



Express Scripts Medicare (PDP) 2017 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN**

Formulary ID Number: 17037, v8

This formulary was updated on 08/22/2016. For more recent information or other questions, please contact **Express Scripts Medicare**[®] (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

You can also visit us on the Web at www.Express-Scripts.com.

Note to current members: This formulary has changed since last year. Please review this document to understand your plan's drug coverage.

When this drug list (formulary) refers to “we,” “us” or “our,” it means *Medco Containment Life Insurance Company* or *Medco Containment Insurance Company of New York (for employer plans domiciled in New York)*. When it refers to “plan” or “our plan,” it means *Express Scripts Medicare*.

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 22, 2016. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2018. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call Express Scripts Medicare Customer Service at the numbers on the back of your member ID card for additional information. Customer Service is available 24 hours a day, 7 days a week.

Esta información está disponible sin cargo en otros idiomas. Llame al Servicio al cliente de Express Scripts Medicare a los números que figuran al dorso de su tarjeta de identificación de miembro para obtener información adicional. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

This document is available in braille. Please contact Customer Service if you need plan information in another format.

What is the Express Scripts Medicare formulary?

The list of drugs covered by the plan is also known as the “formulary.” It contains a list of highly utilized Medicare Part D drugs selected by Express Scripts Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The formulary also includes information on requirements or limits for some covered drugs that are part of Express Scripts Medicare’s standard formulary rules. **Your specific plan may provide coverage of additional drugs that are not listed in this formulary, and your plan may have different plan rules and coverage.** For more information on your plan’s specific drug coverage, please review your other plan materials, visit us on the Web at www.Express-Scripts.com or contact Customer Service.

Express Scripts Medicare will generally cover a drug as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your other plan materials.

Can my drug coverage change?

Generally, if you are taking a drug covered by your plan in 2017, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2017 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our plan’s coverage, will not affect members who are currently taking the drug. It will remain available at the same copayment or coinsurance amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If Express Scripts Medicare removes drugs from your plan’s coverage, adds prior authorization, quantity limits, and/or step therapy restrictions on a drug, or moves a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective. If the Food and Drug Administration (FDA) determines that a drug we cover is unsafe, or if the drug’s manufacturer removes the drug from the market, we will immediately stop covering the drug and provide notice to members who are taking the drug. This enclosed formulary is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit us on the Web or contact our Customer Service department using the information provided on the front and back covers of this formulary.** If there are any additional changes made to this plan’s drug coverage that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time after the changes take effect.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.”

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 107. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** You or your doctor is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drugs may not be covered. These drugs are noted with “PA” next to them in the formulary.

Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with “QL” next to them in the formulary.
- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. These drugs are noted with “ST” next to them in the formulary.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. **The requirements and limits may not apply to your plan's specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at www.Express-Scripts.com or contact Customer Service.

You can ask us to make an exception to these restrictions or limits. See the section “How do I request an exception to the formulary?” on the following page for information about how to request an exception.

What if my drug is not listed on this formulary?

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

If you learn that your drug is not covered, you have two options:

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

You should talk to your doctor to decide if you should switch to an appropriate drug that the plan covers or request an exception so that the plan will cover the drug you are taking.

How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If your drug is contained in our Non-Preferred Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug tier instead. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug it will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You should contact us to ask for an initial coverage decision for an exception, utilization restriction exception or to ask the plan to cover a drug that is not currently covered. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Generally, your request for an exception will only be approved if the alternative drugs that are covered, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

How do I request an appeal?

If we make a coverage decision and you are not satisfied with this decision, you can “appeal” the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your doctor or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service using the information provided on the front and back covers of this document.

Can I get a temporary transition supply while I wait for an exception decision?

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

For each of your drugs that has restrictions or limitations, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for at least 30 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of at least a 30-day supply of the medication.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that has restrictions or limitations but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency transition supply of that drug (unless you have a prescription written for fewer days) while you pursue an exception.

Other times when we will cover at least a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

Express Scripts Medicare will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

Other coverage that your plan may provide

Your plan **may** also cover categories of “excluded” drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. **Drugs in the following categories may be covered subject to the rules and limitations of your specific plan:**

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility
- Prescription drugs when used for cosmetic purposes or to promote hair growth
- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations, which are considered Part D drugs)
- Drugs, such as CAVERJECT[®], CIALIS[®], EDEX[®], LEVITRA[®], MUSE[®] and VIAGRA[®], when used for the treatment of sexual or erectile dysfunction
- Over-the-counter (OTC) diabetic supplies
- Federal Legend Part B medications – for example, oral chemotherapy agents (e.g., TEMODAR[®], XELODA[®])
- Non-prescription drugs, also known as over-the-counter (OTC) drugs
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.

Please contact Customer Service for additional information about your plan’s specific drug coverage and your cost-sharing amount. **Please note:** Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug yearly deductible (if applicable), total drug costs or yearly out-of-pocket expenses.

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

The “Drug Name” column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR[®]) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*). The information in the “Requirements/Limits” column tells you if there are any special requirements for coverage of that particular drug.

If you are not sure whether your drug is covered, please visit our website or contact Customer Service using the information provided on the front and back covers of this formulary.

Your Costs

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

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.

- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier may have a different cost-sharing amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

Your other plan materials have more information about your plan’s coverage stages and list the specific cost-sharing amounts for each tier.

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: Generic Drugs	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.
Tier 3: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.

If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan’s standard benefit. Members who qualify for Extra Help will receive a notice called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (“Low Income Rider” or “LIS Rider”). Please read it to find out what your costs are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

For more information

For more detailed information about your Medicare prescription drug coverage and your plan’s specific costs, please review your other plan materials.

If you need additional information on network pharmacies or if you have any other questions, please contact our Customer Service department using the information provided on the front and back covers of this formulary.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or visit <http://www.medicare.gov>.

Below is a list of abbreviations that may appear on the following pages in the “Requirements/Limits” column that tells you if there are any special requirements for coverage of your drug.

Note: The following drug list includes all possible restrictions and limitations. **Depending on your plan’s specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan’s specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

List of abbreviations

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service using the information provided on the front and back covers of this formulary.

MO: Mail-Order Drug. This prescription drug is available through our home delivery service, as well as through our retail network pharmacies. Consider using home delivery for your long-term (maintenance) medications, such as high blood pressure medications. Retail network pharmacies may be more appropriate for short-term prescriptions, such as antibiotics.

PA: Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don’t get approval, we may not cover this drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	PA; MO
AMBISOME	2	PA; MO
<i>amphotericin b</i>	1	PA; MO
ANCOBON	3	MO
CANCIDAS	2	PA; MO
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	2	
CRESEMBA ORAL	2	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin ultramicrosize</i>	1	MO
GRIS-PEG (ULTRAMICROSIZED)	3	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole oral</i>	1	MO
LAMISIL ORAL GRANULES IN PACKET	2	MO
LAMISIL ORAL TABLET	3	MO
MYCAMINE	2	MO
NOXAFIL ORAL	2	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ONMEL	3	MO; QL (30 per 30 days)
ORAVIG	2	MO
SPORANOX ORAL CAPSULE	3	MO
SPORANOX ORAL SOLUTION	2	MO
<i>terbinafine hcl oral</i>	1	MO
VFEND	3	MO
VFEND IV	3	MO
<i>voriconazole</i>	1	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at www.Express-Scripts.com.

Drug Name	Drug Tier	Requirements /Limits
<i>abacavir-lamivudine-zidovudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS ORAL CAPSULE	2	MO
APTIVUS ORAL SOLUTION	2	
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	3	MO
<i>cidofovir</i>	1	PA; MO
COMBIVIR	3	MO
COMPLERA	2	MO
COPEGUS	3	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
CYTOVENE	3	PA; MO
DAKLINZA ORAL TABLET 30 MG, 60 MG	2	PA; MO; QL (84 per 84 days)

Drug Name	Drug Tier	Requirements /Limits
DAKLINZA ORAL TABLET 90 MG	2	PA; QL (84 per 84 days)
DESCOVY	2	
<i>didanosine</i>	1	MO
EDURANT	2	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	2	MO
EVOTAZ	3	MO
<i>famciclovir</i>	1	MO
FAMVIR	3	MO
FLUMADINE ORAL TABLET	3	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
<i>ganciclovir sodium</i>	1	PA; MO
GENVOYA	2	MO
HARVONI	2	PA; MO; QL (168 per 168 days)
HEPSERA	3	MO
INTELENCE	2	MO
INVIRASE	2	MO
ISENTRESS	2	MO
KALETRA	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA	2	MO
<i>moderiba</i>	1	MO
<i>moderiba dose pack</i>	1	MO
<i>nevirapine</i>	1	MO
NORVIR	2	MO
ODEFSEY	2	
OLYSIO	3	PA; MO; QL (168 per 168 days)
PREZCOBIX	3	MO
PREZISTA ORAL SUSPENSION	2	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	MO

Drug Name	Drug Tier	Requirements /Limits
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribasphere</i>	1	MO
<i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	1	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
SELZENTRY	2	MO
SOVALDI	2	PA; MO; QL (168 per 168 days)
<i>stavudine</i>	1	MO
STRIBILD	2	MO
SUSTIVA	2	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	2	MO; LA
TAMIFLU	2	MO
TECHNIVIE	2	PA; MO; QL (168 per 84 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	2	

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Drug Name	Drug Tier	Requirements /Limits
TIVICAY ORAL TABLET 50 MG	2	MO
TRIUMEQ	2	MO
TRIZIVIR	3	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	
TRUVADA ORAL TABLET 200-300 MG	2	MO
TYBOST	3	MO
TYZEKA	2	MO
<i>valacyclovir</i>	1	MO; QL (30 per 30 days)
VALCYTE ORAL RECON SOLN	2	MO
VALCYTE ORAL TABLET	3	MO
<i>valganciclovir</i>	1	MO
VALTREX	3	MO; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO
VIEKIRA PAK	2	PA; MO; QL (672 per 168 days)
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE	3	MO
VIRAMUNE XR	3	MO
VIRAZOLE	2	MO

Drug Name	Drug Tier	Requirements /Limits
VIREAD	2	MO
VITEKTA	3	MO
ZEPATIER	2	PA; MO; QL (112 per 112 days)
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
<i>zidovudine</i>	1	MO
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
AVYCAZ	3	
CEDAX ORAL CAPSULE	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	3	MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefotetan injection</i>	1	
<i>cefoxitin intravenous recon soln 1 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ceftazidime injection recon soln 6 gram</i>	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
CEFTIN ORAL TABLET 500 MG	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous</i>	1	
<i>cephalexin</i>	1	MO
CLAFORAN INJECTION RECON SOLN 10 GRAM, 500 MG	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
FORTAZ INJECTION RECON SOLN 6 GRAM	3	
FORTAZ INTRAVENOUS	3	

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Drug Name	Drug Tier	Requirements /Limits
MAXIPIME INJECTION	3	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
TAZICEF INJECTION RECON SOLN 1 GRAM	3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
TEFLARO	3	MO
ZERBAXA	3	
ZINACEF INJECTION RECON SOLN 1.5 GRAM	3	MO
ZINACEF INJECTION RECON SOLN 750 MG	3	

Drug Name	Drug Tier	Requirements /Limits
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	1	MO
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	3	MO
BIAXIN ORAL TABLET	3	MO
<i>clarithromycin</i>	1	MO
DIFICID	3	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES	2	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	MO
<i>erythromycin oral tablet</i>	1	MO
PCE	3	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZMAX	3	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	

Drug Name	Drug Tier	Requirements /Limits
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	2	
<i>aztreonam injection recon soln 1 gram</i>	1	MO
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	MO
BETHKIS	2	PA; MO; QL (224 per 28 days)
BILTRICIDE	2	MO
CAPASTAT	3	
CAYSTON	2	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate oral</i>	1	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	3	
CLEOCIN INJECTION	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CLEOCIN ORAL	3	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO
CUBICIN	2	MO
DALVANCE	3	MO
DAPSONE	2	MO
DARAPRIM	2	PA; MO
DORIBAX INTRAVENOUS RECON SOLN 500 MG	3	
EMVERM	2	
<i>ethambutol</i>	1	MO
FLAGYL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	1	
<i>hydroxychloroquine oral</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
INVANZ INJECTION	3	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
KETEK	3	MO
KITABIS PAK	3	MO
LINCOCIN	3	MO
<i>lincomycin injection</i>	1	
<i>linezolid intravenous</i>	1	
<i>linezolid oral</i>	1	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mefloquine</i>	1	MO
MEPRON	3	MO
<i>meropenem intravenous recon soln 500 mg</i>	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral</i>	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	2	PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
ORBACTIV	3	MO
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	
<i>polymyxin b sulfate</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV	3	MO
<i>pyrazinamide</i>	1	MO
QUALAQUIN	3	MO
<i>quinine sulfate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rifabutin</i>	1	MO
RIFADIN	3	MO
RIFAMATE	3	MO
<i>rifampin</i>	1	MO
RIFATER	3	MO
SIRTURO	2	MO; LA
SIVEXTRO INTRAVENOUS	2	
SIVEXTRO ORAL	3	MO
STREPTOMYCIN INTRAMUSCULAR	2	MO
STROMECTOL	3	MO
SYNERCID	2	
TINDAMAX ORAL TABLET 500 MG	3	MO
<i>tinidazole</i>	1	MO
TOBI	3	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR	2	MO
TYGACIL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (60 per 30 days)
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	3	MO
ZYVOX ORAL	3	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>ampicillin</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>oxacillin injection recon soln 10 gram</i>	1	MO
<i>oxacillin intravenous recon soln 2 gram</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>penicillin g potassium injection recon soln 5 million unit</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	3	MO
QUINOLONES		
AVELOX	3	MO
AVELOX ABC PACK	3	MO
AVELOX IN NAACL (ISO-OSMOTIC)	3	MO
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	MO
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	1	
LEVAQUIN ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin intravenous</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin</i>	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER	3	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
<i>sulfadiazine oral</i>	1	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
TETRACYCLINES		
ADOXA ORAL CAPSULE	3	ST; MO
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3	ST; MO
<i>minocycline oral</i>	1	MO
ORACEA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO

URINARY TRACT AGENTS

FURADANTIN	3	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
<i>methenamine hippurate</i>	1	MO
MONUROL	3	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>nitrofurantoin oral</i>	1	MO
<i>trimethoprim</i>	1	MO

VANCOMYCIN

VANCOGIN	3	MO
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	1	MO
<i>vancomycin oral</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

Drug Name	Drug Tier	Requirements /Limits
<i>amifostine crystalline</i>	1	MO
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	1	
ELITEK	2	MO
FUSILEV	2	MO
KEPIVANCE	2	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	1	MO
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous solution</i>	1	
<i>mesna</i>	1	MO
MESNEX INTRAVENOUS	3	
MESNEX ORAL	2	MO
XGEVA	2	MO
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	3	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ABRAXANE	2	MO
<i>adrucil intravenous solution 500 mg/10 ml</i>	1	PA; MO
AFINITOR DISPERZ	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
AFINITOR ORAL TABLET 10 MG	2	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	2	PA; MO
ALECENSA	3	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	2	MO
ALKERAN INTRAVENOUS	3	
<i>anastrozole</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	2	
ASTAGRAF XL	3	PA; MO
AVASTIN	2	MO
<i>azacitidine</i>	1	MO
AZASAN	3	PA; MO
<i>azathioprine</i>	1	PA; MO
<i>azathioprine sodium</i>	1	PA
BELEODAQ	2	MO
<i>bexarotene</i>	1	MO
<i>bicalutamide</i>	1	MO
BICNU	3	MO
<i>bleomycin injection recon soln 30 unit</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL TABLET 100 MG	2	PA; MO
BOSULIF ORAL TABLET 500 MG	2	PA; MO; QL (30 per 30 days)
BUSULFEX	2	
CABOMETYX	3	PA; LA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
CAPRELSA ORAL TABLET 100 MG	2	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	MO
CASODEX	3	MO
CELLCEPT	3	PA; MO
CELLCEPT INTRAVENOUS	2	PA; MO
<i>cisplatin</i>	1	MO
<i>cladribine</i>	1	PA; MO
CLOLAR	2	MO
COMETRIQ	2	PA; MO
COSMEGEN	3	MO
COTELLIC	3	PA; MO; LA; QL (63 per 28 days)
CYCLOPHOSPHA MIDE ORAL CAPSULE	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine intravenous</i>	1	PA
<i>cyclosporine modified</i>	1	PA; MO
<i>cyclosporine oral capsule</i>	1	PA; MO
CYRAMZA	2	PA; MO
<i>cytarabine</i>	1	PA; MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	1	PA; MO
<i>dacarbazine intravenous recon soln 200 mg</i>	1	MO
DACOGEN	3	MO
DARZALEX	2	MO; LA
<i>daunorubicin intravenous solution</i>	1	
<i>decitabine</i>	1	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	2	
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	MO
DOXIL	3	MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	1	MO
<i>doxorubicin, peg-liposomal</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
DROXIA	2	MO
ELIGARD	3	PA; MO
ELLENCES INTRAVENOUS SOLUTION 200 MG/100 ML	3	MO
EMCYT	2	MO
EMPLICITI	3	PA; MO
ENVARBUS XR	3	PA; MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	2	MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERWINAZE	2	MO
ETOPOPHOS	3	MO
<i>etoposide intravenous</i>	1	MO
<i>exemestane</i>	1	MO
FARESTON	2	MO
FARYDAK ORAL CAPSULE 10 MG	3	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	3	PA; MO; QL (6 per 21 days)
FASLODEX	2	MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fludarabine intravenous recon soln</i>	1	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	1	PA; MO
<i>flutamide</i>	1	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	2	MO
<i>gemcitabine intravenous recon soln 1 gram</i>	1	MO
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	3	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	PA; MO
<i>gengraf oral solution</i>	1	PA; MO
GILOTRIF ORAL TABLET 20 MG	2	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	2	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	2	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GLEEVEC ORAL TABLET 400 MG	3	PA; MO; QL (60 per 30 days)
GLEOSTINE	2	MO
HALAVEN	2	MO
HERCEPTIN	2	MO
HEXALEN	2	MO
HYCAMTIN INTRAVENOUS	3	MO
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; MO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; MO; QL (30 per 30 days)
IDAMYCIN PFS	3	MO
<i>idarubicin</i>	1	
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	MO
<i>ifosfamide intravenous recon soln 1 gram</i>	1	MO
<i>imatinib oral tablet 100 mg</i>	1	PA; MO
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA	2	PA; MO; QL (120 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
IRESSA	2	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	MO
ISTODAX	2	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA; MO
JAKAFI ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)
JEVTANA	2	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	2	PA; MO
KEYTRUDA	2	MO

