Patch)	3	QL
Dexmethylphenidate HCl (Tablet Immediate-Release)	2	QL
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	3	
Focalin (Tablet)	3	QL
Focalin XR (Capsule Extended-Release 24 Hour)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Guanfacine ER (Tablet Extended-Release 24 Hour)	3	PA, HRM
Intuniv (Tablet Extended-Release 24 Hour)	3	PA, HRM
Kapvay (Tablet Extended-Release 12 Hour)	3	PA
Metadate CD (Capsule Extended-Release)	3	
Metadate ER (Tablet Extended-Release)	3	QL
Methylin (Oral Solution)	3	QL
Methylphenidate HCl (10mg Tablet Chewable, 2.5mg Tablet Chewable, 5mg Tablet Chewable, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	2	QL

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Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Methylphenidate HCl CD (Capsule Extended-Release)	3	
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release, 18mg Tablet Extended-Release 24 Hour, 27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour, 54mg Tablet Extended-Release 24 Hour)	3	QL
Methylphenidate HCl ER (20mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour)	3	
QuilliChew ER (Tablet Chewable Extended-Release)	3	QL
Quillivant XR (Suspension)	3	
Ritalin (Tablet)	3	QL
Ritalin LA (Capsule Extended-Release 24 Hour)	3	
Strattera (Capsule)	3	QL, ST
Central Nervous System, Other		
Gralise (Tablet)	3	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Gralise Starter Pack	3	PA
Horizant (Tablet Extended-Release)	3	PA
Namzaric (Capsule Extended-Release 24 Hour)	2	PA, QL
Nuedexta (Capsule)	3	PA
Rilutek (Tablet)	4	
Riluzole (Tablet)	2	
Tetrabenazine (Tablet)	4	PA, QL
Xenazine (Tablet)	4	PA, QL, LA
Fibromyalgia Agents		
Cymbalta (Capsule Delayed-Release)	3	QL
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	QL
Duloxetine HCl (40mg Capsule Delayed-Release)	3	QL
Irenka (Capsule Delayed-Release)	3	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	2	QL
Savella (Tablet)	2	
Savella Titration Pack	2	
Multiple Sclerosis Agents		
Ampyra (Tablet Extended-Release 12 Hour)	4	PA, QL
Aubagio (Tablet)	4	PA, QL
Avonex (Injection)	4	PA
Avonex Pen (Injection)	4	PA
Betaseron (Injection)	4	PA
Copaxone (Injection)	4	PA
Extavia (Injection)	4	PA
Gilenya (Capsule)	4	PA, QL
Glatopa (Injection)	4	PA
Plegridy (Injection)	4	PA
Plegridy Starter Pack (Injection)	4	PA
Rebif (Injection)	4	PA
Rebif Rebidose (Injection)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rebif Rebidose Titration Pack (Injection)	4	PA
Rebif Titration Pack (Injection)	4	PA
Tecfidera (Capsule Delayed-Release)	4	PA, QL
Tecfidera Starter Pack	4	PA
Tysabri (Injection)	4	PA
Dental and Oral Agents		
Dental and Oral Agents		
Cevimeline HCl (Capsule)	3	ST
Chlorhexidine Gluconate Oral Rinse (Solution)	1	
Evoxac (Capsule)	3	ST
Kepivance (Injection)	4	
Periogard (Solution)	1	
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	3	
Salagen (Tablet)	3	
Triamcinolone in Orabase (Paste)	2	
Dermatological Agents		
Dermatological Agents		
8-MOP (Capsule)	3	
Absorica (Capsule)	4	PA
Acanya (Gel)	3	ST
Acitretin (Capsule)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Aczone (Gel)	3	
Adapalene (0.1% Cream, 0.1% Gel, 0.3% Gel)	3	
Aldara (Cream)	4	
Ammonium Lactate (12% Cream, 12% Lotion)	2	
Atralin (Gel)	3	PA
Avita (0.025% Cream, 0.025% Gel)	3	PA
Azelex (Cream)	3	
BenzaClin (Gel)	3	
Benzamycin (Gel)	3	
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)	3	
Calcipotriene/Betamethasone Dipropionate (Ointment)	3	
Calcitriol (3mcg/gm Ointment)	3	
Carac (Cream)	4	PA
Claravis (Capsule)	3	PA
Cleocin-T (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Clindacin PAC (Kit)	2	
Clindagel (Gel)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clindamax (Gel)	3	
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	2	
Clindamycin Phosphate (1% Foam)	3	
Clindamycin/Benzoyl Peroxide (Gel) (Generic BenzaClin)	3	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	2	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	3	
Condylox (Gel)	3	
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)	3	
Diclofenac Sodium (3% Gel)	4	PA
Differin (0.1% Cream, 0.1% Gel, 0.3% Gel, 0.1% Lotion)	3	
Dovonex (Cream)	4	
Doxepin HCl (Cream)	3	
Duac (Gel)	3	
Efudex (Cream)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Elidel (Cream)	3	ST
Enstilar (Foam)	4	PA
Epiduo (Gel)	3	ST
Epiduo Forte (Gel)	3	ST
Ery (2% Pad)	2	
Erygel (Gel)	3	
Erythromycin (2% External Solution)	1	
Erythromycin (2% Gel)	3	
Erythromycin/Benzoyl Peroxide (Gel)	3	
Evoclin (Foam)	4	
Fabior (Foam)	3	PA
Finacea (15% Foam, 15% Gel)	3	
Fluorouracil (0.5% Cream)	4	
Fluorouracil (2% External Solution, 5% External Solution)	2	
Fluorouracil (5% Cream)	3	
Imiquimod (Cream)	3	
Klaron (Lotion)	3	PA
Lotrisone (Cream)	3	
Methoxsalen (Capsule)	4	
Mirvaso (Gel)	3	PA
Myorisan (Capsule)	3	PA
Neo-Synalar (Cream)	3	
Neuac (Gel)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Onexton (Gel)	3	
Oxsoralen Ultra (Capsule)	4	
Picato (Gel)	2	
Podofilox (External Solution)	2	
Protopic (Ointment)	3	ST
PRUDOXIN (Cream)	3	
Regranex (Gel)	4	PA
Retin-A (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	3	PA
Retin-A Micro (Gel)	4	PA
Retin-A Micro Pump (Gel)	4	PA
Santyl (Ointment)	3	
Selenium Sulfide (Lotion)	1	
Solaraze (Gel)	4	PA
Soolantra (Cream)	3	
Soriatane (Capsule)	4	
Sorilux (Foam)	4	
Sulfacetamide Sodium (10% Suspension)	3	PA
Taclonex (0.064%-0.005% Ointment, 0.064%-0.005% Suspension)	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tacrolimus (0.03% Ointment, 0.1% Ointment)	3	ST
Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel)	3	PA
Tolak (Cream)	3	
Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	3	PA
Tretinoin Microsphere (Gel)	3	PA
Tretin-X (Cream)	3	PA
Uvadex (Injection)	3	
Vectical (Ointment)	4	
Veltin (Gel)	3	PA
Veregen (Ointment)	4	
Zenatane (Capsule)	3	PA
Ziana (Gel)	4	PA
Zonalon (Cream)	3	
Zyclara (Cream)	4	PA
Zyclara Pump (Cream)	4	PA
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
Adagen (Injection)	4	LA
Aldurazyme (Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Buphenyl (3gm/tsp Powder, 500mg Tablet)	4	
Cerdelga (Capsule)	4	PA, QL
Cerezyme (Injection)	4	PA
Creon (Capsule Delayed-Release)	2	
Cystadane (Powder)	4	
Cystagon (Capsule)	3	LA
Elaprase (Injection)	4	
Elelyso (Injection)	4	PA, LA
Fabrazyme (Injection)	4	
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	4	
Lumizyme (Injection)	4	
Naglazyme (Injection)	4	
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	4	LA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pancreaze (17500unit-4200unit-10000unit Capsule Delayed-Release, 43750unit-10500unit-25000unit Capsule Delayed-Release, 70000unit-16800unit-40000unit Capsule Delayed-Release)	3	ST
Pancreaze (61000unit-21000unit-37000unit Capsule Delayed-Release)	4	ST
Pertzye (30250unit-8000unit-28750unit Capsule Delayed-Release)	3	ST
Pertzye (60500unit-16000unit-57500unit Capsule Delayed-Release)	4	ST
Procysbi (Capsule Delayed-Release)	4	
RAVICTI (Liquid)	4	QL
Sodium Phenylbutyrate (Powder)	4	
Strensiq (Injection)	4	PA, LA
Sucraid (Oral Solution)	4	LA
Viokace (39150unit-10440unit-39150unit Tablet)	3	ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Viokace (78300unit-20880unit-78300unit Tablet)	4	ST
VPRIV (Injection)	4	PA
Zavesca (Capsule)	4	PA, LA
Zenpep (Capsule Delayed-Release)	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Atropine Sulfate (0.05mg/ml Injection, 0.1mg/ml Injection)	1	
Bentyl (10mg Capsule, 10mg/ml Injection, 20mg Tablet)	3	
Cuvposa (Oral Solution)	3	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	1	
Dicyclomine HCl (10mg/ml Injection)	3	
Glycopyrrolate (1mg Tablet, 2mg Tablet)	3	PA
Glycopyrrolate (4mg/20ml Injection)	4	
Methscopolamine Bromide (Tablet)	3	
Propantheline Bromide (Tablet)	3	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Robinul (0.4mg/2ml Injection)	3	
Robinul (1mg Tablet)	3	PA
Robinul Forte (Tablet)	3	PA
Gastrointestinal Agents, Other		
Actigall (Capsule)	4	
Chenodal (Tablet)	4	
Cholbam (Capsule)	4	PA
Cromolyn Sodium (100mg/5ml Concentrate)	3	
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3	
Gastrocrom (Concentrate)	4	
Gattex (Injection)	4	PA
Lansoprazole/Amoxicillin/Clarithromycin (Therapy Pack)	3	
Lomotil (Tablet)	3	
Loperamide HCl (Capsule)	1	
Movantik (Tablet)	3	PA, QL
Omeclamox-Pak (Therapy Pack)	3	
Prevpac (Therapy Pack)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pylera (Capsule)	4	
Relistor (Injection)	4	PA
Serostim (Injection)	4	PA
Urso (Tablet)	3	
Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule)	3	
Zorbtive (Injection)	4	PA
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Tablet)	1	
Cimetidine HCl (Oral Solution)	1	
Famotidine (20mg Tablet, 40mg Tablet, 20mg/2ml Injection)	1	
Famotidine (40mg/5ml Suspension)	3	
Famotidine Premixed (Injection)	2	
Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution)	3	
Pepcid (Suspension)	3	
Ranitidine HCl (150mg Capsule, 300mg Capsule, 15mg/ml Syrup)	3	
Ranitidine HCl (150mg Tablet, 300mg Tablet, 150mg/6ml Injection)	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zantac (150mg Tablet, 300mg Tablet, 25mg/ml Injection)	3	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	4	PA
Amitiza (Capsule)	2	QL
Linzess (Capsule)	2	QL
Lotronex (Tablet)	4	PA
Viberzi (Tablet)	4	PA, QL
Laxatives		
CoLyte-Flavor Packs (Oral Solution)	3	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution)	1	
GaviLyte-G (Oral Solution)	1	
GaviLyte-H (Kit)	2	
GaviLyte-N/Flavor Pack (Oral Solution)	1	
Generlac (Oral Solution)	1	
GoLYTELY (Oral Solution)	3	
Kristalose (Packet)	3	
Lactulose (Oral Solution)	1	
MoviPrep (Oral Solution)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
NuLYTELY/Flavor Packs (Oral Solution)	3	
OsmoPrep (Tablet)	3	
PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)	2	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	2	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1	
Prepopik (Packet)	3	
Suprep Bowel Prep (Oral Solution)	2	
TriLyte (Oral Solution)	1	
Protectants		
Carafate (1gm Tablet, 1gm/10ml Suspension)	3	
Cytotec (Tablet)	3	
Misoprostol (Tablet)	2	
Sucralfate (Tablet)	1	
Proton Pump Inhibitors		
Aciphex (Tablet Delayed-Release)	3	
Aciphex Sprinkle (Capsule Sprinkle)	3	ST
Dexilant (Capsule Delayed-Release)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	2	QL
Esomeprazole Sodium (Injection)	3	
Lansoprazole (Capsule Delayed-Release)	3	QL
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	2	
Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL
Nexium I.V. (Injection)	3	
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
Omeprazole (20mg Capsule Delayed-Release)	1	
Omeprazole/Sodium Bicarbonate (Capsule)	2	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pantoprazole Sodium (40mg Injection)	3	
Prevacid (Capsule Delayed-Release)	3	QL
Prevacid SoluTab (Tablet Dispersible)	3	ST
Prilosec (Packet)	3	PA
Protonix (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	3	QL
Protonix (40mg Injection)	3	
Protonix (40mg Packet)	3	ST
Rabeprazole Sodium (Tablet Delayed-Release)	3	
Zegerid (20mg-1100mg Capsule, 40mg-1100mg Capsule)	4	
Zegerid (20mg-1680mg Packet, 40mg-1680mg Packet)	4	ST
Genitourinary Agents		
Antispasmodics, Urinary		
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	3	QL, ST

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Detrol (Tablet)	3	
Detrol LA (Capsule Extended-Release 24 Hour)	3	
Ditropan XL (Tablet Extended-Release 24 Hour)	3	QL
Enablex (Tablet Extended-Release 24 Hour)	3	QL, ST
Flavoxate HCl (Tablet)	3	
Gelnique (10% Gel)	3	QL
Myrbetriq (Tablet Extended-Release 24 Hour)	2	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	1	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	2	QL
Oxytrol (Patch Twice Weekly)	3	
Tolterodine Tartrate (Tablet)	3	
Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	3	
Toviaz (Tablet Extended-Release 24 Hour)	3	QL, ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Trospium Chloride (Tablet)	3	
Trospium Chloride ER (Capsule Extended-Release 24 Hour)	3	
Vesicare (Tablet)	2	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Avodart (Capsule)	3	
Cardura XL (Tablet Extended-Release 24 Hour)	3	QL
Cialis (2.5mg Tablet, 5mg Tablet)	3	PA, QL
Dutasteride (Capsule)	2	
Dutasteride/ Tamsulosin HCl (Capsule)	3	
Finasteride (5mg Tablet) (Generic Proscar)	1	
Flomax (Capsule)	3	
Jalyn (Capsule)	3	
Proscar (Tablet)	3	
Rapaflo (Capsule)	2	QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Uroxatral (Tablet Extended-Release 24 Hour)	3	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	1	
Cuprimine (Capsule)	4	PA
Depen Titratabs (Tablet)	4	
Elmiron (Capsule)	3	
Lithostat (Tablet)	4	
Thiola (Tablet)	4	
Urecholine (Tablet)	3	
Phosphate Binders		
Auryxia (Tablet)	4	ST
Calcium Acetate (Capsule)	2	
Eliphos (Tablet)	3	
Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)	4	
PhosLo (Capsule)	2	
Phoslyra (Oral Solution)	2	
Renagel (Tablet)	2	ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	2	
Velphoro (Tablet Chewable)	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
A-Hydrocort (Injection)	2	
Ala Cort (Cream)	1	
Ala Scalp (Lotion)	3	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	2	
Amcinonide (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
ApexiCon E (Cream)	4	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	2	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment, 0.12% Foam)	3	
Capex (Shampoo)	3	
Clobetasol Propionate (0.05% External Solution)	2	
Clobetasol Propionate (0.05% Foam, 0.05% Gel, 0.05% Liquid, 0.05% Lotion, 0.05% Ointment, 0.05% Shampoo)	3	
Clobetasol Propionate E (Cream)	3	
Clobex (0.05% Liquid, 0.05% Lotion, 0.05% Shampoo)	4	
Clodan (Shampoo)	3	
Cloderm Pump (Cream)	3	
Cordran Tape (Tape)	3	
Cormax Scalp Application (External Solution)	2	
Cortef (Tablet)	3	
Cortisone Acetate (Tablet)	3	
Cutivate (Lotion)	4	
Depo-Medrol (Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dermatop (Cream)	3	
Desonate (Gel)	3	
Desonide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3	
DesOwen (0.05% Cream)	3	
DesOwen (0.05% Lotion)	3	
Desoximetasone (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.25% Ointment)	3	
Desoximetasone (0.05% Ointment)	3	
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	1	
Dexamethasone Intensol (1mg/ml Concentrate)	1	
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	1	
DexPak 13 Day (Tablet Therapy Pack)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Diflorasone Diacetate (0.05% Cream, 0.05% Ointment)	3		Fluticasone Propionate (0.05% Lotion)	3	
Diprolene (0.05% Lotion, 0.05% Ointment)	3		H.P. Acthar (Injection)	4	PA
Diprolene AF (Cream)	3		Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	3	
Elocon (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3		Halog (0.1% Cream, 0.1% Ointment)	4	
Fludrocortisone Acetate (Tablet)	1		Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	1	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	3		Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	2	
Fluocinolone Acetonide Body (Oil)	3		Hydrocortisone Butyrate (0.1% External Solution)	3	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	2		Hydrocortisone Butyrate (0.1% Ointment)	2	
Fluocinonide (0.1% Cream)	3		Hydrocortisone Butyrate (Lipophilic) (Cream)	3	
Fluocinonide-E (Cream)	2		Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	3	
Flurandrenolide (Cream)	3		Kenalog (Aerosol Solution)	3	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	2		Kenalog-10 (Injection)	3	
			Kenalog-40 (Injection)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Locoid (0.1% Cream)	4	
Locoid (0.1% External Solution, 0.1% Lotion, 0.1% Ointment)	3	
LoKara (Lotion)	3	
Medrol (Tablet)	3	
Medrol Dosepak (Tablet Therapy Pack)	3	
Methylprednisolone (Tablet)	1	
Methylprednisolone Acetate (Injection)	2	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	1	
Methylprednisolone Sodium Succinate (Injection)	2	
Millipred (10mg/5ml Oral Solution, 5mg Tablet)	3	
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	2	
Olux (Foam)	4	
Orapred ODT (Tablet Dispersible)	3	
Pandel (Cream)	3	
Prednicarbate (0.1% Cream)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Prednicarbate (0.1% Ointment)	3	
Prednisolone Sodium Phosphate (15mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	
Prednisolone Sodium Phosphate ODT (Tablet Dispersible)	3	
Prednisone (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Prednisone Intensol (5mg/ml Concentrate)	1	
Psorcon (Cream)	3	
Rayos (Tablet Delayed-Release)	4	PA
Solu-Cortef (Injection)	3	
Solu-Medrol (Injection)	3	
Synalar Cream Kit (Kit)	3	
Temovate (Ointment)	3	
Topicort (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.25% Ointment)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Topicort (0.05% Ointment, 0.25% Liquid)	3	
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2	
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion, 0.147mg/gm Aerosol Solution Generic Kenalog Spray)	3	
Trianex (Ointment)	4	
Triderm (Cream)	2	
Ultravate (0.05% Cream, 0.05% Ointment)	3	
Ultravate (0.05% Lotion)	4	
Vanos (Cream)	4	
Veripred 20 (Oral Solution)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Chorionic Gonadotropin (Injection)	2	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
DDAVP (0.01% Nasal Rhinal Tube Solution, 0.1mg Tablet)	3	
DDAVP (0.01% Nasal Spray Solution, 0.2mg Tablet, 4mcg/ml Injection)	4	
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)	2	
Desmopressin Acetate (0.01% Nasal Spray Solution)	3	
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet, 4mcg/ml Injection)	2	
Genotropin (12mg Injection, 5mg Injection)	4	PA
Genotropin Miniquick (0.2mg Injection)	3	PA
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	4	PA
Humatrope (Injection)	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Humatrope Combo Pack (Injection)	4	PA
Increlex (Injection)	4	PA
Norditropin FlexPro (Injection)	4	PA
Novarel (Injection)	2	PA
Nutropin AQ (Injection)	4	PA
Omnitrope (Injection)	4	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)	2	PA
Saizen (Injection)	4	PA
Stimate (Nasal Solution)	4	
Zomacton (10mg Injection)	4	PA
Zomacton (5mg Injection)	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	4	PA, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	4	PA
Androderm (Patch 24 Hour)	2	PA, QL
AndroGel (Packet Gel)	2	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
AndroGel Pump (Gel)	2	PA
Aveed (Injection)	3	
Axiron (Transdermal Solution)	3	PA, QL
Danazol (Capsule)	3	
Depo-Testosterone (Injection)	3	
Fortesta (Gel)	3	PA
Methitest (Tablet)	3	PA
Methyltestosterone (Capsule)	4	PA
Natesto (Gel)	3	PA
Oxandrolone (10mg Tablet)	3	PA, QL
Oxandrolone (2.5mg Tablet)	2	PA, QL
Striant	3	PA
Testim (Gel)	3	PA
Testosterone (25mg/2.5gm Gel, 50mg/5gm Gel)	2	PA
Testosterone (10mg/act Gel)	3	PA
Testosterone Cypionate (Injection)	2	
Testosterone Enanthate (Injection)	2	
Testosterone Pump (Gel)	3	PA
Vogelxo (Gel)	3	PA
Vogelxo Pump (Gel)	3	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Estrogens		
Activella (Tablet)	3	PA, HRM
Alora (Patch Twice Weekly)	3	PA, QL, HRM
Amethia (Tablet)	3	
Amethyst (Tablet)	3	
Angeliq (Tablet)	3	PA, HRM
Apri (Tablet)	3	
Aranelle (Tablet)	3	
Ashlyna (Tablet)	3	
Aubra (Tablet)	3	
Aviane (Tablet)	3	
Balziva (Tablet)	3	
Bekyree (Tablet)	3	
Beyaz (Tablet)	3	
Blisovi 24 Fe (Tablet)	3	
Blisovi Fe 1.5/30 (Tablet)	3	
Blisovi Fe 1/20 (Tablet)	3	
Brevicon-28 (Tablet)	3	
Briellyn (Tablet)	3	
Climara (Patch Weekly)	3	PA, QL, HRM
Climara Pro (Patch Weekly)	3	PA, HRM
Combipatch (Patch Twice Weekly)	3	PA, HRM
Cryselle-28 (Tablet)	3	
Cyclafem (Tablet)	3	
Cyclessa (Tablet)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Delestrogen (Injection)	3	
Delyla (Tablet)	3	
Depo-Estradiol (Injection)	3	
Desogen (Tablet)	3	
Desogestrel/Ethinyl Estradiol (Tablet)	3	
Divigel (Gel)	3	PA, HRM
Drospirenone/Ethinyl Estradiol (Tablet)	3	
Duavee (Tablet)	3	PA, HRM
Elestrin (Gel)	3	PA, HRM
Emoquette (Tablet)	3	
Enpresse-28 (Tablet)	3	
Estrace (0.1mg/gm Cream)	3	
Estrace (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	3	PA, HRM

