



Express Scripts Medicare (PDP) 2020 Formulary (List of Covered Drugs)

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

Formulary ID Number: 20064, v6

This formulary was updated on 08/19/2019. For more recent information or to price a medication, you can visit us on the Web at express-scripts.com. Or you can 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.

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 19, 2019. 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, 2021. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

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 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the cases below, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our formulary if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, if applicable, we must notify affected members of the change at least 30 days before the change becomes effective or at the

time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

To get current information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back covers.

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 103. 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 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?” below for information about how to request an exception.

What if my drug is not listed on this formulary?

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

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

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

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

How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If your drug is contained in our Non-Preferred Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug tier instead. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug it will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

How do I request an appeal?

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

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

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

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

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

For each of your drugs that is not on our formulary, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for a one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. After your first refill of a one-month supply, we will not pay for these drugs, even if you have been a plan member less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary, or if your ability to get your drug is limited but you are past the first 90 days of membership in our plan, we will cover a minimum of a 31-day emergency transition supply of that drug 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 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 103.

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

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

Your Costs

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

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.
- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier may have a different cost-sharing amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

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

Drug Tiers

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

If you qualify for Extra Help

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

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or visit <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 express-scripts.com.

List of abbreviations

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
NOXAFIL ORAL	2	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ORAVIG	3	MO
SPORANOX	3	MO
<i>terbinafine hcl oral</i>	1	MO
TOLSURA	3	MO
VFEND	3	MO
VFEND IV	3	PA; MO
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral</i>	1	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS ORAL CAPSULE	2	MO

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 express-scripts.com.

Drug Name	Drug Tier	Requirements /Limits
APTIVUS ORAL SOLUTION	2	
<i>atazanavir</i>	1	MO
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	3	MO
BIKTARVY	2	MO
CIMDUO	2	MO
COMBIVIR	3	MO
COMPLERA	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DAKLINZA ORAL TABLET 30 MG, 60 MG	3	PA; MO; QL (28 per 28 days)
DELSTRIGO	3	MO
DESCOVY	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO
DOVATO	2	MO
EDURANT	2	MO
<i>efavirenz</i>	1	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPCLUSA	2	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO

Drug Name	Drug Tier	Requirements /Limits
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	3	MO
EVOTAZ	3	MO
<i>famciclovir</i>	1	MO
FLUMADINE ORAL TABLET	3	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
GENVOYA	2	MO
HARVONI	2	PA; MO; QL (28 per 28 days)
HEPSERA	3	MO
INTELENCE	2	MO
INVIRASE ORAL TABLET	2	MO
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	3	MO
KALETRA ORAL SOLUTION	3	MO
KALETRA ORAL TABLET	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LEDIPASVIR-SOFOSBUVIR	3	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	2	MO
LEXIVA ORAL TABLET	3	MO
<i>lopinavir-ritonavir</i>	1	MO
MAVYRET	3	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	2	MO
<i>oseltamivir</i>	1	MO
PIFELTRO	3	MO
PREVYMIS ORAL	2	MO; QL (30 per 30 days)
PREZCOBIX	3	MO
PREZISTA ORAL SUSPENSION	2	MO

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR ORAL TABLET	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	MO
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	1	MO
<i>ribasphere ribapak oral tablets,dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	1	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
SELZENTRY	2	MO
SOFOSBUVIR-VELPATASVIR	3	PA; MO; QL (28 per 28 days)
SOVALDI	3	PA; MO; QL (28 per 28 days)
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO
SUSTIVA	3	MO
SYMFI	2	MO
SYMFI LO	2	MO
SYMTUZA	3	MO
TAMIFLU	3	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TRIUMEQ	2	MO
TRIZIVIR	3	MO
TRUVADA	2	MO
TYBOST	3	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
VALCYTE	3	MO
<i>valganciclovir</i>	1	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VEMLIDY	2	MO
VIDEX 4 GRAM PEDIATRIC	2	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 125 MG, 250 MG, 400 MG	3	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 200 MG	2	MO
VIEKIRA PAK	3	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VIREAD ORAL TABLET 300 MG	3	MO
VOSEVI	3	PA; MO; QL (28 per 28 days)
XOFLUZA	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ZEPATIER	3	PA; MO; QL (28 per 28 days)
ZIAGEN	3	MO
<i>zidovudine</i>	1	MO
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
ZOVIRAX ORAL TABLET 800 MG	3	MO
CEPHALOSPORINS		
AVYCAZ	3	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

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime injection</i>	1	MO
<i>cefixime oral suspension for reconstitution</i>	1	MO
<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	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO

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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
MAXIPIME INJECTION RECON SOLN 1 GRAM	3	MO
MAXIPIME INTRAVENOUS RECON SOLN 2 GRAM	3	
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
<i>tazicef injection recon soln 1 gram</i>	1	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	1	MO
TEFLARO	3	MO
ZERBAXA	3	

Drug Name	Drug Tier	Requirements /Limits
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	1	MO
<i>azithromycin oral tablet 500 mg (3 pack)</i>	1	
<i>clarithromycin</i>	1	MO
DIFICID	3	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,DELAYED RELEASE (DR/EC) 500 MG	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO

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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
ZITHROMAX INTRAVENOUS	3	MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
ALINIA	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
ARIKAYCE	2	PA; MO; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM	3	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO
BENZNIDAZOLE	2	
BETHKIS	2	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAYSTON	2	PA; MO; LA; QL (84 per 28 days)
<i>chloroquine phosphate</i>	1	MO
CLEOCIN HCL	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 900 MG/50 ML	3	
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	3	MO
CLEOCIN INJECTION	3	MO
CLEOCIN PEDIATRIC	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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	3	MO
DALVANCE	3	MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
DARAPRIM	2	PA; MO
EMVERM	2	MO
<i>ertapenem</i>	1	MO
<i>ethambutol</i>	1	MO
FIRVANQ	3	MO
FLAGYL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
INVANZ INJECTION	3	MO
<i>isoniazid oral</i>	1	MO
<i>ivermectin</i>	1	MO
KITABIS PAK	3	MO
KRINTAFEL	3	MO
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
<i>mefloquine</i>	1	MO
MEPRON	3	MO
<i>meropenem</i>	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
<i>polymyxin b sulfate</i>	1	MO
<i>praziquantel</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>pyrazinamide</i>	1	MO
QUALAQUIN	3	MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
RIFADIN ORAL CAPSULE 150 MG	3	MO
RIFAMATE	3	MO
<i>rifampin</i>	1	MO
RIFATER	3	MO

Drug Name	Drug Tier	Requirements /Limits
SIRTURO	2	MO; LA
SIVEXTRO INTRAVENOUS	3	
SIVEXTRO ORAL	3	MO
SOLOSEC	3	MO
STREPTOMYCIN	2	MO
STROMEKTOL	3	MO
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	MO
TOBI	3	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR	2	MO
TYGACIL	3	MO
VABOMERE	3	
VANCOCIN	3	MO
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	3	
<i>vancomycin oral capsule</i>	1	MO
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (90 per 30 days)
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	MO
ZYVOX ORAL	3	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
<i>dicloxacillin</i>	1	MO
<i>naftillin injection</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	2	MO
<i>penicillin g potassium injection recon soln 20 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 2.25 gram, 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

Drug Name	Drug Tier	Requirements /Limits
ZOSYN IN DEXTROSE (ISO- OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO- OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	3	MO
QUINOLONES		
AVELOX	3	MO
BAXDELA INTRAVENOUS	3	
BAXDELA ORAL	3	MO
CIPRO ORAL SUSPENSION,MIC ROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	1	
<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
<i>moxifloxacin-sod.chloride(iso)</i>	1	
<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 oral</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
DORYX MPC	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
<i>doxy-100</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	MO
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</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 50 MG	3	ST; MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg</i>	1	MO
<i>minocycline oral tablet extended release 24 hr 55 mg</i>	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	MO
<i>morgidox oral capsule 50 mg</i>	1	MO
NUZYRA (7 DAY WITH LOAD DOSE)	3	ST
NUZYRA (7 DAY)	3	ST
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	ST; MO
ORACEA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
<i>soloxide</i>	1	
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
XIMINO	3	ST; MO
URINARY TRACT AGENTS		

Drug Name	Drug Tier	Requirements /Limits
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
<i>trimethoprim</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	MO
MESNEX ORAL	2	MO
XGEVA	2	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	1	PA; MO; QL (120 per 30 days)
AFINITOR	2	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ALECENSA	2	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ASTAGRAF XL	3	PA; MO
AZASAN	3	PA; MO
<i>azathioprine</i>	1	PA; MO
BALVERSA	2	PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; MO; LA; QL (180 per 30 days)
CABOMETYX	3	PA; MO; LA
CALQUENCE	3	PA; MO; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; MO; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT	3	PA; MO
COMETRIQ	2	PA; MO
COPIKTRA	3	PA; MO; LA; QL (60 per 30 days)
COTELLIC	2	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	1	PA; MO
<i>cyclosporine modified</i>	1	PA; MO
<i>cyclosporine oral capsule</i>	1	PA; MO
DAURISMO ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
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

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Drug Name	Drug Tier	Requirements /Limits
EMCYT	2	MO
ENVARUSUS XR	3	PA; MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERLEADA	2	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>exemestane</i>	1	MO
FARESTON	3	MO
FARYDAK	3	PA; MO; QL (6 per 21 days)
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE	2	PA; MO
<i>flutamide</i>	1	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	PA; MO
<i>gengraf oral solution</i>	1	PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	MO
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; MO; QL (30 per 30 days)
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
IRESSA	2	PA; MO; QL (30 per 30 days)
JAKAFI	2	PA; MO; QL (60 per 30 days)
KISQALI	3	PA; MO
KISQALI FEMARA CO-PACK	3	PA; MO
LENVIMA	2	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LONSURF	2	PA; MO
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days)
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LYNPARZA ORAL TABLET	2	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LYSODREN	2	MO
MATULANE	2	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	PA; MO
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
<i>mycophenolate mofetil</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NERLYNX	2	PA; MO; LA
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
NILANDRON	3	MO
<i>nilutamide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NINLARO	2	PA; MO; QL (3 per 28 days)
<i>octreotide acetate injection solution</i>	1	MO
ODOMZO	3	PA; MO; LA; QL (30 per 30 days)
PIQRAY	2	PA; MO
POMALYST	2	PA; MO; LA
PROGRAF ORAL CAPSULE	3	PA; MO
PROGRAF ORAL GRANULES IN PACKET	2	PA; MO
PURIXAN	2	
RAPAMUNE	3	PA; MO
REVLIMID	2	PA; MO; LA; QL (28 per 28 days)
RUBRACA	2	PA; MO; LA; QL (120 per 30 days)
RYDAPT	2	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	MO
SIGNIFOR	2	MO
<i>sirolimus</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SOLTAMOX	2	MO
SOMATULINE DEPOT	2	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT	2	PA; MO; QL (30 per 30 days)
SYNRIBO	2	PA; MO
TABLOID	3	MO
<i>tacrolimus oral</i>	1	PA; MO
TAFINLAR	2	PA; MO; QL (120 per 30 days)
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
TARGRETIN ORAL	3	PA; MO
TARGRETIN TOPICAL	2	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
THALOMID	2	PA; MO
TIBSOVO	2	PA; MO
<i>toremifene</i>	1	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
<i>tretinoin (chemotherapy)</i>	1	MO
TREXALL	3	PA; MO
TYKERB	2	PA; MO; LA; QL (180 per 30 days)
VENCLEXTA	2	PA; MO; LA
VENCLEXTA STARTING PACK	2	PA; MO; LA; QL (42 per 30 days)
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	3	PA; MO; QL (30 per 30 days)
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI	2	PA; MO; QL (60 per 30 days)
XATMEP	3	PA; MO
XERMELO	2	PA; MO; LA; QL (90 per 30 days)
XOSPATA	2	PA; MO; LA
XTANDI	2	PA; MO; QL (120 per 30 days)
YONSA	2	PA; MO; QL (120 per 30 days)
ZEJULA	2	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZOLINZA	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ZORTRESS	2	PA; MO
ZYDELIG	2	PA; MO; QL (60 per 30 days)
ZYKADIA	2	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	3	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	2	PA; MO; QL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTiom	3	MO
BANZEL	2	MO
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	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

Drug Name	Drug Tier	Requirements /Limits
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	MO
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

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Drug Name	Drug Tier	Requirements /Limits
<i>divalproex</i>	1	MO
EPIDIOLEX	2	PA; MO; LA
<i>epitol</i>	1	MO
EQUETRO	3	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL	3	MO
FYCOMPA ORAL SUSPENSION	2	MO
FYCOMPA ORAL TABLET	2	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GABITRIL	3	MO
GRALISE 30-DAY STARTER PACK	2	PA; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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 ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
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>lamotrigine oral tablets, dose pack</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 CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	2	MO; QL (900 per 30 days)
MYSOLINE	3	MO
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	3	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
<i>phenobarbital</i>	1	PA; MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>primidone</i>	1	MO
QUDEXY XR	3	PA; MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	MO
SABRIL	3	MO; LA
SPRITAM	3	MO
SYMPAZAN	3	PA; MO; QL (60 per 30 days)
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
TROKENDI XR	3	PA; MO
<i>valproic acid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>vigabatrin</i>	1	MO; LA
<i>vigadrone</i>	1	MO; LA
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
<i>zonisamide</i>	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	MO; LA
AZILECT	3	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
COMTAN	3	MO
DUOPA	3	PA; MO
<i>entacapone</i>	1	MO
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	3	PA; MO; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	2	MO
OSMOLEX ER	3	PA; MO
PARLODEL	3	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	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

Drug Name	Drug Tier	Requirements /Limits
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	3	MO
<i>tolcapone</i>	1	MO
XADAGO	3	MO
ZELAPAR	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY	3	PA; MO; QL (1.5 per 30 days)
<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)
CAFERGOT	3	MO
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	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)