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	2	PA; MO
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	2	PA
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	MO
LONSURF	2	PA; MO
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA; MO
LYNPARZA	2	PA; MO
LYSODREN	2	MO
MATULANE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
MEGACE	3	PA; MO
MEGACE ES	3	PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; QL (30 per 30 days)
<i>melphalan hcl</i>	1	
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	PA
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
<i>methotrexate sodium oral</i>	1	PA; MO
<i>mitomycin</i>	1	MO
<i>mitoxantrone</i>	1	MO
MUSTARGEN	3	MO
<i>mycophenolate mofetil</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NILANDRON	2	MO
NINLARO ORAL CAPSULE 2.3 MG	2	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	2	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	2	PA; MO; QL (3 per 28 days)
NIPENT	3	MO
NULOJIX	2	PA; MO
<i>octreotide acetate injection solution</i>	1	MO
ODOMZO	3	PA; MO; LA; QL (30 per 30 days)
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	2	MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	1	MO
<i>paclitaxel</i>	1	MO
PERJETA	2	MO
POMALYST	2	MO
PROGRAF INTRAVENOUS	2	PA; MO
PROGRAF ORAL	3	PA; MO
PURIXAN	2	MO
RAPAMUNE ORAL SOLUTION	2	PA; MO
RAPAMUNE ORAL TABLET	3	PA; MO
REVLIMID	2	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
RHEUMATREX	3	PA; MO
RITUXAN	2	PA; MO
SANDIMMUNE INTRAVENOUS	3	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SANDOSTATIN	3	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	2	MO
SIGNIFOR	2	MO
SIGNIFOR LAR	3	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
<i>sirolimus</i>	1	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	2	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	2	PA; MO
SPRYCEL ORAL TABLET 140 MG	2	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SPRYCEL ORAL TABLET 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	2	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	2	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	2	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	2	MO
SYNRIBO	2	MO
TABLOID	2	MO
<i>tacrolimus oral</i>	1	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	2	PA; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	2	PA; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG	2	PA; MO; LA; QL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	2	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 150 MG	2	PA; MO; QL (30 per 30 days)
TARGRETIN ORAL	3	MO
TARGRETIN TOPICAL	2	MO
TASIGNA ORAL CAPSULE 150 MG	2	PA; MO
TASIGNA ORAL CAPSULE 200 MG	2	PA; MO; QL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	3	MO
TECENTRIQ	2	LA
THALOMID	2	PA; MO
<i>thiotepa</i>	1	MO
<i>toposar</i>	1	MO
<i>topotecan intravenous recon soln</i>	1	
TORISEL	2	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	2	MO
TRELSTAR	2	MO
<i>tretinoin (chemotherapy)</i>	1	MO
TREXALL	3	PA; MO
TRISENOX	2	MO

Drug Name	Drug Tier	Requirements /Limits
TYKERB	2	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	2	PA; MO
VELCADE	2	MO
VENCLEXTA	2	PA; LA
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 180 days)
VIDAZA	3	MO
<i>vinblastine intravenous solution</i>	1	PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	PA
<i>vincristine intravenous solution 1 mg/ml</i>	1	PA; MO
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	1	MO
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	2	PA; MO
XALKORI ORAL CAPSULE 250 MG	2	PA; MO; QL (60 per 30 days)
XTANDI	2	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	2	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	2	MO
ZANOSAR	3	MO
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZOLINZA	2	MO
ZORTRESS	2	PA; MO
ZYDELIG	2	PA; MO; QL (90 per 30 days)
ZYKADIA	2	PA; MO; QL (150 per 30 days)
ZYTIGA	2	PA; MO; QL (120 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM	3	MO
BANZEL	2	MO
BRIVIACT	3	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	3	
<i>clonazepam</i>	1	PA; MO
DEPACON	3	MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	PA; MO
DIASTAT ACUDIAL	3	MO
<i>diazepam rectal</i>	1	PA; MO
DILANTIN 30 MG	2	MO

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Drug Name	Drug Tier	Requirements /Limits
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
<i>divalproex</i>	1	MO
<i>epitol</i>	1	MO
EQUETRO	3	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL	3	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	1	MO
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
GRALISE	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GRALISE 30-DAY STARTER PACK	2	PA; MO
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN	3	PA; MO
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	2	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	MO
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA	2	PA; MO
MYSOLINE	3	MO
NEURONTIN	3	PA; MO
ONFI ORAL SUSPENSION	2	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
<i>phenobarbital</i>	1	MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
POTIGA	2	MO
<i>primidone</i>	1	MO
QUDEXY XR	3	PA; MO
<i>roweepra</i>	1	
SABRIL	2	MO; LA
SPRITAM	3	
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
<i>tiagabine</i>	1	MO
TOPAMAX	3	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR	3	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
<i>zonisamide</i>	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	MO; LA
AZILECT	2	MO
<i>benztropine</i>	1	MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa-entacapone</i>	1	MO
COGENTIN	3	MO
COMTAN	3	MO
DUOPA	3	PA; MO
ELDEPRYL	3	MO
<i>entacapone</i>	1	MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	2	MO
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	1	MO
REQUIP	3	MO
REQUIP XL	3	MO
<i>ropinirole</i>	1	MO
RYTARY	3	MO
<i>selegiline hcl</i>	1	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO

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Drug Name	Drug Tier	Requirements /Limits
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	3	MO
<i>tolcapone</i>	1	MO
ZELAPAR	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral tablet 12.5 mg</i>	1	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	MO; QL (18 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
AXERT ORAL TABLET 12.5 MG	3	MO; QL (24 per 28 days)
AXERT ORAL TABLET 6.25 MG	3	MO; QL (18 per 28 days)
CAFERGOT	3	MO
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)
ERGOMAR	3	MO
FROVA	3	MO; QL (27 per 28 days)
<i>frovatriptan</i>	1	QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE KIT REFILL	3	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (8 per 28 days)
MAXALT	3	MO; QL (36 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)
<i>migergot</i>	1	MO
MIGRANAL	3	MO; QL (8 per 28 days)
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
ONZETRA XSAIL	3	QL (32 per 28 days)
RELPAX	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (8 per 28 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML	3	QL (9 per 28 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	3	MO; QL (9 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
ZEMBRACE SYMTOUCH	3	QL (8 per 28 days)
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ZOMIG ZMT	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	2	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	3	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; MO; QL (12 per 28 days)
<i>donepezil</i>	1	MO
EXELON ORAL CAPSULE	3	MO
EXELON TRANSDERMAL	3	MO
<i>galantamine</i>	1	MO
GILENYA	2	PA; MO
<i>glatopa</i>	1	PA; MO; QL (30 per 30 days)
HORIZANT	3	PA; MO
KEVEYIS	3	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	2	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	MO
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	2	PA; MO
<i>tetrabenazine</i>	1	PA; MO
TYSABRI	2	PA; MO; LA
XENAZINE	3	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
<i>dantrolene</i>	1	MO
FEXMID	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	3	PA; MO
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	3	PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	PA
MESTINON ORAL SYRUP	2	MO
MESTINON ORAL TABLET	3	MO
MESTINON TIMESPAN	3	MO
<i>pyridostigmine bromide</i>	1	MO
<i>tizanidine</i>	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG	3	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ABSTRAL SUBLINGUAL TABLET 400 MCG	3	PA; MO; QL (116 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG	3	PA; MO; QL (77 per 30 days)
ABSTRAL SUBLINGUAL TABLET 800 MCG	3	PA; MO; QL (58 per 30 days)
<i>acetaminophen- codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
ACTIQ	3	PA; MO; QL (120 per 30 days)
BELBUCA	3	MO; QL (60 per 30 days)
BUPRENEX	3	MO; QL (267 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO; QL (267 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	QL (267 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	MO; QL (75 per 30 days)
BUTRANS	2	MO; QL (4 per 28 days)
CAPITAL WITH CODEINE	3	MO; QL (4500 per 30 days)
<i>codeine sulfate oral tablet</i>	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (1500 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	3	MO; QL (9 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	3	MO; QL (10 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG	3	MO; QL (60 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG	3	MO; QL (90 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 80-3.2 MG	3	MO; QL (75 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 16 MG, 8 MG	3	MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	3	MO; QL (47 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	1	PA; MO; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	1	PA; MO; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	1	PA; MO; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	1	PA; MO; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	1	PA; MO; QL (58 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	MO; QL (9 per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	MO; QL (10 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR	3	MO; QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	3	PA; MO; QL (120 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	3	PA; MO; QL (116 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	3	PA; MO; QL (77 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	3	PA; MO; QL (58 per 30 days)
HYCET	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (1200 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QL (1500 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	1	MO; QL (47 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 120 MG	3	MO; QL (50 per 30 days)
IBUDONE ORAL TABLET 10-200 MG	3	MO; QL (50 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 100 MG	3	MO; QL (60 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 200 MG	3	MO; QL (30 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 80 MG	3	MO; QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	3	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	3	PA; QL (23 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	PA; MO; QL (30 per 30 days)
<i>levorphanol tartrate</i>	1	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	1	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>lortab 10-325</i>	1	MO; QL (360 per 30 days)
<i>lortab 5-325</i>	1	MO; QL (360 per 30 days)
<i>lortab 7.5-325</i>	1	MO; QL (360 per 30 days)
<i>methadone injection</i>	1	QL (160 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine concentrate oral solution</i>	1	MO; QL (300 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL (250 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	1	MO; QL (50 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	MO; QL (90 per 30 days)
<i>morphine oral capsule,extend.release pellets 100 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral capsule,extend.release pellets 80 mg</i>	1	MO; QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	MO; QL (120 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	1	MO; QL (30 per 30 days)
<i>morphine oral tablet extended release 60 mg</i>	1	MO; QL (100 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (30 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	MO; QL (100 per 30 days)
NORCO	3	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	2	MO; QL (90 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	2	MO; QL (67 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG	2	MO; QL (50 per 30 days)
OPANA ORAL TABLET 10 MG	3	MO; QL (200 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	1	MO; QL (134 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG	3	QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	3	QL (67 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	3	MO; QL (60 per 30 days)
<i>oxycodone- acetaminophen oral solution</i>	1	QL (800 per 30 days)
<i>oxycodone- acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	2	MO; QL (67 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (200 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	1	MO; QL (67 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	1	MO; QL (50 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5- 325 MG, 7.5-325 MG	3	MO; QL (360 per 30 days)
PRIMLEV	3	MO; QL (360 per 30 days)
<i>reprexain oral tablet 10-200 mg, 5-200 mg</i>	1	MO; QL (50 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	MO; QL (134 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	3	PA; MO; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	PA; MO; QL (84 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 600 MCG/SPRAY	3	PA; MO; QL (56 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 800 MCG/SPRAY	3	PA; MO; QL (42 per 30 days)
SYNALGOS-DC	3	MO; QL (300 per 30 days)
TREZIX ORAL CAPSULE 16-320.5-30 MG	3	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
TYLENOL-CODEINE #4	3	MO; QL (180 per 30 days)
<i>vicodin</i>	1	MO; QL (360 per 30 days)
<i>vicodin es</i>	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vicodin hp</i>	1	MO; QL (360 per 30 days)
XARTEMIS XR	3	MO; QL (120 per 30 days)
XODOL 10/300	3	MO; QL (360 per 30 days)
XODOL 5/300	3	MO; QL (360 per 30 days)
XODOL 7.5/300	3	MO; QL (360 per 30 days)
XTAMPZA ER	3	QL (90 per 30 days)
<i>zamicet</i>	1	QL (5550 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ANAPROXDS	3	ST; MO
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	MO; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (720 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal</i>	1	MO; QL (5 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
<i>celecoxib</i>	1	MO
CONZIP	3	MO; QL (30 per 30 days)
DAYPRO	3	ST; MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DUEXIS	3	ST; MO
EC-NAPROSYN	3	ST; MO
<i>etodolac</i>	1	MO
EVZIO	3	ST; MO; QL (0.8 per 30 days)
FELDENE	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
FENOPROFEN ORAL CAPSULE 400 MG	3	ST; MO
<i>fenopropfen oral tablet</i>	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>meclofenamate oral</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral suspension</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
MOBIC ORAL SUSPENSION	3	ST; MO
MOBIC ORAL TABLET 15 MG	3	ST; MO
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 1 mg/ml</i>	1	MO
<i>naltrexone</i>	1	MO
NAPRELAN CR	3	ST; MO
NAPROSYN ORAL TABLET 500 MG	3	ST; MO
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN	2	MO; QL (2 per 28 days)
NUCYNTA ER	3	MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
<i>oxaprozin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO
<i>piroxicam</i>	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	MO; QL (90 per 30 days)
<i>sulindac oral</i>	1	MO
TIVORBEX	3	ST; MO; QL (90 per 30 days)
<i>tolmetin oral capsule</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	QL (30 per 30 days)
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
VIMOVO	3	ST; MO
VIVITROL	3	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
VOLTAREN GEL TOPICAL GEL 1 %	2	MO
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	MO
ABILIFY ORAL TABLET 10 MG	3	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG, 20 MG	3	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	3	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 30 MG	3	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
ADZENYS XR-ODT	3	
AMBIEN	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium</i>	1	PA; MO
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	MO
CONCERTA	3	MO
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QL (120 per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 60 MG	3	MO; QL (60 per 30 days)
DAYTRANA	3	MO
<i>desipramine oral</i>	1	MO
DESOXYN	3	PA; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (240 per 30 days)
<i>dexedrine</i>	1	MO
DEXEDRINE SPANSULE	3	MO
<i>dexmethylphenidate</i>	1	MO
<i>dextroamphetamine oral capsule, extended release</i>	1	MO
<i>dextroamphetamine oral tablet</i>	1	MO
<i>dextroamphetamine-amphetamine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diazepam intensol</i>	1	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO
<i>diazepam oral tablet</i>	1	PA; MO
<i>doxepin oral</i>	1	PA; MO
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (180 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO; QL (120 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	1	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	2	MO
<i>ergoloid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>eszopiclone</i>	1	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	3	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG	3	QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	3	MO; QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	3	MO; QL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FAZACLO	3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	2	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	MO; QL (45 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO
FLUOXETINE ORAL TABLET 60 MG	3	MO
<i>fluphenazine decanoate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL CAPSULE 20 MG	3	MO; QL (240 per 30 days)
GEODON ORAL CAPSULE 40 MG	3	MO; QL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG	3	MO; QL (80 per 30 days)
GEODON ORAL CAPSULE 80 MG	3	MO; QL (60 per 30 days)
<i>guanidine</i>	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
<i>haloperidol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate</i>	1	MO
HETLIOZ	3	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	PA; MO
<i>imipramine pamoate</i>	1	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	3	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	3	MO; QL (41 per 30 days)
INVEGA SUSTENNA	3	MO
INVEGA TRINZA	3	MO
IRENKA	3	MO; QL (90 per 30 days)
KAPVAY	3	MO

Drug Name	Drug Tier	Requirements /Limits
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 120 MG	2	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	2	MO; QL (60 per 30 days)
LEXAPRO ORAL SOLUTION	3	MO
LEXAPRO ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
LEXAPRO ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
LITHOBID	3	MO
<i>lorazepam intensol</i>	1	PA; MO
<i>lorazepam oral tablet</i>	1	PA; MO
<i>loxapine succinate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LUNESTA	3	ST; MO; QL (30 per 30 days)
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
METADATE CD	3	MO
<i>metadate er</i>	1	MO
<i>methamphetamine</i>	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 30 mg, 50 mg, 60 mg</i>	1	MO
<i>methylphenidate oral capsule, er biphasic 50-50 20 mg, 40 mg</i>	1	MO
<i>methylphenidate oral solution</i>	1	MO
<i>methylphenidate oral tablet</i>	1	MO
<i>methylphenidate oral tablet extended release</i>	1	MO
<i>methylphenidate oral tablet extended release 24hr</i>	1	MO
<i>methylphenidate oral tablet, chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
<i>molindone</i>	1	

Drug Name	Drug Tier	Requirements /Limits
NARDIL	3	MO
<i>nefazodone</i>	1	MO
NORPRAMIN ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG	3	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	3	
NUVIGIL	3	PA; MO
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (81 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
ORAP ORAL TABLET 1 MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oxazepam</i>	1	PA; MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	MO; QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	1	MO; QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	1	MO; QL (41 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QL (180 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
<i>perphenazine</i>	1	MO
PEXEVA ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
<i>phenelzine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>pimozide</i>	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	2	MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (240 per 30 days)
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
PROVIGIL	3	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (240 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
PROZAC WEEKLY	3	MO; QL (4 per 28 days)
<i>quetiapine oral tablet 100 mg</i>	1	MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	MO; QL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	MO; QL (902 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	1	MO; QL (81 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	1	MO; QL (480 per 30 days)
QUILLICHEW ER	3	MO
QUILLIVANT XR	3	MO
REMERON	3	MO
REMERON SOLTAB	3	MO
RESTORIL	3	PA; MO
REXULTI ORAL TABLET 0.25 MG	3	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	3	MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	3	MO; QL (120 per 30 days)
REXULTI ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	3	MO; QL (40 per 30 days)
REXULTI ORAL TABLET 4 MG	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA	2	MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 1 MG	3	MO; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	3	MO; QL (120 per 30 days)
RISPERDAL ORAL SOLUTION	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
<i>risperidone oral solution</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	MO
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	2	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	2	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	2	MO; QL (120 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SEROQUEL ORAL TABLET 100 MG	3	MO; QL (240 per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL ORAL TABLET 25 MG	3	MO; QL (902 per 30 days)
SEROQUEL ORAL TABLET 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL ORAL TABLET 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	MO; QL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QL (161 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QL (81 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (480 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG	3	ST; MO; QL (60 per 30 days)
SONATA ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
STRATTERA	2	MO
SURMONTIL	3	PA; MO
SYMBYAX	3	MO
<i>temazepam</i>	1	PA; MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
TOFRANIL	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TRANXENE T-TAB ORAL TABLET 3.75 MG, 7.5 MG	3	PA; MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA; MO
TRINTELLIX ORAL TABLET 10 MG	2	QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	2	QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	2	QL (120 per 30 days)
VALIUM	3	PA; MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	MO; QL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	1	MO; QL (270 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; QL (180 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	1	MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	3	MO; QL (30 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
VERSACLOZ	2	
VIIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	3	QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	3	QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	3	QL (40 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VRAYLAR ORAL CAPSULE 6 MG	3	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL (7 per 30 days)
VYVANSE	3	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (120 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (60 per 30 days)
XYREM	2	PA; MO; LA
<i>zaleplon oral capsule 10 mg</i>	1	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	ST; MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	1	MO; QL (80 per 30 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	1	MO; QL (60 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
<i>zolpidem oral</i>	1	ST; MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 15 MG, 20 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 5 MG	3	MO; QL (120 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	1	PA; MO
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO
<i>dofetilide</i>	1	
<i>flecainide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
NEXTERONE	3	PA
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine gluconate</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
RYTHMOL ORAL TABLET 225 MG	3	MO
RYTHMOL SR	3	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet 120 mg</i>	1	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
SOTYLIZE	2	MO
TIKOSYN	3	MO

ANTIHYPERTENSIVE THERAPY

ACCUPRIL	3	MO
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Drug Name	Drug Tier	Requirements /Limits
ACCURETIC	3	MO
<i>acebutolol</i>	1	MO
ADALAT CC	3	MO
<i>afeditab cr</i>	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	1	MO
ATACAND	3	MO
ATACAND HCT	3	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	3	MO
AVAPRO	3	MO
AZOR	3	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BYSTOLIC	2	MO
CALAN	3	MO
CALAN SR	3	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDENE IV IN SODIUM CHLORIDE	3	
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
<i>cartia xt</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>carvedilol</i>	1	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	1	MO
CLORPRES ORAL TABLET 0.3-15 MG	3	MO
COREG	3	MO
COREG CR	2	MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORGARD ORAL TABLET 80 MG	3	MO
CORZIDE	3	MO
COZAAR	3	MO

