



Express Scripts Medicare (PDP) 2018 Formulary (List of Covered Drugs)

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

Formulary ID Number: 18037, v7

This formulary was updated on 08/24/2017. 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 24, 2017. 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, 2019. 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 2018, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2018 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 115. 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 may not ask us to provide a higher level of coverage for drugs that are in our Specialty Drug tier.
- 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 115.

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 four drug tiers. Each tier may have a different cost-sharing amount. The “Drug Tiers” chart on the next page 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.
Tier 4: Specialty Tier Drugs	This tier includes very high cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact a pharmacist using the information provided on the front and back covers of this formulary.

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 <https://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	4	PA; MO
AMBISOME	4	PA; MO
<i>amphotericin b</i>	1	PA; MO
ANCOBON	4	MO
CANCIDAS	4	PA; MO
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	4	
CRESEMBA ORAL	4	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 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	

Drug Name	Drug Tier	Requirements /Limits
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
GRIS-PEG (ULTRAMICROSIZ E)	3	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole oral</i>	1	MO
LAMISIL ORAL TABLET	3	MO
MYCAMINE	4	MO
NOXAFIL ORAL	4	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ONMEL	4	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	4	MO
VFEND IV	3	MO
<i>voriconazole intravenous</i>	1	MO
<i>voriconazole oral</i>	4	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</i>	4	MO
<i>abacavir-lamivudine-zidovudine</i>	4	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>	4	MO
<i>amantadine hcl</i>	1	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	
ATRIPLA	4	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	4	MO
<i>cidofovir</i>	4	PA; MO
COMBIVIR	4	MO
COMPLERA	4	MO
COPEGUS	3	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
CYTOVENE	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
DAKLINZA	4	PA; MO; QL (28 per 28 days)
DESCOVY	4	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	1	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	1	MO
EDURANT	4	MO
EMTRIVA	2	MO
<i>entecavir</i>	4	MO
EPCLUSA	4	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	4	MO
EVOTAZ	4	MO
<i>famciclovir</i>	1	MO
FLUMADINE ORAL TABLET	3	MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
<i>ganciclovir sodium</i>	1	PA; MO
GENVOYA	4	MO

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Drug Name	Drug Tier	Requirements /Limits
HARVONI	4	PA; MO; QL (28 per 28 days)
HEPSERA	4	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	2	MO
INVIRASE	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	2	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO

Drug Name	Drug Tier	Requirements /Limits
LEXIVA ORAL TABLET	4	MO
<i>lopinavir-ritonavir</i>	1	MO
<i>moderiba</i>	1	MO
<i>moderiba dose pack oral tablets,dose pack 200 mg (7)-400 mg (7), 400 mg (7)- 400 mg (7)</i>	1	MO
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)</i>	4	MO
<i>nevirapine</i>	1	MO
NORVIR	2	MO
ODEFSEY	4	MO
OLYSIO	4	PA; MO; QL (28 per 28 days)
<i>oseltamivir</i>	1	MO
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO

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Drug Name	Drug Tier	Requirements /Limits
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	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	4	MO
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)-400 mg (7)</i>	1	
<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>	4	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET	2	MO
SOVALDI	4	PA; MO; QL (28 per 28 days)
<i>stavudine oral capsule</i>	1	MO
STRIBILD	4	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO
SUSTIVA ORAL CAPSULE 50 MG	2	MO
SUSTIVA ORAL TABLET	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	MO; LA
TAMIFLU ORAL CAPSULE	3	MO
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	MO
TECHNIVIE	4	PA; MO; QL (56 per 28 days)
TIVICAY ORAL TABLET 10 MG	2	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO
TRIUMEQ	4	MO
TRIZIVIR	4	MO
TRUVADA	4	MO

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Drug Name	Drug Tier	Requirements /Limits
TYBOST	3	MO
<i>valacyclovir</i>	1	PA; MO; QL (30 per 30 days)
VALCYTE	4	MO
<i>valganciclovir</i>	4	MO
VALTREX	3	PA; MO; QL (30 per 30 days)
VEMLIDY	4	MO
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO
VIEKIRA PAK	4	PA; MO; QL (112 per 28 days)
VIEKIRA XR	4	PA; MO; QL (84 per 28 days)
VIRACEPT ORAL TABLET	4	MO
VIRAMUNE	3	MO
VIRAMUNE XR	3	MO
VIREAD	4	MO
ZEPATIER	4	PA; MO; QL (28 per 28 days)
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
<i>zidovudine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
ZOVIRAX ORAL TABLET 800 MG	3	MO
CEPHALOSPORINS		
AVYCAZ	4	MO
<i>cefactor oral capsule</i>	1	MO
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefactor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefactor 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

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Drug Name	Drug Tier	Requirements /Limits
<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, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 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
<i>ceftazidime injection recon soln 6 gram</i>	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	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 750 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin</i>	1	MO
FORTAZ INJECTION RECON SOLN 6 GRAM	3	
FORTAZ INTRAVENOUS	3	
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

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Drug Name	Drug Tier	Requirements /Limits
TEFLARO	4	MO
ZERBAXA	4	
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS RECON SOLN 1.5 GRAM	3	MO
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID	4	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES	3	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, DELAYE D RELEASE (DR/EC) 500 MG	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<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 ORAL SUSPENSION FOR RECONSTITUTIO N	2	MO
ALINIA ORAL TABLET	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM IN DEXTROSE (ISO-OSM)	3	
<i>aztreonam injection recon soln 1 gram</i>	1	MO
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	MO
BETHKIS	4	PA; MO; QL (224 per 28 days)
BILTRICIDE	2	MO
CAPASTAT	3	
CAYSTON	4	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
CLEOCIN HCL	3	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	

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN INJECTION	3	MO
CLEOCIN PEDIATRIC	3	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</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	4	MO
DALVANCE	3	MO
<i>dapsone</i>	1	MO
<i>daptomycin</i>	4	MO
DARAPRIM	4	PA; MO
DORIBAX INTRAVENOUS RECON SOLN 500 MG	3	
EMVERM	4	MO
<i>ethambutol</i>	1	MO
FLAGYL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	MO
<i>hydroxychloroquine</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</i>	1	MO
KITABIS PAK	4	MO
LINCOCIN	3	MO
<i>lincomycin</i>	1	
<i>linezolid intravenous</i>	4	
<i>linezolid oral</i>	4	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
<i>mefloquine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
MEPRON	4	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	4	MO
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
<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
<i>rifabutin</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
RIFADIN ORAL CAPSULE 150 MG	3	MO
RIFAMATE	3	MO
<i>rifampin</i>	1	MO
RIFATER	3	MO
SIRTURO	4	MO; LA
SIVEXTRO INTRAVENOUS	4	
SIVEXTRO ORAL	4	MO
STREPTOMYCIN	2	MO
STROMEKTOL	3	MO
SYNERCID	4	
TIGECYCLINE	4	
TINDAMAX ORAL TABLET 500 MG	3	MO
<i>tinidazole</i>	1	MO
TOBI	4	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR	2	MO
TYGACIL	4	MO
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (60 per 30 days)
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	MO
ZYVOX ORAL	4	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 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
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</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	4	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>	4	MO
<i>oxacillin injection recon soln 10 gram</i>	4	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	2	

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	2	MO
<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	

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Drug Name	Drug Tier	Requirements /Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	3	MO
QUINOLONONES		
AVELOX	3	MO
AVELOX IN NAACL (ISO-OSMOTIC)	3	MO
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION, MIC ROCAPSULE 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

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	1	
LEVAQUIN ORAL TABLET	3	MO
<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 oral</i>	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER	3	
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
DORYX MPC	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	MO
<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</i>	1	MO
<i>morgidox oral capsule 50 mg</i>	1	
ORACEA	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST; MO
TARGADOX	3	ST; MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO
URINARY TRACT AGENTS		
FURADANTIN	3	
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
<i>methenamine hippurate</i>	1	MO
MONUROL	3	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
PRIMSOL	3	MO
<i>trimethoprim</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN		
VANCOGIN	4	MO
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	1	MO
<i>vancomycin oral capsule</i>	4	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	4	
ELITEK	4	MO
FUSILEV	4	MO
KEPIVANCE	4	MO
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	1	MO
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin intravenous solution</i>	4	
<i>mesna</i>	1	MO
MESNEX INTRAVENOUS	3	MO
MESNEX ORAL	4	MO
XGEVA	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	4	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	4	PA; MO
<i>adriamycin intravenous solution 20 mg/10 ml</i>	1	PA
<i>adrucil intravenous solution 500 mg/10 ml</i>	1	PA; MO
AFINITOR DISPERZ	4	PA; MO
AFINITOR ORAL TABLET 10 MG	4	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	4	PA; MO
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
ALKERAN INTRAVENOUS	4	PA
ALUNBRIG	4	PA; MO; QL (180 per 30 days)
<i>anastrozole</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	4	PA
ASTAGRAF XL	3	PA; MO
AVASTIN	4	PA; MO
<i>azacitidine</i>	4	PA; MO
AZASAN	3	PA; MO
<i>azathioprine</i>	1	PA; MO
<i>azathioprine sodium</i>	1	PA
BAVENCIO	4	PA; MO; LA
BELEODAQ	4	PA; MO
<i>bexarotene</i>	4	MO
<i>bicalutamide</i>	1	MO
BICNU	4	PA; MO
<i>bleomycin injection recon soln 30 unit</i>	1	PA; MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO
BOSULIF ORAL TABLET 500 MG	4	PA; MO; QL (30 per 30 days)
<i>busulfan</i>	4	PA
BUSULFEX	4	PA
CABOMETYX	4	PA; MO; LA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	PA; MO
CAPRELSA ORAL TABLET 100 MG	4	PA; MO; LA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 300 MG	4	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	PA; MO
CASODEX	3	MO
CELLCEPT INTRAVENOUS	2	PA; MO
CELLCEPT ORAL CAPSULE	3	PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
CELLCEPT ORAL TABLET	4	PA; MO
<i>cisplatin</i>	1	PA; MO
<i>cladribine</i>	4	PA; MO
<i>clofarabine</i>	4	PA
CLOLAR	4	PA
COMETRIQ	4	PA; MO
COSMEGEN	4	PA; MO
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	2	PA; MO
<i>cyclosporine intravenous</i>	1	PA
<i>cyclosporine modified</i>	1	PA; MO
<i>cyclosporine oral capsule</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
CYRAMZA	4	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	PA; MO
DACOGEN	4	PA; MO
DARZALEX	4	PA; MO; LA
<i>daunorubicin intravenous solution</i>	1	PA
<i>decitabine</i>	4	PA; MO
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	PA; MO
DOXIL	4	PA; MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	1	PA; MO
<i>doxorubicin, peg-liposomal</i>	4	PA; MO
DROXIA	2	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ELLENC INTRAVENOUS SOLUTION 200 MG/100 ML	3	PA; MO
EMCYT	2	MO
EMPLICITI	4	PA; MO
ENVARUSUS XR	3	PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	PA; MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	4	PA; MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERWINAZE	4	PA; MO
ETOPOPHOS	3	PA; MO
<i>etoposide intravenous</i>	1	PA; MO
<i>exemestane</i>	1	MO
FARESTON	4	MO
FARYDAK ORAL CAPSULE 10 MG	4	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	4	PA; MO; QL (6 per 21 days)
FASLODEX	4	PA; MO
FEMARA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PA; MO
<i>fludarabine intravenous recon soln</i>	1	PA; 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)	4	PA; MO
<i>gemcitabine intravenous recon soln 1 gram</i>	1	PA; MO
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	3	PA; MO
<i>gengraf</i>	1	PA; MO
GILOTRIF ORAL TABLET 20 MG	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GILOTRIF ORAL TABLET 30 MG	4	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
GLEOSTINE	2	MO
HALAVEN	4	PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	4	PA; MO
HEXALEN	4	MO
HYCAMTIN INTRAVENOUS	4	PA; MO
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)
IDAMYCIN PFS	3	PA; MO
<i>idarubicin</i>	1	PA

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Drug Name	Drug Tier	Requirements /Limits
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	PA; MO
<i>ifosfamide intravenous recon soln 1 gram</i>	1	PA; MO
<i>imatinib oral tablet 100 mg</i>	4	PA; MO
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days)
IMBRUVICA	4	PA; MO; QL (120 per 30 days)
IMFINZI	4	PA; MO; LA
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	4	PA; MO
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
IRESSA	4	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	PA; MO
ISTODAX	4	PA; MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; MO
JAKAFI ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JEVTANA	4	PA; MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	4	PA; MO
KEYTRUDA	4	PA; MO
KISQALI	4	PA; MO
KISQALI FEMARA CO-PACK	4	PA; MO
KYPROLIS	4	PA; MO
LARTRUVO	4	PA; MO; LA
LENVIMA	4	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LONSURF	4	PA; MO
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LUPRON DEPOT- PED INTRAMUSCULA R KIT 11.25 MG, 15 MG	4	PA; MO
LYNPARZA	4	PA; MO
LYSODREN	2	MO
MATULANE	4	MO

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Drug Name	Drug Tier	Requirements /Limits
MEGACE	3	PA; MO
MEGACE ES	4	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	4	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
<i>melphalan hcl</i>	4	PA
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	PA
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	4	PA; MO
<i>mitoxantrone</i>	1	PA; MO
MUSTARGEN	3	PA; MO
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate mofetil oral capsule</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NEXAVAR	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON	4	MO
<i>nilutamide</i>	4	MO
NINLARO ORAL CAPSULE 2.3 MG	4	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	4	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	4	PA; MO; QL (3 per 28 days)
NIPENT	4	PA; MO
NULOJIX	4	PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	4	PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	1	PA; MO
<i>paclitaxel</i>	1	PA; MO
PERJETA	4	PA; MO
POMALYST	4	MO; LA
PROGRAF INTRAVENOUS	2	PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	PA; MO
PURIXAN	4	MO
RAPAMUNE ORAL SOLUTION	4	PA; MO
RAPAMUNE ORAL TABLET 0.5 MG	3	PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	PA; MO
REVLIMID	4	PA; MO; LA
RITUXAN	4	PA; MO
RUBRACA ORAL TABLET 200 MG	4	PA; MO; LA; QL (180 per 30 days)
RUBRACA ORAL TABLET 300 MG	4	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RYDAPT	4	PA; MO
SANDIMMUNE INTRAVENOUS	3	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	4	MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO
SIGNIFOR	4	MO
SIGNIFOR LAR	4	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	PA; MO
<i>sirolimus oral tablet 2 mg</i>	4	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	4	MO