Drug Name	Drug Tier	Requirements /Limits
<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)
<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)
<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)
TREXIMET ORAL TABLET 10-60 MG	3	MO; QL (9 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TREXIMET ORAL TABLET 85-500 MG	3	MO; QL (18 per 28 days)
ZEMBRACE SYMTOUCH	3	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	3	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	3	PA; MO
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; MO; LA; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	1	PA; MO
<i>donepezil</i>	1	MO
EXELON TRANSDERMAL	3	MO
FIRDAPSE	2	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 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	3	PA; MO; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	3	PA; MO; LA; QL (28 per 28 days)
KEVEYIS	3	PA; MO
MAVENCLAD (10 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (4 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (5 TABLET PACK)	3	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
MAVENCLAD (6 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (7 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (8 TABLET PACK)	3	PA; MO; LA
MAVENCLAD (9 TABLET PACK)	3	PA; MO; LA
MAYZENT ORAL TABLET 0.25 MG	3	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	3	PA; MO; QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	PA; MO
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	2	PA; MO; LA
TEGSEDI	3	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	3	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	3	PA; MO; LA; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	MO
BACLOFEN ORAL TABLET 5 MG	3	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
DANTRIUUM ORAL CAPSULE 25 MG, 50 MG	3	MO
<i>dantrolene</i>	1	MO
FEXMID	3	PA
MESTINON ORAL SYRUP	2	MO
MESTINON ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements /Limits
MESTINON TIMESPAN	3	MO
<i>pyridostigmine bromide oral syrup</i>	1	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>tizanidine</i>	1	MO
ZANAFLEX ORAL CAPSULE	3	MO
NARCOTIC ANALGESICS		
ABSTRAL	3	PA; MO; QL (120 per 30 days)
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
ACTIQ	3	PA; MO; QL (120 per 30 days)
ARYMO ER	3	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BELBUCA	2	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	PA; MO; QL (4 per 28 days)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	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	3	PA; MO; QL (10 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)
<i>dvorah</i>	1	QL (300 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL	3	PA; MO; QL (90 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl</i>	1	PA; MO; QL (10 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	3	PA; QL (120 per 30 days)
FENTORA	3	PA; MO; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (150 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER	3	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 200 MG, 30 MG, 40 MG, 50 MG	3	PA; MO; QL (90 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	3	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	3	PA; QL (23 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LAZANDA NASAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	PA; MO; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	1	MO; QL (360 per 30 days)
<i>lorcet hd</i>	1	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>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)
MORPHABONDER	3	PA; MO; QL (120 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	1	MO; QL (200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine injection syringe 2 mg/ml</i>	1	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	1	QL (400 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)
<i>morphine oral capsule, extend. release pellets</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
MS CONTIN	3	PA; MO; QL (120 per 30 days)
NORCO	3	MO; QL (360 per 30 days)
OPANA ORAL TABLET 10 MG	3	MO; QL (360 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
OXAYDO	3	MO; QL (360 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	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)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	3	PA; MO; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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	2	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	MO; QL (360 per 30 days)
PRIMLEV	3	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	3	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	3	PA; MO; QL (120 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
ZOHYDRO ER CAPSULE, ORAL ONLY, ER 12HR	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
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 film 12-3 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<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
DICLOFENAC EPOLAMINE	3	PA; MO; QL (60 per 30 days)
<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

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Drug Name	Drug Tier	Requirements /Limits
DUEXIS	3	ST; MO
<i>etodolac</i>	1	MO
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	MO; QL (0.8 per 30 days)
FELDENE	3	ST; MO
FENOPROFEN ORAL CAPSULE 400 MG	3	ST; MO
<i>fenoprofen oral tablet</i>	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</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 25 mg</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
LODINE ORAL TABLET	3	ST
LUCEMYRA	3	PA; MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG	3	ST; MO
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
NALFON ORAL TABLET	3	ST
<i>naloxone</i>	1	MO
<i>naltrexone</i>	1	MO
NAPRELAN CR	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
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
<i>oxaprozin</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO; QL (224 per 28 days)
<i>piroxicam</i>	1	MO
QMIIZ ODT ORAL TABLET,DISINTE GRATING 15 MG	3	ST; MO
QMIIZ ODT ORAL TABLET,DISINTE GRATING 7.5 MG	3	ST; MO; QL (30 per 30 days)
SPRIX	3	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	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
<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)

Drug Name	Drug Tier	Requirements /Limits
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</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</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	2	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
VOLTAREN TOPICAL	3	ST; MO; QL (1000 per 28 days)
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
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	2	MO
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
ADZENYS ER	3	MO
ADZENYS XR- ODT	3	MO
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	PA; MO
ANAFRANIL	3	MO
ALENZIN	3	MO; QL (30 per 30 days)
APTENSIO XR	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA	2	MO
ARISTADA INITIO	2	MO
<i>armodafinil</i>	1	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
<i>atomoxetine</i>	1	MO
BELSOMRA	3	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 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 (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<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	

Drug Name	Drug Tier	Requirements /Limits
CONCERTA	3	MO
COTEMPLA XR-ODT	3	MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	MO
<i>desipramine</i>	1	MO
DESOXYN	3	PA; MO
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 (30 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 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 oral concentrate</i>	1	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral</i>	1	MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
DYANAVAL XR	3	MO
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	2	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	3	MO; QL (8 per 28 days)
FAZACLO	3	
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 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 (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 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	3	MO; QL (60 per 30 days)
<i>guanidine</i>	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	3	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA SUSTENNA	3	MO
INVEGA TRINZA	3	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 (30 per 30 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
LITHOBID	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
LUNESTA	3	MO; QL (30 per 30 days)
<i>maprotiline</i>	1	MO
MARPLAN	2	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</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

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
<i>molindone</i>	1	
MYDAYIS	3	MO
NARDIL	3	MO
<i>nefazodone</i>	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
<i>nortriptyline</i>	1	MO
NUPLAZID ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>perphenazine</i>	1	MO
PERSERIS	3	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
PRISTIQ	3	MO; QL (30 per 30 days)
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
PROVIGIL	3	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 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, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
QUILLICHEW ER	3	MO
QUILLIVANT XR	3	MO
RELEXXII	3	
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA	2	MO
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 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, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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	2	MO; QL (60 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
STRATTERA	3	MO
SURMONTIL	3	MO
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
TOFRANIL	3	MO
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	PA; MO; QL (360 per 30 days)
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	3	MO; QL (30 per 30 days)
VERSACLOZ	2	
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
VYVANSE	3	MO
WELLBUTRIN SR	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 (30 per 30 days)
XYREM	2	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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</i>	1	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
<i>zolpidem oral</i>	1	MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL	3	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO
ZYPREXA ZYDIS	3	MO; QL (30 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	MO
BETAPACE AF	3	MO
<i>dofetilide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>flecainide</i>	1	MO
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>propafenone</i>	1	MO
<i>quinidine gluconate oral</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</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
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
<i>aliskiren</i>	1	MO
ALTACE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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	ST; MO
ATACAND HCT	3	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	3	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
BYSTOLIC	2	MO
CALAN ORAL TABLET 120 MG	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
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CAROSPIR	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
CATAPRES	3	MO

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Drug Name	Drug Tier	Requirements /Limits
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>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	3	MO
CORGARD	3	MO
COZAAR	3	ST; MO
DEMSER	2	PA; MO
DIBENZYLINE	3	PA; MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
<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
EDECRIN	3	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>eprosartan</i>	1	MO
<i>ethacrynic acid</i>	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; 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

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Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	ST; 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 oral</i>	1	MO
LASIX	3	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR HCT	3	
LOPRESSOR ORAL TABLET 100 MG	3	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<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 oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</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

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Drug Name	Drug Tier	Requirements /Limits
NYMALIZE ORAL SOLUTION 60 MG/20 ML	3	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM	3	PA; MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	PA; 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 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
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO

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	3	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>torse mide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	3	ST; MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	3	ST; MO
UPTRAVI	2	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
<i>verapamil oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
COAGULATION THERAPY		
AGGRENOX	3	MO
ARIXTRA	3	MO
<i>aspirin-dipyridamole</i>	1	MO
BEVYXXA	3	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
COUMADIN ORAL	3	MO
<i>dipyridamole oral</i>	1	MO
DOPTelet (10 TAB PACK)	2	PA; MO; LA
DOPTelet (15 TAB PACK)	2	PA; MO; LA
EFFIENT	3	MO
ELIQUIS	2	MO
<i>enoxaparin subcutaneous syringe</i>	1	MO
<i>fondaparinux</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE	3	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>jantoven</i>	1	MO
LOVENOX SUBCUTANEOUS SYRINGE	3	MO
MULPLETA	2	PA; MO
<i>pentoxifylline</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA	3	MO
<i>prasugrel</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PROMACTA	2	PA; MO; LA
SAVAYSA	3	MO
TAVALISSE	3	PA; MO; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO
XARELTO	2	MO
YOSPRALA	3	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; 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	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO
<i>colesevelam</i>	1	MO
COLESTID ORAL PACKET	3	MO

Drug Name	Drug Tier	Requirements /Limits
COLESTID ORAL TABLET	3	MO
<i>colestipol oral packet</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; 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 oral tablet 145 mg, 48 mg</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
FLOLIPID	3	ST; MO; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	2	PA; MO; LA
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; 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	2	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder in packet</i>	1	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA	2	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	2	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	2	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	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG	3	ST; MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR	2	PA; MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO
LANOXIN ORAL TABLET 62.5 MCG	2	MO
RANEXA	3	MO
<i>ranolazine</i>	1	MO
VECAMYL	3	
VYNDAQEL	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
NITRATES		
GONITRO	3	MO
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1	
<i>isosorbide mononitrate</i>	1	MO
MINITRAN	3	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
NITROSTAT	3	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	1	MO
<i>calcipotriene</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	1	MO
COSENTYX (2 SYRINGES)	2	PA; MO
COSENTYX PEN (2 PENS)	2	PA; MO
DOVONEX TOPICAL	3	MO; QL (120 per 30 days)
ENSTILAR	3	MO; QL (400 per 30 days)
ILUMYA	3	PA; MO
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	3	PA; MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	MO
SORILUX	3	MO; QL (120 per 30 days)
STELARA INTRAVENOUS	3	PA; MO
STELARA SUBCUTANEOUS	2	PA; MO
TACLONEX	3	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	3	PA; MO
TALTZ SYRINGE	3	PA; MO
TREMFYA	3	PA; MO
VECTICAL	3	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	3	ST; MO
<i>ammonium lactate</i>	1	MO
CARAC	3	ST; MO
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)
DUPIXENT	2	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 %	3	ST; MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; MO
<i>imiquimod topical cream in packet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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; QL (90 per 30 days)
<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)
LIDODERM	3	PA; MO; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO
OXSORALEN ULTRA	3	MO
PANRETIN	2	MO
PICATO	2	MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	MO
<i>podofilox</i>	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)
<i>prudoxin</i>	1	MO; QL (45 per 30 days)
REGRANEX	2	MO
SANTYL	2	MO
SILVADENE	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TOLAK	3	MO
VALCHLOR	2	MO
VEREGEN	3	MO
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; MO
THERAPY FOR ACNE		
ABSORICA	3	MO
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
<i>adapalene topical solution</i>	1	PA
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
AKTIPAK	3	MO
ALTRENO	3	PA; MO
<i>amnesteam</i>	1	MO
ATRALIN	3	PA; MO
<i>avita topical cream</i>	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
<i>azelaic acid</i>	1	MO
AZELEX	3	MO
BENZACLIN PUMP	3	MO
BENZAMYCIN	3	MO
<i>claravis</i>	1	MO
CLEOCIN T TOPICAL GEL	3	MO; QL (120 per 30 days)
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
CLEOCIN T TOPICAL SWAB	3	MO
<i>clindacin p</i>	1	MO
CLINDAGEL	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical foam</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	1	MO
<i>clindamycin-tretinoin</i>	1	PA; MO
<i>dapsone topical</i>	1	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

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin-benzoyl peroxide</i>	1	MO
EVOCLIN	3	MO
FABIOR	3	MO
FINACEA	3	ST; MO
<i>isotretinoin</i>	1	
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 WITH PUMP	3	PA; MO
<i>myorisan</i>	1	MO
<i>neuac</i>	1	MO
NORITATE	3	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
<i>tazarotene</i>	1	PA; MO
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 ANTIBACTERIALS		
BACTROBAN TOPICAL CREAM	3	QL (30 per 30 days)
CORTISPORIN TOPICAL	3	MO
<i>gentamicin topical</i>	1	MO
KLARON	3	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO; QL (30 per 30 days)
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO

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Drug Name	Drug Tier	Requirements /Limits
SULFAMYLON TOPICAL PACKET	3	MO
XEPI	3	MO; QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
ERTACZO	3	MO; QL (60 per 28 days)
EXELDERM	3	MO
EXTINA	3	MO; QL (100 per 28 days)
JUBLIA	3	MO
KERYDIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LOTRISONE TOPICAL CREAM	3	MO; QL (45 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MENTAX	3	MO
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL CREAM 2 %	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	2	MO; QL (60 per 28 days)
NIZORAL TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
<i>nyamyc</i>	1	MO
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
OXISTAT	3	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	3	MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	
<i>apexicon e</i>	1	MO; QL (120 per 30 days)
<i>beser</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
BRYHALI	3	MO
CAPEX	2	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 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)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	MO; QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	MO; QL (125 per 28 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	3	MO
CUTIVATE TOPICAL LOTION	3	MO
DESONATE	3	MO
<i>desonide</i>	1	MO
DESOWEN	3	MO
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO; QL (120 per 30 days)
DIPROLENE TOPICAL OINTMENT	3	MO
DUOBRII	3	MO; QL (200 per 30 days)
ELOCON TOPICAL CREAM	3	MO
ELOCON TOPICAL OINTMENT	3	
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinolone topical cream</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO
<i>fluocinolone topical solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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; QL (120 per 30 days)
<i>fluticasone propionate topical</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
<i>halobetasol propionate topical ointment</i>	1	MO
HALOG	3	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 2.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone valerate</i>	1	MO
IMPOYZ	3	MO; QL (120 per 28 days)
KENALOG TOPICAL	3	MO; QL (126 per 28 days)
LEXETTE	3	MO
LOCOID LIPOCREAM	3	MO
LOCOID TOPICAL LOTION	3	MO
LOCOID TOPICAL SOLUTION	3	MO
LUXIQ	3	MO
<i>mometasone topical</i>	1	MO
<i>nolix topical cream</i>	1	QL (120 per 30 days)
<i>nolix topical lotion</i>	1	MO; QL (120 per 30 days)
OLUX	3	MO; QL (100 per 28 days)
OLUX-E	3	MO; QL (100 per 28 days)
PANDEL	3	MO
<i>prednicarbate</i>	1	MO
PSORCON	3	QL (120 per 30 days)
SYNALAR TOPICAL CREAM	3	MO
TEXACORT	3	MO
TOPICORT	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm topical cream 0.1 %</i>	1	MO
TRIDESILON	3	MO
ULTRAVATE	3	MO
VANOS	3	MO; QL (120 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
EURAX	3	MO
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
NATROBA	3	MO
OVIDE	3	MO
<i>permethrin topical cream</i>	1	MO
SKLICE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	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 1,000 MG	2	MO; LA
AURYXIA	3	PA; MO
BUPHENYL	3	PA; MO
CARBAGLU	2	PA; MO; LA
CARNITOR ORAL	3	MO
<i>cevimeline</i>	1	MO
CHEMET	2	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	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

Drug Name	Drug Tier	Requirements /Limits
<i>deferasirox</i>	1	PA; 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%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose with sodium chloride</i>	1	
<i>disulfiram</i>	1	MO
ENDARI	3	PA; MO
EVOXAC	3	MO
EXJADE	2	PA; MO; LA
FERRIPROX	2	PA; MO
FOSRENOL	3	MO
GLASSIA	3	MO; LA
INCRELEX	2	MO; LA
JADENU	3	PA; MO
JADENU SPRINKLE	3	PA; MO
<i>kionex (with sorbitol)</i>	1	MO
<i>lanthanum</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LITHOSTAT	3	MO
LOKELMA	2	MO
<i>midodrine</i>	1	MO
NITYR	3	PA; MO; LA
NORTHERA	3	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	PA; LA
ORFADIN ORAL CAPSULE 20 MG	2	PA; MO; LA
ORFADIN ORAL SUSPENSION	2	PA; MO; LA
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	2	LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	MO; LA
RAVICTI	2	PA; MO
RENAGEL ORAL TABLET 800 MG	3	MO
REVELA	3	MO
RILUTEK	3	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</i>	1	MO
<i>sevelamer hcl</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	PA; MO
<i>sodium polystyrene sulfonate oral</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
SYPRINE	3	PA; MO
THIOLA	2	MO
TIGLUTIK	3	MO
<i>trientine</i>	1	PA; MO
VELPHORO	3	MO
VELTASSA	2	MO
XURIDEN	2	MO
ZEMAIRA	3	MO; LA
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