Drug Name	Drug Tier	Requirements /Limits
DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
DEMSEER	2	MO
DIBENZYLINE	3	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr</i>	1	MO
DIOVAN	3	MO
DIOVAN HCT	3	MO
DIURIL	3	MO
DIURIL IV	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DUTOPROL	3	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	3	MO

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Drug Name	Drug Tier	Requirements /Limits
EDARBYCLOR	3	MO
EDECIN	3	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
EPANED	3	MO
<i>eplerenone</i>	1	MO
<i>eprosartan</i>	1	MO
<i>ethacrynate sodium</i>	1	
EXFORGE	3	MO
EXFORGE HCT	3	MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	MO
<i>indapamide</i>	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSpra	3	MO
<i>irbesartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol oral</i>	1	MO
LASIX ORAL TABLET 20 MG	3	
LASIX ORAL TABLET 40 MG, 80 MG	3	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR HCT	3	MO
LOPRESSOR ORAL TABLET 100 MG	3	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
<i>matzim la</i>	1	MO
MAVIK ORAL TABLET 1 MG, 2 MG	3	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
MICROZIDE	3	MO
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nisoldipine</i>	1	MO
NORVASC	3	MO
ORENITRAM	3	PA; MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	MO
<i>pindolol</i>	1	MO
<i>prazosin oral</i>	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
PROCARDIA XL	3	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	2	PA; MO; LA
SECTRAL	3	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TARKA	3	MO
<i>taztia xt</i>	1	MO
TEKTURNA	2	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
TIAZAC	3	MO
<i>timolol maleate oral</i>	1	MO
TOPROL XL	3	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	3	MO
TWYNSTA	3	MO
UPTRAVI	2	PA; MO; LA
<i>valsartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZEBETA	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	MO
COAGULATION THERAPY		
AGGRENOX	3	MO
ARGATROBAN	3	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	3	
ARIXTRA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	2	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
COUMADIN ORAL	3	MO
CYKLOKAPRON	3	MO
<i>dipyridamole oral</i>	1	MO
DURLAZA	3	MO
EFFIENT	2	MO
ELIQUIS	2	MO
<i>enoxaparin</i>	1	MO
<i>fondaparinux</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>jantoven</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LOVENOX	3	MO
<i>pentoxifylline</i>	1	MO
PERSANTINE	3	MO
PLAVIX	3	MO
PRADAXA	2	MO
PROMACTA	2	PA; MO; LA
SAVAYSA	3	MO
<i>tranexamic acid intravenous</i>	1	MO
<i>warfarin</i>	1	MO
XARELTO	2	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG	3	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	3	MO; QL (30 per 30 days)
<i>cholestyramine light oral powder in packet</i>	1	MO
COLESTID ORAL GRANULES	3	MO

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Drug Name	Drug Tier	Requirements /Limits
COLESTID ORAL TABLET	3	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
CRESTOR	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
FENOFIBRATE ORAL TABLET 120 MG, 40 MG	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
FENOGLIDE	3	MO
FIBRICOR ORAL TABLET 105 MG	3	
FIBRICOR ORAL TABLET 35 MG	3	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
JUXTAPID	2	PA; MO; LA
KYNAMRO	3	PA; MO; LA
LESCOL XL	3	MO; QL (30 per 30 days)
LIPITOR	3	MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	2	MO; QL (30 per 30 days)
LOFIBRA	3	MO
LOPID	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO
<i>omega-3 acid ethyl esters</i>	1	ST; MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 75 MG/ML	2	PA; MO; QL (4 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	1	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA SURECLICK	2	PA; MO; QL (3 per 30 days)
REPATHA SYRINGE	2	PA; MO; QL (3 per 30 days)
<i>rosuvastatin</i>	1	QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRIGLIDE ORAL TABLET 160 MG	3	MO
TRILIPIX	3	MO
VASCEPA	2	MO
VYTORIN 10-10	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-20	2	MO; QL (30 per 30 days)
VYTORIN 10-40	2	MO; QL (30 per 30 days)
VYTORIN 10-80	2	MO; QL (30 per 30 days)
WELCHOL	2	MO
ZETIA	2	MO
ZOCOR	3	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA; MO
ENTRESTO	2	PA; MO; QL (60 per 30 days)
RANEXA	2	MO
VECAMYL	3	
NITRATES		
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
MINITRAN	3	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin intravenous</i>	1	PA
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
NITROLINGUAL	3	MO
NITROMIST	3	MO
NITROSTAT	2	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	1	MO
<i>calcipotriene</i>	1	MO
<i>calcipotriene-betamethasone</i>	1	MO
<i>calcitriol topical</i>	1	MO
COSENTYX	2	PA; MO
COSENTYX PEN	2	PA; MO
DOVONEX TOPICAL	3	MO
ENSTILAR	3	MO
<i>selenium sulfide topical lotion</i>	1	MO
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	MO
SORILUX	3	MO

Drug Name	Drug Tier	Requirements /Limits
STELARA SUBCUTANEOUS SYRINGE	2	PA; MO
TACLONEX	3	MO
TALTZ AUTOINJECTOR (3 PACK)	3	PA
TALTZ SYRINGE	3	PA
VECTICAL	3	MO

BURN THERAPY

SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO

MISCELLANEOUS DERMATOLOGICALS

8-MOP	2	MO
ALDARA	3	ST; MO
<i>ammonium lactate</i>	1	MO
CARAC	2	MO
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO
<i>doxepin topical</i>	1	
EFUDEX TOPICAL CREAM	3	ST; MO
ELIDEL	3	PA; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	3	ST; MO
<i>fluorouracil topical cream 5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil topical solution</i>	1	MO
<i>imiquimod</i>	1	MO
<i>methoxsalen rapid</i>	1	MO
OXSORALEN ULTRA	3	MO
PANRETIN	2	MO
PICATO	2	MO
<i>podofilox</i>	1	MO
PROTOPIC	3	PA; MO
<i>prudoxin</i>	1	MO
REGANEX	2	MO
SOLARAZE	3	PA; MO
<i>tacrolimus topical</i>	1	PA; MO
TOLAK	3	MO
UVADEX	3	
VALCHLOR	2	MO
VEREGEN	3	MO
ZONALON	3	MO
ZYCLARA	3	ST; MO
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 35 MG, 40 MG	3	MO
ABSORICA ORAL CAPSULE 25 MG	3	
ACANYA TOPICAL GEL WITH PUMP	3	MO

Drug Name	Drug Tier	Requirements /Limits
ACZONE TOPICAL GEL	3	MO
<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel</i>	1	PA; MO
ATRALIN	3	PA; MO
<i>avita topical cream</i>	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
AZELEX	3	MO
BENZAACLIN	3	MO
BENZAMYCIN	3	MO
<i>claravis</i>	1	MO
CLEOCIN T	3	MO
<i>clindacin p</i>	3	MO
CLINDAGEL	3	MO
<i>clindamycin phosphate topical</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL 0.1 %	3	PA; MO
DIFFERIN TOPICAL GEL 0.3 %	3	PA
DIFFERIN TOPICAL LOTION	3	PA; MO
DUAC	3	MO

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Drug Name	Drug Tier	Requirements /Limits
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
<i>ery pads</i>	1	MO
<i>erygel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
EVOCLIN	3	MO
FABIOR	3	MO
FINACEA	3	MO
METROCREAM	3	MO
METROGEL TOPICAL GEL 1 %	3	MO
METROLOTION	3	MO
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
MIRVASO TOPICAL GEL	3	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO
<i>myorisan oral capsule 30 mg</i>	1	
<i>neuac</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
NORITATE	3	MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	3	PA; MO
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	PA; MO
SOOLANTRA	3	MO
TAZORAC	2	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
TRETIN-X TOPICAL CREAM 0.0375 %	3	PA; MO
VELTIN	3	PA; MO
<i>zenatane</i>	1	MO
ZIANA	3	PA; MO
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	1	MO
<i>lidocaine hcl mucous membrane</i>	1	MO
<i>lidocaine hcl urethral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; MO
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine-prilocaine topical cream</i>	1	MO
LIDODERM	3	PA; MO
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3	

TOPICAL ANTIBACTERIALS

ALTABAX	2	MO
BACTROBAN TOPICAL CREAM	3	MO
CORTISPORIN TOPICAL	3	MO
<i>gentamicin topical</i>	1	MO
KLARON	3	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
NEO-SYNALAR	3	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	3	MO

TOPICAL ANTIFUNGALS

<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole-betamethasone</i>	1	MO
<i>econazole topical</i>	1	MO
ERTACZO	3	MO
EXELDERM	3	MO
EXTINA	3	MO
JUBLIA	3	MO
KERYDIN	2	MO
<i>ketokonazole topical</i>	1	MO
LOPROX TOPICAL SHAMPOO	3	MO
LOTRISONE TOPICAL CREAM	3	MO
LUZU	3	MO
MENTAX	3	MO
NAFTIFINE TOPICAL CREAM 1 %	3	MO
<i>naftifine topical cream 2 %</i>	1	MO
NAFTIN TOPICAL CREAM 2 %	3	MO
NAFTIN TOPICAL GEL	2	MO
NIZORAL TOPICAL SHAMPOO	3	MO
<i>nyamyc</i>	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oxiconazole</i>	1	
OXISTAT	3	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	MO
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL	3	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	3	ST; MO
<i>alclometasone</i>	1	MO
<i>amcinonide</i>	1	MO
<i>apexicon e</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
CAPEX	2	ST; MO
<i>clobetasol scalp</i>	1	MO
<i>clobetasol topical foam</i>	1	MO
<i>clobetasol topical gel</i>	1	MO
<i>clobetasol topical lotion</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical shampoo</i>	1	MO
<i>clobetasol topical spray, non-aerosol</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO
CLOBEX	3	ST; MO
<i>clodan</i>	1	MO
CLODERM	3	ST; MO
CORDRAN TAPE LARGE ROLL	3	ST; MO
<i>cormax scalp</i>	1	
CUTIVATE TOPICAL LOTION	3	ST; MO
DERMATOP TOPICAL CREAM	3	ST; MO
DESONATE	3	ST; MO
<i>desonide</i>	1	MO
DESOWEN	3	ST; MO
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO
DIPROLENE	3	ST; MO
DIPROLENE AF	3	ST; MO
ELOCON	3	ST; MO
<i>fluocinolone</i>	1	MO
<i>fluocinonide topical cream 0.1 %</i>	1	MO
<i>fluocinonide topical gel</i>	1	MO
<i>fluocinonide topical ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical solution</i>	1	MO
<i>fluocinonide-e</i>	1	MO
<i>flurandrenolide</i>	1	
<i>fluticasone topical</i>	1	MO
<i>halobetasol propionate</i>	1	MO
HALOG	3	ST; MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO
<i>hydrocortisone butyr-emollient</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
KENALOG TOPICAL	3	ST; MO
LOCOID TOPICAL CREAM	3	ST; MO
LOCOID TOPICAL LOTION	2	ST; MO
LOCOID TOPICAL OINTMENT	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
LOCOID TOPICAL SOLUTION	3	ST; MO
<i>mometasone topical</i>	1	MO
OLUX	3	ST; MO
PANDEL	3	ST; MO
<i>prednicarbate</i>	1	MO
PSORCON	3	ST
SERNIVO	3	ST
SYNALAR 0.025% CREAM	3	ST; MO
TEMOVATE TOPICAL OINTMENT	3	ST; MO
TOPICORT	3	ST; MO
<i>triamcinolone acetonide topical aerosol</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm topical cream</i>	1	MO
ULTRAVATE TOPICAL CREAM	3	ST; MO
ULTRAVATE TOPICAL LOTION	3	ST

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Drug Name	Drug Tier	Requirements /Limits
ULTRAVATE TOPICAL OINTMENT	3	ST; MO
ULTRAVATE X	3	ST; MO
VANOS	3	ST; MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
EURAX	3	MO
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
OVIDE	3	MO
<i>permethrin topical cream</i>	1	MO
SKLICE	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringers irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
ACTONEL ORAL TABLET 30 MG	3	ST; MO; QL (30 per 30 days)
ADAGEN	2	MO
AGRYLIN	3	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	1	MO
ANTABUSE	3	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	MO; LA
AURYXIA	3	MO
BUPHENYL ORAL POWDER	3	MO
BUPHENYL ORAL TABLET	2	MO
CARBAGLU	2	MO; LA
CARNITOR	3	MO
<i>cevimeline</i>	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
CLINIMIX E 2.75%/D10W SUL FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
<i>d10 %-0.45 % sodium chloride</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose with sodium chloride</i>	1	
<i>disulfiram</i>	1	MO
<i>etidronate disodium</i>	1	MO
EVOXAC	3	MO
EXJADE	2	MO; LA
FERRIPROX ORAL SOLUTION	2	
FERRIPROX ORAL TABLET	2	MO
FOSRENOL	3	MO
GLASSIA	3	MO; LA
INCRELEX	2	MO; LA

Drug Name	Drug Tier	Requirements /Limits
JADENU	2	MO
KAYEXALATE	3	MO
<i>kionex oral powder</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LITHOSTAT	3	MO
<i>midodrine</i>	1	MO
NORTHERA	3	PA; MO
NUTRESTORE	3	MO
ORFADIN	2	LA
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C	2	LA
RAVICTI	2	MO
RECLAST	3	PA; MO
RENAGEL	3	MO
REVELA	2	MO
RILUTEK	3	MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
SALAGEN	3	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium polystyrene (sorb free)</i>	1	MO
SYPRINE	2	MO
THIOLA	2	MO
VELPHORO	3	MO
VELTASSA	2	MO
<i>water for irrigation, sterile</i>	1	MO
ZEMAIRA	3	MO; LA
<i>zoledronic acid-mannitol-water intravenous solution</i>	1	PA; MO

SMOKING DETERRENTS

<i>buproban</i>	1	
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
ZYBAN	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QL (60 per 30 days)
ATROVENT	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
<i>periogard</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO

MISCELLANEOUS OTIC PREPARATIONS

<i>acetasol hc</i>	1	MO
<i>acetic acid otic</i>	1	MO
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic</i>	1	MO

OTIC STEROID / ANTIBIOTIC

CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO
<i>neomycin-polymyxin-hc otic</i>	1	MO

ENDOCRINE/DIABETES

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Drug Name	Drug Tier	Requirements /Limits
ADRENAL HORMONES		
ACTHAR H.P.	3	PA; MO
<i>a-hydrocort</i>	1	MO
CORTEF	3	MO
<i>cortisone</i>	1	MO
DEPO-MEDROL	3	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
DEXPAK 13 DAY	3	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
KENALOG INJECTION	3	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
MILLIPRED ORAL SOLUTION	3	MO
<i>millipred oral tablet</i>	1	PA; MO
ORAPRED ODT	3	PA; MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	PA; MO
<i>prednisone intensol</i>	1	PA; MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	PA; MO
RAYOS	3	PA; MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO
SOLU-MEDROL (PF) INJECTION	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>veripred 20</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
TAPAZOLE	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QL (30 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT (60)/ 12 UNIT (30)	3	MO
ALCOHOL PADS	2	MO
ALOGLIPTIN	3	ST; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA	3	ST; MO
APIDRA SOLOSTAR	3	ST; MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; QL (60 per 30 days)
BYDUREON	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QL (150 per 30 days)
GAUZE PADS 2 X 2	2	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (75 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
GLYXAMBI	3	ST; MO; QL (30 per 30 days)
HUMALOG	2	MO
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50-50	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	
HUMULIN R U-500 (CONCENTRATED)	2	MO
INSULIN PEN NEEDLE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	2	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; QL (30 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOLIN 70/30	3	ST; MO
NOVOLIN N	3	ST; MO
NOVOLIN R	3	ST; MO
NOVOLOG	3	ST; MO
NOVOLOG FLEXPEN	3	ST; MO
NOVOLOG MIX 70-30	3	ST; MO
NOVOLOG MIX 70-30 FLEXPEN	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG PENFILL	3	ST; MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
PRANDIN ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM	2	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	1	MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
RIOMET	2	MO; QL (765 per 30 days)
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (10.5 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	2	MO; QL (120 per 30 days)
TANZEUM	3	PA; MO; QL (4 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>tolbutamide</i>	1	MO; QL (180 per 30 days)
TOUJEO SOLOSTAR	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	2	MO

Drug Name	Drug Tier	Requirements /Limits
TRESIBA FLEXTOUCH U-200	2	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 40	2	MO
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	MO
ANADROL-50	2	PA; MO
ANDRODERM	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; MO
AVEED	3	MO
AXIRON	3	PA; MO
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral</i>	1	MO
CERDELGA	2	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	MO
CHORIONIC GONADOTROPIN, HUMAN	3	PA; MO
<i>danazol oral</i>	1	MO
DDAVP	3	MO
DEPO- TESTOSTERONE	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal solution</i>	1	MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	2	MO
ELELYSO	3	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	2	MO
FORTESTA	3	PA; MO
<i>fortical</i>	1	MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
HECTOROL ORAL	3	MO
KANUMA	2	MO
KORLYM	3	MO
KUVAN	2	MO
LUMIZYME	2	MO
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	1	MO
MIACALCIN	3	MO
MYALEPT	2	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
NAGLAZYME	2	MO; LA
NATESTO	3	PA; MO
NATPARA	2	PA; MO; LA
NOVAREL	3	PA; MO
<i>oxandrolone</i>	1	PA; MO
<i>pamidronate intravenous solution</i>	1	MO
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
<i>paricalcitol oral</i>	1	MO
PREGNYL	3	PA; MO
ROCALTROL	3	MO
SAMSCA	2	PA; MO
SENSIPAR	2	MO
SOMAVERT	2	MO
STIMATE	2	MO
STRENSIQ	2	MO; LA
STRIANT	3	PA; MO
SYNAREL	2	MO
TESTIM	3	PA; MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; MO
VOGELXO TRANSDERMAL GEL	3	PA; MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
VPRIV	3	MO
ZAVESCA	2	MO; LA
ZEMPLAR INTRAVENOUS	2	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
<i>zoledronic acid intravenous solution</i>	1	MO
ZOMETA	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	MO
<i>levothyroxine oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
<i>liothyronine</i>	1	MO
SYNTHROID	3	MO
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
TIROSINT	3	MO
TRIOSTAT	3	MO
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection</i> syringe 0.05 mg/ml, 0.1 mg/ml	1	
BENTYL INTRAMUSCULA R	3	MO
BENTYL ORAL CAPSULE	3	MO
BENTYL ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
CUVPOSA	3	MO
<i>dicyclomine</i> <i>intramuscular</i>	1	
<i>dicyclomine oral</i> <i>capsule</i>	1	MO
<i>dicyclomine oral</i> <i>solution</i>	1	MO
<i>dicyclomine oral</i> <i>tablet</i>	1	MO
<i>diphenoxylate-</i> <i>atropine</i>	1	MO
<i>glycopyrrolate</i> <i>injection</i>	1	MO
<i>glycopyrrolate oral</i>	1	MO
LOMOTIL	3	MO
<i>loperamide oral</i> <i>capsule</i>	1	MO
<i>methscopolamine</i> <i>oral</i>	1	MO
ROBINUL	3	MO
ROBINUL FORTE	3	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