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly, 0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	3	PA, QL, HRM
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	3	PA, HRM
Estradiol Valerate (Injection)	2	
Estradiol/Norethindrone Acetate (Tablet)	3	PA, HRM
Estring (Ring)	3	
Estropipate (Tablet)	3	PA, HRM
Evamist (Transdermal Solution)	3	PA, HRM
Falmina (Tablet)	3	
Femcon Fe (Tablet Chewable)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Femhrt Low Dose (Tablet)	3	PA, HRM
Femring (Ring)	3	
Fyavolv (Tablet)	3	PA, HRM
Generess Fe (Tablet Chewable)	3	
Gianvi (Tablet)	3	
Gildagia (Tablet)	3	
Gildess 1.5/30 (Tablet)	3	
Gildess 24 Fe (Tablet)	3	
Introvale (Tablet)	3	
Jinteli (Tablet)	3	PA, HRM
Juleber (Tablet)	3	
Junel 1.5/30 (Tablet)	3	
Junel 1/20 (Tablet)	3	
Junel Fe 1.5/30 (Tablet)	3	
Junel Fe 1/20 (Tablet)	3	
Junel Fe 24 (Tablet)	3	
Kaitlib Fe (Tablet Chewable)	3	
Kariva (Tablet)	3	
Kelnor 1/35 (Tablet)	3	
Kimidess (Tablet)	3	
LARIN 1.5/30 (Tablet)	3	
LARIN 1/20 (Tablet)	3	
LARIN Fe 1.5/30 (Tablet)	3	
LARIN Fe 1/20 (Tablet)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Layolis Fe (Tablet Chewable)	3	
Leena (Tablet)	3	
Lessina (Tablet)	3	
Levonest (Tablet)	3	
Levonorgestrel and Ethinyl Estradiol (Tablet)	3	
Levonorgestrel/Ethinyl Estradiol (Tablet)	3	
Levora 0.15/30-28 (Tablet)	3	
Lo Loestrin Fe (Tablet)	3	
Loestrin 1.5/30-21 (Tablet)	3	
Loestrin 1/20-21 (Tablet)	3	
Loestrin Fe 1.5/30 (Tablet)	3	
Loestrin Fe 1/20 (Tablet)	3	
Lomedia 24 Fe (Tablet)	3	
Lopreeza (Tablet)	3	PA, HRM
Loryna (Tablet)	3	
LoSeasonique (Tablet)	3	
Lutera (Tablet)	3	
Marlissa (Tablet)	3	
Menest (Tablet)	3	PA, HRM

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Menostar (Patch Weekly)	3	PA, QL, HRM
Microgestin 1.5/30 (Tablet)	3	
Microgestin 1/20 (Tablet)	3	
Microgestin Fe (Tablet)	3	
Microgestin Fe 1.5/30 (Tablet)	3	
Mimvey (Tablet)	3	PA, HRM
Mimvey Lo (Tablet)	3	PA, HRM
Minastrin 24 Fe (Tablet Chewable)	3	
Minivelle (Patch Twice Weekly)	3	PA, QL, HRM
Modicon (Tablet)	3	
MonoNessa (Tablet)	3	
Natazia (Tablet)	3	
Necon 0.5/35-28 (Tablet)	3	
Necon 1/35 (Tablet)	3	
Necon 1/50-28 (Tablet)	3	
Necon 10/11-28 (Tablet)	3	
Necon 7/7/7 (Tablet)	3	
Nikki (Tablet)	3	
Norethindrone & Ethinyl Estradiol Ferrous Fumarate (Tablet Chewable)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Norethindrone Acetate/Ethinyl Estradiol (Tablet)	3	PA, HRM
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	3	
Norgestimate/Ethinyl Estradiol (Tablet)	3	
Norinyl 1+35 (Tablet)	3	
Norinyl 1+50 (Tablet)	3	
Nortrel 0.5/35 (28) (Tablet)	3	
Nortrel 1/35 (Tablet)	3	
Nortrel 7/7/7 (Tablet)	3	
NuvaRing (Ring)	3	
Ocella (Tablet)	3	
Ogestrel (Tablet)	3	
Orsythia (Tablet)	3	
Ortho Tri-Cyclen (Tablet)	3	
Ortho Tri-Cyclen Lo (Tablet)	3	
Ortho-Cyclen (Tablet)	3	
Ortho-Novum 1/35 (Tablet)	3	
Ortho-Novum 7/7/7 (Tablet)	3	
Ovcon-35 (Tablet)	3	
Pimtrea (Tablet)	3	
Pirmella 1/35 (Tablet)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Portia-28 (Tablet)	3	
Prefest (Tablet)	3	PA, HRM
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	3	PA, QL, HRM
Premarin (25mg Injection)	3	
Premarin (Vaginal Cream)	2	
Premphase (Tablet)	3	PA, HRM
Prempro (Tablet)	3	PA, QL, HRM
Previfem (Tablet)	3	
Quartette (Tablet)	3	
Quasense (Tablet)	3	
Reclipsen (Tablet)	3	
Safyral (Tablet)	3	
Seasonique (Tablet)	3	
Setlakin (Tablet)	3	
Sprintec 28 (Tablet)	3	
Sronyx (Tablet)	3	
Tarina Fe 1/20 (Tablet)	3	
Tri-Legest Fe (Tablet)	3	
Tri-Lo-Estarylla (Tablet)	3	
Tri-Lo-Sprintec (Tablet)	3	
Trinessa (Tablet)	3	
Tri-Norinyl 28 (Tablet)	3	
Tri-Previfem (Tablet)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tri-Sprintec (Tablet)	3	
Trivora-28 (Tablet)	3	
Vagifem (Tablet)	3	QL
Velivet (Tablet)	3	
Vestura (Tablet)	3	
Vienna (Tablet)	3	
Vivelle-Dot (Patch Twice Weekly)	3	PA, QL, HRM
Vyfemla (Tablet)	3	
WYMZYA Fe (Tablet Chewable)	3	
Xulane (Patch Weekly)	3	
Yasmin 28 (Tablet)	3	
Yaz (Tablet)	3	
Zenchant (Tablet)	3	
Zenchant Fe (Tablet Chewable)	3	
Zovia 1/35E (Tablet)	3	
Zovia 1/50E (Tablet)	3	
Progestins		
Aygestin (Tablet)	3	
Camila (Tablet)	2	
Crinone (Gel)	3	PA
Deblitane (Tablet)	2	
Depo-Provera (Injection)	3	
Depo-Provera Contraceptive (Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Depo-SubQ Provera104 (Injection)	3	
Errin (Tablet)	2	
Hydroxyprogesterone Caproate (Injection)	4	PA
Jolivette (Tablet)	2	
Lyza (Tablet)	2	
Makena (Injection)	4	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection)	1	
Megace ES (Suspension)	4	PA, HRM
Megace Oral (Suspension)	3	PA, HRM
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension, 625mg/5ml Suspension)	3	PA, HRM
Nora-BE (Tablet)	2	
Norethindrone (Tablet)	2	
Norethindrone Acetate (Tablet)	1	
Norlyroc (Tablet)	2	
Nor-QD (Tablet)	3	
Ortho Micronor (Tablet)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Progesterone (Capsule)	1	PA
Prometrium (Capsule)	3	PA
Provera (Tablet)	3	
Sharobel (Tablet)	2	
Selective Estrogen Receptor Modifying Agents		
Evista (Tablet)	3	QL
Raloxifene HCl (Tablet)	2	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Cytomel (Tablet)	3	
Levothyroxine Sodium (100mcg Injection)	4	
Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	1	
Levoxyl (Tablet)	2	
Liothyronine Sodium (10mcg/ml Injection, 25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Synthroid (Tablet)	2	
Thyrolar (Tablet)	2	
Tirosint (Capsule)	3	
Triostat (Injection)	3	
Unithroid (Tablet)	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
Sensipar (30mg Tablet)	2	QL
Sensipar (60mg Tablet, 90mg Tablet)	4	QL
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	2	
Egrifta (Injection)	4	PA
Eligard (22.5mg Injection, 30mg Injection, 7.5mg Injection)	3	PA
Eligard (45mg Injection)	4	PA
Firmagon (120mg Injection)	4	PA
Firmagon (80mg Injection)	3	PA
Leuprolide Acetate (Injection)	2	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lupaneta Pack (Kit)	4	PA
Lupron Depot (Injection)	4	PA
Lupron Depot-PED (Injection)	4	PA
Octreotide Acetate (1000mcg/ml Injection)	4	PA
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection)	3	PA
Sandostatin (Injection)	4	PA
Sandostatin LAR Depot (Injection)	4	PA
Signifor (Injection)	4	PA
Signifor LAR (Injection)	4	PA
Somatuline Depot (Injection)	4	PA
Somavert (Injection)	4	PA, QL
Synarel (Nasal Solution)	4	
Trelstar Mixject (Injection)	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	
Tapazole (Tablet)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Immunological Agents		
Angioedema (HAE) Agents		
Berinert (Injection)	4	PA, LA
Cinryze (Injection)	4	PA, LA
Firazyr (Injection)	4	PA, QL
Ruconest (Injection)	4	PA
Immune Suppressants		
Astagraf XL (0.5mg Capsule Extended-Release 24 Hour, 1mg Capsule Extended-Release 24 Hour)	3	PA
Astagraf XL (5mg Capsule Extended-Release 24 Hour)	4	PA
Azasan (Tablet)	3	B/D, PA
Azathioprine (100mg Injection)	4	B/D, PA
Azathioprine (50mg Tablet)	1	B/D, PA
Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet)	4	PA
Cellcept Intravenous (Injection)	3	PA
Cimzia (Injection)	4	PA
Cosentyx (Injection)	4	PA
Cosentyx Sensoready Pen (Injection)	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cyclosporine (100mg Capsule, 25mg Capsule)	2	B/D, PA
Cyclosporine (50mg/ml Injection)	2	
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	2	B/D, PA
Enbrel (Injection)	4	PA
Enbrel SureClick (Injection)	4	PA
Envarsus XR (Tablet Extended-Release 24 Hour)	3	PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	2	B/D, PA
Humira (Injection)	4	PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	4	PA
Humira Pen (Injection)	4	PA
Humira Pen Crohns Disease Starter Pack (Injection)	4	PA
Imuran (Tablet)	3	B/D, PA
Kineret (Injection)	4	PA
Methotrexate (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Methotrexate Sodium (Injection)	1	
Mycophenolate Mofetil (200mg/ml Suspension)	4	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	2	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	3	B/D, PA
Myfortic (180mg Tablet Delayed-Release)	3	B/D, PA
Myfortic (360mg Tablet Delayed-Release)	4	B/D, PA
Neoral (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
Nulojix (Injection)	4	PA
Orencia (125mg/ml Injection, 250mg Injection)	4	PA
Otrexup (Injection)	3	PA
Prograf (0.5mg Capsule, 1mg Capsule, 5mg/ml Injection)	3	PA
Prograf (5mg Capsule)	4	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rapamune (0.5mg Tablet)	3	B/D, PA
Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)	4	B/D, PA
Rasuvo (Injection)	3	PA
Remicade (Injection)	4	PA
Rheumatrex (Tablet)	3	
Sandimmune (100mg Capsule)	4	B/D, PA
Sandimmune (100mg/ml Oral Solution, 25mg Capsule)	3	B/D, PA
Sandimmune (50mg/ml Injection)	3	
Simponi (Injection)	4	PA
Simponi Aria (Injection)	4	PA
Sirolimus (0.5mg Tablet, 1mg Tablet)	3	B/D, PA
Sirolimus (2mg Tablet)	4	B/D, PA
Stelara (Injection)	4	PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	2	PA
Torisel (Injection)	4	
Trexall (Tablet)	3	
Xeljanz (Tablet)	4	PA, QL
Xeljanz XR (Tablet Extended-Release 24 Hour)	4	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zortress (Tablet)	4	PA
Immunizing Agents, Passive		
Atgam (Injection)	4	
BIVIGAM (Injection)	4	PA
Carimune Nanofiltered (Injection)	4	PA
Flebogamma DIF (Injection)	4	PA
Gamastan S/D (Injection)	2	PA
Gammagard Liquid (Injection)	4	PA
Gammaked (Injection)	4	PA
Gammaplex (Injection)	4	PA
Gamunex-C (Injection)	4	PA
Hyperrab S/D (Injection)	3	B/D, PA
Octagam (Injection)	4	PA
Privigen (Injection)	4	PA
Thymoglobulin (Injection)	4	
Varizig (Injection)	2	
Immunomodulators		
Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection, 80mg/4ml Injection)	4	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Actimmune (Injection)	4	
Arava (Tablet)	4	
Arcalyst (Injection)	4	PA, LA
Benlysta (Injection)	4	PA
Ilaris (Injection)	4	PA, QL, LA
Leflunomide (Tablet)	1	
Otezla (Tablet Therapy Pack, 30mg Tablet)	4	PA
Ridaura (Capsule)	4	
Simulect (Injection)	4	
Synagis (Injection)	4	PA
Vaccines		
ActHIB (Injection)	2	
Adacel (Injection)	2	
BCG Vaccine (Injection)	2	
Bexsero (Injection)	2	
Boostrix (Injection)	2	
Cervarix (Injection)	3	
Daptacel (Injection)	2	
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	2	
Engerix-B (Injection)	2	B/D, PA
Gardasil (Injection)	2	
Gardasil 9 (Injection)	2	
Havrix (Injection)	2	
Hiberix (Injection)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Imovax Rabies (H.D.C.V.) (Injection)	2	B/D, PA
Infanrix (Injection)	2	
IPOL Inactivated IPV (Injection)	2	
Ixiaro (Injection)	2	
Menactra (Injection)	2	
MENHIBRIX (Injection)	2	
Menomune-A/C/Y/W-135 (Injection)	2	
Menveo (Injection)	2	
M-M-R II (Injection)	2	
Pedvax HIB (Injection)	2	
ProQuad (Injection)	2	
Quadracel (Injection)	2	
Rabavert (Injection)	2	B/D, PA
Recombivax HB (Injection)	2	B/D, PA
Rotarix (Suspension)	2	
RotaTeq (Oral Solution)	2	
Tenivac (Injection)	2	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	2	
Trumenba (Injection)	2	
Twinrix (Injection)	2	
Typhim Vi (Injection)	2	
VAQTA (Injection)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Varivax (Injection)	2	
YF-Vax (Injection)	2	
Zostavax (Injection)	3	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	2	QL
Asacol HD (Tablet Delayed-Release)	3	ST
Balsalazide Disodium (Capsule)	3	
Canasa (Suppository)	4	
Colazal (Capsule)	4	
Delzicol (Capsule Delayed-Release)	3	ST
Dipentum (Capsule)	4	
Giazo (Tablet)	3	
Lialda (Tablet Delayed-Release)	2	QL
Mesalamine (Kit)	3	
Pentasa (Capsule Extended-Release)	3	QL
sfRowasa (Enema)	4	QL
Glucocorticoids		
Anusol-HC (Cream)	3	
Budesonide (3mg Capsule Delayed-Release)	3	
Colocort (Enema)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Entocort EC (Capsule Delayed-Release)	4	
Hydrocortisone (100mg/60ml Enema)	3	
Procto-Med HC (Cream)	1	
Procto-Pak (Cream)	1	
Proctosol HC (Cream)	1	
Proctozone-HC (Cream)	1	
Uceris (2mg/act Foam)	3	
Uceris (9mg Tablet Extended-Release 24 Hour)	4	ST
Sulfonamides		
Azulfidine (Tablet)	3	
Azulfidine EN-Tabs (Tablet Delayed-Release)	3	
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Actonel (Tablet)	3	QL
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alendronate Sodium (70mg/75ml Oral Solution)	3	
Atelvia (Tablet Delayed-Release)	3	QL
Binosto (Tablet Effervescent)	3	QL
Boniva (150mg Tablet)	3	QL
Boniva (3mg/3ml Injection)	3	B/D, PA
Calcitonin-Salmon (Nasal Solution)	2	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Injection, 1mcg/ml Oral Solution)	1	B/D, PA
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	3	B/D, PA, QL
Doxercalciferol (4mcg/2ml Injection)	2	B/D, PA
Etidronate Disodium (Tablet)	3	
Forteo (Injection)	4	PA, QL
Fortical (Nasal Solution)	3	QL
Fosamax (Tablet)	3	QL
Fosamax Plus D (Tablet)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hectorol (0.5mcg Capsule)	3	B/D, PA, QL
Hectorol (1mcg Capsule, 2.5mcg Capsule)	4	B/D, PA, QL
Hectorol (4mcg/2ml Injection)	3	B/D, PA
Ibandronate Sodium (150mg Tablet)	2	QL
Ibandronate Sodium (3mg/3ml Injection)	3	B/D, PA
Miacalcin (200unit/act Nasal Solution)	3	QL
Miacalcin (200unit/ml Injection)	4	PA
Natpara (Injection)	4	PA
Pamidronate Disodium (Injection)	3	B/D, PA
Paricalcitol (1mcg Capsule, 2mcg Capsule)	3	B/D, PA, QL
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection)	3	B/D, PA
Paricalcitol (4mcg Capsule)	3	B/D, PA
Prolia (Injection)	3	PA
Reclast (Injection)	3	PA
Risedronate Sodium (Tablet)	2	QL
Risedronate Sodium DR (Tablet Delayed-Release)	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rocaltrol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	3	B/D, PA
Xgeva (Injection)	4	PA
Zemplar (1mcg Capsule, 2mcg Capsule)	3	B/D, PA, QL
Zemplar (2mcg/ml Injection)	3	B/D, PA
Zemplar (5mcg/ml Injection)	4	B/D, PA
Zoledronic Acid (4mg/5ml Injection)	3	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	3	PA
Zometa (Injection)	4	B/D, PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	2	
Botox (Injection)	3	PA, QL
Dysport (Injection)	3	PA
Ergoloid Mesylates (Tablet)	2	PA, HRM
Fomepizole (Injection)	4	
Gauze (Non-medicated 2X2)	2	
Insulin Syringes, Needles	2	
Kanuma (Injection)	4	PA
Methylergonovine Maleate (Tablet)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Myalept (Injection)	4	PA
Sterile Water Irrigation (Solution)	2	
Xeomin (Injection)	3	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
Alcaine (Ophthalmic Solution)	3	
Atropine Sulfate (1% Ophthalmic Solution)	3	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1	
Blephamide (Suspension)	3	
Blephamide S.O.P. (Ointment)	3	
Cystaran (Ophthalmic Solution)	4	
Lacrisert (Insert)	3	
Lastacft (Ophthalmic Solution)	2	
Maxitrol (0.1% Ointment, 0.1% Suspension)	3	
Naphazoline HCl (Ophthalmic Solution)	1	
Neomycin/Bacitracin/Polymyxin (Ointment)	2	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1	
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	2	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	3	
Neosporin (Ophthalmic Solution)	3	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	1	
Polytrim (Ophthalmic Solution)	3	
Pred-G (Suspension)	3	
Pred-G S.O.P. (Ointment)	3	
Proparacaine HCl (Ophthalmic Solution)	1	
Restasis (Emulsion)	2	QL
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1	
Tobradex (0.3%-0.1% Ophthalmic Suspension)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tobradex ST (Ophthalmic Suspension)	3	
Tobramycin/Dexamethasone (Ophthalmic Suspension)	2	
Zylet (Suspension)	3	
Ophthalmic Anti-allergy Agents		
Alocril (Ophthalmic Solution)	3	
Alomide (Ophthalmic Solution)	3	
Azelastine HCl (0.05% Ophthalmic Solution)	3	
Bepreve (Ophthalmic Solution)	3	
Cromolyn Sodium (4% Ophthalmic Solution)	1	
Elestat (Ophthalmic Solution)	3	
Emadine (Ophthalmic Solution)	3	
Epinastine HCl (Ophthalmic Solution)	2	
Olopatadine HCl (0.1% Ophthalmic Solution)	2	
Pataday (Ophthalmic Solution)	2	
Patanol (Ophthalmic Solution)	2	
Pazeo (Ophthalmic Solution)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ophthalmic Antiglaucoma Agents		
Alphagan P (0.1% Ophthalmic Solution)	2	
Alphagan P (0.15% Ophthalmic Solution)	3	
Apraclonidine (Ophthalmic Solution)	2	
Azopt (Suspension)	2	
Betagan (Ophthalmic Solution)	3	
Betaxolol HCl (0.5% Ophthalmic Solution)	2	
Betimol (Ophthalmic Solution)	3	
Betoptic-S (Suspension)	3	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	3	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Carteolol HCl (Ophthalmic Solution)	1	
Combigan (Ophthalmic Solution)	2	
Cosopt (Ophthalmic Solution)	3	
Dorzolamide HCl (Ophthalmic Solution)	1	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Iopidine (Ophthalmic Solution)	3	
Isopto Carpine (Ophthalmic Solution)	3	
Istalol (Ophthalmic Solution)	3	
Levobunolol HCl (Ophthalmic Solution)	1	
Metipranolol (Ophthalmic Solution)	1	
Phospholine Iodide (Ophthalmic Solution)	3	
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	2	
Simbrinza (Suspension)	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1	
Timolol Maleate Ophthalmic Gel Forming (Solution)	2	
Timoptic Ocudose (Ophthalmic Solution)	3	
Timoptic-XE (Gel Form Solution)	3	
Trusopt (Ophthalmic Solution)	3	
Ophthalmic Anti-inflammatories		

