

Express Scripts Medicare (PDP) 2015 Formulary (List of Covered Drugs)

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

Formulary ID Number: 15068, v6

This formulary was updated on 08/06/2014. 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 *Express Scripts Insurance Company* or *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 6, 2014. 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, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

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 2015, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2015 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 96. 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 a temporary 31-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.

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 96.

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
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA; MO
AMBISOME	4	PA; MO
<i>amphotericin b</i>	1	PA; MO
ANCOBON	4	MO
CANCIDAS	4	PA; MO
<i>clotrimazole mucous membrane</i>	1	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	1	
<i>flucytosine</i>	4	MO
GRIS-PEG (ULTRAMICROSIZED)	3	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	MO; QL (120 per 30 days)
<i>ketoconazole oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LAMISIL ORAL GRANULES IN PACKET	2	MO
LAMISIL ORAL TABLET	3	MO
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	4	MO
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	2	MO
NOXAFIL ORAL	4	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
ONMEL	4	MO; QL (30 per 30 days)
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	2	MO
SPORANOX PULSEPAK	3	MO; QL (120 per 30 days)
<i>terbinafine oral</i>	1	MO
VFEND	4	MO
VFEND IV	3	MO
<i>voriconazole intravenous</i>	1	MO
<i>voriconazole oral suspension for reconstitution</i>	4	MO
<i>voriconazole oral tablet 200 mg</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole oral tablet 50 mg</i>	1	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	4	MO
<i>acyclovir oral</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	PA
<i>adefovir</i>	4	MO
<i>amantadine hcl oral</i>	1	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	
ATRIPLA	4	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	4	MO
<i>cidofovir</i>	4	PA; MO
COMBIVIR	4	MO
COMPLERA	4	MO
COPEGUS	4	MO
CRIXIVAN	2	MO
CYTOVENE	3	MO
<i>didanosine</i>	1	MO
EDURANT	4	MO
EMTRIVA	2	MO
EPIVIR ORAL SOLUTION	2	MO

Drug Name	Drug Tier	Requirements /Limits
EPIVIR ORAL TABLET	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	4	MO
<i>famciclovir</i>	1	MO
FAMVIR	3	MO
FLUMADINE	3	
<i>foscarnet</i>	1	PA; MO
FUZEON	4	MO
<i>ganciclovir sodium</i>	1	MO
HEPSERA	4	MO
INCIVEK	4	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE ORAL CAPSULE	2	MO
INVIRASE ORAL TABLET	4	MO
ISENTRESS ORAL POWDER IN PACKET	2	
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO

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Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	2	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO
LEXIVA ORAL TABLET	4	MO
MODERIBA	1	MO
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)-400 MG (7)	1	MO
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 600 MG (7)-600 MG (7)	4	MO
<i>nevirapine</i>	1	MO
NORVIR	2	MO
OLYSIO	4	PA; MO
PREZISTA ORAL SUSPENSION	4	MO

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
REBETOL ORAL CAPSULE	4	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO; QL (60 per 180 days)
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	MO
REYATAZ	4	MO
RIBAPAK DOSE PACK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	4	MO
RIBASPHERE ORAL CAPSULE	1	MO
RIBASPHERE ORAL TABLET 200 MG	1	MO
RIBASPHERE ORAL TABLET 400 MG	1	
RIBASPHERE ORAL TABLET 600 MG	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ribavirin</i>	1	MO
<i>rimantadine</i>	1	MO
SELZENTRY	4	MO
SOVALDI	4	PA; MO
<i>stavudine</i>	1	MO
STRIBILD	4	MO
SUSTIVA	2	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	MO; LA
TAMIFLU ORAL CAPSULE 30 MG	2	MO; QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	2	MO; QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (600 per 180 days)
TIVICAY	4	MO
TRIZIVIR	4	MO
TRUVADA	4	MO
TYZEKA	4	MO
<i>valacyclovir</i>	1	MO; QL (30 per 30 days)
VALCYTE	4	MO
VALTREX	3	MO; QL (30 per 30 days)
VICTRELIS	4	MO
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO

Drug Name	Drug Tier	Requirements /Limits
VIRACEPT	4	MO
VIRAMUNE	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIRAZOLE	4	MO
VIREAD	4	MO
VISTIDE	4	PA; MO
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
<i>zidovudine</i>	1	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
CEDAX ORAL CAPSULE	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 90 MG/5 ML	3	
<i>cefaclor</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil</i>	1	MO
<i>cefazolin injection recon soln 1 gram</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 500 mg</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	MO
<i>cefdinir</i>	1	MO
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	
<i>cefepime</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram</i>	1	MO
<i>cefotetan</i>	1	
<i>cefoxitin intravenous recon soln 1 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 6 gram</i>	1	
<i>ceftazidime injection recon soln 2 gram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ceftazidime in d5w</i>	3	
CEFTIN	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime sodium injection</i>	1	MO
<i>cefuroxime sodium intravenous</i>	1	
<i>cephalexin</i>	1	MO
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	MO
CLAFORAN INJECTION RECON SOLN 500 MG	3	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN 2 GRAM	3	MO
FORTAZ INJECTION RECON SOLN 2 GRAM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
FORTAZ INJECTION RECON SOLN 6 GRAM	3	
FORTAZ INTRAVENOUS	3	
KEFLEX	3	MO
MAXIPIME INJECTION	3	MO
ROCEPHIN INJECTION RECON SOLN 500 MG	3	MO
SPECTRACEF	3	MO
SUPRAX ORAL CAPSULE	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET	2	MO
SUPRAX ORAL TABLET,CHEWABLE	2	MO
TEFLARO	3	MO
ZINACEF INJECTION RECON SOLN 1.5 GRAM	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	1	MO
BIAXIN	3	MO
BIAXIN XL	3	MO
BIAXIN XL PAK	3	MO
<i>clarithromycin</i>	1	MO
DIFICID	4	MO
E.E.S. 400	1	MO
E.E.S. GRANULES	2	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
ERYPED 200	2	MO
ERYPED 400	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
ERYTHROCIN (AS STEARATE)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin oral tablet</i>	1	MO
<i>erythromycin ethylsuccinate oral</i>	1	MO
<i>erythromycin-sulfisoxazole</i>	1	MO
PCE	3	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZMAX	3	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM INJECTION RECON SOLN 1 GRAM	3	MO
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	