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Drug Name	Drug Tier	Requirements /Limits
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; QL (30 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
CETRAXAL	3	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	2	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; MO
CORTEF	3	MO
<i>cortisone</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	1	MO
DEXPAK 13 DAY	3	MO
EMFLAZA	3	PA; MO; LA
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
<i>methylprednisolone oral tablet</i>	1	PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>millipred oral tablet</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ORAPRED ODT	3	PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 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	3	PA; MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS)	3	MO
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
TAPAZOLE	3	MO

Drug Name	Drug Tier	Requirements /Limits
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)
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)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	MO
ALCOHOL PADS	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; QL (60 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	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)

Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QL (150 per 30 days)
GAUZE PADS 2 X 2	2	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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)

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

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Drug Name	Drug Tier	Requirements /Limits
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 JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INSULIN LISPRO	3	ST; MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET	2	MO; QL (60 per 30 days)
INVOKAMET XR	2	MO; QL (60 per 30 days)
INVOKANA	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	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
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 SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXTOUCH U-100 INSULIN	3	ST; MO
LEVEMIR U-100 INSULIN	3	ST; MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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 (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	1	MO; QL (60 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>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	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)

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Drug Name	Drug Tier	Requirements /Limits
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
OMNIPOD INSULIN MANAGEMENT	2	MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; MO; QL (3 per 28 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
QTERN ORAL TABLET 10-5 MG	2	MO; QL (30 per 30 days)
QTERN ORAL TABLET 5-5 MG	2	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	MO
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
SYNJARDY	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	ST; MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	ST; MO; QL (30 per 30 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 MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	MO
TRUEPLUS PEN NEEDLE	2	MO
TRULICITY	2	PA; MO; QL (2 per 28 days)
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 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, 10-500 MG	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	2	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ANADROL-50	3	PA; MO
ANDRODERM	2	PA; MO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
AVEED	3	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol oral</i>	1	MO
CERDELGA	2	MO
<i>cinacalcet</i>	1	MO
<i>danazol</i>	1	MO
DDAVP NASAL SOLUTION	2	MO
DDAVP NASAL SPRAY WITH PUMP	3	MO
DDAVP ORAL	3	MO
DEPO-TESTOSTERONE	3	PA; MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol oral</i>	1	MO
FORTESTA	3	PA; MO; QL (120 per 30 days)
GALAFOLD	3	PA; MO; LA; QL (15 per 30 days)
JYNARQUE ORAL TABLET	3	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	PA; MO; LA
KORLYM	3	PA; MO
KUVAN	2	PA; MO
METHITEST	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylestosterone oral capsule</i>	1	MO
<i>miglustat</i>	1	MO; LA
MYALEPT	2	PA; MO; LA
NATPARA	2	PA; MO; LA
NOC DURNA (MEN)	3	PA; MO; QL (30 per 30 days)
NOC DURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)
NOCTIVA	3	PA; MO; QL (3.8 per 30 days)
ORILISSA	3	MO
<i>oxandrolone</i>	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; MO; LA; QL (60 per 30 days)
<i>paricalcitol oral</i>	1	MO
RAYALDEE	3	MO
ROCALTROL	3	MO
SAMSCA	2	PA; MO
SENSIPAR	3	MO
SOMAVERT	2	MO

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Drug Name	Drug Tier	Requirements /Limits
STIMATE	2	MO
STRIANT	3	PA; MO; QL (60 per 30 days)
SYNAREL	2	MO
TESTIM	3	PA; MO; QL (300 per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; MO; QL (300 per 30 days)
XYOSTED	3	PA; MO; QL (2 per 28 days)
ZAVESCA	3	MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
LEVO-T	3	
<i>levothyroxine oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
<i>liothyronine oral</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
TIROSINT-SOL	3	MO
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA	3	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
LOMOTIL	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MOTOFEN	3	MO
MYTESI	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	MO
AKYNZEO (FOSNETUPITANT)	3	MO
<i>alosetron</i>	1	MO
AMITIZA	3	ST; MO
ANUSOL-HC TOPICAL	3	MO
<i>aprepitant</i>	1	PA; MO
APRISO	3	MO
ASACOL HD	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN- TABS	3	MO
<i>balsalazide</i>	1	MO
BONJESTA	3	MO
<i>budesonide oral</i>	1	MO
CANASA	3	MO
CESAMET	3	PA; MO
CHENODAL	2	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
CHOLBAM ORAL CAPSULE 250 MG	2	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
CIMZIA	3	PA; MO
CIMZIA POWDER FOR RECONST	3	PA; MO
CLENPIQ	3	MO
COLAZAL	3	MO
<i>colocort</i>	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DICLEGIS	3	MO
DIPENTUM	3	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	PA; MO
EMEND ORAL CAPSULE	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	PA; MO
ENTOCORT EC	3	MO
<i>enulose</i>	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	3	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
GOLYTELY	3	MO
<i>granisetron hcl oral</i>	1	PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
INFLECTRA	3	PA; MO
KRISTALOSE	3	MO
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	3	MO
LINZESS	3	ST; MO
LOTRONEX	3	MO
MARINOL	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine</i>	1	MO
<i>metoclopramide hcl oral</i>	1	MO
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	MO
MOTEGRITY	3	ST; MO
MOVANTIK	2	MO
MOVIPREP	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
OCALIVA	2	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	PA; 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

Drug Name	Drug Tier	Requirements /Limits
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 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-electrolyte</i>	1	
PENTASA	2	MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
PLENVU	3	MO
PREPOPIK	3	MO
<i>prochlorperazine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<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	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	3	MO
RELISTOR SUBCUTANEOUS SYRINGE	3	MO
REMICADE	2	PA; MO
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	2	MO
<i>scopolamine base</i>	1	MO
SUCRAID	2	PA; MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	2	MO
SYMPROIC	2	MO
SYNDROS	3	PA; MO
TRANSDERM-SCOP	3	MO
<i>trilyte with flavor packets</i>	1	MO
TRULANCE	2	MO
UCERIS	3	MO

Drug Name	Drug Tier	Requirements /Limits
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol</i>	1	MO
VARUBI INTRAVENOUS	2	
VARUBI ORAL	2	PA; MO
VIBERZI	2	MO
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO
ZOFRAN ORAL TABLET 8 MG	3	PA; MO
ZUPLENZ	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
CARAFATE	3	MO
<i>cimetidine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 49.3 MG	3	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>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	MO
<i>misoprostol</i>	1	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 ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>nizatidine</i>	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 28 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	MO; QL (30 per 30 days)
<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 oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
PEPCID ORAL TABLET	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

Drug Name	Drug Tier	Requirements /Limits
PREVACID SOLUTAB ORAL TABLET, DISINTEGRATING, DELAYED RELEASE 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRATING, DELAYED RELEASE 30 MG	3	MO
PRILOSEC ORAL SUSPENSION, DELAYED RELEASE FOR RECONSTITUTION	3	MO
PROTONIX ORAL GRANULES DR FOR SUSPENSION 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	3	MO
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sucralfate oral tablet</i>	1	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; MO
ARCALYST	2	PA; MO
AVONEX (WITH ALBUMIN)	2	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	3	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; QL (15 per 28 days)
FULPHILA	2	PA; MO
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	2	PA; MO
HUMATROPE	3	PA; MO
INTRON A INJECTION	2	PA; MO
LEUKINE INJECTION RECON SOLN	2	PA; MO
NEULASTA SUBCUTANEOUS SYRINGE	2	PA; MO
NEUPOGEN	2	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA; MO; QL (4.2 per 180 days)
RETACRIT	2	PA; MO
SAIZEN	3	PA; MO
SAIZEN SAIZENPREP	3	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; MO
SYLATRON	2	MO

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Drug Name	Drug Tier	Requirements /Limits
UDENYCA	3	PA; MO
ZARXIO	2	PA; MO
ZOMACTON	3	PA; MO
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BIVIGAM	3	PA; MO
BOOSTRIX TDAP	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	PA; MO
GAMMAGARD LIQUID	3	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMMAPLEX	3	PA; MO
GAMMAPLEX (WITH SORBITOL)	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GARDASIL 9 (PF)	2	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y- W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; MO
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	3	PA
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	2	MO

Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	2	MO
TDVAX	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTE RIA TOX PED(PF)	2	MO
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF)	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO
COLCHICINE	3	ST; MO
COLCRYS	2	MO
MITIGARE	2	MO
<i>probenecid</i>	1	MO
<i>probenecid- colchicine</i>	1	MO
ULORIC	2	ST; MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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 ORAL	3	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO
FORTEO	2	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TYMLOS	2	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

ACTEMRA	3	PA; MO
ACTEMRA ACTPEN	3	PA; MO; QL (4 per 28 days)
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS	2	PA; MO
CUPRIMINE	3	MO
DEPEN TITRATABS	2	MO
ENBREL MINI	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN	2	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UEVITS- ADOL HS	2	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; MO; QL (2 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
KEVZARA	3	PA; MO; QL (2.28 per 28 days)
KINERET	3	PA; MO
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
OLUMIANT	3	PA; MO; QL (30 per 30 days)
ORENCIA	2	PA; MO
ORENCIA (WITH MALTOSE)	2	PA; MO
ORENCIA CLICKJECT	2	PA; MO
OTEZLA	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	2	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
<i>penicillamine</i>	1	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	MO
RIDAURA	3	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	3	PA; MO
XELJANZ	2	PA; MO; QL (60 per 30 days)
XELJANZ XR	2	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
ALORA	3	PA; MO; QL (8 per 28 days)
<i>amabelz</i>	1	PA; MO
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; 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

Drug Name	Drug Tier	Requirements /Limits
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)
<i>dotti</i>	1	PA; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO
<i>errin</i>	1	MO
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	3	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 vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	2	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
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>jolivette</i>	1	MO
<i>lopreeza oral tablet 1-0.5 mg</i>	1	PA; MO
<i>lyza</i>	1	MO
<i>medroxyprogesterone</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

Drug Name	Drug Tier	Requirements /Limits
<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 ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	3	PA; MO
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	3	MO
CLEOCIN VAGINAL CREAM	3	MO
CLEOCIN VAGINAL SUPPOSITORY	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	3	MO
GYNAZOLE-1	3	MO
INTRAROSA	3	MO
LUPANETA PACK (1 MONTH)	3	PA; MO
LUPANETA PACK (3 MONTH)	3	PA; MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
NUVARING	3	MO
OSPHENA	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>altavera (28)</i>	1	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>aubra</i>	1	MO
<i>aviane</i>	1	MO
<i>balziva (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>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
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>cyred</i>	1	MO
<i>delyla (28)</i>	1	
<i>desog-e.estradiol/e.estradiol</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1	MO
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
GENERESS FE	3	MO
<i>gianvi (28)</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	
<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
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estrad</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

Drug Name	Drug Tier	Requirements /Limits
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
<i>levonorg-eth estrad 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
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
<i>loryna (28)</i>	1	MO
LOSEASONIQUE	3	MO
<i>low-ogestrel (28)</i>	1	MO
<i>luteru (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>melodetta 24 fe</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
<i>mili</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MINASTRIN 24 FE	3	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron</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
<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>orsythia</i>	1	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
<i>pimtreea (28)</i>	1	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>portia 28</i>	1	MO
<i>previfem</i>	1	MO
QUARTETTE	3	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>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tri-estarylla</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>tri-mili</i>	1	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>wymzya fe</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zarah</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	2	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	1	MO
MOXEZA	3	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
NATACYN	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
POLYTRIM	3	MO
<i>tobramycin</i>	1	MO
TOBREX	3	MO
VIGAMOX	3	MO
ZYMAXID	3	MO

ANTIVIRALS

<i>trifluridine</i>	1	MO
ZIRGAN	3	MO

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
<i>carteolol</i>	1	MO
ISTALOL	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIIL	3	MO
ALOMIDE	3	MO
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
BEPREVE	3	MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
CEQUA	3	MO; QL (60 per 30 days)
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	2	PA; MO
<i>epinastine</i>	1	MO
ISOPTO CARPINE	3	MO
LACRISERT	3	MO
LASTACAFT	3	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	2	PA; MO
PATADAY	3	MO
PATANOL	3	MO
PAZEO	2	MO

Drug Name	Drug Tier	Requirements /Limits
PHOSPHOLINE IODIDE	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
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 (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	2	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
NEVANAC	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
<i>bimatoprost ophthalmic (eye)</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>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	2	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
TRUSOPT	3	MO
VYZULTA	3	MO
XALATAN	3	ST; MO
XELPROS	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</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 (eye)</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.	3	MO
INVELTYS	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO

Drug Name	Drug Tier	Requirements /Limits
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q	3	ST; MO; QL (2 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)
EPINEPHRINE INJECTION AUTO- INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	3	ST; MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO- INJECTOR 0.15 MG/0.3 ML (MANUFACTURE D BY MYLAN SPECIALTY)	2	MO; QL (2 per 30 days)
<i>epinephrine injection auto- injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
EPIPEN 2-PAK	2	MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EPIPEN JR 2-PAK	2	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine oral</i>	1	PA; MO
SEMPREX-D	3	MO
PULMONARY AGENTS		
ACCOLATE	3	MO
<i>acetylcysteine</i>	1	PA; MO
ADCIRCA	3	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AIRDUO RESPICLICK	3	MO; QL (60 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	ST; MO; QL (17 per 30 days)

ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	3	ST; MO; QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; MO; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PA; MO
<i>albuterol sulfate oral</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	1	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	1	PA; MO; LA
ANORO ELLIPTA	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ARCAPTA NEOHALER	3	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/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	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	3	PA; MO
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan</i>	1	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BROVANA	3	PA; MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	PA; MO; QL (60 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	PA; MO
DALIRESP ORAL TABLET 250 MCG	3	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	3	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	2	PA; MO; QL (90 per 30 days)
FASENRA	2	PA; MO
FIRAZYR	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
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 AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	ST; MO; QL (60 per 30 days)
HAEGARDA	3	PA; MO; LA
INCRUSE ELLIPTA	2	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO
<i>ipratropium-albuterol</i>	1	PA; MO
KALYDECO ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
LETAIRIS	2	PA; MO; LA
<i>levalbuterol hcl</i>	1	PA; MO
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	3	MO; QL (60 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	3	PA; MO; LA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OFEV	2	PA; MO; QL (60 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	2	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (2 per 30 days)
PROVENTIL HFA	3	ST; MO; QL (13.4 per 30 days)
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)

Drug Name	Drug Tier	Requirements /Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)
PULMOZYME	2	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO; QL (224 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
REVATIO ORAL TABLET	3	PA; MO; QL (90 per 30 days)
RUCONEST	3	PA; MO
SEEBRI NEOHALER	3	ST; MO; QL (60 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</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)
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	2	PA; MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (60 per 30 days)
TAKHZYRO	3	PA; MO; LA
<i>terbutaline oral</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	3	PA; MO; LA
TRELEGY ELLIPTA	3	PA; MO; QL (60 per 30 days)
TUDORZA PRESSAIR	3	ST; MO; QL (1 per 30 days)
UTIBRON NEOHALER	3	MO; QL (60 per 30 days)
VENTAVIS	3	PA; MO
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
<i>wixela inhub</i>	3	ST; MO; QL (60 per 30 days)
XHANCE	3	MO; QL (32 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days)
XOPENEX	3	PA; MO
XOPENEX CONCENTRATE	3	PA; MO
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	3	PA; MO; QL (90 per 30 days)
<i>zafirlukast</i>	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
<i>zileuton</i>	1	MO
ZYFLO	3	MO
ZYFLO CR	3	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	1	MO
DETROL	3	MO
DETROL LA	3	MO