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Acular (Ophthalmic Solution)	3	
Acular LS (Ophthalmic Solution)	3	
Acuvail (Ophthalmic Solution)	3	ST
Alrex (Suspension)	3	
Bromfenac (Ophthalmic Solution)	3	
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	1	
Diclofenac Sodium (0.1% Ophthalmic Solution)	1	
Durezol (Emulsion)	2	
Flarex (Suspension)	3	
Fluorometholone (Ophthalmic Suspension)	2	
Flurbiprofen Sodium (Ophthalmic Solution)	1	
FML (Ointment)	3	
FML Forte (Suspension)	3	
FML Liquifilm (Suspension)	3	
Ilevro (Suspension)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	2	
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	3	
Maxidex (Suspension)	3	
Nevanac (Suspension)	2	
Ocufen (Ophthalmic Solution)	3	
Omnipred (Suspension)	3	
Pred Forte (Suspension)	3	
Pred Mild (Suspension)	3	
Prednisolone Acetate (Ophthalmic Suspension)	2	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Prolensa (Ophthalmic Solution)	3	
Vexol (Suspension)	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
Bimatoprost (Ophthalmic Solution)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Latanoprost (Ophthalmic Solution)	1	
Lumigan (Ophthalmic Solution)	2	
Travatan Z (Ophthalmic Solution)	2	
Travoprost (Ophthalmic Solution)	1	
Xalatan (Ophthalmic Solution)	3	
Zioptan (Ophthalmic Solution)	3	ST
Otic Agents		
Otic Agents		
Acetasol HC (Otic Solution)	3	
Acetic Acid (Otic Solution)	1	
Cipro HC (Suspension)	3	
Ciprodex (Otic Suspension)	2	
Coly-Mycin S (Suspension)	3	
Fluocinolone Acetonide (0.01% Otic Oil)	3	
Hydrocortisone/Acetic Acid (Otic Solution)	2	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Arbinoxa (4mg Tablet, 4mg/5ml Oral Solution)	3	PA, HRM
Astepro (Nasal Solution)	3	
Azelastine HCl (0.1% Nasal Solution)	2	QL
Azelastine HCl (0.15% Nasal Solution)	2	
Carbinoxamine Maleate (4mg Tablet, 4mg/5ml Oral Solution)	3	PA, HRM
Cetirizine HCl (Syrup)	1	
Clarinet (0.5mg/ml Syrup, 5mg Tablet)	3	
Clemastine Fumarate (Tablet)	3	PA, HRM
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	3	PA, HRM
Desloratadine (Tablet)	3	
Desloratadine ODT (Tablet Dispersible)	3	
Diphenhydramine HCl (12.5mg/5ml Elixir)	3	PA, HRM
Diphenhydramine HCl (50mg/ml Injection)	3	B/D, PA
Karbinal ER (Suspension Extended-Release)	3	PA, HRM

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution)	3	
Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Olopatadine HCl (0.6% Nasal Solution)	3	
Patanase (Nasal Solution)	3	
Phenadoz (Suppository)	3	PA, HRM
Phenergan (12.5mg Suppository, 25mg Suppository, 50mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	3	PA, HRM
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 50mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet, 25mg/ml Injection, 50mg/ml Injection, 6.25mg/5ml Syrup)	3	PA, HRM
Promethegan (Suppository)	3	PA, HRM
Xyzal (2.5mg/5ml Oral Solution)	3	
Xyzal (5mg Tablet)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Anti-inflammatories, Inhaled Corticosteroids		
Aerospan (Aerosol Solution)	3	QL, ST
Alvesco (Aerosol Solution)	3	QL, ST
Arnuity Ellipta (Aerosol Powder)	2	QL
Asmanex HFA (Aerosol)	3	QL, ST
Asmanex Twister 120 Metered Doses (Aerosol Powder)	3	QL, ST
Asmanex Twister 30 Metered Doses (Aerosol Powder)	3	QL, ST
Asmanex Twister 60 Metered Doses (Aerosol Powder)	3	QL, ST
Beconase AQ (Suspension)	3	ST
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	3	B/D, PA
Budesonide (32mcg/act Suspension)	3	ST
Flovent Diskus (Aerosol Powder)	2	QL
Flovent HFA (Aerosol)	2	QL
Flunisolide (Nasal Solution)	2	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fluticasone Propionate (50mcg/act Suspension)	1	
Mometasone Furoate (50mcg/act Suspension)	3	
Nasonex (Suspension)	3	PA
Omnaris (Suspension)	3	ST
Pulmicort (Suspension)	3	B/D, PA
Pulmicort Flexhaler (Aerosol Powder)	3	QL, ST
Qnasl (Aerosol Solution)	3	ST
Qnasl Childrens (Aerosol Solution)	3	ST
QVAR (Aerosol Solution)	3	QL, ST
Veramyst (Suspension)	3	ST
Zetonna (Aerosol Solution)	3	ST
Antileukotrienes		
Accolate (Tablet)	3	QL
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Singular (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	3	QL
Zafirlukast (Tablet)	2	QL
Zyflo (Tablet)	4	ST
Zyflo CR (Tablet Extended-Release 12 Hour)	4	ST
Bronchodilators, Anticholinergic		
Atrovent (Nasal Solution)	3	
Atrovent HFA (Aerosol Solution)	3	
Incruse Ellipta (Aerosol Powder)	2	QL
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	
Spiriva HandiHaler (Capsule)	2	QL
Spiriva Respimat (Aerosol Solution)	2	QL
Tudorza Pressair (Aerosol Powder)	3	ST
Bronchodilators, Sympathomimetic		
Adrenalin (Injection)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 2mg/5ml Syrup)	3	
Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	3	
Arcapta Neohaler (Capsule)	3	QL, ST
Brovana (Nebulized Solution)	3	B/D, PA, QL
Epinephrine (Injection)	3	ST
EpiPen (Injection)	2	
Foradil Aerolizer (Capsule)	3	QL, ST
Levalbuterol (Nebulized Solution)	3	B/D, PA
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	3	
Perforomist (Nebulized Solution)	3	B/D, PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
ProAir HFA (Aerosol Solution)	2	
ProAir RespiClick (Aerosol Powder)	2	
Proventil HFA (Aerosol Solution)	3	ST
Serevent Diskus (Aerosol Powder)	2	QL
Striverdi Respimat (Aerosol Solution)	3	QL, ST
Terbutaline Sulfate (1mg/ml Injection)	4	
Terbutaline Sulfate (2.5mg Tablet, 5mg Tablet)	3	
Ventolin HFA (Aerosol Solution)	3	ST
Vospire ER (Tablet Extended-Release 12 Hour)	3	
Xopenex (Nebulized Solution)	3	B/D, PA
Xopenex HFA (Aerosol)	3	ST
Cystic Fibrosis Agents		
Cayston (Inhalation Solution)	4	PA, LA
Kalydeco (50mg Packet, 75mg Packet)	4	PA, QL
Orkambi (Tablet)	4	PA, QL, LA
Phosphodiesterase Inhibitors, Airways Disease		

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Aminophylline (Injection)	1	
Daliresp (Tablet)	3	PA, QL
Elixophyllin (Elixir)	3	
Theo-24 (Capsule Extended-Release 24 Hour)	3	
Theophylline (Oral Solution)	1	
Theophylline CR (Tablet Extended-Release 12 Hour)	1	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 450mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	1	
Pulmonary Antihypertensives		
Adcirca (Tablet)	4	PA, QL
Adempas (Tablet)	4	PA
Letairis (Tablet)	4	PA, QL, LA
Opsumit (Tablet)	4	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	3	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	4	PA, QL
Orenitram (2.5mg Tablet Extended-Release)	4	PA
Remodulin (Injection)	4	PA, LA
Revatio (10mg/12.5ml Injection)	4	PA
Revatio (10mg/ml Suspension, 20mg Tablet)	4	PA, QL
Sildenafil (10mg/12.5ml Injection)	4	PA
Sildenafil (20mg Tablet) (Generic Revatio)	2	PA, QL
Tracleer (Tablet)	4	PA, QL
Tyvaso (Inhalation Solution)	4	PA, QL
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	4	PA, QL
Uptravi (Tablet Therapy Pack)	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ventavis (Inhalation Solution)	4	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
Advair Diskus (Aerosol Powder)	2	QL
Advair HFA (Aerosol)	2	QL
Anoro Ellipta (Aerosol Powder)	2	QL
Aralast NP (Injection)	4	PA, LA
Breo Ellipta (Aerosol Powder)	2	QL
Cromolyn Sodium (20mg/2ml Nebulized Solution)	2	B/D, PA
Dulera (Aerosol)	3	PA, QL
Esbriet (Capsule)	4	PA, QL, LA
Glassia (Injection)	4	PA, LA
Grastek (Tablet Sublingual)	3	PA, QL
Kalydeco (150mg Tablet)	4	PA, QL
Ofev (Capsule)	4	PA, QL, LA
Oralair (Tablet Sublingual)	3	PA, QL
Prolastin-C (Injection)	4	PA, LA
Pulmozyme (Inhalation Solution)	4	B/D, PA, QL
Ragwitek (Tablet Sublingual)	3	PA, QL
Semprex-D (Capsule)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Stiolto Respimat (Aerosol Solution)	2	QL
Symbicort (Aerosol)	2	QL
Zemaira (Injection)	4	PA, LA
Respiratory Tract/Pulmonary Agents		
Clarinet-D 12 Hour (Tablet Extended-Release)	3	
Combivent Respimat (Aerosol Solution)	2	
Dymista (Suspension)	3	
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Nucala (Injection)	4	PA, QL, LA
Promethazine VC Plain (Syrup)	3	PA, HRM
Xolair (Injection)	4	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Amrix (Capsule Extended-Release 24 Hour)	4	PA, HRM
Baclofen (Tablet)	1	
Carisoprodol (Tablet)	3	PA, QL, HRM
Carisoprodol/Aspirin (Tablet)	3	PA, HRM
Chlorzoxazone (Tablet)	3	PA, HRM
Cyclobenzaprine HCl (Tablet)	3	PA, HRM
Dantrium (Capsule)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dantrolene Sodium (Capsule)	3	
Fexmid (Tablet)	3	PA, HRM
Gablofen (10000mcg/20ml Injection, 50mcg/ml Injection)	3	B/D, PA
Gablofen (40000mcg/20ml Injection)	4	B/D, PA
Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)	3	B/D, PA
Lioresal Intrathecal (10mg/5ml Injection)	4	B/D, PA
Lorzone (Tablet)	3	PA, HRM
Metaxall (Tablet)	3	PA, HRM
Metaxalone (Tablet)	3	PA, HRM
Methocarbamol (Tablet)	3	PA, HRM
Orphenadrine Citrate (Injection)	3	PA, HRM
Orphenadrine Citrate ER (Tablet Extended-Release 12 Hour)	3	PA, HRM
Skelaxin (Tablet)	3	PA, HRM
Soma (250mg Tablet)	3	PA, QL, HRM
Soma (350mg Tablet)	4	PA, QL, HRM
Tizanidine HCl (2mg Capsule, 4mg Capsule, 6mg Capsule)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tizanidine HCl (2mg Tablet, 4mg Tablet)	1	
Zanaflex (2mg Capsule, 4mg Capsule, 6mg Capsule, 4mg Tablet)	3	
Sleep Disorder Agents		
GABA Receptor Modulators		
Ambien (Tablet)	3	PA, QL, HRM
Ambien CR (Tablet Extended-Release)	3	PA, QL, HRM
Edluar (Tablet Sublingual)	3	PA, HRM
Eszopiclone (Tablet)	3	PA, QL, HRM
Flurazepam HCl (Capsule)	3	QL
Intermezzo (Tablet Sublingual)	3	PA, HRM
Lunesta (Tablet)	3	PA, QL, HRM
Restoril (Capsule)	3	QL
Sonata (Capsule)	3	PA, QL, HRM
Temazepam (Capsule)	2	QL
Zaleplon (Capsule)	2	PA, QL, HRM
Zolpidem Tartrate (1.75mg Tablet Sublingual, 3.5mg Tablet Sublingual)	3	PA, HRM

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	3	PA, QL, HRM
Zolpidem Tartrate ER (Tablet Extended-Release)	3	PA, QL, HRM
Sleep Disorders, Other		
Armodafinil (Tablet)	3	PA, QL
Belsomra (Tablet)	2	QL
Butisol Sodium (Tablet)	3	PA, HRM
Hetlioz (Capsule)	4	PA, QL
Modafinil (Tablet)	3	PA, QL
Nuvigil (Tablet)	3	PA, QL
Provigil (Tablet)	4	PA, QL
Rozerem (Tablet)	3	QL
Silenor (Tablet)	3	PA, HRM
Xyrem (Oral Solution)	4	PA, QL, LA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
Chemet (Capsule)	3	
Exjade (Tablet Soluble)	4	PA
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	4	PA
Jadenu (Tablet)	4	PA
Kayexalate (Powder)	4	
Kionex (Powder)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Samsca (Tablet)	4	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	2	
Syprine (Capsule)	4	PA
Veltassa (Packet)	3	QL
Electrolyte/Mineral Replacement		
Ammonium Chloride (Injection)	3	
Carbaglu (Tablet)	4	LA
Isolyte-S (Injection)	3	
Klor-Con 10 (Tablet Extended-Release)	2	
Klor-Con 8 (Tablet Extended-Release)	2	
Klor-Con M15 (Tablet Extended-Release)	2	
Klor-Con M20 (Tablet Extended-Release)	1	
Klor-Con Sprinkle (Capsule Extended-Release)	2	
K-Tab (Tablet Extended-Release)	3	
Magnesium Sulfate (1gm/2ml-50% Injection)	2	
Magnesium Sulfate (5gm/10ml-50% Injection)	2	
Normosol-R (Injection)	2	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Physiolyte (Irrigation Solution)	3	
Physiosol Irrigation (Solution)	3	
Plasma-Lyte A (Injection)	3	
Plasma-Lyte-148 (Injection)	3	
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	1	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	2	B/D, PA
Potassium Chloride (2meq/ml Injection)	2	B/D, PA
Potassium Chloride 0.15% /NaCl 0.45% Vialflex (Injection)	2	B/D, PA
Potassium Chloride 0.15%/NaCl 0.9% (Injection)	2	B/D, PA
Potassium Chloride 0.3%/ NaCl 0.9% (Injection)	2	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 8meq Tablet Extended-Release)	2	
Potassium Chloride ER Microencapsulated (10meq Tablet Extended-Release, 20meq Tablet Extended-Release)	1	
Potassium Citrate ER (Tablet Extended-Release)	2	
Sodium Chloride (0.9% Injection)	1	
Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)	1	
Sodium Chloride 0.45% Vialflex (Injection)	1	
Sodium Chloride 0.9% (Irrigation Solution)	2	
Sodium Fluoride (Tablet)	1	
Urocit-K (Tablet Extended-Release)	3	
Therapeutic Nutrients/Minerals/ Electrolytes		

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Aminosyn 7%/ Electrolytes (Injection)	3	B/D, PA
Aminosyn 8.5%/ Electrolytes (Injection)	3	B/D, PA
Aminosyn II (Injection)	3	B/D, PA
Aminosyn II 8.5%/ Electrolytes (Injection)	3	B/D, PA
Aminosyn-HBC (Injection)	3	B/D, PA
Aminosyn-PF (Injection)	3	B/D, PA
Aminosyn-RF (Injection)	3	B/D, PA
Carnitor (1gm/10ml Oral Solution, 200mg/ml Injection, 330mg Tablet)	3	B/D, PA
Clinimix 2.75%/ Dextrose 5% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 10% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 20% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 25% (Injection)	3	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clinimix 4.25%/ Dextrose 5% (Injection)	3	B/D, PA
Clinimix 5%/Dextrose 15% (Injection)	3	B/D, PA
Clinimix 5%/Dextrose 20% (Injection)	3	B/D, PA
Clinimix 5%/Dextrose 25% (Injection)	3	B/D, PA
Clinimix E 2.75%/ Dextrose 10% (Injection)	3	B/D, PA
Clinimix E 2.75%/ Dextrose 5% (Injection)	3	B/D, PA
Clinimix E 4.25%/ Dextrose 10% (Injection)	3	B/D, PA
Clinimix E 4.25%/ Dextrose 25% (Injection)	3	B/D, PA
Clinimix E 4.25%/ Dextrose 5% (Injection)	3	B/D, PA
Clinimix E 5%/ Dextrose 15% (Injection)	3	B/D, PA
Clinimix E 5%/ Dextrose 20% (Injection)	3	B/D, PA
Clinimix E 5%/ Dextrose 25% (Injection)	3	B/D, PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clinisol SF 15% (Injection)	3	B/D, PA	Ionosol-MB/Dextrose 5% (Injection)	3	
Dextrose 10% (Injection)	2		Isolyte-P/Dextrose 5% (Injection)	3	
Dextrose 10%/NaCl 0.2% (Injection)	2		KCl 0.075%/D5W/NaCl 0.45% (Injection)	2	
Dextrose 10%/NaCl 0.45% (Injection)	2		KCl 0.15%/D5W/LR (Injection)	2	
Dextrose 2.5%/Sodium Chloride 0.45% (Injection)	2		KCl 0.15%/D5W/NaCl 0.2% (Injection)	2	
Dextrose 5% (Injection)	2		KCl 0.15%/D5W/NaCl 0.225% (Injection)	2	
Dextrose 5%/NaCl 0.2% (Injection)	2		KCl 0.15%/D5W/NaCl 0.9% (Injection)	2	
Dextrose 5%/NaCl 0.225% (Injection)	2		KCl 0.3%/D5W/NaCl 0.45% (Injection)	2	
Dextrose 5%/NaCl 0.33% (Injection)	2		KCl 0.3%/D5W/NaCl 0.9% (Injection)	2	
Dextrose 5%/NaCl 0.45% (Injection)	2		Lactated Ringers Dextrose 5% Viaflex (Injection)	2	
Dextrose 5%/NaCl 0.9% (Injection)	2		Lactated Ringers Irrigation (Solution)	2	
Dextrose 5%/Potassium Chloride 0.15% (Injection)	2	B/D, PA	Lactated Ringers Viaflex (Injection)	2	
FreAmine HBC 6.9% (Injection)	3	B/D, PA	Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	2	B/D, PA
HepatAmine (Injection)	3	B/D, PA	Nephramine (Injection)	3	B/D, PA
Intralipid (Injection)	3	B/D, PA	Normosol-M in D5W (Injection)	2	
Ionosol-B/Dextrose 5% (Injection)	3				

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Normosol-R in D5W (Injection)	2	
NutreStore (Packet)	3	
Nutrilipid (Injection)	3	B/D, PA
Plasma-Lyte-56/D5W (Injection)	3	
Plenamaine (Injection)	3	B/D, PA
Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)	2	
Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)	2	
Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Potassium Chloride 0.3%/D5W (Injection)	2	B/D, PA
Premasol (Injection)	3	B/D, PA
Procalamine (Injection)	3	B/D, PA
Prosol (Injection)	3	B/D, PA
Ringers Injection	2	
Ringers Irrigation (Solution)	2	
Sodium Lactate (Injection)	1	
TPN Electrolytes (Injection)	2	
Travasol (Injection)	3	B/D, PA
Trophamine (Injection)	3	B/D, PA
VP-PNV-DHA (Capsule)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drugs with a quantity limit (QL)

This list shows drugs that have a quantity limit. Your plan will cover only a certain amount of these drugs for one co-pay/co-insurance or will only cover these drugs for a certain number of days. These limits may be in place to ensure your safety.

Drugs are listed in alphabetical order in the chart below. Some drugs come in many strengths. Each strength may have a different quantity limit. If quantity limits for a drug vary by strength, the different strengths are listed on separate lines.

For more information about quantity limits, talk to your doctor or pharmacist. You can also call us. Our contact information, along with the date we last updated the drug list, is on the cover.