Drug Name	Drug Tier	Requirements /Limits
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	4	
<i>aztreonam injection recon soln 1 gram</i>	1	MO
BACIIM	1	
<i>bacitracin intramuscular</i>	1	MO
BETHKIS	4	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAPASTAT	2	
CAYSTON	4	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate oral</i>	1	MO
CLEOCIN INJECTION	3	MO
CLEOCIN ORAL	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	3	
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in dextrose 5 %</i>	1	MO
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO
COLY-MYCIN M PARENTERAL	3	MO
CUBICIN	4	MO
<i>dapsone</i>	2	MO
DARAPRIM	2	MO
DORIBAX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 500 MG	2	
<i>ethambutol</i>	1	MO
FLAGYL	3	MO
FLAGYL ER	3	MO
<i>gentamicin injection solution 40 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	1	
<i>hydroxychloroquine oral</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
INVANZ INJECTION	2	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
KETEK	3	MO
LINCOCIN	3	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
<i>mefloquine</i>	1	MO
MEPRON	4	MO
<i>meropenem intravenous recon soln 500 mg</i>	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>metronidazole oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole oral tablet</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
MYAMBUTOL	3	MO
MYCOBUTIN	3	MO
NEBUPENT	2	PA; MO; QL (6 per 28 days)
<i>neomycin</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
<i>polymyxin b sulfate</i>	1	MO
PRIFTIN	2	MO
<i>primaquine</i>	2	MO
PRIMAXIN IV	3	MO
<i>pyrazinamide</i>	1	MO
QUALAQUIN	3	MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
RIFADIN	3	MO
RIFAMATE	3	MO
<i>rifampin</i>	1	MO
RIFATER	3	MO
SIRTURO	4	MO; LA
SIVEXTRO	4	
<i>streptomycin intramuscular</i>	2	MO
STROMECTOL	2	MO

Drug Name	Drug Tier	Requirements /Limits
SYNERCID	4	
<i>tinidazole</i>	1	MO
TOBI	4	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin 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
XIFAXAN ORAL TABLET 550 MG	4	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	MO
ZYVOX ORAL	4	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	1	MO
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
<i>dicloxacillin</i>	1	MO
MOXATAG	3	
<i>nafcillin injection recon soln 1 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	4	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 10 gram</i>	4	MO
<i>oxacillin intravenous recon soln 2 gram</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	2	
<i>penicillin g potassium injection recon soln 5 million unit</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
PFIZERPEN-G INJECTION RECON SOLN 5 MILLION UNIT	1	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TIMENTIN INTRAVENOUS RECON SOLN 3.1 G	2	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
ZOSYN INTRAVENOUS RECON SOLN 3.375 GRAM	3	MO
ZOSYN IN DEXTROSE (ISO- OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO- OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
QUINOLONES		
AVELOX	3	MO
AVELOX ABC PACK	3	MO
AVELOX IN NACL (ISO-OSMOTIC)	3	MO
CIPRO	3	MO
CIPRO IN D5W	3	

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	1	
<i>ciprofloxacin oral suspension,microcap sule recon</i>	1	
<i>ciprofloxacin oral tablet</i>	1	MO
<i>ciprofloxacin (mixture)</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
FACTIVE	3	MO
LEVAQUIN	3	MO
<i>levofloxacin intravenous</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	1	
<i>moxifloxacin</i>	1	MO
<i>ofloxacin oral</i>	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
<i>sulfadiazine oral</i>	1	MO
<i>sulfamethoxazole- trimethoprim</i>	1	MO
TETRACYCLINES		
ADOXA	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>demeclocycline</i>	1	MO
DORYX	3	ST; MO
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral</i>	1	MO
ORACEA	3	ST; MO
SOLODYN	4	ST; MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN ORAL CAPSULE	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
FURADANTIN	3	MO
HIPREX	3	MO

Drug Name	Drug Tier	Requirements /Limits
MACROBID	3	MO
MACRODANTIN ORAL CAPSULE 100 MG	3	MO
MACRODANTIN ORAL CAPSULE 25 MG	2	MO
<i>methenamine hippurate</i>	1	MO
MONUROL	2	MO
<i>nitrofurantoin oral</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</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</i>	4	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline</i>	4	MO
<i>dexrazoxane intravenous recon soln 250 mg</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	4	
FUSILEV	4	MO
KEPIVANCE	4	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	1	MO
<i>leucovorin calcium oral</i>	1	MO
<i>mesna</i>	1	MO
MESNEX INTRAVENOUS	3	
MESNEX ORAL	4	MO
XGEVA	4	MO
ZINECARD INTRAVENOUS RECON SOLN 250 MG	4	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	4	MO
AFINITOR ORAL TABLET 10 MG	4	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	4	PA; MO
AFINITOR DISPERZ	4	PA; MO
ALIMTA INTRAVENOUS RECON SOLN 500 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
ALKERAN INTRAVENOUS	3	
<i>anastrozole</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	4	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	4	PA; MO
ASTAGRAF XL	3	PA; MO
AVASTIN	2	MO
<i>azacitidine</i>	4	MO
AZASAN	2	PA; MO
<i>azathioprine</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BICNU	2	MO
<i>bleomycin injection recon soln 30 unit</i>	1	MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO
BOSULIF ORAL TABLET 500 MG	4	PA; MO; QL (30 per 30 days)
BUSULFEX	4	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
CAPRELSA ORAL TABLET 100 MG	4	MO; LA

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

Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	1	MO
<i>dacarbazine intravenous recon soln 200 mg</i>	1	MO
DACOGEN	4	MO
<i>daunorubicin intravenous solution</i>	1	
<i>decitabine</i>	4	MO
DOCEFREZ	4	
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i>	4	MO
<i>docetaxel intravenous solution 80 mg/8 ml (10 mg/ml)</i>	4	
DOXIL	4	MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	1	MO
DROXIA	2	MO
ELIGARD	2	PA; MO
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	MO
ELOXATIN INTRAVENOUS SOLUTION 100 MG/20 ML	4	MO
EMCYT	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>epirubicin intravenous solution 50 mg/25 ml</i>	1	MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	4	MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERWINAZE	4	
ETOPOPHOS	2	MO
<i>etoposide intravenous</i>	1	MO
<i>exemestane</i>	1	MO
FARESTON	2	MO
FASLODEX	4	MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
<i>fludarabine intravenous recon soln</i>	1	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	1	MO
<i>flutamide</i>	1	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous recon soln 1 gram</i>	4	MO
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	4	MO
GENGRAF	1	PA; MO
GILOTRIF ORAL TABLET 20 MG	4	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	4	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
HALAVEN	4	MO
HERCEPTIN	4	MO
HEXALEN	4	MO
HYCAMTIN INTRAVENOUS	4	MO
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IDAMYCIN PFS	3	MO
<i>idarubicin</i>	1	
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ifosfamide intravenous recon soln 1 gram</i>	1	MO
IMBRUVICA	4	PA; MO; QL (120 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	4	PA; MO
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	4	MO
ISTODAX	4	MO
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	4	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; MO
JAKAFI ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
JEVTANA	4	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	4	MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide</i>	1	MO
<i>lomustine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LUPRON DEPOT- PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA; MO
LYSODREN	2	MO
MATULANE	4	MO
MEGACE	3	MO
MEGACE ES	2	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	MO
<i>megestrol oral tablet</i>	1	MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
<i>melphalan</i>	4	
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium oral</i>	1	PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
<i>mitomycin intravenous recon soln 20 mg</i>	1	MO
<i>mitoxantrone</i>	1	MO
MUSTARGEN	2	MO
<i>mycophenolate mofetil</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NEXAVAR	4	PA; MO; LA
NILANDRON	2	MO
NIPENT	4	MO
NULOJIX	4	PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO
ONCASPAR	4	MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	MO
<i>paclitaxel</i>	1	MO
PERJETA	4	MO
POMALYST	4	MO

