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Please consider talking to your doctor about prescribing formulary medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.floridablue.com for the most up-to-date information.

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Introduction

Florida Blue and Florida Blue HMO are pleased to present the Medication Guide. This is a general guide that includes an abbreviated listing of Brand and Generic prescription medications that may be covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

Current members are encouraged to log on to their member account for plan specific details about their prescription medication coverage. Go to www.floridablue.com, click on the Members tab, then click on Your Member Account to get started. Once registered, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan. For questions, please call the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

Si desea hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

NOTE: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

Preface

Medication list

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications. The Preferred Medication List reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee.

NOTE: This is not a complete listing of all covered prescriptions medications. Florida Blue reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

To reduce your out-of-pocket expenses, please take a copy of this Medication Guide with you each time you visit your Physician. Please consider asking your Physician to prescribe Generic medications, or if necessary, one of the Preferred Brand prescription medications listed in the Medication Guide whenever appropriate. Your cost for Generic and Preferred Brand prescription medications on the Medication List are lower than Non Preferred Brand prescription medications.

Pharmacy benefit programs

There are various types of pharmacy benefit programs; Generic Only and multiple Tier benefits. To understand which program you have, please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription-drug endorsement or call the number on your member ID card for more information.

Generic only benefit

Tier 1: Covered Generic Prescription Medications

3 tier benefit

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

Multiple coverage benefit

Tier 1: All Other Covered Generic Prescription Medications

Tier 2: All Other Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

Specialty Medications: Covered Specialty Medications as indicated in the Medication List

Condition Care Rx* Value/HSA Preventive Prescription Medications

* Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if the Condition Care Rx Program applies to your plan and the costshare.

What you need to know about generic medications

Florida Blue encourages the use of Generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their Brand Name counterparts, and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved Generic medication may be substituted for its Brand Name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

Changes to the formulary

The medications listed in the Medication Guide are subject to change at any time. The Medication List is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy. The most up to date information about modifications to the medications listed in this Medication Guide can be found by:

Go to www.floridablue.com.

- Click on the Members tab
- Click on the Login Now button and either Login or Register
- Once Logged in, click on My Plan, then select Pharmacy from the drop down menu
- Under Medication Guide/Approved Drug Lists, click [Medication Guide](#) or [Medication Guide Updates](#)

Medication Guides are posted every January and July, and Medication Guide Updates are posted January, April, July and October.

There are varying reasons why changes are made to the medications listed in the Medication Guide:

- The tier level of a Brand prescription medication included on the Medication List may increase (change from Tier 2 to Tier 3) when an FDA-approved bioequivalent Generic prescription medication becomes available.
- Newly marketed Brand prescription medications are usually introduced on Tier 3 until the opportunity exists to review the medication level, at which time a determination will be made as to which tier will apply based on safety, efficacy and the availability of other products within that class of medications.

Additional requirements or limits on coverage

Some covered medications may have additional requirements or limits on coverage. This section refers to our Responsible Rx programs including Prior Authorization, Responsible Quantity and Responsible Steps.

Florida Blue and Florida Blue HMO are independent licensees of the Blue Cross and Blue Shield Association. Florida Blue HMO is the trade name of Health Options, an HMO subsidiary of Florida Blue

Prior Authorization

The **Prior Authorization** program encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization program list of medications, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications on the Medication List that require Prior Authorization for coverage are indicated in the Prior Authorization column following the product name.

Note: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if Prior Authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Obtaining Prior Coverage Authorization

Information about **Prior Authorization** and forms for how to obtain a Prior Authorization approval can be found here:

[Prior Authorization Program Information and Forms](#)

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a Participating Pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior Authorization approval does not waive your financial responsibility.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or Over-the-Counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if coverage authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Claims Processing and Appeal and Grievance Process section or the administrative remedies section in your current Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how to file an appeal.

Responsible Quantity Program

The **Responsible Quantity Program** encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here:

[Responsible Quantity Program Information](#)

Responsible Steps Program

The **Responsible Steps Program** promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps program are not covered unless you have tried one or more covered alternative medications first.

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Responsible Steps Program (Medical Pharmacy)

Physician-administered Prescription Drugs which are rendered in a Physician's office may be included in the Responsible Steps for Medical Pharmacy program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

Information about the Responsible Steps Program and the Responsible Steps for Medical Pharmacy Program and steps for how to obtain an exception can be found on at: [Responsible Steps Program Information](#) or [Responsible Steps for Medical Pharmacy Program Information](#).

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your Member ID card.

Exception requests

If for medical reasons, you require a quantity of medication outside the Responsible Quantity Program limits or you cannot use one of the alternative medications and require the medication listed in the Responsible Steps or Responsible Steps for Medical Pharmacy programs, or you require a tier exception for an oral contraceptive drug, your physician may submit an exception request by completing one of the forms below

[Prior Authorization Forms](#)

[Responsible Quantity Authorization Form](#)

[Responsible Steps Program Information and Authorization Forms](#)

[Responsible Steps for Medical Pharmacy Information and Authorization Forms](#)

[Oral Contraceptives Tier Exception Request Form](#)

Covered over-the-counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the Medication List with "OTC" in parenthesis following the medication name are eligible for coverage.

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if this benefit applies to your plan. Coverage details are also available to you logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Three month supply

Some plans allow you to purchase up to a three-month supply of medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if your plan includes this benefit. In addition to being able to obtain up to a three month supply of medication through our mail order pharmacy, you may be able to receive up to a three month supply of your medication through a participating retail pharmacy. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

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Mail Order Pharmacy

Obtaining prescription medications through the Mail Order Pharmacy may reduce the cost you pay for your prescription medications.

Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if your plan provides a mail order pharmacy benefit.

Members who have pharmacy benefits through Florida Blue can access and print out the [Mail Order Pharmacy Form](#) on our website, www.floridablue.com.

NOTE: If the original prescription was filled at a pharmacy other than the Mail Order Pharmacy, you must submit a new, original three month supply prescription with a quantity of up to a three month supply and not less than a two month supply along with the Registration and Prescription Order Form. Prescriptions may not be transferred from a retail pharmacy to the Mail Order Pharmacy.

Medications that are not covered

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC

A list of medications that are not covered may be found at [Medications Not Covered List](#)

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine the Medication Exclusions that apply to your plan. Coverage details may also be available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Patient Protection Affordable Care Act (PPACA) Mandated Coverage

Preventive medications

The Patient Protection and Affordable Care Act (PPACA) provide for members to receive coverage for certain preventive care services, medications, and immunizations at no out-of-pocket costs based on recommendations from the U.S. Preventive Services Task Force (USPSTF). These USPSTF recommendations include services that have been shown to be important in preventing disease as well as providing for additional women's services such as FDA-approved contraception.

A list of drugs covered under our Preventive Medications Program may be found at: [Preventive Medications List](#)

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Immunizations

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine.

A list of vaccines that are covered under your Pharmacy benefits may be found at: [Pharmacy Benefit Vaccines List](#)

Women's preventive Services

As a result of the expanded PPACA Preventive Services benefits for women's services, certain *generic* contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

A list of medications and devices covered under this benefit may be found at: [Women's Preventive Services List](#)

Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. Members who have the Condition Care Rx Program as part of their benefits are eligible to receive medications from the Condition Care Rx Program Value/Health Savings Account Preventive List at a reduced cost.

A list of medications that are part of the Condition Care Rx Value Program may be found at: [Condition Care Rx Program Value List](#)

A list of medications that are part of the Condition Care Rx Program for Health Savings Account (HSA) compatible plans may be found at: [Condition Care Rx Program HSA Preventive List](#)

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if the Condition Care Rx Program applies to your plan and the costshare. Coverage details may also be available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Formulary addition request

Physicians may request the addition of a medication to the Preferred Medication List by submitting a written request to Florida Blue.

Please mail to:

Florida Blue

Attn: Pharmacy Programs

P.O. Box 1798

Jacksonville, FL 32231-0014

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Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement, the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

NOTE: Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your identification card.

Specialty Medications are divided into two categories:

- **Self-Administered Specialty Medications** – Patients self-administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from an in network specialty pharmacy, out of network cost shares may apply.
[A current listing of Self-Administered Specialty Medications can be found here](#)
- **Provider-Administered Specialty Medications**– These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from any health care provider and out of network cost shares do not apply.
[A current listing of Provider-Administered Specialty Medications can be found here](#)

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These Specialty Pharmacy products can be obtained in either setting.

Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy provider. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for non-Specialty Pharmacy medications.

Caremark Specialty Pharmacy Services

All Products

Phone: 1.866.278.5108

Fax: 1.800.323.2445

Caremark Specialty Pharmacy

Caremark Hemophilia Services

Hemophilia Products

Telephone: 1.866.792.2731

(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)

Fax: 1.866.811.7450

Caremark Hemophilia

Prime Therapeutics Specialty Pharmacy (Prime Specialty Pharmacy)

Telephone: **1.877.627.(MEDS) 6337**

Fax: **1.877.828.3939**

TTY 711

Prime Specialty Pharmacy

Prime Therapeutics Specialty Pharmacy

(Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC.

NOTE: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by Florida Blue obtained outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy provider Caremark Specialty.

If a member resides or is traveling outside the state of Florida and needs to receive a provider administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider administered specialty medication should contact customer service for further assistance.

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Using the Medication Guide

The Medication List is organized into broad categories (e.g., Antibacterials).

1 Drug Name	2 Drug Tier	3 Specialty	4 Prior Authorization	Quantity Limits	Responsible Steps
ERYTHROMYCIN ETHYLSUCCINATE	2				
ZITHROMAX packets	2				
TETRACYCLINES					
ADOXA/CK/TT*	3				•
ALODOX*	3				•
AVIDOXY/DK*	3				•
demeclocycline	1				
DORYX*	3				•

- 1 The first column of the chart lists the medication name. Generic medications are listed in lowercase **boldface** (e.g., **demeclocycline**) Brand name medications are capitalized (e.g., ZITHROMAX packets)

Separate medication entries are required for some dosage forms or routes of administration including extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating, patches, and topical products.

- 2 **Note:** Self-administered injectable medications are designated in the Medication List with inj following the medication name (e.g., Arixtra inj).

The second column indicates the Tier level:

1 (Lowest Cost): Covered Generic Prescription Medications

2 (Higher Cost): Covered Preferred Brand Prescription Medications

3 (Highest Cost): Covered Non-Preferred Brand Prescription Medications

The third column indicates if the medication is a Self-Administered Specialty* medication.

- 3 * If your Pharmacy plan has a separate Specialty medication Tier, then all Specialty medications will apply that costshare regardless of the Tier level displayed in the Drug List. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription Drug Endorsement to determine how coverage of Self-Administered Specialty medications applies to your plan

- 4 The remaining columns indicate the Responsible Rx Pharmacy program(s) that apply to the prescription medication (e.g., Prior Authorization, Quantity Limits and Responsible Steps). If an indicator is present in the column(s), then the Responsible Rx Program applies.

An asterisk (*) next to a drug name signifies that this drug may not be covered. Please refer to your individual coverage policy.

Abbreviation/acronym key

caps	capsules	PA	Prior Coverage Authorization required
chew tabs	chewable tablets	QL	Responsible Quantity Program — quantity limit applies
conc	concentrate	RS	Responsible Steps Program — prerequisite drug required
crm	cream	SI	Self-Administered Injectable
ext-release	extended-release	SL	sublingual
inhal	inhalation	SP	Self-Administered Specialty Pharmacy
inj	injection	soln	solution
lotn	lotion	supp	suppositories
NP	non-preferred	susp	suspension
ODT	orally disintegrating tablets	tabs	tablets
oint	ointment		
OSM	osmotic-release		
OTC	over-the-counter		

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ANTI-INFECTIVE DRUGS					
PENICILLINS					
AMOXICILLIN chew tabs, 250 mg	2				
amoxicillin/potassium clavulanate (Augmentin)	1				
amoxicillin/potassium clavulanate ext-release (Augmentin XR)	1				
amoxicillin, NP = chew tabs, 125 mg	1				
ampicillin caps	1				
AMPICILLIN susp	2				
AUGMENTIN susp, 125 mg/5 mL	2				
dicloxacillin	1				
penicillin v potassium	1				
CEPHALOSPORINS					
cefaclor caps	1				
cefadroxil	1				
cefdinir	1				
cefepodoxime	1				
cefprozil	1				
cefuroxime (Ceftin)	1				
cephalexin, NP = tabs (Keflex)	1				
MACROLIDES					
azithromycin susp, tabs (Zithromax)	1				
clarithromycin (Biaxin)	1				
clarithromycin ext-release (Biaxin XL)	1				
DIFICID	3			•	
E.E.S. 400	2				
ERY-TAB	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
erythromycin delayed-release caps	1				
ERYTHROMYCIN ETHYLSUCCINATE	2				
ZITHROMAX packets	2				
TETRACYCLINES					
ADOXA/CK/TT*	3				•
ALODOX*	3				•
AVIDOXY/DK*	3				•
demeclocycline	1				
DORYX*	3				•
doxycycline hyclate caps (Vibramycin)	1				
doxycycline hyclate tabs	1				
doxycycline hyclate delayed-release (Doryx)	1				
doxycycline monohydrate (Adoxa, Monodox)	1				
DYNACIN*	3				•
MINOCIN/PAC*	3				•
minocycline (Dynacin, Minocin)	1				
MONODOX*	3				•
NICAZELDOXY KIT	3				•
ORAXYL*	3				•
PERIOSTAT*	3				•
SOLODYN*	3				•
TETRACYCLINE	2				
VIBRAMYCIN*	3				•
FLUOROQUINOLONES					
CIPRO susp	2				
ciprofloxacin (Cipro)	1				
ciprofloxacin ext-release (Cipro XR)	1				