Drug Name	Quantity Limit
Abacavir (Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abilify (Tablet)	Maximum of 1 tablet per day
Abstral (Tablet Sublingual)	Maximum of 4 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Accolate (Tablet)	Maximum of 2 tablets per day
Accupril (Tablet)	Maximum of 2 tablets per day
Accuretic (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Accuretic (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution)	Maximum of 140 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Actiq (Lollipop)	Maximum of 4 lozenges per day
Actonel (150mg Tablet)	Maximum of 1 tablet per 30 days
Actonel (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Actonel (35mg Tablet)	Maximum of 4 tablets per 28 days
Actoplus Met (Tablet)	Maximum of 3 tablets per day
Actoplus Met XR (15mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Actoplus Met XR (30mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Actos (15mg Tablet)	Maximum of 3 tablets per day
Actos (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Adalat CC (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Adcirca (Tablet)	Maximum of 2 tablets per day
Adderall (20mg Tablet)	Maximum of 3 tablets per day
Adderall (5mg Tablet, 7.5mg Tablet)	Maximum of 2 tablets per day
Adderall XR (Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Advair Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	Maximum of 1 tablet per day
Aerospan (Aerosol Solution)	Maximum of 2 inhalers (17.8 grams) per 30 days
Afeditab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Aggrenox (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Allzital (Tablet)	Maximum of 12 tablets per day
Almotriptan Malate (Tablet)	Maximum of 12 tablets per 30 days
Alogliptin (Tablet)	Maximum of 1 tablet per day
Alogliptin/Metformin HCl (Tablet)	Maximum of 2 tablets per day
Alogliptin/Pioglitazone (Tablet)	Maximum of 1 tablet per day
Alora (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Alprazolam ER (1mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alprazolam ER (2mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Alprazolam Intensol (1mg/ml Concentrate)	Maximum of 10 ml per day
Alprazolam ODT (0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2mg Tablet Dispersible)	Maximum of 5 tablets per day
Alprazolam XR (0.5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Altace (Capsule)	Maximum of 2 capsules per day
Altoprev (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alvesco (160mcg/act Aerosol Solution)	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80mcg/act Aerosol Solution)	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1mg Tablet)	Maximum of 8 tablets per day
Amaryl (2mg Tablet)	Maximum of 4 tablets per day
Amaryl (4mg Tablet)	Maximum of 2 tablets per day
Ambien (Tablet)	Maximum of 90 days of use per year
Ambien CR (Tablet Extended-Release)	Maximum of 1 tablet per day
Amerge (Tablet)	Maximum of 9 tablets per 30 days
Amitiza (Capsule)	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 2 cartridges (6 ml) per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Aptensio XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Aptiom (200mg Tablet, 400mg Tablet, 800mg Tablet)	Maximum of 1 tablet per day
Aptiom (600mg Tablet)	Maximum of 2 tablets per day
Aptivus (100mg/ml Oral Solution)	Maximum of 15 ml per day
Aptivus (250mg Capsule)	Maximum of 6 capsules per day
Arcapta Neohaler (Capsule)	Maximum of 1 capsule per day
Aricept (10mg Tablet)	Maximum of 2 tablets per day
Aricept (23mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Aripiprazole (Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Armodafinil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Armodafinil (50mg Tablet)	Maximum of 2 tablets per day
Arnuity Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Ascomp/Codeine (Capsule)	Maximum of 6 capsules per day
Asmanex HFA (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Asmanex Twisthaler 120 Metered Doses (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Asmanex Twisthaler 30 Metered Doses (110mcg/INH Aerosol Powder)	Maximum of 2 inhalers per 30 days
Asmanex Twisthaler 30 Metered Doses (220mcg/INH Aerosol Powder)	Maximum of 1 inhaler per 30 days
Asmanex Twisthaler 60 Metered Doses (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atacand (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Atacand (8mg Tablet)	Maximum of 3 tablets per day
Atacand HCT (Tablet)	Maximum of 1 tablet per day
Atelvia (Tablet Delayed-Release)	Maximum of 4 tablets per 28 days
Ativan (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Ativan (2mg Tablet)	Maximum of 5 tablets per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
Avalide (Tablet)	Maximum of 1 tablet per day
Avandia (2mg Tablet)	Maximum of 4 tablets per day
Avandia (4mg Tablet)	Maximum of 2 tablets per day
Avapro (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Avapro (75mg Tablet)	Maximum of 3 tablets per day
Axert (12.5mg Tablet, 6.25mg Tablet)	Maximum of 12 tablets per 30 days
Axiron (Transdermal Solution)	Maximum of 2 bottles (180 ml) per 30 days
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
Azor (Tablet)	Maximum of 1 tablet per day
Belbuca (Film)	Maximum of 2 films per day
Belsomra (Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Benicar (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Benicar (5mg Tablet)	Maximum of 2 tablets per day
Benicar HCT (Tablet)	Maximum of 1 tablet per day
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
BiDil (Tablet)	Maximum of 6 tablets per day
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	Maximum of 2 tablets per day
Boniva (150mg Tablet)	Maximum of 1 tablet per 28 days
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (500mg Tablet)	Maximum of 1 tablet per day
Botox (Injection)	Maximum of 9 vials per 30 days
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
BRIVIACT (10mg/ml Oral Solution)	Maximum of 20 ml per day
BRIVIACT (50mg/5ml Intravenous Solution)	Maximum of 20 ml per day
Brovana (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Bunavail (Film)	Maximum of 2 films per day
Bupap (Tablet)	Maximum of 6 tablets per day
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen (Tablet)	Maximum of 6 tablets per day
Butalbital/Acetaminophen/Caffeine (50mg-300mg-40mg Capsule, 50mg-325mg-40mg Capsule)	Maximum of 6 capsules per day
Butalbital/Acetaminophen/Caffeine (50mg-325mg-40mg Tablet)	Maximum of 6 tablets per day
Butalbital/Acetaminophen/Caffeine/Codeine (Capsule)	Maximum of 6 capsules per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butalbital/Aspirin/Caffeine/Codeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon (2mg Pen injector)	Maximum of 4 pens per 28 days
Bydureon (2mg Suspension Extended-Release)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day
Caduet (Tablet)	Maximum of 1 tablet per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Capital/Codeine (Suspension)	Maximum of 150 ml per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
Cardizem LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Cardura XL (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Carisoprodol (Tablet)	Maximum of 4 tablets per day
Carisoprodol/Aspirin/Codeine (Tablet)	Maximum of 4 tablets per day
Celebrex (Capsule)	Maximum of 2 capsules per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Cerdelga (Capsule)	Maximum of 2 capsules per day
Chlorpropamide (100mg Tablet)	Maximum of 7 tablets per day
Chlorpropamide (250mg Tablet)	Maximum of 3 tablets per day
Cialis (2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Climara (Patch Weekly)	Maximum of 4 patches per 28 days
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (300mg Tablet)	Maximum of 1 tablet per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Colcrys (Tablet)	Maximum of 4 tablets per day
Combivir (Tablet)	Maximum of 3 tablets per day
Complera (Tablet)	Maximum of 2 tablets per day
Concerta (18mg Tablet Extended-Release)	Maximum of 3 tablets per day
Concerta (27mg Tablet Extended-Release, 36mg Tablet Extended-Release)	Maximum of 2 tablets per day
Concerta (54mg Tablet Extended-Release)	Maximum of 1 tablet per day
Conzip (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Corlanor (Tablet)	Maximum of 2 tablets per day
Corzide (40mg-5mg Tablet)	Maximum of 1 tablet per day
Cotellic (Tablet)	Maximum of 3 tablets per day
Cozaar (100mg Tablet)	Maximum of 1 tablet per day
Cozaar (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Crestor (Tablet)	Maximum of 1 tablet per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Cycloset (Tablet)	Maximum of 6 tablets per day
Cymbalta (Capsule Delayed-Release)	Maximum of 2 capsules per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Daytrana (Patch)	Maximum of 1 patch per day
Demerol (100mg Tablet)	Maximum of 9 tablets per day
Demerol (50mg Tablet)	Maximum of 18 tablets per day
Denavir (Cream)	Maximum of 1 tube (5 grams) per 30 days
Descovy (Tablet)	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Desvenlafaxine ER (50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Dexedrine (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dexedrine (10mg Tablet, 5mg Tablet)	Maximum of 6 tablets per day
Dexedrine (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dexedrine (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (Tablet Immediate-Release)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Digitek (0.125mg Tablet)	Maximum of 1 tablet per day
Digoxin (0.05mg/ml Oral Solution)	Maximum of 5 ml per day
Digoxin (125mcg Tablet)	Maximum of 1 tablet per day
Dilaudid (1mg/ml Liquid)	Maximum of 90 ml per day
Dilaudid (2mg Tablet, 4mg Tablet)	Maximum of 8 tablets per day
Dilaudid (8mg Tablet)	Maximum of 11 tablets per day
Diovan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Diovan (320mg Tablet)	Maximum of 1 tablet per day
Diovan HCT (Tablet)	Maximum of 1 tablet per day
Ditropan XL (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ditropan XL (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Dolophine (10mg Tablet)	Maximum of 12 tablets per day

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Drug Name	Quantity Limit
Dolophine (5mg Tablet)	Maximum of 8 tablets per day
Donepezil HCl (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
Duetact (Tablet)	Maximum of 1 tablet per day
Dulera (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Duloxetine HCl (40mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Duragesic (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Edurant (Tablet)	Maximum of 2 tablets per day
Effient (Tablet)	Maximum of 1 tablet per day
Eliquis (Tablet)	Maximum of 2 tablets per day
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day
Emsam (Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day

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Drug Name	Quantity Limit
Emtriva (200mg Capsule)	Maximum of 2 capsules per day
Enablex (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Endocet (Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Tablet)	Maximum of 2 tablets per day
Epivir (10mg/ml Oral Solution)	Maximum of 48 ml per day
Epivir (150mg Tablet)	Maximum of 3 tablets per day
Epivir (300mg Tablet)	Maximum of 2 tablets per day
Eprosartan Mesylate (Tablet)	Maximum of 1 tablet per day
Epzicom (Tablet)	Maximum of 2 tablets per day
Erivedge (Capsule)	Maximum of 1 capsule per day
Esbriet (Capsule)	Maximum of 9 capsules per day
Esgic (Tablet)	Maximum of 6 tablets per day
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day
Estazolam (Tablet)	Maximum of 1 tablet per day
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly)	Maximum of 8 patches per 28 days

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Drug Name	Quantity Limit
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
Eszopiclone (Tablet)	Maximum of 1 tablet per day
Evista (Tablet)	Maximum of 1 tablet per day
Evotaz (Tablet)	Maximum of 2 tablets per day
Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Exelon (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	Maximum of 2 capsules per day
Exelon (13.3mg/24hr Patch 24 Hour, 4.6mg/24hr Patch 24 Hour, 9.5mg/24hr Patch 24 Hour)	Maximum of 1 patch per day
Exforge (Tablet)	Maximum of 1 tablet per day
Exforge HCT (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
Famvir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famvir (500mg Tablet)	Maximum of 3 tablets per day
Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
Fazaclo (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Fazaclo (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Fazaclo (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Fazaclo (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Fazaclo (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 37.5mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 62.5mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour, 87.5mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days

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Drug Name	Quantity Limit
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 200mcg Lollipop, 400mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	Maximum of 4 lozenges per day
Fentora (Tablet)	Maximum of 4 tablets per day
Fetzima (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Fioricet (Capsule)	Maximum of 6 capsules per day
Fioricet/Codeine (Capsule)	Maximum of 6 capsules per day
Fiorinal (Capsule)	Maximum of 6 capsules per day
Fiorinal/Codeine #3 (Capsule)	Maximum of 6 capsules per day
Firazyr (Injection)	Maximum of 9 ml per day
Flector (Patch)	Maximum of 2 patches per day
Flovent Diskus (Aerosol Powder)	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110mcg/act Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220mcg/act Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44mcg/act Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurazepam HCl (Capsule)	Maximum of 1 capsule per day
Fluvastatin (20mg Capsule Immediate-Release)	Maximum of 1 capsule per day
Fluvastatin (40mg Capsule Immediate-Release)	Maximum of 2 capsules per day
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Focalin (Tablet)	Maximum of 2 tablets per day
Foradil Aerolizer (Capsule)	Maximum of 2 capsules per day
Fortamet (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Fortamet (500mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Forteo (Injection)	Maximum of 1 pen (2.4 ml) per 28 days
Fortical (Nasal Solution)	Maximum of 1 bottle per 28 days
Fosamax (Tablet)	Maximum of 4 tablets per 28 days
Fosamax Plus D (Tablet)	Maximum of 4 tablets per 28 days
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium/Hydrochlorothiazide (Tablet)	Maximum of 4 tablets per day
Frova (Tablet)	Maximum of 9 tablets per 30 days
Frovatriptan Succinate (Tablet)	Maximum of 9 tablets per 30 days
Fuzeon (Injection)	Maximum of 3 vials per day

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Drug Name	Quantity Limit
Gabril (12mg Tablet)	Maximum of 4 tablets per day
Gabril (16mg Tablet)	Maximum of 3 tablets per day
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Galantamine HBr (16mg Capsule Extended-Release 24 Hour, 24mg Capsule Extended-Release 24 Hour, 8mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Gelnique (10% Gel)	Maximum of 1 packet per day
Genvoya (Tablet)	Maximum of 2 tablets per day
Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 2 capsules per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Tablet)	Maximum of 3 tablets per day
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glucophage (1000mg Tablet)	Maximum of 2.5 tablets per day
Glucophage (500mg Tablet)	Maximum of 5 tablets per day
Glucophage (850mg Tablet)	Maximum of 3 tablets per day
Glucophage XR (500mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glucophage XR (750mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol (10mg Tablet)	Maximum of 4 tablets per day
Glucotrol (5mg Tablet)	Maximum of 8 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Glucotrol XL (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol XL (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glucotrol XL (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glucovance (Tablet)	Maximum of 4 tablets per day
Glumetza (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glumetza (500mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glyburide (1.25mg Tablet)	Maximum of 16 tablets per day
Glyburide (2.5mg Tablet)	Maximum of 8 tablets per day
Glyburide (5mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (1.5mg Tablet)	Maximum of 8 tablets per day
Glyburide Micronized (3mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (6mg Tablet)	Maximum of 2 tablets per day
Glyburide/Metformin HCl (1.25mg-250mg Tablet)	Maximum of 8 tablets per day
Glyburide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glynase (1.5mg Tablet)	Maximum of 8 tablets per day
Glynase (3mg Tablet)	Maximum of 4 tablets per day
Glynase (6mg Tablet)	Maximum of 2 tablets per day
Glyset (100mg Tablet)	Maximum of 3 tablets per day
Glyset (25mg Tablet)	Maximum of 12 tablets per day
Glyset (50mg Tablet)	Maximum of 6 tablets per day
Glyxambi (Tablet)	Maximum of 1 tablet per day
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
Grastek (Tablet Sublingual)	Maximum of 1 tablet per day
Guanfacine HCl (1mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Halcion (Tablet)	Maximum of 2 tablets per day
Harvoni (Tablet)	Maximum of 1 tablet per day
Hectorol (0.5mcg Capsule)	Maximum of 3 capsules per day
Hectorol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hycet (Oral Solution)	Maximum of 180 ml per day

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Drug Name	Quantity Limit
Hydrocodone Bitartrate/Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (10mg-200mg Tablet, 5mg-200mg Tablet, 7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 90 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 11 tablets per day
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Hyzaar (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Hyzaar (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
Ibrance (Capsule)	Maximum of 1 capsule per day
Ibudone (Tablet)	Maximum of 5 tablets per day
Iclusig (15mg Tablet)	Maximum of 2 tablets per day
Iclusig (45mg Tablet)	Maximum of 1 tablet per day
Ilaris (Injection)	Maximum of 2 doses per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Imbruvica (Capsule)	Maximum of 4 capsules per day
Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 9 tablets per 30 days
Imitrex (20mg/act Nasal Solution, 5mg/act Nasal Solution)	Maximum of 12 devices per 30 days

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Drug Name	Quantity Limit
Imitrex (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Imitrex Statdose Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Inlyta (Tablet)	Maximum of 4 tablets per day
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Invega (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Invega (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day
Invirase (500mg Tablet)	Maximum of 6 tablets per day
Invokamet (Tablet)	Maximum of 2 tablets per day
Invokana (Tablet)	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Irenka (Capsule Delayed-Release)	Maximum of 3 capsules per day
Iressa (Tablet)	Maximum of 2 tablets per day
Isentress (100mg Packet)	Maximum of 4 packets per day
Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)	Maximum of 9 tablets per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Kadian (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Kadian (200mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Kaletra (400mg-100mg/5ml Oral Solution)	Maximum of 16 ml per day
Kalydeco (150mg Tablet)	Maximum of 2 tablets per day
Kalydeco (50mg Packet, 75mg Packet)	Maximum of 2 packets per day
Kazano (Tablet)	Maximum of 2 tablets per day
Keveyis (Tablet)	Maximum of 4 tablets per day
Khedezla (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Khedezla (50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Klonopin (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Klonopin (2mg Tablet)	Maximum of 10 tablets per day
Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Korlym (Tablet)	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Lanoxin (125mcg Tablet)	Maximum of 1 tablet per day
Lanoxin (62.5mcg Tablet)	Maximum of 2 tablets per day
Lansoprazole (Capsule Delayed-Release)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Lazanda (Nasal Solution)	Maximum of 15 bottles (79.5 ml) per 30 days
Lescol XL (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Letairis (Tablet)	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
Lexiva (50mg/ml Suspension)	Maximum of 90 ml per day
Lexiva (700mg Tablet)	Maximum of 6 tablets per day
Lialda (Tablet Delayed-Release)	Maximum of 4 tablets per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
Lidoderm (Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
Linzess (Capsule)	Maximum of 1 capsule per day
Lipitor (Tablet)	Maximum of 1 tablet per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Livalo (Tablet)	Maximum of 1 tablet per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	Maximum of 8 tablets per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam Intensol (2mg/ml Concentrate)	Maximum of 5 ml per day
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Lortab (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Lotensin (Tablet)	Maximum of 2 tablets per day
Lotrel (Capsule)	Maximum of 1 capsule per day
Lovastatin (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Lovaza (Capsule)	Maximum of 4 capsules per day
Lovenox (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Lovenox (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Lovenox (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Lovenox (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Loxapine Succinate (10mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
Lunesta (Tablet)	Maximum of 1 tablet per day
Lynparza (Capsule)	Maximum of 16 capsules per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Macrobid (Capsule)	Maximum of 90 days of use per year
Macrochantin (100mg Capsule)	Maximum of 90 days of use per year
Marinol (10mg Capsule, 2.5mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Mavik (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Maxalt (Tablet)	Maximum of 12 tablets per 30 days
Maxalt-MLT (Tablet Dispersible)	Maximum of 12 tablets per 30 days

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Drug Name	Quantity Limit
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Menostar (Patch Weekly)	Maximum of 4 patches per 28 days
Meperidine HCl (100mg Tablet)	Maximum of 9 tablets per day
Meperidine HCl (50mg Tablet)	Maximum of 18 tablets per day
Meperidine HCl (50mg/5ml Oral Solution)	Maximum of 90 ml per day
Metadate ER (Tablet Extended-Release)	Maximum of 3 tablets per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylin (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylin (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (10mg Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (2.5mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 3 tablets per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (18mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Miacalcin (200unit/act Nasal Solution)	Maximum of 1 bottle per 28 days
Micardis (Tablet)	Maximum of 1 tablet per day
Micardis HCT (Tablet)	Maximum of 1 tablet per day
Miglitol (100mg Tablet)	Maximum of 3 tablets per day
Miglitol (25mg Tablet)	Maximum of 12 tablets per day
Miglitol (50mg Tablet)	Maximum of 6 tablets per day
Minivelle (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Mitigare (Capsule)	Maximum of 4 capsules per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Moexipril HCl (7.5mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (15mg-12.5mg Tablet, 15mg-25mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (7.5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 18 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day
Morphine Sulfate ER (120mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate ER (75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day
Movantik (Tablet)	Maximum of 1 tablet per day
MS Contin (100mg Tablet Extended-Release, 15mg Tablet Extended-Release)	Maximum of 3 tablets per day
MS Contin (200mg Tablet Extended-Release)	Maximum of 2 tablets per day
MS Contin (30mg Tablet Extended-Release, 60mg Tablet Extended-Release)	Maximum of 4 tablets per day
Multaq (Tablet)	Maximum of 2 tablets per day
Nadolol/Bendroflumethiazide (40mg-5mg Tablet)	Maximum of 1 tablet per day
Namenda (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Namenda (10mg/5ml Oral Solution)	Maximum of 10 ml per day
Namenda (5mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Namenda XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Naratriptan HCl (Tablet)	Maximum of 9 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution)	Maximum of 300 mg (1 vial) in 28 days
Nesina (Tablet)	Maximum of 1 tablet per day
Nevirapine (200mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Nevirapine (50mg/5ml Suspension)	Maximum of 60 ml per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Nexium (20mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Nexium (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Nifedical XL (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Nifedipine ER (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
Nitrofurantoin Macrocrystals (100mg Capsule) (Generic Macrochantin)	Maximum of 90 days of use per year
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	Maximum of 90 days of use per year
Norco (Tablet)	Maximum of 12 tablets per day
Northera (100mg Capsule)	Maximum of 3 capsules per day
Northera (200mg Capsule, 300mg Capsule)	Maximum of 6 capsules per day
Norvir (100mg Capsule)	Maximum of 18 capsules per day
Norvir (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Noxafil (100mg Tablet Delayed-Release)	Maximum of 8 tablets per day
Noxafil (40mg/ml Suspension)	Maximum of 20 ml per day
Nucala (Injection)	Maximum of 1 vial per 28 days
Nucynta (100mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 6 tablets per day
Nucynta ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Nuplazid (Tablet)	Maximum of 2 tablets per day
Nuvigil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Nuvigil (50mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Odefsey (Tablet)	Maximum of 2 tablets per day
Odomzo (Capsule)	Maximum of 1 capsule per day
Ofev (Capsule)	Maximum of 2 capsules per day
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Onglyza (Tablet)	Maximum of 1 tablet per day
Onzetra Xsail (Exhaler Powder)	Maximum of 1 kit (8 pouches) per 30 days
Opana (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Opana ER (10mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 15mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 20mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 5mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 7.5mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Opana ER (30mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 4 tablets per day
Opana ER (40mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oralair (Tablet Sublingual)	Maximum of 1 tablet per day
Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	Maximum of 6 tablets per day
Orkambi (Tablet)	Maximum of 112 tablets per 28 days
Oseni (Tablet)	Maximum of 1 tablet per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 12 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (5mg Capsule Immediate-Release)	Maximum of 12 capsules per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 240 ml per day
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	Maximum of 60 ml per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl (Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxymorphone HCl ER (10mg Tablet Extended-Release 12 Hour, 15mg Tablet Extended-Release 12 Hour, 20mg Tablet Extended-Release 12 Hour, 5mg Tablet Extended-Release 12 Hour, 7.5mg Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30mg Tablet Extended-Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40mg Tablet Extended-Release 12 Hour)	Maximum of 3 tablets per day
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day

Bold type = Brand name drug

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Drug Name	Quantity Limit
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Paricalcitol (1mcg Capsule)	Maximum of 1 capsule per day
Paricalcitol (2mcg Capsule)	Maximum of 2 capsules per day
Pentasa (250mg Capsule Extended-Release)	Maximum of 12 capsules per day
Pentasa (500mg Capsule Extended-Release)	Maximum of 8 capsules per day
Pentazocine/Naloxone HCl (Tablet)	Maximum of 12 tablets per day
Percocet (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Perforomist (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Tablet)	Maximum of 2 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride (Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Metformin HCl (Tablet)	Maximum of 3 tablets per day
Plavix (300mg Tablet)	Maximum of 1 tablet per day
Plavix (75mg Tablet)	Maximum of 4 tablets per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Potiga (200mg Tablet, 300mg Tablet, 400mg Tablet)	Maximum of 3 tablets per day
Potiga (50mg Tablet)	Maximum of 9 tablets per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)	Maximum of 2 pens (2 ml) per 28 days
Praluent (150mg/ml Solution Prefilled Syringe, 75mg/ml Solution Prefilled Syringe)	Maximum of 2 syringes (2 ml) per 28 days
Prandin (0.5mg Tablet)	Maximum of 32 tablets per day
Prandin (1mg Tablet)	Maximum of 16 tablets per day
Prandin (2mg Tablet)	Maximum of 8 tablets per day
Pravachol (Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Precose (100mg Tablet)	Maximum of 3 tablets per day
Precose (25mg Tablet)	Maximum of 12 tablets per day