Drug Name	Drug Tier	Requirements /Limits
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	MO
ENABLEX	3	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	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>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>trospium</i>	1	MO
VESICARE	3	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

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Drug Name	Drug Tier	Requirements /Limits
PROSCAR	3	MO
RAPAFLO	3	ST; MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	2	PA; MO; LA
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
URECHOLINE	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>klor-con</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</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>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLYRA	3	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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 in water intravenous piggyback 10 meq/100 ml</i>	1	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements /Limits
<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>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	MO
<i>sodium lactate intravenous</i>	1	
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
CLINIMIX E 4.25%/D10W SULF FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W 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	

Drug Name	Drug Tier	Requirements /Limits
NORMOSOL-R PH 7.4	2	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
<i>plenamine</i>	1	PA
<i>premasol 10 %</i>	1	PA; MO
PREMASOL 6 %	2	PA
PROCALAMINE 3%	3	PA
PROSOL 20 %	3	PA; MO
<i>travasol 10 %</i>	1	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO

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Index

A		
abacavir	1	
abacavir-lamivudine	1	
abacavir-lamivudine- zidovudine	1	
ABELCET	1	
ABILIFY	34	
ABILIFY MAINTENA.....	34	
abiraterone	13	
ABSORICA.....	52	
ABSTRAL.....	27	
acamprosate.....	59	
ACANYA.....	52	
acarbose.....	62	
ACCOLATE.....	94	
ACCUPRIL	42	
ACCURETIC	42	
acebutolol	42	
acetaminophen-codeine.....	27	
acetazolamide.....	91	
acetic acid.....	61	
acetylcysteine	94	
ACIPHEX	75	
acitretin.....	50	
ACTEMRA	83	
ACTEMRA ACTPEN.....	83	
ACTHAR	61	
ACTHIB (PF).....	80	
ACTIGALL.....	72	
ACTIMMUNE	78	
ACTIQ.....	27	
ACTIVELLA	85	
ACTONEL	82	
ACTOPLUS MET.....	62	
ACTOS.....	62	
ACULAR	91	
ACULAR LS.....	91	
ACUVAIL (PF).....	91	
acyclovir.....	1, 56	
acyclovir sodium	1	
ACZONE.....	52	
ADACEL(TDAP ADOLESN/ADULT)(PF) 80		
ADALAT CC	42	
adapalene.....	52	
adapalene-benzoyl peroxide.....	52	
ADCIRCA	94	
ADDERALL	34	
ADDERALL XR.....	34	
adefovir.....	1	
ADEMPAS	94	
ADLYXIN.....	62	
ADMELOG SOLOSTAR U- 100 INSULIN	62	
ADMELOG U-100 INSULIN LISPRO	62	
ADVAIR DISKUS	94	
ADVAIR HFA	94	
ADZENYS ER	34	
ADZENYS XR-ODT	34	
AFINITOR	13	
AFINITOR DISPERZ	13	
AFREZZA	62	
AGGRENOLX.....	47	
AGRYLIN	59	
AIMOVIG AUTOINJECTOR	23	
AIRDUO RESPICLICK.....	94	
AJOVY.....	23	
AKTIPAK	53	
AKYNZEO (FOSNETUPITANT)	72	
ala-cort.....	56	
ALA-SCALP	56	
albendazole	7	
albuterol sulfate	94	
ALBUTEROL SULFATE....	94	
alclometasone	56	
ALCOHOL PADS.....	62	
ALDACTAZIDE.....	42	
ALDACTONE.....	42	
ALDARA	51	
ALECENSA	14	
alendronate	59, 82	
alfuzosin	99	
ALINIA	7	
aliskiren	42	
allopurinol.....	82	
almotriptan malate	23	
ALOCRIAL.....	91	
ALOGLIPTIN	63	
ALOGLIPTIN-METFORMIN	63	
ALOGLIPTIN- PIOGLITAZONE	63	
ALOMIDE.....	91	
ALORA	85	
alosetron	72	
ALPHAGAN P	93	
ALREX.....	92	
ALTACE	42	
altavera (28).....	87	
ALTOPREV	48	
ALTRENO	53	
ALUNBRIG	14	
ALVESCO.....	94	
alyacen 1/35 (28).....	87	
alyq	94	
amabelz.....	85	
amantadine hcl.....	1	
AMARYL.....	63	
AMBIEN	34	
AMBIEN CR	34	
AMBISOME.....	1	
ambrisentan.....	94	
amcinonide	56	
AMERGE	23	
amethia	87	
amethia lo	87	
amikacin	7	
amiloride.....	43	
amiloride-hydrochlorothiazide	43	
AMINOSYN II 10 %.....	101	
AMINOSYN II 15 %.....	101	

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AMINOSYN-PF 10 %	101	aprepitant	72	ATRIPLA	2
AMINOSYN-PF 7 %		apri.....	87	atropine	91
(SULFITE-FREE)	101	APRISO	72	ATROVENT HFA.....	95
amiodarone	42	APTENSIO XR	34	AUBAGIO.....	25
AMITIZA	72	APTIOM.....	19	aubra	87
amitriptyline	34	APTIVUS	1, 2	AUGMENTIN	10
amlodipine	43	ARALAST NP	59	AURYXIA	59
amlodipine-atorvastatin	48	aranelle (28).....	87	AUSTEDO	25
amlodipine-benazepril	43	ARANESP (IN		AUVI-Q.....	93
amlodipine-olmesartan	43	POLYSORBATE)	78	AVALIDE	43
amlodipine-valsartan	43	ARAVA.....	83	AVANDIA	63
amlodipine-valsartan-hcthiazid		ARCALYST	78	AVAPRO.....	43
.....	43	ARCAPTA NEOHALER....	95	AVC.....	86
ammonium lactate	51	ARICEPT	25	AVEED.....	69
amnesteem	53	ARIKAYCE	7	AVELOX.....	11
amoxapine	34	ARIMIDEX	14	aviane.....	87
amoxicil-clarithromy-lansopraz		aripiprazole	34	avita	53
.....	75	ARISTADA	34	AVITA.....	53
amoxicillin.....	10	ARISTADA INITIO.....	34	AVODART.....	99
amoxicillin-pot clavulanate ..	10	ARIXTRA	47	AVONEX	78
amphetamine sulfate.....	34	armodafinil	34	AVONEX (WITH ALBUMIN)	
amphotericin b.....	1	ARNUITY ELLIPTA.....	95	.....	78
ampicillin.....	10	AROMASIN.....	14	AVYCAZ	5
ampicillin sodium.....	10	ARTHROTEC 50	31	AYGESTIN	85
ampicillin-sulbactam	10	ARTHROTEC 75	31	AZACTAM	7
AMPYRA.....	25	ARYMO ER	27	AZASAN.....	14
ANADROL-50	69	ASACOL HD	72	AZASITE	90
ANAFRANIL.....	34	ashlyna.....	87	azathioprine	14
anagrelide	59	ASMANEX HFA	95	azelaic acid	53
anastrozole.....	14	ASMANEX TWISTHALER	95	azelastine	61, 91
ANCOBON	1	aspirin-dipyridamole	47	AZELEX.....	53
ANDRODERM	69	ASTAGRAF XL.....	14	AZILECT	22
ANDROGEL	69	ASTEPRO	61	azithromycin	6
ANGELIQ.....	85	ATACAND	43	AZOPT	92
ANORO ELLIPTA	94	ATACAND HCT	43	AZOR	43
ANTABUSE.....	59	atazanavir.....	2	aztreonam	7
ANTARA	48	ATELVIA.....	82	AZULFIDINE	72
ANUSOL-HC.....	72	atenolol	43	AZULFIDINE EN-TABS	72
apexicon e.....	56	atenolol-chlorthalidone.....	43	B	
APIDRA SOLOSTAR U-100		ATIVAN	34	bacitracin	90
INSULIN	63	atomoxetine	34	bacitracin-polymyxin b.....	90
APIDRA U-100 INSULIN...	63	atorvastatin	48	baclofen	26
APLENZIN	34	atovaquone.....	7	BACLOFEN	26
APOKYN	22	atovaquone-proguanil	7	BACTRIM.....	12
apraclonidine	93	ATRALIN	53	BACTRIM DS.....	12

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BACTROBAN	54	BICILLIN L-A	10	buspirone	35
BACTROBAN NASAL	61	BIDIL	43	butorphanol tartrate	31
balsalazide	72	BIJUVA	85	BUTRANS	27
BALVERSA	14	BIKTARVY	2	BYDUREON	63
balziva (28)	87	BILTRICIDE	7	BYDUREON BCISE	63
BANZEL	19	bimatoprost	92	BYETTA	63
BARACLUDE	2	BINOSTO	82	BYSTOLIC	43
BASAGLAR KWIKPEN U- 100 INSULIN	63	bisoprolol fumarate	43	C	
BAXDELA	11	bisoprolol-hydrochlorothiazide	43	cabergoline	70
BCG VACCINE, LIVE (PF)	80	BIVIGAM	80	CABLIVI	47
BECONASE AQ	95	BLEPH-10	91	CABOMETYX	14
BELBUCA	27	BLEPHAMIDE	91	CADUET	48
BELSOMRA	34	BLEPHAMIDE S.O.P.	91	CAFERGOT	23
benazepril	43	blisovi 24 fe	87	CALAN	43
benazepril-hydrochlorothiazide	43	blisovi fe 1.5/30 (28)	87	CALAN SR	43
BENICAR	43	BONIVA	82	calcipotriene	50
BENICAR HCT	43	BONJESTA	72	calcipotriene-betamethasone	51
BENLYSTA	83	BOOSTRIX TDAP	80	calcitonin (salmon)	70
BENZACLIN PUMP	53	bosentan	95	calcitriol	51, 70
BENZAMYCIN	53	BOSULIF	14	calcium acetate	100
BENZNIDAZOLE	7	BRAFTOVI	14	CALQUENCE	14
benztropine	22	BREO ELLIPTA	95	CAMBIA	31
BEPREVE	91	briellyn	87	camila	85
BERINERT	95	BRILINTA	47	camrese lo	87
beser	56	brimonidine	93	CANASA	72
BESIVANCE	90	BRISDELLE	34	CANCIDAS	1
betamethasone dipropionate	56	BRIVIACT	19	candesartan	43
betamethasone valerate	56	bromfenac	91	candesartan-hydrochlorothiazid	43
betamethasone, augmented... ..	56	bromocriptine	22	CAPEX	56
BETAPACE AF	42	BROMSITE	91	CAPRELSA	14
BETASERON	78	BROVANA	95	captopril	43
betaxolol	43, 90	BRYHALI	56	captopril-hydrochlorothiazide	43
bethanechol chloride	100	budesonide	72, 95	CARAC	51
BETHKIS	7	bumetanide	43	CARAFATE	75
BETIMOL	90	BUNAVAIL	31	CARBAGLU	59
BETOPTIC S	90	BUPHENYL	59	carbamazepine	19
BEVESPI AEROSPHERE... ..	95	buprenorphine	27	CARBATROL	19
BEVYXXA	47	BUPRENORPHINE	27	carbidopa	22
bexarotene	14	buprenorphine hcl	27	carbidopa-levodopa	22
BEXSERO	80	buprenorphine-naloxone	31	carbidopa-levodopa- entacapone	22
BEYAZ	87	bupropion hcl	34, 35	CARDIZEM	43
bicalutamide	14	BUPROPION HCL	34	CARDIZEM CD	43
BICILLIN C-R	10	bupropion hcl (smoking deter)	60		

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CARDIZEM LA.....	43	CHANTIX CONTINUING		CLIMARA.....	85
CARDURA	43	MONTH BOX.....	60	CLIMARA PRO.....	85
CARDURA XL	43	CHANTIX STARTING		clindacin p	53
CARNITOR	59	MONTH BOX.....	60	CLINDAGEL	53
CAROSPIR	43	CHEMET.....	59	clindamycin hcl	8
carteolol.....	90	CHENODAL	72	clindamycin in 5 % dextrose ..	8
cartia xt.....	43	chlorhexidine gluconate	61	clindamycin pediatric	8
carvedilol.....	43	chloroquine phosphate.....	7	clindamycin phosphate	8, 53,
carvedilol phosphate.....	43	chlorothiazide	44	87	
CASODEX.....	14	chlorpromazine	35	clindamycin-benzoyl peroxide	
caspofungin	1	chlorthalidone	44	.....	53
CATAPRES	43	CHOLBAM	73	clindamycin-tretinoin	53
CATAPRES-TTS-1.....	44	cholestyramine (with sugar) ..	48	CLINDESSE.....	87
CATAPRES-TTS-2.....	44	cholestyramine light	48	CLINIMIX 5%/D15W	
CATAPRES-TTS-3.....	44	CIALIS	100	SULFITE FREE	101
CAYSTON.....	7	ciclopirox.....	55	CLINIMIX 4.25%/D10W	
caziant (28).....	87	cilostazol.....	47	SULF FREE.....	101
cefaclor	5	CILOXAN	90	CLINIMIX 4.25%/D5W	
cefadroxil.....	5	CIMDUO.....	2	SULFIT FREE.....	59
cefazolin	5	cimetidine	75	CLINIMIX 5%-	
cefdinir	5	cimetidine hcl	76	D20W(SULFITE-FREE) ..	102
cefepime	5	CIMZIA.....	73	CLINIMIX E 2.75%/D5W	
cefixime	5	CIMZIA POWDER FOR		SULF FREE.....	59
cefotetan	5	RECONST	73	CLINIMIX E 4.25%/D10W	
cefoxitin.....	5	cinacalcet	70	SUL FREE.....	102
cefpodoxime.....	5	CINRYZE.....	95	CLINIMIX E 4.25%/D5W	
cefprozil.....	5	CIPRO	11	SULF FREE.....	102
ceftazidime	5	CIPRO HC.....	61	CLINIMIX E 5%/D15W	
ceftriaxone.....	5	CIPRODEX.....	61	SULFIT FREE.....	102
cefuroxime axetil.....	5	ciprofloxacin.....	12	CLINIMIX E 5%/D20W	
cefuroxime sodium.....	5, 6	ciprofloxacin hcl.....	11, 61, 90	SULFIT FREE.....	102
CELEBREX	31	ciprofloxacin in 5 % dextrose		CLINISOL SF 15 %	102
celecoxib.....	31	.....	11	clobazam.....	19
CELEXA	35	citalopram	35	clobetasol	56
CELLCEPT	14	claravis.....	53	clobetasol-emollient	56
CELONTIN.....	19	CLARINEX.....	93	CLOBEX	56, 57
cephalexin.....	6	CLARINEX-D 12 HOUR	93	clodan	57
CEQUA	91	clarithromycin	6	clomipramine	35
CERDELGA.....	70	CLENPIQ	73	clonazepam	19
CESAMET	72	CLEOCIN.....	7, 86	clonidine	44
cetirizine	93	CLEOCIN HCL.....	7	clonidine hcl	35, 44
CETRAXAL.....	61	CLEOCIN IN 5 %		clopidogrel	47
cevimeline	59	DEXTROSE	7	clorazepate dipotassium.....	35
CHANTIX.....	60	CLEOCIN PEDIATRIC.....	7	clotrimazole	1, 55
		CLEOCIN T	53	clotrimazole-betamethasone ..	55