KEY Tier
 1 = Covered Generic Drugs 2 = Preferred Brand Drugs 3 = Non-Preferred Brand Drugs • = Responsible Rx Program X = Self-Administered Specialty Medication * = May not be covered – see endorsement

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
levofloxacin (Levaquin)	1				
ofloxacin	1				
AMINOGLYCOSIDES					
neomycin sulfate	1				
paromomycin	1				
TOBI	2	X			
TOBI PODHALER	2	X			
TUBERCULOSIS					
ethambutol (Myambutol)	1				
ISONIAZID syrup	2				
isoniazid tabs	1				
MYCOBUTIN	2				
PRIFTIN	2				
pyrazinamide	1				
RIFAMATE	2				
rifampin (Rifadin)	1				
FUNGAL INFECTIONS					
fluconazole (Diflucan)	1				
flucytosine (Ancobon)	1				
griseofulvin microsized (Grifulvin V)	1				
itraconazole (Sporanox)	1		•		
LAMISIL granules	2		•		
LAMISIL tabs	3		•		
NOXAFIL	2		•		
nystatin oral	1				
ONMEL*	3		•		
SPORANOX caps	3		•		
SPORANOX soln	2		•		
terbinafine (Lamisil)	1		•		
VFEND	3		•		
voriconazole (Vfend)	1		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
VIRAL INFECTIONS					
Cytomegalovirus					
VALCYTE	2				
Hepatitis					
adefovir (Hepsera)	1				
BARACLUDE	2				
COPEGUS	3	X	•		
EPIVIR-HBV	2				
INCIVEK	2	X	•	•	
INFERGEN	3	X	•		
PEG-INTRON	3	X	•		
PEGASYS	2	X	•		
REBETOL	3	X	•		
RIBAPAK	3	X	•		
RIBASPHERE 400 mg, 600 mg	3	X	•		
RIBATAB	2	X	•		
ribavirin (Copegus, Rebetol)	1	X	•		
VICTRELIS	2	X	•	•	
Herpes					
acyclovir (Zovirax)	1				
famciclovir (Famvir)	1				
valacyclovir (Valtrex)	1				
HIV/AIDS					
abacavir (Ziagen)	1			•	
APTIVUS	2			•	
ATRIPLA	2			•	
COMBIVIR	3			•	
COMPLERA	2			•	
CRIXIVAN	2			•	
didanosine delayed-release (Videx EC)	1			•	
EDURANT	2			•	

KEY	Tier		
	1 = Covered Generic Drugs	3 = Non-Preferred Brand Drugs	X = Self-Administered Specialty Medication
	2 = Preferred Brand Drugs	• = Responsible Rx Program	* = May not be covered – see endorsement

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
EMTRIVA	2			•	
EPIVIR soln	2			•	
EPIVIR tabs	3			•	
EPZICOM	2			•	
FUZEON	2	X		•	
INTELENCE	2			•	
INVIRASE	2			•	
ISENTRESS	2			•	
KALETRA	2			•	
lamivudine (Epivir)	1			•	
lamivudine/zidovudine (Combivir)	1			•	
LEXIVA	2			•	
NEVIRAPINE susp	2			•	
nevirapine tabs (Viramune)	1			•	
NORVIR	2			•	
PREZISTA susp	3			•	
PREZISTA tabs	2			•	
RESCRIPTOR	2			•	
RETROVIR	3			•	
REYATAZ	2			•	
SELZENTRY	2			•	
stavudine (Zerit)	1			•	
STRIBILD	2			•	
SUSTIVA	2			•	
TIVICAY	2			•	
TRIZIVIR	2			•	
TRUVADA	2			•	
VIDEX	2			•	
VIDEX EC	3			•	
VIRACEPT	2			•	
VIRAMUNE susp	2			•	
VIRAMUNE tabs	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
VIRAMUNE XR	2			•	
VIREAD	2			•	
ZERIT	3			•	
ZIAGEN soln	2			•	
ZIAGEN tabs	3			•	
zidovudine (Retrovir)	1			•	
Influenza					
RELENZA	3			•	
TAMIFLU	2			•	
MALARIA					
atovaquone/proguanil 250-100 mg (Malarone)	1				
ATOVAQUONE/PROGUANIL 62.5-25 mg	2				
chloroquine phosphate (Aralen)	1				
COARTEM	2				
DARAPRIM	2				
hydroxychloroquine (Plaquenil)	1				
MALARONE 62.5-25 mg	2				
mefloquine	1				
PRIMAQUINE	2				
QUALAQUIN	3			•	
quinine sulfate (Qualaquin)	1			•	
WORM INFECTIONS					
ALBENZA	2				
BILTRICIDE	2				
STROMECTOL	2				
OTHER ANTI-INFECTIVES					
ALINIA	2				
CAYSTON	2				
clindamycin (Cleocin, Cleocin Pediatric)	1				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
colistimethate (Coly-Mycin M)	1				
DAPSONE	2				
erythromycin/sulfisoxazole	1				
FLAGYL caps	2				
MEPRON	2				
metronidazole (Flagyl)	1				
NEBUPENT	2				
PRIMSOL	2				
sulfamethoxazole/trimethoprim (Bactrim)	1				
trimethoprim	1				
vancomycin (Vancocin)	1				
XIFAXAN	2				
YODOXIN	2				
ZYVOX	2		•		
IMMUNIZING AGENTS					
FLU VACCINES	3			•	
GAMMAGARD	3	X	•		
GAMMAKED	3	X	•		
GAMUNEX/C	3	X	•		
HIZENTRA	3	X	•		
PNEUMOVAX	3				
PREVNAR	3				
ZOSTAVAX	3				
CANCER DRUGS					
ACTIMMUNE	2	X			
AFINITOR	2	X	•	•	
AFINITOR DISPERZ	2	X	•	•	
ALKERAN tabs	2				
anastrozole (Arimidex)	1				
bicalutamide (Casodex)	1				
BOSULIF	2	X	•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
CAPRELSA	2	X	•	•	
COMETRIQ	2	X	•	•	
CYCLOPHOSPHAMIDE tabs	2				
EMCYT	2				
ERIVEDGE	2	X	•	•	
ETOPOSIDE caps	2				
exemestane (Aromasin)	1				
FARESTON	2				
FEMARA	3		•		
flutamide	1				
GILOTRIF	2	X	•	•	
GLEEVEC	2	X	•	•	
HEXALEN	2	X			
HYCAMTIN caps	2	X	•		
hydroxyurea (Hydrea)	1				
INLYTA	2	X	•	•	
INTRON-A	2	X	•		
JAKAFI	2	X	•	•	
letrozole (Femara)	1		•		
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	2				
leucovorin calcium tabs, 5 mg, 25 mg	1				
LEUKERAN	2				
leuprolide acetate inj	1	X	•		
LOMUSTINE	2				
LYSODREN	2	X			
MATULANE	2	X			
megestrol (Megace)	1				
MEKINIST	2	X	•	•	
mercaptopurine (Purinethol)	1				
MESNEX tabs	2				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
methotrexate	1				
MYLERAN	2				
NEXAVAR	2	X	•	•	
NILANDRON	2				
POMALYST	3	X	•	•	
SPRYCEL	2	X	•	•	
STIVARGA	2	X	•	•	
SUTENT	2	X	•	•	
SYLATRON	2	X	•		
TABLOID	2				
TAFINLAR	2	X	•	•	
tamoxifen	1				
TARCEVA	2	X	•	•	
TARGRETIN caps	2	X	•		
TASIGNA	2	X	•	•	
TEMODAR caps	3	X	•	•	
temozolomide (Temodar)	1	X		•	
tretinoin caps	1	X	•		
TYKERB	2	X	•	•	
VOTRIENT	2	X	•	•	
XALKORI	2	X	•	•	
XELODA	2	X	•	•	
XTANDI	2	X	•	•	
ZELBORAF	2	X	•	•	
ZOLINZA	2	X	•	•	
ZYTIGA	2	X	•	•	
HORMONES, DIABETES AND RELATED DRUGS					
CORTICOSTEROIDS					
budesonide ext-release (Entocort EC)	1				
CORTISONE	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	1				
DEXAMETHASONE soln; tabs, 1 mg, 2 mg	2				
fludrocortisone	1				
hydrocortisone (Cortef)	1				
methylprednisolone (Medrol)	1				
prednisolone (Prelone)	1				
prednisolone sodium phosphate (Orapred)	1				
prednisolone sodium phosphate soln, 5 mg/5 mL	1				
PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg	2				
prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg; NP = dose packs	1				
MALE HORMONES					
ANDRODERM	2		•	•	
ANDROGEL	2		•	•	
ANDROID	3		•		
ANDROXY	2		•		
AXIRON	3		•	•	
danazol	1				
DELATESTRYL	3		•	•	
DEPO-TESTOSTERONE	3		•	•	
FORTESTA	3		•	•	
METHITEST	3		•		
STRIANT	3		•	•	
TESTIM	3		•	•	
testosterone cypionate (Depo-Testosterone)	1		•	•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
testosterone enanthate (Delatestryl)	1		•	•	
TESTRED	3		•		
ESTROGENS					
ALORA	3			•	
CLIMARA	3			•	
CLIMARA PRO	2			•	
DIVIGEL	2			•	
ELESTRIN	3			•	
estradiol patches (Climara)	1			•	
estradiol tabs (Estrace)	1				
estradiol/norethindrone acetate (Activella)	1				
ESTRASORB	3			•	
ESTROGEL	3			•	
estropipate 0.75 mg, 1.5 mg	1				
EVAMIST	3			•	
FEMHRT LOW DOSE 0.5 mg-2.5 mcg	2				
JINTELI	2				
MENEST	2				
MENOSTAR	3			•	
MINIVELLE	3			•	
PREMARIN	2				
PREMPHASE	2				
PREMPRO	2				
VIVELLE-DOT	2			•	
PROGESTINS					
medroxyprogesterone acetate tabs (Provera)	1				
norethindrone acetate (Aygestin)	1				
progesterone micronized (Prometrium)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
BIRTH CONTROL					
ELLA	2				
levonorgestrel (Plan B, Plan B One-Step)	1				
oral contraceptives – all generics	1				
INFERTILITY					
BRAVELLE	2	X	•		
CETROTIDE	3	X	•		
clomiphene (Clomid)	1				
FOLLISTIM AQ	3	X	•		
GANIRELIX	3	X	•		
LUVERIS	3	X	•		
MENOPUR	3	X	•		
OVIDREL	3	X	•		
REPRONEX	3	X	•		
DIABETES					
acarbose (Precose)	1				
ACTOPLUS MET/XR	3				•
ACTOS	3				•
AVANDAMET	3				•
AVANDARYL	3				•
AVANDIA	3				•
BYDUREON	2			•	•
BYETTA inj	2			•	•
DUETACT	3				•
glimepiride (Amaryl)	1				
glipizide (Glucotrol)	1				
glipizide ext-release (Glucotrol XL)	1				
glipizide/metformin (Metaglip)	1				
GLUCAGON EMERGENCY INJ KIT	2				

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glyburide (Micronase)	1				
glyburide micronized (Glynase)	1				
glyburide/metformin (Glucovance)	1				
GLYBURIDE, distributor of Diabeta	2				
GLYSET	2				
INVOKANA	3			•	•
JANUMET	2			•	•
JANUMET XR	2			•	•
JANUVIA	2			•	•
JENTADUETO	3			•	•
JUVISYNC	2			•	•
KAZANO	3			•	•
KOMBIGLYZE XR	2			•	•
KORLYM	3	X	•	•	
metformin (Glucophage)	1				
metformin ext-release (Glucophage XR)	1				
metformin ext-release OSM (Fortamet)	1				
nateglinide (Starlix)	1				
NESINA	3			•	•
ONGLYZA	2			•	•
OSENI	3			•	•
pioglitazone (Actos)	1				•
pioglitazone/metformin (Actoplus Met)	1				•
PROGLYCEM	2				
repaglinide (Prandin)	1				
SYMLINPEN inj	2				
TRADJENTA	3			•	•
VICTOZA inj	2			•	•
Insulins					

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
Rapid-Acting Insulins					
HUMALOG inj	2				
NOVOLOG inj	2				
Short-Acting Insulins					
HUMULIN R inj	2				
NOVOLIN R inj	2				
Intermediate-Acting Insulins					
HUMALOG MIX 50/50, 75/25 inj	2				
HUMULIN N inj	2				
HUMULIN 70/30 inj	2				
NOVOLIN N inj	2				
NOVOLIN 70/30 inj	2				
NOVOLOG MIX 70/30 inj	2				
Basal Insulins					
LANTUS inj	2				
LEVEMIR inj	2				
THYROID REGULATION					
levothyroxine (Synthroid)	1				
liothyronine (Cytomel)	1				
methimazole (Tapazole)	1				
propylthiouracil	1				
THYROLAR	2				
GROWTH HORMONE					
EGRIFTA	3	X	•		
GENOTROPIN	3	X	•		
HUMATROPE	3	X	•		
INCRELEX	2	X	•		
NORDITROPIN	2	X	•		
NUTROPIN/AQ	3	X	•		
OMNITROPE	3	X	•		
SAIZEN	3	X	•		
SEROSTIM	3	X	•		