Drug Name	Drug Tier	Requirements /Limits
PROGRAF INTRAVENOUS	2	PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	PA; MO
PURINETHOL	3	MO
RAPAMUNE ORAL SOLUTION	2	PA; MO
RAPAMUNE ORAL TABLET 0.5 MG	3	PA; MO
RAPAMUNE ORAL TABLET 1 MG	2	PA; MO
RAPAMUNE ORAL TABLET 2 MG	4	PA; MO
REVLIMID	4	PA; MO; LA
RHEUMATREX	3	PA; MO
RITUXAN	4	PA; MO
SANDIMMUNE	3	PA; MO
SANDOSTATIN INJECTION SOLUTION 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML	4	MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	MO
SANDOSTATIN LAR DEPOT	4	MO

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Drug Name	Drug Tier	Requirements /Limits
SIGNIFOR	4	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
<i>sirolimus</i>	1	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	4	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	4	PA; MO
SPRYCEL ORAL TABLET 140 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	4	PA; MO
SUTENT ORAL CAPSULE 25 MG	4	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	4	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	4	MO
SYNRIBO	4	MO
TABLOID	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	PA; MO
<i>tacrolimus oral capsule 5 mg</i>	4	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	4	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; MO; QL (120 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	4	PA; MO
TARCEVA ORAL TABLET 150 MG	4	PA; MO; QL (30 per 30 days)
TARGRETIN	4	MO
TASIGNA ORAL CAPSULE 150 MG	4	PA; MO
TASIGNA ORAL CAPSULE 200 MG	4	PA; MO; QL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	4	MO
THALOMID	4	PA; MO
TOPOSAR	1	MO
<i>topotecan intravenous recon soln</i>	4	MO
TORISEL	4	MO

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Drug Name	Drug Tier	Requirements /Limits
TREANDA INTRAVENOUS RECON SOLN 100 MG	4	MO
TRELSTAR	4	MO
TRELSTAR DEPOT	4	
TRELSTAR LA	4	
<i>tretinoin</i> (chemotherapy)	4	MO
TREXALL	2	PA; MO
TRISENOX	4	MO
TYKERB	4	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	4	PA; MO
VELCADE	4	MO
VIDAZA	4	MO
<i>vinblastine</i> <i>intravenous solution</i>	1	MO
<i>vincristine</i> <i>intravenous solution</i> <i>1 mg/ml</i>	1	MO
<i>vinorelbine</i> <i>intravenous solution</i> <i>50 mg/5 ml</i>	1	MO
VOTRIENT	4	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL CAPSULE 250 MG	4	PA; MO; QL (60 per 30 days)
XTANDI	4	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	4	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	MO
ZANOSAR	2	MO
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZOLINZA	4	MO
ZORTRESS ORAL TABLET 0.25 MG	2	PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	4	PA; MO
ZYKADIA	4	PA; MO; QL (150 per 30 days)
ZYTIGA	4	PA; MO; QL (120 per 30 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH**

ANTICONVULSANTS

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Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	4	MO
BANZEL ORAL SUSPENSION	2	MO
BANZEL ORAL TABLET 200 MG	2	MO
BANZEL ORAL TABLET 400 MG	4	MO
<i>carbamazepine</i>	1	MO
CARBATROL	3	MO
CELONTIN	2	MO
<i>clonazepam</i>	1	PA; MO
DEPACON	3	MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	PA; MO
DIASTAT ACUDIAL	3	PA; MO
<i>diazepam rectal</i>	1	PA; MO
DILANTIN	2	MO
DILANTIN EXTENDED	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
EPITOL	1	MO
EQUETRO	3	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL	3	MO
<i>fosphephenytoin injection solution 100 mg pe/2 ml</i>	1	MO
FYCOMPA	2	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral tablet</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
GRALISE	3	PA; MO
GRALISE 30-DAY STARTER PACK	3	PA; MO
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN	3	PA; MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
LAMICTAL ODT	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LYRICA	2	PA; MO
MYSOLINE	3	MO
NEURONTIN	3	PA; MO
ONFI	2	PA; MO
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
<i>phenobarbital</i>	1	MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
POTIGA	2	MO
<i>primidone</i>	1	MO
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 25 MG, 50 MG	3	PA
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG	4	PA
SABRIL	4	MO; LA
TEGRETOL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	2	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	3	MO
<i>tiagabine</i>	1	MO
TOPAMAX	3	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZARONTIN	3	MO
ZONEGRAN	3	PA; MO
<i>zonisamide</i>	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	4	MO; LA
AZILECT	2	MO
<i>benztropine</i>	1	MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
COGENTIN	3	MO
COMTAN	3	MO
ELDEPRYL	3	MO
<i>entacapone</i>	1	MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
NEUPRO	3	MO
PARCOPA	3	MO
<i>pramipexole</i>	1	MO
REQUIP	3	MO
REQUIP XL	3	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	3	MO

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Drug Name	Drug Tier	Requirements /Limits
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR	4	MO
ZELAPAR	3	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

ALSUMA	3	MO; QL (16 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
AXERT ORAL TABLET 12.5 MG	3	MO; QL (24 per 28 days)
AXERT ORAL TABLET 6.25 MG	3	MO; QL (18 per 28 days)
CAFERGOT	3	MO
<i>dihydroergotamine injection</i>	1	MO
ERGOMAR	2	MO
FROVA	3	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
IMITREX SUBCUTANEOUS	3	MO; QL (16 per 28 days)
IMITREX STATDOSE KIT REFILL	3	MO; QL (16 per 28 days)
MAXALT	3	MO; QL (36 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)
MIGERGOT	1	MO
MIGRANAL	3	MO; QL (8 per 28 days)
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
RELPAK	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (16 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (16 per 28 days)
SUMAVEL DOSEPRO	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TREXIMET	3	MO; QL (18 per 28 days)
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AMPYRA	4	PA; MO; LA
ARICEPT	3	MO
ARICEPT ODT	3	MO
AUBAGIO	4	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (12 per 28 days)
COPAXONE SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (30 per 30 days)
<i>donepezil</i>	1	MO
EXELON ORAL	3	MO
EXELON TRANSDERMAL	2	MO
<i>galantamine</i>	1	MO
GILENYA	4	PA; MO
HORIZANT	3	PA; MO
NAMENDA	2	PA; MO
NAMENDA TITRATION PAK	2	PA; MO
NAMENDA XR	2	PA; MO
NUEDEXTA	2	MO