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clozapine.....	35	COTEMPLA XR-ODT	35	DAPTACEL (DTAP	
CLOZAPINE.....	35	COUMADIN	47	PEDIATRIC) (PF).....	80
CLOZARIL	35	COZAAR.....	44	daptomycin	8
COARTEM	8	CREON	73	DAPTOMYCIN	8
codeine sulfate.....	27	CRESEMBA	1	DARAPRIM	8
COLAZAL	73	CRESTOR.....	48	darifenacin	99
COLCHICINE.....	82	CRINONE	85	DAURISMO.....	14
COLCRYS	82	CRIXIVAN	2	DAYPRO.....	31
colesevelam	48	cromolyn.....	73, 91, 95	DAYTRANA.....	35
COLESTID	48	cryselle (28).....	87	DDAVP	70
colestipol	48	CUBICIN.....	8	deblitane	85
colistin (colistimethate na)	8	CUPRIMINE	83	deferasirox	59
colocort.....	73	CUTIVATE	57	DELESTROGEN	85
COLYTE WITH FLAVOR		CUVPOSA	72	DELSTRIGO	2
PACKS.....	73	cyclafem 1/35 (28).....	87	delyla (28).....	87
COMBIGAN	92	cyclafem 7/7/7 (28)	87	DELZICOL.....	73
COMBIPATCH.....	85	cyclobenzaprine.....	26	demeclocycline	12
COMBIVENT RESPIMAT	95	cyclophosphamide	14	DEMSEER.....	44
COMBIVIR.....	2	CYCLOSET	63	DENAVIR	56
COMETRIQ.....	14	cyclosporine.....	14	DEPAKOTE	19
COMPLERA	2	cyclosporine modified	14	DEPAKOTE ER.....	19
compro.....	73	CYMBALTA.....	35	DEPAKOTE SPRINKLES...19	
COMTAN	22	cyred	87	DEPEN TITRATABS	83
CONCERTA	35	CYSTADANE.....	73	DEPO-ESTRADIOL	85
CONDYLOX	51	CYSTAGON	100	DEPO-PROVERA.....	85
constulose.....	73	CYSTARAN	91	DEPO-SUBQ PROVERA 104	
CONZIP	31	CYTOMEL.....	71	.....	85
COPAXONE	25	CYTOTEC.....	76	DEPO-TESTOSTERONE...70	
COPIKTRA.....	14	D		DESCOVY	2
CORDRAN TAPE LARGE		d10 %-0.45 % sodium chloride		desipramine.....	35
ROLL	57	.....	59	desloratadine.....	93
COREG	44	d2.5 %-0.45 % sodium		desmopressin	70
COREG CR.....	44	chloride	59	desog-e.estradiol/e.estradiol .87	
CORGARD	44	d5 % and 0.9 % sodium		desogestrel-ethinyl estradiol.87	
CORLANOR.....	50	chloride	59	DESONATE	57
CORTEF	61	d5 %-0.45 % sodium chloride		desonide.....	57
CORTIFOAM	73	.....	59	DESOWEN.....	57
cortisone	61	DAKLINZA	2	desoximetasone.....	57
CORTISPORIN.....	54	dalfampridine.....	25	DESOXYN	35
COSENTYX (2 SYRINGES)		DALIRESP	95	DESVENLAFAXINE	35
.....	51	DALVANCE	8	desvenlafaxine succinate	35
COSENTYX PEN (2 PENS)51		danazol.....	70	DETROL	99
COSOPT	92	DANTRIUM	26	DETROL LA	99
COSOPT (PF)	92	dantrolene	26	dexamethasone	61
COTELLIC.....	14	dapsone.....	8, 53	dexamethasone intensol.....	61

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dexamethasone sodium phosphate.....	92	DILANTIN INFATABS 50 MG.....	19	drospirenone-ethinyl estradiol	87
DEXEDRINE SPANSULE..	35	DILANTIN-125 125 MG/5 ML	19	DROXIA.....	14
DEXILANT	76	DILAUDID	27	DUAC.....	53
dexmethylphenidate	35	diltiazem hcl	44	DUAVEE.....	85
DEXPAK 13 DAY	61	dilt-xr	44	DUETACT	63
dextroamphetamine	35	DIOVAN	44	DUEXIS	32
dextroamphetamine-amphetamine	35	DIOVAN HCT	44	DULERA.....	95
dextrose 10 % and 0.2 % nacl	59	DIPENTUM	73	duloxetine	36
dextrose 10 % in water (d10w)	59	diphenoxylate-atropine	72	DUOBRII	57
dextrose 5 % in water (d5w) ..	59	DIPROLENE.....	57	DUOPA	22
dextrose 5%-0.2 % sod chloride.....	59	dipyridamole.....	47	DUPIXENT	51
dextrose 5%-0.3 % sod.chloride	59	disulfiram.....	59	DURAGESIC	27
dextrose with sodium chloride	59	DITROPAN XL	99	duramorph (pf).....	27, 28
DIASTAT.....	19	DIURIL	44	DUREZOL	92
DIASTAT ACUDIAL.....	19	divalproex.....	20	dutasteride.....	99
diazepam.....	35, 36	DIVIGEL.....	85	dutasteride-tamsulosin	99
DIBENZYLINE	44	dofetilide.....	42	DUTOPROL.....	44
DICLEGIS.....	73	DOLOPHINE	27	dvorah.....	28
DICLOFENAC EPOLAMINE	31	donepezil	25	DYANAVEL XR	36
diclofenac potassium	31	DOPTelet (10 TAB PACK)	47	DYAZIDE	44
diclofenac sodium	31, 51, 91	DOPTelet (15 TAB PACK)	47	DYMISTA.....	95
diclofenac-misoprostol	31	DORYX.....	12	DYRENIUM.....	44
dicloxacillin.....	10	DORYX MPC	12	E	
dicyclomine	72	dorzolamide	92	e.e.s. 400	6
didanosine.....	2	dorzolamide-timolol	92	E.E.S. GRANULES.....	6
DIFFERIN.....	53	dorzolamide-timolol (pf)	92	econazole	55
DIFICID	6	dotti.....	85	EDARBI	44
diflorasone.....	57	DOVATO	2	EDARBYCLOR.....	44
DIFLUCAN.....	1	DOVONEX	51	EDECRIN.....	44
diflunisal.....	31	doxazosin.....	44	EDURANT	2
digitek.....	50	doxepin	36, 51	efavirenz	2
digox.....	50	doxercalciferol.....	70	EFFEXOR XR.....	36
digoxin.....	50	doxy-100.....	12	EFFIENT	47
dihydroergotamine	23	doxycycline hyclate	12	EFUDEX	51
DILANTIN 30 MG	19	doxycycline monohydrate	12	ELESTRIN	85
DILANTIN EXTENDED 100 MG	19	doxylamine-pyridoxine (vit b6)	73	eletriptan	23
		dronabinol.....	73	ELIDEL	51
		drospirenone-e.estradiol-lm.fa	87	ELIGARD.....	14
				ELIGARD (3 MONTH)	14
				ELIGARD (4 MONTH)	14
				ELIGARD (6 MONTH)	14
				ELIMITE	58
				ELIQUIS.....	47
				ELMIRON.....	100

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ELOCON.....	57	epplerenone	44	EUCRISA	51
EMBEDA	28	EPOGEN	78	EURAX	58
EMCYT	15	eprosartan	44	EVAMIST	86
EMEND.....	73	EPZICOM	2	EVEKEO	36
EMFLAZA	61	EQUETRO	20	EVENITY	82
EMGALITY PEN	23	ERAXIS(WATER DILUENT)		EVISTA.....	82
EMGALITY SYRINGE.....	23	.....	1	EVOCLIN.....	54
emoquette	87	ergoloid.....	36	EVOTAZ	2
EMSAM	36	ergotamine-caffeine.....	24	EVOXAC	59
EMTRIVA.....	2	ERIVEDGE	15	EVZIO	32
EMVERM	8	ERLEADA	15	EXELDERM	55
ENABLEX	99	erlotinib	15	EXELON	25
enalapril maleate	44	errin	85	exemestane	15
enalapril-hydrochlorothiazide		ERTACZO.....	55	EXFORGE.....	44
.....	44	ertapenem	8	EXFORGE HCT.....	44
ENBREL	83	ery pads.....	53	EXJADE	59
ENBREL MINI	83	erygel.....	53	EXTAVIA	78
ENBREL SURECLICK	83	ERYPED 200	6	EXTINA	55
ENDARI.....	59	ERYPED 400	6	EZALLOR SPRINKLE.....	48
endocet	28	ery-tab.....	6	ezetimibe.....	48
ENERGIX-B (PF)	80	ERY-TAB.....	6	ezetimibe-simvastatin	48
ENERGIX-B PEDIATRIC		ERYTHROCIN	7	F	
(PF).....	80	erythrocine (as stearate)	6	FABIOR	54
enoxaparin	47	erythromycin	7, 90	falmina (28)	88
enpresse	87	erythromycin ethylsuccinate... 7		famciclovir.....	2
enskyce.....	87	erythromycin with ethanol.... 53		famotidine.....	76
ENSTILAR	51	erythromycin-benzoyl peroxide		FANAPT.....	36
entacapone.....	22	.....	54	FARESTON	15
entecavir	2	ESBRIET.....	95	FARXIGA	63
ENTOCORT EC	73	escitalopram oxalate	36	FARYDAK.....	15
ENTRESTO	50	esomeprazole magnesium.... 76		FASENRA.....	95
enulose.....	73	ESOMEPRAZOLE		fayosim	88
ENVARUS XR	15	STRONTIUM.....	76	FAZACLO.....	36
EPCLUSA	2	estarylla	87	felbamate	20
EPIDIOLEX	20	ESTRACE	85	FELBATOL.....	20
EPIDUO	53	estradiol	85	FELDENE	32
EPIDUO FORTE.....	53	estradiol valerate.....	85	felodipine	44
epinastine.....	91	estradiol-norethindrone acet. 86		FEMARA	15
epinephrine.....	93	ESTRING	86	FEMHRT LOW DOSE	86
EPINEPHRINE	93	eszopiclone	36	FEMRING	86
EPIPEN 2-PAK.....	93	ethacrynic acid.....	44	femynor.....	88
EPIPEN JR 2-PAK.....	94	ethambutol	8	fenofibrate.....	48
epitol.....	20	ethosuximide	20	FENOFIBRATE	48
EPIVIR.....	2	ethynodiol diac-eth estradiol 87		fenofibrate micronized.....	48
EPIVIR HBV.....	2	etodolac	32	fenofibrate nanocrystallized .48	

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fenofibric acid	48	fluoride (sodium).....	102	G	
fenofibric acid (choline).....	48	fluorometholone	92	gabapentin.....	20
FENOGLIDE	48	fluorouracil	51	GABITRIL	20
fenoprofen	32	FLUOROURACIL	51	GALAFOLD.....	70
FENOPROFEN	32	fluoxetine.....	36	galantamine.....	25
fentanyl.....	28	fluphenazine decanoate	36	GAMMAGARD LIQUID	80
fentanyl citrate.....	28	fluphenazine hcl	36	GAMMAGARD S-D (IGA < 1	
FENTANYL CITRATE.....	28	flurandrenolide	57	MCG/ML).....	80
FENTORA	28	flurbiprofen.....	32	GAMMAKED	80
FERRIPROX.....	59	flurbiprofen sodium.....	91	GAMMAPLEX	80
FETZIMA	36	flutamide.....	15	GAMMAPLEX (WITH	
FEXMID	26	fluticasone propionate	57, 96	SORBITOL)	80
FIASP FLEXTOUCH U-100		fluticasone propion-salmeterol		GAMUNEX-C.....	80
INSULIN.....	63	.....	96	GARDASIL 9 (PF).....	80
FIASP U-100 INSULIN.....	63	FLUTICASONE PROPION-		GASTROCROM	73
FIBRICOR	48	SALMETEROL.....	96	gatifloxacin.....	90
FINACEA	54	fluvastatin	48, 49	GATTEX 30-VIAL	73
finasteride.....	99	fluvoxamine.....	36, 37	GAUZE PAD.....	63
FIRAZYR.....	95	FML FORTE	92	gavilyte-c	73
FIRDAPSE	25	FML LIQUIFILM	92	gavilyte-g.....	73
FIRMAGON KIT W		FML S.O.P.	92	gavilyte-n.....	73
DILUENT SYRINGE	15	FOCALIN.....	37	GELNIQUE.....	99
FIRVANQ	8	FOCALIN XR	37	gemfibrozil	49
flac otic oil.....	61	fondaparinux.....	47	GENERESS FE	88
FLAGYL	8	FORFIVO XL.....	37	generlac.....	73
FLAREX	92	FORTAMET	63	engraf.....	15
flavoxate.....	99	FORTEO	82	GENOTROPIN.....	78
FLEBOGAMMA DIF	80	FORTESTA.....	70	GENOTROPIN MINIQUE	
flecainide	42	FOSAMAX	82	.....	78
FLECTOR	32	FOSAMAX PLUS D.....	82	gentak	90
FLOLIPID.....	48	fosamprenavir.....	2	gentamicin	8, 54, 90
FLOMAX	99	fosinopril	44	gentamicin in nacl (iso-osm) ..	8
FLOVENT DISKUS	96	fosinopril-hydrochlorothiazide		GENVOYA	2
FLOVENT HFA.....	96	.....	44	GEODON	37
fluconazole	1	FOSRENOL	59	gianvi (28)	88
fluconazole in nacl (iso-osm) .	1	FRAGMIN.....	47	GILENYA	25
flucytosine	1	FREAMINE HBC 6.9 %....	102	GILOTRIF	15
fludrocortisone	61	FROVA	24	GLASSIA	59
FLUMADINE	2	frovatriptan	24	glatiramer.....	25
flunisolide.....	96	FULPHILA.....	78	glatopa	25
fluocinolone.....	57	FURADANTIN	13	GLEEVEC	15
fluocinolone acetonide oil	61	furosemide	44, 45	GLEOSTINE	15
fluocinolone and shower cap	57	FUZEON	2	glimepiride.....	63
fluocinonide.....	57	fyavolv.....	86	glipizide	64
fluocinonide-e.....	57	FYCOMPA.....	20	glipizide-metformin	64