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
TEV-TROPIN	3	X	•		
ZORBTIVE	3	X	•		
OTHER HORMONES AND RELATED DRUGS					
ACTHAR HP	3	X	•	•	
ACTONEL	2			•	•
ALENDRONATE soln; tabs, 40 mg	3			•	•
alendronate tabs, 5 mg, 10 mg, 35 mg, 70 mg (Fosamax)	1			•	
ATELVIA	2			•	•
BINOSTO	3			•	•
BONIVA tabs	3			•	•
BUPHENYL	3	X	•		
cabergoline	1				
calcitonin-salmon (Miacalcin)	1				
calcitriol (Rocaltrol)	1				
CARBAGLU	3	X			
CYSTADANE	3	X	•		
desmopressin inj, nasal, tabs (DDAVP)	1				
EVISTA	2				
FORTEO	2	X	•		
FOSAMAX/PLUS D	3			•	•
HECTOROL	2				
ibandronate (Boniva)	1			•	
KUVAN	2	X	•		
levocarnitine (Carnitor)	1				
methylergonovine	1				
octreotide (Sandostatin)	1	X			
ORFADIN	2	X	•		
paricalcitol (Zemlar)	1				
RAVICTI	3	X	•		
SAMSCA	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
SANDOSTATIN inj	3	X	•		
SENSIPAR	2				
SIGNIFOR	3	X	•	•	
SOMAVERT	2	X			
STIMATE	2				
SYNAREL	2	X			
HEART AND CIRCULATORY DRUGS					
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS					
benazepril (Lotensin)	1				
benazepril/hydrochlorothiazide (Lotensin HCT)	1				
captopril	1				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE 25-15 mg, 50-15 mg	2				
enalapril (Vasotec)	1				
enalapril/hydrochlorothiazide (Vaseretic)	1				
fosinopril	1				
fosinopril/hydrochlorothiazide	1				
lisinopril (Prinivil, Zestril)	1				
lisinopril/hydrochlorothiazide (Prinzide, Zestoretic)	1				
moexipril (Univasc)	1				
moexipril/hydrochlorothiazide (Uniretic)	1				
perindopril (Aceon)	1				
quinapril (Accupril)	1				
quinapril/hydrochlorothiazide (Accuretic)	1				
ramipril (Altace)	1				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
trandolapril (Mavik)	1				
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS					
ATACAND/HCT	3			●	●
AVALIDE	3			●	●
AVAPRO	3			●	●
BENICAR/HCT	3			●	●
candesartan (Atacand)	1			●	
candesartan/ hydrochlorothiazide (Atacand HCT)	1			●	
COZAAR	3			●	●
DIOVAN	2			●	●
DIOVAN HCT	3			●	●
EDARBI	3			●	●
EDARBYCLOR	3			●	●
eprosartan (Teveten)	1			●	
EXFORGE	2			●	●
EXFORGE HCT	2			●	●
HYZAAR	3			●	●
irbesartan (Avapro)	1			●	
irbesartan/ hydrochlorothiazide (Avalide)	1			●	
losartan (Cozaar)	1			●	
losartan/ hydrochlorothiazide (Hyzaar)	1			●	
MICARDIS	2			●	●
MICARDIS HCT	2			●	●
TEVETEN/HCT	3			●	●
TRIBENZOR	3			●	●
valsartan/ hydrochlorothiazide (Diovan HCT)	1			●	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
BETA BLOCKERS AND COMBINATIONS					
acebutolol (Sectral)	1				
atenolol (Tenormin)	1				
atenolol/ chlorthalidone (Tenoretic)	1				
bisoprolol (Zebeta)	1				
bisoprolol/ hydrochlorothiazide (Ziac)	1				
carvedilol (Coreg)	1				
INNOPRAN XL	2				
labetalol (Trandate)	1				
metoprolol succinate ext- release (Toprol XL)	1				
metoprolol tartrate (Lopressor)	1				
nadolol (Corgard)	1				
PINDOLOL	2				
propranolol ext-release (Inderal LA)	1				
PROPRANOLOL soln	2				
propranolol tabs	1				
PROPRANOLOL/ HYDROCHLOROTHIAZIDE	2				
TIMOLOL tabs	2				
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS					
amlodipine (Norvasc)	1				
amlodipine/benazepril (Lotrel)	1				
AZOR	3			●	●
diltiazem (Cardizem)	1				
diltiazem ext-release (Cardizem CD, Dilacor XR, Tiazac)	1				
felodipine ext-release	1				
ISRADIPINE caps, 2.5 mg	2				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
nifedipine ext-release (Adalat CC, Procardia XL)	1				
NISOLDIPINE ext-release 20 mg, 25.5 mg, 30 mg, 40 mg	2				
nisoldipine ext-release 8.5 mg, 17 mg, 34 mg (Sular)	1				
TWYNSTA	3			•	•
VERAPAMIL 40 mg	2				
verapamil 80 mg, 120 mg (Calan)	1				
verapamil ext-release (Calan SR, Isoptin SR, Verelan, Verelan PM)	1				
CHEST PAIN					
isosorbide dinitrate (Isordil)	1				
ISOSORBIDE DINITRATE SL	2				
isosorbide mononitrate (Monoket)	1				
isosorbide mononitrate ext-release (Imdur)	1				
NITRO-BID	2				
NITRO-DUR 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3				
NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	2				
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	1				
NITROSTAT	2				
CHOLESTEROL LOWERING					
ADVICOR	3			•	•
ALTOPREV	3			•	•
ANTARA	3			•	•
atorvastatin (Lipitor)	1			•	
cholestyramine (Questran, Questran Light)	1				
colestipol (Colestid)	1				
CRESTOR	2			•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
fenofibrate (Lofibra, Tricor)	1			•	
fenofibrate micronized (Lofibra)	1			•	
FENOFIBRIC ACID	3			•	•
fenofibric acid delayed-release (Trilipix)	1			•	
FENOGLIDE	3			•	•
FIBRICOR	3			•	•
fluvastatin (Lescol)	1			•	
gemfibrozil (Lopid)	1			•	
JUXTAPID	3	X	•	•	
KYNAMRO	3	X	•	•	
LESCOL/XL	3			•	
LIPITOR	3			•	•
LIPOFEN	3			•	•
LIPTRUZET	3			•	•
LIVALO	3			•	•
LOFIBRA	3			•	•
LOPID	3			•	•
lovastatin (Mevacor)	1			•	
LOVAZA	2				
MEVACOR	3			•	•
niacin ext-release (Niaspan)	1				
PRAVACHOL	3			•	•
pravastatin (Pravachol)	1			•	
SIMCOR	3			•	•
simvastatin (Zocor)	1			•	
TRICOR	3			•	•
TRIGLIDE	3			•	•
TRILIPIX	3			•	•
VYTORIN	3			•	•
WELCHOL	2				
ZETIA	2			•	•

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ZOCOR	3			●	●
FLUID RETENTION					
ACETAZOLAMIDE 125 mg	2				
acetazolamide 250 mg	1				
acetazolamide ext-release (Diamox Sequels)	1				
amiloride	1				
amiloride/hydrochlorothiazide	1				
bumetanide	1				
chlorothiazide	1				
CHLORTHALIDONE 25 mg, 50 mg	2				
furosemide, NP = soln, 8 mg/mL (Lasix)	1				
hydrochlorothiazide caps (Microzide)	1				
hydrochlorothiazide tabs	1				
indapamide	1				
methazolamide (Neptazane)	1				
metolazone (Zaroxolyn)	1				
spironolactone (Aldactone)	1				
spironolactone/hydrochlorothiazide (Aldactazide)	1				
toremide (Demadex)	1				
triamterene/hydrochlorothiazide (Dyazide, Maxzide, Maxzide-25)	1				
HEART RHYTHM					
amiodarone (Cordarone)	1				
disopyramide (Norpace)	1				
flecainide	1				
mexiletine	1				
MULTAQ	2				
propafenone (Rythmol)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
propafenone ext-release (Rythmol SR)	1				
quinidine gluconate ext-release	1				
quinidine sulfate	1				
QUINIDINE SULFATE ext-release	2				
sotalol (Betapace, Betapace AF)	1				
OTHER HEART RELATED DRUGS					
ADCIRCA	2	X	●	●	
AMTURNIDE	3			●	●
clonidine (Catapres, Catapres-TTS)	1				
DIGOXIN soln	2				
digoxin tabs (Lanoxin)	1				
doxazosin (Cardura)	1				
eplerenone (Inspra)	1				
guanfacine (Tenex)	1				
hydralazine	1				
LETAIRIS	2	X	●	●	
methyldopa	1				
midodrine (Proamatine)	1				
minoxidil	1				
prazosin (Minipress)	1				
REMODULIN	3	X	●		
RESERPINE	2				
REVATIO	3	X	●	●	
sildenafil (Revatio)	1	X	●	●	
TEKAMLO	3			●	●
TEKTURNA/HCT	3			●	●
terazosin	1				
TRACLEER	2	X	●	●	
TYVASO	3	X	●	●	
VALTURNNA	3			●	●