Drug Name	Drug Tier	Requirements /Limits
RAZADYNE	3	MO
RAZADYNE ER	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
<i>cyclobenzaprine</i>	1	PA; MO
DANTRIUM	3	MO
<i>dantrolene</i>	1	MO
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	2	PA; MO
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	PA
MESTINON ORAL SYRUP	2	MO

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Drug Name	Drug Tier	Requirements /Limits
MESTINON ORAL TABLET	3	MO
MESTINON TIMESPAN	2	MO
<i>pyridostigmine bromide</i>	1	MO
<i>tizanidine</i>	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 100 MCG, 200 MCG, 300 MCG	4	PA; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 400 MCG	4	PA; QL (116 per 30 days)
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 600 MCG	4	PA; MO; QL (77 per 30 days)
ABSTRAL SUBLINGUAL TABLET, SUBLINGUAL 800 MCG	4	PA; MO; QL (58 per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; MO; QL (120 per 30 days)
AVINZA ORAL CAPSULE, ER MULTIPHASE 24 HR 120 MG	3	MO; QL (50 per 30 days)
AVINZA ORAL CAPSULE, ER MULTIPHASE 24 HR 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	3	MO; QL (60 per 30 days)
BUPRENEX	3	MO; QL (267 per 30 days)
<i>buprenorphine injection syringe</i>	1	QL (267 per 30 days)
<i>buprenorphine sublingual tablet, sublingual 2 mg</i>	1	MO; QL (300 per 30 days)
<i>buprenorphine sublingual tablet, sublingual 8 mg</i>	1	MO; QL (75 per 30 days)
BUTRANS	2	MO; QL (4 per 28 days)
CAPITAL WITH CODEINE	3	MO; QL (4500 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>codeine sulfate oral tablet</i>	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (1500 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 1 MG/ML	3	MO; QL (300 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 2 MG/ML	3	MO; QL (150 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 4 MG/ML	3	MO; QL (75 per 30 days)
DILAUDID-HP (PF) INJECTION SOLUTION	3	QL (30 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	4	MO; QL (9 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	3	MO; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DURAGESIC TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	4	MO; QL (10 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	1	MO; QL (4000 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	1	QL (2000 per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	MO; QL (360 per 30 days)
ENDODAN	1	MO; QL (360 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 8 MG	3	MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	4	MO; QL (60 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	4	MO; QL (47 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	4	PA; MO; QL (39 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	4	PA; MO; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	4	PA; MO; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	4	PA; MO; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	4	PA; MO; QL (58 per 30 days)
<i>fentanyl patches transdermal patch 72 hour 100 mcg/hr</i>	1	MO; QL (9 per 30 days)
<i>fentanyl patches transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	MO; QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	4	PA; MO; QL (120 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	4	PA; MO; QL (116 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	4	PA; MO; QL (77 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	4	PA; MO; QL (58 per 30 days)
HYCET	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QL (300 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)
<i>hydromorphone oral tablet extended release 24 hr 16 mg</i>	4	MO; QL (60 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	MO; QL (120 per 30 days)
IBUDONE ORAL TABLET 10-200 MG	3	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 100 MG	3	MO; QL (60 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 130 MG	3	MO; QL (46 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 150 MG	3	MO; QL (40 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 200 MG	4	MO; QL (30 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 70 MG	3	MO; QL (86 per 30 days)
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 80 MG	3	MO; QL (75 per 30 days)
LAZANDA	4	PA; MO; QL (23 per 30 days)
<i>levorphanol tartrate</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LORCET (HYDROCODONE)	1	QL (360 per 30 days)
LORCET HD	1	MO; QL (360 per 30 days)
LORCET PLUS	1	QL (360 per 30 days)
LORTAB 10-325	1	MO; QL (360 per 30 days)
LORTAB 5-325	1	MO; QL (360 per 30 days)
LORTAB 7.5-325	1	MO; QL (360 per 30 days)
LORTAB ELIXIR	3	MO; QL (6000 per 30 days)
<i>methadone injection</i>	1	QL (160 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	1	MO; QL (50 per 30 days)