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GLUCAGEN HYPOKIT	64	HUMALOG JUNIOR		hydralazine	45
GLUCAGON EMERGENCY		KWIKPEN U-100	65	HYDREA	15
KIT (HUMAN)	64	HUMALOG KWIKPEN		hydrochlorothiazide	45
GLUCOPHAGE	64	INSULIN	65	hydrocodone-acetaminophen	28
GLUCOPHAGE XR	64	HUMALOG MIX 50-50		hydrocodone-ibuprofen	28
GLUCOTROL	64	INSULN U-100	65	hydrocortisone	57, 61, 73
GLUCOTROL XL	64	HUMALOG MIX 50-50		hydrocortisone butyrate	57
GLUMETZA	64	KWIKPEN	65	hydrocortisone valerate	58
glycopyrrolate	72	HUMALOG MIX 75-25		hydrocortisone-acetic acid....	61
GLYSET	65	KWIKPEN	65	hydrocortisone-pramoxine....	73
GLYXAMBI	65	HUMALOG MIX 75-25(U-		hydromorphone	28
GOCOVRI	22, 23	100)INSULN	65	hydromorphone (pf)	28
GOLYTELY	73	HUMALOG U-100 INSULIN		hydroxychloroquine	8
GONITRO	50	.....	65	hydroxyurea	15
GRALISE	20	HUMATROPE	78	hydroxyzine hcl	94
GRALISE 30-DAY STARTER		HUMIRA	83	HYSINGLA ER	28
PACK	20	HUMIRA PEDIATRIC		HYZAAR	45
granisetron hcl	73	CROHNS START	83	I	
GRANIX	78	HUMIRA PEN	83	ibandronate	82
griseofulvin microsize	1	HUMIRA PEN CROHNS-UC-		IBRANCE	15
griseofulvin ultramicrosize....	1	HS START	83	ibu	32
guanidine	37	HUMIRA PEN PSOR-		ibuprofen	32
GYNAZOLE-1	87	UVEITS-ADOL HS	83	ibuprofen-oxycodone	28
H		HUMIRA(CF)	84	ICLUSIG	15
HAEGARDA	96	HUMIRA(CF) PEDI		IDHIFA	15
hailey 24 fe	88	CROHNS STARTER	83	ILEVRO	91
HALDOL	37	HUMIRA(CF) PEN	84	ILUMYA	51
HALDOL DECANOATE	37	HUMIRA(CF) PEN		imatinib	15
halobetasol propionate	57	CROHNS-UC-HS	84	IMBRUVICA	15
HALOBETASOL		HUMIRA(CF) PEN PSOR-		imipenem-cilastatin	8
PROPIONATE	57	UV-ADOL HS	84	imipramine hcl	37
HALOG	57	HUMULIN 70/30 U-100		imipramine pamoate	37
haloperidol	37	INSULIN	65	imiquimod	51
haloperidol decanoate	37	HUMULIN 70/30 U-100		IMIQUIMOD	51
haloperidol lactate	37	KWIKPEN	65	IMITREX	24
HARVONI	2	HUMULIN N NPH INSULIN		IMITREX STATDOSE PEN	24
HAVRIX (PF)	80	KWIKPEN	65	IMITREX STATDOSE	
heparin (porcine)	47	HUMULIN N NPH U-100		REFILL	24
HEPATAMINE 8%	102	INSULIN	65	IMOVAX RABIES VACCINE	
HEPSERA	2	HUMULIN R REGULAR U-		(PF)	80
HETLIOZ	37	100 INSULN	65	IMPOYZ	58
HIBERIX (PF)	80	HUMULIN R U-500 (CONC)		IMURAN	15
HIPREX	13	INSULIN	65	IMVEXXY MAINTENANCE	
HORIZANT	25	HUMULIN R U-500 (CONC)		PACK	86
		KWIKPEN	65		

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IMVEXXY STARTER PACK	86	ISENTRESS HD	2	KALETRA	2
INBRIJA	23	isibloom	88	KALYDECO	96
incassia	86	ISOLYTE-P IN 5 %		KAPVAY	37
INCRELEX	59	DEXTROSE	102	kariva (28)	88
INCRUSE ELLIPTA	96	ISOLYTE-S	102	KAZANO	66
indapamide	45	isoniazid	8	kelnor 1/35 (28)	88
INDERAL LA	45	ISOPTO CARPINE	91	kelnor 1-50	88
INFANRIX (DTAP) (PF)	80	ISORDIL	50	KENALOG	58
INFLECTRA	73	ISORDIL TITRADOSE	50	KEPPRA	20
INGREZZA	25	isosorbide dinitrate	50	KEPPRA XR	20
INGREZZA INITIATION		isosorbide mononitrate	50	KERYDIN	55
PACK	25	isotretinoin	54	ketoconazole	1, 55
INLYTA	15, 16	isradipine	45	ketoprofen	32
INNOPRAN XL	45	ISTALOL	90	ketorolac	91
INSPRA	45	itraconazole	1	KEVEYIS	25
INSULIN LISPRO	65	ivermectin	8	KEVZARA	84
INSULIN PEN NEEDLE	65	IXIARO (PF)	80	KHEDEZLA	37
INSULIN SYRINGE-		J		KINERET	84
NEEDLE U-100	65	JADENU	59	KINRIX (PF)	81
INTELENCE	2	JADENU SPRINKLE	59	kionex (with sorbitol)	59
intralipid	102	JAKAFI	16	KISQALI	16
INTRALIPID	102	JALYN	99	KISQALI FEMARA CO-	
INTRAROSA	87	jantoven	47	PACK	16
INTRON A	78	JANUMET	65	KITABIS PAK	8
introvale	88	JANUMET XR	65	KLARON	54
INVANZ	8	JANUVIA	65	KLONOPIN	20
INVEGA	37	JARDIANCE	65	klor-con	100
INVEGA SUSTENNA	37	jasmiel (28)	88	klor-con 10	100
INVEGA TRINZA	37	JENTADUETO	66	klor-con 8	100
INVELTYS	92	JENTADUETO XR	66	klor-con m10	100
INVIRASE	2	jinteli	86	klor-con m15	100
INVOKAMET	65	jolivetle	86	klor-con m20	100
INVOKAMET XR	65	JUBLIA	55	klor-con sprinkle	100
INVOKANA	65	juleber	88	KOMBIGLYZE XR	66
IONOSOL-MB IN D5W	102	JULUCA	2	KORLYM	70
IOPIDINE	93	junel 1.5/30 (21)	88	KRINTAFEL	8
IPOL	80	junel 1/20 (21)	88	KRISTALOSE	73
ipratropium bromide	61, 96	junel fe 1.5/30 (28)	88	k-tab	100
ipratropium-albuterol	96	junel fe 1/20 (28)	88	K-TAB	100
irbesartan	45	junel fe 24	88	kurvelo (28)	88
irbesartan-hydrochlorothiazide		JUXTAPID	49	KUVAN	70
.....	45	JYNARQUE	70	L	
IRESSA	16	K		l norgest/e.estradiol-e.estrad.	88
ISENTRESS	2	KADIAN	28	labetalol	45
		kaitlib fe	88	LACRISERT	91

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lactulose.....	73	leucovorin calcium	13	lisinopril-hydrochlorothiazide	45
LAMICTAL	20	LEUKERAN	16	lithium carbonate	37
LAMICTAL ODT	20	LEUKINE.....	78	lithium citrate.....	37
LAMICTAL STARTER (BLUE) KIT	20	leuprolide.....	16	LITHOBID	37
LAMICTAL STARTER (GREEN) KIT	20	levallbuterol hcl	96	LITHOSTAT	60
LAMICTAL STARTER (ORANGE) KIT	20	LEVALBUTEROL TARTRATE	96	LIVALO	49
LAMICTAL XR.....	20	LEVEMIR FLEXTOUCH U- 100 INSULN	66	LO LOESTRIN FE.....	88
LAMICTAL XR STARTER (BLUE).....	20	LEVEMIR U-100 INSULIN	66	LOCOID	58
LAMICTAL XR STARTER (GREEN).....	20	levetiracetam	21	LOCOID LIPOCREAM.....	58
LAMICTAL XR STARTER (ORANGE).....	21	levobunolol.....	90	LODINE	32
lamivudine	2	levocarnitine	59	LODOSYN	23
lamivudine-zidovudine.....	2	levocarnitine (with sugar).....	59	LOESTRIN 1.5/30 (21).....	88
lamotrigine	21	levocetirizine	94	LOESTRIN 1/20 (21).....	88
LANOXIN.....	50	levofloxacin.....	12, 90	LOESTRIN FE 1.5/30 (28- DAY)	88
lansoprazole.....	76	levofloxacin in d5w	12	LOESTRIN FE 1/20 (28-DAY)	88
lanthanum	59	levonest (28)	88	LOKELMA.....	60
LANTUS SOLOSTAR U-100 INSULIN	66	levonorgestrel-ethinyl estrad	88	LOMOTIL	72
LANTUS U-100 INSULIN..	66	levonorg-eth estrad triphasic	88	LONHALA MAGNAIR REFILL.....	96
larin 1.5/30 (21).....	88	levora-28.....	88	LONSURF	16
larin 1/20 (21).....	88	levorphanol tartrate.....	29	loperamide	72
larin fe 1.5/30 (28).....	88	LEVORPHANOL TARTRATE	29	LOPID	49
larin fe 1/20 (28).....	88	LEVO-T.....	71	lopinavir-ritonavir.....	3
larissia.....	88	levothyroxine.....	71	loprezza.....	86
LASIX.....	45	levoxyl.....	72	LOPRESSOR	45
LASTACFT.....	91	LEXAPRO.....	37	LOPRESSOR HCT	45
latanoprost	92	LEXETTE	58	LOPROX	55
LATUDA	37	LEXIVA	3	LOPROX (AS OLAMINE)..	55
layolis fe.....	88	LIALDA	73	lorazepam	38
LAZANDA.....	28, 29	lidocaine	52	LORBRENA.....	16
LEDIPASVIR-SOFOSBUVIR	3	lidocaine hcl	52	lorcet (hydrocodone)	29
leena 28	88	lidocaine viscous	52	lorcet hd	29
leflunomide.....	84	lidocaine-prilocaine	52	lorcet plus	29
LENVIMA	16	LIDODERM.....	52	loryna (28)	88
LESCOL XL	49	lindane	58	losartan	45
lessina.....	88	linezolid	8	losartan-hydrochlorothiazide	45
LETAIRIS	96	linezolid in dextrose 5%.....	8	LOSEASONIQUE.....	88
letrozole.....	16	LINZESS	73	LOTEMAX.....	92, 93
		liothyronine	72	LOTEMAX SM.....	93
		LIPITOR.....	49	LOTENSIN.....	45
		LIPOFEN.....	49	loteprednol etabonate.....	93
		lisinopril.....	45	LOTREL.....	45

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LOTRISONE.....	55	MAVENCLAD (10 TABLET PACK).....	25	meropenem	8
LOTRONEX	73	MAVENCLAD (4 TABLET PACK).....	25	MERREM.....	8
lovastatin	49	MAVENCLAD (5 TABLET PACK).....	25	mesalamine	74
LOVAZA	49	MAVENCLAD (6 TABLET PACK).....	26	MESNEX.....	13
LOVENOX.....	47	MAVENCLAD (7 TABLET PACK).....	26	MESTINON	26
low-ogestrel (28)	88	MAVENCLAD (8 TABLET PACK).....	26	MESTINON TIMESPAN	27
loxapine succinate	38	MAVENCLAD (9 TABLET PACK).....	26	metadate er.....	38
LUCEMYRA	32	MAVYRET	3	metaproterenol	96
LULICONAZOLE	55	MAXALT	24	metformin	66
LUMIGAN	92	MAXALT-MLT	24	methadone.....	29
LUNESTA.....	38	MAXIDEX	93	methamphetamine.....	38
LUPANETA PACK (1 MONTH).....	87	MAXIPIME.....	6	methazolamide.....	92
LUPANETA PACK (3 MONTH).....	87	MAXITROL	92	methenamine hippurate	13
LUPRON DEPOT	16	MAXZIDE.....	45	methimazole	62
LUPRON DEPOT (3 MONTH).....	16	MAXZIDE-25MG.....	45	METHITEST	70
LUPRON DEPOT (4 MONTH).....	16	MAYZENT	26	methotrexate sodium	16
LUPRON DEPOT (6 MONTH).....	16	meclizine	74	methotrexate sodium (pf)	16
luteal (28)	88	meclofenamate.....	32	methoxsalen	52
LUXIQ	58	MEDROL	61	methscopolamine.....	72
LUZU	55	MEDROL (PAK)	61	methyclothiazide.....	45
LYNPARZA.....	16	medroxyprogesterone	86	methyl dopa	45
LYRICA	21	mefenamic acid.....	32	METHYLIN	38
LYRICA CR.....	21	mefloquine.....	8	methylphenidate hcl.....	38
LYSODREN.....	16	megestrol	16	METHYLPHENIDATE HCL	38
LYSTEDA.....	87	MEKINIST.....	16	methylprednisolone	61
lyza	86	MEKTOVI.....	16	methyltestosterone	70
M		melodetta 24 fe	88	metoclopramide hcl	74
MACROBID	13	meloxicam	32	metolazone.....	45
MACRODANTIN.....	13	memantine	26	metoprolol succinate.....	45
mafenide acetate.....	54	MEMANTINE.....	26	metoprolol ta-hydrochlorothiaz	45
magnesium sulfate.....	100	MENACTRA (PF)	81	metoprolol tartrate	45
MALARONE	8	MENEST	86	METROCREAM.....	54
MALARONE PEDIATRIC ...	8	MENOSTAR.....	86	METROGEL	54
malathion.....	58	MENTAX.....	55	METROGEL VAGINAL	87
maprotiline	38	MENVEO A-C-Y-W-135-DIP (PF).....	81	METROLOTION	54
MARINOL	73	MEPRON	8	metronidazole	9, 54, 87
marlissa (28).....	88	mercaptapurine.....	16	metronidazole in nacl (iso-os) 9	
MARPLAN	38			mexiletine	42
MATULANE	16			mibelas 24 fe.....	88
matzim la	45			MICARDIS.....	45
				MICARDIS HCT.....	45
				miconazole-3	87
				MICORT-HC.....	74

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microgestin 1.5/30 (21)	88	moxifloxacin.....	12, 90	NATPARA	70
microgestin 1/20 (21)	88	moxifloxacin-sod.chloride(iso)		NATROBA.....	58
microgestin fe 1.5/30 (28)	88	.....	12	NEBUPENT	9
microgestin fe 1/20 (28)	88	MS CONTIN	29	necon 0.5/35 (28).....	89
midodrine	60	MULPLETA.....	47	NEEDLES, INSULIN	
migergot	24	MULTAQ.....	42	DISP.,SAFETY	67
miglitol	66	mupirocin.....	54	nefazodone.....	38
miglustat	70	mupirocin calcium.....	54	neomycin	9
MIGRANAL	24	MYALEPT	70	neomycin-bacitracin-poly-hc	92
mili	88	MYAMBUTOL.....	9	neomycin-bacitracin-	
millipred	61	MYCAMINE.....	1	polymyxin.....	90
mimvey.....	86	MYCOBUTIN.....	9	neomycin-polymyxin b-	
mimvey lo.....	86	mycophenolate mofetil	16	dexameth.....	92
MINASTRIN 24 FE	89	mycophenolate sodium.....	16	neomycin-polymyxin-	
MINIPRESS.....	45	MYDAYIS	38	gramicidin.....	90
MINITRAN.....	50	MYFORTIC	16	neomycin-polymyxin-hc.61, 92	
MINIVELLE	86	myorisan	54	NEORAL	16
MINOCIN	12	MYRBETRIQ	99	NEO-SYNALAR.....	54
minocycline	12	MYSOLINE	21	NEPHRAMINE 5.4 %.....	102
minoxidil	45	MYTESI	72	NERLYNX	16
MIRAPEX.....	23	N		NESINA	67
MIRAPEX ER.....	23	nabumetone	32	neuac.....	54
mirtazapine	38	nadolol	45	NEULASTA	78
MIRVASO	54	nadolol-bendroflumethiazide	45	NEUPOGEN.....	78
misoprostol.....	76	nafcillin.....	10	NEUPRO	23
MITIGARE	82	naftifine	55	NEURONTIN.....	21
M-M-R II (PF).....	81	NAFTIN	55	NEVANAC.....	91
MOBIC.....	32	NALFON.....	32	nevirapine	3
modafinil	38	naloxone	32	NEXAVAR.....	16
moexipril	45	naltrexone	32	NEXIUM	76
molindone.....	38	NAMENDA.....	26	NEXIUM PACKET.....	76
mometasone.....	58, 96	NAMENDA TITRATION		niacin	49
mondoxyne nl.....	13	PAK	26	NIACOR.....	49
montelukast	96	NAMENDA XR.....	26	NIASPAN EXTENDED-	
MONUROL.....	13	NAMZARIC.....	26	RELEASE.....	49
morgidox	13	NAPRELAN CR	32	nicardipine	45
MORPHABOND ER	29	naproxen	32	NICOTROL	60
morphine.....	29	naproxen sodium	32	NICOTROL NS.....	60
MORPHINE	29	naratriptan.....	24	nifedipine.....	45
morphine concentrate	29	NARCAN	32	nikki (28)	89
MOTEGRITY	74	NARDIL	38	NILANDRON	16
MOTOFEN	72	NASONEX.....	96	nilutamide	16
MOVANTIK.....	74	NATACYN	90	nimodipine	45
MOVIPREP.....	74	NATAZIA	89	NINLARO	17
MOXEZA.....	90	nateglinide	66	nisoldipine	45

