



Express Scripts Medicare (PDP) 2016 Formulary (List of Covered Drugs)

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

Formulary ID Number: 16081, v5

This formulary was updated on 08/14/2015. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at **www.Express-Scripts.com**.

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

When this drug list (formulary) refers to "we," "us" or "our," it means *Medco Containment Life Insurance Company*. 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 14, 2015. 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, 2017. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

Generally, if you are taking a drug covered by your plan in 2016, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2016 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our plan’s coverage, will not affect members who are currently taking the drug. It will remain available at the same copayment or coinsurance amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 106. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not listed on this formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

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

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

How do I request an appeal?

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

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

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

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

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

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

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

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

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 106.

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

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

Your Costs

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

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

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

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: Generic Drugs	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred brand drugs.
Tier 3: Non-Preferred Brand Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.
Tier 4: Specialty Tier Drugs	This tier includes very high cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact a pharmacist using the information provided on the front and back covers of this formulary.

If you qualify for Extra Help

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

For more information

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

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

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

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

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

List of abbreviations

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES			<i>ketoconazole oral</i>	1	MO
ANTIFUNGAL AGENTS			LAMISIL ORAL GRANULES IN PACKET	2	MO
ABELCET	4	PA; MO	LAMISIL ORAL TABLET	3	MO
AMBISOME	4	PA; MO	MYCAMINE	4	MO
<i>amphotericin b</i>	1	PA; MO	NOXAFIL ORAL	4	MO
ANCOBON	4	MO	<i>nystatin oral suspension</i>	1	MO
CANCIDAS	4	PA; MO	<i>nystatin oral tablet</i>	1	MO
<i>clotrimazole mucous membrane</i>	1	MO	ONMEL	4	MO; QL (30 per 30 days)
CRESEMBA INTRAVENOUS	4		SPORANOX ORAL CAPSULE	3	MO
CRESEMBA ORAL	4	MO	SPORANOX ORAL SOLUTION	2	MO
DIFLUCAN	3	MO	SPORANOX PULSEPAK	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	3	MO	<i>terbinafine hcl oral</i>	1	MO
<i>fluconazole</i>	1	MO	VFEND	4	MO
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	1		VFEND IV	3	MO
<i>flucytosine</i>	4	MO	<i>voriconazole intravenous</i>	1	MO
<i>griseofulvin microsize</i>	1	MO	<i>voriconazole oral</i>	4	MO
<i>griseofulvin ultramicrosize</i>	1	MO	ANTIVIRALS		
GRIS-PEG (ULTRAMICROSIZ E)	3	MO	<i>abacavir</i>	1	MO
<i>itraconazole</i>	1	MO	<i>abacavir-lamivudine-zidovudine</i>	4	MO
			<i>acyclovir oral capsule</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO	EPIVIR HBV ORAL TABLET	3	MO
<i>acyclovir oral tablet</i>	1	MO	EPZICOM	4	MO
<i>acyclovir sodium intravenous solution</i>	1	PA; MO	EVOTAZ	4	MO
<i>adefovir</i>	4	MO	<i>famciclovir</i>	1	MO
<i>amantadine hcl oral</i>	1	MO	FAMVIR	3	MO
APTIVUS ORAL CAPSULE	4	MO	FLUMADINE ORAL TABLET	3	MO
APTIVUS ORAL SOLUTION	4		<i>foscarnet</i>	1	PA; MO
ATRIPLA	4	MO	FUZEON SUBCUTANEOUS RECON SOLN	4	MO
BARACLUDE ORAL SOLUTION	2	MO	<i>ganciclovir sodium</i>	1	MO
BARACLUDE ORAL TABLET	4	MO	HARVONI	4	PA; MO; QL (28 per 28 days)
<i>cidofovir</i>	4	PA; MO	HEPSERA	4	MO
COMBIVIR	4	MO	INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
COMPLERA	4	MO	INTELENCE ORAL TABLET 25 MG	2	
COPEGUS	4	MO	INVIRASE ORAL CAPSULE	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO	INVIRASE ORAL TABLET	4	MO
CYTOVENE	3	MO	ISENTRESS ORAL POWDER IN PACKET	2	MO
<i>didanosine</i>	1	MO	ISENTRESS ORAL TABLET	4	MO
EDURANT	4	MO	ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
EMTRIVA	2	MO			
<i>entecavir</i>	4	MO			
EPIVIR	3	MO			
EPIVIR HBV ORAL SOLUTION	2	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO	PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
KALETRA ORAL SOLUTION	4	MO	PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
KALETRA ORAL TABLET 100-25 MG	2	MO	REBETOL ORAL CAPSULE	4	MO
KALETRA ORAL TABLET 200-50 MG	4	MO	REBETOL ORAL SOLUTION	2	MO
<i>lamivudine</i>	1	MO	RELENZA DISKHALER	2	MO
<i>lamivudine-zidovudine</i>	1	MO	RESCRIPTOR	2	MO
LEXIVA ORAL SUSPENSION	2	MO	RETROVIR INTRAVENOUS	2	MO
LEXIVA ORAL TABLET	4	MO	RETROVIR ORAL CAPSULE	3	MO
<i>moderiba</i>	1	MO	RETROVIR ORAL SYRUP	3	MO
<i>moderiba dose pack oral tablets,dose pack 400 mg (7)-400 mg (7)</i>	1	MO	REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	MO
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)-600 mg (7)</i>	4	MO	REYATAZ ORAL POWDER IN PACKET	4	MO
<i>nevirapine</i>	1	MO	<i>ribasphere oral capsule</i>	1	MO
NORVIR	2	MO	<i>ribasphere oral tablet 200 mg, 400 mg</i>	1	MO
OLYSIO	4	PA; MO; QL (28 per 28 days)	<i>ribasphere oral tablet 600 mg</i>	4	MO
PREZCOBIX	4	MO			
PREZISTA ORAL SUSPENSION	4	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	MO	VALTREX	3	MO; QL (30 per 30 days)
			VIDEX 2 GRAM PEDIATRIC	2	MO
			VIDEX EC	3	MO
			VIEKIRA PAK	4	PA; MO; QL (112 per 28 days)
<i>ribavirin oral capsule</i>	1	MO	VIRACEPT ORAL TABLET	4	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO	VIRAMUNE	3	MO
<i>rimantadine</i>	1	MO	VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	MO
SELZENTRY	2	MO	VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
SOVALDI	4	PA; MO; QL (28 per 28 days)	VIRAZOLE	4	MO
<i>stavudine</i>	1	MO	VIREAD	4	MO
STRIBILD	4	MO	VISTIDE	4	PA
SUSTIVA	2	MO	VITEKTA	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	MO; LA	ZERIT	3	MO
TAMIFLU	2	MO	ZIAGEN ORAL SOLUTION	2	MO
TIVICAY	4	MO	ZIAGEN ORAL TABLET	3	MO
TRIUMEQ	4	MO	<i>zidovudine</i>	1	MO
TRIZIVIR	4	MO	ZOVIRAX ORAL CAPSULE	3	MO
TRUVADA	4	MO	ZOVIRAX ORAL SUSPENSION	3	MO
TYBOST	3	MO			
TYZEKA	4	MO			
<i>valacyclovir</i>	1	MO; QL (30 per 30 days)			
VALCYTE	4	MO			
<i>valganciclovir</i>	4	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CEPHALOSPORINS			<i>cefdinir</i>	1	MO
CEDAX ORAL CAPSULE	3	MO	<i>cefditoren pivoxil oral tablet 200 mg</i>	1	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	3	MO	<i>cefepime</i>	1	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 90 MG/5 ML	3		CEFEPIME IN DEXTROSE 5 %	3	MO
<i>cefaclor oral capsule</i>	1	MO	<i>cefixime</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	MO	<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO	<i>cefotetan</i>	1	
<i>cefadroxil oral capsule</i>	1	MO	<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO	<i>cefoxitin intravenous recon soln 1 gram</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO	<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	MO	<i>cefpodoxime</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO	<i>cefprozil</i>	1	MO
<i>cefazolin injection recon soln 10 gram</i>	1		CEFTAZIDIME IN D5W	3	
			<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
			<i>ceftazidime injection recon soln 6 gram</i>	1	
			CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
			CEFTIN ORAL TABLET 250 MG, 500 MG	3	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone injection recon soln 10 gram</i>	1		FORTAZ INTRAVENOUS	3	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	1	MO	KEFLEX ORAL CAPSULE	3	MO
<i>ceftriaxone intravenous recon soln</i>	1	MO	MAXIPIME INJECTION	3	MO
<i>cefuroxime axetil oral tablet</i>	1	MO	SPECTRACEF ORAL TABLET 400 MG	3	MO
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	1	MO	SUPRAX ORAL CAPSULE	2	MO
<i>cefuroxime sodium intravenous</i>	1		SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
<i>cephalexin</i>	1	MO	SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	MO	SUPRAX ORAL TABLET, CHEWABLE	2	MO
CLAFORAN INJECTION RECON SOLN 500 MG	3		TAZICEF INJECTION RECON SOLN 1 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN	3		TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
FORTAZ INJECTION RECON SOLN 2 GRAM	3	MO	TEFLARO	3	MO
FORTAZ INJECTION RECON SOLN 6 GRAM	3		ZERBAXA	4	
			ZINACEF INJECTION RECON SOLN 1.5 GRAM	3	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZINACEF INJECTION RECON SOLN 750 MG	3		ERY-TAB ORAL TABLET, DELAYE D RELEASE (DR/EC) 500 MG	2	MO
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3		<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROMYCINS / OTHER MACROLIDES			ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>azithromycin intravenous recon soln 500 mg</i>	1	MO	<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>azithromycin intravenous recon soln 500 mg (2 mg/ml)</i>	1		<i>erythromycin oral tablet</i>	1	MO
<i>azithromycin oral</i>	1	MO	PCE	3	MO
BIAXIN ORAL SUSPENSION FOR RECONSTITUTIO N 250 MG/5 ML	3	MO	ZITHROMAX	3	MO
BIAXIN ORAL TABLET	3	MO	ZITHROMAX TRI- PAK	3	MO
<i>clarithromycin</i>	1	MO	ZITHROMAX Z- PAK	3	MO
DIFICID	4	MO	ZMAX	3	MO
<i>e.e.s. 400 oral tablet</i>	1	MO	MISCELLANEOUS ANTIINFECTIVES		
E.E.S. GRANULES	2	MO	ALBENZA	2	MO
ERYPED 200	2	MO	ALINIA	2	MO
ERYPED 400	2	MO	<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO	<i>atovaquone</i>	4	MO
			<i>atovaquone- proguanil</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2		CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	3	
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	4		CLEOCIN INJECTION	3	MO
AZACTAM INJECTION RECON SOLN 1 GRAM	3	MO	CLEOCIN ORAL	3	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO	<i>clindamycin hcl</i>	1	MO
<i>baciim</i>	1		<i>clindamycin in 5 % dextrose</i>	1	MO
<i>bacitracin intramuscular</i>	1	MO	<i>clindamycin pediatric</i>	1	
BETHKIS	4	PA; MO; QL (224 per 28 days)	<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
BILTRICIDE	3	MO	COARTEM	2	MO
CAPASTAT	2		<i>colistin (colistimethate na)</i>	1	MO
CAYSTON	4	MO; LA; QL (84 per 28 days)	CUBICIN	4	MO
<i>chloramphenicol sod succinate</i>	1		DALVANCE	3	
<i>chloroquine phosphate oral</i>	1	MO	DAPSONE	2	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	3	MO	DARAPRIM	2	MO
			DORIBAX INTRAVENOUS RECON SOLN 500 MG	2	
			<i>ethambutol</i>	1	MO
			FLAGYL	3	MO
			FLAGYL ER	3	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml</i>	1	MO	MEPRON	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1		<i>meropenem intravenous recon soln 500 mg</i>	1	MO
<i>gentamicin injection solution 40 mg/ml</i>	1	MO	MERREM INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	1		<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>hydroxychloroquine oral</i>	1	MO	<i>metronidazole oral</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO	MYAMBUTOL ORAL TABLET 400 MG	3	MO
INVANZ INJECTION	2	MO	MYCOBUTIN	3	MO
<i>isoniazid injection</i>	1		NEBUPENT	2	PA; MO; QL (6 per 28 days)
<i>isoniazid oral</i>	1	MO	<i>neomycin</i>	1	MO
<i>ivermectin oral</i>	1	MO	<i>paromomycin</i>	1	MO
KETEK	3	MO	PASER	2	MO
LINCOCIN	3	MO	PENTAM	3	MO
<i>linezolid intravenous</i>	4		PLAQUENIL	3	MO
<i>linezolid oral</i>	4	MO	<i>polymyxin b sulfate</i>	1	
MALARONE	3	MO	PRIFTIN	2	MO
MALARONE PEDIATRIC	3	MO	PRIMAQUINE	2	MO
<i>mefloquine</i>	1	MO	PRIMAXIN IV	3	MO
			<i>pyrazinamide</i>	1	MO
			QUALAQUIN	3	MO
			<i>quinine sulfate</i>	1	MO
			<i>rifabutin</i>	1	MO
			RIFADIN	3	MO
			RIFAMATE	3	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rifampin intravenous</i>	1	MO	XIFAXAN ORAL TABLET 550 MG	4	MO
<i>rifampin oral</i>	1	MO	ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	MO
RIFATER	3	MO	ZYVOX ORAL	4	MO
SIRTURO	4	MO; LA	PENICILLINS		
SIVEXTRO INTRAVENOUS	4		<i>amoxicillin oral capsule</i>	1	MO
SIVEXTRO ORAL	4	MO	<i>amoxicillin oral suspension for reconstitution</i>	1	MO
STREPTOMYCIN INTRAMUSCULA R	2	MO	<i>amoxicillin oral tablet</i>	1	MO
STROMEKTOL	3	MO	<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
SYNERCID	4		<i>amoxicillin-pot clavulanate</i>	1	MO
TINDAMAX ORAL TABLET 500 MG	3	MO	<i>ampicillin</i>	1	MO
<i>tinidazole</i>	1	MO	<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO
TOBI	4	PA; MO; QL (280 per 28 days)	<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 28 days)	<i>ampicillin-sulbactam injection recon soln 3 gram</i>	1	MO
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)	<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	1	MO			
<i>tobramycin sulfate injection solution</i>	1	MO			
TRECTOR	2	MO			
TYGACIL	2	MO			
XIFAXAN ORAL TABLET 200 MG	2	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO	PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
BICILLIN C-R	2	MO			
BICILLIN L-A	2	MO			
<i>dicloxacillin</i>	1	MO	<i>penicillin g potassium injection recon soln 5 million unit</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1		<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>nafcillin injection recon soln 1 gram</i>	1	MO	<i>penicillin g sodium</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	4	MO	<i>penicillin v potassium</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1		<i>piperacillin- tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	MO	UNASYN INJECTION RECON SOLN 15 GRAM	3	
<i>oxacillin injection recon soln 10 gram</i>	4	MO	UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
<i>oxacillin intravenous recon soln 2 gram</i>	1		ZOSYN IN DEXTROSE (ISO- OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO	<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	1	
			FACTIVE	3	MO
			LEVAQUIN ORAL	3	MO
ZOSYN INTRAVENOUS RECON SOLN 3.375 GRAM	3	MO	<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	1	MO
QUINOLONES			<i>levofloxacin intravenous</i>	1	MO
AVELOX	3	MO	<i>levofloxacin oral</i>	1	MO
AVELOX ABC PACK	3	MO	<i>moxifloxacin</i>	1	MO
AVELOX IN NA CL (ISO-OSMOTIC)	3	MO	<i>ofloxacin oral tablet 400 mg</i>	1	
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3		SULFA'S / RELATED AGENTS		
			BACTRIM	3	MO
			BACTRIM DS	3	MO
CIPRO ORAL SUSPENSION, MIC ROCAPSULE RECON	3	MO	<i>sulfadiazine oral</i>	1	MO
			<i>sulfamethoxazole-trimethoprim</i>	1	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO	TETRACYCLINES		
<i>ciprofloxacin</i>	1		ADOXA ORAL CAPSULE	3	ST; MO
<i>ciprofloxacin (mixture)</i>	1	MO	<i>demeclocycline oral</i>	1	MO
<i>ciprofloxacin hcl oral</i>	1	MO	<i>doxy-100</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO	<i>doxycycline hyclate intravenous</i>	1	
			<i>doxycycline hyclate oral capsule</i>	1	MO
			<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate oral tablet 50 mg</i>	1		VIBRAMYCIN ORAL SYRUP	3	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	MO	URINARY TRACT AGENTS		
<i>doxycycline monohydrate oral capsule</i>	1	MO	FURADANTIN	3	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO	HIPREX	3	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO	MACROBID	3	MO
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3	ST; MO	MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	3	MO
<i>minocycline oral</i>	1	MO	MACRODANTIN ORAL CAPSULE 25 MG	2	MO
ORACEA	3	ST; MO	<i>methenamine hippurate</i>	1	MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST; MO	MONUROL	2	MO
<i>tetracycline</i>	1	MO	<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO	<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO	<i>nitrofurantoin oral</i>	1	MO
			PRIMSOL	2	MO
			<i>trimethoprim</i>	1	MO
			VANCOMYCIN		
			VANCOCIN	4	MO
			<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	1	MO
			<i>vancomycin oral capsule</i>	4	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			<i>adrucil intravenous solution 500 mg/10 ml</i>	1	MO
ADJUNCTIVE AGENTS			AFINITOR DISPERZ	4	PA; MO
<i>amifostine crystalline</i>	4	MO	AFINITOR ORAL TABLET 10 MG	4	PA; MO; QL (60 per 30 days)
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	4		AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	4	PA; MO
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	4		ALIMTA INTRAVENOUS RECON SOLN 500 MG	4	MO
FUSILEV	4	MO	ALKERAN INTRAVENOUS	4	
KEPIVANCE	4		<i>anastrozole</i>	1	MO
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	1	MO	ARIMIDEX	3	MO
<i>leucovorin calcium oral</i>	1	MO	AROMASIN	3	MO
LEVOLEUCOVORI N CALCIUM	4		ARRANON	4	
<i>mesna</i>	1	MO	ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	4	PA; MO
MESNEX INTRAVENOUS	3		ASTAGRAF XL	3	PA; MO
MESNEX ORAL	4	MO	AVASTIN	2	MO
XGEVA	4	MO	<i>azacitidine</i>	4	MO
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	4	MO	AZASAN	2	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			<i>azathioprine</i>	1	PA; MO
ABRAXANE	4	MO	BELEODAQ	4	MO
			<i>bicalutamide</i>	1	MO
			BICNU	2	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bleomycin injection recon soln 30 unit</i>	1	MO	COSMEGEN	4	MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO	CYCLOPHOSPHAMIDE ORAL CAPSULE	2	PA; MO
BOSULIF ORAL TABLET 500 MG	4	PA; MO; QL (30 per 30 days)	<i>cyclosporine intravenous</i>	1	PA
BUSULFEX	4		<i>cyclosporine modified</i>	1	PA; MO
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO	<i>cyclosporine oral capsule</i>	1	PA; MO
CAPRELSA ORAL TABLET 100 MG	4	PA; MO; LA; QL (90 per 30 days)	<i>cytarabine</i>	1	MO
CAPRELSA ORAL TABLET 300 MG	4	PA; MO; LA; QL (30 per 30 days)	<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	1	MO
<i>carboplatin intravenous solution</i>	1	MO	<i>dacarbazine intravenous recon soln 200 mg</i>	1	MO
CASODEX	3	MO	DACOGEN	4	MO
CELLCEPT INTRAVENOUS	2	PA; MO	<i>daunorubicin intravenous solution</i>	1	
CELLCEPT ORAL CAPSULE	3	PA; MO	DAUNOXOME	4	MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO	<i>decitabine</i>	4	MO
CELLCEPT ORAL TABLET	4	PA; MO	DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	4	
<i>cisplatin</i>	1	MO	<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	MO
<i>cladribine</i>	4	MO	DOXIL	4	MO
CLOLAR	4	MO			
COMETRIQ	4	PA; MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	1	MO	FEMARA	3	MO
DROXIA	2	MO	FIRMAGON KIT W DILUENT SYRINGE	2	MO
ELIGARD	2	PA; MO	<i>fludarabine intravenous recon soln</i>	1	MO
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML	3	MO	<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	1	MO
ELOXATIN INTRAVENOUS SOLUTION 100 MG/20 ML	4	MO	<i>flutamide</i>	1	MO
EMCYT	2	MO	FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	4	MO
<i>epirubicin intravenous solution 50 mg/25 ml</i>	1	MO	<i>gemcitabine intravenous recon soln 1 gram</i>	4	MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	4	MO	GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	4	MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)	<i>gengraf</i>	1	PA; MO
ERWINAZE	4	MO	GILOTRIF ORAL TABLET 20 MG	4	PA; MO; QL (60 per 30 days)
ETOPOPHOS	2	MO	GILOTRIF ORAL TABLET 30 MG	4	PA; MO; QL (40 per 30 days)
<i>etoposide intravenous</i>	1	MO	GILOTRIF ORAL TABLET 40 MG	4	PA; MO; QL (30 per 30 days)
<i>exemestane</i>	1	MO	GLEEVEC ORAL TABLET 100 MG	4	PA; MO
FARESTON	2	MO	GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	4	PA; MO; QL (12 per 21 days)	GLEOSTINE	3	MO
FARYDAK ORAL CAPSULE 15 MG, 20 MG	4	PA; MO; QL (6 per 21 days)			
FASLODEX	4	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HALAVEN	4	MO	IXEMPRA INTRAVENOUS RECON SOLN 45 MG	4	MO
HERCEPTIN	4	MO			
HEXALEN	4	MO			
HYCAMTIN INTRAVENOUS	4	MO	JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; MO
HYDREA	3	MO			
<i>hydroxyurea</i>	1	MO	JAKAFI ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
IBRANCE	4	PA; MO; QL (21 per 28 days)	JEVTANA	4	MO
ICLUSIG ORAL TABLET 15 MG	4	PA; MO; QL (90 per 30 days)	KADCYLA INTRAVENOUS RECON SOLN 100 MG	4	MO
ICLUSIG ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)	KEYTRUDA INTRAVENOUS RECON SOLN	4	MO
IDAMYCIN PFS	3	MO			
<i>idarubicin</i>	1		LENVIMA	4	PA; MO
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	MO	<i>letrozole</i>	1	MO
<i>ifosfamide intravenous recon soln 1 gram</i>	1	MO	LEUKERAN	2	MO
IMBRUVICA	4	PA; MO; QL (120 per 30 days)	<i>leuprolide</i>	1	MO
IMURAN	3	PA; MO	LOMUSTINE	2	MO
INLYTA ORAL TABLET 1 MG	4	PA; MO	LUPRON DEPOT	4	PA; MO
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)	LUPRON DEPOT (3 MONTH)	4	PA; MO
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	MO	LUPRON DEPOT (4 MONTH)	4	PA; MO
ISTODAX	4	MO	LUPRON DEPOT (6 MONTH)	4	PA; MO
			LUPRON DEPOT- PED INTRAMUSCULA R KIT 11.25 MG, 15 MG	4	PA; MO
			LYNPARZA	4	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYSODREN	2	MO	<i>mycophenolate mofetil oral tablet</i>	1	PA; MO
MATULANE	4	MO	<i>mycophenolate sodium</i>	1	PA; MO
MEGACE	3	MO	MYFORTIC	3	PA; MO
MEGACE ES	2	MO	NEORAL	3	PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	MO	NEXAVAR	4	PA; MO; LA; QL (120 per 30 days)
<i>megestrol oral tablet</i>	1	MO	NILANDRON	2	MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (120 per 30 days)	NIPENT	4	MO
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)	NULOJIX	4	PA; MO
<i>melfalan hcl</i>	4		<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	MO
<i>mercaptopurine</i>	1	MO	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	PA	ONCASPAR	4	MO
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO	OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	4	MO
<i>methotrexate sodium oral</i>	1	PA; MO	<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	MO
<i>mitomycin intravenous recon soln 20 mg</i>	1	MO	<i>paclitaxel</i>	1	MO
<i>mitoxantrone</i>	1	MO	PERJETA	4	MO
MUSTARGEN	2	MO	POMALYST	4	MO
<i>mycophenolate mofetil oral capsule</i>	1	PA; MO	PROGRAF INTRAVENOUS	2	PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	PA; MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO	SANDOSTATIN INJECTION SOLUTION 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML	4	MO
PROGRAF ORAL CAPSULE 5 MG	4	PA; MO	SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	MO
PURIXAN	4	MO	SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	4	MO
RAPAMUNE ORAL SOLUTION	2	PA; MO	SIGNIFOR	4	MO
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG	3	PA; MO	SIGNIFOR LAR	4	MO
RAPAMUNE ORAL TABLET 2 MG	4	PA; MO	SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
REVLIMID	4	PA; MO; LA	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	PA; MO
RHEUMATREX ORAL TABLETS, DOSE PACK 2.5 MG	3	PA; MO	<i>sirolimus oral tablet 2 mg</i>	4	PA; MO
RHEUMATREX ORAL TABLETS, DOSE PACK 2.5 MG (DOSE PACK 12), 2.5 MG (DOSE PACK 16), 2.5 MG (DOSE PACK 20), 2.5 MG (DOSE PACK 8)	3	PA	SOLTAMOX	2	MO
RITUXAN	4	PA; MO	SOMATULINE DEPOT	4	MO
SANDIMMUNE INTRAVENOUS	3	PA; MO	SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	4	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO	SPRYCEL ORAL TABLET 140 MG	4	PA; MO; QL (30 per 30 days)
SANDIMMUNE ORAL SOLUTION	2	PA; MO	SPRYCEL ORAL TABLET 70 MG	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STIVARGA	4	PA; MO; QL (84 per 28 days)	TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	4	MO
SUTENT ORAL CAPSULE 12.5 MG	4	PA; MO	THALOMID	4	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	4	PA; MO; QL (60 per 30 days)	<i>toposar</i>	1	MO
SUTENT ORAL CAPSULE 50 MG	4	PA; MO; QL (30 per 30 days)	<i>topotecan intravenous recon soln</i>	4	MO
SYLVANT INTRAVENOUS RECON SOLN 100 MG	4	MO	TORISEL	4	MO
SYNRIBO	4	MO	TREANDA INTRAVENOUS RECON SOLN 100 MG	4	MO
TABLOID	2	MO	TREANDA INTRAVENOUS SOLUTION 45 MG/0.5 ML	4	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	PA; MO	TRELSTAR DEPOT	4	
<i>tacrolimus oral capsule 5 mg</i>	4	PA; MO	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	MO
TAFINLAR ORAL CAPSULE 50 MG	4	PA; MO; QL (180 per 30 days)	TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	4	MO
TAFINLAR ORAL CAPSULE 75 MG	4	PA; MO; QL (120 per 30 days)	TRELSTAR LA	4	
<i>tamoxifen</i>	1	MO	<i>tretinoin (chemotherapy)</i>	4	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	4	PA; MO	TREXALL	2	PA; MO
TARCEVA ORAL TABLET 150 MG	4	PA; MO; QL (30 per 30 days)			
TARGRETIN	4	MO			
TASIGNA ORAL CAPSULE 150 MG	4	PA; MO			
TASIGNA ORAL CAPSULE 200 MG	4	PA; MO; QL (112 per 28 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRISENOX	4	MO	ZALTRAP	4	MO
TYKERB	4	PA; MO; LA; QL (180 per 30 days)	INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)		
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	4	PA; MO	ZANOSAR	2	MO
VELCADE	4	MO	ZELBORAF	4	PA; MO; QL (240 per 30 days)
VIDAZA	4	MO	ZOLINZA	4	MO
<i>vinblastine intravenous solution</i>	1	MO	ZORTRESS ORAL TABLET 0.25 MG	2	PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1		ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	4	PA; MO
<i>vincristine intravenous solution 1 mg/ml</i>	1	MO	ZYDELIG	4	PA; MO; QL (90 per 30 days)
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	1	MO	ZYKADIA	4	PA; MO; QL (150 per 30 days)
VOTRIENT	4	PA; MO; QL (120 per 30 days)	ZYTIGA	4	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; MO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
XALKORI ORAL CAPSULE 250 MG	4	PA; MO; QL (60 per 30 days)	ANTICONVULSANTS		
XTANDI	4	PA; MO; QL (120 per 30 days)	APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	4	MO	APTIOM ORAL TABLET 600 MG	4	MO
			BANZEL ORAL SUSPENSION	2	MO
			BANZEL ORAL TABLET 200 MG	2	MO
			BANZEL ORAL TABLET 400 MG	4	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO	DILANTIN EXTENDED 100 MG	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO	DILANTIN INFATABS 50 MG	3	MO
<i>carbamazepine oral tablet</i>	1	MO	DILANTIN-125 125 MG/5 ML	3	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO	<i>divalproex</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO	<i>epitol</i>	1	MO
CARBATROL	3	MO	EQUETRO	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO	<i>ethosuximide</i>	1	MO
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	3		<i>felbamate</i>	1	MO
<i>clonazepam</i>	1	PA; MO	FELBATOL	3	MO
DEPACON	3	MO	<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	1	MO
DEPAKENE	3	MO	FYCOMPA	2	MO
DEPAKOTE	3	MO	<i>gabapentin oral capsule</i>	1	MO
DEPAKOTE ER	3	MO	<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
DEPAKOTE SPRINKLES	3	MO	<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
DIASTAT	3	PA; MO	GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
DIASTAT ACUDIAL	3	PA; MO	GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
<i>diazepam rectal</i>	1	PA; MO	GRALISE	2	PA; MO
DILANTIN 30 MG	2	MO	GRALISE 30-DAY STARTER PACK	2	PA; MO
			KEPPRA ORAL	3	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEPPRA XR	3	MO	<i>lamotrigine oral tablet, disintegrating</i>	1	MO
KLONOPIN	3	PA; MO	LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	2	
LAMICTAL ODT	3	MO	LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	MO
LAMICTAL ORAL TABLET	3	MO	<i>levetiracetam intravenous</i>	1	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO	<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
LAMICTAL STARTER (BLUE) KIT	3	MO	<i>levetiracetam oral tablet</i>	1	MO
LAMICTAL STARTER (GREEN) KIT	3	MO	<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO	LYRICA	2	PA; MO
LAMICTAL XR	3	MO	MYSOLINE	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO	NEURONTIN	3	PA; MO
LAMICTAL XR STARTER (GREEN)	3	MO	ONFI ORAL SUSPENSION	2	PA; MO
LAMICTAL XR STARTER (ORANGE)	3	MO	ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO
<i>lamotrigine oral tablet</i>	1	MO	<i>oxcarbazepine</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO	OXTELLAR XR	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO	PEGANONE	2	MO
			<i>phenobarbital oral elixir</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital oral tablet 100 mg</i>	1		TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	2	MO
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	MO	TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	3	MO
PHENYTEK	3	MO	<i>tiagabine</i>	1	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO	TOPAMAX	3	PA; MO
<i>phenytoin oral tablet, chewable</i>	1	MO	<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>phenytoin sodium extended</i>	1	MO	TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
<i>phenytoin sodium intravenous solution</i>	1	MO	<i>topiramate oral tablet</i>	1	PA; MO
POTIGA	2	MO	TRILEPTAL	3	MO
<i>primidone</i>	1	MO	TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	PA; MO	TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; MO
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG	4	PA; MO	<i>valproate sodium</i>	1	MO
SABRIL	4	MO; LA	<i>valproic acid</i>	1	MO
TEGRETOL ORAL SUSPENSION	3	MO	<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
TEGRETOL ORAL TABLET	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VIMPAT INTRAVENOUS	2		<i>pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg</i>	1	MO
VIMPAT ORAL SOLUTION	2	MO	REQUIP	3	MO
VIMPAT ORAL TABLET	2	MO	REQUIP XL	3	MO
ZARONTIN	3	MO	<i>ropinirole</i>	1	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO	RYTARY	3	MO
<i>zonisamide</i>	1	PA; MO	<i>selegiline hcl</i>	1	MO
ANTIPARKINSONISM AGENTS			SINEMET	3	MO
APOKYN	4	MO; LA	SINEMET CR	3	MO
AZILECT	2	MO	STALEVO 100	3	MO
<i>benztropine</i>	1	MO	STALEVO 125	3	MO
<i>bromocriptine</i>	1	MO	STALEVO 150	3	MO
<i>carbidopa</i>	1	MO	STALEVO 200	3	MO
<i>carbidopa-levodopa</i>	1	MO	STALEVO 50	3	MO
<i>carbidopa-levodopa- entacapone</i>	1	MO	STALEVO 75	3	MO
COGENTIN	3	MO	TASMAR ORAL TABLET 100 MG	4	MO
COMTAN	3	MO	<i>tolcapone</i>	4	MO
DUOPA	3	PA; MO	ZELAPAR	3	MO
ELDEPRYL	3	MO	MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>entacapone</i>	1	MO	ALSUMA	3	MO; QL (16 per 28 days)
LODOSYN	3	MO	AMERGE	3	MO; QL (18 per 28 days)
MIRAPEX	3	MO	AXERT ORAL TABLET 12.5 MG	3	MO; QL (24 per 28 days)
MIRAPEX ER	3	MO	AXERT ORAL TABLET 6.25 MG	3	MO; QL (18 per 28 days)
NEUPRO	2	MO	CAFERGOT	3	MO
<i>pramipexole oral tablet</i>	1	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine injection</i>	1	MO	<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)	<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
ERGOMAR	2	MO	<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