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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)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	MO; QL (90 per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 80 mg</i>	1	MO; QL (75 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	MO; QL (120 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	1	MO; QL (30 per 30 days)
<i>morphine oral tablet extended release 60 mg</i>	1	MO; QL (100 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (30 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	MO; QL (100 per 30 days)
NORCO	3	MO; QL (360 per 30 days)
OPANA ORAL TABLET 10 MG	3	MO; QL (200 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 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)
OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 30 MG	3	MO; QL (67 per 30 days)
OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 40 MG	4	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OXECTA	3	MO; QL (360 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	1	MO; QL (134 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 60 MG	2	MO; QL (67 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 80 MG	4	MO; QL (50 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	1	MO; QL (67 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	1	MO; QL (50 per 30 days)
PERCOCET	3	MO; QL (360 per 30 days)
PERCODAN	3	MO; QL (360 per 30 days)
PRIMLEV	3	MO; QL (360 per 30 days)
REPREXAIN	1	MO; QL (50 per 30 days)
ROXICET ORAL SOLUTION	3	MO; QL (800 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	MO; QL (133 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SUBSYS SUBLINGUAL SPRAY, NON- AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	4	PA; MO; LA; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON- AEROSOL 400 MCG/SPRAY	4	PA; MO; LA; QL (84 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON- AEROSOL 600 MCG/SPRAY	4	PA; MO; LA; QL (56 per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON- AEROSOL 800 MCG/SPRAY	4	PA; MO; LA; QL (42 per 30 days)
SYNALGOS-DC	3	MO; QL (300 per 30 days)
TYLENOL- CODEINE #3	3	MO; QL (360 per 30 days)
TYLENOL- CODEINE #4	3	MO; QL (180 per 30 days)
VICODIN	1	MO; QL (360 per 30 days)
VICODIN ES	1	MO; QL (360 per 30 days)
VICODIN HP	1	MO; QL (360 per 30 days)
VICOPROFEN	3	MO; QL (50 per 30 days)
XARTEMIS XR	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XODOL 10/300	3	MO; QL (360 per 30 days)
XODOL 5/300	3	MO; QL (360 per 30 days)
XODOL 7.5/300	3	MO; QL (360 per 30 days)
ZAMICET	1	MO; QL (5550 per 30 days)
ZOHYDRO ER	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
<i>buprenorphine- naloxone</i>	1	PA; MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (720 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal</i>	1	MO; QL (40 per 30 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CATAFLAM	3	MO
CELEBREX	2	MO
CONZIP	3	MO; QL (30 per 30 days)
DAYPRO	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DUEXIS	3	ST; MO
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	3	MO
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	ST; MO
<i>etodolac</i>	1	MO
EVZIO	3	QL (0.8 per 30 days)
FELDENE	3	MO
<i>fenoprofen oral tablet</i>	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>meclofenamate oral</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral suspension</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
MOBIC ORAL SUSPENSION	3	MO
MOBIC ORAL TABLET 15 MG	3	MO
MOBIC ORAL TABLET 7.5 MG	3	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	1	MO
<i>naltrexone</i>	1	MO
NAPRELAN CR	3	ST; MO
NAPROSYN	3	ST; MO
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
NUCYNTA ER	3	MO; QL (60 per 30 days)
<i>oxaprozin</i>	1	MO
PENNSAID	3	ST; MO
<i>piroxicam</i>	1	MO
PONSTEL	3	MO
REVIA	3	MO
SPRIX	3	ST; MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	2	PA; MO; QL (90 per 30 days)
<i>sulindac oral</i>	1	MO
<i>tolmetin</i>	1	MO
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ULTRAM ER	3	MO; QL (30 per 30 days)
VIMOVO	3	ST; MO
VIVITROL	4	MO
VOLTAREN GEL	2	MO
VOLTAREN-XR	3	MO
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO
ZUBSOLV	2	PA; MO; QL (90 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY INTRAMUSCULAR	2	MO
ABILIFY ORAL SOLUTION	2	MO
ABILIFY ORAL TABLET 10 MG	2	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG	2	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	2	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 20 MG	4	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 30 MG	4	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	2	MO; QL (180 per 30 days)
ABILIFY DISCMELT ORAL TABLET, DISINTEGRATING 10 MG	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 15 MG	2	MO; QL (60 per 30 days)
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 300 MG	4	MO
ADDERALL ORAL TABLET 20 MG	3	MO
ADDERALL XR	3	MO
<i>alprazolam oral tablet</i>	1	MO
AMBIEN	3	ST; MO; QL (30 per 30 days)
AMBIEN CR	3	ST; MO; QL (30 per 30 days)
<i>amitriptyline</i>	1	PA; MO
<i>amoxapine</i>	1	MO
AMPHETAMINE SALT COMBO	1	MO
ANAFRANIL	3	PA; MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QL (90 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QL (30 per 30 days)
ATIVAN ORAL	3	PA; MO
BRINTELLIX ORAL TABLET 10 MG	2	MO; QL (60 per 30 days)
BRINTELLIX ORAL TABLET 20 MG	2	MO; QL (30 per 30 days)
BRINTELLIX ORAL TABLET 5 MG	2	MO; QL (120 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 100 mg</i>	1	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 200 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>bupirone</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
CYMBALTA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 30 MG	3	ST; MO; QL (120 per 30 days)
CYMBALTA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60 MG	3	ST; MO; QL (60 per 30 days)
DAYTRANA	3	MO
<i>desipramine oral</i>	1	MO
DESOXYN	3	MO
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i>	3	ST; MO; QL (120 per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 50 mg</i>	3	ST; MO; QL (240 per 30 days)
DEXEDRINE SPANSULE	3	MO
<i>dexmethylphenidate</i>	1	MO
<i>dextroamphetamine oral capsule, extended release</i>	1	MO
<i>dextroamphetamine oral tablet</i>	1	MO
<i>dextroamphetamine-amphetamine</i>	1	MO
<i>diazepam oral solution 5 mg/5 ml</i>	1	PA; MO
<i>diazepam oral tablet</i>	1	PA; MO
DIAZEPAM INTENSOL	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>doxepin oral</i>	1	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	3	ST; MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 37.5 MG	3	ST; MO; QL (180 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	ST; MO; QL (90 per 30 days)
EMSAM	2	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>eszopiclone</i>	1	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	2	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	2	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	2	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	2	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	2	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	2	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	2	QL (8 per 28 days)
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG, 12.5 MG, 25 MG	3	
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	2	
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	2	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG	2	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	ST; MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	ST; MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	ST; MO; QL (45 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO
<i>fluoxetine oral tablet 60 mg</i>	3	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr 100 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	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)
<i>guanidine</i>	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate</i>	1	MO
<i>imipramine hcl</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>imipramine pamoate</i>	1	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	2	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	2	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	2	MO; QL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	2	MO; QL (41 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	2	MO
KAPVAY	3	MO

Drug Name	Drug Tier	Requirements /Limits
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QL (240 per 30 days)
LATUDA ORAL TABLET 120 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	2	MO; QL (60 per 30 days)
LEXAPRO ORAL SOLUTION	3	MO
LEXAPRO ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
LEXAPRO ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	MO
LITHOBID	3	MO
<i>lorazepam oral tablet</i>	1	PA; MO
LORAZEPAM INTENSOL	1	PA; MO
<i>loxapine succinate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
LOXITANE	3	MO
LUNESTA	3	ST; MO; QL (30 per 30 days)
LUVOX CR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	MO; QL (90 per 30 days)
LUVOX CR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
METADATE CD	3	MO
METADATE ER	1	MO
<i>methamphetamine</i>	1	MO
METHYLIN	3	MO
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i>	1	MO
<i>methylphenidate oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate oral solution</i>	1	MO
<i>methylphenidate oral tablet</i>	1	MO
<i>methylphenidate oral tablet extended release</i>	1	MO
<i>methylphenidate oral tablet extended release 24hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
NARDIL	3	MO
<i>nefazodone</i>	1	MO
NORPRAMIN	3	MO
<i>nortriptyline</i>	1	MO
NUVIGIL	3	PA; MO
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (81 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
ORAP	2	MO
<i>oxazepam</i>	1	PA; MO
PAMELOR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PARNATE	3	MO
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QL (60 per 30 days)
<i>perphenazine</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO
PEXEVA ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
<i>phenelzine</i>	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	ST; MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	ST; MO; QL (240 per 30 days)
PROCENTRA	1	MO
<i>protriptyline</i>	1	MO
PROVIGIL	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (240 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
PROZAC WEEKLY	3	MO; QL (4 per 28 days)
<i>quetiapine oral tablet 100 mg</i>	1	MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	MO; QL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	MO; QL (902 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	1	MO; QL (81 per 30 days)
<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
REMERON SOLTAB	3	MO
RESTORIL	3	PA; MO
RISPERDAL ORAL SOLUTION	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL ORAL TABLET 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	2	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral solution</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	MO
RITALIN SR	3	MO