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
VENTAVIS	2	X	•	•	
ERECTILE DYSFUNCTION					
CIALIS* – PA on 2.5 mg, 5 mg	3		•	•	
LEVITRA*	2				
ALLERGIC REACTION KITS					
EPIPEN inj	2				
EPIPEN-JR inj	2				
RESPIRATORY DRUGS					
ANTI-HISTAMINES					
CLARINEX*	3				•
cyproheptadine	1				
desloratadine (Clarinet)	1				
loratadine (Claritin – OTC)	1				
promethazine, NP = supp, 50 mg	1				
XYZAL*	3				•
NASAL PRODUCTS					
ASTELIN	3			•	
ASTEPRO	2			•	
ATROVENT	3			•	
azelastine (Astellin)	1			•	
BECONASE AQ*	3			•	•
DYMISTA*	3			•	•
FLONASE*	3			•	•
flunisolide 25 mcg/spray	1			•	
FLUNISOLIDE 25 mcg/spray	3			•	•
fluticasone propionate (Flonase)	1			•	
ipratropium (Atrovent)	1			•	
NASACORT AQ*	3			•	•
NASONEX*	3			•	•
OMNARIS*	3			•	•
PATANASE	3			•	
QNASL*	3			•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
RHINOCORT AQUA*	3			•	•
triamcinolone (Nasacort AQ)	1			•	
VERAMYST*	3			•	•
ZETONNA*	3			•	•
COUGH/COLD/ALLERGY					
acetylcysteine	1				
CLARINEX-D*	3				•
loratadine/ pseudoephedrine (Claritin-D – OTC)	1				
SEMPREX-D	3				•
ASTHMA/COPD					
ACCOLATE	3			•	
ADVAIR DISKUS	2			•	
ADVAIR HFA	2			•	
albuterol inhal soln, 0.083%, 0.5%; syrup; tabs	1				
albuterol inhal soln, 0.63 mg/3 mL, 1.25 mg/3 mL (Accuneb)	1				
ALVESCO	3			•	
ARCAPTA NEOHALER	3			•	
ASMANEX	2			•	
ATROVENT HFA	2			•	
BREO ELLIPTA	2			•	
budesonide (Pulmicort Respules)	1				
COMBIVENT	2			•	
COMBIVENT RESPIMAT	2			•	
cromolyn sodium inhal soln	1				
DALIRESPI	3			•	•
DULERA	2			•	
FLOVENT DISKUS	2			•	
FLOVENT HFA	2			•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
FORADIL AEROLIZER	2			•	
ipratropium inhal soln	1				
ipratropium/albuterol (Duoneb)	1				
MAXAIR AUTOHALER	3			•	
montelukast (Singulair)	1			•	
PROAIR HFA	2			•	
PROVENTIL HFA	3			•	
PULMICORT FLEXHALER	3			•	
PULMICORT RESPULES 1 mg/2 mL	2				
QVAR	2			•	
SEREVENT DISKUS	3			•	
SINGULAIR	3			•	
SPIRIVA HANDIHALER	2			•	
SYMBICORT	2			•	
terbutaline	1				
theophylline ext-release	1				
TUDORZA PRESSAIR	3			•	
VENTOLIN HFA	2			•	
XOPENEX HFA	3			•	
zafirlukast (Accolate)	1			•	
ZYFLO/CR	3			•	
OTHER RESPIRATORY DRUGS					
KALYDECO	2	X	•	•	
PULMOZYME	2	X			
GASTROINTESTINAL DRUGS					
LAXATIVES					
lactulose	1				
PEG – electrolytes for soln (Colyte, Golytely, Nulytely)	1				
ANTIDIARRHEALS					
FULYZAQ	3		•	•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
loperamide	1				
ULCER/GERD					
ACIPHEX/SPRINKLE*	3			•	•
CARAFATE susp	2				
cimetidine	1				
DEXILANT*	3			•	•
dicyclomine caps, tabs (Bentyl)	1				
ESOMEPRAZOLE STRONTIUM*	3			•	•
famotidine (Pepcid)	1				
glycopyrrolate (Robinul)	1				
hyoscyamine (Anaspaz, Levsin, Levsin/SL)	1				
hyoscyamine ext-release (Levbid)	1				
lansoprazole delayed-release (Prevacid)	1			•	
methscopolamine (Pamine, Pamine Forte)	1				
misoprostol (Cytotec)	1				
NEXIUM	2			•	•
omeprazole delayed-release (Prilosec)	1			•	
omeprazole/sodium bicarbonate (Zegerid)	1			•	•
pantoprazole delayed-release (Protonix)	1			•	
PREVACID/SOLUTAB*	3			•	•
PRILOSEC OTC	2				
PRILOSEC	3			•	•
PROPANTHELINE 15 mg	2				
PROTONIX packets, tabs*	3			•	•
rabeprazole delayed-release* (Aciphex)	1			•	•
ranitidine (Zantac)	1				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
sucralfate (Carafate)	1				
SYMAX DUOTAB	2				
ZEGERID*	3			•	•
NAUSEA AND VOMITING					
ANZEMET	3			•	
CESAMET	3			•	
EMEND caps, therapy pack	2			•	
granisetron	1			•	
GRANISOL	3			•	
meclizine (Antivert)	1				
ondansetron (Zofran, Zofran ODT)	1			•	
ondansetron tabs, 24 mg	1			•	
SANCUSO	3			•	
trimethobenzamide (Tigan)	1				
ZOFRAN/ODT	3			•	
ZUPLENZ*	3			•	
DIGESTIVE ENZYMES – Pancreatic Enzyme Products					
CREON	2				
SUCRAID	3	X			
ZENPEP	2				
OTHER GASTROINTESTINAL DRUGS					
AMITIZA	3		•		
ASACOL HD	2				
balsalazide (Colazal)	1				
calcium acetate (Eliphos, Phoslo)	1				
CANASA	2				
CHENODAL	2				
CIMZIA	3	X	•	•	
DELZICOL	2				
diphenoxylate/atropine tabs (Lomotil)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
GATTEX	3	X	•	•	
lactulose	1				
LIALDA	2				
LINZESS	3		•		
mesalamine	1				
metoclopramide (Reglan)	1				
PENTASA	2				
RELISTOR inj	3		•		
REVELA	2				
sulfasalazine (Azulfidine)	1				
sulfasalazine delayed-release (Azulfidine EN-Tabs)	1				
ursodiol (Actigall, Urso 250, Urso Forte)	1				
GENITOURINARY DRUGS					
URINARY TRACT INFECTIONS					
nitrofurantoin (Furadantin)	1				
nitrofurantoin macrocrystalline (Macrochantin)	1				
nitrofurantoin monohydrate/macrocrystalline (Macrobid)	1				
URINARY TRACT SPASMS					
DETROL/LA	3			•	
DITROPAN XL	3			•	
ENABLEX	3			•	
GELNIQUE	3			•	
MYRBETRIQ	2			•	
oxybutynin	1			•	
oxybutynin ext-release (Ditropan XL)	1			•	
OXYTROL	3			•	
SANCTURA/XR	3			•	
tolterodine (Detrol)	1			•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
TOVIAZ	3			•	
trosipium (Sanctura)	1			•	
trosipium ext-release (Sanctura XR)	1			•	
VESICARE	2			•	
VAGINAL PRODUCTS					
AVC	2				
CLEOCIN supp	2				
clindamycin (Cleocin)	1				
ESTRING	3			•	
FEMRING	3			•	
metronidazole (MetroGel-Vaginal)	1				
PREMARIN	2				
terconazole (Terazol)	1				
VAGIFEM	2				
OTHER GENITOURINARY DRUGS					
alfuzosin ext-release (Uroxatral)	1				
AVODART	2				
CYSTAGON	2				
CYTRA-K	2				
ELMIRON	2				
finasteride (Proscar)	1				
K-PHOS NO. 2	2				
potassium citrate/citric acid powder (Polycitra-K)	1				
PROCYSBI	3	X	•		
sodium citrate/citric acid (Shohl's)	1				
tamsulosin (Flomax)	1				
CENTRAL NERVOUS SYSTEM DRUGS					
ANXIETY					
alprazolam (Xanax)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
alprazolam ext-release (Xanax XR)	1				
bupirone	1				
DIAZEPAM oral soln, 1 mg/mL	2				
diazepam tabs (Valium)	1				
hydroxyzine hcl	1				
hydroxyzine pamoate 25 mg, 50 mg (Vistaril)	1				
lorazepam (Ativan)	1				
lorazepam conc (Lorazepam Intensol)	1				
DEPRESSION					
amitriptyline	1				
AMOXAPINE	2				
APLENZIN	3			•	•
BRINTELLIX	3			•	•
bupropion (Wellbutrin)	1			•	
bupropion ext-release (Wellbutrin SR, Wellbutrin XL)	1			•	
CELEXA	3			•	•
citalopram (Celexa)	1			•	
clomipramine (Anafranil)	1				
CYMBALTA	3			•	•
desipramine (Norpramin)	1				
doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; conc	1				
DOXEPIN caps, 75 mg	2				
EFFEXOR XR	3			•	•
escitalopram (Lexapro)	1			•	
FETZIMA	3			•	•
fluoxetine (Prozac)	1			•	
FLUOXETINE 60 mg	3			•	•
fluvoxamine	1			•	