FROVA	3	MO; QL (27 per 28 days)	<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (16 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)	<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (16 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)	SUMAVEL DOSEPRO	3	MO; QL (9 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)	TREXIMET	3	MO; QL (18 per 28 days)
IMITREX STATDOSE KIT REFILL	3	MO; QL (16 per 28 days)	<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (16 per 28 days)	ZOMIG	3	MO; QL (18 per 28 days)
MAXALT	3	MO; QL (36 per 28 days)	ZOMIG ZMT	3	MO; QL (18 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)	MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>migergot</i>	1	MO	AMPYRA	4	PA; MO; LA
MIGRANAL	3	MO; QL (8 per 28 days)	ARICEPT	3	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)	AUBAGIO	4	PA; MO
RELPAK	2	MO; QL (18 per 28 days)	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)	DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
<i>donepezil</i>	1	MO	<i>dantrolene</i>	1	MO
EXELON ORAL CAPSULE	3	MO	GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	2	PA; MO
EXELON TRANSDERMAL	2	MO	GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	2	PA; MO
<i>galantamine</i>	1	MO	LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	PA; MO
GILENYA	4	PA; MO	LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	PA
<i>glatopa</i>	4	PA; MO; QL (30 per 30 days)	MESTINON ORAL SYRUP	2	MO
HORIZANT	3	PA; MO	MESTINON ORAL TABLET	3	MO
NAMENDA ORAL SOLUTION	2	PA; MO	MESTINON TIMESPAN	2	MO
NAMENDA ORAL TABLET	3	PA; MO	<i>pyridostigmine bromide oral tablet</i>	1	MO
NAMENDA TITRATION PAK	3	PA; MO	<i>tizanidine</i>	1	MO
NAMENDA XR	2	PA; MO	ZANAFLEX	3	MO
NUEDEXTA	2	MO	NARCOTIC ANALGESICS		
RAZADYNE ER	3	MO			
RAZADYNE ORAL TABLET	3	MO			
<i>rivastigmine tartrate</i>	1	MO			
TECFIDERA	4	PA; MO			
TYSABRI	4	PA; MO; LA			
XENAZINE	4	PA; MO; LA			
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY					
<i>baclofen</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG	4	PA; MO; QL (120 per 30 days)	BUTRANS	2	MO; QL (4 per 28 days)
			CAPITAL WITH CODEINE	3	MO; QL (4500 per 30 days)
ABSTRAL SUBLINGUAL TABLET 400 MCG	4	PA; MO; QL (116 per 30 days)	<i>codeine sulfate oral tablet</i>	1	MO; QL (180 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG	4	PA; MO; QL (77 per 30 days)	DILAUDID (PF) INJECTION SOLUTION 2 MG/ML	3	MO; QL (150 per 30 days)
ABSTRAL SUBLINGUAL TABLET 800 MCG	4	PA; MO; QL (58 per 30 days)	DILAUDID (PF) INJECTION SOLUTION 4 MG/ML	3	MO; QL (75 per 30 days)
<i>acetaminophen- codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)	DILAUDID ORAL LIQUID	3	MO; QL (1500 per 30 days)
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)	DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)	DILAUDID-HP (PF) INJECTION SOLUTION	3	QL (30 per 30 days)
ACTIQ	4	PA; MO; QL (120 per 30 days)	DOLOPHINE ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
BUPRENEX	3	MO; QL (267 per 30 days)	DOLOPHINE ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	QL (267 per 30 days)	DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	4	MO; QL (9 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	MO; QL (300 per 30 days)	DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	3	MO; QL (10 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	MO; QL (75 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DURAGESIC TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	4	MO; QL (10 per 30 days)	EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	4	MO; QL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)	EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	4	MO; QL (47 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)	<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	4	PA; MO; QL (39 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG	4	MO; QL (60 per 30 days)	<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	4	PA; MO; QL (29 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG	3	MO; QL (90 per 30 days)	<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 50-2 MG, 60- 2.4 MG	4	MO; QL (90 per 30 days)	<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	4	PA; MO; QL (116 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 80-3.2 MG	4	MO; QL (75 per 30 days)	<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	4	PA; MO; QL (77 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 citrate buccal lozenge on a handle 800 mcg</i>	4	PA; MO; QL (58 per 30 days)
<i>endodan</i>	1	MO; QL (360 per 30 days)	<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	1	MO; QL (9 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 8 MG	3	MO; QL (60 per 30 days)	<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	MO; QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR	3	MO; QL (10 per 30 days)	<i>hydrocodone- ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
			<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	MO; QL (120 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 87.5 MCG/HOUR	4	MO; QL (10 per 30 days)	<i>hydromorphone oral liquid</i>	1	MO; QL (1500 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	4	PA; MO; QL (120 per 30 days)	<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
			<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	4	PA; MO; QL (116 per 30 days)	<i>hydromorphone oral tablet extended release 24 hr 16 mg</i>	4	MO; QL (60 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	4	PA; MO; QL (77 per 30 days)	<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	4	MO; QL (47 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	4	PA; MO; QL (58 per 30 days)	HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 80 MG	4	MO; QL (60 per 30 days)
HYCET	3	MO; QL (5550 per 30 days)	HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 120 MG	4	MO; QL (50 per 30 days)
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)	HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	MO; QL (60 per 30 days)
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5- 325 mg</i>	1	MO; QL (360 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IBUDONE ORAL TABLET 10-200 MG	3	MO; QL (50 per 30 days)	<i>loratab 7.5-325</i>	1	MO; QL (360 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)	<i>methadone injection</i>	1	QL (160 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (90 per 30 days)	<i>methadone oral solution 10 mg/5 ml</i>	1	MO; QL (600 per 30 days)
			<i>methadone oral solution 5 mg/5 ml</i>	1	MO; QL (1200 per 30 days)
			<i>methadone oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 100 MG	3	MO; QL (60 per 30 days)	<i>methadone oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
			<i>morphine concentrate oral solution</i>	1	MO; QL (300 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 200 MG	4	MO; QL (30 per 30 days)	MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	QL (200 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 80 MG	3	MO; QL (75 per 30 days)	<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
LAZANDA	4	PA; MO; QL (23 per 30 days)	<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
<i>levorphanol tartrate</i>	1	MO; QL (120 per 30 days)	MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL (250 per 30 days)
<i>lorcet (hydrocodone)</i>	1	MO; QL (360 per 30 days)	<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	1	MO; QL (50 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>loratab 10-325</i>	1	MO; QL (360 per 30 days)			
<i>loratab 5-325</i>	1	MO; QL (360 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	MO; QL (60 per 30 days)	MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	MO; QL (120 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	MO; QL (90 per 30 days)	MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (30 per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg</i>	1	MO; QL (60 per 30 days)	MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	MO; QL (100 per 30 days)
<i>morphine oral capsule, extend. release pellets 80 mg</i>	1	MO; QL (75 per 30 days)	NORCO	3	MO; QL (360 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)	OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	MO; QL (90 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)	OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 30 MG	3	MO; QL (67 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	1	MO; QL (60 per 30 days)	OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 40 MG	4	MO; QL (50 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	MO; QL (120 per 30 days)	OPANA ORAL TABLET 10 MG	3	MO; QL (200 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	1	MO; QL (30 per 30 days)	OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 60 mg</i>	1	MO; QL (100 per 30 days)	<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (60 per 30 days)	<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)	OXYCONTIN ORAL	2	MO; QL (67 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	1	MO; QL (180 per 30 days)	TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG		
<i>oxycodone oral tablet 30 mg</i>	1	MO; QL (134 per 30 days)	OXYCONTIN ORAL	4	MO; QL (50 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)	TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG		
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	MO; QL (90 per 30 days)	<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (200 per 30 days)
			<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
			<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	MO; QL (60 per 30 days)	<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	1	MO; QL (67 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>oxymorphone oral tablet extended release 12 hr 40 mg</i>	1	MO; QL (50 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 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)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	MO; QL (90 per 30 days)	PERCODAN	3	MO; QL (360 per 30 days)
			PRIMLEV	3	MO; QL (360 per 30 days)
			<i>reprexain</i>	1	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROXICET ORAL SOLUTION	3	MO; QL (800 per 30 days)	TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QL (180 per 30 days)	TYLENOL-CODEINE #4	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	MO; QL (134 per 30 days)	<i>vicodin es oral tablet 7.5-300 mg</i>	1	MO; QL (360 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	MO; QL (360 per 30 days)	<i>vicodin hp oral tablet 10-300 mg</i>	1	MO; QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	4	PA; MO; LA; QL (120 per 30 days)	<i>vicodin oral tablet 5-300 mg</i>	1	MO; QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; LA; QL (84 per 30 days)	VICOPROFEN	3	MO; QL (50 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 600 MCG/SPRAY	4	PA; MO; LA; QL (56 per 30 days)	XARTEMIS XR	3	MO; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 800 MCG/SPRAY	4	PA; MO; LA; QL (42 per 30 days)	XODOL 10/300	3	MO; QL (360 per 30 days)
SYNALGOS-DC	3	MO; QL (300 per 30 days)	XODOL 5/300	3	MO; QL (360 per 30 days)
TREZIX ORAL CAPSULE 16-320.5-30 MG	3	MO; QL (300 per 30 days)	XODOL 7.5/300	3	MO; QL (360 per 30 days)
			<i>zamicet</i>	1	QL (5550 per 30 days)
			ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	MO; QL (90 per 30 days)
			NON-NARCOTIC ANALGESICS		
			ANAPROX	3	MO
			ANAPROX DS	3	MO
			ARTHROTEC 50	3	MO
			ARTHROTEC 75	3	MO
			BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	PA; MO; QL (60 per 30 days)	EC-NAPROSYN	3	MO
			<i>etodolac</i>	1	MO
			EVZIO	3	MO; QL (0.8 per 30 days)
<i>buprenorphine- naloxone sublingual tablet 2-0.5 mg</i>	1	PA; MO; QL (360 per 30 days)	FELDENE	3	MO
			<i>fenoprofen oral tablet</i>	1	MO
<i>buprenorphine- naloxone sublingual tablet 8-2 mg</i>	1	PA; MO; QL (90 per 30 days)	FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (720 per 30 days)	<i>flurbiprofen</i>	1	MO
			<i>ibuprofen oral suspension</i>	1	MO
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (360 per 30 days)	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>butorphanol tartrate nasal</i>	1	MO; QL (5 per 28 days)	<i>ketoprofen oral capsule</i>	1	MO
CAMBIA	3	ST; MO; QL (9 per 30 days)	<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
CELEBREX	3	MO	<i>meclofenamate oral</i>	1	MO
<i>celecoxib</i>	1	MO	<i>mefenamic acid</i>	1	MO
CONZIP	3	MO; QL (30 per 30 days)	<i>meloxicam oral suspension</i>	1	MO
DAYPRO	3	MO	<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>diclofenac potassium</i>	1	MO	<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>diclofenac sodium oral</i>	1	MO	MOBIC ORAL SUSPENSION	3	MO
<i>diclofenac sodium topical drops</i>	1	MO	MOBIC ORAL TABLET 15 MG	3	MO
<i>diclofenac- misoprostol</i>	1	MO	MOBIC ORAL TABLET 7.5 MG	3	MO; QL (30 per 30 days)
<i>diflunisal</i>	1	MO			
DUEXIS	3	ST; MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nabumetone</i>	1	MO	SPRIX	3	ST; MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)	SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; MO; QL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)	SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	PA; MO; QL (360 per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	1	MO	SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	PA; MO; QL (90 per 30 days)
<i>naltrexone oral</i>	1	MO	<i>sulindac oral</i>	1	MO
NAPRELAN CR	3	ST; MO	TIVORBEX	3	ST; MO; QL (90 per 30 days)
NAPROSYN ORAL TABLET	3	MO	<i>tolmetin oral capsule</i>	1	MO
<i>naproxen</i>	1	MO	<i>tolmetin oral tablet 600 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO	TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	QL (30 per 30 days)
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO	TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	QL (30 per 30 days)
NUCYNTA ER	3	MO; QL (60 per 30 days)	<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)	<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)	<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)			
<i>oxaprozin</i>	1	MO			
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO			
<i>piroxicam</i>	1	MO			
PONSTEL	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol- acetaminophen</i>	1	MO; QL (240 per 30 days)	ABILIFY MAINTENA INTRAMUSCULA R SUSPENSION,EXT ENDED REL SYRING	4	
ULTRACET	3	MO; QL (240 per 30 days)			
ULTRAM	3	MO; QL (240 per 30 days)			
ULTRAM ER	3	MO; QL (30 per 30 days)	ABILIFY ORAL TABLET 10 MG	3	MO; QL (90 per 30 days)
VIMOVO	3	ST; MO	ABILIFY ORAL TABLET 15 MG	3	MO; QL (60 per 30 days)
VIVITROL	4	MO			
VOLTAREN GEL TOPICAL GEL 1 %	2	MO	ABILIFY ORAL TABLET 2 MG	3	MO; QL (450 per 30 days)
VOLTAREN-XR	3	MO	ABILIFY ORAL TABLET 20 MG	4	MO; QL (60 per 30 days)
ZIPSOR	3	ST; MO	ABILIFY ORAL TABLET 30 MG	4	MO; QL (30 per 30 days)
ZORVOLEX	3	ST; MO			
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG	3	PA; MO; QL (90 per 30 days)	ABILIFY ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	PA; QL (60 per 30 days)	ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
PSYCHOTHERAPEUTIC DRUGS			ADDERALL XR	3	MO
ABILIFY DISCMELT ORAL TABLET,DISINTE GRATING 10 MG	3	MO; QL (90 per 30 days)	AMBIEN	3	ST; MO; QL (30 per 30 days)
ABILIFY MAINTENA INTRAMUSCULA R SUSPENSION,EXT ENDED REL RECON	4	MO	AMBIEN CR	3	ST; MO; QL (30 per 30 days)
			<i>amitriptyline</i>	1	PA; MO
			<i>amoxapine</i>	1	MO
			<i>amphetamine salt combo</i>	1	MO
			ANAFRANIL	3	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QL (90 per 30 days)	BRINTELLIX ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QL (60 per 30 days)	BRINTELLIX ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QL (30 per 30 days)	BRISDELLE	3	MO; QL (30 per 30 days)
APTENSIO XR	3		<i>bupropion hcl oral tablet</i>	1	MO
<i>aripiprazole oral tablet 10 mg</i>	1	MO; QL (90 per 30 days)	<i>bupropion hcl oral tablet extended release 100 mg</i>	1	MO; QL (120 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	1	MO; QL (60 per 30 days)	<i>bupropion hcl oral tablet extended release 150 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	MO; QL (450 per 30 days)	<i>bupropion hcl oral tablet extended release 200 mg</i>	1	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 20 mg</i>	4	MO; QL (60 per 30 days)	<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	4	MO; QL (30 per 30 days)	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)	<i>bupirone</i>	1	MO
ATIVAN ORAL	3	PA; MO	CELEXA ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
BELSOMRA	3	ST; MO; QL (30 per 30 days)	CELEXA ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
BRINTELLIX ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)	CELEXA ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
			<i>chlorpromazine</i>	1	MO
			<i>citalopram oral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)	CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	ST; MO; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)	CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	3	ST; MO; QL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)	DAYTRANA	3	MO
<i>clomipramine</i>	1	PA; MO	<i>desipramine oral</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO	DESOXYN	3	MO
<i>clorazepate dipotassium</i>	1	PA; MO	DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; MO; QL (120 per 30 days)
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO	DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	ST; MO; QL (240 per 30 days)
<i>clozapine oral tablet 200 mg</i>	1		<i>dexedrine</i>	1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1		DEXEDRINE SPANSULE	3	MO
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3		<i>dexamethylphenidate</i>	1	MO
CLOZARIL	3	MO	<i>dextroamphetamine oral capsule, extended release</i>	1	MO
CONCERTA	3	MO	<i>dextroamphetamine oral tablet</i>	1	MO
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	ST; MO; QL (180 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	MO	<i>ergoloid</i>	1	MO
<i>diazepam intensol</i>	1	PA; MO	<i>escitalopram oxalate oral solution</i>	1	MO
<i>diazepam oral solution 5 mg/5 ml</i>	1	PA; MO	<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO	<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>doxepin oral</i>	1	PA; MO	<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (180 per 30 days)	<i>eszopiclone</i>	1	ST; MO; QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO; QL (120 per 30 days)	EVEKEO	3	PA; MO
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)	FANAPT ORAL TABLET 1 MG	3	MO; QL (720 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	1	MO; QL (60 per 30 days)	FANAPT ORAL TABLET 10 MG, 8 MG	3	MO; QL (90 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	ST; MO; QL (60 per 30 days)	FANAPT ORAL TABLET 12 MG	3	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	3	ST; MO; QL (180 per 30 days)	FANAPT ORAL TABLET 2 MG	3	MO; QL (360 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	ST; MO; QL (90 per 30 days)	FANAPT ORAL TABLET 4 MG	3	MO; QL (180 per 30 days)
EMSAM	4	MO	FANAPT ORAL TABLET 6 MG	3	MO; QL (120 per 30 days)
			FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
			FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 25 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	2		<i>fluoxetine oral tablet 20 mg</i>	1	MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; MO; QL (28 per 28 days)	FLUOXETINE ORAL TABLET 60 MG	3	MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	2	ST; MO; QL (30 per 30 days)	<i>fluphenazine decanoate</i>	1	MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	ST; MO; QL (180 per 30 days)	<i>fluphenazine hcl</i>	1	MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	ST; MO; QL (90 per 30 days)	<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	1	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	ST; MO; QL (45 per 30 days)	<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 per 30 days)	<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO	<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)	FOCALIN	3	MO
<i>fluoxetine oral solution</i>	1	MO	FOCALIN XR	3	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)	FORFIVO XL	3	MO; QL (30 per 30 days)
			GEODON INTRAMUSCULAR	2	MO
			GEODON ORAL CAPSULE 20 MG	3	MO; QL (240 per 30 days)
			GEODON ORAL CAPSULE 40 MG	3	MO; QL (120 per 30 days)
			GEODON ORAL CAPSULE 60 MG	3	MO; QL (80 per 30 days)
			GEODON ORAL CAPSULE 80 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guanidine</i>	1	MO	INVEGA	4	MO
HALDOL	3	MO	SUSTENNA		
HALDOL DECANOATE	3	MO	INTRAMUSCULA R SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML		
<i>haloperidol</i>	1	MO			
<i>haloperidol decanoate</i>	1	MO	INVEGA	3	MO
<i>haloperidol lactate</i>	1	MO	SUSTENNA		
HETLIOZ	4	PA; MO	INTRAMUSCULA R SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML		
<i>imipramine hcl</i>	1	PA; MO			
<i>imipramine pamoate</i>	1	PA; MO	IRENKA	3	MO; QL (90 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QL (240 per 30 days)	KAPVAY	3	MO
			KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	3	MO; QL (120 per 30 days)	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)	LATUDA ORAL TABLET 120 MG	4	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	3	MO; QL (41 per 30 days)	LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)
			LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)
			LATUDA ORAL TABLET 60 MG, 80 MG	2	MO; QL (60 per 30 days)
			LEXAPRO ORAL SOLUTION	3	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)	<i>methylphenidate oral solution</i>	1	MO
LEXAPRO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)	<i>methylphenidate oral tablet</i>	1	MO
LEXAPRO ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)	<i>methylphenidate oral tablet extended release</i>	1	MO
<i>lithium carbonate</i>	1	MO	<i>methylphenidate oral tablet extended release 24hr</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO	<i>methylphenidate oral tablet, chewable</i>	1	MO
LITHOBID	3	MO	<i>mirtazapine</i>	1	MO
<i>lorazepam intensol</i>	1	PA; MO	<i>modafinil</i>	1	PA; MO
<i>lorazepam oral tablet</i>	1	PA; MO	NARDIL	3	MO
<i>loxapine succinate</i>	1	MO	<i>nefazodone</i>	1	MO
LUNESTA	3	ST; MO; QL (30 per 30 days)	NORPRAMIN	3	MO
<i>maprotiline</i>	1	MO	<i>nortriptyline</i>	1	MO
MARPLAN	2	MO	NUVIGIL	3	PA; MO
METADATE CD	3	MO	<i>olanzapine intramuscular</i>	1	MO
<i>metadate er</i>	1	MO	<i>olanzapine oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>methamphetamine</i>	1	MO	<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
METHYLIN ORAL SOLUTION	3	MO	<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
METHYLIN ORAL TABLET, CHEWAB LE	3	MO	<i>olanzapine oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i>	1	MO	<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (81 per 30 days)
<i>methylphenidate oral capsule, er biphasic 50-50</i>	1	MO	<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)	PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (90 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QL (120 per 30 days)	PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QL (60 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO	PAXIL ORAL SUSPENSION	3	MO
ORAP	2	MO	PAXIL ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
<i>oxazepam</i>	1	PA; MO	PAXIL ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PAMELOR	3	MO	PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PARNATE	3	MO	PAXIL ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)	<i>perphenazine</i>	1	MO
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)	PEXEVA ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)	PEXEVA ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)	PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	MO; QL (180 per 30 days)	PEXEVA ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	MO; QL (90 per 30 days)	<i>phenelzine</i>	1	MO
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	MO; QL (60 per 30 days)	PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	ST; MO; QL (120 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QL (180 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	2	ST; MO; QL (480 per 30 days)	REMERON SOLTAB	3	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	ST; MO; QL (240 per 30 days)	RESTORIL	3	PA; MO
<i>procentra</i>	1	MO	RISPERDAL CONSTA INTRAMUSCULA R SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	2	MO
<i>protriptyline</i>	1	MO	RISPERDAL CONSTA INTRAMUSCULA R SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	MO
PROVIGIL	3	PA; MO	RISPERDAL M- TAB ORAL TABLET,DISINTE GRATING 0.5 MG	3	MO; QL (960 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (240 per 30 days)	RISPERDAL M- TAB ORAL TABLET,DISINTE GRATING 1 MG	3	MO; QL (480 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO	RISPERDAL M- TAB ORAL TABLET,DISINTE GRATING 2 MG	3	MO; QL (161 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)	RISPERDAL M- TAB ORAL TABLET,DISINTE GRATING 3 MG	3	MO; QL (120 per 30 days)
PROZAC WEEKLY	3	MO; QL (4 per 28 days)	RISPERDAL ORAL SOLUTION	3	MO; QL (480 per 30 days)
<i>quetiapine oral tablet 100 mg</i>	1	MO; QL (240 per 30 days)			
<i>quetiapine oral tablet 200 mg</i>	1	MO; QL (120 per 30 days)			
<i>quetiapine oral tablet 25 mg</i>	1	MO; QL (902 per 30 days)			
<i>quetiapine oral tablet 300 mg</i>	1	MO; QL (81 per 30 days)			
<i>quetiapine oral tablet 400 mg</i>	1	MO; QL (60 per 30 days)			
<i>quetiapine oral tablet 50 mg</i>	1	MO; QL (480 per 30 days)			
QUILLIVANT XR	3	MO			
REMERON	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QL (1920 per 30 days)	<i>risperidone oral tablet,disintegrating 2 mg</i>	1	MO; QL (240 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)	<i>risperidone oral tablet,disintegrating 3 mg</i>	1	MO; QL (161 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)	<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
RISPERDAL ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)	RITALIN	3	MO
RISPERDAL ORAL TABLET 3 MG	3	MO; QL (161 per 30 days)	RITALIN LA	3	MO
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)	ROZEREM	2	MO; QL (30 per 30 days)
<i>risperidone oral solution</i>	1	MO; QL (480 per 30 days)	SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)	SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	2	MO; QL (240 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)	SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	2	MO; QL (120 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)	SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)	SEROQUEL ORAL TABLET 100 MG	3	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)	SEROQUEL ORAL TABLET 200 MG	3	MO; QL (120 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)	SEROQUEL ORAL TABLET 25 MG	3	MO; QL (902 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	1	MO; QL (1920 per 30 days)	SEROQUEL ORAL TABLET 300 MG	3	MO; QL (81 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	1	MO; QL (960 per 30 days)			
<i>risperidone oral tablet,disintegrating 1 mg</i>	1	MO; QL (480 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL ORAL TABLET 400 MG	3	MO; QL (60 per 30 days)	SILENOR	3	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	MO; QL (480 per 30 days)	SONATA ORAL CAPSULE 10 MG	3	ST; MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QL (161 per 30 days)	SONATA ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
			STRATTERA	2	MO
			SURMONTIL	3	PA; MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QL (120 per 30 days)	SYMBYAX	3	MO
			<i>temazepam</i>	1	PA; MO
			<i>thioridazine</i>	1	MO
			<i>thiothixene</i>	1	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QL (81 per 30 days)	TOFRANIL	3	PA; MO
			TOFRANIL-PM	3	PA; MO
			TRANXENE T-TAB ORAL TABLET 3.75 MG, 7.5 MG	3	PA; MO
			<i>tranylcypromine</i>	1	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)	<i>trazodone</i>	1	MO
			<i>trifluoperazine</i>	1	MO
			VALIUM	3	PA; MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (480 per 30 days)	<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	1	MO	<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	MO; QL (180 per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)	<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)	<i>venlafaxine oral tablet 100 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine oral tablet 25 mg</i>	1	MO; QL (270 per 30 days)	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	2	MO; QL (30 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; QL (180 per 30 days)			
<i>venlafaxine oral tablet 50 mg</i>	1	MO; QL (150 per 30 days)	VYVANSE	3	MO
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)	WELLBUTRIN	3	MO
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	3	MO; QL (30 per 30 days)	WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (120 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)	WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG	3	MO; QL (90 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)	WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (60 per 30 days)
VERSACLOZ	4	LA	WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
VIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)	WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)	XYREM	4	MO; LA
VIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)	<i>zaleplon oral capsule 10 mg</i>	1	ST; MO; QL (60 per 30 days)
			<i>zaleplon oral capsule 5 mg</i>	1	ST; MO; QL (30 per 30 days)
			<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	2	MO	ZYPREXA ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QL (240 per 30 days)	ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QL (120 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 210 MG	4	LA
<i>ziprasidone hcl oral capsule 60 mg</i>	1	MO; QL (80 per 30 days)	ZYPREXA ZYDIS ORAL TABLET,DISINTE GRATING 10 MG	3	MO; QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	1	MO; QL (60 per 30 days)	ZYPREXA ZYDIS ORAL TABLET,DISINTE GRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO	ZYPREXA ZYDIS ORAL TABLET,DISINTE GRATING 5 MG	3	MO; QL (120 per 30 days)
ZOLOFT ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)	CARDIOVASCULAR, HYPERTENSION / LIPIDS ANTIARRHYTHMIC AGENTS		
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)			
ZOLOFT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)	<i>amiodarone intravenous solution</i>	1	PA; MO
<i>zolpidem</i>	1	ST; MO; QL (30 per 30 days)	<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	MO
ZOLPIMIST	3	ST; QL (8 per 30 days)	BETAPACE AF	3	MO
ZYPREXA INTRAMUSCULA R	3	MO	<i>flecainide</i>	1	MO
ZYPREXA ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)	<i>mexiletine</i>	1	MO
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)	MULTAQ	3	MO
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXTERONE	3	PA	ADALAT CC	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO	<i>afeditab cr</i>	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO	ALDACTAZIDE	3	MO
<i>procainamide injection solution 500 mg/ml</i>	1		ALDACTONE	3	MO
<i>propafenone</i>	1	MO	ALTACE	3	MO
<i>quinidine gluconate</i>	1	MO	<i>amiloride oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO	<i>amiloride- hydrochlorothiazide</i>	1	MO