ACTIGALL	3	MO
AKYNZEO	2	PA; MO
<i>alosetron</i>	1	MO
ALOXI	2	MO
AMITIZA	2	MO
ANUSOL-HC RECTAL CREAM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
ANZEMET ORAL	3	PA; MO
APRISO	3	MO
ASACOL HD	2	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide</i>	1	MO
<i>budesonide oral</i>	1	MO
CANASA	3	MO
CESAMET	3	PA; MO
CHENODAL	2	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	2	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
CIMZIA	3	PA; MO
CIMZIA POWDER FOR RECONST	3	PA; MO
COLAZAL	3	MO
<i>colocort</i>	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	2	MO
DELZICOL ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	2	MO
DIPENTUM	3	MO
<i>dronabinol</i>	1	PA; MO
EMEND INTRAVENOUS	2	MO
EMEND ORAL CAPSULE	2	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	2	PA; MO
ENTOCORT EC	3	MO
<i>enulose</i>	1	MO
GASTROCROM	3	MO
GATTEX ONE-VIAL	3	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-h and bisacodyl</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
GIAZO	3	MO
GOLYTELY	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	PA; MO
<i>hydrocortisone rectal enema</i>	1	MO
KRISTALOSE	3	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	3	MO
MARINOL	3	PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating 10 mg</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
METOZOLV ODT ORAL TABLET, DISINTEGRATING 5 MG	3	MO
MOVANTIK	2	MO
MOVIPREP	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
<i>ondansetron</i>	1	PA; MO
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl oral solution</i>	1	PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO
OSMOPREP	3	MO
PANCREAZE	3	ST; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg-electrolyte soln</i>	1	
PENTASA	2	MO
PERTZYE	3	ST; MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
PREPOPIK	2	MO
<i>prochlorperazine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
REMICADE	2	PA; MO
SANCUSO	2	MO
SFROWASA	3	
SUCRAID	2	MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	2	MO
TRANSDERM-SCOP	3	MO
<i>trilyte with flavor packets</i>	1	MO
UCERIS ORAL	2	MO
UCERIS RECTAL	3	MO
URSO 250	3	MO

Drug Name	Drug Tier	Requirements /Limits
URSO FORTE	3	MO
<i>ursodiol</i>	1	MO
VARUBI	3	PA; MO
VIBERZI	3	MO
VIOKACE	2	MO
ZENPEP	2	MO
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	3	MO
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	PA; MO
ZOFRAN ODT	3	PA; MO
ZUPLENZ	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
ACIPHEX SPRINKLE	3	MO; QL (30 per 30 days)
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
<i>carafate oral suspension</i>	1	MO
CARAFATE ORAL TABLET	3	MO
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
CYTOTEC	3	MO
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	3	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>nizatidine</i>	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	MO
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
PEPCID ORAL SUSPENSION	3	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 15 MG	3	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
PREVPAC	3	MO; QL (112 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	MO
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	2	MO
<i>rabeprazole</i>	1	MO
<i>ranitidine hcl injection solution 25 mg/ml</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ZANTAC INJECTION SOLUTION 25 MG/ML	3	MO
ZANTAC ORAL TABLET	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	2	MO
ARANESP (IN POLYSORBATE)	3	PA; MO
ARCALYST	2	PA; MO
AVONEX (WITH ALBUMIN)	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (15 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	3	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; QL (15 per 28 days)
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	2	PA; MO
HUMATROPE	3	PA; MO
ILARIS (PF)	2	PA; MO; LA
INTRON A INJECTION RECON SOLN	2	MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	MO
LEUKINE INJECTION RECON SOLN	2	MO
MIRCERA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
MOZOBIL	2	MO
NEULASTA SUBCUTANEOUS SYRINGE	2	PA; MO
NEUPOGEN	2	PA; MO
NORDITROPIN FLEXPRO	2	PA; MO
NUTROPIN AQ	3	PA; MO
NUTROPIN AQ NUSPIN	3	PA; MO
OMNITROPE	2	PA; MO
PEGASYS PROCLICK	2	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
PEGINTRON	2	MO; QL (4 per 28 days)
PEGINTRON REDIPEN	2	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
PROLEUKIN	2	MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA; MO; QL (4.2 per 180 days)
SAIZEN	3	PA; MO
SAIZEN CLICK.EASY	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; MO
SYLATRON	2	MO
ZARXIO	2	PA; MO
ZOMACTON	3	PA; MO
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
ATGAM	3	PA
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO (PF)	2	MO
BIVIGAM	3	PA; MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	3	PA; MO
CERVARIX VACCINE (PF)	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF)	2	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	PA; MO
<i>fomepizole</i>	1	MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	3	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMMAPLEX	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GARDASIL (PF)	2	MO
GARDASIL 9 (PF)	2	MO
GRASTEK	2	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO

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Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	
HYPERRAB S/D (PF)	3	
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL INJECTION SUSPENSION	2	MO
IXIARO (PF)	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENHIBRIX (PF)	2	
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y- W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	MO

Drug Name	Drug Tier	Requirements /Limits
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTE RIA TOX PED(PF)	2	MO
TETANUS- DIPHTE RIA TOXOIDS-TD	2	MO
THYMOGLOBULI N	3	PA
TRUMENBA	2	

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Drug Name	Drug Tier	Requirements /Limits
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>aloprim</i>	1	
COLCHICINE ORAL	3	ST; MO
<i>colchicine- probenecid</i>	1	MO
COLCRYS	3	ST; MO
MITIGARE	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>probenecid</i>	1	MO
ULORIC	2	ST; MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONIVA INTRAVENOUS	3	PA; MO
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVISTA	3	MO
FORTEO	2	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate intravenous solution</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	2	PA; MO
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA	2	MO
CUPRIMINE	2	MO
DEPEN TITRATABS	3	MO
ENBREL	2	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN	2	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
KINERET	3	PA; MO
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA	2	PA; MO
ORENCIA (WITH MALTOSE)	2	PA; MO
OTEZLA	2	PA; MO
OTEZLA STARTER	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	3	MO
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.4 ML, 22.5 MG/0.4 ML	3	
RASUVO (PF)	3	MO
RIDAURA	3	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	3	PA; MO
SIMPONI ARIA	3	PA; MO
XELJANZ	2	PA; MO
XELJANZ XR	2	PA

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ACTIVELLA	3	PA
ALORA	3	PA; MO; QL (8 per 28 days)
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
<i>camila</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane</i>	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULA R SOLUTION	2	MO
DEPO-PROVERA INTRAMUSCULA R SUSPENSION	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL	3	PA; MO; QL (30 per 30 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO; QL (52 per 30 days)
<i>errin</i>	1	MO
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	2	MO
<i>estradiol oral</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	2	MO
<i>estropipate</i>	1	PA; MO
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	PA; MO
FEMRING	3	MO
<i>fyavolv</i>	1	PA
<i>hydroxyprogesterone caproate</i>	1	
<i>jinteli</i>	1	PA; MO
<i>jolivette</i>	1	MO
<i>lopreeza</i>	1	PA; MO
<i>lyza</i>	1	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	2	
<i>medroxyprogesterone intramuscular suspension</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>medroxyprogesterone oral</i>	1	MO
MENEST	2	PA; MO
MENOSTAR	3	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	1	PA; MO
<i>mimvey lo</i>	1	PA; MO
MINIVELLE	3	PA; MO; QL (8 per 28 days)
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>norlyroc</i>	1	
NOR-QD	3	MO
ORTHO MICRONOR	3	MO
PREFEST	3	PA; MO
PREMARIN INJECTION	3	MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PA; MO
PREMPRO	3	PA; MO
<i>progesterone micronized</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PROMETRIUM	3	MO
PROVERA	3	MO
<i>sharobel</i>	1	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)

MISCELLANEOUS OB/GYN

AVC VAGINAL	3	MO
CLEOCIN VAGINAL	3	MO
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	3	MO
GYNAZOLE-1	3	MO
LUPANETA PACK (1 MONTH)	3	MO
LUPANETA PACK (3 MONTH)	3	MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
NUVARING	3	MO
NUVESSA	3	MO
TERAZOL 3 VAGINAL CREAM	3	MO
TERAZOL 7	3	MO
<i>terconazole</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>amethia</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aviane</i>	1	MO
<i>balziva (28)</i>	1	MO
<i>bekyree (28)</i>	1	MO
BEYAZ	3	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>blisovi fe 1/20 (28)</i>	1	MO
BREVICON (28)	3	MO
<i>briellyn</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
CYCLESSA (28)	3	MO
<i>delyla (28)</i>	1	
<i>desog-e.estradiol/e.estradiol</i>	1	MO
DESOGEN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>falmina (28)</i>	1	MO
FEMCON FE	3	MO
GENERESS FE	3	MO
<i>gianvi (28)</i>	1	MO
<i>gildagia</i>	1	MO
<i>gildess 1.5/30 (21)</i>	1	MO
<i>gildess 24 fe</i>	1	MO
<i>introvale</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30 (21)</i>	1	MO
<i>junel 1/20 (21)</i>	1	MO
<i>junel fe 1.5/30 (28)</i>	1	MO
<i>junel fe 1/20 (28)</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kimidess (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>larin fe 1/20 (28)</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena 28</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estradiol triphasic</i>	1	
<i>levora-28</i>	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
<i>lomedica 24 fe</i>	1	MO
<i>loryna (28)</i>	1	MO
LOSEASONIQUE	3	MO
<i>lutra (28)</i>	1	MO
<i>marlissa</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
MINASTRIN 24 FE	3	MO
MODICON (28)	3	MO
<i>mononessa (28)</i>	1	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>necon 1/35 (28)</i>	1	MO
<i>necon 1/50 (28)</i>	1	MO
<i>necon 10/11 (28)</i>	1	MO
<i>necon 7/7/7 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
NORINYL 1+35 (28)	3	MO
NORINYL 1+50 (28)	3	MO
<i>nortrel 0.5/35 (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>ocella</i>	1	MO
<i>ogestrel (28)</i>	1	MO
<i>orsythia</i>	1	MO
ORTHO TRI-CYCLEN (28)	3	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OVCON-35 (28)	3	MO
<i>pimtreea (28)</i>	1	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO
<i>portia</i>	1	MO
<i>previfem</i>	1	MO
QUARTETTE	3	MO
<i>quasense</i>	1	MO
<i>reclipsen (28)</i>	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>trinessa (28)</i>	1	MO
TRI-NORINYL (28)	3	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>wymzya fe</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zenchent (28)</i>	1	MO
<i>zenchent fe</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zovia 1/50e (28)</i>	1	MO

OXYTOCICS

<i>methylergonovine oral</i>	1	MO
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OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	2	MO
<i>bacitracin ophthalmic</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin-polymyxin b ophthalmic</i>	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
<i>ciprofloxacin hcl ophthalmic</i>	1	MO
<i>erythromycin ophthalmic</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic</i>	1	MO
ILOTYCIN	3	MO
<i>levofloxacin ophthalmic</i>	1	MO
MOXEZA	3	MO
NATACYN	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
NEOSPORIN (NEO-POLYGRAMICID)	3	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
POLYTRIM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin</i>	1	MO
TOBREX OPHTHALMIC DROPS	3	MO
TOBREX OPHTHALMIC OINTMENT	2	MO
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
VIROPTIC	3	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
BETAGAN OPHTHALMIC DROPS 0.5 %	3	MO
<i>betaxolol ophthalmic</i>	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
<i>carteolol</i>	1	MO
ISTALOL	3	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol</i>	1	
<i>timolol maleate ophthalmic</i>	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO

Drug Name	Drug Tier	Requirements /Limits
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic drops</i>	1	MO
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	MO
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL	3	MO
ALOMIDE	3	MO
<i>azelastine ophthalmic</i>	1	MO
BEPREVE	3	MO
<i>cromolyn ophthalmic</i>	1	MO
CYSTARAN	2	MO
ELESTAT	3	MO
EMADINE	3	MO
<i>epinastine</i>	1	MO
LACRISERT	3	MO
LASTACAFT	3	MO
<i>olopatadine ophthalmic</i>	1	MO
PATADAY	2	MO
PATANOL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PAZEO	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	2	MO
<i>ketorolac ophthalmic</i>	1	MO
NEVANAC	2	MO
OCUFEN	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
DIAMOX SEQUELS	3	MO
<i>methazolamide oral</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
<i>bimatoprost</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO

Drug Name	Drug Tier	Requirements /Limits
COSOPT (PF)	3	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC DROPS 0.01 %	2	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
<i>travoprost (benzalkonium)</i>	1	MO
TRUSOPT	3	MO
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	1	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	1	MO
ZYLET	2	MO

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Drug Name	Drug Tier	Requirements /Limits
STEROIDS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	1	MO
DUREZOL	3	MO
FLAREX	3	MO
<i>fluorometholone</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	2	MO
LOTEMAX	2	MO
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic</i>	1	MO
VEXOL	3	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>sulfacetamide-prednisolone</i>	1	MO
SULFONAMIDES		
BLEPH-10	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium ophthalmic</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC DROPS 0.1 %	2	MO
ALPHAGAN P OPTHALMIC DROPS 0.15 %	3	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
IOPIDINE	3	MO
VASOCONSTRICTOR DECONGESTANTS		
<i>naphazoline</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL SYRUP	3	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
<i>desloratadine</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	1	PA
EPINEPHRINE INJECTION AUTO-INJECTOR	3	MO; QL (4 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	3	MO
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
SEMPREX-D	3	MO
XYZAL ORAL SOLUTION	3	MO
XYZAL ORAL TABLET	3	MO; QL (30 per 30 days)
PULMONARY AGENTS		
ACCOLATE	3	MO
<i>acetylcysteine</i>	1	PA; MO
ADCIRCA	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AEROSPAN	2	QL (17.8 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	1	PA; MO
<i>albuterol sulfate oral</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO; QL (30 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	2	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	MO; QL (60 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	3	PA; MO
BEVESPI AEROSPHERE	3	QL (10.7 per 30 days)
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	PA; MO
<i>budesonide inhalation</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide nasal</i>	1	MO; QL (17.2 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	PA; MO
DALIRESP	3	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
ESBRIET	2	PA; QL (270 per 30 days)
FIRAZYR	2	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	1	MO; QL (16 per 30 days)
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO
<i>ipratropium-albuterol</i>	1	PA; MO
KALYDECO ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
LETAIRIS	2	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	1	PA; MO
<i>metaproterenol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mometasone nasal</i>	1	QL (34 per 30 days)
<i>montelukast</i>	1	MO
NASONEX	3	MO; QL (34 per 30 days)
NUCALA	2	PA; MO; LA; QL (1 per 28 days)
OFEV	2	PA; MO; QL (60 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA
ORKAMBI	2	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (2 per 30 days)
PROVENTIL HFA	3	MO; QL (13.4 per 30 days)
PULMICORT	3	PA; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	2	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR	2	MO; QL (17.4 per 30 days)
REVATIO INTRAVENOUS	3	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	3	PA; MO; QL (90 per 30 days)
RUCONEST	3	PA; MO
SEEBRI NEOHALER	3	ST; QL (60 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil intravenous</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil oral</i>	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	MO
THEO-24	3	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
TRACLEER	2	PA; MO; LA
TUDORZA PRESSAIR	2	MO; QL (1 per 30 days)
TYVASO	2	PA; MO
UTIBRON NEOHALER	3	QL (60 per 30 days)
VENTAVIS	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
VENTOLIN HFA	2	MO; QL (36 per 30 days)
VERAMYST	3	MO; QL (10 per 30 days)
VOSPIRE ER	3	MO
XOLAIR	2	PA; MO; LA; QL (6 per 28 days)
XOPENEX	3	PA; MO
XOPENEX HFA	3	MO; QL (30 per 30 days)
<i>zafirlukast</i>	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
ZYFLO	3	MO
ZYFLO CR	3	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	1	
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL	3	MO
ENABLEX	3	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
<i>oxybutynin chloride oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
OXYTROL	3	MO; QL (8 per 28 days)
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>trospium</i>	1	MO
VESICARE	2	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	1	MO
AVODART	3	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO
PROSCAR	3	MO
RAPAFLO	2	ST; MO
<i>tamsulosin</i>	1	MO
UROXATRAL	3	ST; MO

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	MO
URECHOLINE	3	MO

MISCELLANEOUS UROLOGICALS

AMMONIUM CHLORIDE	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA

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Drug Name	Drug Tier	Requirements /Limits
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO
PROCYSBI	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate oral capsule</i>	1	MO
<i>dextrose-kcl-nacl</i>	1	MO
<i>eliphos</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	

Drug Name	Drug Tier	Requirements /Limits
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLO	3	MO
PHOSLYRA	3	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral tablet extended release 8 meq</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>ringers intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	MO
<i>sodium lactate intravenous</i>	1	
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>amino acids 15 %</i>	1	PA
AMINOSYN 7 % WITH ELECTROLYTES	2	PA
AMINOSYN 8.5 %- ELECTROLYTES	2	PA
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN II 7 %	2	PA
AMINOSYN II 8.5 %	2	PA
AMINOSYN II 8.5 %- ELECTROLYTES	2	PA
AMINOSYN-HBC 7%	2	PA
AMINOSYN-PF 10 %	2	PA

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Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
AMINOSYN-RF 5.2 %	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA
CLINIMIX 5%/D25W SULFITE-FREE	2	PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA
CLINIMIX 4.25%-D25W SULF-FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
CLINIMIX E 4.25%/D10W SUL FREE	3	PA
CLINIMIX E 4.25%/D25W SUL FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINIMIX E 5%/D25W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA; MO
FREAMINE HBC 6.9 %	3	PA
HEPATAMINE 8%	2	PA
<i>intralipid intravenous emulsion 20 %</i>	1	PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
IONOSOL-B IN D5W	2	
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-M IN 5 % DEXTROSE	3	
NORMOSOL-R PH 7.4	2	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	

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Drug Name	Drug Tier	Requirements /Limits
PLASMA-LYTE-56 IN 5 % DEXTROSE	2	
<i>premasol 10 %</i>	1	PA; MO
PREMASOL 6 %	2	PA
PROCALAMINE 3%	3	PA
PROSOL 20 %	3	PA; MO
<i>travasol 10 %</i>	1	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
PRENATAL VITAMIN ORAL TABLET	3	MO
SODIUM FLUORIDE ORAL TABLET	3	MO