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Drug Name	Quantity Limit
Precose (50mg Tablet)	Maximum of 6 tablets per day
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	Maximum of 1 tablet per day
Prempro (Tablet)	Maximum of 1 tablet per day
Prevacid (Capsule Delayed-Release)	Maximum of 2 capsules per day
Prezcobix (Tablet)	Maximum of 2 tablets per day
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Prezista (75mg Tablet)	Maximum of 7 tablets per day
Primlev (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Prinivil (Tablet)	Maximum of 2 tablets per day
Pristiq (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Pristiq (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Procardia XL (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Protonix (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Protonix (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Provigil (100mg Tablet)	Maximum of 1 tablet per day
Provigil (200mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
QuilliChew ER (20mg Tablet Chewable Extended-Release, 40mg Tablet Chewable Extended-Release)	Maximum of 1 tablet per day
QuilliChew ER (30mg Tablet Chewable Extended-Release)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
QVAR (Aerosol Solution)	Maximum of 2 inhalers (17.4 grams) per 30 days
Ragwitek (Tablet Sublingual)	Maximum of 1 tablet per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Rapaflo (Capsule)	Maximum of 1 capsule per day
RAVICTI (Liquid)	Maximum of 17.5 ml per day
Razadyne (Tablet)	Maximum of 2 tablets per day
Razadyne ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Relpax (Tablet)	Maximum of 12 tablets per 30 days
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Repaglinide/Metformin HCl (Tablet)	Maximum of 5 tablets per day
Repatha (Injection)	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Injection)	Maximum of 3 pens (3 ml) per 28 days
Reprexain (Tablet)	Maximum of 5 tablets per day
Rescriptor (Tablet)	Maximum of 9 tablets per day
Restasis (Emulsion)	Maximum of 2 vials per day
Restoril (Capsule)	Maximum of 1 capsule per day
Retrovir (100mg Capsule)	Maximum of 8 capsules per day
Retrovir (50mg/5ml Syrup)	Maximum of 96 ml per day
Revatio (10mg/ml Suspension)	Maximum of 6 ml per day
Revatio (20mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Revlimid (Capsule)	Maximum of 1 capsule per day
Rexulti (Tablet)	Maximum of 1 tablet per day
Reyataz (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Reyataz (200mg Capsule)	Maximum of 3 capsules per day
Reyataz (50mg Packet)	Maximum of 8 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Risedronate Sodium (150mg Tablet)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Risedronate Sodium (35mg Tablet)	Maximum of 4 tablets per 28 days
Risedronate Sodium DR (Tablet Delayed-Release)	Maximum of 4 tablets per 28 days
Ritalin (Tablet)	Maximum of 3 tablets per day
Rivastigmine Tartrate (Capsule Immediate-Release)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet Immediate-Release)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Roxicodone (15mg Tablet)	Maximum of 16 tablets per day
Roxicodone (30mg Tablet)	Maximum of 8 tablets per day
Roxicodone (5mg Tablet)	Maximum of 12 tablets per day
Rozerem (Tablet)	Maximum of 1 tablet per day
Sabril (500mg Packet)	Maximum of 6 packets per day
Sabril (500mg Tablet)	Maximum of 6 tablets per day
Samsca (Tablet)	Maximum of 2 tablets per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Savaysa (Tablet)	Maximum of 1 tablet per day
Selzentry (150mg Tablet)	Maximum of 3 tablets per day
Selzentry (300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Seroquel (25mg Tablet)	Maximum of 4 tablets per day
Seroquel (300mg Tablet, 400mg Tablet)	Maximum of 2 tablets per day
Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
sfRowasa (Enema)	Maximum of 1 bottle (60 ml) per day
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Singulair (10mg Tablet)	Maximum of 1 tablet per day
Singulair (4mg Packet)	Maximum of 1 packet per day
Singulair (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Soma (250mg Tablet, 350mg Tablet)	Maximum of 4 tablets per day
Somavert (Injection)	Maximum of 1 vial per day
Sonata (Capsule)	Maximum of 90 days of use per year
Sovaldi (Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sporanox (100mg Capsule)	Maximum of 4 capsules per day
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
Starlix (120mg Tablet)	Maximum of 3 tablets per day
Starlix (60mg Tablet)	Maximum of 6 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (1mg/ml Oral Solution)	Maximum of 120 ml per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Strattera (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Stribild (Tablet)	Maximum of 2 tablets per day
Striverdi Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 sublingual films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 sublingual films per day
Subsys (Liquid)	Maximum of 4 sprays per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 9 tablets per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sumavel DosePro (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sustiva (200mg Capsule)	Maximum of 3 capsules per day
Sustiva (50mg Capsule)	Maximum of 9 capsules per day
Sustiva (600mg Tablet)	Maximum of 2 tablets per day
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 tablets per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Synalgos-DC (Capsule)	Maximum of 8 capsules per day
Synjardy (Tablet)	Maximum of 2 tablets per day
Tagrisso (Tablet)	Maximum of 1 tablet per day
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Tamiflu (6mg/ml Suspension)	Maximum of 26 ml per day
Tanzeum (Injection)	Maximum of 4 pens per 28 days
Tarceva (100mg Tablet, 150mg Tablet)	Maximum of 1 tablet per day
Tarceva (25mg Tablet)	Maximum of 3 tablets per day
Tarka (Tablet Extended-Release)	Maximum of 1 tablet per day
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Tasmar (Tablet)	Maximum of 6 tablets per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Technivie (Tablet)	Maximum of 2 tablets per day
Tekturna (Tablet)	Maximum of 1 tablet per day
Tekturna HCT (Tablet)	Maximum of 1 tablet per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Amlodipine (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Temazepam (Capsule)	Maximum of 1 capsule per day
Tencon (Tablet)	Maximum of 6 tablets per day
Tenex (Tablet)	Maximum of 2 tablets per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 tablets per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
Tivorbex (Capsule)	Maximum of 3 capsules per day
TOBI (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
TOBI Podhaler (Capsule)	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide (Tablet)	Maximum of 6 tablets per day
Tolcapone (Tablet)	Maximum of 6 tablets per day
Toviaz (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (Tablet)	Maximum of 2 tablets per day
Tradjenta (Tablet)	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour) (Generic Ultram ER)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Tramadol HCl ER (300mg Tablet Extended-Release 24 Hour) (Generic Ryzolt)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Trandolapril (4mg Tablet)	Maximum of 2 tablets per day
Trandolapril/Verapamil HCl (Tablet Extended-Release)	Maximum of 1 tablet per day
Tranxene T (3.75mg Tablet)	Maximum of 24 tablets per day
Tranxene T (7.5mg Tablet)	Maximum of 12 tablets per day
Treximet (Tablet)	Maximum of 9 tablets per 30 days
Trezix (Capsule)	Maximum of 10 capsules per day
Triazolam (0.125mg Tablet)	Maximum of 1 tablet per day
Triazolam (0.25mg Tablet)	Maximum of 2 tablets per day
Tribenzor (Tablet)	Maximum of 1 tablet per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Trizivir (Tablet)	Maximum of 3 tablets per day
Trokendi XR (100mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Trokendi XR (200mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Twynsta (Tablet)	Maximum of 1 tablet per day
Tybost (Tablet)	Maximum of 2 tablets per day
Tylenol/Codeine #3 (Tablet)	Maximum of 13 tablets per day
Tylenol/Codeine #4 (Tablet)	Maximum of 13 tablets per day
Tyvaso (Inhalation Solution)	Maximum of 4 ampules per day
Ultracet (Tablet)	Maximum of 12 tablets per day
Ultram (Tablet)	Maximum of 8 tablets per day
Ultram ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	Maximum of 2 tablets per day
Vagifem (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Valacyclovir HCl (1000mg Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valcyte (450mg Tablet)	Maximum of 4 tablets per day
Valium (Tablet)	Maximum of 4 tablets per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Valtrex (1gm Tablet)	Maximum of 4 tablets per day
Valtrex (500mg Tablet)	Maximum of 2 tablets per day
Vanatol LQ (Oral Solution)	Maximum of 90 ml per day
Vasotec (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 2 tablets per day
Veltassa (Packet)	Maximum of 1 packet per day
Venclexta (100mg Tablet)	Maximum of 4 tablets per day
Venclexta (10mg Tablet)	Maximum of 2 tablets per day
Venclexta (50mg Tablet)	Maximum of 1 tablet per day
Ventavis (10mcg/ml Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20mcg/ml Inhalation Solution)	Maximum of 3 ml per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Viberzi (Tablet)	Maximum of 2 tablets per day
Vicodin (Tablet)	Maximum of 13 tablets per day
Vicodin ES (Tablet)	Maximum of 13 tablets per day
Vicodin HP (Tablet)	Maximum of 13 tablets per day
Victoza (Injection)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (Capsule Delayed-Release)	Maximum of 2 capsules per day
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Viekira Pak (Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Viibryd (Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Kit)	Maximum of 1 tablet per day
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Vimpat (10mg/ml Oral Solution)	Maximum of 40 ml per day
Viracept (250mg Tablet)	Maximum of 15 tablets per day
Viracept (625mg Tablet)	Maximum of 6 tablets per day
Viramune (200mg Tablet)	Maximum of 3 tablets per day
Viramune (50mg/5ml Suspension)	Maximum of 60 ml per day

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Drug Name	Quantity Limit
Viramune XR (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Viramune XR (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Vitekta (Tablet)	Maximum of 2 tablets per day
Vivelle-Dot (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Vivlodex (Capsule)	Maximum of 1 capsule per day
Votrient (Tablet)	Maximum of 4 tablets per day
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	Maximum of 1 capsule per day
Vytorin (Tablet)	Maximum of 1 tablet per day
Xanax (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Xanax (2mg Tablet)	Maximum of 5 tablets per day
Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xanax XR (2mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Xanax XR (3mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xartemis XR (Tablet Extended-Release)	Maximum of 12 tablets per day
Xeljanz (Tablet)	Maximum of 2 tablets per day
Xeljanz XR (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Xenazine (25mg Tablet)	Maximum of 4 tablets per day
Xerese (Cream)	Maximum of 1 tube (5 grams) per 30 days

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Drug Name	Quantity Limit
Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Xodol (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml per day
Xyzal (5mg Tablet)	Maximum of 1 tablet per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zamicet (Oral Solution)	Maximum of 180 ml per day
Zebutal (Capsule)	Maximum of 6 capsules per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
Zembrace Symtouch (Injection)	Maximum of 8 ml (16 syringes) per 30 days
Zemplar (1mcg Capsule)	Maximum of 1 capsule per day
Zemplar (2mcg Capsule)	Maximum of 2 capsules per day
Zenzedi (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 6 tablets per day
Zenzedi (15mg Tablet)	Maximum of 4 tablets per day
Zenzedi (20mg Tablet)	Maximum of 3 tablets per day
Zenzedi (30mg Tablet)	Maximum of 2 tablets per day
Zepatier (Tablet)	Maximum of 1 tablet per day
Zerit (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Zerit (1mg/ml Oral Solution)	Maximum of 120 ml per day
Zerit (20mg Capsule)	Maximum of 2 capsules per day
Zestoretic (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Zestoretic (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Zestril (Tablet)	Maximum of 2 tablets per day
Zetia (Tablet)	Maximum of 1 tablet per day
Ziac (Tablet)	Maximum of 2 tablets per day
Ziagen (20mg/ml Oral Solution)	Maximum of 48 ml per day

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Drug Name	Quantity Limit
Ziagen (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
Zocor (Tablet)	Maximum of 1 tablet per day
Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Zolmitriptan (Tablet)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (2.5mg Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (5mg Tablet Dispersible)	Maximum of 9 tablets per 30 days
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 90 days of use per year
Zolpidem Tartrate ER (Tablet Extended-Release)	Maximum of 1 tablet per day
Zomig (2.5mg Tablet, 5mg Tablet)	Maximum of 12 tablets per 30 days
Zomig Nasal Spray (2.5mg Solution)	Maximum of 18 devices per 30 days
Zomig Nasal Spray (5mg Solution)	Maximum of 12 devices per 30 days
Zomig ZMT (2.5mg Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zomig ZMT (5mg Tablet Dispersible)	Maximum of 9 tablets per 30 days
Zontivity (Tablet)	Maximum of 1 tablet per day
Zovirax (5% Cream)	Maximum of 1 tube (5 grams) per 30 days
Zovirax (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Zubsolv (1.4mg-0.36mg Tablet Sublingual, 5.7mg-1.4mg Tablet Sublingual)	Maximum of 3 tablets per day
Zubsolv (11.4mg-2.9mg Tablet Sublingual)	Maximum of 1 tablet per day
Zubsolv (2.9mg-0.71mg Tablet Sublingual)	Maximum of 5 tablets per day
Zubsolv (8.6mg-2.1mg Tablet Sublingual)	Maximum of 2 tablets per day
Zydelig (Tablet)	Maximum of 2 tablets per day
Zykadia (Capsule)	Maximum of 5 capsules per day
Zyprexa (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 1 tablet per day
Zyprexa Zydis (10mg Tablet Dispersible, 15mg Tablet Dispersible, 20mg Tablet Dispersible, 5mg Tablet Dispersible)	Maximum of 1 tablet per day
Zytiga (Tablet)	Maximum of 4 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Zyvox (600mg Tablet)	Maximum of 2 tablets per day

Index of covered drugs

#		
	8-MOP.....	82
A		
	A-Hydrocort.....	91
	Abacavir.....	58
	Abacavir Sulfate/Lamivudine/ Zidovudine.....	58
	Abelcet.....	42
	Abilify.....	53
	Abilify Maintena.....	53
	Abraxane.....	48
	Absorica.....	82
	Abstral.....	18
	Acamprosate Calcium DR...22	
	Acanya.....	82
	Acarbose.....	61
	Accolate.....	115
	Accupril.....	68
	Accuretic.....	73
	Acebutolol HCl.....	69
	Acetaminophen/Codeine... 18	
	Acetasol HC.....	113
	Acetazolamide.....	75
	Acetazolamide ER.....	75
	Acetazolamide Sodium.....	75
	Acetic Acid.....	113
	Acetylcysteine.....	118
	Aciphex.....	88
	Aciphex Sprinkle.....	88
	Acitretin.....	82
	Actemra.....	105
	ActHIB.....	106
	Actigall.....	87
	Actimmune.....	106
	Actiq.....	18
	Activella.....	97
	Actonel.....	107
	Actoplus Met.....	61
	Actoplus Met XR.....	61
	Actos.....	61
	Acular.....	112
	Acular LS.....	112
	Acuvail.....	112
	Acyclovir.....	57
	Acyclovir Sodium.....	57
	Aczone.....	83
	Adacel.....	106
	Adagen.....	85
	Adalat CC.....	70
	Adapalene.....	83
	Adcirca.....	117
	Adderall.....	79
	Adderall XR.....	79
	Adefovir Dipivoxil.....	56
	Adempas.....	117
	Adoxa.....	31
	Adrenalin.....	115
	Adrucil.....	47
	Advair Diskus.....	118
	Advair HFA.....	118
	Adzenys XR-ODT.....	79
	Aerospan.....	114
	Afeditab CR.....	70
	Afinitor.....	49
	Afinitor Disperz.....	49
	Afrezza.....	63
	Aggrenox.....	66
	Agrylin.....	65
	Akynzeo.....	41
	Ala Cort.....	91
	Ala Scalp.....	91
	Albenza.....	50
	Albuterol Sulfate.....	116
	Albuterol Sulfate ER.....	116
	Alcaine.....	109
	Alclometasone Dipropionate	91
	Alcohol Prep Pads.....	109
	Aldactazide.....	73
	Aldactone.....	76
	Aldara.....	83
	Aldurazyme.....	85
	Alecensa.....	48
	Alendronate Sodium.....	107, 108
	Alfuzosin HCl ER.....	90
	Alimta.....	47
	Alinia.....	50
	Alkeran.....	47
	Allopurinol.....	44
	Allzital.....	12
	Almotriptan Malate.....	45
	Alocril.....	110
	Alogliptin.....	61
	Alogliptin/Metformin HCl... 61	
	Alogliptin/Pioglitazone.....	61
	Alomide.....	110
	Aloprim.....	44
	Alora.....	97
	Alosetron HCl.....	88

Aloxi.....	42	Aminosyn-PF.....	122	Androderm.....	96
Alphagan P.....	111	Aminosyn-RF.....	122	AndroGel.....	96
Alprazolam.....	60	Amiodarone HCl.....	68	AndroGel Pump.....	96
Alprazolam ER.....	60	Amitiza.....	88	Angeliq.....	97
Alprazolam Intensol.....	60	Amitriptyline HCl.....	41	Anoro Ellipta.....	118
Alprazolam ODT.....	60	Amlodipine Besylate.....	70	Antabuse.....	22
Alprazolam XR.....	60	Amlodipine Besylate/ Atorvastatin Calcium.....	73	Antara.....	76
Alrex.....	112	Amlodipine Besylate/ Benazepril HCl.....	73	Anusol-HC.....	107
Altabax.....	23	Amlodipine Besylate/ Valsartan.....	73	Anzemet.....	42
Altace.....	68	Amlodipine/Valsartan/ Hydrochlorothiazide.....	73	ApexiCon E.....	91
Altoprev.....	77	Ammonium Chloride.....	120	Apidra SoloStar.....	63
Alvesco.....	114	Ammonium Lactate.....	83	Apidra Vial.....	63
Amantadine HCl.....	51	Amoxapine.....	41	Aplenzin.....	38
Amaryl.....	61	Amoxicillin.....	27	Apokyn.....	51
Ambien.....	119	Amoxicillin/Clavulanate Potassium.....	27	Apraclonidine.....	111
Ambien CR.....	119	Amoxicillin/Clavulanate Potassium ER.....	28	Apri.....	97
AmBisome.....	42	Amphetamine/ Dextroamphetamine.....	79	Apriso.....	107
Amcinonide.....	91	Amphotericin B.....	42	Aptensio XR.....	80
Amerge.....	45	Ampicillin.....	28	Aptiom.....	36
Amethia.....	97	Ampicillin Sodium.....	28	Aptivus.....	59
Amethyst.....	97	Ampicillin-Sulbactam.....	28	Aralast NP.....	118
Amifostine.....	48	Ampyra.....	82	Aranelle.....	97
Amikacin Sulfate.....	22	Amrix.....	118	Aranesp Albumin Free... 65, 66	
Amiloride HCl.....	76	Anadrol-50.....	96	Arava.....	106
Amiloride/ Hydrochlorothiazide.....	73	Anafranil.....	41	Arbinoxa.....	113
Aminophylline.....	117	Anagrelide HCl.....	65	Arcalyst.....	106
Aminosyn 7%/Electrolytes	122	Anaprox DS.....	12	Arcapta Neohaler.....	116
Aminosyn 8.5%/Electrolytes	122	Anastrozole.....	49	Argatroban.....	66
Aminosyn II.....	122	Ancobon.....	42	Aricept.....	37
Aminosyn II 8.5%/Electrolytes	122			Arimidex.....	49
Aminosyn-HBC.....	122			Aripiprazole.....	53
				Aripiprazole ODT.....	53
				Aristada.....	53
				Arixtra.....	64

Armodafinil.....	120	Aubagio.....	82	Azor.....	73
Arnuity Ellipta.....	114	Aubra.....	97	Aztreonam.....	27
Aromasin.....	49	Augmented Betamethasone Dipropionate.....	91	Azulfidine.....	107
Arranon.....	48	Augmentin.....	28	Azulfidine EN-Tabs.....	107
Arthrotec 50.....	12	Auryxia.....	91	B	
Arthrotec 75.....	12	Avalide.....	73	BACiiM.....	23
Asacol HD.....	107	Avandia.....	61	Bacitracin.....	23
Ascomp/Codeine.....	18	Avapro.....	67	Bacitracin/Polymyxin B.....	109
Ashlyna.....	97	Avastin.....	50	Baclofen.....	118
Asmanex HFA.....	114	AVC.....	42	Bactocill in Dextrose.....	28
Asmanex Twisthaler 120 Metered Doses.....	114	Aveed.....	96	Bactrim.....	30
Asmanex Twisthaler 30 Metered Doses.....	114	Avelox.....	29	Bactrim DS.....	30
Asmanex Twisthaler 60 Metered Doses.....	114	Avelox ABC Pack.....	29	Bactroban.....	23
Aspirin/Dipyridamole.....	66	Aviane.....	97	Bactroban Nasal.....	23
Astagraf XL.....	103	Avita.....	83	Balsalazide Disodium.....	107
Astepro.....	113	Avodart.....	90	Balziva.....	97
Atacand.....	67	Avonex.....	82	Banzel.....	36
Atacand HCT.....	73	Avonex Pen.....	82	Baraclude.....	56
Atelvia.....	108	Avycaz.....	25	BCG Vaccine.....	106
Atenolol.....	69	Axert.....	45	Beconase AQ.....	114
Atenolol/Chlorthalidone.....	73	Axiron.....	96	Bekyree.....	97
Atgam.....	105	Aygestin.....	101	Belbuca.....	22
Ativan.....	60	Azactam in Iso-Osmotic Dextrose.....	27	Beleodaq.....	48
Atorvastatin Calcium.....	77	Azasan.....	103	Belsomra.....	120
Atovaquone.....	51	Azasite.....	28	Benazepril HCl.....	68
Atovaquone/Proguanil HCl	51	Azathioprine.....	103	Benazepril HCl/ Hydrochlorothiazide.....	73
Atralin.....	83	Azelastine HCl.....	110, 113	Benicar.....	67
Atripla.....	58	Azelex.....	83	Benicar HCT.....	73
Atropine Sulfate.....	86, 109	Azilect.....	52	Benlysta.....	106
Atrovent.....	115	Azithromycin.....	28	Bentyl.....	86
Atrovent HFA.....	115	Azopt.....	111	BenzaClin.....	83
				Benzamycin.....	83
				Benzotropine Mesylate.....	51