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

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Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QL (161 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (480 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SONATA ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
STRATTERA	2	MO
SURMONTIL	3	PA; MO
SYMBYAX	3	MO
<i>temazepam</i>	1	PA; MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
TOFRANIL	3	PA; MO
TOFRANIL-PM	3	PA; MO
TRANXENE T-TAB	3	PA; MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
VALIUM	3	PA; MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	MO; QL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	1	MO; QL (270 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet 50 mg</i>	1	MO; QL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	3	MO; QL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	3	MO; QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	3	MO; QL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	3	MO; QL (90 per 30 days)
VERSACLOZ	4	LA
VIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK	2	MO; QL (30 per 30 days)
VIVACTIL	3	MO
VYVANSE	3	MO
WELLBUTRIN	3	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (120 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (60 per 30 days)
XYREM	4	MO; LA
<i>zaleplon oral capsule 10 mg</i>	1	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	ST; MO; QL (30 per 30 days)
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	MO
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	2	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	2	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	1	MO; QL (80 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl oral capsule 80 mg</i>	1	MO; QL (60 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
<i>zolpidem</i>	1	ST; MO; QL (30 per 30 days)
ZOLPIMIST	3	ST; MO; QL (8 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 5 MG	3	MO; QL (120 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	1	PA; MO
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	MO
BETAPACE AF	3	MO
<i>flecainide</i>	1	MO
<i>mexiletine</i>	1	MO
MULTAQ	3	MO
NEXTERONE	3	PA
PACERONE	1	MO
<i>procainamide injection solution 100 mg/ml</i>	1	MO
<i>procainamide injection solution 500 mg/ml</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine gluconate</i>	1	MO
<i>quinidine sulfate</i>	1	MO
RYTHMOL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
RYTHMOL SR	3	MO
SORINE ORAL TABLET 120 MG, 160 MG, 80 MG	1	MO
SORINE ORAL TABLET 240 MG	1	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
SOTALOL AF ORAL TABLET 120 MG	1	MO
TIKOSYN	2	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
<i>acebutolol oral</i>	1	MO
ADALAT CC	3	MO
AFEDITAB CR	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
AMTURNIDE	3	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
<i>atenolol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	2	ST; 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
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BYSTOLIC	2	MO
CALAN	3	MO
CALAN SR	3	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDENE IV IN SODIUM CHLORIDE	3	
CARDENE SR	3	MO
CARDIZEM	3	MO
CARDIZEM CD	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CARDIZEM LA	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CARTIA XT	1	MO
<i>carvedilol</i>	1	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
CLORPRES ORAL TABLET 0.1-15 MG	1	MO
CLORPRES ORAL TABLET 0.3-15 MG	2	MO
COREG	3	MO

Drug Name	Drug Tier	Requirements /Limits
COREG CR	2	MO
CORGARD	3	MO
CORZIDE	3	MO
COZAAR	3	ST; MO
DEMADEX	3	MO
DEMSER	2	MO
DIBENZYLINE	2	MO
DILACOR XR	3	MO
DILT-XR	1	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
DIURIL IV	4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DUTOPROL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	3	ST; MO
EDARBYCLOR	3	ST; MO
EDECIN	3	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
EPANED	4	MO
<i>eplerenone</i>	1	MO
<i>eprosartan</i>	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	ST; MO
<i>indapamide</i>	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSpra	3	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	MO
<i>labetalol oral</i>	1	MO
LASIX	3	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR	3	MO
LOPRESSOR HCT	3	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN	3	MO
LOTREL	3	MO
MATZIM LA	1	MO
MAVIK	3	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
MICROZIDE	3	MO
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
<i>nicardipine</i>	1	MO
NIFEDICAL XL	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
NORVASC	3	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
PRINIVIL	3	MO
PROCARDIA XL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	4	PA; MO; LA
SECTRAL	3	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>spironolactone</i>	1	MO
SULAR	3	MO
TARKA	3	MO
TAZTIA XT	1	MO
TEKAMLO	3	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
TEVETEN	3	ST; MO
TEVETEN HCT	3	ST; MO
TIAZAC	3	MO
<i>timolol maleate oral</i>	1	MO
TOPROL XL	3	MO
<i>torseamide intravenous solution 20 mg/2 ml (10 mg/ml)</i>	1	
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	2	ST; MO
TWYNSTA	3	ST; MO
UNIRETIC	3	MO
UNIVASC	3	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZAROXOLYN	3	MO
ZEBETA	3	MO
ZESTORETIC	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZESTRIL	3	MO
ZIAC	3	MO
CARDIAC GLYCOSIDES		
<i>digoxin oral</i>	1	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO
LANOXIN ORAL TABLET 187.5 MCG	2	
LANOXIN ORAL TABLET 62.5 MCG	2	MO
COAGULATION THERAPY		
AGGRENOX	2	MO
<i>argatroban</i>	4	MO
<i>argatroban in 0.9 % sod chlor</i>	4	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
BRILINTA	2	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
COUMADIN	3	MO
CYKLOKAPRON	3	MO
<i>dipyridamole oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
EFFIENT	2	MO
ELIQUIS	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	MO
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 150 mg/ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 UNIT/ML, 12,500 UNIT/0.5 ML, 15,000 UNIT/0.6 ML, 18,000 UNIT/0.72 ML, 7,500 UNIT/0.3 ML	4	MO

Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 UNIT/0.2 ML, 5,000 UNIT/0.2 ML	3	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
JANTOVEN	1	MO
LOVENOX	3	MO
<i>pentoxifylline</i>	1	MO
PERSANTINE	3	MO
PLAVIX	3	MO
PLETAL	3	MO
PRADAXA	2	MO
PROMACTA	4	PA; MO; LA
<i>ticlopidine</i>	1	MO
<i>tranexamic acid intravenous</i>	1	MO
<i>warfarin</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
XARELTO	2	MO
ZONTIVITY	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
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)
ALTOPREV	3	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 130 MG, 43 MG, 90 MG	3	MO
ANTARA ORAL CAPSULE 30 MG	3	
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	3	MO; QL (30 per 30 days)
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	1	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
CRESTOR	2	MO; QL (30 per 30 days)
<i>fenofibrate oral capsule</i>	3	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil oral</i>	1	MO
JUXTAPID	4	MO; LA
KYNAMRO	4	MO; LA
LESCOL ORAL CAPSULE 20 MG	3	MO; QL (30 per 30 days)
LESCOL ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
LESCOL XL	3	MO; QL (30 per 30 days)
LIPITOR	3	MO; QL (30 per 30 days)
LIPOFEN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
LIPTRUZET	3	MO; QL (30 per 30 days)
LIVALO	3	MO; QL (30 per 30 days)
LOFIBRA	3	MO
LOPID	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	3	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO
<i>omega-3 acid ethyl esters</i>	1	MO
PRAVACHOL	3	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
PREVALITE ORAL POWDER	1	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG	3	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRIGLIDE	3	MO
TRILIPIX	3	MO
VASCEPA	2	MO
VYTORIN 10-10	3	MO; QL (30 per 30 days)
VYTORIN 10-20	3	MO; QL (30 per 30 days)
VYTORIN 10-40	3	MO; QL (30 per 30 days)
VYTORIN 10-80	3	MO; QL (30 per 30 days)
WELCHOL	2	MO
ZETIA	2	MO
ZOCOR	3	MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