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8	acyclovir sodium..... 2	allopurinol..... 87
8-MOP..... 59	ACZONE..... 60	almotriptan malate..... 25
A	ADACEL(TDAP	ALOCRIL..... 95
abacavir..... 1	ADOLESN/ADULT)(PF) 85	ALOGLIPTIN..... 69
abacavir-lamivudine-	ADAGEN..... 65	ALOGLIPTIN-METFORMIN
zidovudine..... 2	ADALAT CC..... 51	..... 69
ABELCET..... 1	adapalene..... 60	ALOGLIPTIN-
ABILIFY..... 37	ADCIRCA..... 98	PIOGLITAZONE..... 69
ABILIFY MAINTENA..... 37	ADDERALL..... 37	ALOMIDE..... 95
ABRAXANE..... 13	ADDERALL XR..... 37	aloprim..... 87
ABSORICA..... 60	adefovir..... 2	ALORA..... 89
ABSTRAL..... 27, 28	ADEMPAS..... 98	alosetron..... 77
acamprosate..... 65	ADOXA..... 12	ALOXI..... 77
ACANYA..... 60	adrenalin..... 97	ALPHAGAN P..... 97
acarbose..... 69	adrucil..... 13	ALREX..... 97
ACCOLATE..... 98	ADVAIR DISKUS..... 98	ALTABAX..... 62
ACCUPRIL..... 50	ADVAIR HFA..... 98	ALTACE..... 51
ACCURETIC..... 51	ADZENYS XR-ODT..... 37	ALTOPREV..... 56
acebutolol..... 51	AEROSPAN..... 98	ALVESCO..... 98
acetaminophen-codeine..... 28	afeditab cr..... 51	amantadine hcl..... 2
acetazolamide..... 96	AFINITOR..... 14	AMARYL..... 69
acetazolamide sodium..... 96	AFINITOR DISPERZ..... 13	AMBIEN..... 37
acetic acid..... 67	AFREZZA..... 69	AMBIEN CR..... 38
acetylcysteine..... 98	AGGRENOLX..... 55	AMBISOME..... 1
ACIPHEX..... 80	AGRYLIN..... 65	amcinonide..... 63
ACIPHEX SPRINKLE..... 80	a-hydrocort..... 68	AMERGE..... 25
acitretin..... 59	AKYNZEO..... 77	amethia..... 91
ACTEMRA..... 88	ala-cort..... 63	amethyst..... 91
ACTHAR H.P..... 68	ALA-SCALP..... 63	amifostine crystalline..... 13
ACTHIB (PF)..... 85	ALBENZA..... 7	amikacin..... 7
ACTIGALL..... 77	albuterol sulfate..... 98	amiloride..... 51
ACTIMMUNE..... 83	alc lometasone..... 63	amiloride-hydrochlorothiazide
ACTIQ..... 28	ALCOHOL PADS..... 69	..... 51
ACTIVELLA..... 89	ALDACTAZIDE..... 51	amino acids 15 %..... 104
ACTONEL..... 65, 87	ALDACTONE..... 51	aminophylline..... 98
ACTOPLUS MET..... 69	ALDARA..... 59	AMINOSYN 7 % WITH
ACTOPLUS MET XR..... 69	ALDURAZYME..... 74	ELECTROLYTES..... 104
ACTOS..... 69	ALECENSA..... 14	AMINOSYN 8.5 %-
ACULAR..... 96	alendronate..... 65, 87	ELECTROLYTES..... 104
ACULAR LS..... 96	alfuzosin..... 102	AMINOSYN II 10 %..... 104
ACUVAIL (PF)..... 96	ALIMTA..... 14	AMINOSYN II 15 %..... 104
acyclovir..... 2, 63	ALINIA..... 7	AMINOSYN II 7 %..... 104
	ALKERAN..... 14	AMINOSYN II 8.5 %..... 104

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AMINOSYN II 8.5 %- ELECTROLYTES.....	104	APLENZIN.....	38	atovaquone-proguanil.....	7
AMINOSYN-HBC 7%.....	104	APOKYN.....	24	ATRALIN.....	60
AMINOSYN-PF 10 %.....	104	apraclonidine.....	97	ATRIPLA.....	2
AMINOSYN-PF 7 % (SULFITE-FREE).....	105	apri.....	91	atropine.....	77, 95
AMINOSYN-RF 5.2 %.....	105	APRISO.....	78	ATROVENT.....	67
amiodarone.....	50	APTENSIO XR.....	38	ATROVENT HFA.....	99
AMITIZA.....	77	APTIOM.....	21	AUBAGIO.....	26
amitriptyline.....	38	APTIVUS.....	2	aubra.....	91
amlodipine.....	51	ARALAST NP.....	65	AUGMENTIN.....	10
amlodipine-atorvastatin.....	56	aranelle (28).....	91	AURYXIA.....	65
amlodipine-benazepril.....	51	ARANESP (IN POLYSORBATE).....	83	AVALIDE.....	51
amlodipine-valsartan.....	51	ARAVA.....	88	AVANDIA.....	69
amlodipine-valsartan-hcthiamid	51	ARCALYST.....	83	AVAPRO.....	51
AMMONIUM CHLORIDE.....	102	ARCAPTA NEOHALER.....	98	AVASTIN.....	14
ammonium lactate.....	59	ARCATROBAN.....	55	AVC VAGINAL.....	91
amoxapine.....	38	ARGATROBAN IN 0.9 % SOD CHLOR.....	55	AVEED.....	75
amoxicil-clarithromy-lansopraz	80	ARICEPT.....	26	AVELOX.....	11
amoxicillin.....	10	ARIMIDEX.....	14	AVELOX ABC PACK.....	11
amoxicillin-pot clavulanate..	10	aripiprazole.....	38	AVELOX IN NA CL (ISO- OSMOTIC).....	11
amphotericin b.....	1	ARISTADA.....	38	aviane.....	91
ampicillin.....	10	ARIXTRA.....	55	avita.....	60
ampicillin sodium.....	10	armodafinil.....	38	AVITA.....	60
ampicillin-sulbactam.....	10	ARNUIITY ELLIPTA.....	98	AVODART.....	102
AMPYRA.....	26	AROMASIN.....	14	AVONEX.....	83
ANADROL-50.....	74	ARRANON.....	14	AVONEX (WITH ALBUMIN)	83
ANAFRANIL.....	38	ARTHROTEC 50.....	34	AVYCAZ.....	4
anagrelide.....	65	ARTHROTEC 75.....	34	AXERT.....	25
ANAPROX DS.....	34	ASACOL HD.....	78	AXIRON.....	75
anastrozole.....	14	ashlyna.....	91	AYGESTIN.....	89
ANCOBON.....	1	ASMANEX HFA.....	98	azacitidine.....	14
ANDRODERM.....	74	ASMANEX TWISTHALER.....	99	AZACTAM IN DEXTROSE (ISO-OSM).....	7
ANDROGEL.....	74, 75	aspirin-dipyridamole.....	56	AZASAN.....	14
ANGELIQ.....	89	ASTAGRAF XL.....	14	AZASITE.....	94
ANORO ELLIPTA.....	98	ASTEPRO.....	67	azathioprine.....	14
ANTABUSE.....	65	ATACAND.....	51	azathioprine sodium.....	14
ANTARA.....	56	ATACAND HCT.....	51	azelastine.....	67, 95
ANUSOL-HC.....	77	ATELVIA.....	87	AZELEX.....	60
ANZEMET.....	78	atenolol.....	51	AZILECT.....	24
apexicon e.....	63	atenolol-chlorthalidone.....	51	azithromycin.....	6
APIDRA.....	69	ATGAM.....	85	AZOPT.....	96
APIDRA SOLOSTAR.....	69	ATIVAN.....	38	AZOR.....	51
		atorvastatin.....	56	aztreonam.....	7
		atovaquone.....	7		

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AZULFIDINE.....	78	BEVESPI AEROSPHERE... 99	buproban.....	67
AZULFIDINE EN-TABS....	78	bexarotene	bupropion hcl.....	38
B		BEXSERO (PF)	buspirone	38
baciiim.....	7	BEYAZ	BUSULFEX	14
bacitracin	7, 94	BIAXIN.....	butorphanol tartrate	35
bacitracin-polymyxin b.....	94	bicalutamide.....	BUTRANS	28
baclofen.....	27	BICILLIN C-R.....	BYDUREON.....	69
BACTRIM.....	12	BICILLIN L-A.....	BYETTA	69, 70
BACTRIM DS.....	12	BICNU	BYSTOLIC.....	51
BACTROBAN.....	62	BIDIL.....	C	
BACTROBAN NASAL	67	BILTRICIDE	cabergoline	75
balsalazide	78	bimatoprost.....	CABOMETYX	14
balziva (28).....	91	BINOSTO.....	CADUET.....	56
BANZEL	21	bisoprolol fumarate	CAFERGOT	25
BARACLUDE.....	2	bisoprolol-hydrochlorothiazide	CALAN	51
BCG VACCINE, LIVE (PF) 85		.....	CALAN SR	51
BECONASE AQ.....	99	BIVIGAM	calcipotriene.....	59
bekyree (28).....	91	bleomycin	calcipotriene-betamethasone 59	
BELBUCA	28	BLEPH-10.....	calcitonin (salmon)	75
BELEODAQ.....	14	BLEPHAMIDE.....	calcitriol.....	59, 75
BELSOMRA	38	BLEPHAMIDE S.O.P.....	calcium acetate.....	103
benazepril	51	blisovi 24 fe	CAMBIA.....	35
benazepril-hydrochlorothiazide	51	blisovi fe 1.5/30 (28)	camila	89
BENICAR	51	blisovi fe 1/20 (28)	CAMPTOSAR.....	14
BENICAR HCT.....	51	BONIVA	CANASA	78
BENLYSTA	88	BOOSTRIX TDAP	CANCIDAS.....	1
BENTYL	77	BOSULIF	candesartan.....	51
BENZACLIN.....	60	BOTOX.....	candesartan-hydrochlorothiazid	51
BENZAMYCIN.....	60	BREO ELLIPTA.....	.....	51
benztropine	24	BREVICON (28).....	CAPASTAT	7
BEPREVE	95	briellyn	CAPEX.....	63
BERINERT.....	99	BRILINTA	CAPITAL WITH CODEINE	28
BESIVANCE.....	94	brimonidine.....	CAPRELSA.....	14
BETAGAN	95	BRISDELLE.....	captropril.....	51
betamethasone dipropionate. 63		BRIVIACT	captropril-hydrochlorothiazide	51
betamethasone valerate.....	63	bromfenac.....	.....	51
betamethasone, augmented .. 63		bromocriptine.....	CARAC.....	59
BETAPACE	50	BROVANA	carafate.....	80
BETASERON.....	83	budesonide.....	CARAFATE.....	80
betaxolol.....	51, 95	budonide.....	CARBAGLU	65
bethanechol chloride.....	102	bumetanide	carbamazepine	21
BETHKIS	7	BUNAVAIL	CARBATROL.....	21
BETIMOL	95	BUPHENYL.....	carbidopa	24
BETOPTIC S.....	95	BUPRENEX.....	carbidopa-levodopa	24
		buprenorphine hcl		
		buprenorphine-na loxone		

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carbidopa-levodopa-entacapone	24	CELONTIN	21	ciprofloxacin	11
carboplatin	14	cephalexin	5	ciprofloxacin (mixture)	11
CARDENE IV IN SODIUM CHLORIDE	51	CERDELGA	75	ciprofloxacin hcl	11, 94
CARDIZEM	51	CEREBYX	21	ciprofloxacin in 5 % dextrose	11
CARDIZEM CD	51	CEREZYME	75	ciprofloxacin lactate	11
CARDIZEM LA	51	CERVARIX VACCINE (PF)	85	cisplatin	14
CARDURA	51	CESAMET	78	citalopram	39
CARDURA XL	51	cetirizine	97	cladribine	14
CARIMUNE NF NANOFILTERED	85	cevimeline	65	CLAFORAN	5
CARNITOR	65	CHANTIX	67	claravis	60
carteolol	95	CHANTIX CONTINUING MONTH BOX	67	CLARINEX	97
cartia xt	51	CHANTIX STARTING MONTH BOX	67	CLARINEX-D 12 HOUR	97
carvedilol	52	CHEMET	65	clarithromycin	6
CASODEX	14	CHENODAL	78	CLEOCIN	7, 8, 91
CATAPRES	52	chloramphenicol sod succinate	7	CLEOCIN IN 5 % DEXTROSE	7
CATAPRES-TTS-1	52	chlorhexidine gluconate	67	CLEOCIN T	60
CATAPRES-TTS-2	52	chloroquine phosphate	7	CLIMARA	89
CATAPRES-TTS-3	52	chlorothiazide	52	CLIMARA PRO	89
CAYSTON	7	chlorothiazide sodium	52	clindacin p	60
CEDEX	4	chlorpromazine	39	CLINDAGEL	60
cefaclor	4, 5	chlorthalidone	52	clindamycin hcl	8
cefadroxil	5	CHOLBAM	78	clindamycin in 5 % dextrose ..	8
cefazolin	5	cholestyramine light	56	clindamycin pediatric	8
cefdinir	5	CHORIONIC GONADOTROPIN, HUMAN	75	clindamycin phosphate	8, 60, 91
cefepime	5	CIALIS	102	clindamycin-benzoyl peroxide	60
cefixime	5	ciclopirox	62	CLINDESSE	91
cefotaxime	5	cidofovir	2	CLINIMIX 5%/D15W SULFITE FREE	105
cefotetan	5	cilostazol	56	CLINIMIX 5%/D25W SULFITE-FREE	105
cefoxitin	5	CILOXAN	94	CLINIMIX 2.75%/D5W SULFIT FREE	105
cefpodoxime	5	cimetidine	80	CLINIMIX 4.25%/D10W SULF FREE	105
cefprozil	5	cimetidine hcl	80	CLINIMIX 4.25%/D5W SULFIT FREE	65
ceftazidime	5	CIMZIA	78	CLINIMIX 4.25%-D20W SULF-FREE	105
CEFTIN	5	CIMZIA POWDER FOR RECONST	78	CLINIMIX 4.25%-D25W SULF-FREE	105
ceftriaxone	5	CINRYZE	99		
cefuroxime axetil	5	CIPRO	11		
cefuroxime sodium	5	CIPRO HC	67		
CELEBREX	35	CIPRO IN D5W	11		
celecoxib	35	CIPRODEX	67		
CELEXA	38				
CELLCEPT	14				
CELLCEPT INTRAVENOUS	14				

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CLINIMIX 5%- D20W(SULFITE-FREE) 105	COLESTID.....56, 57	CRIVIVAN..... 2
CLINIMIX E 2.75%/D10W SUL FREE..... 65	colestipol 57	cromolyn..... 78, 95, 99
CLINIMIX E 2.75%/D5W SULF FREE..... 65	colistin (colistimethate na)..... 8	cryselle (28) 91
CLINIMIX E 4.25%/D10W SUL FREE.....105	colocort..... 78	CUBICIN 8
CLINIMIX E 4.25%/D25W SUL FREE.....105	COLY-MYCIN S..... 67	CUPRIMINE 88
CLINIMIX E 4.25%/D5W SULF FREE.....105	COLYTE WITH FLAVOR PACKS..... 78	CUTIVATE 63
CLINIMIX E 5%/D15W SULFIT FREE .....105	COMBIGAN 96	CUVPOSA 77
CLINIMIX E 5%/D20W SULFIT FREE .....105	COMBIPATCH 89	cyclafem 1/35 (28) 91
CLINIMIX E 5%/D25W SULFIT FREE .....105	COMBIVENT RESPIMAT . 99	cyclafem 7/7/7 (28) 91
CLINISOL SF 15 %.....105	COMBIVIR 2	CYCLESSA (28)..... 91
clobetasol..... 63	COMETRIQ 14	cyclobenzaprine 27
clobetasol-emollient 63	COMPLERA 2	CYCLOPHOSPHAMIDE ... 14
CLOBEX..... 63	compro 78	CYCLOSET 70
clodan 63	COMTAN..... 24	cyclosporine..... 15
CLODERM..... 63	CONCERTA..... 39	cyclosporine modified 15
CLOLAR..... 14	CONDYLOX..... 59	CYKLOKAPRON..... 56
clomipramine 39	constulose 78	CYMBALTA..... 39
clonazepam 21	CONZIP 35	CYRAMZA 15
clonidine 52	COPAXONE 26	CYSTADANE 78
clonidine hcl 39, 52	COPEGUS..... 2	CYSTAGON 102
clopidogrel..... 56	CORDRAN TAPE LARGE ROLL 63	CYSTARAN..... 95
clorazepate dipotassium..... 39	COREG 52	cytarabine 15
clorpres..... 52	COREG CR 52	cytarabine (pf)..... 15
CLORPRES..... 52	CORGARD..... 52	CYTOMEL..... 76
clotrimazole 1, 62	CORLANOR 58	CYTOTEC..... 80
clotrimazole-beta methasone . 62	cormax..... 63	CYTOVENE..... 2
clozapine..... 39	CORTEF 68	D
CLOZAPINE..... 39	CORTIFOAM..... 78	d10 %-0.45 % sodium chloride 65
CLOZARIL 39	cortis one 68	d2.5 %-0.45 % sodium chloride 66
COARTEM..... 8	CORTISPORIN 62	d5 % and 0.9 % sodium chloride 66
codeine sulfate 28	CORZIDE..... 52	d5 %-0.45 % sodium chloride 66
COGENTIN 24	COSENTYX..... 59	dacarbazine 15
COLAZAL 78	COSENTYX PEN 59	DACOGEN..... 15
COLCHICINE 87	COSMEGEN 14	DAKLINZA..... 2
colchicine-probenecid..... 87	COSOPT 96	DALIRESP 99
COLCRYS..... 87	COSOPT (PF)..... 96	DALVANCE 8
	COTELIC..... 14	danazol 75
	COUMADIN 56	DANTRIUM..... 27
	COZAAR 52	dantrole ne 27
	CREON 78	DAPSONE..... 8
	CRESEMBA..... 1	
	CRESTOR 57	
	CRINONE 89	

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DAPTACEL (DTAP PEDIATRIC) (PF).....	85	dexamethasone.....	68	dihydroergotamine	25
DARAPRIM.....	8	dexamethasone intensol.....	68	DILANTIN 30 MG	21
darifenacin	102	dexamethasone sodium phosphate	68, 97	DILANTIN EXTENDED 100 MG	22
DARZALEX.....	15	dexedrine	39	DILANTIN INFATABS 50 MG	22
daunorubicin	15	DEXEDRINE SPANSULE..	39	DILANTIN-125 125 MG/5 ML	22
DAYPRO	35	DEXILANT	80, 81	DILAUDID.....	28
DAYTRANA.....	39	dexmethylphenidate	39	diltiazem hcl	52
DDAVP.....	75	DEXPAK 13 DAY	68	dilt-xr.....	52
deblitane	89	dexrazoxane hcl	13	DIOVAN.....	52
decitabine	15	dextroamphetamine	39	DIOVAN HCT.....	52
DELESTROGEN	89	dextroamphetamine-amphetamine	39	DIPENTUM.....	78
delyla (28).....	91	dextrose 10 % and 0.2 % nacl	66	diphenhydramine hcl.....	98
DELZICOL.....	78	dextrose 10 % in water (d10w)	66	diphenoxylate-atropine	77
DEMADEX.....	52	dextrose 5 % in water (d5w)	66	DIPROLENE.....	63
demeclocycline	12	dextrose 5 %-lactated ringers	66	DIPROLENE AF	63
DEMSEER.....	52	dextrose 5%-0.2 % sod chloride	66	dipyridamole	56
DENAVIR.....	63	dextrose 5%-0.3 % sod chloride.....	66	disulfiram	66
DEPACON.....	21	dextrose with sodium chloride	66	DITROPAN XL.....	102
DEPAKENE.....	21	dextrose-kcl-nacl.....	103	DIURIL	52
DEPAKOTE.....	21	DIAMOX SEQUELS	96	DIURIL IV	52
DEPAKOTE ER	21	DIASTAT	21	divalproex	22
DEPAKOTE SPRINKLES ..	21	DIASTAT ACUDIAL.....	21	DIVIGEL.....	89
DEPEN TITRATABS.....	88	diazepam.....	21, 40	DOCEFREZ	15
DEPO-ESTRADIOL.....	89	diazepam intensol.....	40	docetaxel.....	15
DEPO-MEDROL.....	68	DIBENZYLINE.....	52	dofetilide.....	50
DEPO-PROVERA	89	diclofenac potassium	35	DOLOPHINE	28
DEPO-SUBQ PROVERA	104	diclofenac sodium	35, 59, 96	donepezil	26
.....	89	diclofenac-misoprostol	35	DORIBAX.....	8
DEPO-TESTOSTERONE ..	75	dicloxacin	10	dorzolamide	96
DERMATOP	63	dicycloimine	77	dorzolamide-timolol	96
DESCOVY	2	didanosine.....	2	DOVONEX.....	59
desipramine.....	39	DIFFERIN	60	doxazosin.....	52
desloratadine	97	DIFICID	6	doxepin.....	40, 59
desmopressin	75	diflorasone	63	doxercalciferol	75
desog-e.estradiol/e.estradiol ..	91	DIFLUCAN.....	1	DOXIL	15
DESOGEN	91	diflunisal.....	35	doxorubicin	15
DESONATE	63	digitek	55	doxorubicin, peg-liposomal ..	15
desonide.....	63	digoxin	55	doxy-100.....	12
DESOWEN.....	63			doxycycline hyclate	12
desoximetasone	63			doxycycline monohydrate	12
DESOXYN	39			dronabinol.....	78
DESVENLAFAXINE	39				
DETROL	102				
DETROL LA	102				