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Drug Name	Drug Tier	Requirements /Limits
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	4	PA; MO
SPRYCEL ORAL TABLET 140 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	4	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	4	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	4	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	4	PA; MO
SYNRIBO	4	PA; MO
TABLOID	2	MO
<i>tacrolimus oral</i>	1	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	4	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TAGRISSE ORAL TABLET 40 MG	4	PA; MO; LA; QL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	4	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	4	PA; MO
TARCEVA ORAL TABLET 150 MG	4	PA; MO; QL (30 per 30 days)
TARGRETIN	4	MO
TASIGNA ORAL CAPSULE 150 MG	4	PA; MO
TASIGNA ORAL CAPSULE 200 MG	4	PA; MO; QL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	4	PA; MO
TECENTRIQ	4	PA; MO; LA
THALOMID	4	PA; MO
<i>thiotepa</i>	4	PA; MO
<i>toposar</i>	1	PA; MO
<i>topotecan intravenous recon soln</i>	4	PA
TORISEL	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TREANDA INTRAVENOUS RECON SOLN 100 MG	4	PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	4	PA; MO
TRELSTAR INTRAMUSCULAR SYRINGE	4	PA; MO
<i>tretinoin</i> (chemotherapy)	4	MO
TREXALL	3	PA; MO
TRISENOX	4	PA; MO
TYKERB	4	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	4	PA; MO
VELCADE	4	PA; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	2	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; MO; LA
VENCLEXTA STARTING PACK	4	PA; MO; LA; QL (42 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
VIDAZA	4	PA; MO
<i>vinblastine</i> <i>intravenous solution</i>	1	PA; MO
<i>vincasar pfs</i> <i>intravenous solution</i> <i>1 mg/ml</i>	1	PA
<i>vincristine</i> <i>intravenous solution</i> <i>1 mg/ml</i>	1	PA; MO
<i>vinorelbine</i> <i>intravenous solution</i> <i>50 mg/5 ml</i>	1	PA; MO
VOTRIENT	4	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; MO
XALKORI ORAL CAPSULE 250 MG	4	PA; MO; QL (60 per 30 days)
XERMELO	4	PA; MO; LA; QL (90 per 30 days)
XTANDI	4	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	4	PA; MO
YONDELIS	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	PA; MO
ZANOSAR	3	PA; MO
ZEJULA	4	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZOLINZA	4	MO
ZORTRESS	4	PA; MO
ZYDELIG	4	PA; MO; QL (90 per 30 days)
ZYKADIA	4	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	4	MO
BANZEL ORAL SUSPENSION	2	MO
BANZEL ORAL TABLET 200 MG	2	MO

Drug Name	Drug Tier	Requirements /Limits
BANZEL ORAL TABLET 400 MG	4	MO
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	4	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<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</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	MO

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Drug Name	Drug Tier	Requirements /Limits
DIASTAT ACUDIAL	3	MO
DILANTIN 30 MG	2	MO
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 oral suspension</i>	4	MO
<i>felbamate oral tablet</i>	1	MO
FELBATOL	4	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	MO
FYCOMPA ORAL TABLET	2	MO
<i>gabapentin oral capsule 100 mg</i>	1	MO; QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (135 per 30 days)
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
GRALISE 30-DAY STARTER PACK	2	PA; MO; QL (78 per 180 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
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

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Drug Name	Drug Tier	Requirements /Limits
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
<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
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	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 ORAL CAPSULE 100 MG	2	PA; MO; QL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	2	PA; MO; QL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG	2	PA; MO; QL (81 per 30 days)
LYRICA ORAL CAPSULE 25 MG	2	PA; MO; QL (720 per 30 days)
LYRICA ORAL CAPSULE 300 MG	2	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 50 MG	2	PA; MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LYRICA ORAL CAPSULE 75 MG	2	PA; MO; QL (240 per 30 days)
LYRICA ORAL SOLUTION	2	PA; MO; QL (900 per 30 days)
MYSOLINE	4	MO
NEURONTIN ORAL CAPSULE 100 MG	3	PA; MO; QL (1080 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	PA; MO; QL (360 per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	PA; MO; QL (270 per 30 days)
NEURONTIN ORAL SOLUTION	3	PA; MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	PA; MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	PA; MO; QL (135 per 30 days)
ONFI ORAL SUSPENSION	2	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
<i>phenobarbital</i>	1	PA; MO
PHENYTEK	3	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>primidone</i>	1	MO
QUDEXY XR	3	PA; MO
<i>roweepra oral tablet 1,000 mg, 750 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	MO
SABRIL	4	MO; LA
SPRITAM	3	MO
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
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	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	4	MO; LA
AZILECT	3	MO
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
COGENTIN	3	MO
COMTAN	3	MO
DUOPA	3	PA; MO
ELDEPRYL	3	
<i>entacapone</i>	1	MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	2	MO
PARLODEL	3	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</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
STALEVO 75	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TASMAR ORAL TABLET 100 MG	4	MO
<i>tolcapone</i>	4	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)
<i>ergotamine-caffeine</i>	1	MO
FROVA	3	MO; QL (27 per 28 days)
<i>frovatriptan</i>	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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	MO; QL (32 per 28 days)
RELPAK	3	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)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous pen injector</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	MO; QL (8 per 28 days)
SUMAVEL DOSEPRO	3	MO; QL (9 per 28 days)
TREXIMET ORAL TABLET 10-60 MG	3	MO; QL (9 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	3	MO; QL (18 per 28 days)
ZEMBRACE SYMTOUCH	4	MO; QL (8 per 28 days)
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	4	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	4	PA; MO
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; LA; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)
<i>donepezil</i>	1	MO
EXELON TRANSDERMAL	3	MO
EXONDYS 51	4	PA; MO
<i>galantamine</i>	1	MO
GILENYA	4	PA; MO
<i>glatopa</i>	4	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	4	PA; MO; LA; QL (60 per 30 days)
KEVEYIS	4	PA; MO
<i>memantine oral solution</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral tablet</i>	1	PA; MO
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	4	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)
TYSABRI	4	PA; MO; LA
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)
ZINBRYTA	4	PA; MO; LA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)	4	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	4	MO
MESTINON TIMESPAN	4	MO
<i>pyridostigmine bromide</i>	1	MO
<i>tizanidine</i>	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		

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Drug Name	Drug Tier	Requirements /Limits
ABSTRAL	4	PA; MO; QL (120 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA; MO; QL (180 per 30 days)
ACTIQ	4	PA; MO; QL (120 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
BUPRENEX	3	MO; QL (266 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO; QL (266 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	QL (266 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	MO; QL (100 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	MO; QL (25 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PA; QL (4 per 28 days)
BUTRANS	2	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	1	PA; MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	PA; MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	PA; MO; QL (180 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	PA; MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	PA; MO; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 75 MCG/HR	4	PA; MO; QL (10 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	3	PA; MO; QL (10 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR	3	PA; MO; QL (10 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 87.5 MCG/HOUR	4	PA; MO; QL (10 per 30 days)
FENTORA	4	PA; MO; QL (120 per 30 days)
HYCET	3	PA; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; 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	PA; MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; MO; QL (50 per 30 days)
<i>hydromorphone (pf)</i>	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (1200 per 30 days)
<i>hydromorphone oral liquid</i>	1	PA; MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	PA; MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	4	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	4	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (60 per 30 days)
IBUDONE ORAL TABLET 10-200 MG	3	PA; MO; QL (50 per 30 days)
<i>ibuprofen-oxycodone</i>	1	PA; MO; QL (28 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 200 MG	4	PA; MO; QL (90 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	4	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	4	PA; QL (23 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; QL (30 per 30 days)
<i>levorphanol tartrate</i>	1	PA; MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	1	PA; QL (360 per 30 days)
<i>lorcet hd</i>	1	PA; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	PA; QL (360 per 30 days)
<i>lortab 10-325</i>	1	PA; QL (360 per 30 days)
<i>lortab 5-325</i>	1	PA; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>loratab 7.5-325</i>	1	PA; QL (360 per 30 days)
<i>methadone injection solution</i>	1	QL (150 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>morphine concentrate oral solution</i>	1	PA; MO; QL (900 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</i>	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral capsule,extend.relea se pellets</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	PA; MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	PA; MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)
NORCO	3	PA; MO; QL (360 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG	4	PA; MO; QL (90 per 30 days)
OPANA ORAL TABLET 10 MG	3	PA; MO; QL (360 per 30 days)
OPANA ORAL TABLET 5 MG	3	PA; MO; QL (180 per 30 days)
<i>oxycodone oral capsule</i>	1	PA; MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	PA; MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	PA; MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	PA; MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	3	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	1	PA; QL (1860 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	PA; 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, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	PA; MO; QL (360 per 30 days)
PRIMLEV	3	PA; MO; QL (360 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	PA; QL (360 per 30 days)
SUBSYS	4	PA; MO; QL (120 per 30 days)
SYNALGOS-DC	3	PA; MO; QL (300 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	PA; MO; QL (360 per 30 days)
TYLENOL-CODEINE #4	3	PA; MO; QL (180 per 30 days)
<i>vicodin</i>	1	PA; MO; QL (360 per 30 days)
<i>vicodin es</i>	1	PA; MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vicodin hp</i>	1	PA; MO; QL (360 per 30 days)
XODOL 10/300	3	PA; MO; QL (360 per 30 days)
XODOL 5/300	3	PA; MO; QL (360 per 30 days)
XODOL 7.5/300	3	PA; MO; QL (360 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
<i>zamicet</i>	1	PA; QL (5550 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ANAPROX DS	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)

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Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (857 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (428 per 30 days)
<i>butorphanol tartrate nasal</i>	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
<i>celecoxib</i>	1	MO
CONZIP	3	PA; 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; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<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

Drug Name	Drug Tier	Requirements /Limits
EVZIO	3	MO; QL (0.8 per 30 days)
FELDENE	3	ST; MO
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
LODINE ORAL TABLET	3	ST
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</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 TABLET 15 MG	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)
<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 ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	4	ST; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	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 NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	PA; MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	PA; MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	PA; MO; QL (242 per 30 days)
<i>oxaprozin</i>	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; MO; QL (224 per 28 days)
<i>piroxicam</i>	1	MO
PONSTEL	3	ST; 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</i>	1	MO
TIVORBEX	3	ST; MO; QL (90 per 30 days)
<i>tolmetin oral capsule</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tolmetin oral tablet 600 mg</i>	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	1	PA; 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)
VIMOVO	3	ST; MO
VIVITROL	4	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; QL (1000 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO
ABILIFY ORAL TABLET 10 MG	4	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG, 20 MG	4	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	4	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 30 MG	4	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	4	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	MO

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Drug Name	Drug Tier	Requirements /Limits
AMBIEN	3	ST; MO; QL (30 per 30 days)
AMBIEN CR	3	ST; MO; QL (30 per 30 days)
<i>amitriptyline</i>	1	PA; MO
<i>amoxapine</i>	1	MO
ANAFRANIL	3	PA; MO
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QL (90 per 30 days)
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QL (60 per 30 days)
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QL (30 per 30 days)
APTENSIO XR	3	MO
<i>aripiprazole oral tablet 10 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	1	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	MO; QL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg</i>	4	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	4	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	MO; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	4	MO
<i>armodafinil</i>	1	PA; MO
ATIVAN ORAL	3	PA; MO
<i>atomoxetine</i>	1	MO
BELSOMRA	3	ST; MO; QL (30 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 12 hr 100 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 12 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 200 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>bupirone</i>	1	MO
CELEXA ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
CELEXA ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
<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

Drug Name	Drug Tier	Requirements /Limits
<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)
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</i>	1	MO
DESOXYN	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	MO; QL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	MO; QL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	MO; QL (240 per 30 days)
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
<i>diazepam intensol</i>	1	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<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, EXTEN DED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTEN DED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTEN DED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	4	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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, 8 MG	4	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	4	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	4	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG	4	
FAZACLO ORAL TABLET,DISINTEGRATING 12.5 MG, 150 MG, 200 MG, 25 MG	3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)

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

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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	4	MO; QL (240 per 30 days)
GEODON ORAL CAPSULE 40 MG	4	MO; QL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG	4	MO; QL (80 per 30 days)
GEODON ORAL CAPSULE 80 MG	4	MO; QL (60 per 30 days)
<i>guanidine</i>	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
<i>haloperidol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate</i>	1	MO
HETLIOZ	4	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	4	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	4	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	4	MO; QL (41 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	4	MO

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Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO
INVEGA TRINZA	4	MO
KAPVAY	3	MO
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	4	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 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

Drug Name	Drug Tier	Requirements /Limits
LITHOBID	3	MO
<i>lorazepam intensol</i>	1	PA; MO
<i>lorazepam oral tablet</i>	1	PA; MO
<i>loxapine succinate</i>	1	MO
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 hcl oral capsule, er biphasic 30-70</i>	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg, 60 mg</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 24hr</i>	1	MO
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
NARDIL	3	MO
<i>nefazodone</i>	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	4	MO
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

Drug Name	Drug Tier	Requirements /Limits
ORAP ORAL TABLET 1 MG	3	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>	4	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)

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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

Drug Name	Drug Tier	Requirements /Limits
<i>pimozide</i>	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (240 per 30 days)
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
PROVIGIL	4	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)
<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)
<i>quetiapine oral tablet 400 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 50 mg</i>	1	MO; QL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (160 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	MO; QL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (81 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 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
REXULTI ORAL TABLET 0.25 MG	4	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	4	MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	4	MO; QL (120 per 30 days)
REXULTI ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	4	MO; QL (40 per 30 days)
REXULTI ORAL TABLET 4 MG	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	2	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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 ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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	3	MO; QL (160 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	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)

Drug Name	Drug Tier	Requirements /Limits
<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	3	MO
SURMONTIL	3	PA; MO
SYMBYAX	3	MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
TOFRANIL	3	PA; MO
TRANXENE T-TAB ORAL TABLET 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	MO; QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TRINTELLIX ORAL TABLET 5 MG	2	MO; 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)
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)

Drug Name	Drug Tier	Requirements /Limits
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
VERSACLOZ	4	
VIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	4	MO; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	4	MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	4	MO; QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
VYVANSE	3	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 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	4	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
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)

Drug Name	Drug Tier	Requirements /Limits
<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	4	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)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	

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Drug Name	Drug Tier	Requirements /Limits
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	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</i>	1	MO
BETAPACE AF	3	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML)	3	PA
NEXTERONE INTRAVENOUS SOLUTION 360 MG/200 ML (1.8 MG/ML)	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<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 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
ACCURETIC	3	MO
<i>acebutolol</i>	1	MO
ADALAT CC	3	MO
<i>afeditab cr</i>	1	MO
ALDACTAZIDE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
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-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiiazid</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
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BYSTOLIC	2	MO
BYVALSON	2	MO
CALAN	3	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	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 ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 360 MG	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)

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Drug Name	Drug Tier	Requirements /Limits
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
<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
COREG	3	MO
COREG CR	2	MO
CORGARD	3	MO
CORZIDE	3	MO
COZAAR	3	MO
DEMADEX ORAL TABLET 10 MG, 20 MG	3	MO
DEMSER	4	MO

Drug Name	Drug Tier	Requirements /Limits
DIBENZYLINE	4	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180mg, 240 mg, 300 mg, 360 mg, 420mg</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	4	
<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	2	MO
EDARBYCLOR	2	MO
EDECIN	4	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>eplerenone</i>	1	MO
<i>eprosartan</i>	1	MO
<i>ethacrynate sodium</i>	4	
<i>ethacrynic acid</i>	4	MO
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
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LASIX	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
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
<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	

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Drug Name	Drug Tier	Requirements /Limits
<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>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
NORVASC	3	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hctiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	4	MO
<i>pindolol</i>	1	MO
<i>prazosin</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
QBRELIS	3	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	4	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	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>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>trandolapril-verapamil</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	3	MO
TWYNSTA	3	MO
UPTRAVI	4	PA; MO; LA
<i>valsartan</i>	1	MO
<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
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

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Drug Name	Drug Tier	Requirements /Limits
COAGULATION THERAPY		
AGGRENOX	3	MO
ARGATROBAN	4	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	4	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
<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
EFFIENT	2	MO
ELIQUIS	2	MO
<i>enoxaparin</i>	1	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	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