RYTHMOL ORAL TABLET 150 MG, 225 MG	3	MO	<i>amlodipine</i>	1	MO
RYTHMOL SR	3	MO	<i>amlodipine- benazepril</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO	<i>amlodipine- valsartan</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1		<i>amlodipine- valsartan-hcthiazid</i>	1	MO
<i>sotalol af oral tablet 120 mg</i>	1	MO	ATACAND	3	ST; MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO	ATACAND HCT	3	ST; MO
SOTYLIZE	2		<i>atenolol</i>	1	MO
TIKOSYN	2	MO	<i>atenolol- chlorthalidone</i>	1	MO
ANTIHYPERTENSIVE THERAPY			AVALIDE	3	ST; MO
ACCUPRIL	3	MO	AVAPRO	3	ST; MO
ACCURETIC	3	MO	AZOR	2	ST; MO
<i>acebutolol oral</i>	1	MO	<i>benazepril</i>	1	MO
			<i>benazepril- hydrochlorothiazide</i>	1	MO
			BENICAR	2	ST; MO
			BENICAR HCT	2	ST; MO
			<i>betaxolol oral</i>	1	MO
			BIDIL	2	MO
			<i>bisoprolol fumarate</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol-hydrochlorothiazide</i>	1	MO	CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
<i>bumetanide</i>	1	MO	CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
BYSTOLIC	2	MO	<i>chlorothiazide</i>	1	MO
CALAN	3	MO	<i>chlorothiazide sodium</i>	1	MO
CALAN SR	3	MO	<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>candesartan</i>	1	MO	<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>candesartan-hydrochlorothiazid</i>	1	MO	<i>clonidine hcl oral tablet</i>	1	MO
<i>captopril</i>	1	MO	<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO	CLORPRES ORAL TABLET 0.3-15 MG	2	MO
CARDENE IV IN SODIUM CHLORIDE	3		COREG	3	MO
CARDIZEM CD	3	MO	COREG CR	2	MO
CARDIZEM LA	3	MO	CORGARD	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO	CORZIDE	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)	COZAAR	3	ST; MO
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)	DEMADEX	3	MO
CARDURA XL	3	ST; MO; QL (30 per 30 days)	DEMSER	2	MO
<i>cartia xt</i>	1	MO	<i>diltiazem hcl intravenous</i>	1	
<i>carvedilol</i>	1	MO	<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	1	MO
CATAPRES	3	MO			
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO	<i>fosinopril</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	1	MO	<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO	<i>furosemide injection</i>	1	MO
<i>dilt-xr</i>	1	MO	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	1	MO
DIOVAN	3	ST; MO	<i>furosemide oral tablet</i>	1	MO
DIOVAN HCT	3	ST; MO	<i>hydralazine</i>	1	MO
DIURIL	3	MO	<i>hydrochlorothiazide</i>	1	MO
DIURIL IV	4		HYZAAR	3	ST; MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)	<i>indapamide</i>	1	MO
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)	INDERAL LA	3	MO
DUTOPROL	2	MO	INNOPRAN XL	3	MO
DYAZIDE	3	MO	INSPRA	3	MO
EDARBI	3	ST; MO	<i>irbesartan</i>	1	MO
EDARBYCLOR	3	ST; MO	<i>irbesartan-hydrochlorothiazide</i>	1	MO
EDECIN	3	MO	<i>isradipine</i>	1	MO
<i>enalapril maleate</i>	1	MO	<i>labetalol intravenous solution</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO	<i>labetalol oral</i>	1	MO
EPANED	4	MO	LASIX	3	MO
<i>eplerenone</i>	1	MO	<i>lisinopril</i>	1	MO
<i>eprosartan</i>	1	MO	<i>lisinopril-hydrochlorothiazide</i>	1	MO
EXFORGE	3	ST; MO	LOPRESSOR HCT ORAL TABLET 50-25 MG	3	MO
EXFORGE HCT	3	ST; MO	LOPRESSOR INTRAVENOUS	3	MO
<i>felodipine</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOPRESSOR ORAL TABLET 100 MG	3	MO	<i>nadolol</i>	1	MO
<i>losartan</i>	1	MO	<i>nadolol- bendroflumethiazide</i>	1	MO
<i>losartan- hydrochlorothiazide</i>	1	MO	<i>nicardipine</i>	1	MO
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	MO	<i>nifedical xl</i>	1	MO
LOTREL	3	MO	<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>matzim la</i>	1	MO	<i>nimodipine</i>	1	MO
MAVIK	3	MO	<i>nisoldipine</i>	1	MO
MAXZIDE	3	MO	NORVASC	3	MO
MAXZIDE-25MG	3	MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
<i>methyclothiazide</i>	1	MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; MO
<i>methyldopa</i>	1	MO	<i>perindopril erbumine</i>	1	MO
<i>metolazone</i>	1	MO	<i>pindolol</i>	1	MO
<i>metoprolol succinate</i>	1	MO	<i>prazosin oral</i>	1	MO
<i>metoprolol ta- hydrochlorothiaz</i>	1	MO	PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO	PROCARDIA XL	3	MO
<i>metoprolol tartrate oral</i>	1	MO	<i>propranolol intravenous</i>	1	
MICARDIS	3	ST; MO	<i>propranolol oral</i>	1	MO
MICARDIS HCT	3	ST; MO	<i>propranolol- hydrochlorothiazid</i>	1	MO
MICROZIDE	3	MO			
MINIPRESS	3	MO			
<i>minoxidil oral</i>	1	MO			
<i>moexipril</i>	1	MO			
<i>moexipril- hydrochlorothiazide</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril</i>	1	MO	TEVETEN HCT	3	ST; MO
<i>quinapril-hydrochlorothiazide</i>	1	MO	TEVETEN ORAL TABLET 600 MG	3	ST; MO
<i>ramipril</i>	1	MO	TIAZAC	3	MO
REMODULIN	4	PA; MO; LA	<i>timolol maleate oral</i>	1	MO
SECTRAL	3	MO	TOPROL XL	3	MO
<i>spironolactone</i>	1	MO	<i>torse mide oral</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO	<i>trandolapril</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO	<i>trandolapril-verapamil</i>	1	MO
TARKA	3	MO	<i>triamterene-hydrochlorothiazid</i>	1	MO
<i>taztia xt</i>	1	MO	TRIBENZOR	2	ST; MO
TEKAMLO	3	MO	TWYNSTA	3	ST; MO
TEKTURNA	3	MO	<i>valsartan</i>	1	MO
TEKTURNA HCT	3	MO	<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>telmisartan</i>	1	MO	VASERETIC	3	MO
<i>telmisartan-amlodipine</i>	1	MO	VASOTEC	3	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO	<i>verapamil intravenous solution</i>	1	MO
TENORETIC 100	3	MO	<i>verapamil oral</i>	1	MO
TENORETIC 50	3	MO	VERELAN	3	MO
TENORMIN	3	MO	VERELAN PM	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)	ZEBETA	3	MO
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)	ZESTORETIC	3	MO
			ZESTRIL	3	MO
			ZIAC	3	MO
			CARDIAC GLYCOSIDES		
			<i>digitek</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin oral solution</i> <i>50 mcg/ml</i>	1	MO	<i>enoxaparin</i>	1	MO
<i>digoxin oral tablet</i>	1	MO	<i>fondaparinux</i> <i>subcutaneous</i> <i>syringe 10 mg/0.8</i> <i>ml, 5 mg/0.4 ml, 7.5</i> <i>mg/0.6 ml</i>	4	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO	<i>fondaparinux</i> <i>subcutaneous</i> <i>syringe 2.5 mg/0.5</i> <i>ml</i>	1	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	MO	FRAGMIN SUBCUTANEOUS SOLUTION	4	MO
COAGULATION THERAPY			FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO
AGGRENOX	3	MO	FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI- XA UNIT/0.2 ML	4	MO
ARGATROBAN	4	MO	FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI- XA UNIT/0.2 ML	3	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	4		<i>heparin (porcine) in</i> <i>5 % dex intravenous</i> <i>parenteral solution</i> <i>20,000 unit/500 ml</i> <i>(40 unit/ml), 25,000</i> <i>unit/250 ml(100</i> <i>unit/ml)</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO			
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO			
BRILINTA	2	MO			
<i>cilostazol</i>	1	MO			
<i>clopidogrel</i>	1	MO			
COUMADIN ORAL	3	MO			
CYKLOKAPRON	3	MO			
<i>dipyridamole oral</i>	1	MO			
EFFIENT	2	MO			
ELIQUIS	2	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	MO	ALTOPREV	3	MO; QL (30 per 30 days)
<i>heparin (porcine) injection solution</i>	1	MO	<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>jantoven</i>	1	MO	ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
LOVENOX	3	MO	<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>pentoxifylline</i>	1	MO	CADUET	3	MO; QL (30 per 30 days)
PERSANTINE	3	MO	<i>cholestyramine light oral powder in packet</i>	1	MO
PLAVIX	3	MO	COLESTID ORAL GRANULES	3	MO
PLETAL	3	MO	COLESTID ORAL TABLET	3	MO
PRADAXA	2	MO	<i>colestipol oral granules</i>	1	MO
PROMACTA	4	PA; MO; LA	<i>colestipol oral tablet</i>	1	MO
SAVAYSA	3	MO	CRESTOR	2	MO; QL (30 per 30 days)
<i>ticlopidine</i>	1	MO	<i>fenofibrate micronized</i>	1	MO
<i>tranexamic acid intravenous</i>	1	MO	<i>fenofibrate nanocrystallized</i>	1	MO
<i>warfarin</i>	1	MO	FENOFIBRATE ORAL CAPSULE	3	MO
XARELTO	2	MO	<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
ZONTIVITY	2	MO	<i>fenofibric acid (choline)</i>	1	MO
LIPID/CHOLESTEROL LOWERING AGENTS			FENOGLIDE	3	MO
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	2	MO; QL (60 per 30 days)			
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG	2	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FIBRICOR	3	MO	NIASPAN	3	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)	EXTENDED-RELEASE		
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	<i>omega-3 acid ethyl esters</i>	1	MO
<i>gemfibrozil oral</i>	1	MO	PRAVACHOL	3	MO; QL (30 per 30 days)
JUXTAPID	4	MO; LA	<i>pravastatin</i>	1	MO; QL (30 per 30 days)
KYNAMRO	4	MO; LA	<i>prevalite oral powder</i>	1	MO
LESCOL ORAL CAPSULE 20 MG	3	MO; QL (30 per 30 days)	QUESTRAN ORAL POWDER IN PACKET	3	MO
LESCOL ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)	SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	3	MO; QL (60 per 30 days)
LESCOL XL	3	MO; QL (30 per 30 days)	SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG	3	MO; QL (30 per 30 days)
LIPITOR	3	MO; QL (30 per 30 days)	<i>simvastatin</i>	1	MO; QL (30 per 30 days)
LIPOFEN	3	MO	TRICOR	3	MO
LIPTRUZET	3	MO; QL (30 per 30 days)	TRIGLIDE ORAL TABLET 160 MG	3	MO
LIVALO	3	MO; QL (30 per 30 days)	TRILIPIX	3	MO
LOFIBRA	3	MO	VASCEPA	2	MO
LOPID	3	MO	VYTORIN 10-10	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)	VYTORIN 10-20	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)			
LOVAZA	3	MO			
<i>niacin oral tablet extended release 24 hr</i>	1	MO			
NIACOR	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VYTORIN 10-40	3	MO; QL (30 per 30 days)	<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
VYTORIN 10-80	3	MO; QL (30 per 30 days)	NITROLINGUAL	3	MO
WELCHOL	3	MO	NITROMIST	3	MO
ZETIA	2	MO	NITROSTAT	2	MO
ZOCOR	3	MO; QL (30 per 30 days)	DERMATOLOGICALS/TOPICAL THERAPY		
MISCELLANEOUS CARDIOVASCULAR AGENTS			ANTIPSORIATIC / ANTISEBORRHEIC		
CORLANOR	2	PA; MO	<i>acitretin oral capsule 10 mg</i>	1	MO
RANEXA	2	MO	<i>acitretin oral capsule 17.5 mg, 25 mg</i>	4	MO
VECAMYL	4		<i>calcipotriene</i>	1	MO
NITRATES			<i>calcipotriene-betamethasone</i>	1	MO
ISORDIL	3	MO	<i>calcitriol topical</i>	1	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO	COSENTYX PEN	4	PA; MO
<i>isosorbide dinitrate oral</i>	1	MO	COSENTYX PEN (2 PENS)	4	PA; MO
<i>isosorbide mononitrate</i>	1	MO	DOVONEX TOPICAL CREAM	3	MO
MINITRAN	3	MO	<i>selenium sulfide topical suspension</i>	1	MO
<i>nitro-bid</i>	1	MO	SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	4	MO
NITRO-DUR	3	MO	SORILUX	3	MO
<i>nitroglycerin intravenous</i>	1	PA	STELARA SUBCUTANEOUS SYRINGE	4	PA; MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TACLONEX	3	MO	PICATO	4	ST; MO
VECTICAL	3	MO	<i>podofilox</i>	1	MO
BURN THERAPY			PROTOPIC	3	PA; MO
SILVADENE	3	MO	<i>prudoxin</i>	1	MO
<i>silver sulfadiazine</i>	1	MO	REGRANEX	2	MO
<i>ssd</i>	1	MO	SOLARAZE	4	PA; MO
MISCELLANEOUS DERMATOLOGICALS			<i>tacrolimus topical</i>	1	PA; MO
8-MOP	2	MO	UVADEX	2	
ALDARA	3	ST; MO	VALCHLOR	4	MO
<i>ammonium lactate topical</i>	1	MO	VEREGEN	3	MO
CARAC	4	MO	ZONALON	3	MO
CONDYLOX TOPICAL GEL	2	MO	ZYCLARA	4	ST; MO
<i>diclofenac sodium topical gel</i>	1	PA; MO	THERAPY FOR ACNE		
EFUDEX TOPICAL CREAM	3	ST; MO	ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	MO
ELIDEL	3	PA; MO	ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	4	ST; MO	ACANYA	3	MO
<i>fluorouracil topical cream 5 %</i>	1	MO	ACZONE	3	MO
<i>fluorouracil topical solution</i>	1	MO	<i>adapalene topical cream</i>	1	PA; MO
<i>imiquimod</i>	1	MO	<i>adapalene topical gel</i>	1	PA; MO
<i>methoxsalen rapid</i>	4	MO	<i>amnesteem</i>	1	MO
OXSORALEN ULTRA	4	MO	ATRALIN	3	PA; MO
PANRETIN	4	MO	<i>avita topical cream</i>	1	PA; MO
			AVITA TOPICAL GEL	3	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZELEX	3	MO	METROCREAM	3	MO
BENZACLIN	3	MO	METROGEL TOPICAL GEL 1 %	3	MO
BENZAMYCIN	3	MO	METROLOTION	3	MO
<i>claravis</i>	1	MO	<i>metronidazole topical cream</i>	1	MO
CLEOCIN T	3	MO	<i>metronidazole topical gel</i>	1	MO
CLINDACIN PAC	3	MO	<i>metronidazole topical lotion</i>	1	MO
CLINDAGEL	3	MO	MIRVASO	3	MO
<i>clindamycin phosphate topical</i>	1	MO	<i>myorisan</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	MO	<i>neuac</i>	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO	NORITATE	3	MO
DIFFERIN TOPICAL GEL	3	PA; MO	ONEXTON	3	MO
DIFFERIN TOPICAL LOTION	3	PA; MO	RETIN-A	3	PA; MO
DUAC	3	MO	RETIN-A MICRO	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO	RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	PA; MO
<i>ery pads</i>	1	MO	SOOLANTRA	3	MO
<i>erythromycin with ethanol topical gel</i>	1	MO	TAZORAC	2	PA; MO
<i>erythromycin with ethanol topical solution</i>	1	MO	<i>tretinoin microspheres topical gel with pump</i>	1	PA; MO
<i>erythromycin- benzoyl peroxide</i>	1	MO	<i>tretinoin topical</i>	1	PA; MO
EVOCLIN	3	MO	TRETIN-X TOPICAL CREAM 0.0375 %	3	PA; MO
FABIOR	3	MO	VELTIN	3	PA; MO
FINACEA	3	MO	<i>zenatane</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZIANA	3	PA; MO	XYLOCAINE MUCOUS MEMBRANE SOLUTION	3	
TOPICAL ANESTHETICS			TOPICAL ANTIBACTERIALS		
EMLA	3	MO	ALTABAX	3	MO
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	1	MO	BACTROBAN	3	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	1	MO	CORTISPORIN TOPICAL	3	MO
<i>lidocaine hcl mucous membrane gel</i>	1	MO	<i>gentamicin topical</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO	KLARON	3	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	1		<i>mupirocin</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO	<i>mupirocin calcium</i>	1	MO
<i>lidocaine hcl urethral</i>	1		NEO-SYNALAR	3	MO
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; MO	<i>sulfacetamide sodium (acne)</i>	1	MO
<i>lidocaine topical ointment</i>	1	MO	SULFAMYLON TOPICAL CREAM	2	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO	SULFAMYLON TOPICAL PACKET	3	MO
LIDODERM	3	PA; MO	TOPICAL ANTIFUNGALS		
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3		<i>ciclopirox</i>	1	MO
			<i>clotrimazole topical</i>	1	MO
			<i>clotrimazole- betamethasone</i>	1	MO
			<i>econazole topical</i>	1	MO
			ERTACZO	3	MO
			EXELDERM	3	MO
			EXTINA	3	MO
			JUBLIA	3	MO
			KERYDIN	2	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole topical cream</i>	1	MO	<i>ala-cort topical cream</i>	1	MO
<i>ketoconazole topical shampoo</i>	1	MO	ALA-SCALP	3	ST; MO
LOPROX TOPICAL SHAMPOO	3	MO	<i>alclometasone</i>	1	MO
LOTRISONE TOPICAL CREAM	3	MO	<i>amcinonide</i>	1	MO
LUZU	3	MO	APEXICON	3	ST
MENTAX	3	MO	<i>apexicon e</i>	1	MO
NAFTIFINE	3		<i>betamethasone dipropionate</i>	1	MO
NAFTIN	3	MO	<i>betamethasone valerate</i>	1	MO
NIZORAL TOPICAL SHAMPOO	3	MO	<i>betamethasone, augmented</i>	1	MO
<i>nyamyc</i>	1	MO	CAPEX	3	ST; MO
<i>nystatin topical</i>	1	MO	<i>clobetasol topical foam</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO	<i>clobetasol topical gel</i>	1	MO
<i>nystop</i>	1	MO	<i>clobetasol topical lotion</i>	1	MO
OXISTAT	3	MO	<i>clobetasol topical ointment</i>	1	MO
TOPICAL ANTIVIRALS			<i>clobetasol topical shampoo</i>	1	MO
<i>acyclovir topical</i>	1	MO	<i>clobetasol topical solution</i>	1	MO
DENAVIR	2	MO	<i>clobetasol topical spray, non-aerosol</i>	1	MO
XERESE	3	MO	<i>clobetasol-emollient topical cream</i>	1	MO
ZOVIRAX TOPICAL CREAM	2	MO	CLOBEX	3	ST; MO
ZOVIRAX TOPICAL OINTMENT	3	MO	<i>clodan</i>	1	MO
TOPICAL CORTICOSTEROIDS			CLODERM	3	ST; MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CORDRAN TAPE LARGE ROLL	3	ST; MO	<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>cormax topical solution</i>	1	MO	<i>hydrocortisone butyrate topical solution</i>	1	MO
CUTIVATE TOPICAL LOTION	3	ST; MO	<i>hydrocortisone butyr-emollient</i>	1	MO
DERMATOP TOPICAL CREAM	3	ST; MO	<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
DESONATE	3	ST; MO	<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>desonide</i>	1	MO	<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
DESOWEN	3	ST; MO	<i>hydrocortisone valerate</i>	1	MO
<i>desoximetasone</i>	1	MO	KENALOG TOPICAL	3	ST; MO
<i>diflorasone</i>	1	MO	LOCOID	3	ST; MO
DIPROLENE	3	ST; MO	<i>mometasone</i>	1	MO
DIPROLENE AF	3	ST; MO	OLUX	3	ST; MO
ELOCON	3	ST; MO	PANDEL	3	ST; MO
<i>fluocinolone</i>	1	MO	<i>prednicarbate</i>	1	MO
<i>fluocinonide topical cream 0.1 %</i>	1	MO	SYNALAR CREAM KIT	3	ST; MO
<i>fluocinonide topical gel</i>	1	MO	TEMOVATE TOPICAL CREAM	3	ST; MO
<i>fluocinonide topical ointment</i>	1	MO	TEMOVATE TOPICAL OINTMENT	3	ST; MO
<i>fluocinonide topical solution</i>	1	MO	TOPICORT	3	ST; MO
<i>fluocinonide-e</i>	1	MO			
<i>fluticasone topical</i>	1	MO			
<i>halobetasol propionate</i>	1	MO			
HALOG	3	ST; MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide topical aerosol</i>	1	MO	<i>lactated ringers irrigation</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO	<i>neomycin-polymyxin b gu</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO	PHYSIOLYTE	3	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO	PHYSIOSOL IRRIGATION	3	
<i>trianex</i>	1	MO	<i>ringers irrigation</i>	1	MO
<i>triderm topical cream</i>	1	MO	MISCELLANEOUS AGENTS		
ULTRAVATE	3	ST; MO	<i>acamprosate</i>	1	MO
VANOS	3	ST; MO	ACTONEL ORAL TABLET 30 MG	3	ST; MO; QL (30 per 30 days)
TOPICAL ENZYMES			ADAGEN	4	MO
SANTYL	2	MO	AGRYLIN	3	MO
TOPICAL SCABICIDES / PEDICULICIDES			<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
EURAX	3	MO	<i>anagrelide</i>	1	MO
<i>lindane</i>	1	MO	ANTABUSE	3	MO
<i>malathion</i>	1	MO	ARALAST NP INTRAVENOUS RECON SOLN 500 MG	4	MO; LA
OVIDE	3	MO	AURYXIA	4	MO
<i>permethrin topical cream</i>	1	MO	CARBAGLU	4	MO; LA
SKLICE	3	MO	CARNITOR	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS			<i>cevimeline</i>	1	MO
IRRIGATING SOLUTIONS			CHEMET	2	MO
			CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
			CLINIMIX E 2.75%/D10W SUL FREE	3	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E 2.75%/D5W SULF FREE	3	PA	FOSRENOL ORAL POWDER IN PACKET	3	
<i>d10 % & 0.45 % sodium chloride</i>	1		FOSRENOL ORAL TABLET,CHEWAB LE	3	MO
<i>d2.5 %-0.45 % sodium chloride</i>	1		GLASSIA	4	MO; LA
<i>d5 % and 0.9 % sodium chloride</i>	1	MO	INCRELEX	4	MO; LA
<i>d5 %-0.45 % sodium chloride</i>	1	MO	JADENU	4	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1		KAYEXALATE	3	MO
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	1	MO	<i>kionex oral powder</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO	<i>levocarnitine (with sugar)</i>	1	MO
<i>dextrose 5 %- lactated ringers</i>	1	MO	<i>levocarnitine intravenous</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1		<i>levocarnitine oral tablet</i>	1	MO
<i>dextrose 5%-0.3 % sod.chloride</i>	1		LITHOSTAT	3	MO
<i>dextrose with sodium chloride</i>	1		<i>midodrine</i>	1	MO
<i>disulfiram</i>	1	MO	NORTHERA	4	MO
<i>etidronate disodium</i>	1	MO	NUTRESTORE	3	MO
EVOXAC	3	MO	ORFADIN	4	LA
EXJADE	4	MO; LA	<i>pilocarpine hcl oral</i>	1	MO
FERRIPROX	4	MO	PROLASTIN-C	4	MO; LA
			RAVICTI	4	MO
			RECLAST	3	PA; MO
			RENAGEL	3	MO
			RENVELA	2	MO
			RILUTEK	4	MO
			<i>riluzole</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)	EAR, NOSE / THROAT MEDICATIONS		
SALAGEN	3	MO	MISCELLANEOUS AGENTS		
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO	ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QL (60 per 30 days)
<i>sodium chloride irrigation</i>	1	MO	ATROVENT	3	MO; QL (30 per 30 days)
<i>sodium phenylbutyrate</i>	4	MO	<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
<i>sodium polystyrene (sorb free)</i>	1		BACTROBAN NASAL	2	MO
SYPRINE	4	MO	<i>chlorhexidine gluconate mucous membrane</i>	1	MO
THIOLA	2	MO	<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
VELPHORO	4	MO	<i>olopatadine</i>	1	MO; QL (30.5 per 30 days)
<i>water for irrigation, sterile</i>	1	MO	PATANASE	3	MO; QL (30.5 per 30 days)
ZEMAIRA	4	MO; LA	<i>periogard</i>	1	MO
<i>zoledronic acid-mannitol-water intravenous solution</i>	1	PA; MO	<i>triamcinolone acetate dental</i>	1	MO
SMOKING DETERRENTS			TYZINE NASAL DROPS 0.05 %	2	MO
<i>buproban</i>	1	MO	MISCELLANEOUS OTIC PREPARATIONS		
CHANTIX	2	MO	<i>acetasol hc</i>	1	MO
CHANTIX CONTINUING MONTH BOX	2	MO	<i>acetic acid otic</i>	1	MO
CHANTIX STARTING MONTH BOX	2	MO	<i>fluocinolone acetate oil</i>	1	MO
NICOTROL	2	MO	<i>hydrocortisone-acetic acid</i>	1	MO
NICOTROL NS	2	MO			
ZYBAN	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin otic</i>	1	MO	KENALOG INJECTION	3	MO
OTIC STEROID / ANTIBIOTIC			MEDROL	3	PA; MO
CIPRO HC	3	MO	MEDROL (PAK)	3	MO
CIPRODEX	2	MO	<i>methylprednisolone acetate</i>	1	MO
COLY-MYCIN S	3	MO	<i>methylprednisolone oral tablet</i>	1	PA; MO
CORTISPORIN OTIC SOLUTION	3	MO	<i>methylprednisolone oral tablets, dose pack</i>	1	MO
CORTISPORIN-TC	3	MO	<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>neomycin- polymyxin-hc otic</i>	1	MO	MILLIPRED ORAL SOLUTION	3	MO
ENDOCRINE/DIABETES			<i>millipred oral tablet</i>	1	PA; MO
ADRENAL HORMONES			ORAPRED ODT	3	PA; MO
ACTHAR H.P.	4	PA; MO	<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>a-hydrocort</i>	1	MO	<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	PA; MO
CORTEF	3	MO	<i>prednisone intensol</i>	1	PA; MO
<i>cortisone</i>	1	MO	<i>prednisone oral solution</i>	1	MO
DEPO-MEDROL	3	MO	<i>prednisone oral tablet</i>	1	PA; MO
<i>dexamethasone intensol</i>	1	MO	RAYOS	3	PA; MO
<i>dexamethasone oral elixir</i>	1	MO			
<i>dexamethasone oral tablet</i>	1	MO			
<i>dexamethasone sodium phosphate injection</i>	1	MO			
DEXPAK 13 DAY	3	MO			
FLO-PRED	3				
<i>fludrocortisone</i>	1	MO			
<i>hydrocortisone oral</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO	ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QL (30 per 30 days)
SOLU-MEDROL (PF) INJECTION	3	MO	ACTOS	3	MO; QL (30 per 30 days)
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO	AFREZZA INHALATION CARTRIDGE, W/INHALATION DEVICE 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30)	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO	ALCOHOL PADS	2	MO
<i>veripred 20</i>	1		AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
ANTITHYROID AGENTS			AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO	AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
<i>propylthiouracil</i>	1	MO	APIDRA	3	ST; MO
TAPAZOLE	3	MO	APIDRA SOLOSTAR	3	ST; MO
DIABETES THERAPY			AVANDAMET ORAL TABLET 2-1,000 MG	3	MO; LA; QL (60 per 30 days)
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)	AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; LA; QL (60 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)	AVANDIA ORAL TABLET 8 MG	3	MO; LA; QL (30 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)	BYDUREON	2	PA; MO; QL (4 per 28 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)			
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 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)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 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)
CYCLOSET	3	MO; QL (180 per 30 days)	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)	GLUCAGEN	2	MO
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)	HYPOKIT		
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (75 per 30 days)	GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QL (150 per 30 days)	GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GAUZE PADS 2X2	2	MO	GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)	GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)	GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)			
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (75 per 30 days)	GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
			GLYXAMBI	3	ST; MO; QL (30 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)	HUMALOG KWIKPEN	2	MO
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)	HUMALOG MIX 50-50	2	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)	HUMALOG MIX 50-50 KWIKPEN	2	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)	HUMALOG MIX 75-25	2	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)	HUMALOG MIX 75-25 KWIKPEN	2	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)	HUMALOG SUBCUTANEOUS CARTRIDGE	2	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)	HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MO
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	MO; QL (60 per 30 days)	HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (REFILLED SYRINGE)	2	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	MO; QL (120 per 30 days)	HUMULIN 70/30	2	MO
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)	HUMULIN 70/30 KWIKPEN	2	MO
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)	HUMULIN N	2	MO
			HUMULIN N KWIKPEN	2	MO
			HUMULIN R	2	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 "CONCENTRATED "	2	MO	KAZANO	3	ST; MO; QL (60 per 30 days)
INSULIN PEN NEEDLE	2	MO	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO	LANTUS	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO	LANTUS SOLOSTAR	2	MO
INVOKAMET	2	MO; QL (60 per 30 days)	LEVEMIR	2	MO
INVOKANA	2	MO; QL (30 per 30 days)	LEVEMIR FLEXTOUCH	2	MO
JANUMET	2	MO; QL (60 per 30 days)	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 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)	<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)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)	<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)	<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)	<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	MO; QL (75 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)	<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)	PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
NEEDLES, INSULIN DISP., SAFETY	2	MO	PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
NESINA	3	ST; MO; QL (30 per 30 days)	PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
NOVOFINE 32	2	MO	PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
NOVOLIN 70/30	3	MO	PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
NOVOLIN N	3	MO	PROGLYCEM	2	MO
NOVOLIN R	3	MO	<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
NOVOLOG	3	ST; MO	<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
NOVOLOG FLEXPEN	3	ST; MO	<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
NOVOLOG MIX 70-30	3	ST; MO	RIOMET	2	MO; QL (765 per 30 days)
NOVOLOG MIX 70-30 FLEXPEN	3	ST; MO	STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
NOVOLOG PENFILL	3	ST; MO	STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
ONGLYZA	2	MO; QL (30 per 30 days)	SYMLINPEN 120	2	PA; MO; QL (18.9 per 30 days)
OSENI	3	MO; QL (30 per 30 days)	SYMLINPEN 60	2	PA; MO; QL (10.5 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)	TANZEUM	3	PA; MO; QL (2 per 28 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)	<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)	<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
PRANDIMET	3	MO; QL (150 per 30 days)			
PRANDIN ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tolbutamide</i>	1	MO; QL (180 per 30 days)	<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
TOUJEO SOLOSTAR	2	MO	<i>calcitriol oral</i>	1	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)	CERDELGA	4	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)	CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	MO
VGO 20	2	MO	<i>chorionic gonadotropin, human</i>	1	PA; MO
VGO 30	2	MO	<i>danazol oral</i>	1	MO
VGO 40	2	MO	DDAVP	3	MO
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)	DEPO-TESTOSTERONE	3	MO
XIGDUO XR ORAL TABLET, IR & ER, BIPHASIC 24HR 10-1,000 MG	2	MO; QL (30 per 30 days)	<i>desmopressin injection</i>	1	MO
XIGDUO XR ORAL TABLET, IR & ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)	<i>desmopressin nasal solution</i>	1	MO
MISCELLANEOUS HORMONES			<i>desmopressin nasal spray, non-aerosol</i>	1	MO
ALDURAZYME	4	MO	<i>desmopressin oral</i>	1	MO
ANADROL-50	4	PA; MO	<i>doxercalciferol intravenous</i>	1	
ANDRODERM	2	PA; MO	<i>doxercalciferol oral</i>	1	MO
ANDROGEL	2	PA; MO	ELAPRASE	4	MO
ANDROID	3	MO	ELELYSO	4	MO
AVEED	3	MO	FABRAZYME INTRAVENOUS RECON SOLN 35 MG	4	MO
AXIRON	3	PA; MO	FORTESTA	3	PA; MO
<i>cabergoline</i>	1	MO	<i>fortical</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO	<i>paricalcitol oral</i>	1	MO
HECTOROL ORAL	3	MO	PREGNYL	3	PA; MO
KORLYM	4	MO	ROCALTROL	3	MO
KUVAN ORAL POWDER IN PACKET 500 MG	4	MO	SAMSCA	4	PA; MO
KUVAN ORAL TABLET,SOLUBL E	4	MO; LA	SENSIPAR ORAL TABLET 30 MG	2	MO
LUMIZYME	4	MO	SENSIPAR ORAL TABLET 60 MG, 90 MG	4	MO
METHITEST	2	MO	SOMAVERT	4	MO
MIACALCIN INJECTION	2	MO	STIMATE	3	MO
MIACALCIN NASAL	3	MO	STRIANT	3	PA; MO
MYALEPT	4	PA; MO; LA	SYNAREL	4	MO
MYOZYME	4	MO	TESTIM	3	PA; MO
NAGLAZYME	4	MO; LA	<i>testosterone cypionate</i>	1	MO
NATESTO	3	PA; MO	<i>testosterone enanthate</i>	1	MO
NATPARA	4	PA; MO; LA	TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
<i>novarel</i>	1	PA; MO	TESTOSTERONE TRANSDERMAL GEL IN PACKET	3	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO	TESTRED	3	MO
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO	VOGELXO TRANSDERMAL GEL	3	PA; MO
<i>pamidronate intravenous solution</i>	1	MO			
PARICALCITOL HEMODIALYSIS PORT INJECTION	3				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO	THYROLAR-3	2	MO
VPRIV	4	MO	TIROSINT	3	MO
ZAVESCA	4	MO; LA	TRIOSTAT	3	MO
ZEMPLAR INTRAVENOUS	2	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
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO	GASTROENTEROLOGY		
<i>zoledronic acid</i> <i>intravenous solution</i>	1	MO	ANTIDIARRHEALS / ANTISPASMODICS		
ZOMETA	4	MO	<i>atropine injection</i> <i>syringe 0.05 mg/ml,</i> <i>0.1 mg/ml</i>	1	
THYROID HORMONES			CANTIL	3	MO
CYTOMEL	3	MO	CUVPOSA	3	MO
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	MO	<i>diphenoxylate- atropine</i>	1	MO
<i>levothyroxine oral</i>	1	MO	FULYZAQ	3	MO
<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>glycopyrrolate</i> <i>injection</i>	1	MO
<i>liothyronine</i>	1	MO	<i>glycopyrrolate oral</i>	1	MO
SYNTHROID	3	MO	LOMOTIL	3	MO
THYROLAR-1	2	MO	<i>loperamide oral</i> <i>capsule</i>	1	MO
THYROLAR-1/2	2	MO	<i>methscopolamine</i> <i>oral</i>	1	MO
THYROLAR-1/4	2	MO	ROBINUL FORTE	3	MO
THYROLAR-2	2	MO	ROBINUL ORAL	3	MO
			MISCELLANEOUS GASTROINTESTINAL AGENTS		
			ACTIGALL	3	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AKYNZEO	2	PA; MO	<i>constulose</i>	1	MO
<i>alose tron</i>	4	MO	CREON ORAL CAPSULE, DELAY ED	2	MO
ALOXI	2	MO	RELEASE(DR/EC)		
AMITIZA	2	MO	12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT		
ANUSOL-HC RECTAL CREAM	3	MO	CREON ORAL CAPSULE, DELAY ED	4	MO
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO	RELEASE(DR/EC)		
ANZEMET ORAL	3	PA; MO	36,000-114,000- 180,000 UNIT		
APRISO	3	MO	<i>cromolyn oral</i>	1	MO
ASACOL HD	2	MO	CYSTADANE	4	MO
AZULFIDINE	3	MO	DELZICOL	2	MO
AZULFIDINE EN- TABS	3	MO	DIPENTUM	4	MO
<i>balsalazide</i>	1	MO	<i>dronabinol oral capsule 10 mg</i>	4	PA; MO
<i>budesonide oral</i>	4	MO	<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	PA; MO
CANASA	3	MO	EMEND INTRAVENOUS RECON SOLN 150 MG	2	MO
CESAMET	4	PA; MO	EMEND ORAL	2	PA; MO
CHENODAL	4	PA; MO; LA	ENTOCORT EC	4	MO
CIMZIA	4	PA; MO	<i>enulose</i>	1	MO
CIMZIA POWDER FOR RECONST	4	PA; MO	GASTROCROM	3	MO
COLAZAL	3	MO	GATTEX ONE- VIAL	4	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			