Capastat Sulfate.....	46	Cartia XT.....	71	Cerebyx.....	36
Capex.....	92	Carvedilol.....	69	Cerezyme.....	85
Capital/Codeine.....	18	Casodex.....	47	Cervarix.....	106
Caprelsa.....	49	Catapres.....	67	Cesamet.....	42
Captopril.....	68	Catapres-TTS-1.....	67	Cetirizine HCl.....	113
Captopril/Hydrochlorothiazide	73	Catapres-TTS-2.....	67	Cevimeline HCl.....	82
Carac.....	83	Catapres-TTS-3.....	67	Chantix.....	22
Carafate.....	88	Cayston.....	116	Chantix Continuing Month Pak.....	22
Carbaglu.....	120	Cedax.....	25	Chantix Starting Month Pak	22
Carbamazepine.....	36	Cefaclor.....	25	Chemet.....	120
Carbamazepine ER.....	36	Cefaclor ER.....	25	Chenodal.....	87
Carbatrol.....	36	Cefadroxil.....	25	Chloramphenicol Sodium Succinate.....	23
Carbidopa.....	52	Cefazolin Sodium.....	26	Chlordiazepoxide HCl.....	60
Carbidopa/Levodopa.....	52	Cefdinir.....	26	Chlordiazepoxide/ Amitriptyline.....	38
Carbidopa/Levodopa ER.....	52	Cefepime.....	26	Chlorhexidine Gluconate Oral Rinse.....	82
Carbidopa/Levodopa ODT	52	Cefixime.....	26	Chloroquine Phosphate.....	51
Carbidopa/Levodopa/ Entacapone.....	52	Cefotaxime Sodium.....	26	Chlorothiazide.....	76
Carbinoxamine Maleate.....	113	Cefotetan.....	26	Chlorothiazide Sodium.....	76
Carboplatin.....	48	Cefoxitin Sodium.....	26	Chlorpromazine HCl.....	53
Cardene IV.....	70	Cefpodoxime Proxetil.....	26	Chlorpropamide.....	62
Cardizem.....	70	Cefprozil.....	26	Chlorthalidone.....	76
Cardizem CD.....	70	Ceftazidime.....	26	Chlorzoxazone.....	118
Cardizem LA.....	71	Ceftin.....	26	Cholbam.....	87
Cardura.....	67	Ceftriaxone Sodium.....	26	Cholestyramine Light.....	77
Cardura XL.....	90	Cefuroxime Axetil.....	26	Chorionic Gonadotropin.....	95
Carimune Nanofiltered.....	105	Cefuroxime Sodium.....	26	Cialis.....	90
Carisoprodol.....	118	Celebrex.....	12	Ciclopirox.....	42
Carisoprodol/Aspirin.....	118	Celecoxib.....	13	Ciclopirox Nail Lacquer.....	43
Carisoprodol/Aspirin/Codeine	18	Celexa.....	39	Ciclopirox Olamine.....	43
Carnitor.....	122	Cellcept.....	103	Cidofovir.....	56
Carteolol HCl.....	111	Cellcept Intravenous.....	103		
		Celontin.....	33		
		Cephalexin.....	26		
		Cerdelga.....	85		

Cilostazol.....	66	Clindamax.....	83	Clinimix E 5%/Dextrose 15%	122
Ciloxan.....	29	Clindamycin HCl.....	23	.....	122
Cimetidine.....	87	Clindamycin Palmitate HCl	23	Clinimix E 5%/Dextrose 20%	122
Cimetidine HCl.....	87	.....	23	.....	122
Cimzia.....	103	Clindamycin Phosphate.....	23, 83	Clinimix E 5%/Dextrose 25%	122
Cinryze.....	103	Clindamycin Phosphate in		.....	122
Cipro.....	30	D5W.....	24	Clinisol SF 15%.....	123
Cipro HC.....	113	Clindamycin/Benzoyl		Clobetasol Propionate.....	92
Cipro I.V. in D5W.....	30	Peroxide.....	83	Clobetasol Propionate E.....	92
Ciprodex.....	113	Clindesse.....	24	Clobex.....	92
Ciprofloxacin.....	30	Clinimix 2.75%/Dextrose 5%	122	Clodan.....	92
Ciprofloxacin ER.....	30	.....	122	Cloderm Pump.....	92
Ciprofloxacin HCl.....	30	Clinimix 4.25%/Dextrose 10%	122	Clolar.....	47
Ciprofloxacin I.V. in D5W.....	30	.....	122	Clomipramine HCl.....	41
Cisplatin.....	48	Clinimix 4.25%/Dextrose 20%	122	Clonazepam.....	60
Citalopram HBr.....	39	.....	122	Clonazepam ODT.....	60
Cladribine.....	47	Clinimix 4.25%/Dextrose 25%	122	Clonidine HCl.....	67
Claforan.....	26	.....	122	Clonidine HCl ER.....	80
Claravis.....	83	Clinimix 4.25%/Dextrose 5%	122	Clopidogrel.....	66
Clarinox.....	113	.....	122	Clorazepate Dipotassium....	60
Clarinox-D 12 Hour.....	118	Clinimix 5%/Dextrose 15%	122	Clorpres.....	73
Clarithromycin.....	29	.....	122	Clotrimazole.....	43
Clarithromycin ER.....	29	Clinimix 5%/Dextrose 20%	122	Clotrimazole/Betamethasone	
Clemastine Fumarate.....	113	.....	122	Dipropionate.....	83
Cleocin.....	23	Clinimix 5%/Dextrose 25%	122	Clozapine.....	55
Cleocin in D5W.....	23	.....	122	Clozapine ODT.....	55, 56
Cleocin Pediatric Granules	23	Clinimix E 2.75%/Dextrose	122	Clozaril.....	56
.....	23	10%.....	122	Coartem.....	51
Cleocin Phosphate.....	23	Clinimix E 2.75%/Dextrose 5%	122	Codeine Sulfate.....	18
Cleocin-T.....	83	.....	122	Cogentin.....	51
Climara.....	97	Clinimix E 4.25%/Dextrose	122	Colazal.....	107
Climara Pro.....	97	10%.....	122	Colchicine.....	44
Clindacin PAC.....	83	Clinimix E 4.25%/Dextrose	122	Colcrys.....	44
Clindagel.....	83	25%.....	122	Colestid.....	77
		Clinimix E 4.25%/Dextrose 5%	122	Colestipol HCl.....	77
		.....	122		

Colistimethate Sodium.....24	Coumadin.....64	Dacogen.....48
Colocort.....107	Cozaar.....67	Daklinza.....56
Coly-Mycin S.....113	Creon.....85	Daliresp.....117
CoLyte-Flavor Packs.....88	Cresemba.....43	Dalvance.....24
Combigan.....111	Crestor.....77	Danazol.....96
Combipatch.....97	Crinone.....101	Dantrium.....118
Combivent Respimat.....118	Crixivan.....59	Dantrolene Sodium.....119
Combivir.....58	Cromolyn Sodium.....87, 110, 118	Dapsone.....46
Cometriq.....49	Cryselle-28.....97	Daptacel.....106
Complera.....58	Cubicin.....24	DARAPRIM.....51
Compro.....41	Cuprimine.....91	Darifenacin HBr ER.....89
Comtan.....51	Cutivate.....92	Darzalex.....50
Concerta.....80	Cuvposa.....86	Daunorubicin HCl.....48
Condylox.....83	Cyclafem.....97	Daypro.....13
Constulose.....88	Cyclessa.....97	Daytrana.....80
Conzip.....14	Cyclobenzaprine HCl.....118	DDAVP.....95
Copaxone.....82	Cyclophosphamide.....47	Deblitane.....101
Copegus.....56	Cycloset.....62	Decitabine.....48
Cordran Tape.....92	Cyclosporine.....104	Delestrogen.....97
Coreg.....69	Cyclosporine Modified.....104	Delyla.....97
Coreg CR.....69	Cyklokapron.....66	Delzicol.....107
Corgard.....69	Cymbalta.....81	Demadex.....76
Corlanor.....73	Cyproheptadine HCl.....113	Demeclocycline HCl.....31
Cormax Scalp Application...92	Cyramza.....50	Demerol.....18
Cortef.....92	Cystadane.....85	Demser.....73
Cortisone Acetate.....92	Cystagon.....85	Denavir.....57
Cortisporin.....83	Cystaran.....109	Depacon.....33
Corzide.....73	Cytarabine Aqueous.....47	Depakene.....33
Cosentyx.....103	Cytomel.....102	Depakote.....61
Cosentyx Sensoready Pen.....103	Cytotec.....88	Depakote ER.....61
Cosmegen.....48	Cytovene.....56	Depakote Sprinkles.....61
Cosopt.....111		Depen Titratabs.....91
Cotellic.....49		Depo-Estradiol.....97
		Depo-Medrol.....92

D

Depo-Provera.....	101	Dextroamphetamine Sulfate ER.....	79	Differin.....	83
Depo-Provera Contraceptive	101	Dextrose 10%.....	123	Dificid.....	29
Depo-SubQ Provera104.....	101	Dextrose 10%/NaCl 0.2%	123	Diflorasone Diacetate.....	93
Depo-Testosterone.....	96	Dextrose 10%/NaCl 0.45%	123	Diflucan.....	43
Dermatop.....	92	Dextrose 10%/NaCl 0.45%	123	Diflunisal.....	13
Descovy.....	58	Dextrose 2.5%/Sodium Chloride 0.45%.....	123	Digitek.....	74
Desipramine HCl.....	41	Dextrose 5%.....	123	Digoxin.....	74
Desloratadine.....	113	Dextrose 5%/NaCl 0.2%....	123	Dihydroergotamine Mesylate	45
Desloratadine ODT.....	113	Dextrose 5%/NaCl 0.225%	123	Dilantin.....	36
Desmopressin Acetate.....	95	Dextrose 5%/NaCl 0.33%	123	Dilantin INFATABS.....	36
Desogen.....	97	Dextrose 5%/NaCl 0.45%	123	Dilantin-125.....	36
Desogestrel/Ethinyl Estradiol	97	Dextrose 5%/NaCl 0.9%....	123	Dilaudid.....	19
Desonate.....	92	Dextrose 5%/Potassium Chloride 0.15%.....	123	Dilt-XR.....	71
Desonide.....	92	Diamox.....	75	Diltiazem CD.....	71
DesOwen.....	92	Diastat AcuDial.....	33	Diltiazem HCl.....	71
Desoximetasone.....	92	Diastat Pediatric.....	33	Diltiazem HCl ER.....	71
Desoxyn.....	79	Diazepam.....	33, 60	Diovan.....	67
Desvenlafaxine ER.....	39	Diazepam Intensol.....	60	Diovan HCT.....	74
Detrol.....	90	Dibenzylamine.....	67	Dipentum.....	107
Detrol LA.....	90	Diclofenac Potassium.....	13	Diphenhydramine HCl.....	113
Dexamethasone.....	92	Diclofenac Sodium.....	13, 83, 112	Diphenoxylate/Atropine.....	87
Dexamethasone Intensol.....	92	Diclofenac Sodium DR.....	13	Diphtheria/Tetanus Toxoids Adsorbed Pediatric.....	106
Dexamethasone Sodium Phosphate.....	92, 112	Diclofenac Sodium ER.....	13	Diprolene.....	93
Dexedrine.....	79	Diclofenac Sodium/ Misoprostol.....	13	Diprolene AF.....	93
Dexilant.....	88	Dicloxacillin Sodium.....	28	Dipyridamole.....	66
Dexmethylphenidate HCl.....	80	Dicyclomine HCl.....	86	Disopyramide Phosphate....	68
Dexmethylphenidate HCl ER	80	Didanosine.....	58	Disulfiram.....	22
DexPak 13 Day.....	92			Ditropan XL.....	90
Dexrazoxane.....	48			Diuril.....	76
Dextroamphetamine Sulfate	79			Divalproex Sodium.....	61
				Divalproex Sodium DR.....	61
				Divalproex Sodium ER.....	61

Divigel.....	97	Duragesic.....	15	Elimite.....	51	
Docefrez.....	48	Duramorph.....	19	Eliphos.....	91	
Docetaxel.....	48	Durezol.....	112	Eliquis.....	64	
Dofetilide.....	68	Durlaza.....	67	Elitek.....	47	
Dolophine.....	14	Dutasteride.....	90	Elixophyllin.....	117	
Donepezil HCl.....	37	Dutasteride/Tamsulosin HCl	90	Ellence.....	48	
Donepezil HCl ODT.....	37	.....	90	Elmiron.....	91
Doribax.....	27	DUTOPROL.....	74	Elocon.....	93	
Dorzolamide HCl.....	111	Dyazide.....	74	Emadine.....	110	
Dorzolamide HCl/Timolol		Dymista.....	118	Embeda.....	15	
Maleate.....	111	Dyrenium.....	76	Emcyt.....	47	
Dovonex.....	83	Dysport.....	109	Emend.....	42	
Doxazosin Mesylate.....	67	E			Emoquette.....	97
Doxepin HCl.....	41, 83	E.E.S. 400.....	29	Empliciti.....	50	
Doxercalciferol.....	108	E.E.S. Granules.....	29	Emsam.....	38	
Doxil.....	48	EC-Naprosyn.....	13	Emtriva.....	58	
Doxorubicin HCl.....	48	Econazole Nitrate.....	43	Emverm.....	50	
Doxorubicin HCl Liposome		Edarbi.....	67	Enablex.....	90	
.....	48	Edarbyclor.....	74	Enalapril Maleate.....	68	
Doxy 100.....	31	Edecrin.....	76	Enalapril Maleate/ Hydrochlorothiazide.....	74	
Doxycycline.....	31	Edluar.....	119	Enbrel.....	104	
Doxycycline Hyclate.....	31	Edurant.....	58	Enbrel SureClick.....	104	
Doxycycline Hyclate DR.....	31	Effexor XR.....	39	Endocet.....	19	
Doxycycline Monohydrate...	31	Effient.....	67	Engerix-B.....	106	
Dronabinol.....	42	Efudex.....	83	Enoxaparin Sodium.....	64	
Drospirenone/Ethinyl		Egrifta.....	102	Enpresse-28.....	97	
Estradiol.....	97	Elaprase.....	85	Enstilar.....	84	
Droxia.....	47	Elavil.....	41	Entacapone.....	51	
Duac.....	83	Eldepryl.....	52	Entecavir.....	56	
Duavee.....	97	Elelyso.....	85	Entocort EC.....	107	
Duetact.....	62	Elestat.....	110	Entresto.....	74	
Duexis.....	13	Elestrin.....	97	Enulose.....	88	
Dulera.....	118	Elidel.....	84	Envarsus XR.....	104	
Duloxetine HCl.....	81	Eligard.....	102			
Duopa.....	52					

Epaned.....	68	Erythromycin/Benzoyl Peroxide.....	84	Exemestane.....	49
Epiduo.....	84	Esbriet.....	118	Exforge.....	74
Epiduo Forte.....	84	Escitalopram Oxalate.....	39	Exforge HCT.....	74
Epinastine HCl.....	110	Esgic.....	12	Exjade.....	120
Epinephrine.....	116	Esomeprazole Magnesium	89	Extavia.....	82
EpiPen.....	116	Esomeprazole Sodium.....	89	Extina.....	43
Epitol.....	36	Estazolam.....	60	F	
Epivir.....	58	Estrace.....	97	Fabior.....	84
Epivir HBV.....	56	Estradiol.....	98	Fabrazyme.....	85
Eplerenone.....	76	Estradiol Valerate.....	98	Falmina.....	98
Epogen.....	66	Estradiol/Norethindrone Acetate.....	98	Famciclovir.....	57
Eprosartan Mesylate.....	67	Estring.....	98	Famotidine.....	87
Epzicom.....	58	Estropipate.....	98	Famotidine Premixed.....	87
Equetro.....	61	Eszopiclone.....	119	Famvir.....	57
Eraxis.....	43	Ethacrynate Sodium.....	76	Fanapt.....	53
Erbitux.....	50	Ethambutol HCl.....	46	Fanapt Titration Pack.....	53
Ergoloid Mesylates.....	109	Ethosuximide.....	33	Fareston.....	47
Ergomar.....	45	Etidronate Disodium.....	108	Farxiga.....	62
Erivedge.....	49	Etodolac.....	13	Farydak.....	48
Errin.....	101	Etodolac ER.....	13	Faslodex.....	47
Ertaczo.....	43	Etopophos.....	49	Fazaclo.....	56
Erwinaze.....	48	Etoposide.....	49	Felbamate.....	34
Ery.....	84	Eurax.....	51	Felbatol.....	34
Ery-Tab.....	29	Evamist.....	98	Feldene.....	13
Erygel.....	84	Evista.....	102	Felodipine ER.....	71
EryPed 200.....	29	Evoclin.....	84	Femara.....	49
EryPed 400.....	29	Evotaz.....	57	Femcon Fe.....	98
Erythrocin Lactobionate.....	29	Evoxac.....	82	Femhrt Low Dose.....	98
Erythrocin Stearate.....	29	Evzio.....	22	Femring.....	98
Erythromycin.....	29, 84	Exalgo.....	15	Fenofibrate.....	76
Erythromycin Base.....	29	Exelderm.....	43	Fenofibrate Micronized.....	77
Erythromycin Ethylsuccinate	29	Exelon.....	37	Fenofibric Acid.....	77
				Fenofibric Acid DR.....	77
				Fenoglide.....	77

Fenoprofen Calcium.....	13	Fluocinolone Acetonide.....	93, 113	Forteo.....	108
Fentanyl.....	15	Fluocinolone Acetonide Body	93	Fortesta.....	96
Fentanyl Citrate Oral Transmucosal.....	19	Fluocinonide.....	93	Fortical.....	108
Fentora.....	19	Fluocinonide-E.....	93	Fosamax.....	108
Ferriprox.....	120	Fluorometholone.....	112	Fosamax Plus D.....	108
Fetzima.....	39	Fluorouracil.....	47, 84	Fosinopril Sodium.....	68
Fetzima Titration Pack.....	39	Fluoxetine DR.....	39	Fosinopril Sodium/ Hydrochlorothiazide.....	74
Fexmid.....	119	Fluoxetine HCl.....	39	Fosphenytoin Sodium.....	36
Fibricor.....	77	Fluphenazine Decanoate.....	53	Fosrenol.....	91
Finacea.....	84	Fluphenazine HCl.....	53	Fragmin.....	65
Finasteride.....	90	Flurandrenolide.....	93	FreAmine HBC 6.9%.....	123
Fioricet.....	12	Flurazepam HCl.....	119	Frova.....	45
Fioricet/Codeine.....	19	Flurbiprofen.....	13	Frovatriptan Succinate.....	45
Fiorinal.....	12	Flurbiprofen Sodium.....	112	Furadantin.....	24
Fiorinal/Codeine #3.....	19	Flutamide.....	47	Furosemide.....	76
Firazyr.....	103	Fluticasone Propionate.....	93, 115	Fusilev.....	48
Firmagon.....	102	Fluvastatin.....	77	Fuzeon.....	59
Flagyl.....	24	Fluvastatin Sodium ER.....	77	Fyavolv.....	98
Flarex.....	112	Fluvoxamine Maleate.....	39	Fycompa.....	32
Flavoxate HCl.....	90	Fluvoxamine Maleate ER.....	39		
Flebogamma DIF.....	105	FML.....	112	G	
Flecainide Acetate.....	68	FML Forte.....	112	Gabapentin.....	33
Flector.....	13	FML Liquifilm.....	112	Gabitril.....	33
Flomax.....	90	Focalin.....	80	Gablofen.....	119
Flovent Diskus.....	114	Focalin XR.....	80	Galantamine HBr.....	37
Flovent HFA.....	114	Folotyn.....	47	Gamastan S/D.....	105
Fluconazole.....	43	Fomepizole.....	109	Gammagard Liquid.....	105
Fluconazole in NaCl.....	43	Fondaparinux Sodium.....	65	Gammaked.....	105
Flucytosine.....	43	Foradil Aerolizer.....	116	Gammaplex.....	105
Fludarabine Phosphate.....	48	Forfivo XL.....	38	Gamunex-C.....	105
Fludrocortisone Acetate.....	93	Fortamet.....	62	Ganciclovir.....	56
Flumadine.....	60	Fortaz.....	26	Gardasil.....	106
Flunisolide.....	114			Gardasil 9.....	106
				Gastrocrom.....	87