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Drug Name	Drug Tier	Requirements /Limits
<i>jantoven</i>	1	MO
LOVENOX	3	MO
<i>pentoxifylline</i>	1	MO
PLAVIX	3	MO
PRADAXA	3	MO
PROMACTA	4	PA; MO; LA
SAVAYSA	3	MO
<i>tranexamic acid intravenous</i>	1	MO
<i>warfarin</i>	1	MO
XARELTO	2	MO
YOSPRALA	3	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	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 ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cholestyramine light oral powder</i>	1	MO
COLESTID ORAL GRANULES	3	MO
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>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
FENOGLIDE	3	MO
FIBRICOR	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)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	4	PA; MO; LA
KYNAMRO	4	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)
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>	3	ST; MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	4	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 LIGHT ORAL POWDER	3	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA PUSHTRONEX	4	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	4	PA; MO; QL (3 per 28 days)
REPATHA SYRINGE	4	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; 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	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-20	3	MO; QL (30 per 30 days)
VYTORIN 10-40	3	MO; QL (30 per 30 days)
VYTORIN 10-80	3	MO; QL (30 per 30 days)
WELCHOL	2	MO
ZETIA	3	MO
ZOCOR	3	MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR	2	PA; MO
ENTRESTO	2	MO; QL (60 per 30 days)
RANEXA	2	MO
VECAMYL	4	

NITRATES

GONITRO	3	MO
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

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

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg</i>	1	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	4	MO
<i>calcipotriene</i>	1	MO
<i>calcipotriene- betamethasone</i>	1	MO
<i>calcitriol topical</i>	1	MO
COSENTYX (2 SYRINGES)	4	PA; MO
COSENTYX PEN (2 PENS)	4	PA; MO
DOVONEX TOPICAL	3	MO
ENSTILAR	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	4	PA; MO
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	4	MO
SORILUX	3	MO
STELARA INTRAVENOUS	4	PA; MO
STELARA SUBCUTANEOUS SYRINGE	4	PA; MO
TACLONEX	3	MO
TALTZ AUTOINJECTOR	4	PA; MO
TALTZ SYRINGE	4	PA; MO
VECTICAL	3	MO
BURN THERAPY		
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	3	ST; MO
<i>ammonium lactate</i>	1	MO
CARAC	4	MO
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>doxepin topical</i>	1	MO
DUPIXENT	4	PA; MO
EFUDEX TOPICAL CREAM	3	ST; MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	4	ST; MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>imiquimod</i>	1	MO
<i>methoxsalen</i>	4	MO
OXSORALEN ULTRA	4	MO
PANRETIN	4	MO
PICATO	4	MO
<i>podofilox</i>	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)
<i>pradoxin</i>	1	MO
REGRANEX	4	MO
SOLARAZE	4	PA; MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TOLAK	3	MO
VALCHLOR	4	MO
VEREGEN	3	MO
ZONALON	3	MO
ZYCLARA	4	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
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

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN T	3	MO
<i>clindacin p</i>	1	MO
CLINDAGEL	3	MO
<i>clindamycin phosphate topical</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
<i>clindamycin-tretinoin</i>	1	PA; MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL 0.1 %	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
DUAC	3	MO
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
<i>ery pads</i>	1	MO
<i>erygel</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
FABIOR	3	MO
FINACEA	3	ST; MO
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST; 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	PA; 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
NORITATE	4	ST; 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
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO
<i>tazarotene</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TAZORAC TOPICAL CREAM 0.05 %	2	PA; MO
TAZORAC TOPICAL CREAM 0.1 %	3	PA; MO
TAZORAC TOPICAL GEL	2	PA; MO
<i>tretinoin microspheres topical gel</i>	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	1	MO
ZIANA	3	PA; MO
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 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 jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch, medicated</i>	1	PA; MO
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LIDODERM	3	PA; MO
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3	
TOPICAL ANTIBACTERIALS		
BACTROBAN TOPICAL CREAM	3	
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	2	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
<i>econazole</i>	1	MO
ERTACZO	3	MO
EXELDERM	3	MO
EXTINA	3	MO
JUBLIA	3	MO
KERYDIN	3	MO
<i>ketconazole topical</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LOPROX (AS OLAMINE) TOPICAL CREAM	3	
LOPROX TOPICAL SHAMPOO	3	MO
LOTRISONE TOPICAL CREAM	3	MO
LUZU	3	MO
MENTAX	3	MO
<i>naftifine</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>nyata</i>	1	
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
OXISTAT	3	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO
XERESE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX TOPICAL CREAM	4	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	4	PA; MO; QL (30 per 30 days)
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; QL (100 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	1	MO; QL (125 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
CLOBEX TOPICAL LOTION	3	ST; MO; QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	ST; MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; MO; QL (125 per 28 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)
CLODERM	3	ST; MO
CORDRAN TAPE LARGE ROLL	3	ST; MO
<i>cormax scalp</i>	1	QL (100 per 28 days)
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 AF	3	ST; MO
DIPROLENE TOPICAL OINTMENT	3	ST; MO
ELOCON TOPICAL CREAM	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
ELOCON TOPICAL OINTMENT	3	ST; MO
<i>fluocinolone</i>	1	MO
<i>fluocinonide topical cream 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)
<i>flurandrenolide</i>	1	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<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
LOCOID TOPICAL SOLUTION	3	ST; MO
<i>mometasone topical</i>	1	MO
<i>nolix</i>	1	
OLUX	3	ST; MO; QL (100 per 28 days)
PANDEL	3	ST; MO
<i>prednicarbate</i>	1	MO
PSORCON	3	ST
SERNIVO	4	ST; MO
SYNALAR TOPICAL CREAM	3	ST; MO
TOPICORT	3	ST; MO
<i>triamcinolone acetonide topical aerosol</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
TRIDESILON	3	ST
ULTRAVATE TOPICAL CREAM	3	ST; MO
ULTRAVATE TOPICAL LOTION	4	ST; MO
ULTRAVATE TOPICAL OINTMENT	3	ST; MO
VANOS	4	ST; MO; QL (120 per 30 days)
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

Drug Name	Drug Tier	Requirements /Limits
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>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
ACTONEL ORAL TABLET 30 MG	3	ST; MO; QL (30 per 30 days)
ADAGEN	4	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	4	MO; LA
AURYXIA	4	MO
BUPHENYL	4	MO
CARBAGLU	4	MO; LA
CARNITOR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cevimeline</i>	1	MO
CHEMET	2	PA; 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	
<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	

Drug Name	Drug Tier	Requirements /Limits
<i>disulfiram</i>	1	MO
<i>etidronate disodium</i>	1	MO
EVOXAC	3	MO
EXJADE	4	PA; MO; LA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA; MO
FOSRENOL	3	MO
GLASSIA	4	MO; LA
INCRELEX	4	MO; LA
JADENU	4	PA; MO
JADENU SPRINKLE	4	PA; MO
KAYEXALATE	3	MO
<i>kionex</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	4	PA; MO
NUTRESTORE	3	MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	LA
ORFADIN ORAL SUSPENSION	4	MO; LA
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C	4	LA

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Drug Name	Drug Tier	Requirements /Limits
RAVICTI	4	MO
RECLAST	3	PA; MO
RENAGEL	3	MO
REVELA	4	MO
RILUTEK	4	MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
<i>sevelamer carbonate oral powder in packet</i>	4	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	4	MO
<i>sodium polystyrene (sorb free)</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
SYPRINE	4	PA; MO
THIOLA	4	MO
VELPHORO	4	MO
VELTASSA	2	MO
<i>water for irrigation, sterile</i>	1	MO
ZEMAIRA	4	MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water</i>	1	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
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)
<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)

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Drug Name	Drug Tier	Requirements /Limits
PATANASE	3	MO; QL (30.5 per 30 days)
<i>perio gard</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>floxin otic drops</i>	1	
<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
OTOVEL	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	4	PA; MO
CORTEF	3	MO
<i>cortisone</i>	1	MO
DEPO-MEDROL	3	MO
<i>dexamethasone intensol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>methylprednisolone sodium succ intravenous</i>	1	MO
MILLIPRED ORAL SOLUTION	3	MO
<i>millipred oral tablet</i>	1	PA; MO
ORAPRED ODT	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 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
<i>prednisone oral tablets, dose pack</i>	1	MO
RAYOS	4	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
<i>veripred 20</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
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)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT	3	
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (60)/ 12 UNIT (30)	3	MO
ALCOHOL PADS	2	MO
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN ORAL TABLET 6.25 MG	3	ST; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-45 MG	3	QL (30 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 25-15 MG, 25-30 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
BASAGLAR KWIKPEN	3	MO
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	4	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	4	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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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	4	MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
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

Drug Name	Drug Tier	Requirements /Limits
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 U-100	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
HUMULIN R U-500 (CONCENTRATED)	2	MO
INSULIN PEN NEEDLE	2	MO
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)

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Drug Name	Drug Tier	Requirements /Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 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)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; 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)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	4	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	4	MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	4	MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; 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

Drug Name	Drug Tier	Requirements /Limits
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
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 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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
RIOMET	2	MO; QL (765 per 30 days)
SOLIQUA 100/33	3	MO; QL (15 per 25 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	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	4	PA; MO; QL (6 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

Drug Name	Drug Tier	Requirements /Limits
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	2	MO
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)
XULTOPHY 100/3.6	4	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	4	MO
ANADROL-50	4	PA; MO
ANDRODERM	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; MO
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
ANDROID	4	MO
AVEED	3	MO; LA
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	4	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	MO

Drug Name	Drug Tier	Requirements /Limits
CHORIONIC GONADOTROPIN, HUMAN	3	PA; MO
<i>danazol</i>	1	MO
DDAVP	3	MO
DEPO- TESTOSTERONE	3	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal solution</i>	1	
<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	4	MO
ELELYSO	4	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	4	MO
FORTESTA	3	PA; MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
HECTOROL ORAL	3	MO
KANUMA	4	MO
KORLYM	4	MO
KUVAN	4	MO
LUMIZYME	4	MO

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Drug Name	Drug Tier	Requirements /Limits
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	4	MO
MIACALCIN INJECTION	3	MO
MYALEPT	4	PA; MO; LA
NAGLAZYME	4	MO; LA
NATPARA	4	PA; MO; LA
NOVAREL	3	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
PREGNYL	3	PA; MO
RAYALDEE	4	MO
ROCALTROL	3	MO
SAMSCA	4	PA; MO
SENSIPAR ORAL TABLET 30 MG	2	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	MO
SOMAVERT	4	MO
STIMATE	2	MO
STRENSIQ	4	MO; LA
STRIANT	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SYNAREL	4	MO
TESTIM	3	PA; MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO
<i>testosterone transdermal gel in packet</i>	1	PA; MO
TESTRED	4	MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; MO
VPRIV	4	MO
ZAVESCA	4	MO; LA
ZEMPLAR INTRAVENOUS	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
<i>zoledronic acid intravenous solution</i>	1	PA; MO
ZOMETA	4	PA; MO
THYROID HORMONES		
CYTOMEL	3	MO
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	MO
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	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 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection syringe 0.05 mg/ml</i>	1	
BENTYL INTRAMUSCULAR	3	MO
BENTYL ORAL CAPSULE	3	MO
CUVPOSA	3	MO
<i>dicyclomine intramuscular</i>	1	
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral</i>	1	MO
LOMOTIL	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MYTESI	3	MO
ROBINUL FORTE	3	MO
ROBINUL ORAL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	MO
<i>alosetron</i>	4	MO
ALOXI	4	MO
AMITIZA	2	MO
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	MO
ANZEMET ORAL	3	PA; MO
<i>aprepitant</i>	1	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>	4	MO
CANASA	3	MO
CESAMET	4	PA; MO
CHENODAL	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
CIMZIA	4	PA; MO
CIMZIA POWDER FOR RECONST	4	PA; MO
COLAZAL	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>colocort</i>	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	ST; MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	2	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT	4	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	4	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	MO
DIPENTUM	4	MO
<i>dronabinol oral capsule 10 mg</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	PA; MO
EMEND INTRAVENOUS	2	MO
EMEND ORAL CAPSULE	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	PA
ENTOCORT EC	4	MO
<i>enulose</i>	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	4	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	4	MO
GOLYTELY	3	ST; MO
<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</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
INFLECTRA	4	PA; MO
KRISTALOSE	3	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	4	MO
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	PA; MO
MARINOL ORAL CAPSULE 2.5 MG	3	PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl oral</i>	1	MO
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	ST; MO
MOVANTIK	2	MO
MOVIPREP	3	MO

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Drug Name	Drug Tier	Requirements /Limits
NULYTELY WITH FLAVOR PACKS	3	ST; MO
OICALIVA	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	PA; MO
<i>ondansetron hcl (pf)</i>	1	MO
<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 ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	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	

Drug Name	Drug Tier	Requirements /Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT	4	ST; MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 4,000-14,375-15,125 UNIT	3	ST
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 8,000-28,750-30,250 UNIT	3	ST; MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
PREPOPIK	3	ST; MO
<i>prochlorperazine</i>	1	MO
<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	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	4	ST; MO
RELISTOR SUBCUTANEOUS SOLUTION	4	ST; MO
RELISTOR SUBCUTANEOUS SYRINGE	4	ST; MO
REMICADE	4	PA; MO
SANCUSO	4	MO
SFROWASA	3	MO
SUCRAID	4	MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	2	MO
SYNDROS	4	PA
TRANSDERM-SCOP	3	MO
<i>trilyte with flavor packets</i>	1	MO
TRULANCE	3	MO
UCERIS ORAL	4	MO
UCERIS RECTAL	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol</i>	1	MO
VARUBI	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
VIBERZI	4	MO
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT, 5,000-17,000 -27,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000-218,000 UNIT	4	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)

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Drug Name	Drug Tier	Requirements /Limits
CARAFATE	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)
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	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>misoprostol</i>	1	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO
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
<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>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</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	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)

Drug Name	Drug Tier	Requirements /Limits
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	MO
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 50 mg/2 ml (25 mg/ml)</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO
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	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; MO
ARCALYST	4	PA; MO
AVONEX (WITH ALBUMIN)	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
GENOTROPIN	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO
GRANIX	4	PA; MO
HUMATROPE	4	PA; MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	PA; MO
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	PA; MO
LEUKINE INJECTION RECON SOLN	4	MO

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Drug Name	Drug Tier	Requirements /Limits
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	3	PA; MO
MOZOBIL	4	MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN	4	PA; MO
NORDITROPIN FLEXPRO	4	PA; MO
NUTROPIN AQ NUSPIN	4	PA; MO
OMNITROPE	4	PA; MO
PEGASYS PROCLICK	4	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)

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

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Drug Name	Drug Tier	Requirements /Limits
SAIZEN	4	PA; MO
SAIZEN CLICK.EASY	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SYLATRON	4	MO
ZARXIO	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO
ZORBTIVE	4	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT) (PF) INTRAMUSCULA R SUSPENSION	2	MO
ATGAM	4	PA
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BIVIGAM	4	PA; MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	4	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULA R SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF)	2	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	4	PA; MO
<i>fomepizole</i>	1	MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	4	PA; MO
GAMMAGARD S- D (IGA < 1 MCG/ML)	4	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GAMMAPLEX	4	PA; MO
GAMMAPLEX (WITH SORBITOL)	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GARDASIL 9 (PF)	2	MO
GRASTEK	2	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	MO
HYPERRAB S/D (PF)	3	
IMOGAM RABIES-HT (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO

Drug Name	Drug Tier	Requirements /Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
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	4	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	MO
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

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Drug Name	Drug Tier	Requirements /Limits
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, DIPHTEHRIA TOX PED(PF)	2	MO
TETANUS-DIPHTEHRIA TOXOIDS-TD	2	MO
THYMOGLOBULIN	4	PA
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO

Drug Name	Drug Tier	Requirements /Limits
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO
YF-VAX (PF)	2	MO
ZINPLAVA	4	MO
ZOSTAVAX (PF)	2	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
COLCHICINE	3	ST; MO
COLCRYS	3	ST; MO
MITIGARE	2	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
ULORIC	2	ST; MO
ZURAMPIC	3	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)

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Drug Name	Drug Tier	Requirements /Limits
<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	4	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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
TYMLOS	4	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA; MO
ARAVA	4	MO; QL (30 per 30 days)
BENLYSTA INTRAVENOUS	4	MO
CUPRIMINE	4	MO
DEPEN TITRATABS	4	MO
ENBREL	4	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	4	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	4	PA; MO; QL (6 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	4	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS	4	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
KEVZARA	4	PA; MO; QL (2.28 per 28 days)
KINERET	4	PA; MO
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA	4	PA; MO
ORENCIA (WITH MALTOSE)	4	PA; MO
ORENCIA CLICKJECT	4	PA; MO
OTEZLA	4	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	4	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	MO
RASUVO (PF)	2	MO
RIDAURA	4	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	4	PA; MO
SIMPONI ARIA	4	PA; MO
XELJANZ	4	PA; MO
XELJANZ XR	4	PA; MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	3	PA; MO
ALORA	3	PA; MO; QL (8 per 28 days)
<i>amabelz</i>	1	PA; MO
ANGELIQ	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
AYGESTIN	3	MO
<i>camila</i>	1	MO
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 INTRAMUSCULAR SOLUTION	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %)	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

Drug Name	Drug Tier	Requirements /Limits
ESTRACE VAGINAL	2	MO
<i>estradiol oral</i>	1	PA; MO
<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; MO
<i>hydroxyprogesterone caproate</i>	4	MO
<i>jinteli</i>	1	PA; MO
<i>jolivette</i>	1	MO
<i>lyza</i>	1	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>medroxyprogesterone intramuscular suspension</i>	1	MO
<i>medroxyprogesterone oral</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	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	
ORTHO MICRONOR	3	MO
PREFEST	3	PA; MO
PREMARIN INJECTION	3	MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
PREMPRO	3	PA; MO
<i>progesterone micronized</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
<i>sharobel</i>	1	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	1	MO
MISCELLANEOUS OB/GYN		
AVC VAGINAL	3	MO
CLEOCIN VAGINAL CREAM	3	MO
CLEOCIN VAGINAL SUPPOSITORY	2	MO
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	3	MO
GYNAZOLE-1	3	MO
LUPANETA PACK (1 MONTH)	4	MO
LUPANETA PACK (3 MONTH)	4	MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NUVARING	3	MO
NUVESSA	3	MO
TERAZOL 7	3	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>alyacen 1/35 (28)</i>	1	MO
<i>amethia</i>	1	MO
<i>amethia lo</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>camrese lo</i>	1	MO
<i>caziant (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>drospirenone-e.estradiol-lm.fa</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	
GENERESS FE	3	MO
<i>gianvi (28)</i>	1	MO
<i>gildagia</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	MO
<i>kariva (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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	MO
<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
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</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 mg-mcg, 90-20 mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>levora-28</i>	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO

Drug Name	Drug Tier	Requirements /Limits
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
<i>lomedial 24 fe</i>	1	MO
<i>loryna (28)</i>	1	MO
LOSEASONIQUE	3	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lutra (28)</i>	1	MO
<i>marlissa</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<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
<i>mononessa (28)</i>	1	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>necon 1/50 (28)</i>	1	MO
<i>necon 10/11 (28)</i>	1	
<i>necon 7/7/7 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO
NORINYL 1/35 (28)	3	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<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

Drug Name	Drug Tier	Requirements /Limits
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
<i>rivelsa</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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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>zarah</i>	1	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

OPHTHALMOLOGY

ANTIBIOTICS

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

Drug Name	Drug Tier	Requirements /Limits
MOXEZA	3	MO
NATACYN	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
NEOSPORIN (NEO-POLYGRAMICID)	3	
OCUFLOX	3	MO
<i>ofloxacin ophthalmic</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
POLYTRIM	3	MO
<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
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Drug Name	Drug Tier	Requirements /Limits
<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

CHOLINESTERASE INHIBITOR MIOTICS

PHOSPHOLINE IODIDE	2	MO
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CYCLOPLEGIC MYDRIATICS

<i>atropine ophthalmic drops</i>	1	MO
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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

Drug Name	Drug Tier	Requirements /Limits
BEPREVE	3	MO
<i>cromolyn ophthalmic</i>	1	MO
CYSTARAN	4	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	3	MO
PATANOL	3	MO
PAZEO	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
XIIDRA	3	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
BROMSITE	2	MO
<i>diclofenac sodium ophthalmic</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac ophthalmic</i>	1	MO
NEVANAC	3	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</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
<i>bimatoprost ophthalmic</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
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
TRUSOPT	3	MO
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic</i>	1	MO

STEROID-SULFONAMIDE COMBINATIONS

BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>sulfacetamide-prednisolone</i>	1	MO

SULFONAMIDES

BLEPH-10	3	MO
<i>sulfacetamide sodium ophthalmic</i>	1	MO

SYMPATHOMIMETICS

ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
IOPIDINE	3	MO

RESPIRATORY AND ALLERGY

ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

Drug Name	Drug Tier	Requirements /Limits
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	
AUVI-Q	4	ST; MO; QL (4 per 30 days)
<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)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % not made by Mylan	3	ST; MO; QL (4 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (manufactured by Mylan Specialty)	2	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

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Drug Name	Drug Tier	Requirements /Limits
<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	4	PA; MO; QL (60 per 30 days)
ADEMPAS	4	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AEROSPAN	2	MO; QL (17.8 per 30 days)
AIRDUO RESPICLICK	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
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)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	2	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (2 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	4	PA; MO
BEVESPI AEROSPHERE	2	MO; 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
<i>budesonide nasal</i>	1	MO; QL (17.2 per 30 days)
CINRYZE	4	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)
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)
FIRAZYR	4	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)
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)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone nasal</i>	1	MO; QL (16 per 30 days)
FLUTICASONESALMETEROL	3	MO; QL (60 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	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)
LETAIRIS	4	PA; MO; LA
<i>levalbuterol hcl</i>	1	PA; MO
LEVALBUTEROL TARTRATE	3	MO; QL (30 per 30 days)
<i>metaproterenol</i>	1	MO
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO
NASONEX	3	MO; QL (34 per 30 days)
NUCALA	4	PA; MO; LA; QL (1 per 28 days)
OFEV	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA
ORKAMBI	4	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)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	4	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	MO; QL (4.9 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
QVAR	2	MO; QL (17.4 per 30 days)
REVATIO INTRAVENOUS	4	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
RUCONEST	4	PA; MO
SEEBRI NEOHALER	3	ST; QL (60 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil intravenous</i>	4	PA
<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	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMBICORT	2	MO; QL (10.2 per 30 days)
<i>terbutaline</i>	1	MO
THEO-24	2	MO
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER	4	PA; MO; LA
<i>triamcinolone acetonide nasal</i>	1	MO; QL (16.5 per 30 days)
TUDORZA PRESSAIR	2	MO; QL (1 per 30 days)
VENTAVIS	4	PA; MO
VENTOLIN HFA	2	MO; QL (36 per 30 days)
XOLAIR	4	PA; MO; LA; QL (6 per 28 days)
XOPENEX CONCENTRATE	3	PA; MO
XOPENEX HFA	3	MO; QL (30 per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML	3	PA

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Drug Name	Drug Tier	Requirements /Limits
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML, 1.25 MG/3 ML	3	PA; MO
<i>zafirlukast</i>	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
<i>zileuton</i>	4	MO
ZYFLO	4	MO
ZYFLO CR	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	1	MO
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</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>tropium</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
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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

CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO
PROCYSBI	4	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO

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Drug Name	Drug Tier	Requirements /Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</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 m10</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	MO
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLYRA	3	MO

Drug Name	Drug Tier	Requirements /Limits
<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</i>	1	MO
<i>potassium chloride intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution</i>	1	

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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</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>ringer's 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
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
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	
<i>premasol 10 %</i>	1	PA; MO
PREMASOL 6 %	2	PA

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Drug Name	Drug Tier	Requirements /Limits
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		
FLUORIDE (SODIUM) ORAL TABLET	3	MO
PRENATAL VITAMIN ORAL TABLET	3	MO

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AMINOSYN II 15 %	112	ANZEMET	83	atenolol	54
AMINOSYN II 7 %	112	apexicon e	67	atenolol-chlorthalidone	54
AMINOSYN II 8.5 %	112	APIDRA	74	ATGAM	92
AMINOSYN II 8.5 %- ELECTROLYTES	112	APIDRA SOLOSTAR	74	ATIVAN	40
AMINOSYN-HBC 7%	112	APLENZIN	40	atomoxetine	40
AMINOSYN-PF 10 %	112	APOKYN	27	atorvastatin	60
AMINOSYN-PF 7 % (SULFITE-FREE)	113	apraclonidine	105	atovaquone	8
AMINOSYN-RF 5.2 %	113	aprepitant	83	atovaquone-proguanil	8
amidarone	53	apri	99	ATRALIN	64
AMITIZA	83	APRISO	83	ATRIPLA	2
amitriptyline	40	APTENSIO XR	40	atropine	82, 103
amlodipine	54	APTIOM	23	ATROVENT HFA	107
amlodipine-atorvastatin	60	APTIVUS	2	AUBAGIO	29
amlodipine-benazepril	54	ARALAST NP	69	aubra	99
amlodipine-olmesartan	54	aranelle (28)	99	AUGMENTIN	11
amlodipine-valsartan	54	ARANESP (IN POLYSORBATE)	89	AURYXIA	69
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ammonium lactate	63	ARCALYST	89	AUVI-Q	105
amoxapine	40	ARCAPTA NEOHALER	106	AVALIDE	54
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amoxicillin	10	ARGATROBAN IN 0.9 % SOD CHLOR	59	AVAPRO	54
amoxicillin-pot clavulanate	10	ARICEPT	29	AVASTIN	15
amphotericin b	1	ARIMIDEX	15	AVC VAGINAL	98
ampicillin	10	aripiprazole	40	AVEED	80
ampicillin sodium	10	ARISTADA	40	AVELOX	12
ampicillin-sulbactam	10	ARIXTRA	59	AVELOX IN NA CL (ISO- OSMOTIC)	12
AMPYRA	29	armodafinil	40	aviane	99
ANADROL-50	79	ARNUIITY ELLIPTA	106	avita	64
ANAFRANIL	40	AROMASIN	15	AVITA	64
anagrelide	69	ARRANON	15	AVODART	110
ANAPROX DS	36	ARTHROTEC 50	36	AVONEX	89
anastrozole	14	ARTHROTEC 75	36	AVONEX (WITH ALBUMIN)	89
ANCOBON	1	ASACOL HD	83	AVYCAZ	5
ANDRODERM	79	ashlyna	99	AXERT	28
ANDROGEL	80	ASMANEX HFA	106	AXIRON	80
ANDROID	80	ASMANEX TWISTHALER	106, 107	AYGESTIN	97
ANGELIQ	96	aspirin-dipyridamole	59	azacitidine	15
ANORO ELLIPTA	106	ASTAGRAF XL	15	AZACTAM IN DEXTROSE (ISO-OSM)	8
ANTABUSE	69	ASTEPRO	71	AZASAN	15
ANTARA	60	ATACAND	54	AZASITE	102
ANUSOL-HC	83	ATACAND HCT	54	azathioprine	15
		ATELVIA	95	azathioprine sodium	15

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bekyree (28).....	99	BLEPH-10.....	105	CAFERGOT	28
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BELEODAQ	15	BLEPHAMIDE S.O.P.....	105	CALAN SR	54
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benazepril	54	blisovi fe 1.5/30 (28)	99	calcipotriene-betamethasone	62
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BENLYSTA	95	BOTOX	92	camila	97
BENTYL	82	BREO ELLIPTA	107	CAMPTOSAR.....	15
BENZACLIN	64	BREVICON (28).....	99	camrese lo	99
BENZAMYCIN	64	briellyn.....	99	CANASA.....	83
benztropine	27	BRILINTA	59	CANCIDAS.....	1
BEPREVE	103	brimonidine	105	candesartan	54
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CAPRELSA	15	ceftazidime	6	cimetidine	87
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CARAC	63	cefuroxime axetil.....	6	CIMZIA POWDER FOR RECONST	83
CARAFATE.....	87	cefuroxime sodium.....	6	CINRYZE.....	107
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carbidopa	27	CELLCEPT	15	CIPRODEX	72
carbidopa-levodopa	27	CELLCEPT INTRAVENOUS	15	ciprofloxacin.....	12
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carboplatin.....	15	cephalexin.....	6	ciprofloxacin hcl.....	12, 102
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CARDIZEM	54	CEREBYX	23	ciprofloxacin lactate	12
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CARDIZEM LA.....	54	CESAMET	83	citalopram	41
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CASODEX.....	15	chloramphenicol sod succinate	8	CLEOCIN IN 5 % DEXTROSE	8
CATAPRES	55	chlorhexidine gluconate	71	CLEOCIN PEDIATRIC	8
CATAPRES-TTS-1.....	55	chloroquine phosphate.....	8	CLEOCIN T	64
CATAPRES-TTS-2.....	55	chlorothiazide	55	CLIMARA.....	97
CATAPRES-TTS-3.....	55	chlorothiazide sodium	55	CLIMARA PRO	97
CAYSTON.....	8	chlorpromazine.....	41	clindacin p	64
caziant (28).....	99	chlorthalidone.....	55	CLINDAGEL	64
cefaclor	5	CHOLBAM	83	clindamycin hcl	8
cefadroxil.....	5	cholestyramine (with sugar).....	60	clindamycin in 5 % dextrose ..	8
cefazolin	5	cholestyramine light	60	clindamycin pediatric	8
cefdinir	5	CHORIONIC GONADOTROPIN, HUMAN.....	80	clindamycin phosphate	8, 64, 98
cefepime	6	CIALIS	110	clindamycin-benzoyl peroxide	64
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CLINIMIX 5%/D25W SULFITE-FREE.....	113	clotrimazole-betamethasone.....	66	COSENTYX PEN (2 PENS).....	62
CLINIMIX 2.75%/D5W SULFIT FREE.....	113	clozapine.....	41	COSMEGEN.....	15
CLINIMIX 4.25%/D10W SULF FREE.....	113	CLOZAPINE.....	41	COSOPT.....	104
CLINIMIX 4.25%/D5W SULFIT FREE.....	70	CLOZARIL.....	41	COSOPT (PF).....	104
CLINIMIX 4.25%-D20W SULF-FREE.....	113	COARTEM.....	8	COTELLIC.....	15
CLINIMIX 4.25%-D25W SULF-FREE.....	113	codeine sulfate.....	31	COUMADIN.....	59
CLINIMIX 5%- D20W(SULFITE-FREE).....	113	COGENTIN.....	27	COZAAR.....	55
CLINIMIX E 2.75%/D10W SUL FREE.....	70	COLAZAL.....	83	CREON.....	83
CLINIMIX E 2.75%/D5W SULF FREE.....	70	COLCHICINE.....	94	CRESEMBA.....	1
CLINIMIX E 4.25%/D10W SUL FREE.....	113	COLCRYS.....	94	CRESTOR.....	60
CLINIMIX E 4.25%/D25W SUL FREE.....	113	COLESTID.....	60	CRINONE.....	97
CLINIMIX E 4.25%/D5W SULF FREE.....	113	colestipol.....	60	CRIVAN.....	2
CLINIMIX E 5%/D15W SULFIT FREE.....	113	colistin (colistimethate na).....	8	cromolyn.....	83, 103, 107
CLINIMIX E 5%/D20W SULFIT FREE.....	113	colocort.....	83	cryselle (28).....	99
CLINIMIX E 5%/D25W SULFIT FREE.....	113	COLY-MYCIN S.....	72	CUBICIN.....	8
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clofarabine.....	15	COMPLERA.....	2	cyclobenzaprine.....	30
CLOLAR.....	15	compro.....	83	CYCLOPHOSPHAMIDE.....	15
clomipramine.....	41	COMTAN.....	27	CYCLOSET.....	74
clonazepam.....	23	CONCERTA.....	41	cyclosporine.....	15
clonidine.....	55	CONDYLOX.....	63	cyclosporine modified.....	15
clonidine hcl.....	41, 55	constulose.....	83	CYKLOKAPRON.....	59
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clorazepate dipotassium.....	41	COPAXONE.....	29	CYRAMZA.....	16
clotrimazole.....	1, 66	COPEGUS.....	2	CYSTADANE.....	83
		CORDRAN TAPE LARGE ROLL.....	67	CYSTAGON.....	110
		COREG.....	55	CYSTARAN.....	103
		COREG CR.....	55	cytarabine.....	16
		CORGARD.....	55	cytarabine (pf).....	16
		CORLANOR.....	62	CYTOMEL.....	82
		cormax.....	67	CYTOTEC.....	87
		CORTEF.....	72	CYTOVENE.....	2
		CORTIFOAM.....	83		
		cortisone.....	72	D	
		CORTISPORIN.....	66	d10 %-0.45 % sodium chloride	
		CORZIDE.....	55	.....	70
		COSENTYX (2 SYRINGES)	62	d2.5 %-0.45 % sodium	
				chloride.....	70
				d5 % and 0.9 % sodium	
				chloride.....	70