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<i>gavilyte-c</i>	1	MO	<i>metoclopramide hcl oral</i>	1	MO
<i>gavilyte-g</i>	1	MO	METZOLV ODT ORAL	3	MO
<i>gavilyte-n</i>	1	MO	TABLET,DISINTEGRATING 5 MG		
<i>generlac</i>	1	MO	MOVANTIK	2	MO
GIAZO	4	MO	MOVIPREP	3	MO
GOLYTELY	3	MO	NULYTELY WITH FLAVOR PACKS	3	MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	MO	<i>ondansetron</i>	1	PA; MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	MO	<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>granisetron hcl oral</i>	1	PA; MO	<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>hydrocortisone rectal enema</i>	1	MO	<i>ondansetron hcl oral solution</i>	1	PA; MO
KRISTALOSE	3	MO	<i>ondansetron hcl oral tablet 24 mg</i>	1	PA
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO
LIALDA	2	MO	OSMOPREP	3	MO
LINZESS	2	MO	PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-25,000 - 43,750 UNIT, 16,800-40,000 - 70,000 UNIT, 4,200-10,000 -17,500 UNIT	3	MO
LOTRONEX	4	MO			
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	PA; MO			
MARINOL ORAL CAPSULE 2.5 MG	3	PA; MO			
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO			
<i>mesalamine with cleansing wipe</i>	1	MO			
<i>metoclopramide hcl injection solution</i>	1	MO			