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fluvoxamine ext-release (Luvox CR)	1			•	
FORFIVO XL	3			•	•
imipramine hcl (Tofranil)	1				
KHEDEZLA	3			•	•
LEXAPRO	3			•	•
LUVOX CR	3			•	•
MAPROTILINE	3			•	•
mirtazapine (Remeron, Remeron SolTab)	1			•	
MIRTAZAPINE 7.5 mg	2			•	•
nortriptyline caps (Pamelor)	1				
OLEPTRO	3			•	•
paroxetine hcl (Paxil)	1			•	
paroxetine hcl ext-release (Paxil CR)	1			•	
PAXIL/CR	3			•	•
PEXEVA	3			•	•
phenelzine (Nardil)	1				
PRISTIQ	3			•	•
PROZAC	3			•	•
REMERON/SOLTAB	3			•	•
sertraline (Zoloft)	1			•	
tranylcypromine (Parnate)	1				
trazodone	1				
venlafaxine	1			•	
venlafaxine ext-release caps (Effexor XR)	1			•	
VENLAFAXINE ext-release tabs, 225 mg	2			•	•
venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg	1			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
VENLAFAXINE ext-release tabs, 37.5 mg, 75 mg, 150 mg	3			•	•
VIIBRYD	3			•	•
WELLBUTRIN/SR/XL	3			•	•
ZOLOFT	3			•	•
PSYCHOTIC AND BIPOLAR DISORDERS					
ABILIFY/DISC MELT	3			•	
chlorpromazine	1				
clozapine (Clozaril)	1				
FANAPT	3			•	
FLUPHENAZINE HCL elixir, soln	2				
fluphenazine hcl tabs	1				
GEODON	3			•	
haloperidol lactate oral soln	1				
haloperidol tabs	1				
INVEGA	3			•	
LATUDA	3			•	
lithium carbonate	1				
lithium carbonate ext-release 300 mg (Lithobid)	1				
lithium carbonate ext-release 450 mg	1				
LITHIUM CITRATE	2				
loxapine (Loxitane)	1				
olanzapine (Zyprexa, Zyprexa Zydis)	1			•	
perphenazine	1				
prochlorperazine	1				
quetiapine (Seroquel)	1			•	
RISPERDAL/M-TAB	3			•	
risperidone (Risperdal, Risperdal M-Tab)	1			•	
SAPHRIS	3			•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
SEROQUEL	3			•	
SEROQUEL XR	2			•	
thiothixene	1				
trifluoperazine	1				
ziprasidone (Geodon)	1			•	
ZYPREXA/ZYDIS	3			•	
SLEEP AIDS					
AMBIEN/CR*	3			•	•
EDLUAR*	3			•	•
estazolam	1				
INTERMEZZO*	3			•	•
LUNESTA	3			•	•
phenobarbital soln; tabs, 16.2 mg, 32.4 mg	1				
PHENOBARBITAL tabs, 15 mg, 30 mg, 60 mg, 64.8 mg, 100 mg; NP = 97.2 mg	2				
ROZEREM	3			•	•
SILENOR	3			•	•
SONATA	3			•	•
temazepam (Restoril)	1				
zaleplon (Sonata)	1			•	
zolpidem (Ambien)	1			•	
zolpidem ext-release (Ambien CR)	1			•	
ZOLPIMIST*	3			•	•
HYPERACTIVITY/NARCOLEPSY					
ADDERALL/XR	3		•	•	
amphetamine/ dextroamphetamine (Adderall)	1			•	
amphetamine/ dextroamphetamine ext- release (Adderall XR)	1			•	
caffeine citrate (Cafcit)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
clonidine ext-release (Kapvay)	1			•	
CONCERTA	3		•	•	
DAYTRANA	3		•	•	
DESOXYN	3		•	•	
DEXEDRINE	3		•	•	
dexmethylphenidate (Focalin)	1			•	
dextroamphetamine	1			•	
dextroamphetamine ext- release (Dexedrine Spansule)	1			•	
FOCALIN/XR	3		•	•	
INTUNIV	3		•	•	
KAPVAY	3		•	•	
METADATE CD/ER	3		•	•	
methamphetamine (Desoxyn)	1			•	
METHYLIN	3		•	•	
methylphenidate tabs (Ritalin)	1			•	
methylphenidate ext-release caps (Metadate CD/ER, Ritalin LA)	1			•	
methylphenidate ext-release tabs, 20 mg (Ritalin SR)	1			•	
METHYLPHENIDATE ext-release 10 mg	3		•	•	
methylphenidate ext-release OSM (Concerta)	1			•	
modafinil (Provigil)	1		•	•	
NUVIGIL	3		•	•	
PROCENTRA	3		•	•	
PROVIGIL	3		•	•	
QUILLIVANT XR	3		•	•	
RITALIN/LA/SR	3		•	•	
STRATTERA	2			•	
VYVANSE	2			•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ZENZEDI	3		•	•	
MULTIPLE SCLEROSIS					
AMPYRA	3		•	•	
AUBAGIO	3	X	•	•	
AVONEX	3	X	•	•	
BETASERON	2	X	•	•	
COPAXONE	2	X	•	•	
EXTAVIA	3	X	•	•	
GILENYA	3	X	•	•	
REBIF	2	X	•	•	
TECFIDERA	2	X	•	•	
OTHER CENTRAL NERVOUS SYSTEM DRUGS					
disulfiram (Antabuse)	1				
donepezil (Aricept, Aricept ODT)	1				
EXELON patches	2				
galantamine (Razadyne)	1				
galantamine ext-release (Razadyne ER)	1				
GRALISE	3				•
HORIZANT	3				•
naltrexone (ReVia)	1				
NAMENDA	2				
olanzapine/fluoxetine (Symbyax)	1			•	
ORAP	2				
rivastigmine (Exelon)	1				
SAVELLA	2			•	
SYMBYAX	3			•	
XENAZINE	3	X	•		
XYREM	3	X	•	•	
TOBACCO CESSATION					
bupropion ext-release (Zyban)	1				
CHANTIX*	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
NICOTROL INHALER*	2				
NICOTROL NS*	2				
PAIN RELIEF DRUGS					
NON-NARCOTIC DRUGS					
ALAGESIC LQ	3			•	
BUPAP	3			•	
butalbital/acetaminophen	1			•	
butalbital/acetaminophen/caffeine (Esgic, Esgic Plus, Fioricet)	1			•	
butalbital/aspirin/caffeine caps (Fiorinal)	1			•	
BUTALBITAL/ASPIRIN/CAFFEINE tabs	3			•	
DOLGIC PLUS	3			•	
ESGIC/PLUS*	3			•	
FIORICET*	3			•	
FIORINAL*	3			•	
PHRENILIN FORTE	3			•	
salsalate	1				
TENCON	3			•	
NARCOTIC DRUGS					
ABSTRAL	3		•	•	
acetaminophen/caffeine/dihydrocodeine	1			•	
acetaminophen/codeine (Tylenol w/Codeine)	1			•	
ACTIQ	3		•	•	
AVINZA	3			•	
buprenorphine	1			•	
buprenorphine/naloxone	1			•	
butalbital/acetaminophen/caffeine/codeine (Fioricet w/ Codeine)	1			•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
butalbital/aspirin/caffeine/codeine (Fiorinal w/Codeine)	1			●	
butorphanol nasal	1			●	
BUTRANS	3			●	
CAPITAL and CODEINE	3			●	
CONZIP*	3			●	
DURAGESIC	3			●	
EXALGO	3			●	
fentanyl (Duragesic)	1			●	
fentanyl (Actiq)	1		●	●	
FENTORA	3		●	●	
FIORICET w/CODEINE*	3			●	
FIORINAL w/CODEINE*	3			●	
HYCET*	3			●	
hydrocodone/acetaminophen (Hycet, Norco)	1			●	
HYDROCODONE/ACETAMINOPHEN tabs, 2.5-325 mg	3			●	
hydrocodone/ibuprofen (Ibudone, Replexain, Vicoprofen)	1			●	
hydromorphone soln, tabs (Dilaudid)	1				
IBUDONE	3			●	
KADIAN	3			●	
LAZANDA	3		●	●	
LORCET/PLUS*	3			●	
LORTAB*	3			●	
MAGNACET	3			●	
MAXIDONE*	3			●	
methadone conc, soln, tabs	1				
morphine sulfate conc, soln	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
morphine sulfate ext-release (Kadian, MS Contin)	1			●	
MORPHINE SULFATE supp, 30 mg; tabs	2				
MS CONTIN	3			●	
NORCO*	3			●	
NUCYNTA	3			●	
NUCYNTA ER	2			●	
ONSOLIS	3		●	●	
OPANA ER	3			●	
ORAMORPH SR	3			●	
OXECTA	3			●	
oxycodone (Roxicodone)	1			●	
oxycodone caps; conc; soln; tabs, 10 mg, 20 mg	1			●	
OXYCODONE conc, soln	3			●	
oxycodone/acetaminophen (Percocet)	1			●	
oxycodone/acetaminophen caps, 5-500 mg	1			●	
oxycodone/aspirin (Percodan)	1			●	
oxycodone/ibuprofen	1			●	
OXYCONTIN	2			●	
oxymorphone ext-release	1			●	
pentazocine/acetaminophen	1			●	
PERCOCET	3			●	
PERCODAN	3			●	
PRIMLEV	3			●	
REPREXAIN*	3			●	
ROXICET soln	2			●	
ROXICET tabs	3			●	
RYBIX ODT*	3			●	
SUBOXONE film	2			●	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
SUBSYS	3		•	•	
SUBUTEX	3			•	
tramadol (Ultram)	1			•	
tramadol ext-release (Ultram ER)	1			•	
tramadol/acetaminophen (Ultracet)	1			•	
TREZIX	3			•	
TYLENOL/CODEINE	3			•	
ULTRACET*	3			•	
ULTRAM/ER*	3			•	
VICOPROFEN*	3			•	
XODOL*	3			•	
XOLOX	3			•	
ZAMICET	3			•	
ZOLVIT	3			•	
ZUBSOLV	3			•	
ZYDONE	3			•	
RHEUMATOID AND OSTEOARTHRITIS					
ARCALYST	3	X	•	•	
CAMBIA*	3			•	•
CELEBREX	3			•	•
diclofenac potassium (Cataflam)	1				
diclofenac sodium delayed-release	1				
diclofenac sodium ext-release (Voltaren-XR)	1				
DUEXIS*	3			•	•
ENBREL	2	X	•	•	
etodolac	1				
flurbiprofen	1				
HUMIRA	2	X	•	•	
ibuprofen	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
indomethacin	1				
ketoprofen	1				
ketorolac tabs	1			•	
KINERET	3	X	•	•	
leflunomide (Arava)	1				
meloxicam tabs (Mobic)	1				
nabumetone	1				
naproxen (Naprosyn)	1				
naproxen delayed-release (EC-Naprosyn)	1				
naproxen sodium (Anaprox)	1				
ORENCIA subcutaneous	3	X	•	•	
oxaprozin (Daypro)	1				
piroxicam (Feldene)	1				
RIDAURA	2				
SIMPONI	2	X	•	•	
SPRIX	3			•	
sulindac (Clinoril)	1				
VIMOVO*	3			•	•
XELJANZ	3	X	•	•	
ZIPSOR*	3			•	•
ZORVOLEX	3			•	•
MIGRAINE HEADACHES					
acetaminophen/isometheptene/dichloralphenazone	1				
ALSUMA	3			•	
AMERGE	3			•	
AXERT	3			•	
DIHYDROERGOTAMINE	3			•	
ERGOMAR	2				
FROVA	3			•	
IMITREX inj, tabs	3			•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
IMITREX nasal	2			●	
MAXALT/MLT	3			●	
MIGRANAL	2			●	
naratriptan (Amerge)	1			●	
RELPAK	3			●	
rizatriptan (Maxalt, Maxalt-MLT)	1			●	
sumatriptan inj, tabs (Imitrex)	1			●	
SUMATRIPTAN nasal	3			●	
SUMAVEL DOSEPRO inj	3			●	
TREXIMET*	3			●	
zolmitriptan (Zomig, Zomig ZMT)	1			●	
ZOMIG/ZMT	3			●	
GOUT					
allopurinol (Zyloprim)	1				
COLCRYS	2				
probenecid	1				
probenecid/colchicine	1				
NEUROMUSCULAR DRUGS					
SEIZURES					
carbamazepine (Tegretol)	1				
carbamazepine ext-release (Carbatrol, Tegretol-XR)	1				
CELONTIN	2				
clonazepam (Klonopin)	1				
DIASTAT	2				
DILANTIN 30 mg	2				
divalproex delayed-release (Depakote, Depakote Sprinkles)	1				
divalproex ext-release (Depakote ER)	1				
ethosuximide (Zarontin)	1				
gabapentin (Neurontin)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
GABITRIL 12 mg, 16 mg	2				
GABITRIL 2 mg, 4 mg	3				
lamotrigine (Lamictal)	1				
levetiracetam (Keppra)	1				
LYRICA	3			●	●
oxcarbazepine (Trileptal)	1				
PEGANONE	2				
phenytoin (Dilantin)	1				
phenytoin sodium ext-release (Dilantin, Phenytek)	1				
primidone (Mysoline)	1				
SABRIL	2				
TEGRETOL-XR 100 mg	2				
tiagabine (Gabitril)	1				
topiramate (Topamax, Topamax Sprinkle)	1				
valproic acid (Depakene)	1				
zonisamide (Zonegran)	1				
PARKINSON'S DISEASE					
amantadine caps, syrup	1				
AMANTADINE tabs	2				
APOKYN	3	X			
AZILECT	2				
benztropine	1				
bromocriptine (Parlodel)	1				
carbidopa/levodopa (Parcopa, Sinemet)	1				
carbidopa/levodopa ext-release (Sinemet CR)	1				
entacapone (Comtan)	1				
pramipexole (Mirapex)	1				
ropinirole (Requip)	1				
selegiline caps (Eldepryl)	1				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
selegiline tabs	1				
trihexyphenidyl	1				
MUSCLE RELAXANTS					
baclofen	1				
chlorzoxazone (Parafon Forte)	1				
cyclobenzaprine (Fexmid, Flexeril)	1				
dantrolene (Dantrium)	1				
metaxalone (Skelaxin)	1				
methocarbamol (Robaxin)	1				
orphenadrine citrate ext-release	1				
orphenadrine/aspirin/caffeine 25-385-30 mg	1				
ORPHENADRINE/ASPIRIN/ CAFFEINE 50-770-60 mg	2				
tizanidine (Zanaflex)	1				
OTHER NEUROMUSCULAR DRUGS					
MESTINON syrup	2				
MESTINON TIMESPAN	2				
neostigmine inj (Prostigmin)	1				
PROSTIGMIN tabs	2				
pyridostigmine (Mestinon)	1				
riluzole (Rilutek)	1				
SUPPLEMENTS					
VITAMINS					
ergocalciferol (Drisdol)	1				
MEPHYTON	2				
MULTIVITAMINS					
PRENATAL MULTIVITAMINS/ FOLIC ACID	2				
MINERALS AND ELECTROLYTES					
potassium bicarbonate/chloride effervescent tabs, 25 mEq	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
potassium chloride packets; soln, 10%	1				
POTASSIUM CHLORIDE soln, 20%	2				
potassium chloride ext-release	1				
potassium phosphate/sodium phosphates (K-Phos Neutral)	1				
sodium fluoride chew tabs; soln (Luride)	1				
SODIUM FLUORIDE tabs	2				
BLOOD MODIFYING DRUGS					
anagrelide (Agrylin)	1				
ARANESP	2	X	•		
ARIXTRA inj	3			•	
BERINERT	3	X	•		
cilostazol (Pletal)	1				
CINRYZE	3	X	•		
clopidogrel (Plavix)	1				
cyanocobalamin inj	1				
dipyridamole (Persantine)	1				
DROXIA	2				
ELIQUIS	2			•	
enoxaparin inj (Lovenox)	1			•	
EPOGEN	3	X	•		
FIRAZYR	2	X	•		
follic acid tabs, 1 mg	1				
fondaparinux inj (Arixtra)	1			•	
FRAGMIN inj	3			•	
IPRIVASK	3			•	
LEUKINE	2	X			
LOVENOX inj	3			•	
NEULASTA	2	X	•	•	
NEUMEGA	2	X	•		

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
NEUPOGEN	2	X	•		
pentoxifylline ext-release (Trental)	1				
PRADAXA	2			•	
PROCRIT	2	X	•		
PROMACTA	3	X	•	•	
warfarin (Coumadin)	1				
XARELTO	2			•	
ZAVESCA	2	X	•		
COAGULATION FACTORS					
ADVATE	2	X	•		
ALPHANATE/VWF	2	X	•		
ALPHANINE SD	2	X	•		
BEBULIN/VH	2	X	•		
BENEFIX	2	X	•		
CORIFACT	2	X	•		
FEIBA NF	2	X	•		
FEIBA VH IMMUNO	2	X	•		
HELIXATE FS	2	X	•		
HEMOFIL M	2	X	•		
HUMATE-P	2	X	•		
KOATE-DVI	2	X	•		
KOGENATE FS	2	X	•		
MONOCLATE-P	2	X	•		
MONONINE	2	X	•		
NOVOSEVEN/RT	2	X	•		
PROFILNINE SD	2	X	•		
RECOMBINATE	2	X	•		
RIXUBIS	2	X	•		
WILATE	2	X	•		
XYNTHA/SOLOFUSE	2	X	•		
TOPICAL PRODUCTS					
EYE					