RANEXA	2	MO
VECAMYL	4	
NITRATES		
ISORDIL	3	MO
ISORDIL TITRADOSE	3	MO
<i>isosorbide dinitrate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide mononitrate</i>	1	MO
MINITRAN	3	MO
NITRO-BID	1	MO
NITRO-DUR	3	MO
<i>nitroglycerin intravenous</i>	1	PA
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
NITROLINGUAL	3	MO
NITROMIST	3	MO
NITROSTAT	2	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg</i>	1	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	4	MO
<i>calcipotriene</i>	1	MO
<i>calcipotriene-betamethasone</i>	1	MO
<i>calcitriol topical</i>	1	MO
DOVONEX	3	MO
<i>selenium sulfide topical suspension</i>	1	MO
SORIATANE	4	MO
SORILUX	3	MO

Drug Name	Drug Tier	Requirements /Limits
STELARA	4	PA; MO
TACLONEX	3	MO
VECTICAL	3	MO
BURN THERAPY		
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
SSD	1	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP	2	MO
ALDARA	3	MO
<i>ammonium lactate</i>	1	MO
CARAC	2	MO
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel</i>	1	PA; MO
EFUDEX	3	MO
ELIDEL	3	PA; MO
<i>fluorouracil topical</i>	1	MO
<i>imiquimod</i>	1	MO
LAC-HYDRIN	3	MO
<i>methoxsalen rapid</i>	4	
OXSORALEN	2	MO
OXSORALEN ULTRA	4	MO
PANRETIN	4	MO
PICATO	3	MO
<i>podofilox</i>	1	MO
PROTOPIC	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PRUDOXIN	1	MO
REGRANEX	2	MO; QL (15 per 30 days)
SOLARAZE	3	PA; MO
U-CORT	3	ST; MO
UVADEX	2	
VEREGEN	3	MO
ZONALON	3	MO
ZYCLARA	2	MO
THERAPY FOR ACNE		
ABSORICA	3	MO
ACANYA	3	MO
ACZONE	3	MO
<i>adapalene</i>	1	PA; MO
AKNE-MYCIN	3	MO
AMNESTEEM	1	MO
ATRALIN	3	PA; MO
AVITA TOPICAL CREAM	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
AZELEX	3	MO
BENZAMYCIN	3	MO
CLARAVIS	1	MO
CLEOCIN T	3	MO
CLINDACIN PAC	3	MO
<i>clindamycin phosphate topical</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
DIFFERIN	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
ERY PADS	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
FABIOR	3	MO
FINACEA	3	MO
METROCREAM	3	MO
METROGEL TOPICAL GEL	3	MO
METROLOTION	3	MO
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
MYORISAN	1	
NORITATE	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	3	PA; MO
RETIN-A MICRO PUMP TOPICAL GEL 0.08 %	3	PA
TAZORAC	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical cream 0.05 %</i>	3	PA; MO
<i>tretinoin topical gel</i>	1	PA; MO
VELTIN	3	PA; MO
ZENATANE	1	MO
ZIANA	3	PA; MO
TOPICAL ANESTHETICS		
EMLA	3	MO
<i>lidocaine topical adhesive patch, medicated</i>	1	PA; MO
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	1	MO
<i>lidocaine hcl mucous membrane gel</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-prilocaine topical cream</i>	1	MO
LIDODERM	3	PA; MO
SYNERA	3	MO
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3	
XYLOCAINE MUCOUS MEMBRANE	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	3	MO
TOPICAL ANTIBACTERIALS		
ALTABAX	3	MO
BACTROBAN	3	MO
CORTISPORIN TOPICAL	3	MO
<i>gentamicin topical</i>	1	MO
KLARON	3	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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	
<i>ketoconazole topical</i>	1	MO
KETODAN KIT	1	MO
LOPROX	3	MO
LOTRISONE	3	MO
LUZU	3	MO
MENTAX	3	MO
NAFTIN	3	MO
NIZORAL	3	MO
NYAMYC	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
NYSTOP	1	MO
OXISTAT	3	MO
PEDI-DRI	1	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	MO
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX TOPICAL OINTMENT	3	MO
TOPICAL CORTICOSTEROIDS		
ALA-CORT	1	MO
ALA-SCALP	3	ST; MO
<i>alclometasone</i>	1	MO
<i>amcinonide</i>	1	MO
APEXICON E	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
CAPEX	3	ST; MO
<i>clobetasol topical foam</i>	1	MO
<i>clobetasol topical gel</i>	1	MO
<i>clobetasol topical lotion</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO
<i>clobetasol topical shampoo</i>	1	MO
<i>clobetasol topical solution</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO
CLOBEX	3	ST; MO
CLODERM	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
CORDRAN TAPE LARGE ROLL	3	ST; MO
CUTIVATE	3	ST; MO
DERMATOP	3	ST; MO
DESONATE	3	ST; MO
<i>desonide</i>	1	MO
DESOWEN TOPICAL CREAM	3	ST
DESOWEN TOPICAL LOTION	3	ST; MO
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO
DIPROLENE	3	ST; MO
DIPROLENE AF	3	ST; MO
ELOCON	3	ST; MO
<i>fluocinolone</i>	1	MO
<i>fluocinonide topical cream 0.1 %</i>	1	MO
<i>fluocinonide topical gel</i>	1	MO
<i>fluocinonide topical ointment</i>	1	MO
<i>fluocinonide topical solution</i>	1	MO
FLUOCINONIDE-E	1	MO
<i>fluticasone topical</i>	1	MO
<i>halobetasol propionate</i>	1	MO
HALOG	3	ST; MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone butyr-emollient</i>	1	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
KENALOG TOPICAL	3	ST; MO
<i>mometasone</i>	1	MO
OLUX	3	ST; MO
PANDEL	3	ST; MO
<i>prednicarbate</i>	1	MO
SYNALAR CREAM KIT	3	ST; MO
TEMOVATE	3	ST; MO
TOPICORT	3	ST; MO
<i>triamcinolone acetone topical</i>	1	MO
TRIDERM	1	MO
ULTRAVATE	3	ST; MO
VANOS	3	ST; MO
TOPICAL ENZYMES		
SANTYL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	3	MO
<i>lindane</i>	1	MO
<i>malathion</i>	1	MO
OVIDE	3	MO
<i>permethrin topical cream</i>	1	MO
SKLICE	3	MO
<i>spinosad</i>	1	MO
ULESFIA	3	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringers irrigation</i>	1	MO