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d5 %-0.45 % sodium chloride	desloratadine.....	diclofenac-misoprostol
..... 70	desmopressin	dicloxacillin
dacarbazine..... 16	desog-e.estradiol/e.estradiol .99	dicyclomine
DACOGEN	DESOGEN	didanosine.....
DAKLINZA	DESONATE.....	DIFFERIN
DALIRESP..... 107	desonide.....	DIFICID
DALVANCE..... 8	DESOWEN	diflorasone
danazol	desoximetasone	DIFLUCAN.....
DANTRIUM	DESOXYN.....	diflunisal
dantrolene	DESVENLAFAXINE	digitek
dapsone..... 8	desvenlafaxine succinate	digoxin.....
DAPTACEL (DTAP	DETROL	dihydroergotamine.....
PEDIATRIC) (PF).....	DETROL LA.....	DILANTIN 30 MG.....
daptomycin..... 8	dexamethasone	DILANTIN EXTENDED 100
DARAPRIM..... 8	dexamethasone intensol.....	MG.....
darifenacin..... 110	dexamethasone sodium	DILANTIN INFATABS 50
DARZALEX	phosphate.....	MG.....
daunorubicin..... 16	72, 104	DILANTIN-125 125 MG/5
DAYPRO	DEXEDRINE SPANSULE..	ML.....
DAYTRANA	DEXILANT.....	DILAUDID.....
DDAVP	dexmethylphenidate.....	diltiazem hcl
deblitane	DEXPAK 13 DAY	dilt-xr
decitabine	dexrazoxane hcl.....	DIOVAN
DELESTROGEN	dextroamphetamine	DIOVAN HCT
delyla (28)	dextroamphetamine-	DIPENTUM
DELZICOL	amphetamine	diphenhydramine hcl
DEMADEX..... 55	dextrose 10 % and 0.2 % nacl	diphenoxylate-atropine
demeclocycline..... 12	..... 70	DIPROLENE.....
DEMSER..... 55	dextrose 10 % in water (d10w)	DIPROLENE AF.....
DENAVIR..... 66	..... 70	dipyridamole.....
DEPACON..... 23	dextrose 5 % in water (d5w). 70	disulfiram.....
DEPAKENE..... 23	dextrose 5 %-lactated ringers70	DITROPAN XL.....
DEPAKOTE..... 23	dextrose 5%-0.2 % sod	DIURIL.....
DEPAKOTE ER..... 23	chloride.....	DIURIL IV
DEPAKOTE SPRINKLES ..23	..... 70	divalproex
DEPEN TITRATABS..... 95	dextrose 5%-0.3 %	DIVIGEL.....
DEPO-ESTRADIOL..... 97	sod.chloride	docetaxel.....
DEPO-MEDROL .....	..... 70	dofetilide.....
DEPO-PROVERA	dextrose with sodium chloride	DOLOPHINE
DEPO-SUBQ PROVERA 104	..... 70	donepezil.....
..... 97	DIAMOX SEQUELS	DORIBAX.....
DEPO-TESTOSTERONE... 80	DIASTAT	DORYX.....
DERMATOP..... 67	DIASTAT ACUDIAL.....	DORYX MPC
DESCOVY	diazepam.....	dorzolamide.....
desipramine	diazepam intensol.....	dorzolamide-timolol
41	DIBENZYLINE	
	diclofenac potassium	
	diclofenac sodium... 37, 63, 103	

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DOVONEX.....	62	EFUDEX.....	63	enulose.....	84
doxazosin.....	55	EGRIFTA.....	90	ENVARBUS XR.....	16
doxepin.....	42, 63	ELAPRASE.....	80	EPCLUSA.....	2
doxercalciferol.....	80	ELDEPRYL.....	27	EPIDUO.....	64
DOXIL.....	16	ELELYSO.....	80	EPIDUO FORTE.....	64
doxorubicin.....	16	ELESTAT.....	103	epinastine.....	103
doxorubicin, peg-liposomal..	16	ELESTRIN.....	97	EPINEPHRINE.....	105
doxy-100.....	13	ELIDEL.....	63	EPIPEN 2-PAK.....	105
doxycycline hyclate.....	13	ELIGARD.....	16	EPIPEN JR 2-PAK.....	105
doxycycline monohydrate....	13	ELIGARD (3 MONTH).....	16	epirubicin.....	16
dronabinol.....	83, 84	ELIGARD (4 MONTH).....	16	epitol.....	24
drospirenone-e.estradiol-lm.fa		ELIGARD (6 MONTH).....	16	EPIVIR.....	2
.....	99	ELIMITE.....	69	EPIVIR HBV.....	2
drospirenone-ethinyl estradiol		eliphos.....	111	eplerenone.....	56
.....	99	ELIQUIS.....	59	EPOGEN.....	90
DROXIA.....	16	ELITEK.....	14	eprosartan.....	56
DUAC.....	64	ELLECE.....	16	EPZICOM.....	2
DUAVEE.....	97	ELMIRON.....	110	EQUETRO.....	24
DUETACT.....	74	ELOCON.....	67, 68	ERAXIS(WATER DILUENT)	
DUEXIS.....	37	EMADINE.....	103	.....	1
DULERA.....	107	EMBEDA.....	32	ERBITUX.....	16
duloxetine.....	42	EMCYT.....	16	ergoloid.....	42
DUOPA.....	27	EMEND.....	84	ergotamine-caffeine.....	28
DUPIXENT.....	63	emoquette.....	99	ERIVEDGE.....	16
DURAGESIC.....	31	EMPLICITI.....	16	errin.....	97
duramorph (pf).....	32	EMSAM.....	42	ERTACZO.....	66
DUREZOL.....	104	EMTRIVA.....	2	ERWINAZE.....	16
dutasteride.....	110	EMVERM.....	8	ery pads.....	64
dutasteride-tamsulosin.....	110	ENABLEX.....	110	erygel.....	64
DUTOPROL.....	55	enalapril maleate.....	55	ERYPED 200.....	7
DYAZIDE.....	55	enalapril-hydrochlorothiazide		ERYPED 400.....	7
DYMISTA.....	107	.....	55	ery-tab.....	7
DYRENIUM.....	55	ENBREL.....	95	ERY-TAB.....	7
DYSPORT.....	92	ENBREL SURECLICK.....	95	ERYTHROCIN.....	7
E		endocet.....	32	erythrocin (as stearate).....	7
e.e.s. 400.....	7	ENGERIX-B (PF).....	92	erythromycin.....	7, 102
E.E.S. GRANULES.....	7	ENGERIX-B PEDIATRIC		erythromycin ethylsuccinate...7	
EC-NAPROSYN.....	37	(PF).....	92	erythromycin with ethanol....64	
econazole.....	66	enoxaparin.....	59	erythromycin-benzoyl peroxide	
EDARBI.....	55	enpresse.....	99	.....	64
EDARBYCLOR.....	55	ENSTILAR.....	62	ESBRIET.....	107
EDECIN.....	55	entacapone.....	27	escitalopram oxalate.....	42, 43
EDURANT.....	2	entecavir.....	2	esomeprazole magnesium....87	
EFFEXOR XR.....	42	ENTOCORT EC.....	84	esomeprazole sodium.....	87
EFFIENT.....	59	ENTRESTO.....	62	ESTRACE.....	97

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estradiol.....	97	FARXIGA.....	74	fluconazole.....	1
estradiol valerate.....	97	FARYDAK.....	16	fluconazole in nacl (iso-osm) .	1
estradiol-norethindrone acet.	97	FASLODEX.....	16	flucytosine.....	1
ESTRING.....	97	fayosim.....	99	fludarabine.....	17
estropipate.....	97	FAZACLO.....	43	fludrocortisone.....	72
eszopiclone.....	43	felbamate.....	24	FLUMADINE.....	2
ethacrynate sodium.....	56	FELBATOL.....	24	flunisolide.....	107
ethacrynic acid.....	56	FELDENE.....	37	fluocinolone.....	68
ethambutol.....	8	felodipine.....	56	fluocinolone acetonide oil	72
ethosuximide.....	24	FEMARA.....	16	fluocinonide.....	68
ethynodiol diac-eth estradiol	99	FEMHRT LOW DOSE.....	97	fluocinonide-e.....	68
etidronate disodium.....	70	FEMRING.....	97	FLUORIDE (SODIUM).....	114
etodolac.....	37	femynor.....	99	fluorometholone.....	104
ETOPOPHOS.....	16	fenofibrate.....	60	fluorouracil.....	17, 63
etoposide.....	16	FENOFIBRATE.....	60	FLUOROURACIL.....	63
EUCRISA.....	63	fenofibrate micronized.....	60	fluoxetine.....	43
EURAX.....	69	fenofibrate nanocrystallized.	60	FLUOXETINE.....	43
EVAMIST.....	97	fenofibric acid.....	60	fluphenazine decanoate.....	43
EVISTA.....	95	fenofibric acid (choline).....	60	fluphenazine hcl.....	44
EVOCLIN.....	64	FENOGLIDE.....	60	flurandrenolide.....	68
EVOTAZ.....	2	fenoprofen.....	37	flurbiprofen.....	37
EVOXAC.....	70	FENOPROFEN.....	37	flurbiprofen sodium.....	103
EVZIO.....	37	fentanyl.....	32	flutamide.....	17
EXALGO ER.....	32	FENTANYL.....	32	fluticasone.....	68, 108
EXELDERM.....	66	fentanyl citrate.....	32	FLUTICASONE-	
EXELON.....	29	FENTORA.....	32	SALMETEROL.....	108
exemestane.....	16	FERRIPROX.....	70	fluvastatin.....	60, 61
EXFORGE.....	56	FETZIMA.....	43	fluvoxamine.....	44
EXFORGE HCT.....	56	FEXMID.....	30	FML FORTE.....	104
EXJADE.....	70	FIBRICOR.....	60	FML LIQUIFILM.....	104
EXONDYS 51.....	29	FINACEA.....	65	FML S.O.P.....	104
EXTAVIA.....	90	finasteride.....	110	FOCALIN.....	44
EXTINA.....	66	FIRAZYR.....	107	FOCALIN XR.....	44
ezetimibe.....	60	FIRMAGON KIT W		FOLOTYN.....	17
ezetimibe-simvastatin.....	60	DILUENT SYRINGE.....	17	fomepizole.....	92
F		FLAGYL.....	8	fondaparinux.....	59
FABIOR.....	65	FLAREX.....	104	FORFIVO XL.....	44
FABRAZYME.....	80	flavoxate.....	110	FORTAMET.....	75
falmina (28).....	99	FLEBOGAMMA DIF.....	92	FORTAZ.....	6
famciclovir.....	2	flecainide.....	53	FORTEO.....	95
famotidine.....	87	FLECTOR.....	37	FORTESTA.....	80
famotidine (pf).....	87	FLOMAX.....	110	FOSAMAX.....	95
famotidine (pf)-nacl (iso-os)	87	FLOVENT DISKUS.....	107	FOSAMAX PLUS D.....	95
FANAPT.....	43	FLOVENT HFA.....	107	fosinopril.....	56
FARESTON.....	16	floxin.....	72		

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fosinopril-hydrochlorothiazide	56	GENOTROPIN	90	guanidine	44
fosphenytoin	24	GENOTROPIN MINIQUICK	90	GYNAZOLE-1	98
FOSRENOL	70	gentak	102	H	
FRAGMIN	59	gentamicin	9, 66, 102	HALAVEN	17
FREAMINE HBC 6.9 %	113	gentamicin in nacl (iso-osm) ..	9	HALDOL	44
FROVA	28	gentamicin sulfate (pf)	9	HALDOL DECANOATE	44
frovatriptan	28	GENVOYA	2	halobetasol propionate	68
FURADANTIN	13	GEODON	44	HALOG	68
furosemide	56	gianvi (28)	99	haloperidol	44
FUSILEV	14	GIAZO	84	haloperidol decanoate	44
FUZEON	2	gildagia	99	haloperidol lactate	44
fyavolv	97	GILENYA	29	HARVONI	3
FYCOMPA	24	GILOTRIF	17	HAVRIX (PF)	93
G		GLASSIA	70	HECTOROL	80
gabapentin	24	glatopa	29	heparin (porcine)	59
GABITRIL	24	GLEEVEC	17	heparin (porcine) in 5 % dex ..	59
GABLOFEN	30	GLEOSTINE	17	HEPATAMINE 8%	113
galantamine	29	glimepiride	75	HEPSERA	3
GAMASTAN S/D	92	glipizide	75	HERCEPTIN	17
GAMMAGARD LIQUID	92	glipizide-metformin	75	HETLIOZ	44
GAMMAGARD S-D (IGA < 1 MCG/ML)	92	GLUCAGEN HYPOKIT	75	HEXALEN	17
GAMMAKED	92	GLUCAGON EMERGENCY KIT (HUMAN)	75	HIBERIX (PF)	93
GAMMAPLEX	92	GLUCOPHAGE	75	HIPREX	13
GAMMAPLEX (WITH SORBITOL)	92	GLUCOPHAGE XR	75	HORIZANT	29
GAMUNEX-C	93	GLUCOTROL	75	HUMALOG	76
ganciclovir sodium	2	GLUCOTROL XL	76	HUMALOG KWIKPEN	76
GARDASIL 9 (PF)	93	GLUMETZA	76	HUMALOG MIX 50-50	76
GASTROCROM	84	glycopyrrolate	82	HUMALOG MIX 50-50 KWIKPEN	76
gatifloxacin	102	GLYSET	76	HUMALOG MIX 75-25	76
GATTEX 30-VIAL	84	GLYXAMBI	76	HUMALOG MIX 75-25 KWIKPEN	76
GAUZE PAD	75	GOLYTELY	84	HUMATROPE	90
gavilyte-c	84	GONITRO	62	HUMIRA	96
gavilyte-g	84	GRALISE	24	HUMIRA PEDIATRIC CROHN'S START	95
gavilyte-h and bisacodyl	84	GRALISE 30-DAY STARTER PACK	24	HUMIRA PEN	96
gavilyte-n	84	granisetron (pf)	84	HUMIRA PEN CROHN'S-UC-HS START	96
GELNIQUE	110	granisetron hcl	84	HUMIRA PEN PSORIASIS-UVEITIS	96
gemcitabine	17	GRANIX	90	HUMULIN 70/30	76
gemfibrozil	61	GRASTEK	93	HUMULIN 70/30 KWIKPEN	76
GEMZAR	17	griseofulvin microsize	1	.....	76
GENERESS FE	99	griseofulvin ultramicrosize	1	HUMULIN N	76
generlac	84	GRIS-PEG (ULTRAMICROSIZE)	1		
gengraf	17				