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
Anti-infectives					
BACITRACIN oint	2				
bacitracin/polymyxin B oint	1				
ciprofloxacin soln (Ciloxan)	1				
erythromycin oint	1				
gentamicin oint, soln (Garamycin)	1				
NATACYN	2				
neomycin/polymyxin B/ bacitracin oint	1				
neomycin/polymyxin B/ gramicidin soln (Neosporin)	1				
ofloxacin soln (Ocuflox)	1				
polymyxin B/trimethoprim soln (Polytrim)	1				
sulfacetamide sodium soln (Bleph-10)	1				
tobramycin soln (Tobrex)	1				
trifluridine soln (Viroptic)	1				
VIGAMOX	2				
Steroids and Combination Products					
BLEPHAMIDE	2				
BLEPHAMIDE S.O.P.	2				
dexamethasone sodium phosphate soln	1				
fluorometholone susp, 0.1% (FML Liquifilm)	1				
FML oint	2				
LOTEMAX	2				
neomycin/polymyxin B/ bacitracin/hydrocortisone oint	1				
neomycin/polymyxin B/ dexamethasone oint, susp (Maxitrol)	1				
PRED MILD	2				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
prednisolone acetate susp (Pred Forte)	1				
PREDNISOLONE SODIUM PHOSPHATE soln, 1%	2				
sulfacetamide sodium/prednisolone soln	1				
TOBRADEX oint	2				
tobramycin/dexamethasone susp (Tobradex)	1				
Glaucoma					
ALPHAGAN P 0.1%	2				
BETIMOL	2				
brimonidine soln, 0.15% (Alphagan P)	1				
brimonidine soln, 0.2%	1				
carteolol soln	1				
dorzolamide soln (Trusopt)	1				
dorzolamide/timolol maleate soln (Cosopt)	1				
latanoprost soln (Xalatan)	1			●	
levobunolol soln, 0.5% (Betagan)	1				
LUMIGAN	2			●	
metipranolol soln (Optipranolol)	1				
PHOSPHOLINE IODIDE soln	2				
pilocarpine soln (Isopto Carpine)	1				
RESCULA	3			●	
timolol maleate soln (Timoptic, Timoptic-XE)	1				
TRAVATAN Z	2			●	
TRAVOPROST	3			●	
XALATAN	3			●	
Other Eye Products					
ATROPINE SULFATE oint	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
atropine sulfate soln (Isopto Atropine)	1				
azelastine soln (Optivar)	1				
cromolyn sodium soln	1				
CYCLOGYL 0.5%	2				
cyclopentolate soln (Cyclogyl)	1				
CYSTARAN	3	X		●	
diclofenac soln (Voltaren)	1				
flurbiprofen soln (Ocufen)	1				
homatropine soln (Isopto Homatropine)	1				
ketorolac soln (Acular, Acular LS)	1				
tropicamide soln (Mydracyl)	1				
EAR					
acetic acid soln	1				
ACETIC ACID/ALUMINUM ACETATE soln	2				
benzocaine/antipyrine soln	1				
CIPRODEX	2				
hydrocortisone/acetic acid soln (Vosol HC)	1				
neomycin/polymyxin B/hydrocortisone soln, susp (Cortisporin)	1				
ofloxacin soln	1				
MOUTH AND THROAT (LOCAL)					
cevimeline (Evoxac)	1				
chlorhexidine rinse (Peridex)	1				
clotrimazole troche	1				
lidocaine viscous	1				
nystatin susp	1				
tilocarpine (Salagen)	1				
triamcinolone paste	1				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ANORECTAL AGENTS					
hydrocortisone acetate crm, supp (Anusol-HC, Proctocort)	1				
hydrocortisone enema (Cortenema)	1				
PROCTOFOAM HC	2				
SKIN CONDITIONS/PRODUCTS					
Acne					
adapalene* (Differin)	1				
CLARAVIS 30 mg*	2				
clindamycin (Cleocin-T)	1				
clindamycin/benzoyl peroxide (Benzaclin, Duac)	1				
erythromycin pads, soln	1				
erythromycin/benzoyl peroxide (Benzamycin)	1				
FINACEA	2				
isotretinoin 10 mg, 20 mg, 40 mg*	1				
metronidazole (Metrocream, Metrogel, Metro lotion)	1				
ORACEA*	3				•
sulfacetamide sodium (Klaron)	1				
sulfacetamide sodium/sulfur, NP = susp, 10-5%	1				
TAZORAC*	2			•	
tretinoin microsphere* (Retin-A Micro)	1				
tretinoin* (Retin-A)	1				
Anti-infectives					
CICLODAN KIT*	3		•		
ciclopirox (Loprox)	1				
ciclopirox soln, 8% (Penlac)	1		•		
econazole	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
FLECTOR patch	3			•	•
ketoconazole (Nizoral)	1				
mupirocin (Bactroban)	1				
nystatin topical	1				
PEDIPIROX-4 NAIL	3		•		
PENLAC	3		•		
PENNSAID	3			•	•
silver sulfadiazine (Silvadene)	1				
VOLTAREN gel	3			•	•
ZOVIRAX crm	2				
Corticosteroids					
alclometasone (Aclovate)	1				
amcinonide crm	1				
betamethasone dipropionate	1				
betamethasone dipropionate, augmented (Diprolene)	1				
betamethasone valerate	1				
CAPEX	2				
clobetasol (Olux, Temovate)	1				
CLODERM	3				•
CUTIVATE	3				•
DESONATE	3				•
desonide (Desowen)	1				
desoximetasone crm, 0.25%; gel; oint, 0.25% (Topicort)	1				
diflorasone oint	1				
fluocinolone (Derma-Smoothe/FS, Synalar)	1				
fluocinonide	1				
fluticasone propionate (Cutivate)	1				
halobetasol (Ultravate)	1				
hydrocortisone topical	1				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
hydrocortisone valerate (Westcort)	1				
LOCOID	3				•
LUXIQ	3				•
mometasone (Elocon)	1				
nystatin/triamcinolone crm	1				
OLUX/E	3				•
PRAMOSONE lotn; ointn 1-1%	2				
pramoxine/hydrocortisone (Pramosone)	1				
TACLONEX	3			•	
TOPICORT spray	3				•
triamcinolone crm; lotn; ointn, 0.025%, 0.1%	1				
VANOS	3				•
VERDESO	3				•
Other Skin Products					
acitretin (Soriatane)	1				
calcipotriene (Dovonex)	1			•	
CONDYLOX gel	2				
DOVONEX	3			•	
ELIDEL	3				•
fluorouracil (Efudex)	1				
imiquimod (Aldara)	1				
lidocaine jelly, 2%; ointn, 5%; soln, 4% (Xylocaine)	1				
lidocaine patches (Lidoderm)	1				
lidocaine/prilocaine crm (Emla)	1				
lindane	1				
malathion (Ovide)	1				
OXSORALEN-ULTRA	2				
permethrin crm, 5%	1				
PICATO	2			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
podofilox (Condylox)	1				
PROTOPIC	3				•
SANTYL	2				
selenium sulfide	1				
SORILUX	3			•	
STELARA	2	X	•		
VECTICAL	3			•	
8-MOP	2				
MISCELLANEOUS CATEGORIES					
DIABETIC SUPPLIES					
BLOOD GLUCOSE METERS – BAYER BREEZE 2, CONTOUR, CONTOUR LINK, CONTOUR NEXT, DIDGET	2				
BLOOD GLUCOSE METERS – LIFESCAN ONETOUCH BASIC, ULTRA, ULTRA 2, ULTRA MINI, ULTRALINK, ULTRA SMART, SURESTEP, SURESTEP PRO, VERIO IQ	2				
INSULIN PEN NEEDLES – NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS	2				
LANCET DEVICES – VARIOUS MANUFACTURERS	2				
LANCETS – VARIOUS MANUFACTURERS	2				
SYRINGES/NEEDLES – VARIOUS MANUFACTURERS – for self-injectable drug administration	2				
TEST STRIPS – BAYER ASCENSIA AUTODISC, BREEZE 2, CONTOUR, CONTOUR NEXT	2			•	
TEST STRIPS – LIFESCAN ONETOUCH BASIC, PROFILE,	2			•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
FASTTAKE, SURESTEP, ULTRA BLUE, VERIO, VERIO IQ					
TEST STRIPS – Non-Preferred	3			•	•
RESPIRATORY INHALER-ASSIST DEVICES					
MISCELLANEOUS DRUGS					
azathioprine (Imuran)	1				
CELLCEPT oral susp	2				
CHEMET	2				
CUPRIMINE	2				
cyclosporine (Sandimmune)	1				
cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)	1				
EXJADE	2	X			
FERRIPROX	3	X			
mycophenolate mofetil (Cellcept)	1				
RAPAMUNE	2				
REVLIMID	2	X	•	•	
sodium polystyrene sulfonate	1				
SYPRINE	2				
tacrolimus (Prograf)	1				
THALOMID	2	X	•	•	
ZORTRESS	2				

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cilostazol	22	cyanocobalamin inj	22
cimetidine	13	cyclobenzaprine	22
CIMZIA.....	14	CYCLOGYL 0.5%.....	24
CINRYZE.....	22	cyclopentolate eye soln	24
CIPRODEX.....	24	CYCLOPHOSPHAMIDE tabs.....	4
ciprofloxacin ext-release	1	cyclosporine	27
ciprofloxacin eye soln	23	cyclosporine modified caps, 25 mg, 100 mg; soln ... 27	
ciprofloxacin tabs	1	CYMBALTA.....	15
CIPRO susp.....	1	cyproheptadine	12
citalopram	15	CYSTADANE.....	8
CLARAVIS 30 mg.....	25	CYSTAGON.....	15
CLARINEX.....	12	CYSTARAN.....	24
CLARINEX-D.....	12	CYTRA-K.....	15
clarithromycin	1	D	
clarithromycin ext-release	1	DALIRESP.....	12
CLEOCIN supp.....	15	danazol	5
CLIMARA.....	6	dantrolene	22
CLIMARA PRO.....	6	DAPSONE.....	4
clindamycin/benzoyl peroxide	25	DARAPRIM.....	3
clindamycin oral	3	DAYTRANA.....	17
clindamycin topical	25	DELATESTRYL.....	5
clindamycin vaginal crm	15	DELZICOL.....	14
clobetasol	25	demeclocycline	1
CLODERM.....	25		

DEPO-TESTOSTERONE.....	5	doxycycline hyclate caps.....	1
desipramine.....	15	doxycycline hyclate delayed-release.....	1
desloratadine.....	12	doxycycline hyclate tabs.....	1
desmopressin inj, nasal, tabs.....	8	doxycycline monohydrate.....	1
DESONATE.....	25	DROXIA.....	22
desonide.....	25	DUETACT.....	6
desoximetasone crm, 0.25%; gel; oint, 0.25%.....	25	DUEXIS.....	20
DESOXYN.....	17	DULERA.....	12
DETROL/LA.....	14	DURAGESIC.....	19
dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg.....	5	DYMISTA.....	12
dexamethasone sodium phosphate eye soln.....	23	DYNACIN.....	1
DEXAMETHASONE soln; tabs, 1 mg, 2 mg.....	5	E	
DEXEDRINE.....	17	E.E.S. 400.....	1
DEXILANT.....	13	econazole.....	25
dexmethylphenidate.....	17	EDARBI.....	9
dextroamphetamine.....	17	EDARBYCLOR.....	9
dextroamphetamine ext-release.....	17	EDLUAR.....	17
DIASTAT.....	21	EDURANT.....	2
DIAZEPAM oral soln, 1 mg/mL.....	15	EFFEXOR XR.....	15
diazepam tabs.....	15	EGRIFTA.....	7
diclofenac eye soln.....	24	ELESTRIN.....	6
diclofenac potassium.....	20	ELIDEL.....	26
diclofenac sodium delayed-release.....	20	ELIQUIS.....	22
diclofenac sodium ext-release.....	20	ELLA.....	6
dicloxacillin.....	1	ELMIRON.....	15
dicyclomine caps, tabs.....	13	EMCYT.....	4
didanosine delayed-release.....	2	EMEND caps, therapy pack.....	14
DIFICID.....	1	EMTRIVA.....	3
diflorasone oint.....	25	ENABLEX.....	14
DIGOXIN soln.....	11	enalapril.....	8
digoxin tabs.....	11	enalapril/hydrochlorothiazide.....	8
DIHYDROERGOTAMINE.....	20	ENBREL.....	20
DILANTIN 30 mg.....	21	enoxaparin inj.....	22
diltiazem.....	9	entacapone.....	21
diltiazem ext-release.....	9	EPIPEN inj.....	12
DIOVAN.....	9	EPIPEN-JR inj.....	12
DIOVAN HCT.....	9	EPIVIR-HBV.....	2
diphenoxylate/atropine tabs.....	14	EPIVIR soln.....	3
dipyridamole.....	22	EPIVIR tabs.....	3
disopyramide.....	11	eplerenone.....	11
disulfiram.....	18	EPOGEN.....	22
DITROPAN XL.....	14	eprosartan.....	9
divalproex delayed-release.....	21	EPZICOM.....	3
divalproex ext-release.....	21	ergocalciferol.....	22
DIVIGEL.....	6	ERGOMAR.....	20
DOLGIC PLUS.....	18	ERIVEDGE.....	4
donepezil.....	18	ERY-TAB.....	1
DORYX.....	1	erythromycin/benzoyl peroxide.....	25
dorzolamide/timolol maleate eye soln.....	24	erythromycin/sulfisoxazole.....	4
dorzolamide eye soln.....	24	erythromycin delayed-release caps.....	1
DOVONEX.....	26	ERYTHROMYCIN ETHYLSUCCINATE.....	1
doxazosin.....	11	erythromycin eye oint.....	23
doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; conc.....	15	erythromycin pads, soln.....	25
DOXEPIN caps, 75 mg.....	15	escitalopram.....	15
		ESGIC/PLUS.....	18

ESOMEPRAZOLE STRONTIUM.....	13	FLOVENT DISKUS.....	12
estazolam	17	FLOVENT HFA.....	12
estradiol/norethindrone acetate	6	fluconazole	2
estradiol patches	6	flucytosine	2
estradiol tabs	6	fludrocortisone	5
ESTRASORB.....	6	flunisolide 25 mcg/spray	12
ESTRING.....	15	FLUNISOLIDE 25 mcg/spray.....	12
ESTROGEL.....	6	fluocinolone	25
estropipate 0.75 mg, 1.5 mg	6	fluocinonide	25
ethambutol	2	fluorometholone eye susp, 0.1%	23
ethosuximide	21	fluorouracil	26
etodolac	20	fluoxetine	15
ETOPOSIDE caps.....	4	FLUOXETINE 60 mg.....	15
EVAMIST.....	6	FLUPHENAZINE HCL elixir, soln.....	16
EVISTA.....	8	fluphenazine hcl tabs	16
EXALGO.....	19	flurbiprofen eye soln	24
EXELON patches.....	18	flurbiprofen tabs	20
exemestane	4	flutamide	4
EXFORGE.....	9	fluticasone propionate nasal	12
EXFORGE HCT.....	9	fluticasone propionate topical	25
EXJADE.....	27	FLU VACCINES.....	4
EXTAVIA.....	18	fluvastatin	10
F		fluvoxamine	15
famciclovir	2	fluvoxamine ext-release	16
famotidine	13	FML oint.....	23
FANAPT.....	16	FOCALIN/XR.....	17
FARESTON.....	4	folic acid tabs, 1 mg	22
FEIBA NF.....	23	FOLLISTIM AQ.....	6
FEIBA VH IMMUNO.....	23	fondaparinux inj	22
felodipine ext-release	9	FORADIL AEROLIZER.....	13
FEMARA.....	4	FORFIVO XL.....	16
FEMHRT LOW DOSE 0.5 mg-2.5 mcg.....	6	FORTEO.....	8
FEMRING.....	15	FORTESTA.....	5
fenofibrate	10	FOSAMAX/PLUS D.....	8
fenofibrate micronized	10	fosinopril	8
FENOFIBRIC ACID.....	10	fosinopril/hydrochlorothiazide	8
fenofibric acid delayed-release	10	FRAGMIN inj.....	22
FENOGLIDE.....	10	FROVA.....	20
fentanyl lozenges	19	FULYZAQ.....	13
fentanyl patches	19	furosemide, NP = soln, 8 mg/mL	11
FENTORA.....	19	FUZEON.....	3
FERRIPROX.....	27	G	
FETZIMA.....	15	gabapentin	21
FIBRICOR.....	10	GABITRIL 12 mg, 16 mg.....	21
FINACEA.....	25	GABITRIL 2 mg, 4 mg.....	21
finasteride	15	galantamine	18
FIORICET.....	18	galantamine ext-release	18
FIORICET w/CODEINE.....	19	GAMMAGARD.....	4
FIORINAL.....	18	GAMMAKED.....	4
FIORINAL w/CODEINE.....	19	GAMUNEX/C.....	4
FIRAZYR.....	22	GANIRELIX.....	6
FLAGYL caps.....	4	GATTEX.....	14
flecainide	11	GELNIQUE.....	14
FLECTOR patch.....	25	gemfibrozil	10
FLONASE.....	12	GENOTROPIN.....	7