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drospirenone-ethinyl estradiol	ELIXOPHYLLIN.....	99	EPZICOM.....	2
.....	ELLECE.....	15	EQUETRO.....	22
DROXIA.....	ELMIRON.....	103	ERAXIS(WATER DILUENT)	
DUAC.....	ELOCON.....	63	.....	1
DUAVEE.....	EMADINE.....	95	ERBITUX.....	15
DUETACT.....	EMBEDA.....	29	ergoloid.....	40
DUEXIS.....	EMCYT.....	15	ERGOMAR.....	25
DULERA.....	EMEND.....	78	ERIVEDGE.....	15
duloxetine.....	emoquette.....	92	errin.....	89
DUOPA.....	EMPLICITI.....	15	ERTACZO.....	62
DURAGESIC.....	EMSAM.....	40	ERWINAZE.....	15
duramorph (pf).....	EMTRIVA.....	2	ery pads.....	61
DUREZOL.....	EMVERM.....	8	erygel.....	61
DURLAZA.....	ENABLEX.....	102	ERYPED 200.....	6
dutasteride.....	enalapril maleate.....	53	ERYPED 400.....	6
dutasteride-tamsulosin.....	enalapril-hydrochlorothiazide		ery-tab.....	6
DUTOPROL.....	.....	53	ERY-TAB.....	6
DYAZIDE.....	ENBREL.....	88	ERYTHROCIN.....	6
DYMISTA.....	ENBREL SURECLICK.....	88	erythroc in (as stearate).....	6
DYRENIUM.....	endocet.....	29	erythromycin.....	7, 94
DYSPORT.....	ENGERIX-B (PF).....	85	erythromycin ethylsuccinate ..	7
E	ENGERIX-B PEDIATRIC		erythromycin with ethanol ...	61
e.e.s. 400.....	(PF).....	85	erythromycin-benzoyl peroxide	
E.E.S. GRANULES.....	enoxaparin.....	56	.....	61
EC-NAPROSYN.....	enpresse.....	92	ESBRIET.....	99
econazole.....	ENSTILAR.....	59	escitalopram oxalate.....	40
EDARBI.....	entacapone.....	24	esomeprazole magnesium ...	81
EDARBYCLOR.....	entecavir.....	2	esomeprazole sodium.....	81
EDECIN.....	ENTOCORT EC.....	78	ESTRACE.....	89
EDURANT.....	ENTRESTO.....	58	estradiol.....	89, 90
EFFEXOR XR.....	enulose.....	78	estradiol valerate.....	90
EFFIENT.....	ENVARUSUS XR.....	15	estradiol-norethindrone acet.	90
EFUDEX.....	EPANED.....	53	ESTRING.....	90
EGRIFTA.....	EPIDUO.....	61	estropipate.....	90
ELAPRASE.....	EPIDUO FORTE.....	61	eszopic lone.....	40
ELDEPRYL.....	epinastine.....	95	ethacrynate sodium.....	53
ELELYSO.....	EPINEPHRINE.....	98	ethambutol.....	8
ELESTAT.....	EPIPEN 2-PAK.....	98	ethosuximide.....	22
ELESTRIN.....	EPIPEN JR 2-PAK.....	98	etidronate disodium.....	66
ELIDEL.....	epitol.....	22	etodolac.....	35
ELIGARD.....	EPIVIR.....	2	ETOPOPHOS.....	15
ELIMITE.....	EPIVIR HBV.....	2	etoposide.....	15
eliphos.....	eplerenone.....	53	EURAX.....	65
ELIQUIS.....	EPOGEN.....	83	EVAMIST.....	90
ELITEK.....	eprosartan.....	53	EVISTA.....	87

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EVOCLIN	61	fentanyl.....	29	fluvastatin	57
EVOTAZ.....	2	FENTANYL.....	29	fluvoxamine	41
EVOXAC	66	fentanyl citrate	29	FML FORTE	97
EVZIO.....	35	FENTORA.....	29, 30	FML LIQUIFILM	97
EXALGO ER.....	29	FERRIPROX	66	FML S.O.P.....	97
EXELDERM	62	FETZIMA.....	40, 41	FOCALIN.....	41
EXELON	26	FEXMID	27	FOCALIN XR	41
exemestane	15	FIBRICOR.....	57	FOLOTYN	16
EXFORGE.....	53	FINACEA.....	61	fomepizole	85
EXFORGE HCT	53	finasteride	102	fondaparinux	56
EXJADE.....	66	FIRAZYR.....	99	FORFIVO XL	41
EXTAVIA	83	FIRMAGON KIT W		FORTAMET.....	70
EXTINA.....	62	DILUENT SYRINGE.....	15	FORTAZ	5
F		FLAGYL	8	FORTEO	87
FABIOR.....	61	FLAREX	97	FORTESTA	75
FABRAZYME.....	75	flavoxate	102	fortical	75
falmina (28)	92	FLEBOGAMMA DIF	85	FOSAMAX.....	87
fanciclovir.....	2	flecainide	50	FOSAMAX PLUS D.....	87
famotidine.....	81	FLECTOR	35	fosinopril	53
famotidine (pf)	81	FLOMAX	102	fosinopril-hydrochlorothiazide	
famotidine (pf)-nacl (iso-os)	81	FLOVENT DISKUS	99	.....	53
FAMVIR	2	FLOVENT HFA	99, 100	fosphenytoin	22
FANAPT	40	fluconazole	1	FOSRENOL	66
FARESTON	15	fluconazole in nacl (iso-osm) .	1	FRAGMIN.....	56
FARXIGA	70	flucytosine	1	FREAMINE HBC 6.9 %	105
FARYDAK.....	15	fludarabine.....	16	FROVA	25
FASLODEX	15	fludrocortisone	68	frovatriptan	25
FAZACLO.....	40	FLUMADINE.....	2	FURADANTIN	13
felbamate	22	flunisolide	100	furosemide	53
FELBATOL.....	22	fluocinolone	63	FUSILEV	13
FELDENE	35	fluocinolone acetonide oil...	67	FUZEON	2
felodipine.....	53	fluocinonide	63, 64	fyavolv	90
FEMARA	15	fluocinonide-e	64	FYCOMPA.....	22
FEMCON FE.....	92	fluorometholone	97	G	
FEMHRT LOW DOSE	90	fluorouracil.....	16, 59, 60	gabapentin	22
FEMRING.....	90	FLUOROURACIL.....	59	GABITRIL	22
fenofibrate	57	fluoxetine.....	41	GABLOFEN	27
FENOFIBRATE	57	FLUOXETINE.....	41	galantamine.....	26
fenofibrate micronized.....	57	fluphenazine decanoate.....	41	GAMASTAN S/D	85
fenofibrate nanocrystallized .	57	fluphenazine hcl.....	41	GAMMA GARD LIQUID....	85
fenofibric acid.....	57	flurandrenolide	64	GAMMAKED	85
fenofibric acid (choline)	57	flurbiprofen.....	35	GAMMAPLEX.....	85
FENOGLIDE.....	57	flurbiprofen sodium.....	96	GAMUNEX-C.....	85
fenoprofen	35	flutamide.....	16	ganciclovir sodium	2
FENOPROFEN.....	35	fluticasone	64, 100	GARDASIL (PF)	85

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GARDASIL 9 (PF)	85	GLUCOTROL XL	71	HUMALOG MIX 50-50	
GASTROCROM	78	GLUMETZA	71	KWIKPEN.....	71
gatifloxacin.....	94	glycopyrrolate	77	HUMALOG MIX 75-25	71
GATTEX ONE-VIAL	78	GLYSET.....	71	HUMALOG MIX 75-25	
GAUZE PAD.....	70	GLYXAMBI.....	71	KWIKPEN.....	71
gavilyte-c.....	78	GOLYTELY	78	HUMATROPE.....	83
gavilyte-g.....	78	GRALISE	22	HUMIRA.....	88
gavilyte-h and bisacodyl.....	78	GRALISE 30-DAY STARTER		HUMIRA PEDIATRIC	
gavilyte-n.....	78	PACK.....	22	CROHN'S START	88
GELNIQUE	102	granisetron (pf)	79	HUMIRA PEN.....	88
gemcitabine.....	16	granisetron hcl	79	HUMIRA PEN CROHN'S-	
gemfibrozil	57	GRANIX	83	UC-HS START	88
GEMZAR	16	GRASTEK.....	85	HUMULIN 70/30.....	71
GENERESS FE.....	92	griseofulvin microsize	1	HUMULIN 70/30 KWIKPEN	
generlac	78	griseofulvin ultramicrosize	1	.....	71
gengraf	16	GRIS-PEG		HUMULIN N.....	71
GENOTROPIN	83	(ULTRAMICROSIZE).....	1	HUMULIN N KWIKPEN ...	71
GENOTROPIN MINIQUICK		guanidine	41	HUMULIN R.....	71
.....	83	GYNAZOLE-1	91	HUMULIN R U-500 (CONC)	
gentak.....	94	H		KWIKPEN.....	71
gentamicin	8, 62, 94	HALAVEN.....	16	HUMULIN R U-500	
gentamicin in nacl (iso-osm) ..	8	HALDOL	41	(CONCENTRATED)	71
gentamicin sulfate (pf).....	8	HALDOL DECANOATE... 41		HYCAMTIN.....	16
GENVOYA	2	halobetasol propionate	64	HYCET	30
GEODON	41	HALOG.....	64	hydralazine	53
gianvi (28)	92	haloperidol.....	41	HYDREA	16
GIAZO	78	haloperidol decanoate.....	42	hydrochlorothiazide.....	53
gildagia	92	haloperidol lactate	42	hydrocodone-acetaminophen	30
gildess 1.5/30 (21)	92	HARVONI.....	2	hydrocodone-ibuprofen	30
gildess 24 fe	92	HAVRIX (PF).....	85, 86	hydrocortisone	64, 68, 79
GILENYA	26	HECTOROL.....	75	hydrocortisone butyrate	64
GILOTRIF	16	heparin (porcine)	56	hydrocortisone butyr-emollient	
GLASSIA	66	heparin (porcine) in 5 % dex	56	.....	64
glatopa	26	HEPATAMINE 8%.....	105	hydrocortisone valerate.....	64
GLEEVEC	16	HEPSERA	2	hydrocortisone-acetic acid ...	67
GLEOSTINE	16	HERCEPTIN	16	hydromorphone	30
glimepiride.....	70	HETLIOZ	42	hydromorphone (pf)	30
glipizide.....	70	HEXALEN	16	hydroxychloroquine	8
glipizide-metformin.....	70	HIBERIX (PF).....	86	hydroxyprogesterone caproate	
GLUCAGEN HYPOKIT.....	70	HIPREX	13	.....	90
GLUCAGON EMERGENCY		HORIZANT.....	26	hydroxyurea	16
KIT (HUMAN)	70	HUMALOG.....	71	hydroxyzine hcl.....	98
GLUCOPHAGE	70	HUMALOG KWIKPEN	71	HYPERRAB S/D (PF)	86
GLUCOPHAGE XR	70, 71	HUMALOG MIX 50-50.....	71	HYSINGLA ER	30
GLUCOTROL	71			HYZAAR	53

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I		
ibandronate	88	
IBRANCE	16	
IBUDONE.....	30	
ibuprofen	35	
ibuprofen-oxycodone.....	30	
ICLUSIG.....	16	
IDAMYCIN PFS.....	16	
idarubicin.....	16	
IFEX.....	16	
ifosfamide	16	
ILARIS (PF).....	83	
ILEVRO	96	
ILOTYCIN	94	
imatinib	16	
IMBRUVICA	17	
imipenem-cilastatin	8	
imipramine hcl.....	42	
imipramine pamoate	42	
imiquimod	60	
IMITREX	25	
IMITREX STATDOSE KIT		
REFILL	25	
IMOVAX RABIES VACCINE		
(PF)	86	
IMURAN.....	17	
INCRELEX	66	
INCRUSE ELLIPTA.....	100	
indapamide	53	
INDERAL LA	53	
INFANRIX (DTAP) (PF)....	86	
INLYTA.....	17	
INNOPRAN XL.....	53	
INSPRA.....	53	
INSULIN PEN NEEDLE	71	
INSULIN SYRINGE (DISP)		
U-100.....	72	
INTELENCE	2	
intra lipid	105	
INTRALIPID.....	105	
INTRON A.....	83	
introvale.....	92	
INVANZ.....	8	
INVEGA.....	42	
INVEGA SUSTENNA	42	
INVEGA TRINZA.....	42	
INVIRASE	2	
INVOKAMET	72	
INVOKANA.....	72	
IONOSOL-B IN D5W.....	105	
IONOSOL-MB IN D5W	105	
IOPIDINE.....	97	
IPOL.....	86	
ipratropium bromide.....	67, 100	
ipratropium-albuterol.....	100	
irbesartan	53	
irbesartan-hydrochlorothiazide		
.....	53	
IRENKA.....	42	
IRESSA	17	
irinotecan.....	17	
ISENTRESS	2	
ISOLYTE-P IN 5 %		
DEXTROSE.....	105	
ISOLYTE-S.....	105	
isoniazid	8	
ISOPTO CARPINE.....	95	
ISORDIL	58	
ISORDIL TITRADOSE	58	
isosorbide dinitrate	58	
isosorbide mononitrate	58	
isradipine	53	
ISTALOL	95	
ISTODAX	17	
itraconazole.....	1	
ivermectin.....	8	
IXIARO (PF).....	86	
J		
JADENU	66	
JAKAFI.....	17	
JALYN.....	102	
jantoven.....	56	
JANUMET	72	
JANUMET XR	72	
JANUVIA.....	72	
JARDIANCE.....	72	
JENTADUETO.....	72	
JENTADUETO XR.....	72	
JEVTANA	17	
jinteli	90	
jolivette.....	90	
JUBLIA.....	62	
juleber	92	
june1 1.5/30 (21).....	92	
june1 1/20 (21).....	92	
june1 fe 1.5/30 (28).....	92	
june1 fe 1/20 (28).....	92	
june1 fe 24.....	92	
JUXTAPID.....	57	
K		
KADCYLA.....	17	
KADIAN.....	30	
kaitlib fe	92	
KALETRA	2	
KALYDECO	100	
KANUMA.....	75	
KAPVAY	42	
kariva (28)	92	
KAYEXALATE	66	
KAZANO.....	72	
kelnor 1/35 (28).....	92	
KENALOG.....	64, 68	
KEPIVANCE.....	13	
KEPPRA	22	
KEPPRA XR	22	
KERYDIN.....	62	
KETEK.....	8	
ketoconazole	1, 62	
ketoprofen.....	35	
ketorolac	96	
KEVEYIS.....	26	
KEYTRUDA	17	
KHEDEZLA	42	
kimidess (28)	92	
KINERET.....	88	
kionex.....	66	
KITABIS PAK.....	8	
KLARON	62	
KLONOPIN.....	22	
klor-con 10	103	
klor-con 8	103	
klor-con m15.....	103	
klor-con m20.....	103	
klor-con sprinkle	103	
KOMBIGLYZE XR.....	72	

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KORLYM.....	75	leena 28	92	LINZESS	79
KRISTALOSE	79	leflunomide	88	LIORESAL	27
k-tab	103	LENVIMA	17	liothyronine	77
K-TAB	103	LESCOL XL	57	LIPITOR	57
KUVAN	75	lessina	92	LIPOFEN	57
KYNAMRO	57	LETAIRIS	100	lisinopril	53
L		letrozole	17	lisinopril-hydrochlorothiazide	
l norgest/e.estradiol-e.estrad	92	leucovorin calcium	13	.....	53
labetalol	53	LEUKERAN	17	lithium carbonate	42
LACRISERT	95	LEUKINE	83	lithium citrate	42
lactated ringers	65, 103	leuprolide	17	LITHOBID	42
lactulose	79	levabuterol hcl	100	LITHOSTAT	66
LAMICTAL	22	LEVAQUIN	11	LIVALO	57
LAMICTAL ODT	22	LEVEMIR	72	LO LOESTRIN FE	92
LAMICTAL STARTER		LEVEMIR FLEXTOUCH ..	72	LOCOID	64
(BLUE) KIT	22	levetiracetam	23	LODOSYN	24
LAMICTAL STARTER		LEVETIRACETAM IN NA CL		LOESTRIN 1.5/30 (21)	92
(GREEN) KIT	22	(ISO-OS)	23	LOESTRIN 1/20 (21)	92
LAMICTAL STARTER		levobunolol	95	LOESTRIN FE 1.5/30 (28-	
(ORANGE) KIT	22	levocarnitine	66	DAY)	92
LAMICTAL XR	22	levocarnitine (with sugar) ...	66	LOESTRIN FE 1/20 (28-DAY)	
LAMICTAL XR STARTER		levocetirizine	98	.....	92
(BLUE)	22	levofloxacin	12, 94	LOFIBRA	57
LAMICTAL XR STARTER		levofloxacin in d5w	12	lomedina 24 fe	92
(GREEN)	22	levoleucovorin calcium	13	LOMOTIL	77
LAMICTAL XR STARTER		levonest (28)	92	LONSURF	17
(ORANGE)	22	levonorgestrel-ethinyl estrad	92	loperamide	77
LAMISIL	1	levonorg-eth estrad triphasic	92	LOPID	57
lamivudine	3	levora-28	92	lopreeza	90
lamivudine-zidovudine	3	levorphanol tartrate	31	LOPRESSOR	53
lamotrigine	22, 23	levothyroxine	76	LOPRESSOR HCT	53
LANOXIN	55	LEVOTHYROXINE	76	LOPROX	62
lansoprazole	81	levoxyl	77	lorazepam	42
LANTUS	72	LEXAPRO	42	lorazepam intensol	42
LANTUS SOLOSTAR	72	LEXIVA	3	lorcet (hydrocodone)	31
larin 1.5/30 (21)	92	LIALDA	79	lorcet plus	31
larin 1/20 (21)	92	lidocaine	62	lortab 10-325	31
larin fe 1.5/30 (28)	92	lidocaine (pf)	61	lortab 5-325	31
larin fe 1/20 (28)	92	lidocaine hcl	61	lortab 7.5-325	31
LASIX	53	lidocaine-prilocaine	62	loryna (28)	92
LASTACAPT	95	LIDODERM	62	losartan	53
latanoprost	96	LINCOCIN	8	losartan-hydrochlorothiazide	53
LATUDA	42	lincomycin	8	LOSEASONIQUE	92
layolis fe	92	lindane	65	LOTEMAX	97
LAZANDA	31	linezolid	8	LOTENSIN	53