Gatifloxacin.....	30	Glipizide.....	62	Halaven.....	48
Gattex.....	87	Glipizide ER.....	62	Halcion.....	60
Gauze.....	109	Glipizide/Metformin HCl.....	62	Haldol.....	53
GaviLyte-C.....	88	GlucaGen HypoKit.....	63	Haldol Decanoate 100.....	53
GaviLyte-G.....	88	Glucagon Emergency Kit.....	63	Haldol Decanoate 50.....	53
GaviLyte-H.....	88	Glucophage.....	62	Halobetasol Propionate.....	93
GaviLyte-N/Flavor Pack.....	88	Glucophage XR.....	62	Halog.....	93
Gelnique.....	90	Glucotrol.....	62	Haloperidol.....	53
Gemcitabine HCl.....	47	Glucotrol XL.....	62	Haloperidol Decanoate.....	53
Gemfibrozil.....	77	Glucovance.....	62	Haloperidol Lactate.....	53
Gemzar.....	47	Glumetza.....	62	Harvoni.....	56
Generess Fe.....	98	Glyburide.....	62	Havrix.....	106
Generlac.....	88	Glyburide Micronized.....	62	Hectorol.....	108
Gengraf.....	104	Glyburide/Metformin HCl....	62	Heparin Sodium.....	65
Genotropin.....	95	Glycopyrrolate.....	86	Heparin Sodium/D5W.....	65
Genotropin Miniquick.....	95	Glynase.....	62	HepatAmine.....	123
Gentak.....	22	Glyset.....	62	Hepsera.....	56
Gentamicin Sulfate.....	22	Glyxambi.....	62	Herceptin.....	50
Gentamicin Sulfate/0.9% Sodium Chloride.....	23	GoLYTELY.....	88	Hetlioz.....	120
Genvoya.....	57	Gralise.....	81	Hexalen.....	47
Geodon.....	54	Gralise Starter Pack.....	81	Hiberix.....	106
Gianvi.....	98	Granisetron HCl.....	42	Hiprex.....	24
Giazo.....	107	Granix.....	66	Horizant.....	81
Gildagia.....	98	Grastek.....	118	Humalog Cartridge.....	63
Gildess 1.5/30.....	98	GRIS-PEG.....	43	Humalog KwikPen.....	63
Gildess 24 Fe.....	98	Griseofulvin Microsize.....	43	Humalog Mix 50/50 KwikPen	63
Gilenya.....	82	Griseofulvin Ultramicrosize	43	Humalog Mix 50/50 Vial.....	63
Gilotrif.....	49	Guanfacine ER.....	80	Humalog Mix 75/25 KwikPen	64
Glassia.....	118	Guanfacine HCl.....	67	Humalog Mix 75/25 Vial.....	64
Glatopa.....	82	Guanidine HCl.....	46	Humalog Vial.....	64
Gleevec.....	49	Gynazole-1.....	43	Humatrope.....	95
Gleostine.....	47			Humatrope Combo Pack.....	96
Glimepiride.....	62				

H

H.P. Acthar..... 93

Humira.....	104	Hydroxyzine HCl.....	60	Indomethacin ER.....	13	
Humira Pediatric Crohns Disease Starter Pack.....	104	Hydroxyzine Pamoate.....	41	Infanrix.....	106	
Humira Pen.....	104	Hyperrab S/D.....	105	Inlyta.....	50	
Humira Pen Crohns Disease Starter Pack.....	104	Hysingla ER.....	15	Innopran XL.....	69	
Humulin 70/30 KwikPen.....	64	Hyzaar.....	74	Inspra.....	76	
Humulin 70/30 Vial.....	64	I			Insulin Syringes, Needles	109
Humulin N KwikPen.....	64	Ibandronate Sodium.....	108	Intelence.....	58	
Humulin N Vial.....	64	Ibrance.....	48	Intermezzo.....	119	
Humulin R U-500 KwikPen	64	Ibudone.....	19	Intralipid.....	123	
Humulin R U-500 Vial.....	64	Ibuprofen.....	13	Intron A.....	56	
Humulin R Vial.....	64	Iclusig.....	49, 50	Intron A w/Diluent.....	56	
Hycamtin.....	49	Idamycin PFS.....	48	Introvale.....	98	
Hycet.....	19	Idarubicin HCl.....	48	Intuniv.....	80	
Hydralazine HCl.....	78	Ifex.....	47	Invanz.....	27	
Hydrea.....	47	Ifosfamide.....	47	Invega.....	54	
Hydrochlorothiazide.....	76	Ilaris.....	106	Invega Sustenna.....	54	
Hydrocodone Bitartrate/ Acetaminophen.....	19	Ilevro.....	112	Invega Trinza.....	54	
Hydrocodone/Acetaminophen	19	Ilotycin.....	29	Invirase.....	59	
Hydrocodone/Ibuprofen.....	19	Imatinib Mesylate.....	50	Invokamet.....	62	
Hydrocortisone.....	93, 107	Imbruvica.....	50	Invokana.....	62	
Hydrocortisone Butyrate.....	93	Imipenem/Cilastatin.....	27	Ionosol-B/Dextrose 5%.....	123	
Hydrocortisone Valerate.....	93	Imipramine HCl.....	41	Ionosol-MB/Dextrose 5%...	123	
Hydrocortisone/Acetic Acid	113	Imipramine Pamoate.....	41	lopidine.....	111	
Hydromorphone HCl.....	19	Imiquimod.....	84	IPOL Inactivated IPV.....	106	
Hydromorphone HCl ER.....	15	Imitrex.....	45	Ipratropium Bromide.....	115	
Hydroxychloroquine Sulfate	51	Imitrex Statdose Refill.....	45	Ipratropium Bromide/ Albuterol Sulfate.....	118	
Hydroxyprogesterone Caproate.....	101	Imovax Rabies.....	106	Irbesartan.....	67	
Hydroxyurea.....	47	Imuran.....	104	Irbesartan/ Hydrochlorothiazide.....	74	
		Increlex.....	96	Irenka.....	81	
		Incruse Ellipta.....	115	Iressa.....	50	
		Indapamide.....	76	Irinotecan.....	48	
		Inderal LA.....	69	Isentress.....	57	
		Indocin.....	13			
		Indomethacin.....	13			

Isolyte-P/Dextrose 5%.....	123	Junel 1/20.....	98	Kepivance.....	82
Isolyte-S.....	120	Junel Fe 1.5/30.....	98	Keppra.....	32
Isoniazid.....	46	Junel Fe 1/20.....	98	Keppra XR.....	32
Isopto Carpine.....	111	Junel Fe 24.....	98	Kerydin.....	43
Isordil Titradoso.....	78	Juxtapid.....	77	Ketek.....	29
Isosorbide Dinitrate.....	78	K		Ketoconazole.....	43
Isosorbide Dinitrate ER.....	78	K-Tab.....	120	Ketoprofen.....	13
Isosorbide Mononitrate.....	78	Kadcyla.....	50	Ketoprofen ER.....	13
Isosorbide Mononitrate ER	78	Kadian.....	16	Ketorolac Tromethamine....	13, 112
Isotonic Gentamicin.....	23	Kaitlib Fe.....	98	Keveyis.....	75
Isradipine.....	71	Kaletra.....	59	Keytruda.....	50
Istalol.....	111	Kalydeco.....	116, 118	Khedezla.....	39
Istodax.....	48	Kanuma.....	109	Kimidess.....	98
Itraconazole.....	43	Kapvay.....	80	Kineret.....	104
Ivermectin.....	50	Karbinal ER.....	113	Kionex.....	120
Ixiaro.....	106	Kariva.....	98	Klaron.....	84
J		Kayexalate.....	120	Klonopin.....	60
Jadenu.....	120	Kazano.....	62	Klor-Con 10.....	120
Jakafi.....	50	KCl 0.075%/D5W/NaCl 0.45%	123	Klor-Con 8.....	120
Jalyn.....	90	KCl 0.15%/D5W/LR.....	123	Klor-Con M15.....	120
Jantoven.....	65	KCl 0.15%/D5W/NaCl 0.2%	123	Klor-Con M20.....	120
Janumet.....	62	KCl 0.15%/D5W/NaCl 0.225%	123	Klor-Con Sprinkle.....	120
Janumet XR.....	62	KCl 0.15%/D5W/NaCl 0.9%	123	Kombiglyze XR.....	62
Januvia.....	62	KCl 0.3%/D5W/NaCl 0.45%	123	Korlym.....	96
Jardiance.....	62	KCl 0.3%/D5W/NaCl 0.9%	123	Kristalose.....	88
Jentadueto.....	62	Kelnor 1/35.....	98	Kuvan.....	85
Jentadueto XR.....	62	Kenalog.....	93	Kynamro.....	78
Jevtana.....	48	Kenalog-10.....	93	L	
Jinteli.....	98	Kenalog-40.....	93	Labetalol HCl.....	70
Jolivet.....	101			Lacrisert.....	109
Jublia.....	43			Lactated Ringers Dextrose 5% Viaflex.....	123
Juleber.....	98			Lactated Ringers Irrigation	123
Junel 1.5/30.....	98				

Lactated Ringers Viaflex....	123	Lessina.....	99	Lidocaine/Prilocaine.....	21
Lactulose.....	88	Letairis.....	117	Lidoderm.....	21
Lamictal.....	34	Letrozole.....	49	Lincocin.....	24
Lamictal Chewable Dispersible.....	34	Leucovorin Calcium.....	48	Lincomycin HCl.....	24
Lamictal ODT.....	34	Leukeran.....	47	Lindane.....	51
Lamictal Starter.....	34	Leukine.....	66	Linezolid.....	24
Lamictal XR.....	34	Leuprolide Acetate.....	102	Linzess.....	88
Lamisil.....	43	Levalbuterol.....	116	Lioresal Intrathecal.....	119
Lamivudine.....	56, 58	Levaquin.....	30	Liothyronine Sodium.....	102
Lamivudine/Zidovudine.....	58	Levemir FlexTouch.....	64	Lipitor.....	77
Lamotrigine.....	35	Levemir Vial.....	64	Lipofen.....	77
Lamotrigine ER.....	35	Levetiracetam.....	33	Lisinopril.....	68
Lamotrigine ODT.....	35	Levetiracetam ER.....	33	Lisinopril/Hydrochlorothiazide	74
Lanoxin.....	74	Levobunolol HCl.....	111	Lithium.....	61
Lansoprazole.....	89	Levocarnitine.....	123	Lithium Carbonate.....	61
Lansoprazole/Amoxicillin/ Clarithromycin.....	87	Levocetirizine Dihydrochloride	114	Lithium Carbonate ER.....	61
Lantus SoloStar.....	64	Levofloxacin.....	30	Lithobid.....	61
Lantus Vial.....	64	Levofloxacin in D5W.....	30	Lithostat.....	91
LARIN 1.5/30.....	98	Levoleucovorin Calcium.....	48	Livalo.....	77
LARIN 1/20.....	98	Levonest.....	99	Lo Loestrin Fe.....	99
LARIN Fe 1.5/30.....	98	Levonorgestrel and Ethinyl Estradiol.....	99	Locoid.....	94
LARIN Fe 1/20.....	98	Levonorgestrel/Ethinyl Estradiol.....	99	Lodosyn.....	52
Lasix.....	76	Levora 0.15/30-28.....	99	Loestrin 1.5/30-21.....	99
Lastacaft.....	109	Levorphanol Tartrate.....	16	Loestrin 1/20-21.....	99
Latanoprost.....	113	Levothyroxine Sodium.....	102	Loestrin Fe 1.5/30.....	99
Latuda.....	54	Levoxyl.....	102	Loestrin Fe 1/20.....	99
Layolis Fe.....	99	Lexapro.....	39	Lofibra.....	77
Lazanda.....	19	Lexiva.....	59	LoKara.....	94
Leena.....	99	Lialda.....	107	Lomedia 24 Fe.....	99
Leflunomide.....	106	Lidocaine.....	21	Lomotil.....	87
Lenvima.....	50	Lidocaine HCl.....	21	Lonsurf.....	47
Lescol XL.....	77	Lidocaine Viscous.....	21	Loperamide HCl.....	87
				Lopid.....	77

Lopreeza.....	99	Lyrca.....	82	Megace Oral.....	101	
Lopressor.....	70	Lysodren.....	102	Megestrol Acetate.....	101	
Lopressor HCT.....	74	Lysteda.....	66	Mekinist.....	50	
Loprox.....	43	Lyza.....	101	Meloxicam.....	13, 14	
Loprox Shampoo.....	43	M			Melphalan HCl.....	47
Lorazepam.....	60	M-M-R II.....	106	Memantine HCl.....	38	
Lorazepam Intensol.....	60	Macrobid.....	24	Memantine HCl Titration Pak	38	
Lorcet.....	19	Macrodantin.....	24	Menactra.....	106	
Lorcet Plus.....	19	Magnesium Sulfate.....	120	Menest.....	99	
Lortab.....	19	Makena.....	101	MENHIBRIX.....	106	
Loryna.....	99	Malarone.....	51	Menomune-A/C/Y/W-135	106	
Lorzone.....	119	Malathion.....	51	Menostar.....	99	
Losartan Potassium.....	67	Maprotiline HCl.....	39	Mentax.....	43	
Losartan Potassium/ Hydrochlorothiazide.....	74	Marinol.....	42	Menveo.....	106	
LoSeasonique.....	99	Marlissa.....	99	Meperidine HCl.....	20	
Lotemax.....	112	Marplan.....	38	Meprobamate.....	60	
Lotensin.....	68	Matulane.....	47	Mepron.....	51	
Lotrel.....	74	Matzim LA.....	71, 72	Mercaptopurine.....	47	
Lotrisone.....	84	Mavik.....	68	Meropenem.....	27	
Lotronex.....	88	Maxalt.....	45	Merrem.....	27	
Lovastatin.....	77	Maxalt-MLT.....	45	Mesalamine.....	107	
Lovaza.....	78	Maxidex.....	112	Mesna.....	48	
Lovenox.....	65	Maxipime.....	26	Mesnex.....	48	
Loxapine Succinate.....	53	Maxitrol.....	109	Mestinon.....	46	
Lumigan.....	113	Maxzide.....	74	Mestinon Timespan.....	46	
Lumizyme.....	85	Meclizine HCl.....	41	Metadate CD.....	80	
Lunesta.....	119	Meclofenamate Sodium.....	13	Metadate ER.....	80	
Lupaneta Pack.....	103	Medrol.....	94	Metaproterenol Sulfate.....	116	
Lupron Depot.....	103	Medrol Dosepak.....	94	Metaxall.....	119	
Lupron Depot-PED.....	103	Medroxyprogesterone Acetate	101	Metaxalone.....	119	
Lutera.....	99	Mefenamic Acid.....	13	Metformin HCl.....	62	
Luzu.....	43	Mefloquine HCl.....	51	Metformin HCl ER.....	62, 63	
Lynparza.....	48	Megace ES.....	101			

Methadone HCl.....	16	Metoprolol Succinate ER.....	70	Minocin.....	31
Methamphetamine HCl.....	80	Metoprolol Tartrate.....	70	Minocycline HCl.....	32
Methazolamide.....	76	Metoprolol/ Hydrochlorothiazide.....	74	Minocycline HCl ER.....	32
Methenamine Hippurate.....	24	Metozolv ODT.....	41	Minoxidil.....	78
Methimazole.....	103	MetroCream.....	24	Mirapex.....	51
Methitest.....	96	MetroGel.....	24	Mirapex ER.....	52
Methocarbamol.....	119	MetroGel-Vaginal.....	24	Mircera.....	66
Methotrexate.....	104	MetroLotion.....	24	Mirtazapine.....	38
Methotrexate Sodium.....	104	Metronidazole.....	24	Mirtazapine ODT.....	38
Methoxsalen.....	84	Metronidazole in NaCl 0.79%	24	Mirvaso.....	84
Methscopolamine Bromide	86	Metronidazole Vaginal.....	24	Misoprostol.....	88
Methyclothiazide.....	76	Mexiletine HCl.....	68	Mitigare.....	44
Methyldopa.....	67	Miacalcin.....	108	Mitomycin.....	49
Methyldopa/ Hydrochlorothiazide.....	74	Micardis.....	68	Mitoxantrone HCl.....	49
Methyldopate HCl.....	67	Micardis HCT.....	74	Mobic.....	14
Methylergonovine Maleate	109	Miconazole 3.....	43	Modafinil.....	120
Methylin.....	80	Microgestin 1.5/30.....	99	Moderiba.....	56
Methylphenidate HCl.....	80	Microgestin 1/20.....	99	Moderiba 1200 Dose Pack	56
Methylphenidate HCl CD.....	81	Microgestin Fe.....	99	Moderiba 800 Dose Pack....	56
Methylphenidate HCl ER.....	81	Microgestin Fe 1.5/30.....	99	Modicon.....	99
Methylprednisolone.....	94	Microzide.....	76	Moexipril HCl.....	68
Methylprednisolone Acetate	94	Midodrine HCl.....	67	Moexipril/Hydrochlorothiazide	74
Methylprednisolone Dose Pack.....	94	Migergot.....	45	Molindone HCl.....	53
Methylprednisolone Sodium Succinate.....	94	Miglitol.....	63	Mometasone Furoate.....	94, 115
Methyltestosterone.....	96	Migranal.....	45	MonoNessa.....	99
Metipranolol.....	111	Millipred.....	94	Montelukast Sodium.....	115
Metoclopramide HCl.....	41	Mimvey.....	99	Monurol.....	24
Metoclopramide ODT.....	41	Mimvey Lo.....	99	Morphine Sulfate.....	20
Metolazone.....	76	Minastrin 24 Fe.....	99	Morphine Sulfate ER.....	16, 17
		Minipress.....	67	Movantik.....	87
		Minitran.....	78	MoviPrep.....	88
		Minivelle.....	99	Moxeza.....	30

Moxifloxacin HCl.....	30	Naphazoline HCl.....	109	Neomycin/Polymyxin/ Gramicidin.....	110
Mozobil.....	66	Naprelan.....	14	Neomycin/Polymyxin/ Hydrocortisone.....	110, 113
MS Contin.....	17	Naprosyn.....	14	Neoral.....	104
Multaq.....	68	Naproxen.....	14	Neosporin.....	110
Mupirocin.....	24	Naproxen DR.....	14	Nephramine.....	123
Mustargen.....	47	Naproxen Sodium.....	14	Nesina.....	63
Myalept.....	109	Naproxen Sodium CR.....	14	Neuac.....	84
Myambutol.....	46	Naproxen Sodium ER.....	14	Neulasta.....	66
Mycamine.....	44	Naratriptan HCl.....	45	Neupogen.....	66
Mycobutin.....	46	Narcan.....	22	Neupro.....	52
Mycophenolate Mofetil.....	104	Nardil.....	39	Neurontin.....	33, 34
Mycophenolic Acid DR.....	104	Nasonex.....	115	Nevanac.....	112
Myfortic.....	104	Natacyn.....	44	Nevirapine.....	58
Myorisan.....	84	Natazia.....	99	Nevirapine ER.....	58
Myrbetriq.....	90	Nateglinide.....	63	Nexavar.....	50
Mysoline.....	33	Natesto.....	96	Nexium.....	89
N					
Nabumetone.....	14	Natpara.....	108	Nexium I.V.....	89
Nadolol.....	70	Nebupent.....	51	Nexterone.....	68
Nadolol/Bendroflumethiazide	74, 75	Necon 0.5/35-28.....	99	Niacin ER.....	78
Nafcillin Sodium.....	28	Necon 1/35.....	99	Niacor.....	78
Naftifine HCl.....	44	Necon 1/50-28.....	99	Niaspan.....	78
Naftin.....	44	Necon 10/11-28.....	99	Nicardipine HCl.....	72
Naglazyme.....	85	Necon 7/7/7.....	99	Nicotrol Inhaler.....	22
Nalbuphine HCl.....	20	Nefazodone HCl.....	40	Nicotrol NS.....	22
Naloxone HCl.....	22	Nefazodone HCl.....	40	Nifedical XL.....	72
Naltrexone HCl.....	22	Neo-Synalar.....	84	Nifedipine.....	72
Namenda.....	38	Neomycin Sulfate.....	23	Nifedipine ER.....	72
Namenda Titration Pak.....	38	Neomycin/Bacitracin/ Polymyxin.....	109	Nikki.....	99
Namenda XR.....	38	Neomycin/Polymyxin B Sulfates.....	24	Nilandron.....	47
Namenda XR Titration Pack	38	Neomycin/Polymyxin/ Bacitracin/Hydrocortisone	109	Nimodipine.....	72
Namzaric.....	81	Neomycin/Polymyxin/ Dexamethasone.....	110	Ninlaro.....	49
				Nipent.....	47

Nisoldipine.....	72	Norlyroc.....	101	Nutropin AQ.....	96
Nisoldipine ER.....	72	Normosol-M in D5W.....	123	NuvaRing.....	100
Nitro-Bid.....	78	Normosol-R.....	120	Nuessa.....	25
Nitro-Dur.....	78	Normosol-R in D5W.....	124	Nuvigil.....	120
Nitrofurantoin.....	24	Norpace.....	68	Nyamyc.....	44
Nitrofurantoin Macrocrystals	24, 25	Norpace CR.....	68	Nystatin.....	44
Nitrofurantoin Monohydrate	25	Norpramin.....	41	Nystatin/Triamcinolone.....	44
Nitroglycerin.....	78	Northera.....	75	Nystop.....	44
Nitroglycerin Lingual.....	78	Nortrel 0.5/35.....	100	O	
Nitroglycerin Transdermal...	78	Nortrel 1/35.....	100	Ocella.....	100
Nitrolingual Pumpspray.....	78	Nortrel 7/7/7.....	100	Octagam.....	105
NitroMist.....	78	Nortriptyline HCl.....	41	Octreotide Acetate.....	103
Nitrostat.....	78	Norvasc.....	72	Ocufen.....	112
Nizatidine.....	87	Norvir.....	59	Ocuflox.....	30
Nizoral.....	44	Novarel.....	96	Odefsey.....	58
Nor-QD.....	101	Novolin 70/30 Vial.....	64	Odomzo.....	50
Nora-BE.....	101	Novolin N Vial.....	64	Ofev.....	118
Norco.....	20	Novolin R Vial.....	64	Ofloxacin.....	30
Norditropin FlexPro.....	96	NovoLog FlexPen.....	64	Ogestrel.....	100
Norethindrone.....	101	NovoLog Mix 70/30 Prefilled FlexPen.....	64	Olanzapine.....	54
Norethindrone & Ethinyl Estradiol Ferrous Fumarate	99	NovoLog Mix 70/30 Vial.....	64	Olanzapine ODT.....	54
Norethindrone Acetate.....	101	NovoLog PenFill.....	64	Olanzapine/Fluoxetine.....	38
Norethindrone Acetate/Ethinyl Estradiol.....	100	NovoLog Vial.....	64	Olopatadine HCl.....	110, 114
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate	100	Noxafil.....	44	Olux.....	94
Norgestimate/Ethinyl Estradiol	100	Nucala.....	118	Omeclamox-Pak.....	87
Norinyl 1+35.....	100	Nucynta.....	20	Omega-3-Acid Ethyl Esters	78
Norinyl 1+50.....	100	Nucynta ER.....	17	Omeprazole.....	89
Noritate.....	25	Nuedexta.....	81	Omeprazole/Sodium Bicarbonate.....	89
		Nulojix.....	104	Omnaris.....	115
		NuLYTELY/Flavor Packs.....	88	Omnipred.....	112
		Nuplazid.....	54	Omnitrope.....	96
		NutreStore.....	124	Ondansetron HCl.....	42
		Nutrilipid.....	124		