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PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 21,000-37,000 - 61,000 UNIT	4	MO	<i>proctozone-hc</i>	1	MO
			RECTIV	2	MO
			REGLAN ORAL	3	MO
			RELISTOR SUBCUTANEOUS SOLUTION	2	MO
<i>peg 3350- electrolytes oral recon soln 236- 22.74-6.74 -5.86 gram</i>	1	MO	RELISTOR SUBCUTANEOUS SYRINGE	2	MO
PENTASA	2	MO	REMICADE	4	PA; MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT	4	MO	SANCUSO	4	MO
			SFROWASA	3	MO
			SUCLEAR	2	MO
			SUCRAID	4	MO
			<i>sulfasalazine oral tablet</i>	1	MO
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 8,000-28,750- 30,250 UNIT	3	MO	<i>sulfazine ec</i>	1	MO
			SUPREP BOWEL PREP KIT	2	MO
			TRANSDERM- SCOP	3	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO	<i>trilyte with flavor packets</i>	1	MO
PREPOPIK	3	MO	UCERIS ORAL	4	MO
<i>prochlorperazine</i>	1	MO	UCERIS RECTAL	3	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO	ULTRESA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 13,800-27,600 UNIT	3	MO
<i>prochlorperazine maleate oral</i>	1	MO			
<i>procto-pak</i>	1	MO			
<i>proctosol hc</i>	1	MO			

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ULTRESA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20,700-41,400 UNIT, 23,000-46,000 UNIT	4	MO	ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	3	MO
URSO 250	3	MO	ZOFRAN (AS HYDROCHLORIDE) ORAL	3	PA; MO
URSO FORTE	3	MO	ZOFRAN ODT	3	PA; MO
<i>ursodiol</i>	1	MO	ZUPLENZ	3	PA; MO
VIOKACE	2	MO	ULCER THERAPY		
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT	2	MO	ACIPHEX	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000-218,000 UNIT	4	MO	ACIPHEX SPRINKLE	3	MO; QL (30 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5,000-17,000 - 27,000 UNIT	3	MO	<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
			<i>carafate oral suspension</i>	1	MO
			CARAFATE ORAL TABLET	3	MO
			<i>cimetidine</i>	1	MO
			<i>cimetidine hcl oral</i>	1	MO
			CYTOTEC	3	MO
			DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
			DEXILANT ORAL CAPSULE,BIPHASE 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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	MO	NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
<i>esomeprazole sodium</i>	1		NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>famotidine (pf)</i>	1	MO	<i>nizatidine</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1		OMECLAMOX- PAK	3	MO; QL (80 per 30 days)
<i>famotidine oral suspension</i>	1	MO	<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO	<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)	<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg- gram</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO	<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg- gram</i>	1	MO
<i>misoprostol</i>	1	MO	<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO	<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)	PEPCID ORAL SUSPENSION	3	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEPCID ORAL TABLET 20 MG	3	MO	PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (300 per 30 days)
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)	PROTONIX INTRAVENOUS	3	MO
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 30 MG	3	MO	PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)	PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 30 MG	3	MO	PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 40 MG	3	MO
PREVPAC	3	MO; QL (112 per 30 days)	PYLERA	2	MO
PRILOSEC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10 MG, 20 MG	3	MO; QL (30 per 30 days)	<i>rabeprazole</i>	1	MO
PRILOSEC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	MO	<i>ranitidine hcl injection solution 25 mg/ml</i>	1	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (900 per 30 days)	<i>ranitidine hcl oral capsule</i>	1	MO
			<i>ranitidine hcl oral syrup</i>	1	MO
			<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
			<i>sucralfate oral tablet</i>	1	MO
			ZANTAC INJECTION SOLUTION 25 MG/ML	3	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZANTAC ORAL TABLET	3	MO	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; MO
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO	ARCALYST	4	PA; MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)	AVONEX (WITH ALBUMIN)	4	PA; MO; QL (4 per 28 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO	AVONEX INTRAMUSCULA R PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY			AVONEX INTRAMUSCULA R SYRINGE KIT	4	PA; MO; QL (4 per 28 days)
BIOTECHNOLOGY DRUGS			BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
ACTIMMUNE	4	MO	EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; MO			
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML	3	PA; MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO	INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO	INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)	INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	MO
GENOTROPIN	4	PA; MO	LEUKINE INJECTION RECON SOLN	4	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO	MIRCERA	3	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO	MOZOBIL	4	MO
GRANIX	4	PA; MO	NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
HUMATROPE	4	PA; MO	NEUMEGA	4	MO
ILARIS (PF)	4	PA; MO; LA	NEUPOGEN	4	PA; MO
			NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; MO
			NORDITROPIN NORDIFLEX	4	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	4	PA; MO	PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	4	PA; MO	PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
OMNITROPE	4	PA; MO	PROLEUKIN	4	MO
PEGASYS	4	MO; QL (4 per 28 days)	REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days)
PEGASYS PROCLICK	4	MO; QL (4 per 28 days)	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)
PEGINTRON	4	MO; QL (4 per 28 days)	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (4.2 per 180 days)
PEGINTRON REDIPEN	4	MO; QL (4 per 28 days)	REBIF TITRATION PACK	4	PA; MO; QL (12 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)	SAIZEN	4	PA; MO
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)	SAIZEN CLICK.EASY	4	PA; MO
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)	SYLATRON	4	MO
			ZOMACTON	4	PA; MO
			ZORBTIVE	4	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO
ACTHIB (PF)	2	MO	ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULAR SUSPENSION	2	MO	FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	4	PA; MO
ATGAM	4	PA	<i>fomepizole</i>	1	MO
BCG VACCINE, LIVE (PF)	2		GAMASTAN S/D	2	MO
BEXSERO (PF)	2		GAMMAGARD LIQUID	4	PA; MO
BIVIGAM	4	PA; MO	GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
BOOSTRIX TDAP	2	MO	GAMMAPLEX	4	PA; MO
BOTOX	2	PA; MO	GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	4	PA; MO	GARDASIL (PF)	2	MO
CERVARIX VACCINE (PF)	2	MO	GARDASIL 9 (PF)	2	MO
COMVAX (PF)	2	MO	GRASTEK	2	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO	HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	3	PA; MO			
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2		RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
HYPERRAB S/D (PF)	3		RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
IMOVAX RABIES VACCINE (PF)	2	MO	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO	ROTARIX	2	
IPOL	2	MO	ROTATEQ VACCINE	2	MO
IXIARO (PF)	2	MO	TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO	TETANUS,DIPHTE RIA TOX PED(PF)	2	MO
MENOMUNE - A/C/Y/W-135 (PF)	2	MO	TETANUS- DIPHTE RIA TOXOIDS-TD	2	MO
MENVEO A-C-Y- W-135-DIP (PF)	2	MO	THYMOGLOBULI N	4	PA
M-M-R II (PF)	2	MO	TRUMENBA	2	
OCTAGAM	4	PA; MO	TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
PEDVAX HIB (PF)	2	MO	TYPHIM VI INTRAMUSCULAR SOLUTION	2	
PRIVIGEN	4	PA; MO			
PROQUAD (PF)	2				
QUADRACEL (PF)	2				
RABAVERT (PF)	2	MO			
RAGWITEK	2	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO	ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
VAQTA (PF) INTRAMUSCULAR SYRINGE	2		ACTONEL ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
VARIVAX (PF)	2	MO	<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
VARIZIG INTRAMUSCULAR SOLUTION	4		<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO	<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
YF-VAX (PF)	2	MO	ATELVIA	3	ST; MO; QL (4 per 28 days)
ZOSTAVAX (PF)	2	MO	BINOSTO	3	ST; MO; QL (4 per 28 days)
MUSCULOSKELETAL / RHEUMATOLOGY			BONIVA INTRAVENOUS	3	PA; MO
GOUT THERAPY			BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
<i>allopurinol</i>	1	MO	EVISTA	3	MO
<i>aloprim</i>	1		FORTEO	4	PA; MO; QL (2.4 per 28 days)
COLCHICINE ORAL	3	MO	FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
<i>colchicine- probenecid</i>	1	MO	FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
COLCRYS	2	MO	<i>ibandronate intravenous solution</i>	1	PA; MO
<i>probenecid</i>	1	MO	<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
ULORIC	2	ST; MO	PROLIA	2	PA; MO
ZYLOPRIM	3	MO	<i>rалoxifene</i>	1	MO
OSTEOPOROSIS THERAPY			<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate oral tablet 35 mg</i>	1	MO; QL (4 per 28 days)	HUMIRA CROHN'S DIS START PCK	4	PA; MO; QL (4.8 per 180 days)
<i>risedronate oral tablet 35 mg (12 pack)</i>	1	QL (4 per 28 days)	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)	HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)	OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA; MO	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (3.2 per 28 days)
ARAVA	3	MO; QL (30 per 30 days)	KINERET	4	PA; MO
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	4	MO	<i>leflunomide</i>	1	MO; QL (30 per 30 days)
CUPRIMINE	4	MO	ORENCIA	4	PA; MO
DEPEN TITRATABS	3	MO	ORENCIA (WITH MALTOSE)	4	PA; MO
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; MO; QL (8 per 28 days)	OTEZLA	4	PA; MO
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PA; MO; QL (8 per 28 days)	OTEZLA STARTER	4	PA; MO
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PA; MO; QL (4 per 28 days)	OTREXUP (PF)	3	MO
ENBREL SURECLICK	4	PA; MO; QL (4 per 28 days)	RASUVO (PF)	3	MO
			RIDAURA	4	MO
			SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
			SAVELLA ORAL TABLETS, DOSE PACK	2	MO; QL (55 per 30 days)
			SIMPONI	4	PA; MO
			SIMPONI ARIA	4	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XELJANZ	4	PA; MO	ELESTRIN	3	MO; QL (52 per 30 days)
OBSTETRICS / GYNECOLOGY					
ESTROGENS / PROGESTINS					
ACTIVELLA	3	MO	ENJUVIA	3	MO
ALORA	3	MO; QL (8 per 28 days)	<i>errin</i>	1	MO
ANGELIQ ORAL TABLET 0.5-1 MG	3	MO	ESTRACE ORAL	3	MO
AYGESTIN	3	MO	ESTRACE VAGINAL	2	MO
<i>camila</i>	1	MO	<i>estradiol oral</i>	1	MO
CLIMARA	3	MO; QL (4 per 28 days)	<i>estradiol transdermal patch semiweekly</i>	1	MO; QL (8 per 28 days)
CRINONE VAGINAL GEL 4 %	3	MO	<i>estradiol transdermal patch weekly</i>	1	MO; QL (4 per 28 days)
CRINONE VAGINAL GEL 8 %	3	PA; MO	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>deblitane</i>	1	MO	<i>estradiol-norethindrone acet</i>	1	MO
DELESTROGEN	3	MO	ESTRING	2	MO
DEPO-ESTRADIOL	3	MO	<i>estropipate</i>	1	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	MO	EVAMIST	3	MO; QL (16.2 per 30 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	MO	FEMHRT LOW DOSE	3	MO
DEPO-SUBQ PROVERA 104	3	MO	FEMRING	3	MO
DIVIGEL	3	MO; QL (30 per 30 days)	<i>jolivette</i>	1	MO
DUAVEE	2	MO	LOPREEZA	3	MO
			<i>lyza</i>	1	MO
			<i>medroxyprogesterone intramuscular suspension</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone oral</i>	1	MO	VIVELLE-DOT	3	MO; QL (8 per 28 days)
MENEST	3	MO	MISCELLANEOUS OB/GYN		
MENOSTAR	3	MO; QL (4 per 28 days)	AVC VAGINAL	3	MO
<i>mimvey</i>	1	MO	CLEOCIN VAGINAL	3	MO
<i>mimvey lo</i>	1	MO	<i>clindamycin phosphate vaginal</i>	1	MO
MINIVELLE	3	MO; QL (8 per 28 days)	GYNAZOLE-1 VAGINAL CREAM	3	MO
<i>nora-be</i>	1	MO	LUPANETA PACK (1 MONTH)	4	MO
<i>norethindrone (contraceptive)</i>	1	MO	LUPANETA PACK (3 MONTH)	4	MO
<i>norethindrone acetate</i>	1	MO	LYSTEDA	3	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO	METROGEL VAGINAL	3	MO
<i>norlyroc</i>	1		<i>metronidazole vaginal</i>	1	MO
NOR-QD	3	MO	<i>miconazole-3 vaginal suppository</i>	1	MO
ORTHO MICRONOR	3	MO	NUVARING	3	MO
PREMARIN INJECTION	2	MO	NUVESSA	3	MO
PREMARIN ORAL	2	MO	TERAZOL 3 VAGINAL CREAM	3	MO
PREMARIN VAGINAL	3	MO	TERAZOL 7	3	MO
<i>progesterone micronized</i>	1	MO	<i>terconazole</i>	1	MO
PROMETRIUM	3	MO	<i>tranexamic acid oral</i>	1	MO
PROVERA	3	MO	<i>vandazole</i>	1	MO
<i>sharobel</i>	1	MO	<i>xulane</i>	1	MO
VAGIFEM	3	MO	ORAL CONTRACEPTIVES / RELATED AGENTS		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amethia</i>	1	MO	<i>gildess oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>amethyst</i>	1	MO	<i>introvale</i>	1	MO
<i>apri</i>	1	MO	<i>junel 1.5/30 (21)</i>	1	MO
<i>aranelle (28)</i>	1	MO	<i>junel 1/20 (21)</i>	1	MO
<i>ashlyna</i>	1	MO	<i>junel fe 1.5/30 (28)</i>	1	MO
<i>aubra</i>	1	MO	<i>junel fe 1/20 (28)</i>	1	MO
<i>aviane</i>	1	MO	<i>junel fe 24</i>	1	MO
<i>balziva (28)</i>	1	MO	<i>kariva (28)</i>	1	MO
BEYAZ	3	MO	<i>kelnor 1/35 (28)</i>	1	MO
BREVICON (28)	3	MO	<i>l norgest&e estradiol-e estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>briellyn</i>	1	MO	<i>larin 1.5/30 (21)</i>	1	
<i>cryselle (28)</i>	1	MO	<i>larin 1/20 (21)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO	<i>larin fe</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO	<i>leena 28</i>	1	MO
CYCLESSA (28)	3	MO	<i>lessina</i>	1	MO
<i>delyla (28)</i>	1		<i>levonest (28)</i>	1	MO
<i>desog- e.estradiol/e.estradiol</i>	1		<i>levonorgestrel- ethinyl estrad oral tablet 0.1-20 mg- mcg</i>	1	MO
DESOGEN	3	MO	<i>levonorgestrel- ethinyl estrad oral tablet 90-20 mcg</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	MO	<i>levonorgestrel- ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO
<i>emoquette</i>	1	MO			
<i>enpresse</i>	1	MO			
<i>falmina (28)</i>	1	MO			
FEMCON FE	3	MO			
GENERESS FE	3	MO			
<i>gianvi (28)</i>	1	MO			
<i>gildagia</i>	1	MO			
<i>gildess 24 fe</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levora-28</i>	1	MO	<i>necon 7/7/7 (28)</i>	1	MO
LO LOESTRIN FE	3	MO	<i>nikki (28)</i>	1	MO
LOESTRIN 1.5/30 (21)	3	MO	<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
LOESTRIN 1/20 (21)	3	MO	<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO	NORINYL 1+35 (28)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO	NORINYL 1+50 (28)	3	MO
<i>lomedina 24 fe</i>	1	MO	<i>nortrel 0.5/35 (28)</i>	1	MO
<i>loryna (28)</i>	1	MO	<i>nortrel 1/35 (21)</i>	1	MO
LOSEASONIQUE	3	MO	<i>nortrel 1/35 (28)</i>	1	MO
<i>lutera (28)</i>	1	MO	<i>nortrel 7/7/7 (28)</i>	1	MO
<i>marlissa</i>	1	MO	<i>ocella</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO	<i>ogestrel (28)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO	<i>orsythia</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO	ORTHO TRI-CYCLEN (28)	3	MO
<i>microgestin fe 1/20 (28)</i>	1	MO	ORTHO TRI-CYCLEN LO (28)	3	MO
MINASTRIN 24 FE	3	MO	ORTHO-CEPT (28)	3	MO
MODICON (28)	3	MO	ORTHO-CYCLEN (28)	3	MO
<i>mononessa (28)</i>	1	MO	ORTHO-NOVUM 1/35 (28)	3	MO
NATAZIA	3	MO	ORTHO-NOVUM 7/7/7 (28)	3	MO
<i>necon 0.5/35 (28)</i>	1	MO			
<i>necon 1/35 (28)</i>	1	MO			
<i>necon 1/50 (28)</i>	1	MO			
<i>necon 10/11 (28)</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OVCON-35 (28)	3	MO	<i>zovia 1/50e (28)</i>	1	MO
<i>pimtrea (28)</i>	1	MO	OXYTOCICS		
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO	<i>methylergonovine oral</i>	1	MO
<i>portia</i>	1	MO	OPHTHALMOLOGY		
<i>previfem</i>	1	MO	ANTIBIOTICS		
QUARTETTE	3	MO	AZASITE	3	MO
<i>quasense</i>	1	MO	<i>bacitracin ophthalmic</i>	1	MO
<i>reclipsen (28)</i>	1	MO	<i>bacitracin-polymyxin b ophthalmic</i>	1	MO
SAFYRAL	3	MO	BESIVANCE	2	MO
SEASONIQUE	3	MO	CILOXAN	3	MO
<i>sprintec (28)</i>	1	MO	<i>ciprofloxacin hcl ophthalmic</i>	1	MO
<i>sronyx</i>	1	MO	<i>erythromycin ophthalmic</i>	1	MO
<i>tarina fe</i>	1	MO	<i>garamycin ophthalmic drops</i>	1	
<i>tri-legest fe</i>	1	MO	<i>gatifloxacin</i>	1	MO
<i>trinessa (28)</i>	1	MO	<i>gentak ophthalmic ointment</i>	1	MO
TRI-NORINYL (28)	3	MO	<i>gentamicin ophthalmic</i>	1	MO
<i>tri-previfem (28)</i>	1	MO	ILOTYCIN	3	MO
<i>tri-sprintec (28)</i>	1	MO	<i>levofloxacin ophthalmic</i>	1	MO
<i>trivora (28)</i>	1	MO	MOXEZA	3	MO
<i>velivet triphasic regimen (28)</i>	1	MO	NATACYN	2	MO
<i>vestura (28)</i>	1	MO			
<i>vyfemla (28)</i>	1	MO			
<i>wymzya fe</i>	1	MO			
YASMIN (28)	3	MO			
YAZ (28)	3	MO			
<i>zenchent (28)</i>	1	MO			
<i>zenchent fe</i>	1	MO			
<i>zovia 1/35e (28)</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin-polymyxin</i>	1	MO	<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO	<i>metipranolol</i>	1	MO
NEOSPORIN (NEO-POLYGRAMICID)	3	MO	<i>timolol maleate ophthalmic</i>	1	MO
OCUFLOX	3	MO	TIMOPTIC OCUDOSE (PF)	3	MO
<i>ofloxacin ophthalmic</i>	1	MO	TIMOPTIC-XE	3	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO	CHOLINESTERASE INHIBITOR MIOTICS		
POLYTRIM	3	MO	PHOSPHOLINE IODIDE	2	MO
<i>tobramycin</i>	1	MO	CYCLOPLEGIC MYDRIATICS		
TOBREX	3	MO	<i>atropine ophthalmic drops</i>	1	MO
VIGAMOX	3	MO	DIRECT ACTING MIOTICS		
ZYMAXID	3	MO	ISOPTO CARPINE	3	MO
ANTIVIRALS			<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	1	MO
<i>trifluridine</i>	1	MO	MISCELLANEOUS OPHTHALMOLOGICS		
VIROPTIC	3	MO	ALOCRIL	3	MO
ZIRGAN	3	MO	ALOMIDE	3	MO
BETA-BLOCKERS			<i>azelastine ophthalmic</i>	1	MO
BETAGAN OPHTHALMIC DROPS 0.5 %	3	MO	BEPREVE	2	MO
<i>betaxolol ophthalmic</i>	1	MO	<i>cromolyn ophthalmic</i>	1	MO
BETIMOL	3	MO	CYSTARAN	4	MO
BETOPTIC S	3	MO	ELESTAT	3	MO
<i>carteolol</i>	1	MO			
ISTALOL	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMADINE	3	MO	OTHER GLAUCOMA DRUGS		
<i>epinastine</i>	1	MO	AZOPT	3	MO
LACRISERT	3	MO	<i>bimatoprost</i>	1	MO
LASTACAPT	2	MO	COMBIGAN	2	MO
PATADAY	2	MO	COSOPT	3	MO
PATANOL	3	MO	<i>dorzolamide</i>	1	MO
PAZEO	2	MO	<i>dorzolamide-timolol</i>	1	MO
RESTASIS	2	MO; QL (60 per 30 days)	<i>latanoprost</i>	1	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			LUMIGAN OPTHALMIC DROPS 0.01 %	2	MO
ACULAR	3	MO	SIMBRINZA	3	MO
ACULAR LS	3	MO	TRAVATAN Z	2	MO
ACUVAIL (PF)	3	MO	<i>travoprost (benzalkonium)</i>	1	MO
<i>bromfenac</i>	1	MO	TRUSOPT	3	MO
<i>diclofenac sodium ophthalmic</i>	1	MO	XALATAN	3	ST; MO
<i>flurbiprofen sodium</i>	1	MO	ZIOPTAN (PF)	3	ST; MO
ILEVRO	2	MO	STEROID-ANTIBIOTIC COMBINATIONS		
<i>ketorolac ophthalmic</i>	1	MO	MAXITROL	3	MO
NEVANAC	2	MO	<i>neomycin-bacitracin-poly-hc</i>	1	MO
OCUFEN	3	MO	<i>neomycin-polymyxin b-dexameth</i>	1	MO
PROLENSA	2	MO	<i>neomycin-polymyxin-hc ophthalmic</i>	1	MO
ORAL DRUGS FOR GLAUCOMA			PRED-G	2	MO
<i>acetazolamide oral</i>	1	MO	PRED-G S.O.P.	2	MO
<i>acetazolamide sodium</i>	1	MO	TOBRADEX	3	MO
DIAMOX SEQUELS	3	MO			
<i>methazolamide oral</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX ST	3	MO	<i>sulfacetamide- prednisolone</i>	1	MO
<i>tobramycin- dexamethasone</i>	1	MO	SULFONAMIDES		
ZYLET	2	MO	BLEPH-10	3	MO
STEROIDS			<i>sulfacetamide sodium ophthalmic</i>	1	MO
ALREX	2	MO	SYMPATHOMIMETICS		
<i>dexamethasone sodium phosphate ophthalmic</i>	1	MO	ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
DUREZOL	3	MO	ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	MO
FLAREX	3	MO	<i>apraclonidine</i>	1	MO
<i>fluorometholone</i>	1	MO	<i>brimonidine</i>	1	MO
FML FORTE	3	MO	IOPIDINE	3	MO
FML LIQUIFILM	3	MO	VASOCONSTRICTOR DECONGESTANTS		
FML S.O.P.	2	MO	<i>naphazoline</i>	1	MO
LOTEMAX	2	MO	RESPIRATORY AND ALLERGY		
MAXIDEX	3	MO	ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
OMNIPRED	3	MO	<i>adrenalin injection solution 1 mg/ml (1:1,000) (1ml)</i>	1	
PRED FORTE	3	MO	AUVI-Q	3	MO; QL (4 per 30 days)
PRED MILD	2	MO	<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>prednisolone acetate</i>	1	MO	CLARINEX ORAL SYRUP	3	MO
<i>prednisolone sodium phosphate ophthalmic</i>	1	MO	CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
VEXOL	3	MO			
STEROID-SULFONAMIDE COMBINATIONS					
BLEPHAMIDE	3	MO			
BLEPHAMIDE S.O.P.	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)	<i>acetylcysteine solution</i>	1	PA; MO
<i>desloratadine</i>	1	MO; QL (30 per 30 days)	ADCIRCA	4	PA; MO; QL (60 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO	ADEMPAS	4	PA; MO; LA
<i>diphenhydramine hcl oral elixir</i>	1	PA	ADVAIR DISKUS	2	MO; QL (60 per 30 days)
<i>epinephrine injection auto-injector</i>	1	MO; QL (4 per 30 days)	ADVAIR HFA	2	MO; QL (12 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)	AEROSPAN	2	MO; QL (17.8 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)	<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	PA; MO
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO	<i>albuterol sulfate oral</i>	1	MO
<i>levocetirizine oral solution</i>	1	MO	ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)	ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
PHENERGAN INJECTION	3	MO	<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
<i>promethazine injection solution</i>	1	MO	ANORO ELLIPTA	2	MO; QL (60 per 30 days)
<i>promethazine oral</i>	1	PA; MO	ARCAPTA NEOHALER	2	MO; QL (30 per 30 days)
SEMPREX-D	3	MO			
XYZAL ORAL SOLUTION	3	MO			
XYZAL ORAL TABLET	3	MO; QL (30 per 30 days)			
PULMONARY AGENTS					
ACCOLATE	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)	<i>budesonide inhalation</i>	1	PA; MO
ASMANEX HFA	2	MO; QL (13 per 30 days)	<i>budesonide nasal</i>	1	MO; QL (17.2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	2	MO; QL (30 per 30 days)	CINRYZE	4	PA; MO
			COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
			<i>cromolyn inhalation</i>	1	PA; MO
			DALIRESP	2	PA; MO
			DULERA	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (240 per 30 days)	DYMISTA	2	MO; QL (23 per 30 days)
			ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
			ESBRIET	4	PA; MO; QL (270 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	MO; QL (60 per 30 days)	FIRAZYR	4	PA; MO
			FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)	FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)	FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO			
BREO ELLIPTA	2	MO; QL (60 per 30 days)			
BROVANA	3	PA; MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)	<i>montelukast</i>	1	MO
			NASONEX	2	MO; QL (34 per 30 days)
			OFEV	4	PA; MO; QL (60 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)	OMNARIS	3	MO; QL (12.5 per 30 days)
			OPSUMIT	4	PA; MO; LA
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)	PERFOROMIST	2	PA; MO
			PROAIR HFA	2	MO; QL (17 per 30 days)
<i>fluticasone nasal</i>	1	MO; QL (16 per 30 days)	PROAIR RESPICLICK	2	MO; QL (17 per 30 days)
FORADIL AEROLIZER	2	MO; QL (60 per 30 days)	PROVENTIL HFA	3	MO; QL (13.4 per 30 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO			
<i>ipratropium- albuterol</i>	1	PA; MO			
KALBITOR	4	MO	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
KALYDECO ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)			
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)			
LETAIRIS	4	PA; MO; LA	PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	1	PA; MO			
<i>metaproterenol oral</i>	1	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	2	PA; MO	SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
PULMOZYME	4	PA; MO	STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)	STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)	SYMBICORT	2	MO; QL (10.2 per 30 days)
QVAR	2	MO; QL (17.4 per 30 days)	<i>terbutaline oral</i>	1	MO
REVATIO INTRAVENOUS	4	PA; MO	<i>terbutaline subcutaneous</i>	1	MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)	THEO-24	3	MO
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)	<i>theophylline oral solution</i>	1	
RHINOCORT AQUA	3	MO; QL (17.2 per 30 days)	<i>theophylline oral tablet extended release</i>	1	MO
RUCONEST	4	PA; MO	<i>theophylline oral tablet extended release 12 hr</i>	1	MO
SEREVENT DISKUS	2	MO; QL (60 per 30 days)	TRACLEER	4	PA; MO; LA
<i>sildenafil intravenous</i>	4	PA	<i>triamcinolone acetonide nasal</i>	1	MO; QL (16.5 per 30 days)
<i>sildenafil oral</i>	1	PA; MO; QL (90 per 30 days)	TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	MO; QL (1 per 30 days)
SINGULAIR	3	MO			
SPIRIVA RESPIMAT	2	MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	2	QL (1 per 30 days)	<i>flavoxate</i>	1	MO
TYVASO	4	PA; MO	GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	MO; QL (92 per 30 days)
VENTAVIS	4	PA; MO	GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
VENTOLIN HFA	3	MO; QL (36 per 30 days)	MYRBETRIQ	2	MO
VERAMYST	3	MO; QL (10 per 30 days)	<i>oxybutynin chloride oral</i>	1	MO
VOSPIRE ER	3	MO	OXYTROL	3	MO; QL (8 per 28 days)
XOLAIR	4	PA; MO; LA; QL (6 per 28 days)	<i>tolterodine</i>	1	MO
XOPENEX	3	PA; MO	TOVIAZ	2	MO
XOPENEX HFA	3	MO; QL (30 per 30 days)	<i>trospium</i>	1	MO
<i>zafirlukast</i>	1	MO	VESICARE	2	MO
ZETONNA	3	MO; QL (6.1 per 30 days)	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
ZYFLO	4	MO	<i>alfuzosin</i>	1	MO
ZYFLO CR	4	MO	AVODART	2	MO
UROLOGICALS			<i>finasteride oral tablet 5 mg</i>	1	MO
ANTICHOLINERGICS / ANTISPASMODICS			FLOMAX	3	ST; MO
DETROL	3	MO	JALYN	2	MO
DETROL LA	3	MO	PROSCAR	3	MO
DITROPAN XL	3	MO	RAPAFLO	2	ST; MO
ENABLEX	2	MO	<i>tamsulosin</i>	1	MO
			UROXATRAL	3	ST; MO
			CHOLINERGIC STIMULANTS		
			<i>bethanechol chloride</i>	1	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
URECHOLINE	3	MO	<i>k-tab oral tablet extended release 8 meq</i>	1	
MISCELLANEOUS UROLOGICALS					
AMMONIUM CHLORIDE	2		<i>lactated ringers intravenous</i>	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)	<i>magnesium sulfate injection solution</i>	1	MO
CYSTAGON	2	MO; LA	<i>magnesium sulfate injection syringe</i>	1	
ELMIRON	2	MO	NORMOSOL-R IN 5 % DEXTROSE	2	
<i>potassium citrate</i>	1	MO	PHOSLO	3	MO
PROCYSBI	4	MO	PHOSLYRA	3	MO
UROCIT-K 10	3	MO	<i>potassium chlorid- d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
UROCIT-K 15	3	MO			
UROCIT-K 5	3	MO	<i>potassium chlorid- d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
VITAMINS, HEMATINICS / ELECTROLYTES					
ELECTROLYTES					
<i>calcium acetate oral capsule</i>	1	MO	<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>dextrose-kcl-nacl</i>	1				
<i>eliphos</i>	1	MO	<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>klor-con 10</i>	1	MO			
<i>klor-con 8</i>	1	MO			
<i>klor-con m15</i>	1	MO			
<i>klor-con m20</i>	1	MO			
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1		<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium chloride intravenous solution</i>	1	MO	<i>ringers intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO	<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO	<i>sodium chloride 3 %</i>	1	MO
<i>potassium chloride oral tablet extended release 8 meq</i>	1	MO	<i>sodium chloride 5 %</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO	<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1		<i>sodium lactate intravenous solution</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO	TPN ELECTROLYTES	3	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1		MISCELLANEOUS NUTRITION PRODUCTS		
			AMINOSYN 7 % WITH ELECTROLYTES	2	PA
			AMINOSYN 8.5 %- ELECTROLYTES	2	PA
			AMINOSYN II 10 %	2	PA
			AMINOSYN II 15 %	2	PA
			AMINOSYN II 7 %	2	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN II 8.5 %	2	PA	CLINIMIX E 4.25%/D10W SUL FREE	3	PA
AMINOSYN II 8.5 %- ELECTROLYTES	2	PA	CLINIMIX E 4.25%/D25W SUL FREE	3	PA
AMINOSYN M 3.5 %	2	PA	CLINIMIX E 4.25%/D5W SULF FREE	3	PA
AMINOSYN-HBC 7%	2	PA	CLINIMIX E 5%/D15W SULFIT FREE	3	PA
AMINOSYN-PF 10 %	2	PA	CLINIMIX E 5%/D20W SULFIT FREE	3	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA	CLINIMIX E 5%/D25W SULFIT FREE	3	PA
AMINOSYN-RF 5.2 %	2	PA	CLINISOL SF 15 %	3	PA; MO
CLINIMIX 5%/D15W SULFITE FREE	2	PA	FREAMINE HBC 6.9 %	3	PA
CLINIMIX 5%/D25W SULFITE-FREE	2	PA	HEPATAMINE 8%	2	PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	PA	<i>intralipid intravenous emulsion 20 %</i>	1	PA; MO
CLINIMIX 4.25%/D10W SULF FREE	2	PA	INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA	IONOSOL-B IN D5W	2	
CLINIMIX 4.25%-D25W SULF-FREE	2	PA	IONOSOL-MB IN D5W	2	
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA	ISOLYTE-P IN 5 % DEXTROSE	2	
			ISOLYTE-S	2	