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HUMULIN N KWIKPEN.....	76	imipenem-cilastatin	9	irbesartan-hydrochlorothiazide	
HUMULIN R U-100	76	imipramine hcl.....	44	.....	56
HUMULIN R U-500 (CONC)		imipramine pamoate	44	IRESSA	18
KWIKPEN	76	imiquiremod	63	irinotecan	18
HUMULIN R U-500		IMITREX	28	ISENTRESS	3
(CONCENTRATED).....	76	IMITREX STATDOSE KIT		ISOLYTE-P IN 5 %	
HYCAMTIN	17	REFILL	28	DEXTROSE	113
HYCET.....	32	IMOGAM RABIES-HT (PF)		ISOLYTE-S.....	113
hydralazine	56	.....	93	isoniazid.....	9
HYDREA	17	IMOVAX RABIES VACCINE		ISOPTO CARPINE.....	103
hydrochlorothiazide.....	56	(PF).....	93	ISORDIL	62
hydrocodone-acetaminophen	32	IMURAN.....	18	ISORDIL TITRADOSE	62
hydrocodone-ibuprofen	32	INCRELEX	70	isosorbide dinitrate	62
hydrocortisone.....	68, 72, 84	INCRUSE ELLIPTA.....	108	isosorbide mononitrate	62
hydrocortisone butyrate	68	indapamide	56	isradipine	56
hydrocortisone butyr-emollient		INDERAL LA	56	ISTALOL	103
.....	68	INFANRIX (DTAP) (PF).....	93	ISTODAX.....	18
hydrocortisone valerate	68	INFLECTRA	84	itraconazole.....	1
hydrocortisone-acetic acid....	72	INGREZZA	29	ivermectin	9
hydromorphone	33	INLYTA	18	IXIARO (PF).....	93
hydromorphone (pf)	32	INNOPRAN XL.....	56	J	
hydroxychloroquine	9	INSPIRA.....	56	JADENU.....	70
hydroxyprogesterone caproate		INSULIN PEN NEEDLE.....	76	JADENU SPRINKLE	70
.....	97	INSULIN SYRINGE (DISP)		JAKAFI	18
hydroxyurea.....	17	U-100.....	76	JALYN	110
hydroxyzine hcl.....	105	INTELENCE	3	jantoven	60
HYPERRAB S/D (PF)	93	intralipid	113	JANUMET	77
HYSINGLA ER	33	INTRALIPID.....	113	JANUMET XR.....	77
HYZAAR	56	INTRON A.....	90	JANUVIA.....	77
I		introvale.....	99	JARDIANCE.....	77
ibandronate	95	INVANZ.....	9	JENTADUETO	77
IBRANCE	17	INVEGA.....	44	JENTADUETO XR.....	77
IBUDONE.....	33	INVEGA SUSTENNA..	44, 45	JEVTANA	18
ibuprofen	37	INVEGA TRINZA.....	45	jinteli.....	97
ibuprofen-oxycodone	33	INVIRASE	3	jolivette	97
ICLUSIG	17	INVOKAMET.....	76	JUBLIA	66
IDAMYCIN PFS.....	17	INVOKAMET XR.....	77	juleber	99
idarubicin.....	17	INVOKANA	77	junel 1.5/30 (21)	99
IFEX	18	IONOSOL-MB IN D5W	113	junel 1/20 (21)	99
ifosfamide.....	18	IOPIDINE.....	105	junel fe 1.5/30 (28)	99
ILARIS (PF).....	90	IPOL	93	junel fe 1/20 (28)	99
ILEVRO	103	ipratropium bromide.....	71, 108	junel fe 24.....	99
imatinib.....	18	ipratropium-albuterol.....	108	JUXTAPID	61
IMBRUVICA	18	irbesartan	56	K	
IMFINZI.....	18			KADCYLA.....	18

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KADIAN.....	33	KYPROLIS	18	LENVIMA.....	18
kaitlib fe.....	99	L		LESCOL XL.....	61
KALETRA	3	l norgest/e.estradiol-e.estrad		lessina	100
KALYDECO.....	108	.....	100	LETAIRIS	108
KANUMA.....	80	labetalol	56	letrozole.....	18
KAPVAY	45	LACRISERT	103	leucovorin calcium	14
kariva (28).....	99	lactated ringers	69, 111	LEUKERAN.....	18
KAYEXALATE.....	70	lactulose.....	84	LEUKINE.....	90
KAZANO	77	LAMICTAL	24	leuprolide.....	18
kelnor 1/35 (28).....	100	LAMICTAL ODT	24	levabuterol hcl	108
KENALOG.....	68, 72	LAMICTAL STARTER		LEVALBUTEROL	
KEPIVANCE	14	(BLUE) KIT	25	TARTRATE	108
KEPPRA.....	24	LAMICTAL STARTER		LEVAQUIN	12
KEPPRA XR.....	24	(GREEN) KIT	25	LEVEMIR	77
KERYDIN.....	66	LAMICTAL STARTER		LEVEMIR FLEXTOUCH...77	
ketoconazole.....	1, 66	(ORANGE) KIT	25	levetiracetam.....	25
ketoprofen.....	37	LAMICTAL XR.....	25	levetiracetam in nacl (iso-os)25	
ketorolac	104	LAMICTAL XR STARTER		levobunolol	103
KEVEYIS.....	29	(BLUE).....	25	levocarnitine	70
KEVZARA.....	96	LAMICTAL XR STARTER		levocarnitine (with sugar)....70	
KEYTRUDA.....	18	(GREEN).....	25	levocetirizine	106
KHEDEZLA.....	45	LAMICTAL XR STARTER		levofloxacin	12, 102
kimidess (28).....	100	(ORANGE).....	25	levofloxacin in d5w	12
KINERET.....	96	LAMISIL.....	1	levoleucovorin	14
KINRIX (PF).....	93	lamivudine.....	3	levonest (28)	100
kionex.....	70	lamivudine-zidovudine.....	3	levonorgestrel-ethinyl estrad	
KISQALI.....	18	lamotrigine.....	25	.....	100
KISQALI FEMARA CO-		LANOXIN.....	58	levonorg-eth estrad triphasic	
PACK.....	18	lansoprazole.....	87	.....	100
KITABIS PAK	9	LANTUS	77	levora-28.....	100
KLARON	66	LANTUS SOLOSTAR.....	77	levorphanol tartrate.....	33
KLONOPIN	24	larin 1.5/30 (21).....	100	levothyroxine.....	82
klor-con 10	111	larin 1/20 (21).....	100	LEVOTHYROXINE	82
klor-con 8	111	larin fe 1.5/30 (28).....	100	levoxyl.....	82
klor-con m10	111	larin fe 1/20 (28).....	100	LEXAPRO.....	45
klor-con m15	111	larissia.....	100	LEXIVA	3
klor-con m20	111	LARTRUVO	18	LIALDA	84
klor-con sprinkle	111	LASIX	56	lidocaine	65
KOMBIGLYZE XR.....	77	LASTACRAFT.....	103	lidocaine (pf)	65
KORLYM.....	80	latanoprost	104	lidocaine hcl.....	65
KRISTALOSE	84	LATUDA.....	45	lidocaine viscous	65
k-tab.....	111	layolis fe	100	lidocaine-prilocaine	65
K-TAB.....	111	LAZANDA.....	33	LIDODERM	66
KUVAN	80	leena 28.....	100	LINCOCIN	9
KYNAMRO	61	leflunomide.....	96	lincomycin	9

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lindane.....	69	losartan-hydrochlorothiazide	56	MARPLAN.....	45
linezolid.....	9	LOSEASONIQUE.....	100	MATULANE.....	18
LINZESS.....	84	LOTEMAX.....	104	matzim la.....	56
LIORESAL.....	30	LOTENSIN.....	56	MAXALT.....	28
liothyronine.....	82	LOTREL.....	56	MAXALT-MLT.....	28
LIPITOR.....	61	LOTRISONE.....	66	MAXIDEX.....	104
LIPOFEN.....	61	LOTRONEX.....	84	MAXIPIME.....	6
lisinopril.....	56	lovastatin.....	61	MAXITROL.....	104
lisinopril-hydrochlorothiazide.....	56	LOVAZA.....	61	MAXZIDE.....	56
lithium carbonate.....	45	LOVENOX.....	60	MAXZIDE-25MG.....	56
lithium citrate.....	45	low-ogestrel (28).....	100	meclizine.....	84
LITHOBID.....	45	loxapine succinate.....	45	meclofenamate.....	37
LITHOSTAT.....	70	LUMIGAN.....	104	MEDROL.....	72
LIVALO.....	61	LUMIZYME.....	80	MEDROL (PAK).....	72
LO LOESTRIN FE.....	100	LUNESTA.....	45	medroxyprogesterone.....	98
LOCOID.....	68	LUPANETA PACK (1 MONTH).....	98	mefenamic acid.....	37
LODINE.....	37	LUPANETA PACK (3 MONTH).....	98	mefloquine.....	9
LODOSYN.....	27	LUPRON DEPOT.....	18	MEGACE.....	19
LOESTRIN 1.5/30 (21).....	100	LUPRON DEPOT (3 MONTH).....	18	MEGACE ES.....	19
LOESTRIN 1/20 (21).....	100	LUPRON DEPOT (4 MONTH).....	18	megestrol.....	19
LOESTRIN FE 1.5/30 (28-DAY).....	100	LUPRON DEPOT (6 MONTH).....	18	MEKINIST.....	19
LOESTRIN FE 1/20 (28-DAY).....	100	LUZU.....	66	meloxicam.....	37
lomedica 24 fe.....	100	LYNPARZA.....	18	melphalan hcl.....	19
LOMOTIL.....	82	LYRICA.....	25, 26	memantine.....	29, 30
LONSURF.....	18	LYSODREN.....	18	MEMANTINE.....	30
loperamide.....	82	LYSTEDA.....	98	MENACTRA (PF).....	93
LOPID.....	61	lyza.....	97	MENEST.....	98
lopinavir-ritonavir.....	3	M		MENOMUNE - A/C/Y/W-135 (PF).....	93
LOPRESSOR.....	56	MACROBID.....	13	MENOSTAR.....	98
LOPRESSOR HCT.....	56	MACRODANTIN.....	13	MENTAX.....	66
LOPROX.....	66	magnesium sulfate.....	111	MENVEO A-C-Y-W-135-DIP (PF).....	93
LOPROX (AS OLAMINE).....	66	MAKENA.....	97	MEPRON.....	9
lorazepam.....	45	MALARONE.....	9	mercaptapurine.....	19
lorazepam intensol.....	45	MALARONE PEDIATRIC.....	9	meropenem.....	9
lorcet (hydrocodone).....	33	malathion.....	69	MERREM.....	9
lorcet hd.....	33	maprotiline.....	45	MESALAMINE.....	84
lorcet plus.....	33	MARINOL.....	84	mesalamine with cleansing wipe.....	84
lortab 10-325.....	33	marlissa.....	100	mesna.....	14
lortab 5-325.....	33			MESNEX.....	14
lortab 7.5-325.....	34			MESTINON.....	30
loryna (28).....	100			MESTINON TIMESPAN.....	30
losartan.....	56			METADATE CD.....	45

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metadate er	45	microgestin fe 1/20 (28)	100	moxifloxacin.....	12
metaproterenol.....	108	MICROZIDE.....	57	MOXIFLOXACIN-	
metformin	77, 78	midodrine.....	70	SOD.ACE,SUL-WATER .	12
methadone	34	migergot.....	28	MOZOBIL.....	91
methamphetamine	45	miglitol	78	MS CONTIN	34
methazolamide	104	MIGRANAL	28	MULTAQ	53
methenamine hippurate	13	millipred	72	mupirocin.....	66
methimazole	73	MILLIPRED.....	72	mupirocin calcium	66
METHITEST.....	81	mimvey.....	98	MUSTARGEN	19
methotrexate sodium	19	mimvey lo.....	98	MYALEPT	81
methotrexate sodium (pf)	19	MINASTRIN 24 FE	100	MYAMBUTOL.....	9
methoxsalen.....	63	MINIPRESS	57	MYCAMINE.....	1
methscopolamine.....	82	MINITRAN	62	MYCOBUTIN.....	9
methyclothiazide	56	MINIVELLE	98	mycophenolate mofetil	19
methyl dopa	56	MINOCIN	13	mycophenolate mofetil hcl ...	19
METHYLIN	45	minocycline	13	mycophenolate sodium	19
methylphenidate hcl	45	minoxidil	57	MYFORTIC	19
methylprednisolone	72	MIRAPEX.....	27	myorisan	65
methylprednisolone acetate ..	72	MIRAPEX ER.....	27	MYRBETRIQ.....	110
methylprednisolone sodium		MIRCERA.....	91	MYSOLINE	26
succ.....	72	mirtazapine	46	MYTESI	82
methyltestosterone.....	81	MIRVASO.....	65	N	
metipranolol	103	misoprostol	87	nabumetone.....	38
metoclopramide hcl	84	MITIGARE	94	nadolol	57
metolazone	56	mitomycin.....	19	nadolol-bendroflumethiazide	57
metoprolol succinate	56	mitoxantrone.....	19	nafcillin.....	11
metoprolol ta-hydrochlorothiaz		M-M-R II (PF).....	93	naftifine.....	66
.....	56	MOBIC	37, 38	NAFTIN	66
metoprolol tartrate	56, 57	modafinil	46	NAGLAZYME.....	81
METROCREAM.....	65	moderiba.....	3	nalbuphine	38
METROGEL	65	moderiba dose pack	3	naloxone	38
METROGEL VAGINAL.....	98	moexipril	57	naltrexone	38
METROLOTION	65	moexipril-hydrochlorothiazide		NAMENDA.....	30
metronidazole	9, 65, 98	.....	57	NAMENDA TITRATION	
metronidazole in nacl (iso-os) 9		mometasone.....	68, 108	PAK.....	30
mexiletine	53	mononessa (28).....	100	NAMENDA XR	30
MIACALCIN	81	montelukast	108	NAMZARIC.....	30
mibelas 24 fe	100	MONUROL.....	13	NAPRELAN CR	38
MICARDIS	57	morgidox	13	NAPROSYN.....	38
MICARDIS HCT	57	morphine.....	34	naproxen	38
miconazole-3	98	MORPHINE	34	naproxen sodium	38
MICORT-HC	84	morphine concentrate	34	naratriptan.....	28
microgestin 1.5/30 (21)	100	MOVANTIK	84	NARCAN	38
microgestin 1/20 (21)	100	MOVIPREP.....	84	NARDIL	46
microgestin fe 1.5/30 (28) ..	100	MOXEZA.....	102	NASONEX.....	108