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LOTREL.....	53	MAXALT-MLT.....	25	methamphetamine.....	43
LOTRISONE.....	62	MAXIDEX.....	97	methazolamide.....	96
LOTRONEX.....	79	MAXIPIME.....	6	methenamine hippurate.....	13
lovastatin.....	57	MAXITROL.....	96	methimazole.....	69
LOVAZA.....	57	MAXZIDE.....	53	METHITEST.....	75
LOVENOX.....	56	MAXZIDE-25MG.....	53	methotrexate sodium.....	18
loxapine succinate.....	42	meclizine.....	79	methotrexate sodium (pf).....	18
LUMIGAN.....	96	meclofenamate.....	35	methoxsalen rapid.....	60
LUMIZYME.....	75	MEDROL.....	68	methscopolamine.....	77
LUNESTA.....	43	MEDROL (PAK).....	68	methyclothiazide.....	54
LUPANETA PACK (1		medroxyprogesterone.....	90	methyl dopa.....	54
MONTH).....	91	mefenamic acid.....	35	methylergonovine.....	94
LUPANETA PACK (3		mefloquine.....	9	METHYLIN.....	43
MONTH).....	91	MEGACE.....	18	methylphenidate.....	43
LUPRON DEPOT.....	17	MEGACE ES.....	18	methylprednisolone.....	68
LUPRON DEPOT (3		megestrol.....	18	methylprednisolone acetate..	68
MONTH).....	17	MEKINIST.....	18	methylprednisolone sodium	
LUPRON DEPOT (4		meloxicam.....	35	succ.....	68
MONTH).....	17	melphalan hcl.....	18	methyltestosterone.....	75
LUPRON DEPOT (6		memantine.....	26	metipranolol.....	95
MONTH).....	17	MEMANTINE.....	27	metoclopramide hcl.....	79
LUPRON DEPOT-PED.....	17	MENACTRA (PF).....	86	metolazone.....	54
lutera (28).....	92	MENEST.....	90	metoprolol succinate.....	54
LUZU.....	62	MENHIBRIX (PF).....	86	metoprolol ta-hydrochlorothiaz	
LYNPARZA.....	17	MENOMUNE - A/C/Y/W-135		.....	54
LYRICA.....	23	(PF).....	86	metoprolol tartrate.....	54
LYSODREN.....	17	MENOSTAR.....	90	METOZOLV ODT.....	79
LYSTEDA.....	91	MENTAX.....	62	METROCREAM.....	61
lyza.....	90	MENVEO A-C-Y-W-135-DIP		METROGEL.....	61
M		(PF).....	86	METROGEL VAGINAL....	91
MACROBID.....	13	MEPRON.....	9	METROLOTION.....	61
MACRODANTIN.....	13	mercaptopurine.....	18	metronidazole.....	9, 61, 91
magnesium sulfate.....	103	meropenem.....	9	metronidazole in nacl (iso-os)	9
MAKENA.....	90	MERREM.....	9	mexiletine.....	50
MALARONE.....	8	mesalamine with cleansing		MIACALCIN.....	75
MALARONE PEDIATRIC... 8		wipe.....	79	MICARDIS.....	54
malathion.....	65	mesna.....	13	MICARDIS HCT.....	54
maprotiline.....	43	MESNEX.....	13	miconazole-3.....	91
MARINOL.....	79	MESTINON.....	27	microgestin 1.5/30 (21).....	93
marlissa.....	92	MESTINON TIMESPAN... 27		microgestin 1/20 (21).....	93
MARPLAN.....	43	METADATE CD.....	43	microgestin fe 1.5/30 (28)...	93
MATULANE.....	17	metadate er.....	43	microgestin fe 1/20 (28).....	93
matzim la.....	53	metaproterenol.....	100	MICROZIDE.....	54
MAVIK.....	53	metformin.....	72, 73	midodrine.....	66
MAXALT.....	25	methadone.....	31	migergot.....	25

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miglitol.....	73	MOZOBIL.....	84	NATESTO.....	76
MIGRANAL.....	25	MS CONTIN.....	32	NATPARA.....	76
millipred.....	68	MULTAQ.....	50	NEBUPENT.....	9
MILLIPRED.....	68	mupirocin.....	62	necon 0.5/35 (28).....	93
mimvey.....	90	mupirocin calcium.....	62	necon 1/35 (28).....	93
mimvey lo.....	90	MUSTARGEN.....	18	necon 1/50 (28).....	93
MINASTRIN 24 FE.....	93	MYALEPT.....	75	necon 10/11 (28).....	93
MINIPRESS.....	54	MYAMBUTOL.....	9	necon 7/7/7 (28).....	93
MINITRAN.....	58	MYCAMINE.....	1	NEEDLES, INSULIN	
MINIVELLE.....	90	MYCOBUTIN.....	9	DISP.,SAFETY.....	73
MINOCIN.....	12	mycophenolate mofetil.....	18	nefazodone.....	43
minocycline.....	12	mycophenolate sodium.....	18	neomycin.....	9
minoxidil.....	54	MYFORTIC.....	18	neomycin-bacitracin-poly-hc	96
MIRAPEX.....	24	myorisan.....	61	neomycin-bacitracin-	
MIRAPEX ER.....	24	MYRBETRIQ.....	102	polymyxin.....	94
MIRCERA.....	83	MYSOLINE.....	23	neomycin-polymyxin b gu...	65
mirtazapine.....	43	N		neomycin-polymyxin b-	
MIRVASO.....	61	nabumetone.....	36	dexameth.....	96
misoprostol.....	81	nadolol.....	54	neomycin-polymyxin-	
MITIGARE.....	87	nadolol-bendroflumethiazide	54	gramicidin.....	94
mitomycin.....	18	nafcillin.....	10	neomycin-polymyxin-hc.67,	96
mitoxantrone.....	18	naftifine.....	62	NEORAL.....	18
M-M-R II (PF).....	86	NAFTIFINE.....	62	NEOSPORIN (NEO-POLYM-	
MOBIC.....	35	NAFTIN.....	62	GRAMICID).....	94
modafinil.....	43	NAGLAZYME.....	76	NEO-SYNALAR.....	62
moderiba.....	3	nalbuphine.....	36	NEPHRAMINE 5.4 %.....	105
moderiba dose pack.....	3	naloxone.....	36	NESINA.....	73
MODICON (28).....	93	naltrexone.....	36	neuac.....	61
moexipril.....	54	NAMENDA.....	27	NEULASTA.....	84
moexipril-hydrochlorothiazide		NAMENDA TITRATION		NEUPOGEN.....	84
.....	54	PAK.....	27	NEUPRO.....	24
molindone.....	43	NAMENDA XR.....	27	NEURONTIN.....	23
mometasone.....	64, 100	NAMZARIC.....	27	NEVANAC.....	96
mononessa (28).....	93	naphazoline.....	97	nevirapine.....	3
montelukast.....	100	NAPRELAN CR.....	36	NEXAVAR.....	18
MONUROL.....	13	NAPROSYN.....	36	NEXIUM.....	81
morphine.....	31, 32	naproxen.....	36	NEXIUM IV.....	81
MORPHINE.....	31	naproxen sodium.....	36	NEXIUM PACKET.....	81
morphine concentrate.....	31	naratriptan.....	25	NEXTERONE.....	50
MOVANTIK.....	79	NARCAN.....	36	niacin.....	57
MOVIPREP.....	79	NARDIL.....	43	NIACOR.....	57
MOXEZA.....	94	NASONEX.....	100	NIASPAN EXTENDED-	
moxifloxacin.....	12	NATACYN.....	94	RELEASE.....	57
MOXIFLOXACIN-		NATAZIA.....	93	nicardipine.....	54
SOD.ACE,SUL-WATER.	12	nateglinide.....	73	NICOTROL.....	67

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NICOTROL NS	67	NORTHERA	66	ODEFSEY	3
nifedical xl.....	54	nortrel 0.5/35 (28)	93	ODOMZO	18
nifedipine.....	54	nortrel 1/35 (21)	93	OFEV	100
nikki (28).....	93	nortrel 1/35 (28)	93	ofloxacin.....	12, 67, 94
NILANDRON.....	18	nortrel 7/7/7 (28)	93	ogestrel (28).....	93
nimodipine.....	54	nortriptyline	43	olanzapine.....	43
NINLARO.....	18	NORVASC.....	54	olanzapine-fluoxetine	43
NIPENT.....	18	NORVIR	3	olopatadine	67, 95
nisoldipine	54	NOVAREL.....	76	OLUX	64
nitro-bid.....	58	NOVOFINE 32.....	73	OLYSIO	3
NITRO-DUR.....	58	NOVOLIN 70/30	73	OMECLAMOX-PAK.....	81
nitrofurantoin	13	NOVOLIN N.....	73	omega-3 acid ethyl esters.....	57
nitrofurantoin macrocrystal..	13	NOVOLIN R.....	73	omeprazole	81
nitrofurantoin monohyd/m-		NOVOLOG.....	73	omeprazole-sodium	
cryst.....	13	NOVOLOG FLEXPEN	73	bicarbonate.....	81, 82
nitroglycerin.....	59	NOVOLOG MIX 70-30	73	OMNARIS.....	100
NITROLINGUAL.....	59	NOVOLOG MIX 70-30		OMNIPRED	97
NITROMIST	59	FLEXPEN.....	73	OMNITROPE.....	84
NITROSTAT	59	NOVOLOG PENFILL	73	ondansetron.....	79
nizatidine	81	NOXAFIL	1	ondansetron hcl	79
NIZORAL	62	NUCALA	100	ondansetron hcl (pf)	79
nora-be	90	NUCYNTA.....	36	ONEXTON	61
NORCO.....	32	NUCYNTA ER.....	36	ONFI	23
NORDITROPIN FLEXPRO	84	NUEDEXTA	27	ONGLYZA.....	73
noreth-ethinyl estradiol-iron	93	NULOJIX.....	18	ONMEL.....	1
norethindrone (contraceptive)		NULYTELY WITH FLAVOR		ONZETRA XSAIL	25
.....	90	PACKS.....	79	OPANA.....	32
norethindrone acetate	90	NUPLAZID.....	43	OPANA ER.....	32
norethindrone ac-eth estradiol		NUTRESTORE	66	OPDIVO.....	18
.....	90	NUTRILIPID.....	105	OPSUMIT	100
norethindrone-e.estradiol-iron		NUTROPIN AQ.....	84	ORACEA	12
.....	93	NUTROPIN AQ NUSPIN ...	84	ORALAIR.....	86
norgestimate-ethinyl estradiol		NUVARING.....	91	ORAP.....	43
.....	93	NUVESSA.....	91	ORAPRED ODT.....	68
NORINYL 1+35 (28)	93	NUVIGIL	43	ORAVIG	1
NORINYL 1+50 (28)	93	nyamyc	62	ORBACTIV.....	9
NORITATE.....	61	nystatin	1, 62	ORENCIA	88
norlyroc	90	nystatin-triamecinolone	62	ORENCIA (WITH	
NORMOSOL-M IN 5 %		nystop.....	62	MALTOSE)	88
DEXTROSE.....	105	O		ORENITRAM.....	54
NORMOSOL-R IN 5 %		ocella	93	ORFADIN	66
DEXTROSE.....	103	OCTAGAM.....	86	ORKAMBI	100
NORMOSOL-R PH 7.4.....	105	octreotide acetate.....	18	orsythia.....	93
NORPRAMIN	43	OCUFEN.....	96	ORTHO MICRONOR.....	90
NOR-QD	90	OCUFLOX.....	94	ORTHO TRI-CYCLEN (28)	93

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ORTHO TRI-CYCLEN LO (28).....	93	PARNATE.....	44	phenytoin.....	23
ORTHO-CYCLEN (28).....	93	paromomycin	9	phenytoin sodium.....	23
ORTHO-NOVUM 1/35 (28)	93	paroxetine hcl.....	44	phenytoin sodium extended .	23
ORTHO-NOVUM 7/7/7 (28)	93	PASER	9	PHOSLO	103
OSENI.....	73	PATADAY.....	95	PHOSLYRA.....	103
OSMOPREP	79	PATANASE.....	67	PHOSPHOLINE IODIDE ...	95
OTEZLA	88	PATANOL.....	95	PHYSIOLYTE.....	65
OTEZLA STARTER.....	88	PAXIL.....	44	PHYSIOSOL IRRIGATION	65
OTREXUP (PF).....	89	PAXIL CR.....	44	PICATO	60
OVCON-35 (28)	93	PAZEO.....	96	pilocarpine hcl	66, 95
OVIDE.....	65	PCE.....	7	pimozide	45
oxacillin.....	10	PEDVAX HIB (PF).....	86	pimtree (28).....	93
oxacillin in dextrose(iso-osm)	10	peg 3350-electrolytes	79	pindolol	54
oxaliplatin.....	18	PEGANONE.....	23	pioglitazone	73
oxandrolone	76	PEGASYS	84	pioglitazone-glimepiride.....	73
oxaprozin.....	36	PEGASYS PROCLICK.....	84	pioglitazone-metformin	73
oxazepam.....	44	peg-electrolyte soln	79	piperacillin-tazobactam	11
oxcarbazepine	23	PEGINTRON.....	84	pirme lla	93
oxiconazole.....	63	PEGINTRON REDIPEN.....	84	piroxicam.....	36
OXISTAT	63	PENICILLIN G POT IN		PLAQUENIL.....	9
OXSORALEN ULTRA.....	60	DEXTROSE.....	10	PLASMA-LYTE 148	105
OXTELLAR XR	23	penicillin g potassium.....	11	PLASMA-LYTE A	105
oxybutynin chloride.....	102	penicillin g procaine	11	PLASMA-LYTE-56 IN 5 %	
oxycodone	32	penicillin g sodium.....	11	DEXTROSE.....	106
OXYCODONE	32, 33	penicillin v potassium.....	11	PLAVIX.....	56
oxycodone-acetaminophen ..	33	PENNSAID	36	PLEGRIDY	84
oxycodone-aspirin.....	33	PENTAM	9	podofilox	60
OXYCONTIN.....	33	PENTASA.....	79	polyethylene glycol 3350	79
oxymorphone.....	33	pentoxifylline	56	polymyxin b sulfate.....	9
OXYTROL	102	PEPCID.....	82	polymyxin b sulf-trimethoprim	
P		PERCOCET.....	33	.....	94
pacerone	50	PERFOROMIST	100	POLYTRIM.....	94
paclitaxel	18	perindopril erbumine	54	POMALYST.....	18
paliperidone	44	periogard.....	67	portia	93
PAMELOR.....	44	PERJETA	18	potassium chlorid-d5-	
pamidronate	76	permethrin	65	0.45%nacl.....	103
PANCREAZE.....	79	perphenazine	44	potassium chloride	103, 104
PANDEL.....	64	PERSANTINE.....	56	potassium chloride in 0.9%nacl	
PANRETIN	60	PERTZYE	79	.....	103
pantoprazole.....	82	PEXEVA	44	potassium chloride in 5 % dex	
paricalcitol.....	76	phenezine.....	44	.....	103
PARICALCITOL.....	76	PHENERGAN	98	potassium chloride in lr-d5	103
		phenobarbital	23	potassium chloride-0.45 % nacl	
		phenoxybenzamine.....	54	104
		PHENYTEK.....	23		

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potassium chloride-d5- 0.2%nacl.....	104	PRILOSEC.....	82	PROVENTIL HFA.....	100
potassium chloride-d5- 0.3%nacl.....	104	PRIMAQUINE.....	9	PROVERA.....	91
potassium chloride-d5- 0.9%nacl.....	104	PRIMAXIN IV.....	9	PROVIGIL.....	45
potassium citrate.....	103	primidone.....	23	PROZAC.....	45
POTIGA.....	23	PRIMLEV.....	33	PROZAC WEEKLY.....	45
PRADAXA.....	56	PRINIVIL.....	54	prudoxin.....	60
PRALUENT PEN.....	57	PRISTIQ.....	45	PSORCON.....	64
PRALUENT SYRINGE.....	58	PRIVIGEN.....	86	PULMICORT.....	100
pramipexole.....	24	PROAIR HFA.....	100	PULMICORT FLEXHALER	100, 101
PRANDIN.....	73	PROAIR RESPICLICK.....	100	PULMOZYME.....	101
PRAVACHOL.....	58	probenecid.....	87	PURIXAN.....	18
pravastatin.....	58	procainamide.....	50	PYLERA.....	82
prazosin.....	54	PROCALAMINE 3%.....	106	pyrazinamide.....	9
PRECOSE.....	73	PROCARDIA XL.....	54	pyridostigmine bromide.....	27
PRED FORTE.....	97	procentra.....	45	Q	
PRED MILD.....	97	prochlorperazine.....	79	QNASL.....	101
PRED-G.....	96	prochlorperazine edisylate... ..	80	QUADRACEL (PF).....	86
PRED-G S.O.P.....	96	prochlorperazine maleate.....	80	QUALAQUIN.....	9
prednicarbate.....	64	PROCRIT.....	84	QUARTETTE.....	93
prednisolone acetate.....	97	procto-med hc.....	80	quasense.....	93
prednisolone sodium phosphate	68, 97	procto-pak.....	80	QUDEXY XR.....	23
prednisone.....	68	proctosol hc.....	80	QUESTRAN.....	58
prednisone intensol.....	68	proctozone-hc.....	80	quetiapine.....	45
PREFEST.....	90	PROCYSBI.....	103	QUILLICHEW ER.....	45
PREGNYL.....	76	progesterone micronized.....	90	QUILLIVANT XR.....	45
PREMARIN.....	90	PROGLYCEM.....	73	quinapril.....	54
premasol 10 %.....	106	PROGRAF.....	18	quinapril-hydrochlorothiazide	54
PREMASOL 6 %.....	106	PROLASTIN-C.....	66	quinidine gluconate.....	50
PREMPHASE.....	90	PROLENSA.....	96	quinidine sulfate.....	50
PREMPRO.....	90	PROLEUKIN.....	84	quinine sulfate.....	9
PRENATAL VITAMIN ORAL TABLET.....	106	PROLIA.....	88	QVAR.....	101
PREPOPIK.....	79	PROMACTA.....	56	R	
PREVACID.....	82	promethazine.....	98	RABAVERT (PF).....	86
PREVACID SOLUTAB.....	82	PROMETRIUM.....	91	rabeprazole.....	82
prevalite.....	58	propafenone.....	50	RAGWITEK.....	86
previfem.....	93	propranolol.....	54	raloxifene.....	88
PREVPAC.....	82	propranolol-hydrochlorothiazid	54	ramipril.....	54
PREZCOBIX.....	3	propylthiouracil.....	69	RANEXA.....	58
PREZISTA.....	3	PROQUAD (PF).....	86	ranitidine hcl.....	82
PRIFTIN.....	9	PROSCAR.....	102	RAPAFLO.....	102
		PROSOL 20 %.....	106	RAPAMUNE.....	18
		PROTONIX.....	82	RASUVO (PF).....	89
		PROTOPIC.....	60	RAVICTI.....	66
		protriptyline.....	45		