gentamicin eye oint, soln.....	23	hydromorphone soln, tabs.....	19
GEODON.....	16	hydroxychloroquine.....	3
GILENYA.....	18	hydroxyurea.....	4
GILOTRIF.....	4	hydroxyzine hcl.....	15
GLEEVEC.....	4	hydroxyzine pamoate 25 mg, 50 mg.....	15
glimepiride	6	hyoscyamine.....	13
glipizide	6	hyoscyamine ext-release.....	13
glipizide/metformin	6	HYZAAR.....	9
glipizide ext-release	6		
GLUCAGON EMERGENCY INJ KIT.....	6	I	
glyburide	7	ibandronate	8
GLYBURIDE, distributor of Diabeta.....	7	IBUDONE.....	19
glyburide/metformin	7	ibuprofen	20
glyburide micronized	7	imipramine hcl	16
glycopyrrolate	13	imiquimod	26
GLYSET.....	7	IMITREX inj, tabs.....	20
GRALISE.....	18	IMITREX nasal.....	21
granisetron	14	INCIVEK.....	2
GRANISOL.....	14	INCRELEX.....	7
griseofulvin microsize	2	indapamide	11
guanfacine	11	indomethacin	20
H		INFERGEN.....	2
halobetasol	25	INLYTA.....	4
haloperidol lactate oral soln	16	INNOPRAN XL.....	9
haloperidol tabs	16	INSULIN PEN NEEDLES – NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS.....	26
HECTOROL.....	8	INTELENCE.....	3
HELIXATE FS.....	23	INTERMEZZO.....	17
HEMOFIL M.....	23	INTRON-A.....	4
HEXALEN.....	4	INTUNIV.....	17
HIZENTRA.....	4	INVEGA.....	16
homatropine eye soln	24	INVIRASE.....	3
HORIZANT.....	18	INVOKANA.....	7
HUMALOG inj.....	7	ipratropium/albuterol	13
HUMALOG MIX 50/50, 75/25 inj.....	7	ipratropium inhal soln	13
HUMATE-P.....	23	ipratropium nasal	12
HUMATROPE.....	7	IPRIVASK.....	22
HUMIRA.....	20	irbesartan	9
HUMULIN 70/30 inj.....	7	irbesartan/hydrochlorothiazide	9
HUMULIN N inj.....	7	ISENTRESS.....	3
HUMULIN R inj.....	7	ISONIAZID syrup.....	2
HYCAMTIN caps.....	4	isoniazid tabs	2
HYCET.....	19	isosorbide dinitrate	10
hydralazine	11	ISOSORBIDE DINITRATE SL.....	10
hydrochlorothiazide caps	11	isosorbide mononitrate	10
hydrochlorothiazide tabs	11	isosorbide mononitrate ext-release	10
hydrocodone/acetaminophen	19	isotretinoin 10 mg, 20 mg, 40 mg	25
HYDROCODONE/ACETAMINOPHEN tabs, 2.5-325 mg.....	19	ISRADIPINE caps, 2.5 mg.....	9
hydrocodone/ibuprofen	19	itraconazole	2
hydrocortisone/acetic acid ear soln	24		
hydrocortisone acetate rectal crm, supp	25	J	
hydrocortisone enema	25	JAKAFI.....	4
hydrocortisone oral	5	JANUMET.....	7
hydrocortisone topical	25	JANUMET XR.....	7
hydrocortisone valerate	26	JANUVIA.....	7
		JENTADUETO.....	7

JINTELI.....	6
JUVISYNC.....	7
JUXTAPID.....	10
K	
KADIAN.....	19
KALETRA.....	3
KALYDECO.....	13
KAPVAY.....	17
KAZANO.....	7
ketoconazole crm, shampoo	25
ketoprofen	20
ketorolac eye soln	24
ketorolac tabs	20
KHEDEZLA.....	16
KINERET.....	20
KOATE-DVI.....	23
KOGENATE FS.....	23
KOMBIGLYZE XR.....	7
KORLYM.....	7
K-PHOS NO. 2.....	15
KUVAN.....	8
KYNAMRO.....	10
L	
labetalol	9
lactulose	13
lactulose	14
LAMISIL granules.....	2
LAMISIL tabs.....	2
lamivudine	3
lamivudine/zidovudine	3
lamotrigine	21
LANCET DEVICES – VARIOUS MANUFACTURERS.....	26
LANCETS – VARIOUS MANUFACTURERS.....	26
lansoprazole delayed-release	13
LANTUS inj.....	7
latanoprost eye soln	24
LATUDA.....	16
LAZANDA.....	19
leflunomide	20
LESCOL/XL.....	10
LETAIRIS.....	11
letrozole	4
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg.....	4
leucovorin calcium tabs, 5 mg, 25 mg	4
LEUKERAN.....	4
LEUKINE.....	22
leuprolide acetate inj	4
LEVEMIR inj.....	7
levetiracetam	21
LEVITRA.....	12
levobunolol eye soln, 0.5%	24
levocarnitine	8
levofloxacin oral	2
levonorgestrel	6

levothyroxine	7
LEXAPRO.....	16
LEXIVA.....	3
LIALDA.....	14
lidocaine/prilocaine crm	26
lidocaine jelly, 2%; oint, 5%; soln, 4%	26
lidocaine patches	26
lidocaine viscous	24
lindane	26
LINZESS.....	14
liothyronine	7
LIPITOR.....	10
LIPOFEN.....	10
LIPTRUZET.....	10
lisinopril	8
lisinopril/hydrochlorothiazide	8
lithium carbonate	16
lithium carbonate ext-release 300 mg	16
lithium carbonate ext-release 450 mg	16
LITHIUM CITRATE.....	16
LIVALO.....	10
LOCOID.....	26
LOFIBRA.....	10
LOMUSTINE.....	4
loperamide	13
LOPID.....	10
loratadine	12
loratadine/pseudoephedrine	12
lorazepam conc	15
lorazepam tabs	15
LORCET/PLUS.....	19
LORTAB.....	19
losartan	9
losartan/hydrochlorothiazide	9
LOTEMAX.....	23
lovastatin	10
LOVAZA.....	10
LOVENOX inj.....	22
loxapine	16
LUMIGAN.....	24
LUNESTA.....	17
LUVERIS.....	6
LUVOX CR.....	16
LUXIQ.....	26
LYRICA.....	21
LYSODREN.....	4
M	
MAGNACET.....	19
MALARONE 62.5-25 mg.....	3
malathion	26
MAPROTILINE.....	16
MATULANE.....	4
MAXAIR AUTOHALER.....	13
MAXALT/MLT.....	21
MAXIDONE.....	19

meclizine	14	mirtazapine 15 mg, 30 mg, 45 mg	16
medroxyprogesterone acetate tabs	6	MIRTAZAPINE 7.5 mg.....	16
mefloquine	3	misoprostol	13
megestrol	4	modafinil	17
MEKINIST.....	4	moexipril	8
meloxicam tabs	20	moexipril/hydrochlorothiazide	8
MENEST.....	6	mometasone	26
MENOPUR.....	6	MONOCLATE-P.....	23
MENOSTAR.....	6	MONODOX.....	1
MEPHYTON.....	22	MONONINE.....	23
MEPRON.....	4	montelukast	13
mercaptopurine	4	morphine sulfate conc, soln	19
mesalamine	14	morphine sulfate ext-release	19
MESNEX tabs.....	4	MORPHINE SULFATE supp, 30 mg; tabs.....	19
MESTINON syrup.....	22	MS CONTIN.....	19
MESTINON TIMESPAN.....	22	MULTAQ.....	11
METADATE CD/ER.....	17	mupirocin	25
metaxalone	22	MYCOBUTIN.....	2
metformin	7	mycophenolate mofetil	27
metformin ext-release	7	MYLERAN.....	5
metformin ext-release OSM	7	MYRBETRIQ.....	14
methadone conc, soln, tabs	19	N	
methamphetamine	17	nabumetone	20
methazolamide	11	nadolol	9
methimazole	7	naltrexone	18
METHITEST.....	5	NAMENDA.....	18
methocarbamol	22	naproxen	20
methotrexate	5	naproxen delayed-release	20
methscopolamine	13	naproxen sodium	20
methyl dopa	11	naratriptan	21
methylergonovine	8	NASACORT AQ.....	12
METHYLIN.....	17	NASONEX.....	12
METHYLPHENIDATE ext-release 10 mg.....	17	NATACYN.....	23
methylphenidate ext-release caps	17	nateglinide	7
methylphenidate ext-release OSM	17	NEBUPENT.....	4
methylphenidate ext-release tabs, 20 mg	17	neomycin/polymyxin B/bacitracin/hydrocortisone	
methylphenidate tabs	17	eye oint	23
methylprednisolone	5	neomycin/polymyxin B/bacitracin eye oint	23
metipranolol eye soln	24	neomycin/polymyxin B/dexamethasone eye oint,	
metoclopramide	14	susp	23
metolazone	11	neomycin/polymyxin B/gramicidin eye soln	23
metoprolol succinate ext-release	9	neomycin/polymyxin B/hydrocortisone ear soln,	
metoprolol tartrate	9	susp	24
metronidazole tabs	4	neomycin sulfate	2
metronidazole topical	25	neostigmine inj	22
metronidazole vaginal gel	15	NESINA.....	7
MEVACOR.....	10	NEULASTA.....	22
mexiletine	11	NEUMEGA.....	22
MICARDIS.....	9	NEUPOGEN.....	23
MICARDIS HCT.....	9	NEVIRAPINE susp.....	3
midodrine	11	nevirapine tabs	3
MIGRANAL.....	21	NEXAVAR.....	5
MINIVELLE.....	6	NEXIUM.....	13
MINOCIN/PAC.....	1	niacin ext-release	10
minocycline	1	NICAZELDOXY KIT.....	1
minoxidil	11		

NICOTROL INHALER.....	18	ORACEA.....	25
NICOTROL NS.....	18	oral contraceptives – all generics	6
nifedipine ext-release	10	ORAMORPH SR.....	19
NILANDRON.....	5	ORAP.....	18
NISOLDIPINE ext-release 20 mg, 25.5 mg, 30 mg, 40 mg.....	10	ORAXYL.....	1
nisoldipine ext-release 8.5 mg, 17 mg, 34 mg	10	ORENCIA subcutaneous.....	20
NITRO-BID.....	10	ORFADIN.....	8
NITRO-DUR 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr 10		orphenadrine/aspirin/caffeine 25-385-30 mg	22
NITRO-DUR 0.3 mg/hr, 0.8 mg/hr.....	10	ORPHENADRINE/ASPIRIN/CAFFEINE 50-770-60 mg.....	22
nitrofurantoin	14	orphenadrine citrate ext-release	22
nitrofurantoin macrocrystalline	14	OSENI.....	7
nitrofurantoin monohydrate/macrocrystalline	14	OVIDREL.....	6
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	10	oxaprozin	20
NITROSTAT.....	10	oxcarbazepine	21
NORCO.....	19	OXECTA.....	19
NORDITROPIN.....	7	OXSORALEN-ULTRA.....	26
norethindrone acetate	6	oxybutynin	14
nortriptyline caps	16	oxybutynin ext-release	14
NORVIR.....	3	oxycodone/acetaminophen caps, 5-500 mg	19
NOVOLIN 70/30 inj.....	7	oxycodone/acetaminophen tabs	19
NOVOLIN N inj.....	7	oxycodone/aspirin	19
NOVOLIN R inj.....	7	oxycodone/ibuprofen	19
NOVOLOG inj.....	7	oxycodone caps; conc; soln; tabs, 10 mg, 20 mg	19
NOVOLOG MIX 70/30 inj.....	7	OXYCODONE conc, soln.....	19
NOVOSEVEN/RT.....	23	oxycodone tabs, 5 mg, 15 mg, 30 mg	19
NOXAFIL.....	2	OXYCONTIN.....	19
NUCYNTA.....	19	oxymorphone ext-release	19
NUCYNTA ER.....	19	OXYTROL.....	14
NUTROPIN/AQ.....	7		
NUVIGIL.....	17	P	
nystatin/triamcinolone crm	26	pantoprazole delayed-release	13
nystatin oral	2	paricalcitol	8
nystatin susp	24	paromomycin	2
nystatin topical	25	paroxetine hcl	16
O		paroxetine hcl ext-release	16
octreotide	8	PATANASE.....	12
ofloxacin ear soln	24	PAXIL/CR.....	16
ofloxacin eye soln	23	PEDIPIROX-4 NAIL.....	25
ofloxacin tabs	2	PEGANONE.....	21
olanzapine	16	PEGASYS.....	2
olanzapine/fluoxetine	18	PEG – electrolytes for soln	13
OLEPTRO.....	16	PEG-INTRON.....	2
OLUX/E.....	26	penicillin v potassium	1
omeprazole/sodium bicarbonate	13	PENLAC.....	25
omeprazole delayed-release	13	PENNSAID.....	25
OMNARIS.....	12	PENTASA.....	14
OMNITROPE.....	7	pentazocine/acetaminophen	19
ondansetron	14	pentoxifylline ext-release	23
ondansetron tabs, 24 mg	14	PERCOCET.....	19
ONGLYZA.....	7	PERCODAN.....	19
ONMEL.....	2	perindopril	8
ONSOLIS.....	19	PERIOSTAT.....	1
OPANA ER.....	19	permethrin crm, 5%	26
		perphenazine	16
		PEXEVA.....	16
		phenelzine	16