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NATACYN	102	NIASPAN EXTENDED- RELEASE	61	NORMOSOL-R IN 5 % DEXTROSE	111
NATAZIA	100	nicardipine	57	NORMOSOL-R PH 7.4.....	113
nateglinide	78	NICOTROL.....	71	NORPRAMIN	46
NATPARA	81	NICOTROL NS.....	71	NORTHERA	70
NEBUPENT	9	nifedipine.....	57	nortrel 0.5/35 (28).....	101
necon 0.5/35 (28).....	100	nikki (28).....	100	nortrel 1/35 (21).....	101
necon 1/50 (28).....	100	NILANDRON	19	nortrel 1/35 (28).....	101
necon 10/11 (28).....	100	nilutamide.....	19	nortrel 7/7/7 (28).....	101
necon 7/7/7 (28)	100	nimodipine.....	57	nortriptyline	46
NEEDLES, INSULIN DISP.,SAFETY	78	NINLARO	19	NORVASC	57
nefazodone	46	NIPENT	19	NORVIR.....	3
neomycin	9	nisoldipine	57	NOVAREL	81
neomycin-bacitracin-poly-hc	104	nitro-bid.....	62	NOVOFINE 32.....	78
neomycin-bacitracin- polymyxin.....	102	NITRO-DUR	62	NOVOLIN 70/30.....	78
neomycin-polymyxin b gu ...	69	nitrofurantoin.....	13	NOVOLIN N	78
neomycin-polymyxin b- dexameth	104	nitrofurantoin macrocrystal ..	13	NOVOLIN R	78
neomycin-polymyxin- gramicidin.....	102	nitrofurantoin monohyd/m- cryst	13	NOVOLOG	78
neomycin-polymyxin-hc	72, 104	nitroglycerin	62	NOVOLOG FLEXPEN.....	78
NEORAL.....	19	NITROMIST	62	NOVOLOG MIX 70-30	78
NEOSPORIN (NEO-POLYM- GRAMICID)	102	NITROSTAT	62	NOVOLOG MIX 70-30 FLEXPEN.....	78
NEO-SYNALAR	66	nizatidine	87	NOVOLOG PENFILL	78
NEPHRAMINE 5.4 %	113	NIZORAL	66	NOXAFIL.....	1
NESINA	78	nolix.....	68	NUCALA	108
neuac.....	65	nora-be.....	98	NUCYNTA.....	38
NEULASTA.....	91	NORCO	34	NUCYNTA ER	38
NEUPOGEN	91	NORDITROPIN FLEXPRO	91	NUEDEXTA	30
NEUPRO.....	27	noreth-ethinyl estradiol-iron	100, 101	NULOJIX	19
NEURONTIN.....	26	norethindrone (contraceptive)	98	NULYTELY WITH FLAVOR PACKS	85
NEVANAC	104	norethindrone acetate	98	NUPLAZID	46
nevirapine	3	norethindrone ac-eth estradiol	98, 101	NUTRESTORE	70
NEXAVAR	19	norethindrone-e.estradiol-iron	101	NUTRILIPID.....	113
NEXIUM.....	87	norgestimate-ethinyl estradiol	101	NUTROPIN AQ NUSPIN...91	
NEXIUM IV	87	NORINYL 1/35 (28)	101	NUVARING.....	99
NEXIUM PACKET	87	NORITATE	65	NUVESSA.....	99
NEXTERONE.....	53	norlyroc	98	NUVIGIL	46
niacin	61	NORMOSOL-M IN 5 % DEXTROSE	113	nyamyc	66
NIACOR.....	61			nyata	66
				nystatin	1, 66
				nystatin-triamcinolone.....	66
				nystop	66
				O	
				OCALIVA	85

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ocella	101	ORENCIA	96	OXYTROL	110
OCTAGAM	93	ORENCIA (WITH		P	
octreotide acetate	19	MALTOSE)	96	pacerone	53
OCUFEN	104	ORENCIA CLICKJECT	96	paclitaxel	20
OCUFLOX	102	ORENITRAM	57	paliperidone	46
ODEFSEY	3	ORFADIN	70	PAMELOR	46
ODOMZO	19	ORKAMBI	108	pamidronate	81
OFEV	108	orsythia	101	PANCREAZE	85
ofloxacin	12, 72, 102	ORTHO MICRONOR	98	PANDEL	68
ogestrel (28)	101	ORTHO TRI-CYCLEN (28)		PANRETIN	63
olanzapine	46	.....	101	pantoprazole	88
olanzapine-fluoxetine	46	ORTHO TRI-CYCLEN LO		paricalcitol	81
olmesartan	57	(28)	101	PARLODEL	27
olmesartan-amlodipin-		ORTHO-CYCLEN (28)	101	PARNATE	46
hcthiazyd	57	ORTHO-NOVUM 1/35 (28)		paromomycin	9
olmesartan-		.....	101	paroxetine hcl	46
hydrochlorothiazide	57	ORTHO-NOVUM 7/7/7 (28)		PASER	9
olopatadine	71, 103	.....	101	PATADAY	103
OLUX	68	oseltamivir	3	PATANASE	72
OLYSIO	3	OSENI	78	PATANOL	103
omega-3 acid ethyl esters	61	OSMOPREP	85	PAXIL	47
omeprazole	87	OTEZLA	96	PAXIL CR	47
omeprazole-sodium		OTEZLA STARTER	96	PAZEO	103
bicarbonate	87, 88	OTOVEL	72	PCE	7
OMNARIS	108	OTREXUP (PF)	96	PEDIARIX (PF)	93
OMNIPRED	104	OVCON-35 (28)	101	PEDVAX HIB (PF)	93
OMNITROPE	91	OVIDE	69	peg 3350-electrolytes	85
ondansetron	85	oxacillin	11	PEGANONE	26
ondansetron hcl	85	oxacillin in dextrose(iso-osm)		PEGASYS	91
ondansetron hcl (pf)	85	.....	11	PEGASYS PROCLICK	91
ONEXTON	65	oxaliplatin	20	peg-electrolyte soln	85
ONFI	26	oxandrolone	81	PENICILLIN G POT IN	
ONGLYZA	78	oxaprozin	38	DEXTROSE	11
ONMEL	1	oxcarbazepine	26	penicillin g potassium	11
ONZETRA XSAIL	28	oxiconazole	66	penicillin g procaine	11
OPANA	35	OXISTAT	66	penicillin g sodium	11
OPANA ER	34, 35	OXSORALEN ULTRA	63	penicillin v potassium	11
OPDIVO	20	OXTELLAR XR	26	PENNSAID	38
OPSUMIT	108	oxybutynin chloride	110	PENTAM	9
ORACEA	13	oxycodone	35	PENTASA	85
ORALAIR	93	OXYCODONE	35	pentoxifylline	60
ORAP	46	oxycodone-acetaminophen	35	PEPCID	88
ORAPRED ODT	72	oxycodone-aspirin	35	PERCOCET	36
ORAVIG	1	OXYCONTIN	35	PERFOROMIST	108
ORBACTIV	9	oxymorphone	35	perindopril erbumine	57

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perio gard.....	72	potassium chloride.....	111, 112	prevalite	61
PERJETA	20	potassium chloride in 0.9%nacl 111	previfem.....	101
permethrin	69	.....	111	PREVPAC	88
perphenazine.....	47	potassium chloride in 5 % dex	..... 111	PREZCOBIX.....	3
PERTZYE	85	.....	111	PREZISTA	3
PEXEVA.....	47	potassium chloride in lr-d5.	111	PRIFTIN	9
phenelzine.....	47	potassium chloride-0.45 % nacl	..... 112	PRILOSEC	88
PHENERGAN.....	106	.....	112	PRIMAQUINE	9
phenobarbital.....	26	potassium chloride-d5-	0.2%nacl.....	PRIMAXIN IV	9
phenoxybenzamine.....	57	.....	112	primidone.....	26
PHENYTEK.....	26	potassium chloride-d5-	0.3%nacl.....	PRIMLEV.....	36
phenytoin.....	26	.....	112	PRIMSOL.....	13
phenytoin sodium	26	potassium chloride-d5-	0.9%nacl.....	PRINIVIL	57
phenytoin sodium extended..	26	.....	112	PRISTIQ	47
PHOSLYRA.....	111	potassium citrate.....	110	PRIVIGEN	93
PHOSPHOLINE IODIDE..	103	PRADAXA.....	60	PROAIR HFA	108
PHYSIOLYTE	69	PRALUENT PEN.....	61	PROAIR RESPICLICK.....	108
PHYSIOSOL IRRIGATION	69	pramipexole	27	probenecid	94
PICATO	63	PRANDIN	78	probenecid-colchicine.....	94
pilocarpine hcl	70, 103	PRAVACHOL.....	61	procainamide	53
pimozide	47	pravastatin	61	PROCALAMINE 3%.....	114
pimtree (28).....	101	prazosin	57	PROCARDIA XL.....	57
pindolol.....	57	PRECOSE	78	procentra	47
pioglitazone	78	PRED FORTE	105	prochlorperazine	85
pioglitazone-glimepiride	78	PRED MILD.....	105	prochlorperazine edisylate...85	
pioglitazone-metformin.....	78	PRED-G.....	104	prochlorperazine maleate oral	
piperacillin-tazobactam	11	PRED-G S.O.P.	104	.....	85
pirmella.....	101	prednicarbate	68	PROCRIT	91
piroxicam.....	38	prednisolone acetate	105	procto-med hc.....	85
PLAQUENIL	9	prednisolone sodium phosphate	..... 73, 105	procto-pak	86
PLASMA-LYTE 148	113	.....	73, 105	proctosol hc	86
PLASMA-LYTE A	113	prednisone	73	proctozone-hc	86
PLAVIX	60	prednisone intensol.....	73	PROCYSBI.....	110
PLEGRIDY	91	PREFEST	98	progesterone micronized	98
podofilox	63	PREGNYL.....	81	PROGLYCEM	78
polyethylene glycol 3350	85	PREMARIN	98	PROGRAF.....	20
polymyxin b sulfate.....	9	premasol 10 %.....	113	PROLASTIN-C	70
polymyxin b sulf-trimethoprim		PREMASOL 6 %	113	PROLENSA	104
.....	102	PREMPHASE	98	PROLEUKIN	91
POLYTRIM	102	PREMPRO	98	PROLIA.....	95
POMALYST	20	PRENATAL VITAMIN		PROMACTA.....	60
PONSTEL	38	ORAL TABLET.....	114	promethazine	106
portia.....	101	PREPOPIK.....	85	PROMETRIUM	98
potassium chlorid-d5-		PREVACID.....	88	propafenone	53
0.45%nacl.....	111	PREVACID SOLUTAB.....	88	propranolol	57

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propranolol-hydrochlorothiazid	57	rabeprazole	88	RETIN-A	65
propylthiouracil	73	RAGWITEK	93	RETIN-A MICRO	65
PROQUAD (PF)	93	raloxifene	95	RETIN-A MICRO PUMP	65
PROSCAR	110	ramipril	57	RETROVIR	4
PROSOL 20 %	114	RANEXA	62	REVATIO	109
PROTONIX	88	ranitidine hcl	88, 89	REVLIMID	20
PROTOPIC	63	RAPAFLO	110	REXULTI	48
protriptyline	47	RAPAMUNE	20	REYATAZ	4
PROVENTIL HFA	108	rasagiline	27	RHOFADE	65
PROVERA	98	RASUVO (PF)	96	ribasphere	4
PROVIGIL	47	RAVICTI	71	ribasphere ribapak	4
PROZAC	47	RAYALDEE	81	ribavirin	4
prudoxin	63	RAYOS	73	RIDAURA	96
PSORCON	68	RAZADYNE	30	rifabutin	9
PULMICORT	108	RAZADYNE ER	30	RIFADIN	10
PULMICORT FLEXHALER	108	REBETOL	3	RIFAMATE	10
PULMOZYME	108	REBIF (WITH ALBUMIN)	91	rifampin	10
PURIXAN	20	REBIF REBIDOSE	91	RIFATER	10
PYLERA	88	REBIF TITRATION PACK	91	RILUTEK	71
pyrazinamide	9	RECLAST	71	riluzole	71
pyridostigmine bromide	30	reclipsen (28)	101	rimantadine	4
Q		RECOMBIVAX HB (PF)	93, 94	ringer's	69, 112
QBRELIS	57	RECTIV	86	RIOMET	79
QNASL	108, 109	REGLAN	86	risedronate	71, 95
QUADRACEL (PF)	93	REGRANEX	63	RISPERDAL	48, 49
QUALAQUIN	9	RELENZA DISKHALER	3	RISPERDAL CONSTA	48
QUARTETTE	101	RELISTOR	86	RISPERDAL M-TAB	48
quasense	101	RELMAX	28	risperidone	49
QUDEXY XR	26	REMERON	48	RITALIN	49
QUESTRAN	61	REMERON SOLTAB	48	RITALIN LA	49
QUESTRAN LIGHT	61	REMICADE	86	RITUXAN	20
quetiapine	47, 48	REMODULIN	57	rivastigmine	30
QUILLICHEW ER	48	RENAGEL	71	rivastigmine tartrate	30
QUILLIVANT XR	48	REVELA	71	rivelsa	101
quinapril	57	repaglinide	78, 79	rizatriptan	28
quinapril-hydrochlorothiazide	57	repaglinide-metformin	79	ROBINUL	82
quinidine gluconate	53	REPATHA PUSHTRONEX	61	ROBINUL FORTE	82
quinidine sulfate	53	REPATHA SURECLICK	61	ROCALTROL	81
quinine sulfate	9	REPATHA SYRINGE	61	ropinirole	27
QVAR	109	REQUIP	27	rosuvastatin	61
R		REQUIP XL	27	ROTARIX	94
RABAVERT (PF)	93	RESCRIPTOR	4	ROTATEQ VACCINE	94
		RESTASIS	103	roweepra	26
		RESTASIS MULTIDOSE	103	ROXICODONE	36
				ROZEREM	49