Perindopril Erbumine.....	68	Piperacillin/Tazobactam.....	28	Potassium Chloride ER Microencapsulated.....	121
Periogard.....	82	Pirmella 1/35.....	100	Potassium Citrate ER.....	121
Perjeta.....	50	Piroxicam.....	14	Potiga.....	33
Permethrin.....	51	Plaquenil.....	51	Pradaxa.....	65
Perphenazine.....	41	Plasma-Lyte A.....	121	Praluent.....	78
Perphenazine/Amitriptyline	38	Plasma-Lyte-148.....	121	Pramipexole Dihydrochloride	52
Persantine.....	67	Plasma-Lyte-56/D5W.....	124	Pramipexole Dihydrochloride ER.....	52
Pertzeye.....	86	Plavix.....	67	Prandin.....	63
Pexeva.....	40	Plegridy.....	82	Pravachol.....	77
Phenadoz.....	114	Plegridy Starter Pack.....	82	Pravastatin Sodium.....	77
Phenelzine Sulfate.....	39	Plenamaine.....	124	Prazosin HCl.....	67
Phenergan.....	114	Podofilox.....	84	Precose.....	63
Phenobarbital.....	34	Polyethylene Glycol 3350 Powder.....	88	Pred Forte.....	112
Phenoxybenzamine HCl.....	67	Polymyxin B Sulfate.....	25	Pred Mild.....	112
Phenytek.....	37	Polymyxin B Sulfate/ Trimethoprim Sulfate.....	110	Pred-G.....	110
Phenytoin.....	37	Polytrim.....	110	Pred-G S.O.P.....	110
Phenytoin Sodium.....	37	Pomalyst.....	47	Prednicarbate.....	94
Phenytoin Sodium Extended	37	Portia-28.....	100	Prednisolone Acetate.....	112
PhosLo.....	91	Potassium Chloride.....	121	Prednisolone Sodium Phosphate.....	94, 112
Phoslyra.....	91	Potassium Chloride 0.15% / NaCl 0.45% Viaflex.....	121	Prednisolone Sodium Phosphate ODT.....	94
Phospholine Iodide.....	111	Potassium Chloride 0.15% D5W/NaCl 0.33%.....	124	Prednisone.....	94
Physiolyte.....	121	Potassium Chloride 0.15% D5W/NaCl 0.45%.....	124	Prednisone Intensol.....	94
Physiosol Irrigation.....	121	Potassium Chloride 0.15%/ NaCl 0.9%.....	121	Prefest.....	100
Picato.....	84	Potassium Chloride 0.22% D5W/NaCl 0.45%.....	124	Pregnyl w/Diluent Benzyl Alcohol/NaCl.....	96
Pilocarpine HCl.....	82, 111	Potassium Chloride 0.3%/ NaCl 0.9%.....	121	Premarin.....	100
Pimozide.....	53	Potassium Chloride 0.3%/ D5W.....	124	Premasol.....	124
Pimtreea.....	100	Potassium Chloride ER.....	121	Premphase.....	100
Pindolol.....	70			Prempro.....	100
Pioglitazone HCl.....	63			Prepopik.....	88
Pioglitazone HCl/Glimepiride	63				
Pioglitazone HCl/Metformin HCl.....	63				

Prevacid.....	89	Procysbi.....	86	Psorcon.....	94
Prevacid SoluTab.....	89	Progesterone.....	102	Pulmicort.....	115
Prevalite.....	78	Proglycem.....	63	Pulmicort Flexhaler.....	115
Previfem.....	100	Prograf.....	104	Pulmozyme.....	118
Prevpac.....	87	Prolastin-C.....	118	Purixan.....	48
Prezcobix.....	57	Prolensa.....	112	Pylera.....	87
Prezista.....	59	Proleukin.....	49	Pyrazinamide.....	46
Priftin.....	46	Prolia.....	108	Pyridostigmine Bromide.....	46
Prilosec.....	89	Promacta.....	66	Q	
Primaquine Phosphate.....	51	Promethazine HCl.....	114	Qnasl.....	115
Primaxin IV.....	27	Promethazine VC Plain.....	118	Qnasl Childrens.....	115
Primidone.....	34	Promethegan.....	114	Quadracel.....	106
Primlev.....	21	Prometrium.....	102	Qualaquin.....	51
Prinivil.....	68	Propafenone HCl.....	69	Quartette.....	100
Pristiq.....	40	Propafenone HCl ER.....	69	Quasense.....	100
Privigen.....	105	Propantheline Bromide.....	86	Qudexy XR.....	35
ProAir HFA.....	116	Proparacaine HCl.....	110	Questastran.....	78
ProAir RespiClick.....	116	Propranolol HCl.....	70	Quetiapine Fumarate.....	54
Probenecid.....	45	Propranolol HCl ER.....	70	QuilliChew ER.....	81
Probenecid/Colchicine.....	45	Propranolol/ Hydrochlorothiazide.....	75	Quillivant XR.....	81
Procainamide HCl.....	69	Propylthiouracil.....	103	Quinapril HCl.....	68
Procalamine.....	124	ProQuad.....	106	Quinapril/Hydrochlorothiazide	75
Procardia.....	72	Proscar.....	90	Quinidine Gluconate.....	69
Procardia XL.....	72	Prosol.....	124	Quinidine Gluconate CR.....	69
ProCentra.....	80	Protonix.....	89	Quinidine Sulfate.....	69
Prochlorperazine.....	41	Protopic.....	84	Quinine Sulfate.....	51
Prochlorperazine Edisylate	41	Protriptyline HCl.....	41	QVAR.....	115
Prochlorperazine Maleate...	41	Proventil HFA.....	116	R	
Procrit.....	66	Provera.....	102	Rabavert.....	106
Procto-Med HC.....	107	Provigil.....	120	Rabeprazole Sodium.....	89
Procto-Pak.....	107	Prozac.....	40	Ragwitek.....	118
Proctosol HC.....	107	Prozac Weekly.....	40	Raloxifene HCl.....	102
Proctozone-HC.....	107	PRUDOXIN.....	84	Ramipril.....	68

Samsca.....	120	Simponi Aria.....	105	Sorine.....	69
Sancuso.....	42	Simulect.....	106	Sotalol HCl.....	69
Sandimmune.....	105	Simvastatin.....	77	Sotylize.....	69
Sandostatin.....	103	Sinemet.....	52	Sovaldi.....	57
Sandostatin LAR Depot.....	103	Sinemet CR.....	52	Spiriva HandiHaler.....	115
Santyl.....	84	Singulair.....	115	Spiriva Respimat.....	115
Saphris.....	55	Sirolimus.....	105	Spirolactone.....	76
Sarafem.....	40	Sirturo.....	46	Spirolactone/ Hydrochlorothiazide.....	75
Savaysa.....	65	Sivextro.....	25	Sporanox.....	44
Savella.....	82	Skelaxin.....	119	Sprintec 28.....	100
Savella Titration Pack.....	82	Sklice.....	50	Spritam.....	33
Seasonique.....	100	Sodium Chloride.....	121	Sprycel.....	50
Sectral.....	70	Sodium Chloride 0.45% Viaflex.....	121	Sronyx.....	100
Selegiline HCl.....	52	Sodium Chloride 0.9%.....	121	SSD.....	31
Selenium Sulfide.....	84	Sodium Diuril.....	76	Stalevo 100.....	52
Selzentry.....	59	Sodium Fluoride.....	121	Stalevo 125.....	52
Semprex-D.....	118	Sodium Lactate.....	124	Stalevo 150.....	52
Sensipar.....	102	Sodium Phenylbutyrate.....	86	Stalevo 200.....	52
Serevent Diskus.....	116	Sodium Polystyrene Sulfonate	120	Stalevo 50.....	52
Seroquel.....	55	Sodium Sulfacetamide.....	31	Stalevo 75.....	52
Seroquel XR.....	55	Solaraze.....	84	Starlix.....	63
Serostim.....	87	Solodyn.....	32	Stavudine.....	59
Sertraline HCl.....	40	Soltamox.....	47	Stelara.....	105
Setlakin.....	100	Solu-Cortef.....	94	Sterile Water Irrigation.....	109
sfRowasa.....	107	Solu-Medrol.....	94	Stimate.....	96
Sharobel.....	102	Soma.....	119	Stiolto Respimat.....	118
Signifor.....	103	Somatuline Depot.....	103	Stivarga.....	50
Signifor LAR.....	103	Somavert.....	103	Strattera.....	81
Sildenafil.....	117	Sonata.....	119	Strensiq.....	86
Silenor.....	120	Soolantra.....	84	Streptomycin Sulfate.....	23
Silvadene.....	30	Soriatane.....	84	Striant.....	96
Silver Sulfadiazine.....	30	Sorilux.....	84	Stribild.....	57
Simbrinza.....	111			Striverdi Respimat.....	116
Simponi.....	105				

Stromectol.....	50	Synagis.....	106	Technivie.....	57
Suboxone.....	22	Synalar Cream Kit.....	94	Teflaro.....	27
Subsys.....	21	Synalgos-DC.....	21	Tegretol.....	37
Sucraid.....	86	Synarel.....	103	Tegretol-XR.....	37
Sucrafate.....	88	Synercid.....	25	Tekturna.....	75
Sular.....	72	Synjardy.....	63	Tekturna HCT.....	75
Sulfacetamide Sodium.....	31, 84	Synribo.....	49	Telmisartan.....	68
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate.....	110	Synthroid.....	102	Telmisartan/Amlodipine.....	75
Sulfadiazine.....	31	Syprine.....	120	Telmisartan/ Hydrochlorothiazide.....	75
Sulfamethoxazole/ Trimethoprim.....	31	T		Temazepam.....	119
Sulfamethoxazole/ Trimethoprim DS.....	31	Tabloid.....	48	Temovate.....	94
Sulfamylon.....	25	Taclonex.....	84	Tencon.....	12
Sulfasalazine.....	107	Tacrolimus.....	85, 105	Tenex.....	67
Sulindac.....	14	Tafinlar.....	50	Tenivac.....	106
Sumatriptan.....	45	Tagrisso.....	50	Tenoretic 100.....	75
Sumatriptan Succinate.....	45	Talwin.....	21	Tenoretic 50.....	75
Sumatriptan Succinate Refill	45	Tamiflu.....	60	Tenormin.....	70
Sumavel DosePro.....	45	Tamoxifen Citrate.....	47	Terazol 3.....	44
Suprax.....	26, 27	Tamsulosin HCl.....	90	Terazol 7.....	44
Suprep Bowel Prep.....	88	Tanzeum.....	63	Terazosin HCl.....	90
Surmontil.....	41	Tapazole.....	103	Terbinafine HCl.....	44
Sustiva.....	58	Tarceva.....	50	Terbutaline Sulfate.....	116
Sutent.....	50	Targretin.....	50	Terconazole.....	44
Sylatron.....	57	Tarina Fe 1/20.....	100	Testim.....	96
Sylvant.....	50	Tarka.....	75	Testosterone.....	96
Symbicort.....	118	Tasigna.....	50	Testosterone Cypionate.....	96
Symbyax.....	38	Tasmar.....	51	Testosterone Enanthate.....	96
SymlinPen 120.....	63	Taxotere.....	49	Testosterone Pump.....	96
SymlinPen 60.....	63	Tazicef.....	27	Tetanus/Diphtheria Toxoids- Adsorbed Adult.....	106
		Tazorac.....	85	Tetrabenazine.....	81
		Taztia XT.....	72	Tetracycline HCl.....	32
		Tecentriq.....	50	Thalomid.....	47
		Tecfidera.....	82		
		Tecfidera Starter Pack.....	82		

Theo-24.....	117	Tofranil.....	41	Travasol.....	124
Theophylline.....	117	Tolak.....	85	Travatan Z.....	113
Theophylline CR.....	117	Tolazamide.....	63	Travoprost.....	113
Theophylline ER.....	117	Tolbutamide.....	63	Trazodone HCl.....	40
Thiola.....	91	Tolcapone.....	51	Treanda.....	47
Thioridazine HCl.....	53	Tolmetin Sodium.....	14	Trecator.....	46
Thiotepa.....	49	Tolterodine Tartrate.....	90	Trelstar Mixject.....	103
Thiothixene.....	53	Tolterodine Tartrate ER.....	90	Tresiba FlexTouch.....	64
Thymoglobulin.....	105	Topamax.....	35	Tretin-X.....	85
Thyrolar.....	102	Topamax Sprinkle.....	35	Tretinoin.....	50, 85
Tiagabine HCl.....	34	Topicort.....	94, 95	Tretinoin Microsphere.....	85
Tiazac.....	72	Topiramate.....	35	Trexall.....	105
Tigan.....	41	Topiramate ER.....	35	Treximet.....	46
Tikosyn.....	69	Toposar.....	49	Trezix.....	21
Timolol Maleate.....	70, 111	Topotecan HCl.....	49	Tri-Legest Fe.....	100
Timolol Maleate Ophthalmic Gel Forming.....	111	Toprol XL.....	70	Tri-Lo-Estarylla.....	100
Timoptic Ocudose.....	111	Torisel.....	105	Tri-Lo-Sprintec.....	100
Timoptic-XE.....	111	Torseamide.....	76	Tri-Norinyl 28.....	100
Tindamax.....	25	Toujeo SoloStar.....	64	Tri-Previfem.....	100
Tinidazole.....	25	Toviaz.....	90	Tri-Sprintec.....	101
Tirosint.....	102	TPN Electrolytes.....	124	Triamcinolone Acetonide... ..	95
Tivicay.....	57, 58	Tracleer.....	117	Triamcinolone in Orabase... ..	82
Tivorbex.....	14	Tradjenta.....	63	Triamterene/ Hydrochlorothiazide.....	75
Tizanidine HCl.....	119	Tramadol HCl.....	21	Trianex.....	95
TOBI.....	23	Tramadol HCl ER.....	18	Triazolam.....	60
TOBI Podhaler.....	23	Tramadol HCl/ Acetaminophen.....	21	Tribenzor.....	75
Tobradex.....	23, 110	Trandolapril.....	68	Tricor.....	77
Tobradex ST.....	110	Trandolapril/Verapamil HCl	75	Triderm.....	95
Tobramycin.....	23	Tranexamic Acid.....	66	Trifluoperazine HCl.....	53
Tobramycin Sulfate.....	23	Transderm-Scop.....	42	Trifluridine.....	57
Tobramycin/Dexamethasone	110	Tranxene T.....	60	Triglide.....	77
Tobrex.....	23	Tranylcypromine Sulfate.....	39	Trihexyphenidyl HCl.....	51
				Trileptal.....	37

Trilipix.....	77	Uloric.....	45	Varivax.....	107
TriLyte.....	88	Ultracet.....	21	Varizig.....	105
Trimethobenzamide HCl.....	42	Ultram.....	21	Varubi.....	42
Trimethoprim.....	25	Ultram ER.....	18	Vascepa.....	78
Trimipramine Maleate.....	41	Ultravate.....	95	Vaseretic.....	75
Trinessa.....	100	Unasyn.....	28	Vasotec.....	68
Trintellix.....	40	Unasyn Bulk Pack.....	28	Vecamyl.....	75
Triostat.....	102	Unithroid.....	102	Vectibix.....	50
Trisenox.....	49	Uptravi.....	117	Vectical.....	85
Triumeq.....	58	Urecholine.....	91	Velcade.....	49
Trivora-28.....	101	Urocit-K.....	121	Velivet.....	101
Trizivir.....	59	Uroxatral.....	91	Velphoro.....	91
Trokendi XR.....	36	Urso.....	87	Veltassa.....	120
Trophamine.....	124	Ursodiol.....	87	Veltin.....	85
Trospium Chloride.....	90	Uvadex.....	85	Venclexta.....	49
Trospium Chloride ER.....	90			Venclexta Starting Pack.....	49
Trulicity.....	63	V		Venlafaxine HCl.....	40
Trumenba.....	106	Vagifem.....	101	Venlafaxine HCl ER.....	40
Trusopt.....	111	Valacyclovir HCl.....	57	Ventavis.....	118
Truvada.....	59	Valchlor.....	47	Ventolin HFA.....	116
Tudorza Pressair.....	115	Valcyte.....	56	Veramyst.....	115
Twinrix.....	106	Valganciclovir.....	56	Verapamil HCl.....	72
Twynsta.....	75	Valium.....	60	Verapamil HCl ER.....	72, 73
Tybost.....	58	Valproate Sodium.....	34	Verapamil HCl SR.....	73
Tygacil.....	25	Valproic Acid.....	34	Veregen.....	85
Tykerb.....	50	Valsartan.....	68	Verelan.....	73
Tylenol/Codeine #3.....	21	Valsartan/Hydrochlorothiazide	75	Verelan PM.....	73
Tylenol/Codeine #4.....	21	Valtrex.....	57	Veripred 20.....	95
Typhim Vi.....	106	Vanatol LQ.....	12	Versacloz.....	56
Tysabri.....	82	Vancocin HCl.....	25	Vesicare.....	90
Tyvaso.....	117	Vancomycin HCl.....	25	Vestura.....	101
Tyzeka.....	56	Vandazole.....	25	Vexol.....	112
		Vanos.....	95	Vfend.....	44
U		VAQTA.....	106	Vfend IV.....	44
Uceris.....	107				

Viberzi.....	88	Voltaren.....	14	Xopenex.....	116
Vibramycin.....	32	Voriconazole.....	44	Xopenex HFA.....	116
Vicodin.....	21	Vospire ER.....	116	Xtampza ER.....	18
Vicodin ES.....	21	Votrient.....	50	Xtandi.....	47
Vicodin HP.....	21	VP-PNV-DHA.....	124	Xulane.....	101
Victoza.....	63	VPRIV.....	86	Xylocaine.....	21
Vidaza.....	49	Vraylar.....	55	Xyrem.....	120
Videx EC.....	59	Vyfemla.....	101	Xyzal.....	114
Videx Pediatric.....	59	Vytorin.....	78	Y	
Viekira Pak.....	57	Vyvanse.....	80	Yasmin 28.....	101
Vienna.....	101	W		Yaz.....	101
Vigamox.....	30	Warfarin Sodium.....	65	Yervoy.....	50
Viibryd.....	40	Welchol.....	78	YF-Vax.....	107
Viibryd Starter Pack.....	40	Wellbutrin SR.....	38	Z	
Vimovo.....	14	Wellbutrin XL.....	38	Zafirlukast.....	115
Vimpat.....	37	WYMZYA Fe.....	101	Zaleplon.....	119
Vinblastine Sulfate.....	49	X		Zaltrap.....	49
Vincasar PFS.....	49	Xalatan.....	113	Zamicet.....	21
Vincristine Sulfate.....	49	Xalkori.....	50	Zanaflex.....	119
Vinorelbine Tartrate.....	49	Xanax.....	61	Zanosar.....	47
Viokace.....	86	Xanax XR.....	61	Zantac.....	88
Viracept.....	59	Xarelto.....	65	Zarontin.....	33
Viramune.....	58	Xarelto Starter Pack.....	65	Zarxio.....	66
Viramune XR.....	58	Xartemis XR.....	18	Zavesca.....	86
Virazole.....	60	Xeljanz.....	105	Zazole.....	44
Viread.....	59	Xeljanz XR.....	105	Zebeta.....	70
Viroptic.....	57	Xenazine.....	81	Zebutal.....	12
Vistaril.....	42	Xeomin.....	109	Zegerid.....	89
Vitekta.....	58	Xerese.....	57	Zelapar.....	52
Vivelle-Dot.....	101	Xgeva.....	109	Zelboraf.....	50
Vivitrol.....	22	Xifaxan.....	25	Zemaira.....	118
Vivlodex.....	14	Xigduo XR.....	63	Zembrace Symtouch.....	46
Vogelxo.....	96	Xodol.....	21	Zemplar.....	109
Vogelxo Pump.....	96	Xolair.....	118	Zenatane.....	85

Zenchant.....	101	Zmax.....	29	Zostavax.....	107
Zenchant Fe.....	101	Zocor.....	77	Zosyn.....	28
Zenpep.....	86	Zofran.....	42	Zovia 1/35E.....	101
Zenedi.....	80	Zofran ODT.....	42	Zovia 1/50E.....	101
Zepatier.....	57	Zohydro ER.....	18	Zovirax.....	57
Zerbaxa.....	27	Zoledronic Acid.....	109	Zubsolv.....	22
Zerit.....	59	Zolinza.....	49	Zuplenz.....	42
Zestoretic.....	75	Zolmitriptan.....	46	Zyban.....	22
Zestril.....	68	Zolmitriptan ODT.....	46	Zyclara.....	85
Zetia.....	78	Zolofl.....	40	Zyclara Pump.....	85
Zetonna.....	115	Zolpidem Tartrate.....	119, 120	Zydelig.....	49
Ziac.....	75	Zolpidem Tartrate ER.....	120	Zyflo.....	115
Ziagen.....	59	Zomacton.....	96	Zyflo CR.....	115
Ziana.....	85	Zometa.....	109	Zykadia.....	49
Zidovudine.....	59	Zomig.....	46	Zylet.....	110
Zinacef.....	27	Zomig Nasal Spray.....	46	Zyloprim.....	45
Zinecard.....	49	Zomig ZMT.....	46	Zymaxid.....	30
Zioptan.....	113	Zonalon.....	85	Zyprexa.....	55
Ziprasidone HCl.....	55	Zonegran.....	33	Zyprexa Relprevv.....	55
Zipsor.....	14	Zonisamide.....	33	Zyprexa Zydis.....	55
Zirgan.....	56	Zontivity.....	67	Zytiga.....	47
Zithromax.....	29	Zorbtive.....	87	Zyvox.....	25
Zithromax Tri-Pak.....	29	Zortress.....	105		
Zithromax Z-Pak.....	29	Zorvolex.....	14		



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