phenobarbital soln; tabs, 16.2 mg, 32.4 mg	17	PRIMAQUINE.....	3
PHENOBARBITAL tabs, 15 mg, 30 mg, 60 mg, 64.8 mg, 100 mg; NP = 97.2 mg.....	17	primidone	21
phenytoin	21	PRIMLEV.....	19
phenytoin sodium ext-release	21	PRIMSOL.....	4
PHOSPHOLINE IODIDE eye soln.....	24	PRISTIQ.....	16
PHRENILIN FORTE.....	18	PROAIR HFA.....	13
PICATO.....	26	probenecid	21
pilocarpine eye soln	24	probenecid/colchicine	21
pilocarpine tabs	24	PROCENTRA.....	17
PINDOLOL.....	9	prochlorperazine	16
pioglitazone	7	PROCRIT.....	23
pioglitazone/metformin	7	PROCTOFOAM HC.....	25
piroxicam	20	PROCYSBI.....	15
PNEUMOVAX.....	4	PROFILNINE SD.....	23
podofilox	26	progesterone micronized	6
polymyxin B/trimethoprim eye soln	23	PROGLYCEM.....	7
POMALYST.....	5	PROMACTA.....	23
potassium bicarbonate/chloride effervescent tabs, 25 mEq	22	promethazine, NP = supp, 50 mg	12
potassium chloride ext-release	22	propafenone	11
potassium chloride packets; soln, 10%	22	propafenone ext-release	11
POTASSIUM CHLORIDE soln, 20%.....	22	PROPANTHELINE 15 mg.....	13
potassium citrate/citric acid powder	15	PROPRANOLOL/HYDROCHLOROTHIAZIDE.....	9
potassium phosphate/sodium phosphates	22	propranolol ext-release	9
PRADAXA.....	23	PROPRANOLOL soln.....	9
pramipexole	21	propranolol tabs	9
PRAMOSONE lotn; oint 1-1%.....	26	propylthiouracil	7
pramoxine/hydrocortisone	26	PROSTIGMIN tabs.....	22
PRAVACHOL.....	10	PROTONIX packets, tabs.....	13
pravastatin	10	PROTOPIC.....	26
prazosin	11	PROVENTIL HFA.....	13
PRED MILD.....	23	PROVIGIL.....	17
prednisolone acetate eye susp	24	PROZAC.....	16
PREDNISOLONE SODIUM PHOSPHATE eye soln, 1%.....	24	PULMICORT FLEXHALER.....	13
prednisolone sodium phosphate oral soln, 15 mg/5 mL	5	PULMICORT RESPULES 1 mg/2 mL.....	13
prednisolone sodium phosphate oral soln, 5 mg/5 mL	5	PULMOZYME.....	13
prednisolone soln, 15 mg/5 mL	5	pyrazinamide	2
PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg.....	5	pyridostigmine	22
prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg; NP = dose packs	5	Q	
PREMARIN crm.....	15	QNASL.....	12
PREMARIN tabs.....	6	QUALAQUIN.....	3
PREMPHASE.....	6	quetiapine	16
PREMPRO.....	6	QUILLIVANT XR.....	17
PRENATAL MULTIVITAMINS/FOLIC ACID.....	22	quinapril	8
PREVACID/SOLUTAB.....	13	quinapril/hydrochlorothiazide	8
PREVNAR.....	4	quinidine gluconate ext-release	11
PREZISTA susp.....	3	quinidine sulfate	11
PREZISTA tabs.....	3	QUINIDINE SULFATE ext-release.....	11
PRIFTIN.....	2	quinine sulfate	3
PRILOSEC.....	13	QVAR.....	13
PRILOSEC OTC.....	13	R	
		rabeprazole delayed-release	13
		ramipril	8
		ranitidine	13
		RAPAMUNE.....	27

RAVICTI.....	8	SEMPREX-D.....	12
REBETOL.....	2	SENSIPAR.....	8
REBIF.....	18	SEREVENT DISKUS.....	13
RECOMBINATE.....	23	SEROQUEL.....	17
RELENZA.....	3	SEROQUEL XR.....	17
RELISTOR inj.....	14	SEROSTIM.....	7
RELPAK.....	21	sertraline	16
REMERON/SOLTAB.....	16	SIGNIFOR.....	8
REMODULIN.....	11	sildenafil	11
REVELA.....	14	SILENOR.....	17
repaglinide	7	silver sulfadiazine	25
REPREXAIN.....	19	SIMCOR.....	10
REPRONEX.....	6	SIMPONI.....	20
RESCRIPTOR.....	3	simvastatin	10
RESCULA.....	24	SINGULAIR.....	13
RESERPINE.....	11	sodium citrate/citric acid	15
RETROVIR.....	3	sodium fluoride chew tabs; soln	22
REVATIO.....	11	SODIUM FLUORIDE tabs.....	22
REVLIMID.....	27	sodium polystyrene sulfonate	27
REYATAZ.....	3	SOLODYN.....	1
RHINOCORT AQUA.....	12	SOMAVERT.....	8
RIBAPAK.....	2	SONATA.....	17
RIBASPHERE 400 mg, 600 mg.....	2	SORILUX.....	26
RIBATAB.....	2	sotalol	11
ribavirin	2	SPIRIVA HANDIHALER.....	13
RIDAURA.....	20	spironolactone	11
RIFAMATE.....	2	spironolactone/hydrochlorothiazide	11
rifampin	2	SPORANOX caps.....	2
riluzole	22	SPORANOX soln.....	2
RISPERDAL/M-TAB.....	16	SPRIX.....	20
risperidone	16	SPRYCEL.....	5
RITALIN/LA/SR.....	17	stavudine	3
rivastigmine	18	STELARA.....	26
RIXUBIS.....	23	STIMATE.....	8
rizatriptan	21	STIVARGA.....	5
ropinirole	21	STRATTERA.....	17
ROXICET soln.....	19	STRIANT.....	5
ROXICET tabs.....	19	STRIBILD.....	3
ROZEREM.....	17	STROMECTOL.....	3
RYBIX ODT.....	19	SUBOXONE film.....	19
S		SUBSYS.....	20
SABRIL.....	21	SUBUTEX.....	20
SAIZEN.....	7	SUCRAID.....	14
salsalate	18	sucalfate	14
SAMSCA.....	8	sulfacetamide sodium/prednisolone eye soln	24
SANCTURA/XR.....	14	sulfacetamide sodium/sulfur, NP = susp, 10-5%	25
SANCUSO.....	14	sulfacetamide sodium eye soln	23
SANDOSTATIN inj.....	8	sulfacetamide sodium lotn	25
SANTYL.....	26	sulfamethoxazole/trimethoprim	4
SAPHRIS.....	16	sulfasalazine	14
SAVELLA.....	18	sulfasalazine delayed-release	14
selegiline caps	21	sulindac	20
selegiline tabs	22	sumatriptan inj, tabs	21
selenium sulfide	26	SUMATRIPTAN nasal.....	21
SELZENTRY.....	3	SUMAVEL DOSEPRO inj.....	21
		SUSTIVA.....	3

SUTENT.....	5	TOBRADEX oint.....	24
SYLATRON.....	5	tobramycin/dexamethasone eye susp	24
SYMAX DUOTAB.....	14	tobramycin eye soln	23
SYMBICORT.....	13	tolterodine	14
SYMBYAX.....	18	TOPICORT spray.....	26
SYMLINPEN inj.....	7	topiramate	21
SYNAREL.....	8	toremide	11
SYPRINE.....	27	TOVIAZ.....	15
SYRINGES/NEEDLES – VARIOUS MANUFACTURERS		TRACLEER.....	11
– for self-injectable drug administration.....	26	TRADJENTA.....	7
T		tramadol	20
TABLOID.....	5	tramadol/acetaminophen	20
TACLONEX.....	26	tramadol ext-release	20
tacrolimus	27	trandolapril	9
TAFINLAR.....	5	tranylcypramine	16
TAMIFLU.....	3	TRAVATAN Z.....	24
tamoxifen	5	TRAVOPROST.....	24
tamsulosin	15	trazodone	16
TARCEVA.....	5	tretinoin caps	5
TARGRETIN caps.....	5	tretinoin crm, gel	25
TASIGNA.....	5	tretinoin microsphere	25
TAZORAC.....	25	TREXIMET.....	21
TECFIDERA.....	18	TREZIX.....	20
TEGRETOL-XR 100 mg.....	21	triamcinolone crm; lotn; oint, 0.025%, 0.1%	26
TEKAMLO.....	11	triamcinolone dental paste	24
TEKTURN/HCT.....	11	triamcinolone nasal	12
temazepam	17	triamterene/hydrochlorothiazide	11
TEMODAR caps.....	5	TRIBENZOR.....	9
temozolomide	5	TRICOR.....	10
TENCON.....	18	trifluoperazine	17
terazosin	11	trifluridine eye soln	23
terbinafine	2	TRIGLIDE.....	10
terbutaline	13	trihexyphenidyl	22
terconazole	15	TRILIPIX.....	10
TESTIM.....	5	trimethobenzamide	14
testosterone cypionate	5	trimethoprim	4
testosterone enanthate	6	TRIZIVIR.....	3
TESTRED.....	6	tropicamide eye soln	24
TEST STRIPS – BAYER.....	26	trospium	15
TEST STRIPS – LIFESCAN.....	26	trospium ext-release	15
TEST STRIPS – Non-Preferred.....	27	TRUVADA.....	3
TETRACYCLINE.....	1	TUDORZA PRESSAIR.....	13
TEVETEN/HCT.....	9	TWYNSTA.....	10
TEV-TROPIN.....	8	TYKERB.....	5
THALOMID.....	27	TYLENOL/CODEINE.....	20
theophylline ext-release	13	TYVASO.....	11
thiothixene	17	U	
THYROLAR.....	7	ULTRACET.....	20
tiagabine	21	ULTRAM/ER.....	20
timolol maleate eye soln	24	ursodiol	14
TIMOLOL tabs.....	9	V	
TIVICAY.....	3	VAGIFEM.....	15
tizanidine	22	valacyclovir	2
TOBI.....	2	VALCYTE.....	2
TOBI PODHALER.....	2		

valproic acid	21	XIFAXAN.....	4
valsartan/hydrochlorothiazide	9	XODOL.....	20
VALTURNA.....	11	XOLOX.....	20
vancomycin	4	XOPENEX HFA.....	13
VANOS.....	26	XTANDI.....	5
VECTICAL.....	26	XYNTHA/SOLOFUSE.....	23
venlafaxine	16	XYREM.....	18
venlafaxine ext-release caps	16	XYZAL.....	12
VENLAFAXINE ext-release tabs, 225 mg.....	16	Y	
venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg	16	YODOXIN.....	4
VENLAFAXINE ext-release tabs, 37.5 mg, 75 mg, 150 mg.....	16	Z	
VENTAVIS.....	12	zafirlukast	13
VENTOLIN HFA.....	13	zaleplon	17
VERAMYST.....	12	ZAMICET.....	20
VERAPAMIL 40 mg.....	10	ZAVESCA.....	23
verapamil 80 mg, 120 mg	10	ZEGERID.....	14
verapamil ext-release	10	ZELBORAF.....	5
VERDESO.....	26	ZENPEP.....	14
VESICARE.....	15	ZENZEDI.....	18
VFEND.....	2	ZERIT.....	3
VIBRAMYCIN.....	1	ZETIA.....	10
VICOPROFEN.....	20	ZETONNA.....	12
VICTOZA inj.....	7	ZIAGEN soln.....	3
VICTRELIS.....	2	ZIAGEN tabs.....	3
VIDEX.....	3	zidovudine	3
VIDEX EC.....	3	ziprasidone	17
VIGAMOX.....	23	ZIPSOR.....	20
VIIBRYD.....	16	ZITHROMAX packets.....	1
VIMOVO.....	20	ZOCOR.....	11
VIRACEPT.....	3	ZOFRAN/ODT.....	14
VIRAMUNE susp.....	3	ZOLINZA.....	5
VIRAMUNE tabs.....	3	zolmitriptan	21
VIRAMUNE XR.....	3	ZOLOFT.....	16
VIREAD.....	3	zolpidem	17
VIVELLE-DOT.....	6	zolpidem ext-release	17
VOLTAREN gel.....	25	ZOLPIMIST.....	17
voriconazole	2	ZOLVIT.....	20
VOTRIENT.....	5	ZOMIG/ZMT.....	21
VYTORIN.....	10	zonisamide	21
VYVANSE.....	17	ZORBTIVE.....	8
W		ZORTRESS.....	27
warfarin	23	ZORVOLEX.....	20
WELCHOL.....	10	ZOSTAVAX.....	4
WELLBUTRIN/SR/XL.....	16	ZOVIRAX crm.....	25
WILATE.....	23	ZUBSOLV.....	20
X		ZUPLENZ.....	14
XALATAN.....	24	ZYDONE.....	20
XALKORI.....	5	ZYFLO/CR.....	13
XARELTO.....	23	ZYPREXA/ZYDIS.....	17
XELJANZ.....	20	ZYTIGA.....	5
XELODA.....	5	ZYVOX.....	4
XENAZINE.....	18		