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RUBRACA.....	20	SILIQ.....	63	spironolactone.....	57
RUCONEST.....	109	SILVADENE.....	63	spironolacton-hydrochlorothiaz	57
RYDAPT.....	20	silver sulfadiazine.....	63	SPORANOX.....	1
RYTARY.....	27	SIMBRINZA.....	104	sprintec (28).....	101
RYTHMOL SR.....	53	SIMPONI.....	96	SPRITAM.....	26
S		SIMPONI ARIA.....	96	SPRYCEL.....	21
SABRIL.....	26	SIMULECT.....	20	sps (with sorbitol).....	71
SAFYRAL.....	101	simvastatin.....	61	sronyx.....	101
SAIZEN.....	92	SINEMET.....	27	ssd.....	63
SAIZEN CLICK.EASY.....	92	SINEMET CR.....	27	STALEVO 100.....	27
SALAGEN (PILOCARPINE)	71	SINGULAIR.....	109	STALEVO 125.....	27
SAMSCA.....	81	sirolimus.....	20	STALEVO 150.....	27
SANCUSO.....	86	SIRTURO.....	10	STALEVO 200.....	27
SANDIMMUNE.....	20	SIVEXTRO.....	10	STALEVO 50.....	27
SANDOSTATIN.....	20	SKLICE.....	69	STALEVO 75.....	27
SANDOSTATIN LAR DEPOT.....	20	sodium chloride.....	71, 112	STARLIX.....	79
SANTYL.....	69	sodium chloride 0.45 %.....	112	stavudine.....	4
SAPHRIS (BLACK CHERRY).....	49	sodium chloride 0.9 %.....	71	STELARA.....	63
SARAFEM.....	49	sodium chloride 3 %.....	112	STIMATE.....	81
SAVAYSA.....	60	sodium chloride 5 %.....	112	STIOLTO RESPIMAT.....	109
SAVELLA.....	96	sodium lactate intravenous.....	112	STIVARGA.....	21
SEASONIQUE.....	101	sodium phenylbutyrate.....	71	STRATTERA.....	50
SEEBRI NEOHALER.....	109	sodium polystyrene (sorb free)	71	STRENSIQ.....	81
selegiline hcl.....	27	SOLARAZE.....	63	STREPTOMYCIN.....	10
selenium sulfide.....	63	SOLQUA 100/33.....	79	STRIANT.....	81
SELZENTRY.....	4	SOLODYN.....	13	STRIBILD.....	4
SEMPREX-D.....	106	SOLTAMOX.....	20	STRIVERDI RESPIMAT.....	109
SENSIPAR.....	81	SOLU-CORTEF (PF).....	73	STROMECTOL.....	10
SEREVENT DISKUS.....	109	SOLU-MEDROL.....	73	SUBOXONE.....	38
SERNIVO.....	68	SOLU-MEDROL (PF).....	73	SUBSYS.....	36
SEROQUEL.....	49, 50	SOMATULINE DEPOT.....	20	SUCRAID.....	86
SEROQUEL XR.....	50	SOMAVERT.....	81	sucralfate.....	89
SEROSTIM.....	92	SONATA.....	50	SULAR.....	58
sertraline.....	50	SOOLANTRA.....	65	sulfacetamide sodium.....	105
setlakin.....	101	SORIATANE.....	63	sulfacetamide sodium (acne).....	66
sevelamer carbonate.....	71	SORILUX.....	63	sulfacetamide-prednisolone.....	105
SFROWASA.....	86	sorine.....	53	sulfadiazine.....	12
sharobel.....	98	sotalol.....	53	sulfamethoxazole-trimethoprim	12
SIGNIFOR.....	20	sotalol af.....	53	SULFAMYLON.....	66
SIGNIFOR LAR.....	20	SOTYLIZE.....	53	sulfasalazine.....	86
sildenafil.....	109	SOVALDI.....	4	sulindac.....	38
SILENOR.....	50	SPIRIVA RESPIMAT.....	109	sumatriptan.....	28
		SPIRIVA WITH HANDIHALER.....	109	sumatriptan succinate.....	28, 29

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SUMAVEL DOSEPRO	29	TAZICEF	6	THYROLAR-1/2	82
SUPRAX	6	TAZORAC	65	THYROLAR-1/4	82
SUPREP BOWEL PREP KIT	86	taztia xt	58	THYROLAR-2	82
SURMONTIL	50	TECENTRIQ	21	THYROLAR-3	82
SUSTIVA	4	TECFIDERA	30	tiagabine	26
SUTENT	21	TECHNIVIE	4	TIAZAC	58
SYLATRON	92	TEFLARO	7	TIGECYCLINE	10
SYLVANT	21	TEGRETOL	26	TIKOSYN	53
SYMBICORT	109	TEGRETOL XR	26	timolol maleate	58, 103
SYMBYAX	50	TEKTRUNA	58	TIMOPTIC OCUDOSE (PF)	103
SYMLINPEN 120	79	TEKTRUNA HCT	58	TIMOPTIC-XE	103
SYMLINPEN 60	79	telmisartan	58	TINDAMAX	10
SYNAGIS	4	telmisartan-amlodipine	58	tinidazole	10
SYNALAR	68	telmisartan-hydrochlorothiazid	58	TIROSINT	82
SYNALGOS-DC	36	TENIVAC (PF)	94	TIVICAY	4
SYNAREL	81	TENORETIC 100	58	TIVORBEX	38
SYNDROS	86	TENORETIC 50	58	tizanidine	30
SYNERCID	10	TENORMIN	58	TOBI	10
SYNJARDY	79	TERAZOL 7	99	TOBI PODHALER	10
SYNRIBO	21	terazosin	58	TOBRADEX	104
SYNTHROID	82	terbinafine hcl	1	TOBRADEX ST	104
SYPRINE	71	terbutaline	109	tobramycin	102
T		terconazole	99	tobramycin in 0.225 % nacl	10
TABLOID	21	TESTIM	81	tobramycin sulfate	10
TACLONEX	63	testosterone	81	tobramycin-dexamethasone	104
tacrolimus	21, 64	TESTOSTERONE	81	TOBREX	102
TAFINLAR	21	testosterone cypionate	81	TOFRANIL	50
TAGRISSO	21	testosterone enanthate	81	TOLAK	64
TALTZ AUTOINJECTOR	63	TESTRED	81	tolazamide	79
TALTZ SYRINGE	63	TETANUS, DIPHTHERIA TOX PED(PF)	94	tolbutamide	79
TAMIFLU	4	TETANUS-DIPHTHERIA TOXOIDS-TD	94	tolcapone	28
tamoxifen	21	tetrabenazine	30	tolmetin	38, 39
tamsulosin	110	tetracycline	13	tolterodine	110
TANZEUM	79	THALOMID	21	TOPAMAX	26
TAPAZOLE	73	THEO-24	109	TOPICORT	68
TARCEVA	21	theophylline	109	topiramate	26
TARGADOX	13	THIOLA	71	TOPIRAMATE	26
TARGRETIN	21	thioridazine	50	toposar	21
tarina fe 1/20 (28)	101	thiotepa	21	topotecan	21
TARKA	58	thiothixene	50	TOPROL XL	58
TASIGNA	21	THYMOGLOBULIN	94	TORISEL	21
TASMAR	28	THYROLAR-1	82	torsemide	58
TAXOTERE	21			TOUJEO SOLOSTAR	79
tazarotene	65			TOVIAZ	110

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TPN ELECTROLYTES.....	112	trilyte with flavor packets.....	86	UROCIT-K 5.....	110
TRACLEER.....	109	trimethoprim.....	13	UROXATRAL.....	110
TRADJENTA.....	79	trimipramine.....	50	URSO 250.....	86
tramadol.....	39	trinessa (28).....	101	URSO FORTE.....	86
TRAMADOL.....	39	TRI-NORINYL (28).....	101	ursodiol.....	86
tramadol-acetaminophen.....	39	TRINTELLIX.....	50, 51	V	
trandolapril.....	58	TRIOSTAT.....	82	VAGIFEM.....	98
trandolapril-verapamil.....	58	tri-previfem (28).....	101	valacyclovir.....	5
tranexamic acid.....	60, 99	TRISENOX.....	22	VALCHLOR.....	64
TRANSDERM-SCOP.....	86	tri-sprintec (28).....	101	VALCYTE.....	5
TRANXENE T-TAB.....	50	TRIUMEQ.....	4	valganciclovir.....	5
tranlycypromine.....	50	trivora (28).....	101	VALIUM.....	51
travasol 10 %.....	114	TRIZIVIR.....	4	valproate sodium.....	27
TRAVATAN Z.....	104	TROKENDI XR.....	27	valproic acid.....	27
trazodone.....	50	TROPHAMINE 10 %.....	114	valproic acid (as sodium salt)	
TREANDA.....	22	TROPHAMINE 6%.....	114	.....	27
TRECTOR.....	10	tropium.....	110	valsartan.....	58
TRELSTAR.....	22	TRULANCE.....	86	valsartan-hydrochlorothiazide	
TRESIBA FLEXTOUCH U-		TRULICITY.....	79	.....	58
100.....	79	TRUMENBA.....	94	VALTRESX.....	5
TRESIBA FLEXTOUCH U-		TRUSOPT.....	104	VANCOCIN.....	14
200.....	79	TRUVADA.....	4	vancomycin.....	14
tretinoin (chemotherapy).....	22	TUDORZA PRESSAIR.....	109	vandazole.....	99
tretinoin microspheres.....	65	TWINRIX (PF).....	94	VANOS.....	69
tretinoin topical.....	65	TWYNSTA.....	58	VAQTA (PF).....	94
TREXALL.....	22	TYBOST.....	5	VARIVAX (PF).....	94
TREXIMET.....	29	TYGACIL.....	10	VARIZIG.....	94
TREZIX.....	36	TYKERB.....	22	VARUBI.....	86
triamcinolone acetonide 68, 69,		TYLENOL-CODEINE #3.....	36	VASCEPA.....	61
72, 109		TYLENOL-CODEINE #4.....	36	VASERETIC.....	58
triamterene-hydrochlorothiazid		TYMLOS.....	95	VASOTEC.....	58
.....	58	TYPHIM VI.....	94	VECAMYL.....	62
trianex.....	69	TYTABRI.....	30	VECTIBIX.....	22
TRIBENZOR.....	58	U		VECTICAL.....	63
TRICOR.....	61	UCERIS.....	86	VELCADE.....	22
triderm.....	69	ULORIC.....	94	velivet triphasic regimen (28)	
TRIDESILON.....	69	ULTRACET.....	39	.....	101
trifluoperazine.....	50	ULTRAM.....	39	VELPHORO.....	71
trifluridine.....	102	ULTRAVATE.....	69	VELTASSA.....	71
TRIGLIDE.....	61	UNASYN.....	11	VEMLIDY.....	5
tri-legest fe.....	101	unithroid.....	82	VENCLEXTA.....	22
TRILEPTAL.....	26	UPTRAVI.....	58	VENCLEXTA STARTING	
TRILIPIX.....	61	URECHOLINE.....	110	PACK.....	22
tri-lo-estarylla.....	101	UROCIT-K 10.....	110	venlafaxine.....	51
tri-lo-sprintec.....	101	UROCIT-K 15.....	110	VENLAFAXINE.....	51

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VENTAVIS.....	109	VOGELXO.....	81	XYLOCAINE.....	66
VENTOLIN HFA.....	109	VOLTAREN GEL.....	39	XYREM.....	52
verapamil.....	58	voriconazole.....	1	XYZAL.....	106
VEREGEN.....	64	VOTRIENT.....	22	Y	
VERELAN.....	58	VPRIV.....	81	YASMIN (28).....	102
VERELAN PM.....	58	VRAYLAR.....	51	YAZ (28).....	102
veripred 20.....	73	vyfemla (28).....	102	YERVOY.....	22
VERSACLOZ.....	51	VYTORIN 10-10.....	61	YF-VAX (PF).....	94
VESICARE.....	110	VYTORIN 10-20.....	62	YONDELIS.....	22
vestura (28).....	101	VYTORIN 10-40.....	62	YOSPRALA.....	60
VFEND.....	1	VYTORIN 10-80.....	62	yuvafem.....	98
VFEND IV.....	1	VYVANSE.....	51	Z	
VGO 20.....	79	W		zafirlukast.....	110
VGO 30.....	79	warfarin.....	60	zaleplon.....	52
VGO 40.....	79	water for irrigation, sterile.....	71	ZALTRAP.....	23
VIBERZI.....	86	WELCHOL.....	62	zamicet.....	36
VIBRAMYCIN.....	13	WELLBUTRIN SR.....	51, 52	ZANAFLEX.....	30
vicodin.....	36	WELLBUTRIN XL.....	52	ZANOSAR.....	23
vicodin es.....	36	wymzya fe.....	102	ZANTAC.....	89
vicodin hp.....	36	X		zarah.....	102
VICTOZA 3-PAK.....	79	XALATAN.....	104	ZARONTIN.....	27
VIDAZA.....	22	XALKORI.....	22	ZARXIO.....	92
VIDEX 2 GRAM PEDIATRIC.....	5	XARELTO.....	60	ZAVESCA.....	81
VIDEX EC.....	5	XELJANZ.....	96	ZEGERID.....	89
VIEKIRA PAK.....	5	XELJANZ XR.....	96	ZEJULA.....	23
VIEKIRA XR.....	5	XENAZINE.....	30	ZELAPAR.....	28
vienva.....	102	XEOMIN.....	94	ZELBORAF.....	23
VIGAMOX.....	102	XERESE.....	66	ZEMAIRA.....	71
VIIBRYD.....	51	XERMELO.....	22	ZEMBRACE SYMTOUCH.....	29
VIMOVO.....	39	XGEVA.....	14	ZEMPLAR.....	81, 82
VIMPAT.....	27	XIFAXAN.....	10	zenatane.....	65
vinblastine.....	22	XIGDUO XR.....	79	zenchent (28).....	102
vincasar pfs.....	22	XIIDRA.....	103	zenchent fe.....	102
vincristine.....	22	XODOL 10/300.....	36	ZENPEP.....	86
vinorelbine.....	22	XODOL 5/300.....	36	zenzedi.....	52
VIOKACE.....	86	XODOL 7.5/300.....	36	ZENZEDI.....	52
VIRACEPT.....	5	XOLAIR.....	109	ZEPATIER.....	5
VIRAMUNE.....	5	XOPENEX.....	109, 110	ZERBAXA.....	7
VIRAMUNE XR.....	5	XOPENEX CONCENTRATE.....	109	ZERIT.....	5
VIREAD.....	5	XOPENEX HFA.....	109	ZESTORETIC.....	58
VIROPTIC.....	102	XTAMPZA ER.....	36	ZESTRIL.....	58
VIVELLE-DOT.....	98	XTANDI.....	22	ZETIA.....	62
VIVITROL.....	39	xulane.....	99	ZETONNA.....	110
VIVLODEX.....	39	XULTOPHY 100/3.6.....	79	ZIAC.....	58
				ZIAGEN.....	5

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ZIANA	65	zoledronic acid-mannitol-water	71	zovia 1/35e (28).....	102
zidovudine	5	ZOLINZA.....	23	zovia 1/50e (28).....	102
zileuton.....	110	zolmitriptan	29	ZOVIRAX	5, 67
ZINACEF	7	ZOLOFT.....	52	ZUBSOLV.....	39
ZINBRYTA.....	30	zolpidem.....	52	ZUPLENZ	86
ZINECARD (AS HCL).....	14	ZOMACTON	92	ZURAMPIC	94
ZINPLAVA.....	94	ZOMETA	82	ZYBAN	71
ZIOPTAN (PF).....	104	ZOMIG.....	29	ZYCLARA	64
ziprasidone hcl.....	52	ZOMIG ZMT	29	ZYDELIG.....	23
ZIPSOR	39	ZONALON.....	64	ZYFLO	110
ZIRGAN.....	102	ZONEGRAN	27	ZYFLO CR.....	110
ZITHROMAX.....	7	zonisamide.....	27	ZYKADIA.....	23
ZITHROMAX TRI-PAK	7	ZONTIVITY	60	ZYLET	104
ZITHROMAX Z-PAK	7	ZORBTIVE	92	ZYLOPRIM.....	94
ZMAX	7	ZORTRESS	23	ZYMAXID	102
ZOCOR	62	ZORVOLEX	39	ZYPREXA.....	52
ZOFRAN (AS		ZOSTAVAX (PF)	94	ZYPREXA RELPREVV	52
HYDROCHLORIDE)	86	ZOSYN.....	12	ZYPREXA ZYDIS	53
ZOFRAN ODT.....	86	ZOSYN IN DEXTROSE (ISO-		ZYTIGA	23
ZOHYDRO ER	36	OSM).....	11, 12	ZYVOX	10
zoledronic acid	82				

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