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Drug Name	Drug Tier	Requirements/ Limits
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-M IN 5 % DEXTROSE	2	
NORMOSOL-R PH 7.4	2	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56 IN 5 % DEXTROSE	2	
<i>premasol 10 %</i>	1	PA; MO
PREMASOL 6 %	2	PA
PROCALAMINE 3%	2	PA
PROSOL 20 %	3	PA; MO
<i>travasol 10 %</i>	1	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
PRENATAL VITAMIN ORAL TABLET	3	
SODIUM FLUORIDE ORAL TABLET	3	MO

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AMINOSYN-PF 7 % (SULFITE-FREE).....	104	APIDRA SOLOSTAR	68	ATRALIN.....	59
AMINOSYN-RF 5.2 %.....	104	APLENZIN	38	ATRIPLA	2
amiodarone	49	APOKYN	25	atropine	75, 94
AMITIZA	76	apraclonidine	96	ATROVENT.....	66
amitriptyline	37	apri.....	91	ATROVENT HFA.....	98
amlodipine.....	50	APRISO.....	76	AUBAGIO.....	26
amlodipine-atorvastatin.....	56	APTENSIO XR.....	38	aubra	91
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amlodipine-valsartan	50	APTIVUS.....	2	AURYXIA.....	64
amlodipine-valsartan-hcthiazid	50	ARALAST NP	64	AUVI-Q.....	96
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amnesteem.....	59	ARAVA.....	88	AVANDIA	68
amoxapine	37	ARCALYST.....	82	AVAPRO.....	50
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amoxicillin.....	10	ARGATROBAN	55	AVC VAGINAL	90
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amphotericin b.....	1	ARIMIDEX	14	AVELOX ABC PACK.....	12
ampicillin.....	10	aripiprazole.....	38	AVELOX IN NA CL (ISO- OSMOTIC).....	12
ampicillin sodium.....	10	ARIXTRA	55	aviane.....	91
ampicillin-sulbactam	10	ARNUITY ELLIPTA.....	98	avita	59
AMPYRA.....	26	AROMASIN.....	14	AVITA.....	59
ANADROL-50	73	ARRANON	14	AVODART.....	101
ANAFRANIL.....	37	ARRANON	14	AVONEX	82
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anastrozole.....	14	ASACOL HD	76	AYGESTIN.....	89
ANCOBON	1	ashlyna.....	91	azacitidine.....	14
ANDRODERM.....	73	ASMANEX HFA	98	AZACTAM	8
ANDROGEL.....	73	ASMANEX TWISTHALER.....	98	AZACTAM IN DEXTROSE (ISO-OSM).....	8
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ANGELIQ.....	89	ASTEPRO	66	AZASITE	93
ANORO ELLIPTA	97	ATACAND	50	azathioprine	14
ANTABUSE.....	64	ATACAND HCT	50	azelastine	66, 94
ANTARA	56	ATELVIA.....	87	AZELEX.....	60
ANUSOL-HC.....	76	atenolol.....	50	AZILECT	25
ANZEMET.....	76	atenolol-chlorthalidone.....	50	azithromycin	7
APEXICON.....	62	ATGAM	85	AZOPT	95
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		atovaquone.....	7		
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AZULFIDINE	76	bicalutamide	14	C
AZULFIDINE EN-TABS	76	BICILLIN C-R	11	cabergoline
B		BICILLIN L-A	11	CADUET
bacim	8	BICNU	14	CAFERGOT
bacitracin	8, 93	BIDIL	50	CALAN
bacitracin-polymyxin b	93	BILTRICIDE	8	CALAN SR
baclofen	27	bimatoprost	95	calcipotriene
BACTRIM	12	BINOSTO	87	calcipotriene-betamethasone
BACTRIM DS	12	bisoprolol fumarate	50	58
BACTROBAN	61	bisoprolol-hydrochlorothiazide		calcitonin (salmon)
BACTROBAN NASAL	66	51	73
balsalazide	76	BIVIGAM	85	calcitriol
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BANZEL	21	BLEPH-10	96	calcium acetate
BARACLUDE	2	BLEPHAMIDE	96	102
BCG VACCINE, LIVE (PF)	85	BLEPHAMIDE S.O.P.	96	CAMBIA
BECONASE AQ	98	BONIVA	87	camila
BELEODAQ	14	BOOSTRIX TDAP	85	89
BELSOMRA	38	BOSULIF	15	CAMPTOSAR
benazepril	50	BOTOX	85	15
benazepril-hydrochlorothiazide		BREO ELLIPTA	98	CANASA
.....	50	BREVICON (28)	91	76
BENICAR	50	briellyn	91	CANCIDAS
BENICAR HCT	50	BRILINTA	55	1
BENLYSTA	88	brimonidine	96	candesartan
BENZACLIN	60	BRINTELLIX	38	51
BENZAMYCIN	60	BRISDELLE	38	candesartan-hydrochlorothiazid
benztropine	25	bromfenac	95	.....
BEPREVE	94	bromocriptine	25	51
BERINERT	98	BROVANA	98	CANTIL
BESIVANCE	93	budesonide	76, 98	75
BETAGAN	94	bumetanide	51	CAPASTAT
betamethasone dipropionate	62	BUNAVAIL	34, 35	8
betamethasone valerate	62	BUPRENEX	28	CAPEX
betamethasone, augmented...	62	buprenorphine hcl	28	62
BETAPACE AF	49	buprenorphine-naloxone	35	CAPITAL WITH CODEINE
BETASERON	82	buproban	66
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bethanechol chloride	101	buspirone	38	CAPRELSA
BETHKIS	8	BUSULFEX	15	15
BETIMOL	94	butorphanol tartrate	35	captopril
BETOPTIC S	94	BUTRANS	28	51
BEXSERO (PF)	85	BYDUREON	68	captopril-hydrochlorothiazide
BEYAZ	91	BYETTA	69
BIAXIN	7	BYSTOLIC	51	51
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				CARAFATE
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CARDURA XL.....	51	CEREBYX.....	22	ciprofloxacin lactate.....	12
CARIMUNE NF		CEREZYME.....	73	cisplatin.....	15
NANOFILTERED.....	85	CERVARIX VACCINE (PF)		citalopram.....	38, 39
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carteolol.....	94	CESAMET.....	76	CLAFORAN.....	6
cartia xt.....	51	cetirizine.....	96	claravis.....	60
carvedilol.....	51	cevimeline.....	64	CLARINEX.....	96
CASODEX.....	15	CHANTIX.....	66	CLARINEX-D 12 HOUR.....	97
CATAPRES.....	51	CHANTIX CONTINUING		clarithromycin.....	7
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CATAPRES-TTS-3.....	51	MONTH BOX.....	66	DEXTROSE.....	8
CAYSTON.....	8	CHEMET.....	64	CLEOCIN T.....	60
CEDAX.....	5	CHENODAL.....	76	CLIMARA.....	89
cefaclor.....	5	chloramphenicol sod succinate		CLINDACIN PAC.....	60
cefadroxil.....	5	8	CLINDAGEL.....	60
cefazolin.....	5	chlorhexidine gluconate.....	66	clindamycin hcl.....	8
cefazolin in dextrose (iso-os).....	5	chloroquine phosphate.....	8	clindamycin in 5 % dextrose.....	8
cefdinir.....	5	chlorothiazide.....	51	clindamycin pediatric.....	8
cefditoren pivoxil.....	5	chlorothiazide sodium.....	51	clindamycin phosphate.....	8, 60,
cefepime.....	5	chlorpromazine.....	38	90	
CEFEPIME IN DEXTROSE 5		chlorthalidone.....	51	clindamycin-benzoyl peroxide	
%.....	5	cholestyramine light.....	56	60
cefixime.....	5	chorionic gonadotropin, human		CLINIMIX 5%/D15W	
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cefotetan.....	5	CIALIS.....	102	CLINIMIX 5%/D25W	
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ceftazidime.....	5	cimetidine.....	79	SULF FREE.....	104
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CELEXA.....	38	CIPRO IN D5W.....	12	D20W(SULFITE-FREE).....	104
CELLCEPT.....	15	CIPRODEX.....	67	CLINIMIX E 2.75%/D10W	
CELLCEPT INTRAVENOUS		ciprofloxacin.....	12	SUL FREE.....	64
.....	15	ciprofloxacin (mixture).....	12	CLINIMIX E 2.75%/D5W	
CELONTIN.....	22	ciprofloxacin hcl.....	12, 93	SULF FREE.....	65
cephalexin.....	6	ciprofloxacin in 5 % dextrose		CLINIMIX E 4.25%/D10W	
CERDELGA.....	73	12	SUL FREE.....	104

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CLINIMIX E 4.25%/D25W	COMBIVENT RESPIMAT .98	CYCLOPHOSPHAMIDE ...15
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SULFIT FREE.....104	COMTAN.....25	CYMBALTA.....39
CLINIMIX E 5%/D20W	COMVAX (PF)85	CYSTADANE.....76
SULFIT FREE.....104	CONCERTA39	CYSTAGON102
CLINIMIX E 5%/D25W	CONDYLOX.....59	CYSTARAN.....94
SULFIT FREE.....104	constulose76	cytarabine15
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clomipramine.....39	CORGARD51	d2.5 %-0.45 % sodium
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clonidine.....51	cormax63	d5 % and 0.9 % sodium
clonidine hcl39, 51	CORTEF.....67	chloride65
clopidogrel.....55	cortisone67	d5 %-0.45 % sodium chloride
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CLOZARIL.....39	COUMADIN55	dantrolene27
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COGENTIN25	CRESEMBA1	PEDIATRIC) (PF).....85
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demeclocycline.....	12	dextrose 10 % in water (d10w)	65	diphenoxylate-atropine.....	75
DEMSER.....	51	.....	65	DIPROLENE.....	63
DENAVIR.....	62	dextrose 5 % in water (d5w).	65	DIPROLENE AF.....	63
DEPAICON.....	22	dextrose 5 %-lactated ringers	65	dipyridamole.....	55
DEPAKENE.....	22	dextrose 5%-0.2 % sod		disulfiram.....	65
DEPAKOTE.....	22	chloride.....	65	DITROPAN XL.....	101
DEPAKOTE ER.....	22	dextrose 5%-0.3 %		DIURIL.....	52
DEPAKOTE SPRINKLES ..	22	sod.chloride	65	DIURIL IV	52
DEPEN TITRATABS	88	dextrose with sodium chloride		divalproex	22
DEPO-ESTRADIOL.....	89	.....	65	DIVIGEL.....	89
DEPO-MEDROL	67	dextrose-kcl-nacl	102	DOCEFREZ	15
DEPO-PROVERA	89	DIAMOX SEQUELS	95	docetaxel.....	15
DEPO-SUBQ PROVERA 104		DIASTAT	22	DOLOPHINE	28
.....	89	DIASTAT ACUDIAL.....	22	donepezil.....	27
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desmopressin	73	diclofenac-misoprostol	35	doxazosin.....	52
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DESOGEN	91	didanosine.....	2	doxercalciferol.....	73
DESONATE.....	63	DIFFERIN.....	60	DOXIL.....	15
desonide.....	63	DIFICID	7	doxorubicin.....	16
DESOWEN	63	diflorasone	63	doxy-100.....	12
desoximetasone	63	DIFLUCAN.....	1	doxycycline hyclate.....	12, 13
DESOXYN.....	39	diflunisal.....	35	doxycycline monohydrate	13
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DETROL	101	digoxin.....	55	drosiprone-ethinyl estradiol	
DETROL LA.....	101	dihydroergotamine.....	26	91
dexamethasone	67	DILANTIN 30 MG	22	DROXIA.....	16
dexamethasone intensol.....	67	DILANTIN EXTENDED 100		DUAC.....	60
dexamethasone sodium		MG.....	22	DUAVEE.....	89
phosphate.....	67, 96	DILANTIN INFATABS 50		DUETACT	69
dexedrine	39	MG.....	22	DUEXIS	35
DEXEDRINE SPANSULE..	39	DILANTIN-125 125 MG/5		DULERA.....	98
DEXILANT.....	79	ML.....	22	duloxetine	40
dexmethylphenidate	39	DILAUDID	28	DUOPA	25
DEXPAK 13 DAY	67	DILAUDID (PF)	28	DURAGESIC	28, 29
dexrazoxane hcl.....	14	DILAUDID-HP (PF).....	28	duramorph (pf).....	29
dextroamphetamine	39	diltiazem hcl	51, 52	DUREZOL	96
dextroamphetamine-		dilt-xr.....	52	DUTOPROL.....	52
amphetamine	40	DIOVAN	52	DYAZIDE	52
dextrose 10 % and 0.2 % nacl		DIOVAN HCT	52	DYMISTA.....	98
.....	65	DIPENTUM	76	DYSPORT	85
		diphenhydramine hcl	97		

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E		
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econazole.....	61	
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EDARBYCLOR.....	52	
EDECIN.....	52	
EDURANT.....	2	
EFFEXOR XR.....	40	
EFFIENT.....	55	
EFUDEX.....	59	
EGRIFTA.....	82	
ELAPRASE.....	73	
ELDEPRYL	25	
ELELYSO	73	
ELESTAT.....	94	
ELESTRIN	89	
ELIDEL.....	59	
ELIGARD	16	
eliphos	102	
ELIQUIS	55	
ELITEK.....	14	
ELIXOPHYLLIN.....	98	
ELLENCES.....	16	
ELMIRON.....	102	
ELOCON.....	63	
ELOXATIN.....	16	
EMADINE	95	
EMBEDA	29	
EMCYT.....	16	
EMEND.....	76	
EMLA.....	61	
emoquette	91	
EMSAM	40	
EMTRIVA.....	2	
ENABLEX	101	
enalapril maleate	52	
enalapril-hydrochlorothiazide	52	
ENBREL	88	
ENBREL SURECLICK	88	
endocet	29	
endodan	29	
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enoxaparin	55	
enpresse	91	
entacapone.....	25	
entecavir	2	
ENTOCORT EC.....	76	
enulose.....	76	
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EPIDUO	60	
epinastine.....	95	
epinephrine	97	
EPIPEN 2-PAK.....	97	
EPIPEN JR 2-PAK.....	97	
epirubicin.....	16	
epitol.....	22	
EPIVIR	2	
EPIVIR HBV.....	2	
eplerenone	52	
EPOGEN	83	
eprosartan	52	
EPZICOM	2	
EQUETRO	22	
ERAXIS(WATER DILUENT)	1	
ERBITUX.....	16	
ergoloid.....	40	
ERGOMAR	26	
ERIVEDGE	16	
errin	89	
ERTACZO.....	61	
ERWINAZE	16	
ery pads.....	60	
ERYPED 200	7	
ERYPED 400	7	
ery-tab.....	7	
ERY-TAB.....	7	
ERYTHROCIN	7	
erythrocin (as stearate)	7	
erythromycin	7, 93	
erythromycin ethylsuccinate... ..	7	
erythromycin with ethanol... ..	60	
erythromycin-benzoyl peroxide	60	
ESBRIET.....	98	
escitalopram oxalate	40	
esomeprazole magnesium.....	79	
ESOMEPRAZOLE MAGNESIUM	80	
esomeprazole sodium	80	
ESTRACE	89	
estradiol	89	
estradiol valerate.....	89	
estradiol-norethindrone acet. ..	89	
ESTRING	89	
estropipate.....	89	
eszopiclone	40	
ethambutol	8	
ethosuximide.....	22	
etidronate disodium	65	
etodolac.....	35	
ETOPOPHOS	16	
etoposide.....	16	
EURAX	64	
EVAMIST	89	
EVEKEO	40	
EVISTA.....	87	
EVOCLIN.....	60	
EVOTAZ.....	2	
EVOXAC	65	
EVZIO	35	
EXALGO ER.....	29	
EXELDERM	61	
EXELON	27	
exemestane	16	
EXFORGE.....	52	
EXFORGE HCT.....	52	
EXJADE	65	
EXTAVIA	83	
EXTINA	61	
F		
FABIOR	60	
FABRAZYME	73	
FACTIVE	12	
falmina (28)	91	
famciclovir.....	2	
famotidine.....	80	
famotidine (pf).....	80	
famotidine (pf)-nacl (iso-os).....	80	