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nitro-bid.....	50	NOVOFINE 32.....	67	ODOMZO.....	17
NITRO-DUR.....	50	NOVOLIN 70/30 U-100		OFEV.....	97
nitrofurantoin.....	13	INSULIN.....	67	ofloxacin.....	12, 61, 90
nitrofurantoin macrocrystal..	13	NOVOLIN N NPH U-100		olanzapine.....	39
nitrofurantoin monohyd/m-		INSULIN.....	67	olanzapine-fluoxetine	39
cryst.....	13	NOVOLIN R REGULAR U-		olmesartan.....	46
nitroglycerin.....	50	100 INSULN	67	olmesartan-amlodipin-	
NITROSTAT.....	50	NOVOLOG FLEXPEN U-100		hcthiazid	46
NITYR.....	60	INSULIN.....	67	olmesartan-	
NIVESTYM	79	NOVOLOG MIX 70-30 U-100		hydrochlorothiazide	46
nizatidine	76	INSULN	67	olopatadine	61, 91
NIZORAL	55	NOVOLOG MIX 70-		OLUMIANT.....	84
NOC DURNA (MEN).....	70	30FLEXPEN U-100	67	OLUX.....	58
NOC DURNA (WOMEN)....	70	NOVOLOG PENFILL U-100		OLUX-E	58
NOCTIVA.....	70	INSULIN.....	67	OMECLAMOX-PAK.....	76
nolix.....	58	NOVOLOG U-100 INSULIN		omega-3 acid ethyl esters	49
nora-be.....	86	ASPART.....	67	omeprazole	76
NORCO.....	29	NOXAFIL	1	omeprazole-sodium	
NORDITROPIN FLEXPRO	79	NUCALA	96	bicarbonate	77
noreth-ethinyl estradiol-iron.	89	NUCYNTA	32	OMNARIS.....	97
norethindrone (contraceptive)		NUCYNTA ER	32	OMNIPOD INSULIN	
.....	86	NUEDEXTA	26	MANAGEMENT	67
norethindrone acetate	86	NULYTELY WITH FLAVOR		OMNIPRED	93
norethindrone ac-eth estradiol		PACKS	74	OMNITROPE.....	79
.....	86, 89	NUPLAZID.....	38	ondansetron.....	74
norethindrone-e.estradiol-iron		NUTRILIPID.....	102	ondansetron hcl.....	74
.....	89	NUTROPIN AQ NUSPIN....	79	ONEXTON.....	54
norgestimate-ethinyl estradiol		NUVARING.....	87	ONFI.....	21
.....	89	NUVIGIL	38	ONGLYZA.....	67
NORITATE.....	54	NUZYRA	13	ONZETRA XSAIL.....	24
norlyroc	86	NUZYRA (7 DAY WITH		OPANA	29
NORMOSOL-M IN 5 %		LOAD DOSE).....	13	OPSUMIT.....	97
DEXTROSE.....	102	NUZYRA (7 DAY).....	13	ORACEA.....	13
NORMOSOL-R IN 5 %		nyamyc	55	ORALAIR	81
DEXTROSE.....	100	NYMALIZE	46	ORAPRED ODT	62
NORMOSOL-R PH 7.4	102	nystatin	1, 55	ORAVIG.....	1
NORPRAMIN.....	38	nystatin-triamcinolone.....	56	ORENCIA	84
NORTHERA	60	nystop	56	ORENCIA (WITH	
nortrel 0.5/35 (28)	89	O		MALTOSE).....	84
nortrel 1/35 (21)	89	OALIVA	74	ORENCIA CLICKJECT	84
nortrel 1/35 (28)	89	ocella	89	ORENITRAM	46
nortrel 7/7/7 (28)	89	OCTAGAM.....	81	ORFADIN	60
nortriptyline.....	38	octreotide acetate.....	17	ORILISSA	70
NORVASC.....	45	OCUFLOX.....	90	ORKAMBI	97
NORVIR	3	ODEFSEY	3	orsythia	89

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ORTHO MICRONOR.....	86	pantoprazole	77	phenoxybenzamine	46
ORTHO TRI-CYCLEN LO		PANZYGA.....	81	PHENYTEK	21
(28)	89	paricalcitol	70	phenytoin	21, 22
ORTHO-NOVUM 1/35 (28)	89	PARLODEL	23	phenytoin sodium extended ..	22
ORTHO-NOVUM 7/7/7 (28)		PARNATE.....	39	PHOSLYRA	100
.....	89	paromomycin.....	9	PHOSPHOLINE IODIDE	91
oseltamivir	3	paroxetine hcl	39	PICATO.....	52
OSENI	67	paroxetine		PIFELTRO	3
OSMOLEX ER	23	mesylate(menop.sym).....	39	pilocarpine hcl	60, 91
OSMOPREP	74	PASER.....	9	pimecrolimus	52
OSPHENA	87	PATADAY	91	pimozide	39
OTEZLA	84	PATANASE	61	pimtree (28)	89
OTEZLA STARTER	84	PATANOL	91	pindolol.....	46
OTOVEL	61	PAXIL	39	pioglitazone	67
OTREXUP (PF)	84	PAXIL CR.....	39	pioglitazone-glimepiride.....	67
OVIDE	58	PAZEO	91	pioglitazone-metformin	67
oxacillin	10	PEDIARIX (PF)	81	piperacillin-tazobactam	11
oxacillin in dextrose(iso-osm)		PEDVAX HIB (PF).....	81	PIQRAY	17
.....	10	peg 3350-electrolytes	74	pirmella.....	89
oxandrolone	70	PEGANONE	21	piroxicam	33
oxaprozin	32	PEGASYS	79	PLAQUENIL.....	9
OXAYDO	29	PEGASYS PROCLICK	79	PLASMA-LYTE 148	102
oxcarbazepine.....	21	peg-electrolyte	74	PLASMA-LYTE A	102
OXERVATE	91	penicillamine	84	PLAVIX	47
oxiconazole.....	56	PENICILLIN G POT IN		PLEGRIDY	79
OXISTAT.....	56	DEXTROSE	11	plenamine	102
OXSORALEN ULTRA	52	penicillin g potassium.....	11	PLENVU	74
OXTELLAR XR	21	penicillin g procaine	11	PLIAGLIS	52
oxybutynin chloride.....	99	penicillin g sodium	11	podofilox.....	52
oxycodone	29, 30	penicillin v potassium.....	11	polymyxin b sulfate	9
OXYCODONE	30	PENNSAID	33	polymyxin b sulf-trimethoprim	
oxycodone-acetaminophen...	30	PENTAM.....	9	.....	90
oxycodone-aspirin	30	PENTASA	74	POLYTRIM.....	90
OXYCONTIN	30	pentoxifylline.....	47	POMALYST.....	17
oxymorphone.....	30	PEPCID	77	portia 28.....	89
OXYTROL.....	99	PERCOCET.....	30	potassium chlorid-d5-	
OZEMPIC	67	PERFOROMIST	97	0.45%nacl	100
P		perindopril erbumine	46	potassium chloride.....	100
pacerone	42	permethrin	58	potassium chloride in 0.9%nacl	
paliperidone	39	perphenazine.....	39	.....	101
PALYNZIQ.....	70	PERSERIS.....	39	potassium chloride in 5 % dex	
PAMELOR.....	39	PERTZYE	74	.....	101
PANCREAZE	74	PEXEVA	39	potassium chloride in lr-d5 ..	101
PANDEL	58	phenelzine.....	39	potassium chloride in water	101
PANRETIN	52	phenobarbital	21		

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potassium chloride-0.45 % nacl 101	PRIFTIN.....9	PROVERA86
potassium chloride-d5- 0.2%nacl..... 101	PRIOSEC77	PROVIGIL39
potassium chloride-d5- 0.3%nacl..... 101	PRIMAQUINE.....9	PROZAC .....39
potassium chloride-d5- 0.9%nacl..... 101	PRIMAXIN IV .....9	prudoxin.....52
potassium citrate..... 100	PRIMIDONE.....22	PSORCON.....58
PRADAXA .....47	PRIMLEV .....30	PULMICORT .....97
PRALUENT PEN .....49	PRINIVIL .....46	PULMICORT FLEXHALER.....97
pramipexole.....23	PRISTIQ.....39	PULMOZYME.....97
PRANDIN .....67	PRIVIGEN .....81	PURIXAN .....17
prasugrel.....47	PROAIR HFA .....97	PYLERA.....77
PRAVACHOL .....49	PROAIR RESPICLICK .....97	pyrazinamide .....9
pravastatin .....49	probenecid .....82	pyridostigmine bromide.....27
praziquantel .....9	probenecid-colchicine .....82	PYRIDOSTIGMINE BROMIDE.....27
prazosin .....46	PROCALAMINE 3%.....102	Q
PRECOSE .....67	PROCARDIA XL.....46	QBRELIS .....46
PRED FORTE .....93	procentra.....39	QMIIZ ODT .....33
PRED MILD .....93	prochlorperazine .....74	QNASL.....97
PRED-G .....92	prochlorperazine maleate oral.....75	QTERN.....67
PRED-G S.O.P. ....92	PROCRIT .....79	QUADRACEL (PF) .....81
prednicarbate .....58	procto-med hc.....75	QUALAQUIN .....9
prednisolone .....62	procto-pak.....75	QUARTETTE.....89
prednisolone acetate .....93	proctosol hc .....75	QUDEXY XR.....22
prednisolone sodium phosphate.....62, 93	proctozone-hc .....75	QUESTRAN.....49
prednisone .....62	progesterone micronized .....86	QUESTRAN LIGHT.....49
prednisone intensol.....62	PROGLYCEM .....67	quetiapine .....39
PREFEST .....86	PROGRAF.....17	QUILLICHEW ER.....40
PREMARIN .....86	PROLASTIN-C.....60	QUILLIVANT XR.....40
premasol 10 %.....102	PROLENSA .....91	quinapril.....46
PREMASOL 6 %.....102	PROLIA.....82	quinapril-hydrochlorothiazide.....46
PREMPHASE .....86	PROMACTA.....48	quinidine gluconate .....42
PREMPRO .....86	promethazine .....94	quinidine sulfate .....42
prenatal vitamin oral tablet.102	PROMETRIUM .....86	quinine sulfate .....9
PREPOPIK.....74	propafenone .....42	QVAR REDIHALER .....97
PREVACID.....77	propranolol .....46	R
PREVACID SOLUTAB .....77	propranolol-hydrochlorothiazid.....46	RABAVERT (PF) .....81
prevalite.....49	propylthiouracil .....62	rabeprazole .....77
previfem .....89	PROQUAD (PF).....81	raloxifene .....82
PREVYMIS.....3	PROSCAR.....100	ramipril .....46
PREZCOBIX.....3	PROSOL 20 %102	RANEXA .....50
PREZISTA .....3	PROTONIX.....77	ranitidine hcl.....77
	PROTOPIC.....52	ranolazine50
	protriptyline.....39	RAPAFLO.....100
	PROVENTIL HFA.....97	

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RAPAMUNE	17	ribasphere	3	SAIZEN SAIZENPREP	79
rasagiline	23	ribasphere ribapak	3	SALAGEN (PILOCARPINE)	
RASUVO (PF)	84	ribavirin	3	.....	60
RAVICTI.....	60	RIDAURA.....	84	SAMSCA.....	70
RAYALDEE	70	rifabutin	9	SANCUSO	75
RAYOS	62	RIFADIN.....	9	SANDIMMUNE.....	17
RAZADYNE.....	26	RIFAMATE.....	9	SANDOSTATIN	17
RAZADYNE ER.....	26	rifampin	9	SANTYL	52
REBETOL.....	3	RIFATER	9	SAPHRIS.....	40
REBIF (WITH ALBUMIN). 79		RILUTEK.....	60	SARAFEM	40
REBIF REBIDOSE	79	riluzole.....	60	SAVAYSA	48
REBIF TITRATION PACK 79		rimantadine.....	3	SAVELLA.....	84, 85
reclipsen (28).....	89	RIOMET	68	scopolamine base.....	75
RECOMBIVAX HB (PF)	81	risedronate	60, 82, 83	SEASONIQUE	89
RECTIV	75	RISPERDAL	40	SEEBRI NEOHALER.....	98
REGLAN.....	75	RISPERDAL CONSTA	40	SEGLUROMET	68
REGRANEX	52	risperidone	40	selegiline hcl.....	23
RELENZA DISKHALER.....	3	RITALIN	40	selenium sulfide.....	51
RELEXXII	40	RITALIN LA.....	40	SELZENTRY	4
RELISTOR.....	75	ritonavir	3	SEMPREX-D	94
RELPAK	24	rivastigmine.....	26	SENSIPAR	70
REMERON	40	rivastigmine tartrate.....	26	SEREVENT DISKUS	98
REMERON SOLTAB.....	40	rivelsa	89	SEROQUEL	40
REMICADE.....	75	rizatriptan.....	24	SEROQUEL XR.....	40
RENAGEL	60	ROCALTROL	70	SEROSTIM	79
REVELA	60	ROCKLATAN	92	sertraline	40, 41
repaglinide.....	67, 68	ropinirole	23	setlakin.....	89
repaglinide-metformin.....	68	rosuvastatin.....	49	sevelamer carbonate	60
REPATHA	49	ROTARIX	81	sevelamer hcl.....	60
REPATHA PUSHTRONEX 49		ROTATEQ VACCINE.....	81	sharobel.....	86
REPATHA SURECLICK	49	ROWASA.....	75	SHINGRIX (PF).....	81
REQUIP XL	23	roweepra	22	SIGNIFOR.....	17
RESCRIPTOR.....	3	roweepra xr.....	22	sildenafil (pulmonary arterial	
RESTASIS	91	ROXICODONE.....	30	hypertension)	98
RESTASIS MULTIDOSE ...	91	ROXYBOND	30, 31	SILENOR	41
RETACRIT	79	ROZEREM.....	40	SILIQ.....	51
RETIN-A.....	54	RUBRACA.....	17	silodosin.....	100
RETIN-A MICRO.....	54	RUCONEST	98	SILVADENE.....	52
RETROVIR.....	3	RYDAPT	17	silver sulfadiazine.....	52
REVATIO	97, 98	RYTARY.....	23	SIMBRINZA	92
REVLIMID	17	RYTHMOL SR	42	SIMPONI.....	85
REXULTI.....	40	S		simvastatin.....	49
REYATAZ	3	SABRIL.....	22	SINEMET	23
RHOFADE.....	54	SAFYRAL.....	89	SINEMET CR	23
RHOPRESSA.....	92	SAIZEN.....	79	SINGULAIR.....	98