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RAYOS.....	68	rifabutin.....	9	SANDOSTATIN LAR	
RAZADYNE.....	27	RIFADIN.....	9	DEPOT.....	19
RAZADYNE ER.....	27	RIFAMATE.....	9	SANTYL.....	65
REBETOL.....	3	rifampin.....	9	SAPHRIS (BLACK	
REBIF (WITH ALBUMIN).....	84	RIFATER.....	9	CHERRY).....	46, 47
REBIF REBIDOSE.....	84	RILUTEK.....	66	SARAFEM.....	47
REBIF TITRATION PACK.....	84	riluzole.....	66	SAVAYSA.....	56
RECLAST.....	66	rimantadine.....	3	SAVELLA.....	89
reclipsen (28).....	93	ringers.....	65, 104	SEASONIQUE.....	93
RECOMBIVAX HB (PF).....	86	RIOMET.....	74	SECTRAL.....	54
RECTIV.....	80	risedronate.....	66, 88	SEEBRI NEOHALER.....	101
REGLAN.....	80	RISPERDAL.....	46	selegiline hcl.....	24
REGANEX.....	60	RISPERDAL CONSTA.....	45	selenium sulfide.....	59
RELENZA DISKHALER.....	3	RISPERDAL M-TAB.....	45, 46	SELZENTRY.....	3
RELISTOR.....	80	risperidone.....	46	SEMPREX-D.....	98
RELPAK.....	25	RITALIN.....	46	SENSIPAR.....	76
REMERON.....	45	RITALIN LA.....	46	SEREVENT DISKUS.....	101
REMERON SOLTAB.....	45	RITUXAN.....	19	SERNIVO.....	64
REMICADE.....	80	rivastigmine.....	27	SEROQUEL.....	47
REMODULIN.....	54	rivastigmine tartrate.....	27	SEROQUEL XR.....	47
RENAGEL.....	66	rizatriptan.....	25	SEROSTIM.....	85
REVELA.....	66	ROBINUL.....	77	sertraline.....	47
repaglinide.....	73	ROBINUL FORTE.....	77	setlakin.....	93
repaglinide-metformin.....	73	ROCALTROL.....	76	SFROWASA.....	80
REPATHA SURECLICK.....	58	ropinirole.....	24	sharobel.....	91
REPATHA SYRINGE.....	58	rosuvastatin.....	58	SIGNIFOR.....	19
reprexain.....	33	ROTARIX.....	86	SIGNIFOR LAR.....	19
REQUIP.....	24	ROTATEQ VACCINE.....	86	sildenafil.....	101
REQUIP XL.....	24	roweepra.....	23	SILENOR.....	47
RESCRIPTOR.....	3	ROXICODONE.....	33, 34	SILVADENE.....	59
RESTASIS.....	96	ROZEREM.....	46	silver sulfadiazine.....	59
RESTORIL.....	45	RUCONEST.....	101	SIMBRINZA.....	96
RETIN-A.....	61	RYTARY.....	24	SIMPONI.....	89
RETIN-A MICRO.....	61	RYTHMOL.....	50	SIMPONI ARIA.....	89
RETIN-A MICRO PUMP.....	61	RYTHMOL SR.....	50	SIMULECT.....	19
RETROVIR.....	3	S		simvastatin.....	58
REVATIO.....	101	SABRIL.....	23	SINEMET.....	24
REVLIMID.....	18	SAFYRAL.....	93	SINEMET CR.....	24
REXULTI.....	45	SAIZEN.....	84	SINGULAIR.....	101
REYATAZ.....	3	SAIZEN CLICK.EASY.....	84	sirolimus.....	19
RHEUMATREX.....	19	SALAGEN.....	66	SIRTURO.....	9
ribasphere.....	3	SAMSCA.....	76	SIVEXTRO.....	9
ribasphere ribapak.....	3	SANCUSO.....	80	SKLICE.....	65
ribavirin.....	3	SANDIMMUNE.....	19	sodium chloride.....	66, 104
RIDAURA.....	89	SANDOSTATIN.....	19	sodium chloride 0.45 %.....	104

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sodium chloride 0.9 %.....	66	STELARA	59	SYNJARDY	74
sodium chloride 3 %.....	104	STIMATE.....	76	SYNRIBO	19
sodium chloride 5 %.....	104	STIOLTO RESPIMAT.....	101	SYNTHROID	77
SODIUM FLUORIDE.....	106	STIVARGA	19	SYPRINE	67
sodium lactate	104	STRATTERA	47	T	
sodium phenylbutyrate	66	STRENSIQ.....	76	TABLOID	19
sodium polystyrene (sorb free)		STREPTOMYCIN	9	TACLONEX.....	59
.....	67	STRIANT	76	tacrolimus	19, 60
SOLARAZE	60	STRIBILD	3	TAFINLAR	19
SOLODYN.....	12	STRIVERDI RESPIMAT...	101	TAGRISSE.....	19
SOLTAMOX	19	STROMECTOL	9	TALTZ AUTOINJECTOR (3	
SOLU-CORTEF (PF).....	68	SUBOXONE	36	PACK).....	59
SOLU-MEDROL	68	SUBSYS.....	34	TALTZ SYRINGE.....	59
SOLU-MEDROL (PF)	68	SUCRAID	80	TAMIFLU	3
SOMATULINE DEPOT	19	sucrafate	82	tamoxifen.....	19
SOMAVERT	76	SULAR.....	54	tamsulosin.....	102
SONATA.....	47	sulfacetamide sodium	97	TANZEUM.....	74
SOOLANTRA	61	sulfacetamide sodium (acne) ..	62	TAPAZOLE.....	69
SORIATANE.....	59	sulfacetamide-prednisolone .	97	TARCEVA	19, 20
SORILUX.....	59	sulfadiazine	12	TARGRETIN.....	20
sorine.....	50	sulfamethoxazole-trimethoprim		tarina fe 1/20 (28).....	94
sotalol.....	50	.....	12	TARKA	55
sotalol af.....	50	SULFAMYLON	62	TASIGNA	20
SOTYLIZE	50	sulfasalazine.....	80	TASMAR	25
SOVALDI	3	sulindac	36	TAXOTERE	20
SPIRIVA RESPIMAT.....	101	sumatriptan	25	TAZICEF	6
SPIRIVA WITH		sumatriptan succinate	25, 26	TAZORAC	61
HANDIHALER.....	101	SUMAVEL DOSEPRO.....	26	taztia xt.....	55
spironolactone.....	54	SUPRAX.....	6	TECENTRIQ.....	20
spironolacton-hydrochlorothiaz		SUPREP BOWEL PREP KIT		TECFIDERA	27
.....	54	.....	80	TECHNIVIE.....	3
SPORANOX.....	1	SURMONTIL.....	47	TEFLARO	6
sprintec (28).....	93	SUSTIVA	3	TEGRETOL.....	23
SPRITAM.....	23	SUTENT.....	19	TEGRETOL XR	23
SPRYCEL	19	SYLATRON.....	85	TEKTURNA.....	55
sronyx.....	93	SYLVANT	19	TEKTURNA HCT	55
ssd.....	59	SYMBICORT.....	101	telmisartan	55
STALEVO 100	24	SYMBYAX	47	telmisartan-amlodipine	55
STALEVO 125	24	SYMLINPEN 120.....	74	telmisartan-hydrochlorothiazid	
STALEVO 150	24	SYMLINPEN 60.....	74	.....	55
STALEVO 200	24	SYNAGIS.....	3	temazepam.....	47
STALEVO 50	24	SYNALAR CREAM.....	64	TEMOVATE	64
STALEVO 75	25	SYNALGOS-DC	34	TENIVAC (PF).....	86
STARLIX	74	SYNAREL.....	76	TENORETIC 100	55
stavudine.....	3	SYNERCID	9	TENORETIC 50	55

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TENORMIN	55	TOBI PODHALER	9	TRESIBA FLEXTOUCH U-	
TERAZOL 3	91	TOBRADEX	96	100	74
TERAZOL 7	91	TOBRADEX ST	96	TRESIBA FLEXTOUCH U-	
terazosin	55	tobramycin	95	200	74
terbinafine hcl	1	tobramycin in 0.225 % nacl ...	9	tretinoin	61
terbutaline	101	tobramycin sulfate	9	tretinoin (chemotherapy)	20
terconazole	91	tobramycin-dexamethasone .	96	tretinoin microspheres	61
TESTIM	76	TOBREX	95	TRETIN-X	61
testosterone	76	TOFRANIL	47	TREXALL	20
TESTOSTERONE	76	TOLAK	60	TREXIMET	26
testosterone cypionate	76	tolazamide	74	TREZIX	34
testosterone enanthate	76	tolbutamide	74	triamcinolone acetonide ..	64, 67
TETANUS,DIPHThERIA		tolcapone	25	triamterene-hydrochlorothiazid	
TOX PED(PF)	86	tolmetin	36	.....	55
TETANUS-DIPHThERIA		tolterodine	102	trianex	64
TOXOIDS-TD	86	TOPAMAX	23	TRIBENZOR	55
tetrabenazine	27	TOPICORT	64	TRICOR	58
tetracycline	12	topiramate	23, 24	triderm	64
THALOMID	20	TOPIRAMATE	24	trifluoperazine	48
THEO-24	101	toposar	20	trifluridine	95
theophylline	101	topotecan	20	TRIGLIDE	58
THIOLA	67	TOPROL XL	55	tri-le gest fe	94
thioridazine	47	TORISEL	20	TRILEPTAL	24
thiotepa	20	torse mide	55	TRILIPIX	58
thiothixene	47	TOUJEO SOLOSTAR	74	tri-lo-estarylla	94
THYMOGLOBULIN	86	TOVIAZ	102	tri-lo-sprintec	94
THYROLAR-1	77	TPN ELECTROLYTES	104	trilyte with flavor packets ...	80
THYROLAR-1/2	77	TRACLEER	101	trimethoprim	13
THYROLAR-1/4	77	TRADJENTA	74	trimipramine	48
THYROLAR-2	77	tramadol	36, 37	trinessa (28)	94
THYROLAR-3	77	TRAMADOL	36	TRI-NORINYL (28)	94
tiagabine	23	tramadol-acetaminophen	37	TRINTELLIX	48
TIAZAC	55	trandolapril	55	TRIOSTAT	77
TIKOSYN	50	trandolapril-verapamil	55	tri-previfem (28)	94
timolol maleate	55, 95	tranexamic acid	56, 91	TRISENOX	20
TIMOPTIC OCUDOSE (PF)		TRANSDERM-SCOP	80	tri-sprintec (28)	94
.....	95	TRANXENE T-TAB	48	TRIUMEQ	4
TIMOPTIC-XE	95	tranylcypromine	48	trivora (28)	94
TINDAMAX	9	travasol 10 %	106	TRIZIVIR	4
tinidazole	9	TRAVATAN Z	96	TROKENDI XR	24
TIROSINT	77	travoprost (benzalkonium) ...	96	TROPHAMINE 10 %	106
TIVICAY	3, 4	trazodone	48	TROPHAMINE 6%	106
TIVORBEX	36	TREANDA	20	tropium	102
tizanidine	27	TRECTOR	9	TRULICITY	74
TOBI	9	TRELSTAR	20	TRUMENBA	86

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TRUSOPT.....	96	valproic acid (as sodium salt)		VGO 20.....	74
TRUVADA.....	4	24	VGO 30.....	74
TUDORZA PRESSAIR.....	101	valsartan.....	55	VGO 40.....	74
TWINRIX (PF).....	87	valsartan-hydrochlorothiazide		VIBERZI.....	80
TWYNSTA.....	55	.....	55	VIBRAMYCIN.....	12, 13
TYBOST.....	4	VALTREX.....	4	vicodin.....	34
TYGACIL.....	9	VANOCOCIN.....	13	vicodin es.....	34
TYKERB.....	20	vancomycin.....	13	vicodin hp.....	34
TYLENOL-CODEINE #3... 34		vandazole.....	91	VICTOZA 3-PAK.....	74
TYLENOL-CODEINE #4... 34		VANOS.....	65	VIDAZA.....	20
TYPHIM VI.....	87	VAQTA (PF).....	87	VIDEX 2 GRAM PEDIATRIC	
TYSABRI.....	27	VARIVAX (PF).....	87	.....	4
TYVASO.....	101	VARIZIG.....	87	VIDEX EC.....	4
TYZEKA.....	4	VARUBI.....	80	VIEKIRA PAK.....	4
U		VASCEPA.....	58	vienna.....	94
UCERIS.....	80	VASERETIC.....	55	VIGAMOX.....	95
ULORIC.....	87	VASOTEC.....	55	VIIBRYD.....	48
ULTRACET.....	37	VECAMYL.....	58	VIMOVO.....	37
ULTRAM.....	37	VECTIBIX.....	20	VIMPAT.....	24
ULTRAM ER.....	37	VECTICAL.....	59	vinblastine.....	20
ULTRAVATE.....	64, 65	VELCADE.....	20	vincasar pfs.....	20
ULTRAVATE X.....	65	velivet triphasic regimen (28)		vincristine.....	20
UNASYN.....	11	.....	94	vinorelbine.....	20
unithroid.....	77	VELPHORO.....	67	VIOKACE.....	80
UPTRAVI.....	55	VELTASSA.....	67	VIRACEPT.....	4
URECHOLINE.....	102	VELTIN.....	61	VIRAMUNE.....	4
UROCIT-K 10.....	103	VENCLEXTA.....	20	VIRAMUNE XR.....	4
UROCIT-K 15.....	103	VENCLEXTA STARTING		VIRAZOLE.....	4
UROCIT-K 5.....	103	PACK.....	20	VIREAD.....	4
UROXATRAL.....	102	venlafaxine.....	48	VIROPTIC.....	95
URSO 250.....	80	VENLAFAXINE.....	48	VITEKTA.....	4
URSO FORTE.....	80	VENTAVIS.....	101	VIVELLE-DOT.....	91
ursodiol.....	80	VENTOLIN HFA.....	102	VIVITROL.....	37
UTIBRON NEOHALER....	101	VERAMYST.....	102	VIVLODEX.....	37
UVADEX.....	60	verapamil.....	55	VOGELXO.....	76
V		VEREGEN.....	60	VOLTAREN GEL.....	37
VAGIFEM.....	91	VERELAN.....	55	voriconazole.....	1
valacyclovir.....	4	VERELAN PM.....	55	VOSPIRE ER.....	102
VALCHLOR.....	60	veripred 20.....	69	VOTRIENT.....	20
VALCYTE.....	4	VERSACLOZ.....	48	VPRIV.....	76
valganciclovir.....	4	VESICARE.....	102	VRAYLAR.....	48, 49
VALIUM.....	48	vestura (28).....	94	vyfemla (28).....	94
valproate sodium.....	24	VEXOL.....	97	VYTORIN 10-10.....	58
valproic acid.....	24	VFEND.....	1	VYTORIN 10-20.....	58
		VFEND IV.....	1	VYTORIN 10-40.....	58

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VYTORIN 10-80	58	ZANAFLEX	27	ZOHYDRO ER.....	34
VYVANSE.....	49	ZANOSAR.....	21	zoledronic acid.....	76
W		ZANTAC.....	83	zoledronic acid-mannitol-water	
warfarin	56	ZARONTIN.....	24	.....	67
water for irrigation, sterile ...	67	ZARXIO	85	ZOLINZA.....	21
WELCHOL.....	58	ZAVESCA.....	76	zolmitriptan.....	26
WELLBUTRIN SR.....	49	ZEBETA.....	55	ZOLOFT.....	49
WELLBUTRIN XL.....	49	ZEGERID	83	zolpidem.....	49
wymzya fe	94	ZELAPAR.....	25	ZOMACTON.....	85
X		ZELBORAF	21	ZOMETA	76
XALATAN.....	96	ZEMAIRA.....	67	ZOMIG.....	26
XALKORI.....	20	ZEMBRACE SYMTOUCH	26	ZOMIG ZMT.....	26
XARELTO	56	ZEMPLAR	76	ZONALON.....	60
XARTEMIS XR.....	34	zenatane.....	61	ZONEGRAN	24
XELJANZ	89	zenchent (28)	94	zonisamide.....	24
XELJANZ XR	89	zenchent fe.....	94	ZONTIVITY.....	56
XENAZINE.....	27	ZENPEP.....	80	ZORBTIVE	85
XEOMIN	87	zenzedi	49	ZORTRESS	21
XERESE.....	63	ZENZEDI.....	49	ZORVOLEX.....	37
XGEVA.....	13	ZEPATIER.....	4	ZOSTAVAX (PF).....	87
XIFAXAN.....	10	ZERBAXA	6	ZOSYN	11
XIGDUO XR.....	74	ZERIT	4	ZOSYN IN DEXTROSE (ISO-	
XODOL 10/300	34	ZESTORETIC	55	OSM).....	11
XODOL 5/300	34	ZESTRIL	55	zovia 1/35e (28)	94
XODOL 7.5/300	34	ZETIA	58	zovia 1/50e (28)	94
XOLAIR.....	102	ZETONNA.....	102	ZOVIRAX.....	4, 63
XOPENEX	102	ZIAC.....	55	ZUBSOLV.....	37
XOPENEX HFA	102	ZIAGEN	4	ZUPLENZ.....	80
XTAMPZA ER	34	ZIANA	61	ZYBAN.....	67
XTANDI.....	20	zidovudine	4	ZYCLARA	60
xulane	91	ZINACEF.....	6	ZYDELIG.....	21
XYLOCAINE.....	62	ZINECARD (AS HCL).....	13	ZYFLO.....	102
XYREM	49	ZIOPTAN (PF).....	96	ZYFLO CR.....	102
XYZAL	98	ziprasidone hcl.....	49	ZYKADIA.....	21
Y		ZIPSOR.....	37	ZYLET.....	96
YASMIN (28).....	94	ZIRGAN.....	95	ZYLOPRIM.....	87
YAZ (28).....	94	ZITHROMAX	7	ZYMAXID	95
YERVOY	21	ZITHROMAX TRI-PAK.....	7	ZYPREXA.....	49, 50
YF-VAX (PF).....	87	ZITHROMAX Z-PAK	7	ZYPREXA RELPREVV	50
Z		ZMAX.....	7	ZYPREXA ZYDIS.....	50
zafirlukast.....	102	ZOCOR.....	58	ZYTIGA	21
zaleplon	49	ZOFRAN (AS		ZYVOX.....	10
ZALTRAP.....	21	HYDROCHLORIDE).....	80		
zamicet	34	ZOFRAN ODT	80		

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