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FAMVIR	2	fluconazole	1	fosphenytoin	22
FANAPT	40	fluconazole in dextrose(iso-o) 1		FOSRENOL	65
FARESTON	16	flucytosine	1	FRAGMIN.....	55
FARXIGA	69	fludarabine.....	16	FREAMINE HBC 6.9 %	104
FARYDAK.....	16	fludrocortisone.....	67	FROVA.....	26
FASLODEX.....	16	FLUMADINE	2	FULYZAQ	75
FAZACLO	40, 41	flunisolide.....	99	FURADANTIN	13
felbamate	22	fluocinolone.....	63	furosemide	52
FELBATOL	22	fluocinolone acetonide oil ...	66	FUSILEV.....	14
FELDENE	35	fluocinonide.....	63	FUZEON	2
felodipine.....	52	fluocinonide-e.....	63	FYCOMPA.....	22
FEMARA	16	fluorometholone	96	G	
FEMCON FE.....	91	fluorouracil	16, 59	gabapentin.....	22
FEMHRT LOW DOSE	89	FLUOROURACIL	59	GABITRIL	22
FEMRING.....	89	fluoxetine.....	41	GABLOFEN.....	27
fenofibrate	56	FLUOXETINE	41	galantamine.....	27
FENOFIBRATE.....	56	fluphenazine decanoate	41	GAMASTAN S/D	85
fenofibrate micronized	56	fluphenazine hcl	41	GAMMAGARD LIQUID ...	85
fenofibrate nanocrystallized .	56	flurbiprofen.....	35	GAMMAKED	85
fenofibric acid (choline).....	56	flurbiprofen sodium.....	95	GAMMAPLEX	85
FENOGLIDE	56	flutamide.....	16	GAMUNEX-C.....	85
fenopropfen	35	fluticasone	63, 99	ganciclovir sodium	2
fentanyl.....	29	fluvastatin	57	garamycin	93
FENTANYL.....	30	fluvoxamine.....	41	GARDASIL (PF).....	85
fentanyl citrate.....	29	FML FORTE	96	GARDASIL 9 (PF).....	85
FENTORA	30	FML LIQUIFILM	96	GASTROCROM	76
FERRIPROX.....	65	FML S.O.P.	96	gatifloxacin	93
FETZIMA.....	41	FOCALIN.....	41	GATTEX ONE-VIAL	76
FIBRICOR	57	FOCALIN XR	41	GAUZE PAD.....	69
FINACEA.....	60	FOLOTYN	16	gavilyte-c	77
finasteride.....	101	fomepizole.....	85	gavilyte-g.....	77
FIRAZYR.....	98	fondaparinux.....	55	gavilyte-n.....	77
FIRMAGON KIT W		FORADIL AEROLIZER ...	99	GELNIQUE.....	101
DILUENT SYRINGE	16	FORFIVO XL.....	41	gemcitabine.....	16
FLAGYL	8	FORTAMET	69	gemfibrozil	57
FLAGYL ER.....	8	FORTAZ	6	GEMZAR	16
FLAREX	96	FORTEO	87	GENERESS FE	91
flavoxate	101	FORTESTA.....	73	generlac.....	77
FLEBOGAMMA DIF	85	fortical	73	gengraf.....	16
flecainide.....	49	FOSAMAX	87	GENOTROPIN.....	83
FLECTOR.....	35	FOSAMAX PLUS D.....	87	GENOTROPIN MINIQUICK	
FLOMAX	101	foscarnet	2	.....	83
FLO-PRED.....	67	fosinopril	52	gentak	93
FLOVENT DISKUS	98	fosinopril-hydrochlorothiazide		gentamicin	9, 61, 93
FLOVENT HFA.....	98, 99	52	gentamicin in nacl (iso-osm) ..	9

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gentamicin sulfate (pf)	9	halobetasol propionate.....	63	hydrocortisone butyrate.....	63
GEODON	41	HALOG	63	hydrocortisone butyr-emollient	
gianvi (28)	91	haloperidol.....	42	.....	63
GIAZO	77	haloperidol decanoate.....	42	hydrocortisone valerate	63
gildagia	91	haloperidol lactate	42	hydrocortisone-acetic acid....	66
gildess.....	91	HARVONI.....	2	hydromorphone.....	30
gildess 24 fe.....	91	HAVRIX (PF)	85, 86	hydromorphone (pf).....	30
GILENYA	27	HECTOROL.....	74	hydroxychloroquine.....	9
GILOTRIF.....	16	heparin (porcine)	56	hydroxyurea	17
GLASSIA	65	heparin (porcine) in 5 % dex		hydroxyzine hcl	97
glatopa	27	.....	55, 56	HYPERRAB S/D (PF)	86
GLEEVEC.....	16	HEPATAMINE 8%.....	104	HYSINGLA ER.....	30
GLEOSTINE.....	16	HEPSERA	2	HYZAAR	52
glimepiride	69	HERCEPTIN	17	I	
glipizide.....	69	HETLIOZ.....	42	ibandronate	87
glipizide-metformin.....	69	HEXALEN	17	IBRANCE.....	17
GLUCAGEN HYPOKIT	69	HIPREX.....	13	IBUDONE	31
GLUCAGON EMERGENCY		HORIZANT.....	27	ibuprofen.....	35
KIT (HUMAN)	69	HUMALOG.....	70	ibuprofen-oxycodone.....	31
GLUCOPHAGE.....	69	HUMALOG KWIKPEN	70	ICLUSIG	17
GLUCOPHAGE XR	69, 70	HUMALOG MIX 50-50	70	IDAMYCIN PFS	17
GLUCOTROL.....	70	HUMALOG MIX 50-50		idarubicin.....	17
GLUCOTROL XL	70	KWIKPEN.....	70	IFEX	17
GLUMETZA.....	70	HUMALOG MIX 75-25	70	ifosfamide	17
glycopyrrolate.....	75	HUMALOG MIX 75-25		ILARIS (PF)	83
GLYSET.....	70	KWIKPEN.....	70	ILEVRO	95
GLYXAMBI	70	HUMATROPE	83	ILOTYCIN	93
GOLYTELY.....	77	HUMIRA.....	88	IMBRUVICA	17
GRALISE	22	HUMIRA CROHN'S DIS		imipenem-cilastatin	9
GRALISE 30-DAY STARTER		START PCK.....	88	imipramine hcl.....	42
PACK	22	HUMULIN 70/30.....	70	imipramine pamoate	42
granisetron (pf).....	77	HUMULIN 70/30 KWIKPEN		imiquimod.....	59
granisetron hcl.....	77	.....	70	IMITREX	26
GRANIX	83	HUMULIN N	70	IMITREX STATDOSE KIT	
GRASTEK	85	HUMULIN N KWIKPEN....	70	REFILL.....	26
griseofulvin microsize	1	HUMULIN R	70	IMOVAX RABIES VACCINE	
griseofulvin ultramicrosize....	1	HUMULIN R U-500	71	(PF).....	86
GRIS-PEG		HYCAMTIN	17	IMURAN.....	17
(ULTRAMICROSIZE)	1	HYCET.....	30	INCRELEX	65
guanidine	42	hydralazine	52	INCRUSE ELLIPTA.....	99
GYNAZOLE-1	90	HYDREA	17	indapamide	52
H		hydrochlorothiazide.....	52	INDERAL LA	52
HALAVEN.....	17	hydrocodone-acetaminophen	30	INFANRIX (DTAP) (PF).....	86
HALDOL	42	hydrocodone-ibuprofen	30	INLYTA	17
HALDOL DECANOATE....	42	hydrocortisone.....	63, 67, 77	INNOPRAN XL	52

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INSPIRA.....	52	IXEMPRA.....	17	kionex.....	65
INSULIN PEN NEEDLE.....	71	IXIARO (PF).....	86	KLARON.....	61
INSULIN SYRINGE (DISP)		J		KLONOPIN.....	23
U-100 0.3 ML.....	71	JADENU.....	65	klor-con 10.....	102
INSULIN SYRINGE (DISP)		JAKAFI.....	17	klor-con 8.....	102
U-100 1 ML.....	71	JALYN.....	101	klor-con m15.....	102
INSULIN SYRINGE (DISP)		jantoven.....	56	klor-con m20.....	102
U-100 1/2 ML.....	71	JANUMET.....	71	KOMBIGLYZE XR.....	71
INTELENCE.....	2	JANUMET XR.....	71	KORLYM.....	74
intralipid.....	104	JANUVIA.....	71	KRISTALOSE.....	77
INTRALIPID.....	104	JARDIANCE.....	71	k-tab.....	102
INTRON A.....	83	JENTADUETO.....	71	K-TAB.....	102
introvale.....	91	JEVTANA.....	17	KUVAN.....	74
INVANZ.....	9	jolivette.....	89	KYNAMRO.....	57
INVEGA.....	42	JUBLIA.....	61	L	
INVEGA SUSTENNA.....	42	junel 1.5/30 (21).....	91	l norgest&e estradiol-e estrad	
INVIRASE.....	2	junel 1/20 (21).....	91	.....	91
INVOKAMET.....	71	junel fe 1.5/30 (28).....	91	labetalol.....	52
INVOKANA.....	71	junel fe 1/20 (28).....	91	LACRISERT.....	95
IONOSOL-B IN D5W.....	104	junel fe 24.....	91	lactated ringers.....	64, 102
IONOSOL-MB IN D5W.....	104	JUXTAPID.....	57	lactulose.....	77
IOPIDINE.....	96	K		LAMICTAL.....	23
IPOL.....	86	KADCYLA.....	17	LAMICTAL ODT.....	23
ipratropium bromide.....	66, 99	KADIAN.....	31	LAMICTAL STARTER	
ipratropium-albuterol.....	99	KALBITOR.....	99	(BLUE) KIT.....	23
irbesartan.....	52	KALETRA.....	3	LAMICTAL STARTER	
irbesartan-hydrochlorothiazide		KALYDECO.....	99	(GREEN) KIT.....	23
.....	52	KAPVAY.....	42	LAMICTAL STARTER	
IRENKA.....	42	kariva (28).....	91	(ORANGE) KIT.....	23
irinotecan.....	17	KAYEXALATE.....	65	LAMICTAL XR.....	23
ISENTRESS.....	2, 3	KAZANO.....	71	LAMICTAL XR STARTER	
ISOLYTE-P IN 5 %		KEFLEX.....	6	(BLUE).....	23
DEXTROSE.....	104	kelnor 1/35 (28).....	91	LAMICTAL XR STARTER	
ISOLYTE-S.....	104	KENALOG.....	63, 67	(GREEN).....	23
isoniazid.....	9	KEPIVANCE.....	14	LAMICTAL XR STARTER	
ISOPTO CARPINE.....	94	KEPPRA.....	22	(ORANGE).....	23
ISORDIL.....	58	KEPPRA XR.....	23	LAMISIL.....	1
ISORDIL TITRADOSE.....	58	KERYDIN.....	61	lamivudine.....	3
isosorbide dinitrate.....	58	KETEK.....	9	lamivudine-zidovudine.....	3
isosorbide mononitrate.....	58	ketoconazole.....	1, 62	lamotrigine.....	23
isradipine.....	52	ketoprofen.....	35	LANOXIN.....	55
ISTALOL.....	94	ketorolac.....	95	lansoprazole.....	80
ISTODAX.....	17	KEYTRUDA.....	17	LANTUS.....	71
itraconazole.....	1	KHEDEZLA.....	42	LANTUS SOLOSTAR.....	71
ivermectin.....	9	KINERET.....	88	larin 1.5/30 (21).....	91

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larin 1/20 (21).....	91	lidocaine (pf)	61	loratab 10-325	31
larin fe	91	lidocaine hcl	61	loratab 5-325	31
LASIX	52	lidocaine-prilocaine	61	loratab 7.5-325	31
LASTACFT	95	LIDODERM.....	61	loryna (28)	92
latanoprost	95	LINCOCIN.....	9	losartan	53
LATUDA	42	lindane	64	losartan-hydrochlorothiazide	53
LAZANDA.....	31	linezolid.....	9	LOSEASONIQUE.....	92
leena 28	91	LINZESS.....	77	LOTEMAX.....	96
leflunomide.....	88	LIORESAL.....	27	LOTENSIN.....	53
LENVIMA	17	liothyronine	75	LOTREL.....	53
LESCOL.....	57	LIPITOR.....	57	LOTRISONE.....	62
LESCOL XL	57	LIPOFEN.....	57	LOTRONEX.....	77
lessina.....	91	LIPTRUZET.....	57	lovastatin.....	57
LETAIRIS	99	lisinopril.....	52	LOVAZA.....	57
letrozole.....	17	lisinopril-hydrochlorothiazide		LOVENOX.....	56
leucovorin calcium	14	.....	52	loxapine succinate	43
LEUKERAN	17	lithium carbonate.....	43	LUMIGAN	95
LEUKINE.....	83	lithium citrate	43	LUMIZYME.....	74
leuprolide.....	17	LITHOBID	43	LUNESTA.....	43
levabuterol hcl.....	99	LITHOSTAT	65	LUPANETA PACK (1	
LEVAQUIN	12	LIVALO	57	MONTH).....	90
LEVEMIR.....	71	LO LOESTRIN FE.....	92	LUPANETA PACK (3	
LEVEMIR FLEXTOUCH ...	71	LOCOID.....	63	MONTH).....	90
levetiracetam	23	LODOSYN.....	25	LUPRON DEPOT	17
LEVETIRACETAM IN NACL		LOESTRIN 1.5/30 (21).....	92	LUPRON DEPOT (3	
(ISO-OS)	23	LOESTRIN 1/20 (21).....	92	MONTH).....	17
levobunolol.....	94	LOESTRIN FE 1.5/30 (28-		LUPRON DEPOT (4	
levocarnitine	65	DAY).....	92	MONTH).....	17
levocarnitine (with sugar)....	65	LOESTRIN FE 1/20 (28-DAY)		LUPRON DEPOT (6	
levocetirizine	97	.....	92	MONTH).....	17
levofloxacin.....	12, 93	LOFIBRA.....	57	LUPRON DEPOT-PED	17
levofloxacin in d5w	12	lomedica 24 fe.....	92	lutera (28)	92
LEVOLEUCOVORIN		LOMOTIL.....	75	LUZU	62
CALCIUM	14	LOMUSTINE.....	17	LYNPARZA.....	17
levonest (28).....	91	loperamide.....	75	LYRICA	23
levonorgestrel-ethinyl estrad	91	LOPID	57	LYSODREN.....	18
levora-28.....	92	LOPREEZA.....	89	LYSTEDA.....	90
levorphanol tartrate	31	LOPRESSOR	52, 53	lyza	89
levothyroxine.....	75	LOPRESSOR HCT	52	M	
LEVOTHYROXINE.....	75	LOPROX.....	62	MACROBID.....	13
levoxyl.....	75	lorazepam	43	MACRODANTIN	13
LEXAPRO	42, 43	lorazepam intensol.....	43	magnesium sulfate	102
LEXIVA	3	lorcet (hydrocodone)	31	MALARONE	9
LIALDA	77	lorcet hd.....	31	MALARONE PEDIATRIC...9	
lidocaine	61	lorcet plus	31	malathion	64

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maprotiline	43	METADATE CD	43	microgestin fe 1/20 (28)	92
MARINOL	77	metadate er	43	MICROZIDE	53
marlissa.....	92	metaproterenol.....	99	midodrine.....	65
MARPLAN	43	metformin	71	migergot.....	26
MATULANE	18	methadone	31	MIGRANAL.....	26
matzim la	53	methamphetamine	43	millipred	67
MAVIK	53	methazolamide.....	95	MILLIPRED	67
MAXALT	26	methenamine hippurate	13	mimvey	90
MAXALT-MLT	26	methimazole	68	mimvey lo	90
MAXIDEX	96	METHITEST	74	MINASTRIN 24 FE	92
MAXIPIME.....	6	methotrexate sodium	18	MINIPRESS	53
MAXITROL.....	95	methotrexate sodium (pf)	18	MINITRAN	58
MAXZIDE	53	methoxsalen rapid.....	59	MINIVELLE	90
MAXZIDE-25MG.....	53	methscopolamine.....	75	MINOCIN.....	13
meclizine	77	methyclothiazide	53	minocycline	13
meclofenamate	35	methyl dopa	53	minoxidil.....	53
MEDROL	67	methylergonovine.....	93	MIRAPEX	25
MEDROL (PAK)	67	METHYLIN	43	MIRAPEX ER	25
medroxyprogesterone	89, 90	methylphenidate	43	MIRCERA	83
mefenamic acid	35	methylprednisolone	67	mirtazapine	43
mefloquine.....	9	methylprednisolone acetate	67	MIRVASO.....	60
MEGACE	18	methylprednisolone sodium		misoprostol	80
MEGACE ES	18	succ.....	67	mitomycin.....	18
megestrol	18	metipranolol.....	94	mitoxantrone.....	18
MEKINIST	18	metoclopramide hcl	77	M-M-R II (PF).....	86
meloxicam	35	metolazone.....	53	MOBIC	35
melphalan hcl	18	metoprolol succinate.....	53	modafinil.....	43
MENACTRA (PF)	86	metoprolol ta-hydrochlorothiaz		moderiba	3
MENEST	90	.....	53	moderiba dose pack	3
MENOMUNE - A/C/Y/W-135		metoprolol tartrate	53	MODICON (28)	92
(PF).....	86	METOZOLV ODT.....	77	moexipril.....	53
MENOSTAR.....	90	METROCREAM.....	60	moexipril-hydrochlorothiazide	
MENTAX.....	62	METROGEL	60	.....	53
MENVEO A-C-Y-W-135-DIP		METROGEL VAGINAL	90	mometasone.....	63
(PF).....	86	METROLOTION	60	mononessa (28).....	92
MEPRON	9	metronidazole	9, 60, 90	montelukast.....	99
mercaptapurine.....	18	metronidazole in nacl (iso-os)	9	MONUROL.....	13
meropenem	9	mexiletine	49	morphine.....	31, 32
MERREM.....	9	MIACALCIN	74	MORPHINE	31
mesalamine with cleansing		MICARDIS	53	morphine concentrate	31
wipe	77	MICARDIS HCT	53	MOVANTIK	77
mesna.....	14	miconazole-3	90	MOVIPREP.....	77
MESNEX	14	microgestin 1.5/30 (21)	92	MOXEZA	93
MESTINON	27	microgestin 1/20 (21)	92	moxifloxacin.....	12
MESTINON TIMESPAN	27	microgestin fe 1.5/30 (28)	92	MOZOBIL.....	83

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MS CONTIN.....	32	NEBUPENT.....	9	nifedical xl.....	53
MULTAQ.....	49	necon 0.5/35 (28).....	92	nifedipine.....	53
mupirocin.....	61	necon 1/35 (28).....	92	nikki (28).....	92
mupirocin calcium.....	61	necon 1/50 (28).....	92	NILANDRON.....	18
MUSTARGEN.....	18	necon 10/11 (28).....	92	nimodipine.....	53
MYALEPT.....	74	necon 7/7/7 (28).....	92	NIPENT.....	18
MYAMBUTOL.....	9	NEEDLES, INSULIN		nisoldipine.....	53
MYCAMINE.....	1	DISP.,SAFETY.....	72	nitro-bid.....	58
MYCOBUTIN.....	9	nefazodone.....	43	NITRO-DUR.....	58
mycophenolate mofetil.....	18	neomycin.....	9	nitrofurantoin.....	13
mycophenolate sodium.....	18	neomycin-bacitracin-poly-hc	95	nitrofurantoin macrocrystal..	13
MYFORTIC.....	18	neomycin-bacitracin-		nitrofurantoin monohyd/m-	
myorisan.....	60	polymyxin.....	94	cryst.....	13
MYOZYME.....	74	neomycin-polymyxin b gu....	64	nitroglycerin.....	58
MYRBETRIQ.....	101	neomycin-polymyxin b-		NITROLINGUAL.....	58
MYSOLINE.....	23	dexameth.....	95	NITROMIST.....	58
N		neomycin-polymyxin-		NITROSTAT.....	58
nabumetone.....	36	gramicidin.....	94	nizatidine.....	80
nadolol.....	53	neomycin-polymyxin-hc	67, 95	NIZORAL.....	62
nadolol-bendroflumethiazide	53	NEORAL.....	18	nora-be.....	90
nafcillin.....	11	NEOSPORIN (NEO-POLYM-		NORCO.....	32
nafcillin in dextrose iso-osm	11	GRAMICID).....	94	NORDITROPIN FLEXPRO	83
NAFTIFINE.....	62	NEO-SYNALAR.....	61	NORDITROPIN NORDIFLEX	
NAFTIN.....	62	NEPHRAMINE 5.4 %.....	105	.....	83
NAGLAZYME.....	74	NESINA.....	72	noreth-ethinyl estradiol-iron	92
nalbuphine.....	36	neuac.....	60	norethindrone (contraceptive)	
naloxone.....	36	NEULASTA.....	83	.....	90
naltrexone.....	36	NEUMEGA.....	83	norethindrone acetate.....	90
NAMENDA.....	27	NEUPOGEN.....	83	norethindrone ac-eth estradiol	
NAMENDA TITRATION		NEUPRO.....	25	.....	90
PAK.....	27	NEURONTIN.....	23	norethindrone-e.estradiol-iron	
NAMENDA XR.....	27	NEVANAC.....	95	.....	92
naphazoline.....	96	nevirapine.....	3	NORINYL 1+35 (28).....	92
NAPRELAN CR.....	36	NEXAVAR.....	18	NORINYL 1+50 (28).....	92
NAPROSYN.....	36	NEXIUM.....	80	NORITATE.....	60
naproxen.....	36	NEXIUM IV.....	80	norlyroc.....	90
naproxen sodium.....	36	NEXIUM PACKET.....	80	NORMOSOL-M IN 5 %	
naratriptan.....	26	NEXTERONE.....	50	DEXTROSE.....	105
NARDIL.....	43	niacin.....	57	NORMOSOL-R IN 5 %	
NASONEX.....	99	NIACOR.....	57	DEXTROSE.....	102
NATACYN.....	93	NIASPAN EXTENDED-		NORMOSOL-R PH 7.4.....	105
NATAZIA.....	92	RELEASE.....	57	NORPRAMIN.....	43
nateglinide.....	71, 72	nicardipine.....	53	NOR-QD.....	90
NATESTO.....	74	NICOTROL.....	66	NORTHERA.....	65
NATPARA.....	74	NICOTROL NS.....	66	nortrel 0.5/35 (28).....	92

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nortrel 1/35 (21)	92	olanzapine-fluoxetine	44	OTEZLA STARTER.....	88
nortrel 1/35 (28)	92	olopatadine	66	OTREXUP (PF).....	88
nortrel 7/7/7 (28)	92	OLUX.....	63	OVCON-35 (28).....	93
nortriptyline.....	43	OLYSIO	3	OVIDE.....	64
NORVASC.....	53	OMECLAMOX-PAK	80	oxacillin	11
NORVIR.....	3	omega-3 acid ethyl esters	57	oxacillin in dextrose(iso-osm)	
novarel.....	74	omeprazole	80	.....	11
NOVOFINE 32	72	omeprazole-sodium		oxaliplatin	18
NOVOLIN 70/30.....	72	bicarbonate	80	oxandrolone	74
NOVOLIN N.....	72	OMNARIS.....	99	oxaprozin	36
NOVOLIN R.....	72	OMNIPRED.....	96	oxazepam.....	44
NOVOLOG	72	OMNITROPE.....	84	oxcarbazepine	23
NOVOLOG FLEXPEN.....	72	ONCASPAR.....	18	OXISTAT	62
NOVOLOG MIX 70-30	72	ondansetron	77	OXSORALEN ULTRA.....	59
NOVOLOG MIX 70-30		ondansetron hcl.....	77	OXTELLAR XR	23
FLEXPEN	72	ondansetron hcl (pf).....	77	oxybutynin chloride.....	101
NOVOLOG PENFILL	72	ONEXTON.....	60	oxycodone.....	32, 33
NOXAFIL	1	ONFI.....	23	OXYCODONE.....	33
NUCYNTA	36	ONGLYZA.....	72	oxycodone-acetaminophen	33
NUCYNTA ER.....	36	ONMEL.....	1	oxycodone-aspirin	33
NUEDEXTA.....	27	OPANA	32	OXYCONTIN	33
NULOJIX.....	18	OPANA ER.....	32	oxymorphone.....	33
NULYTELY WITH FLAVOR		OPDIVO.....	18	OXYTROL	101
PACKS.....	77	OPSUMIT	99	P	
NUTRESTORE.....	65	ORACEA.....	13	pacerone.....	50
NUTRILIPID	105	ORAP	44	paclitaxel.....	18
NUTROPIN AQ.....	84	ORAPRED ODT	67	PAMELOR	44
NUTROPIN AQ NUSPIN	84	ORENCIA	88	pamidronate	74
NUVARING.....	90	ORENCIA (WITH		PANCREAZE.....	77, 78
NUVESSA	90	MALTOSE).....	88	PANDEL	63
NUVIGIL	43	ORENITRAM	53	PANRETIN	59
nyamyc	62	ORFADIN	65	pantoprazole	80
nystatin	1, 62	orsythia	92	paricalcitol	74
nystatin-triamcinolone.....	62	ORTHO MICRONOR.....	90	PARICALCITOL	74
nystop	62	ORTHO TRI-CYCLEN (28).....	92	PARNATE.....	44
O		ORTHO TRI-CYCLEN LO		paromomycin	9
ocella	92	(28)	92	paroxetine hcl	44
OCTAGAM.....	86	ORTHO-CEPT (28)	92	PASER.....	9
octreotide acetate.....	18	ORTHO-CYCLEN (28)	92	PATADAY	95
OCUFEN.....	95	ORTHO-NOVUM 1/35 (28).....	92	PATANASE	66
OCUFLOX.....	94	ORTHO-NOVUM 7/7/7 (28)		PATANOL	95
OFEV	99	.....	92	PAXIL	44
ofloxacin.....	12, 67, 94	OSENI	72	PAXIL CR.....	44
ogestrel (28).....	92	OSMOPREP.....	77	PAZEO	95
olanzapine.....	43, 44	OTEZLA	88	PCE.....	7