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sirolimus.....	17	ssd.....	52	SYLATRON.....	79
SIRTURO.....	9	STALEVO 100.....	23	SYMBICORT.....	98
SIVEXTRO.....	9	STALEVO 125.....	23	SYMBYAX.....	41
SKLICE.....	58	STALEVO 150.....	23	SYMDEKO.....	98
SKYRIZI.....	51	STALEVO 200.....	23	SYMFI.....	4
sodium chloride.....	60	STALEVO 50.....	23	SYMFI LO.....	4
sodium chloride 0.45 %.....	101	STALEVO 75.....	23	SYMLINPEN 120.....	68
sodium chloride 0.9 %.....	60	STARLIX.....	68	SYMLINPEN 60.....	68
sodium chloride 3 %.....	101	stavudine.....	4	SYMPAZAN.....	22
sodium chloride 5 %.....	101	STEGLATRO.....	68	SYMPROIC.....	75
sodium lactate intravenous.....	101	STEGLUJAN.....	68	SYMTUZA.....	4
sodium phenylbutyrate.....	60	STELARA.....	51	SYNALAR.....	58
sodium polystyrene sulfonate.....	60	STIMATE.....	71	SYNAREL.....	71
SOFOSBUVIR- VELPATASVIR.....	4	STIOLTO RESPIMAT.....	98	SYNDROS.....	75
solifenacin.....	99	STIVARGA.....	17	SYNJARDY.....	68
SOLQUA 100/33.....	68	STRATTERA.....	41	SYNJARDY XR.....	68
SOLODYN.....	13	STREPTOMYCIN.....	9	SYNRIBO.....	17
SOLOSEC.....	9	STRIANT.....	71	SYNTHROID.....	72
soloxide.....	13	STRIBILD.....	4	SYPRINE.....	60
SOLTAMOX.....	17	STRIVERDI RESPIMAT.....	98	T	
SOMATULINE DEPOT.....	17	STROMECTOL.....	9	TABLOID.....	17
SOMAVERT.....	70	SUBOXONE.....	33	TACLONEX.....	51
SOOLANTRA.....	54	SUBSYS.....	31	tacrolimus.....	17, 52
SORIATANE.....	51	SUCRAID.....	75	tadalafil.....	100
SORILUX.....	51	sucrafate.....	78	tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.....	98
sorine.....	42	SULAR.....	46	TAFINLAR.....	17
sotalol.....	42	sulfacetamide sodium.....	91	TAGRISSO.....	17
sotalol af.....	42	sulfacetamide sodium (acne).....	54	TAKHZYRO.....	98
SOTYLIZE.....	42	sulfacetamide-prednisolone.....	91	TALTZ AUTOINJECTOR.....	51
SOVALDI.....	4	sulfadiazine.....	12	TALTZ SYRINGE.....	51
SPIRIVA RESPIMAT.....	98	sulfamethoxazole-trimethoprim.....	12	TALZENNA.....	17
SPIRIVA WITH HANDIHALER.....	98	SULFAMYLON.....	54, 55	TAMIFLU.....	4
spironolactone.....	46	sulfasalazine.....	75	tamoxifen.....	17
spironolacton-hydrochlorothiaz	46	sulindac.....	33	tamsulosin.....	100
SPORANOX.....	1	sumatriptan.....	24	TAPAZOLE.....	62
sprintec (28).....	89	sumatriptan succinate.....	24	TAPERDEX.....	62
SPRITAM.....	22	sumatriptan-naproxen.....	24	TARCEVA.....	17, 18
SPRIX.....	33	SUPRAX.....	6	TARGADOX.....	13
SPRYCEL.....	17	SUPREP BOWEL PREP KIT.....	75	TARGRETIN.....	18
sps (with sorbitol).....	60	SURMONTIL.....	41	tarina 24 fe.....	89
sronyx.....	89	SUSTIVA.....	4	tarina fe 1/20 (28).....	89
		SUTENT.....	17	TARKA.....	46
		syeda.....	89	TASIGNA.....	18

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TASMAR	23	THYROLAR-1/4.....	72	TOUJEO SOLOSTAR U-300	
TAVALISSE	48	THYROLAR-2.....	72	INSULIN	68
tazarotene	54	THYROLAR-3.....	72	TOVIAZ	99
tazicef	6	tiagabine	22	TPN ELECTROLYTES	101
TAZORAC	54	TIAZAC	46	TRACLEER	98
taztia xt.....	46	TIBSOVO.....	18	TRADJENTA	68
TDVAX.....	81	tigecycline	9	tramadol	33
TECFIDERA.....	26	TIGLUTIK	60	TRAMADOL	33
TEFLARO.....	6	TIKOSYN	42	tramadol-acetaminophen	33
TEGRETOL	22	timolol maleate	46, 90	trandolapril	46
TEGRETOL XR.....	22	TIMOPTIC OCUDOSE (PF)		trandolapril-verapamil	46
TEGSEDI	26	.....	91	tranexamic acid.....	87
TEKTRNA	46	TIMOPTIC-XE	91	TRANSDERM-SCOP	75
TEKTRNA HCT	46	tinidazole	9	TRANXENE T-TAB.....	41
telmisartan	46	TIROSINT.....	72	tranylcypromine.....	41
telmisartan-amlodipine.....	46	TIROSINT-SOL.....	72	travasol 10 %	102
telmisartan-hydrochlorothiazid		TIVICAY.....	4	TRAVATAN Z.....	92
.....	46	TIVORBEX.....	33	trazodone	41
TENIVAC (PF)	81	tizanidine	27	TRECTOR	9
tenofovir disoproxil fumarate..	4	TOBI.....	9	TRELEGY ELLIPTA.....	98
TENORETIC 100.....	46	TOBI PODHALER	9	TRELSTAR.....	18
TENORETIC 50.....	46	TOBRADEX	92	TREMFYA	51
TENORMIN.....	46	TOBRADEX ST.....	92	TRESIBA FLEXTOUCH U-	
terazosin	46	tobramycin.....	90	100	68
terbinafine hcl.....	1	tobramycin in 0.225 % nacl....	9	TRESIBA FLEXTOUCH U-	
terbutaline.....	98	tobramycin sulfate	9	200	68
terconazole	87	tobramycin-dexamethasone..	92	TRESIBA U-100 INSULIN ..	68
TESTIM	71	TOBREX	90	tretinoin (chemotherapy)	18
testosterone.....	71	TOFRANIL	41	tretinoin microspheres	54
TESTOSTERONE	71	TOLAK	52	tretinoin topical.....	54
testosterone cypionate	71	tolazamide	68	TREXALL	18
testosterone enanthate	71	tolbutamide.....	68	TREXIMET.....	24, 25
TETANUS,DIPHThERIA		tolcapone	23	TREZIX	31
TOX PED(PF).....	81	tolmetin.....	33	triamcinolone acetonide..	58, 61
tetrabenazine.....	26	TOLSURA.....	1	triamterene-hydrochlorothiazid	
tetracycline	13	tolterodine.....	99	.....	47
TEXACORT.....	58	TOPAMAX	22	trianex	58
THALOMID.....	18	TOPICORT	58	TRIBENZOR.....	47
THEO-24.....	98	topiramate.....	22	TRICOR	49
theophylline.....	98	TOPIRAMATE	22	triderm	58
THIOLA	60	TOPROL XL	46	TRIDESILON.....	58
thioridazine.....	41	toremifene.....	18	trientine.....	60
thiothixene	41	torsemide	46	tri-estarylla.....	89
THYROLAR-1	72	TOUJEO MAX U-300		trifluoperazine.....	41
THYROLAR-1/2.....	72	SOLOSTAR	68	trifluridine.....	90

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TRIGLIDE	49	ULTRAVATE	58	VELTASSA.....	60
tri-legest fe.....	89	UNASYN	11	VEMLIDY.....	4
TRILEPTAL.....	22	unithroid	72	VENCLEXTA	18
TRILIPIX	49	UPTRAVI.....	47	VENCLEXTA STARTING	
tri-lo-estarylla.....	89	URECHOLINE	100	PACK	18
tri-lo-sprintec.....	89	UROCIT-K 10.....	100	venlafaxine	41
trilyte with flavor packets.....	75	UROCIT-K 15.....	100	VENLAFAXINE	41
trimethoprim.....	13	UROCIT-K 5.....	100	VENTAVIS	98
tri-mili	89	UROXATRAL	100	VENTOLIN HFA	98
trimipramine	41	URSO 250	75	verapamil	47
TRINTELLIX.....	41	URSO FORTE.....	75	VEREGEN	52
tri-previfem (28).....	89	ursodiol.....	75	VERELAN	47
tri-sprintec (28).....	89	UTIBRON NEOHALER.....	98	VERELAN PM.....	47
TRIUMEQ.....	4	V		VERSACLOZ.....	41
trivora (28).....	89	VABOMERE.....	9	VERZENIO	18
tri-vylibra.....	89	VAGIFEM.....	86	VESICARE.....	99
tri-vylibra lo.....	89	valacyclovir	4	VFEND.....	1
TRIZIVIR.....	4	VALCHLOR	52	VFEND IV.....	1
TROKENDI XR.....	22	VALCYTE	4	V-GO 20	69
TROPHAMINE 10 %	102	valganciclovir	4	V-GO 30	69
TROPHAMINE 6%	102	VALIUM.....	41	V-GO 40	69
tropium.....	99	valproic acid	22	VIBERZI	75
TRUEPLUS INSULIN.....	69	valproic acid (as sodium salt)		VIBRAMYCIN	13
TRUEPLUS PEN NEEDLE.....	69	.....	22	VICTOZA 3-PAK	69
TRULANCE.....	75	valsartan.....	47	VIDEX 4 GRAM PEDIATRIC	
TRULICITY.....	69	valsartan-hydrochlorothiazide		.....	4
TRUMENBA	81	.....	47	VIDEX EC.....	4
TRUSOPT	92	VALTREX	4	VIEKIRA PAK.....	4
TRUVADA	4	VANCOCIN.....	9	vienna	89
TUDORZA PRESSAIR.....	98	vancomycin	9, 10	vigabatrin.....	22
TWINRIX (PF)	81	VANCOMYCIN	10	vigadrone	22
TWYNSTA	47	vandazole.....	87	VIGAMOX.....	90
TYBOST	4	VANOS	58	VIIBRYD	41
tydemy.....	89	VAQTA (PF).....	82	VIMOVO.....	33
TYGACIL	9	VARIVAX (PF)	82	VIMPAT.....	22
TYKERB.....	18	VARIZIG.....	82	VIOKACE	75
TYLENOL-CODEINE #3 ...	31	VARUBI.....	75	VIRACEPT.....	4
TYMLOS	83	VASCEPA.....	49	VIRAMUNE.....	4
TYPHIM VI	81	VASERETIC.....	47	VIRAMUNE XR.....	4
U		VASOTEC.....	47	VIREAD	4
UCERIS.....	75	VECAMYL	50	VITRAKVI.....	18
UDENYCA	80	VECTICAL	51	VIVELLE-DOT.....	86
ULORIC.....	82	velivet triphasic regimen (28)		VIVITROL	33
ULTRACET	33		89	VIVLODEX	33
ULTRAM.....	33	VELPHORO.....	60	VIZIMPRO.....	18

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VOGELXO.....	71	XOPENEX CONCENTRATE	99	ZIAGEN	5
VOLTAREN	33	XOPENEX HFA	99	ZIANA.....	54
voriconazole	1	XOSPATA.....	18	zidovudine	5
VOSEVI	4	XTAMPZA ER.....	31	zileuton	99
VOTRIENT	18	XTANDI.....	18	ZIOPTAN (PF).....	92
VRAYLAR	41	xulane	87	ziprasidone hcl.....	42
vyfemla (28)	89	XULTOPHY 100/3.6	69	ZIPSOR	33
vylibra.....	89	XURIDEN	60	ZIRGAN	90
VYNDAQEL.....	50	XYOSTED	71	ZITHROMAX	7
VYTORIN 10-10	49	XYREM.....	41	ZITHROMAX TRI-PAK	7
VYTORIN 10-20	49	Y		ZITHROMAX Z-PAK	7
VYTORIN 10-40	50	YASMIN (28).....	90	ZOCOR.....	50
VYTORIN 10-80	50	YAZ (28)	90	ZOFRAN	75
VYVANSE.....	41	YF-VAX (PF).....	82	ZOHYDRO ER	31
VYZULTA	92	YONSA	18	ZOLINZA.....	18
W		YOSPRALA	48	zolmitriptan.....	25
warfarin	48	YUPELRI	99	ZOLOFT.....	42
WELCHOL	50	yuvaferm	86	zolpidem	42
WELLBUTRIN SR.....	41	Z		ZOMACTON	80
WELLBUTRIN XL.....	41	zafirlukast	99	ZOMIG	25
wixela inhub	98	zaleplon	41	ZOMIG ZMT.....	25
wymzya fe	90	ZANAFLEX.....	27	ZONALON.....	52
X		zarah	90	ZONEGRAN	22
XADAGO	23	ZARONTIN.....	22	zonisamide	22
XALATAN.....	92	ZARXIO	80	ZONTIVITY	48
XALKORI.....	18	ZAVESCA.....	71	ZORBTIVE	80
XARELTO	48	ZEGERID	78	ZORTRESS	19
XATMEP	18	ZEJULA	18	ZORVOLEX.....	33
XELJANZ	85	ZELAPAR	23	ZOSTAVAX (PF)	82
XELJANZ XR.....	85	ZELBORAF	18	ZOSYN.....	11
XELPROS	92	ZEMAIRA	60	ZOSYN IN DEXTROSE (ISO-OSM)	11
XENAZINE.....	26	ZEMBRACE SYMTOUCH.....	25	zovia 1/35e (28).....	90
XEPI.....	55	ZEMPLAR	71	ZOVIRAX	5, 56
XERESE.....	56	zenatane	54	ZTLIDO.....	52
XERMELO	18	ZENPEP	75	ZUBSOLV.....	34
XGEVA.....	13	zenzedi.....	42	ZUPLENZ	75
XHANCE	98	ZENZEDI	42	ZYBAN	60
XIFAXAN.....	10	ZEPATIER	5	ZYCLARA	52
XIGDUO XR.....	69	ZERBAXA	6	ZYDELIG.....	19
XIIDRA.....	91	ZESTORETIC	47	ZYFLO	99
XIMINO	13	ZESTRIL	47	ZYFLO CR.....	99
XOFLUZA	4	ZETIA	50	ZYKADIA	19
XOLAIR.....	99	ZETONNA	99	ZYLET	92
XOPENEX	99	ZIAC.....	47	ZYLOPRIM.....	82

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ZYMAXID	90	ZYPREXA RELPREVV	42	ZYVOX	10
ZYPITAMAG	50	ZYPREXA ZYDIS	42		
ZYPREXA	42	ZYTIGA	19		

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You must use network pharmacies to fill your prescriptions to get the most out of your benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Limitations, copayments and restrictions may apply.

This formulary was updated on 08/19/2019. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can 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.

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