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PEDVAX HIB (PF).....	86	pioglitazone	72	PRAVACHOL.....	57
peg 3350-electrolytes	78	pioglitazone-glimepiride	72	pravastatin.....	57
PEGANONE	23	pioglitazone-metformin	72	prazosin.....	53
PEGASYS	84	piperacillin-tazobactam	11	PRECOSE.....	72
PEGASYS PROCLICK	84	pirmella.....	93	PRED FORTE	96
PEGINTRON	84	piroxicam.....	36	PRED MILD.....	96
PEGINTRON REDIPEN	84	PLAQUENIL.....	9	PRED-G.....	95
PENICILLIN G POT IN		PLASMA-LYTE 148	105	PRED-G S.O.P.	95
DEXTROSE	11	PLASMA-LYTE A	105	prednicarbate	63
penicillin g potassium.....	11	PLASMA-LYTE-56 IN 5 %		prednisolone acetate	96
penicillin g procaine	11	DEXTROSE	105	prednisolone sodium phosphate	
penicillin g sodium.....	11	PLAVIX	56	.....	67, 96
penicillin v potassium.....	11	PLEGRIDY	84	prednisone.....	67
PENNSAID	36	PLETAL	56	prednisone intensol.....	67
PENTAM	9	podofilox	59	PREGNYL.....	74
PENTASA.....	78	polyethylene glycol 3350	78	PREMARIN	90
pentoxifylline	56	polymyxin b sulfate.....	9	premasol 10 %	105
PEPCID.....	80, 81	polymyxin b sulf-trimethoprim		PREMASOL 6 %	105
PERCOCET	33	.....	94	PRENATAL VITAMIN	
PERCODAN	33	POLYTRIM.....	94	ORAL TABLET	105
PERFOROMIST	99	POMALYST	18	PREPOPIK	78
perindopril erbumine.....	53	PONSTEL	36	PREVACID.....	81
perlogard.....	66	portia.....	93	PREVACID SOLUTAB.....	81
PERJETA	18	potassium chlorid-d5-		prevalite	57
permethrin	64	0.45%nacl.....	102	previfem.....	93
perphenazine.....	44	potassium chloride.....	103	PREVPAC	81
PERSANTINE	56	potassium chloride in 0.9%nacl		PREZCOBIX.....	3
PERTZYE	78	.....	102	PREZISTA	3
PEXEVA	44	potassium chloride in 5 % dex		PRIFTIN.....	9
phenelzine.....	44	.....	102	PRILOSEC	81
PHENERGAN.....	97	potassium chloride in lr-d5.	103	PRIMAQUINE.....	9
phenobarbital.....	23, 24	potassium chloride-0.45 % nacl		PRIMAXIN IV	9
PHENYTEK.....	24	.....	103	primidone.....	24
phenytoin.....	24	potassium chloride-d5-		PRIMLEV.....	33
phenytoin sodium	24	0.2%nacl.....	103	PRIMSOL.....	13
phenytoin sodium extended..	24	potassium chloride-d5-		PRINIVIL	53
PHOSLO	102	0.3%nacl.....	103	PRISTIQ	44, 45
PHOSLYRA.....	102	potassium chloride-d5-		PRIVIGEN	86
PHOSPHOLINE IODIDE....	94	0.9%nacl.....	103	PROAIR HFA	99
PHYSIOLYTE	64	potassium citrate.....	102	PROAIR RESPICLICK.....	99
PHYSIOSOL IRRIGATION	64	POTIGA	24	probenecid	87
PICATO	59	PRADAXA.....	56	procainamide	50
pilocarpine hcl	65, 94	pramipexole.....	25	PROCALAMINE 3%.....	105
pimtree (28).....	93	PRANDIMET.....	72	PROCARDIA XL.....	53
pindolol.....	53	PRANDIN	72	procentra	45

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prochlorperazine.....	78	QUADRACEL (PF).....	86	REMICADE.....	78
prochlorperazine edisylate....	78	QUALAQUIN.....	9	REMODULIN.....	54
prochlorperazine maleate.....	78	QUARTETTE.....	93	RENAGEL.....	65
PROCRIT.....	84	quasense.....	93	REVELLA.....	65
procto-pak.....	78	QUDEXY XR.....	24	repaglinide.....	72
proctosol hc.....	78	QUESTRAN.....	57	reprexain.....	33
proctozone-hc.....	78	quetiapine.....	45	REQUIP.....	25
PROCYSBI.....	102	QUILLIVANT XR.....	45	REQUIP XL.....	25
progesterone micronized.....	90	quinapril.....	54	RESCRIPTOR.....	3
PROGLYCEM.....	72	quinapril-hydrochlorothiazide	54	RESTASIS.....	95
PROGRAF.....	18, 19	.....	54	RESTORIL.....	45
PROLASTIN-C.....	65	quinidine gluconate.....	50	RETIN-A.....	60
PROLENSA.....	95	quinidine sulfate.....	50	RETIN-A MICRO.....	60
PROLEUKIN.....	84	quinine sulfate.....	9	RETIN-A MICRO PUMP.....	60
PROLIA.....	87	QVAR.....	100	RETROVIR.....	3
PROMACTA.....	56	R		REVATIO.....	100
promethazine.....	97	RABAVERT (PF).....	86	REVLIMID.....	19
PROMETRIUM.....	90	rabeprazole.....	81	REYATAZ.....	3
propafenone.....	50	RAGWITEK.....	86	RHEUMATREX.....	19
propranolol.....	53	raloxifene.....	87	RHINOCORT AQUA.....	100
propranolol-hydrochlorothiazid	53	ramipril.....	54	ribasphere.....	3
.....	53	RANEXA.....	58	ribasphere ribapak.....	4
propylthiouracil.....	68	ranitidine hcl.....	81	ribavirin.....	4
PROQUAD (PF).....	86	RAPAFLO.....	101	RIDAURA.....	88
PROSCAR.....	101	RAPAMUNE.....	19	rifabutin.....	9
PROSOL 20 %.....	105	RASUVO (PF).....	88	RIFADIN.....	9
PROTONIX.....	81	RAVICTI.....	65	RIFAMATE.....	9
PROTOPIC.....	59	RAYOS.....	67	rifampin.....	10
protriptiline.....	45	RAZADYNE.....	27	RIFATER.....	10
PROVENTIL HFA.....	99	RAZADYNE ER.....	27	RILUTEK.....	65
PROVERA.....	90	REBETOL.....	3	riluzole.....	65
PROVIGIL.....	45	REBIF (WITH ALBUMIN).....	84	rimantadine.....	4
PROZAC.....	45	REBIF REBIDOSE.....	84	ringers.....	64, 103
PROZAC WEEKLY.....	45	REBIF TITRATION PACK.....	84	RIOMET.....	72
prudoxin.....	59	RECLAST.....	65	risedronate.....	66, 87, 88
PULMICORT.....	99, 100	reclipsen (28).....	93	RISPERDAL.....	45, 46
PULMICORT FLEXHALER	99	RECOMBIVAX HB (PF).....	86	RISPERDAL CONSTA.....	45
.....	99	RECTIV.....	78	RISPERDAL M-TAB.....	45
PULMOZYME.....	100	REGLAN.....	78	risperidone.....	46
PURIXAN.....	19	REGRANEX.....	59	RITALIN.....	46
PYLERA.....	81	RELENZA DISKHALER.....	3	RITALIN LA.....	46
pyrazinamide.....	9	RELISTOR.....	78	RITUXAN.....	19
pyridostigmine bromide.....	27	RELPAK.....	26	rivastigmine tartrate.....	27
Q		REMERON.....	45	rizatriptan.....	26
QNASL.....	100	REMERON SOLTAB.....	45	ROBINUL.....	75

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ROBINUL FORTE	75	SIGNIFOR LAR.....	19	SPECTRACEF	6
ROCALTROL.....	74	sildenafil.....	100	SPIRIVA RESPIMAT.....	100
ropinirole.....	25	SILENOR.....	47	SPIRIVA WITH	
ROTARIX.....	86	SILVADENE.....	59	HANDIHALER.....	100
ROTATEQ VACCINE	86	silver sulfadiazine.....	59	spironolactone.....	54
ROXICET.....	34	SIMBRINZA	95	spironolacton-hydrochlorothiaz	
ROXICODONE	34	SIMCOR.....	57	.....	54
ROZEREM.....	46	SIMPONI.....	88	SPORANOX.....	1
RUCONEST.....	100	SIMPONI ARIA.....	88	SPORANOX PULSEPAK	1
RYTARY	25	SIMULECT	19	sprintec (28).....	93
RYTHMOL.....	50	simvastatin.....	57	SPRIX.....	36
RYTHMOL SR.....	50	SINEMET.....	25	SPRYCEL.....	19
S		SINEMET CR	25	sronyx	93
SABRIL.....	24	SINGULAIR	100	ssd.....	59
SAFYRAL.....	93	sirolimus	19	STALEVO 100.....	25
SAIZEN.....	84	SIRTURO	10	STALEVO 125.....	25
SAIZEN CLICK.EASY	84	SIVEXTRO	10	STALEVO 150.....	25
SALAGEN	66	SKLICE	64	STALEVO 200.....	25
SAMSCA	74	sodium chloride.....	66, 103	STALEVO 50.....	25
SANCUSO	78	sodium chloride 0.45 %.....	103	STALEVO 75.....	25
SANDIMMUNE	19	sodium chloride 0.9 %.....	66	STARLIX	72
SANDOSTATIN.....	19	sodium chloride 3 %.....	103	stavudine.....	4
SANDOSTATIN LAR		sodium chloride 5 %.....	103	STELARA	58
DEPOT.....	19	SODIUM FLUORIDE	105	STIMATE.....	74
SANTYL.....	64	sodium lactate.....	103	STIOLTO RESPIMAT	100
SAPHRIS (BLACK		sodium phenylbutyrate	66	STIVARGA.....	20
CHERRY).....	46	sodium polystyrene (sorb free)		STRATTERA.....	47
SARAFEM.....	46	.....	66	STREPTOMYCIN	10
SAVAYSA	56	SOLARAZE	59	STRIANT	74
SAVELLA.....	88	SOLODYN.....	13	STRIBILD	4
SEASONIQUE.....	93	SOLTAMOX.....	19	STRIVERDI RESPIMAT ..	100
SECTRAL.....	54	SOLU-CORTEF (PF).....	68	STROMECTOL	10
selegiline hcl.....	25	SOLU-MEDROL	68	SUBOXONE	36
selenium sulfide.....	58	SOLU-MEDROL (PF).....	68	SUBSYS.....	34
SELZENTRY	4	SOMATULINE DEPOT	19	SUCLEAR.....	78
SEMPREX-D	97	SOMAVERT	74	SUCRAID.....	78
SENSIPAR.....	74	SONATA.....	47	sucralfate.....	81
SEREVENT DISKUS.....	100	SOOLANTRA.....	60	SULAR	54
SEROQUEL.....	46, 47	SORIATANE	58	sulfacetamide sodium	96
SEROQUEL XR	47	SORILUX.....	58	sulfacetamide sodium (acne)	61
SEROSTIM.....	84	sorine	50	sulfacetamide-prednisolone..	96
sertraline.....	47	sotalol	50	sulfadiazine.....	12
SFROWASA	78	sotalol af.....	50	sulfamethoxazole-trimethoprim	
sharobel	90	SOTYLIZE.....	50	12
SIGNIFOR	19	SOVALDI	4	SULFAMYLON.....	61

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sulfasalazine	78	taztia xt	54	THYROLAR-1/4	75
sulfazine ec	78	TECFIDERA	27	THYROLAR-2	75
sulindac	36	TEFLARO	6	THYROLAR-3	75
sumatriptan	26	TEGRETOL	24	tiagabine	24
sumatriptan succinate	26	TEGRETOL XR	24	TIAZAC	54
SUMAVEL DOSEPRO	26	TEKAMLO	54	ticlopidine	56
SUPRAX	6	TEKURNA	54	TIKOSYN	50
SUPREP BOWEL PREP KIT	78	TEKURNA HCT	54	timolol maleate	54, 94
SURMONTIL	47	telmisartan	54	TIMOPTIC OCUDOSE (PF)	94
SUSTIVA	4	telmisartan-amlodipine	54	TIMOPTIC-XE	94
SUTENT	20	telmisartan-hydrochlorothiazid	54	TINDAMAX	10
SYLATRON	84	temazepam	47	tinidazole	10
SYLVANT	20	TEMOVATE	63	TIROSINT	75
SYMBICORT	100	TENIVAC (PF)	86	TIVICAY	4
SYMBYAX	47	TENORETIC 100	54	TIVORBEX	36
SYMLINPEN 120	72	TENORETIC 50	54	tizanidine	27
SYMLINPEN 60	72	TENORMIN	54	TOBI	10
SYNAGIS	4	TERAZOL 3	90	TOBI PODHALER	10
SYNALAR CREAM KIT	63	TERAZOL 7	90	TOBRADEX	95
SYNALGOS-DC	34	terazosin	54	TOBRADEX ST	96
SYNAREL	74	terbinafine hcl	1	tobramycin	94
SYNERCID	10	terbutaline	100	tobramycin in 0.225 % nacl	10
SYNRIBO	20	terconazole	90	tobramycin in 0.9 % nacl	10
SYNTHROID	75	TESTIM	74	tobramycin sulfate	10
SYPRINE	66	TESTOSTERONE	74	tobramycin-dexamethasone	96
T		testosterone cypionate	74	TOBEX	94
TABLOID	20	testosterone enanthate	74	TOFRANIL	47
TACLONEX	59	TESTRED	74	TOFRANIL-PM	47
tacrolimus	20, 59	TETANUS, DIPHTHERIA		tolazamide	72
TAFINLAR	20	TOX PED(PF)	86	tolbutamide	73
TAMIFLU	4	TETANUS-DIPHTHERIA		tolcapone	25
tamoxifen	20	TOXOIDS-TD	86	tolmetin	36
tamsulosin	101	tetracycline	13	tolterodine	101
TANZEUM	72	TEVETEN	54	TOPAMAX	24
TAPAZOLE	68	TEVETEN HCT	54	TOPICORT	63
TARCEVA	20	THALOMID	20	topiramate	24
TARGRETIN	20	THEO-24	100	TOPIRAMATE	24
tarina fe	93	theophylline	100	toposar	20
TARKA	54	THIOLA	66	topotecan	20
TASIGNA	20	thioridazine	47	TOPROL XL	54
TASMAR	25	thiothixene	47	TORISEL	20
TAXOTERE	20	THYMOGLOBULIN	86	torsemide	54
TAZICEF	6	THYROLAR-1	75	TOUJEO SOLOSTAR	73
TAZORAC	60	THYROLAR-1/2	75	TOVIAZ	101

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TPN ELECTROLYTES.....	103	TRI-NORINYL (28).....	93	URSO 250.....	79
TRACLEER.....	100	TRIOSTAT.....	75	URSO FORTE.....	79
TRADJENTA.....	73	tri-previfem (28).....	93	ursodiol.....	79
tramadol.....	36	TRISENOX.....	21	UVADEX.....	59
TRAMADOL.....	36	tri-sprintec (28).....	93	V	
tramadol-acetaminophen.....	37	TRIUMEQ.....	4	VAGIFEM.....	90
trandolapril.....	54	trivora (28).....	93	valacyclovir.....	4
trandolapril-verapamil.....	54	TRIZIVIR.....	4	VALCHLOR.....	59
tranexamic acid.....	56, 90	TROKENDI XR.....	24	VALCYTE.....	4
TRANSDERM-SCOP.....	78	TROPHAMINE 10 %.....	105	valganciclovir.....	4
TRANXENE T-TAB.....	47	TROPHAMINE 6%.....	105	VALIUM.....	47
tranylcypromine.....	47	tropium.....	101	valproate sodium.....	24
travasol 10 %.....	105	TRULICITY.....	73	valproic acid.....	24
TRAVATAN Z.....	95	TRUMENBA.....	86	valproic acid (as sodium salt)	
travoprost (benzalkonium) ...	95	TRUSOPT.....	95	.....	24
trazodone.....	47	TRUVADA.....	4	valsartan.....	54
TREANDA.....	20	TUDORZA PRESSAIR ...	100,	valsartan-hydrochlorothiazide	
TRECTOR.....	10	101		.....	54
TRELSTAR.....	20	TWINRIX (PF).....	86	VALTRESX.....	4
TRELSTAR DEPOT.....	20	TWYNSTA.....	54	VANCOCIN.....	13
TRELSTAR LA.....	20	TYBOST.....	4	vancomycin.....	13
tretinoin.....	60	TYGACIL.....	10	vandazole.....	90
tretinoin (chemotherapy).....	20	TYKERB.....	21	VANOS.....	64
tretinoin microspheres.....	60	TYLENOL-CODEINE #3.....	34	VAQTA (PF).....	87
TRETIN-X.....	60	TYLENOL-CODEINE #4.....	34	VARIVAX (PF).....	87
TREXALL.....	20	TYPHIM VI.....	86, 87	VARIZIG.....	87
TREXIMET.....	26	TYSABRI.....	27	VASCEPA.....	57
TREZIX.....	34	TYVASO.....	101	VASERETIC.....	54
triamcinolone acetonide 64, 66,		TYZEKA.....	4	VASOTEC.....	54
100		TYZINE.....	66	VECAMYL.....	58
triamterene-hydrochlorothiazid		U		VECTIBIX.....	21
.....	54	UCERIS.....	78	VECTICAL.....	59
trianex.....	64	ULORIC.....	87	VELCADE.....	21
TRIBENZOR.....	54	ULTRACET.....	37	velivet triphasic regimen (28)	
TRICOR.....	57	ULTRAM.....	37	.....	93
triderm.....	64	ULTRAM ER.....	37	VELPHORO.....	66
trifluoperazine.....	47	ULTRAVATE.....	64	VELTIN.....	60
trifluridine.....	94	ULTRESA.....	78, 79	venlafaxine.....	47, 48
TRIGLIDE.....	57	UNASYN.....	11	VENLAFAXINE.....	48
tri-legest fe.....	93	unithroid.....	75	VENTAVIS.....	101
TRILEPTAL.....	24	URECHOLINE.....	102	VENTOLIN HFA.....	101
TRILIPIX.....	57	UROCIT-K 10.....	102	VERAMYST.....	101
trilyte with flavor packets.....	78	UROCIT-K 15.....	102	verapamil.....	54
trimethoprim.....	13	UROCIT-K 5.....	102	VEREGEN.....	59
trinessa (28).....	93	UROXATRAL.....	101	VERELAN.....	54

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VERELAN PM	54	VOSPIRE ER	101	Z	
veripred 20	68	VOTRIENT	21	zafirlukast	101
VERSACLOZ	48	VPRIV	75	zaleplon	48
VESICARE	101	vyfemla (28)	93	ZALTRAP	21
vestura (28)	93	VYTORIN 10-10	57	zamicet	34
VEXOL	96	VYTORIN 10-20	57	ZANAFLEX	27
VFEND	1	VYTORIN 10-40	58	ZANOSAR	21
VFEND IV	1	VYTORIN 10-80	58	ZANTAC	81, 82
VGO 20	73	VYVANSE	48	ZARONTIN	25
VGO 30	73	W		ZAVESCA	75
VGO 40	73	warfarin	56	ZEBETA	54
VIBRAMYCIN	13	water for irrigation, sterile	66	ZEGERID	82
vicodin	34	WELCHOL	58	ZELAPAR	25
vicodin es	34	WELLBUTRIN	48	ZELBORAF	21
vicodin hp	34	WELLBUTRIN SR	48	ZEMAIRA	66
VICOPROFEN	34	WELLBUTRIN XL	48	ZEMPLAR	75
VICTOZA 3-PAK	73	wymzya fe	93	zenatane	60
VIDAZA	21	X		zenchent (28)	93
VIDEX 2 GRAM PEDIATRIC	4	XALATAN	95	zenchent fe	93
VIDEX EC	4	XALKORI	21	ZENPEP	79
VIEKIRA PAK	4	XARELTO	56	zenzedi	48
VIGAMOX	94	XARTEMIS XR	34	ZENZEDI	49
VIIBRYD	48	XELJANZ	89	ZERBAXA	6
VIMOVO	37	XENAZINE	27	ZERIT	4
VIMPAT	25	XEOMIN	87	ZESTORETIC	54
vinblastine	21	XERESE	62	ZESTRIL	54
vincasar pfs	21	XGEVA	14	ZETIA	58
vincristine	21	XIFAXAN	10	ZETONNA	101
vinorelbine	21	XIGDUO XR	73	ZIAC	54
VIKACE	79	XODOL 10/300	34	ZIAGEN	4
VIRACEPT	4	XODOL 5/300	34	ZIANA	61
VIRAMUNE	4	XODOL 7.5/300	34	zidovudine	4
VIRAMUNE XR	4	XOLAIR	101	ZINACEF	6, 7
VIRAZOLE	4	XOPENEX	101	ZINECARD (AS HCL)	14
VIREAD	4	XOPENEX HFA	101	ZIOPTAN (PF)	95
VIROPTIC	94	XTANDI	21	ziprasidone hcl	49
VISTIDE	4	xulane	90	ZIPSOR	37
VITEKTA	4	XYLOCAINE	61	ZIRGAN	94
VIVELLE-DOT	90	XYREM	48	ZITHROMAX	7
VIVITROL	37	XYZAL	97	ZITHROMAX TRI-PAK	7
VOGELXO	74, 75	Y		ZITHROMAX Z-PAK	7
VOLTAREN GEL	37	YASMIN (28)	93	ZMAX	7
VOLTAREN-XR	37	YAZ (28)	93	ZOCOR	58
voriconazole	1	YERVOY	21	ZOFRAN (AS	
		YF-VAX (PF)	87	HYDROCHLORIDE)	79

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ZOFRAN ODT.....	79	ZONEGRAN	25	ZYBAN	66
ZOHYDRO ER	34	zonisamide.....	25	ZYCLARA	59
zoledronic acid	75	ZONTIVITY	56	ZYDELIG.....	21
zoledronic acid-mannitol-water	66	ZORBTIVE	84	ZYFLO	101
ZOLINZA.....	21	ZORTRESS.....	21	ZYFLO CR.....	101
zolmitriptan	26	ZORVOLEX	37	ZYKADIA.....	21
ZOLOFT.....	49	ZOSTAVAX (PF)	87	ZYLET	96
zolpidem.....	49	ZOSYN.....	12	ZYLOPRIM.....	87
ZOLPIMIST	49	ZOSYN IN DEXTROSE (ISO- OSM).....	11, 12	ZYMAXID	94
ZOMACTON	84	zovia 1/35e (28).....	93	ZYPREXA.....	49
ZOMETA	75	zovia 1/50e (28).....	93	ZYPREXA RELPREVV	49
ZOMIG.....	26	ZOVIRAX.....	4, 62	ZYPREXA ZYDIS.....	49
ZOMIG ZMT	26	ZUBSOLV.....	37	ZYTIGA	21
ZONALON.....	59	ZUPLENZ	79	ZYVOX.....	10

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