MISCELLANEOUS AGENTS

<i>acamprosate</i>	1	MO
ACTONEL ORAL TABLET 30 MG	3	MO; QL (30 per 30 days)
ADAGEN	4	MO
AGRYLIN	3	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
ANTABUSE	3	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	4	MO; LA
CAMPRAL	3	MO
CARBAGLU	4	MO; LA
CARNITOR	3	MO
<i>cevimeline</i>	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
CLINIMIX E 2.75%/D10W SUL FREE	2	
CLINIMIX E 2.75%/D5W SULF FREE	2	
<i>d10 % & 0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>dextrose 10 % & 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>disulfiram</i>	1	MO
<i>etidronate disodium</i>	1	MO
EVOXAC	3	MO
EXJADE ORAL TABLET, DISPERSIBLE 125 MG	2	MO; LA
EXJADE ORAL TABLET, DISPERSIBLE 250 MG, 500 MG	4	MO; LA
FERRIPROX	4	MO
FOSRENOL	3	MO
GLASSIA	4	MO; LA
INCRELEX	4	MO; LA
KAYEXALATE	3	MO
KIONEX ORAL POWDER	1	MO
<i>levocarnitine intravenous</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
LITHOSTAT	3	MO
<i>midodrine</i>	1	MO
ORFADIN	4	MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C	4	MO; LA
RAVICTI	4	MO
RECLAST	3	PA; MO
RENAGEL	3	MO
REVELA	3	MO
RILUTEK	4	MO
<i>riluzole</i>	4	MO
SALAGEN	3	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium phenylbutyrate</i>	4	MO
SODIUM POLYSTYRENE (SORB FREE)	1	
SYPRINE	4	MO
THIOLA	2	MO
VELPHORO	4	MO
<i>water for irrigation, sterile</i>	1	MO
ZEMAIRA	4	MO; LA
<i>zoledronic acid-mannitol-water intravenous solution</i>	1	PA; MO
SMOKING DETERRENTS		
BUPROBAN	1	MO
CHANTIX	2	MO

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Drug Name	Drug Tier	Requirements /Limits
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH BOX	2	MO
CHANTIX STARTING MONTH PAK	2	
NICOTROL	2	MO
NICOTROL NS	2	MO
ZYBAN	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ASTELIN	3	MO; QL (60 per 30 days)
ASTEPRO	3	MO; QL (60 per 30 days)
ATROVENT	3	MO; QL (30 per 30 days)
<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PATANASE	3	MO; QL (30.5 per 30 days)
PERIOGARD	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
TYZINE NASAL DROPS 0.05 %	2	MO

MISCELLANEOUS OTIC PREPARATIONS

ACETASOL HC	1	MO
<i>acetic acid otic</i>	1	MO
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic</i>	1	MO

OTIC STEROID / ANTIBIOTIC

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

ENDOCRINE/DIABETES

ADRENAL HORMONES

A-HYDROCORT	1	MO
ACTHAR H.P.	4	PA; MO
CORTEF	3	MO
<i>cortisone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DEPO-MEDROL	3	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
DEXAMETHASONE INTENSOL	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
KENALOG INJECTION	3	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
<i>methylprednisolone oral tablet</i>	1	PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
MILLIPRED ORAL SOLUTION	3	MO
MILLIPRED ORAL TABLET	1	PA; MO
ORAPRED	3	MO
ORAPRED ODT ORAL TABLET, DISINTEGRATING 15 MG, 30 MG	3	PA; MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	PA; MO
PREDNISONE INTENSOL	1	MO
RAYOS	3	PA; MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	
SOLU-MEDROL (PF) INJECTION	3	MO

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Drug Name	Drug Tier	Requirements /Limits
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
VERIPRED 20	1	MO
ANTITHYROID AGENTS		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
TAPAZOLE	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ACTOS	3	MO; QL (30 per 30 days)
ALCOHOL PADS	2	
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA	3	MO
APIDRA SOLOSTAR	3	MO
AVANDAMET	3	MO; LA; QL (60 per 30 days)
AVANDARYL	3	MO; LA; QL (30 per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; LA; QL (60 per 30 days)
AVANDIA ORAL TABLET 8 MG	3	MO; LA; QL (30 per 30 days)
BYDUREON SUBCUTANEOUS SUSPENSION,EXT ENDED REL RECON	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/0.04 ML	2	PA; MO; QL (2.4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/0.02 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QL (150 per 30 days)
<i>gauze pads 2 x 2</i>	2	
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN	2	
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
HUMALOG	2	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50-50	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN	2	MO
HUMULIN 70/30 PEN	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN N PEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 "CONCENTRATED "	2	MO
<i>insulin pen needle</i>	2	MO
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	MO
<i>insulin syringe (disp) u-100 1 ml</i>	2	
<i>insulin syringe (disp) u-100 1/2 ml</i>	2	MO
INVOKANA	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXPEN	2	MO
LEVEMIR FLEXTOUCH	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
<i>needles, insulin disp.,safety</i>	2	
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70-30	2	MO
NOVOLOG MIX 70-30 FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
PRANDIMET	3	MO; QL (150 per 30 days)
PRANDIN ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM	2	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (10.5 per 30 days)
TANZEUM	3	PA; QL (2 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>tolbutamide</i>	1	MO; QL (180 per 30 days)
TRADJENTA	3	ST; MO; QL (30 per 30 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 40	2	MO
VICTOZA 2-PAK	2	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	4	MO
ANADROL-50	4	PA; MO
ANDRODERM	2	PA; MO
ANDROGEL	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ANDROID	3	MO
ANDROXY	1	MO
AXIRON	3	PA; MO
<i>cabergoline</i>	1	MO; QL (16 per 28 days)
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous</i>	1	MO
<i>calcitriol oral</i>	1	MO
CEREZYME	4	MO
<i>chorionic gonadotropin, human</i>	1	PA; MO
<i>danazol oral</i>	1	MO
DDAVP	3	MO
DEPO-TESTOSTERONE	3	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	4	MO
ELELYSO	4	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	4	MO
FORTESTA	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
FORTICAL	1	MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
HECTOROL ORAL	3	MO
KORLYM	4	MO
KUVAN ORAL TABLET, SOLUBLE	4	MO; LA
LUMIZYME	4	MO; LA
METHITEST	2	MO
MIACALCIN INJECTION	2	MO
MIACALCIN NASAL	3	MO
MYALEPT	4	PA; MO; LA
MYOZYME	4	MO
NAGLAZYME	4	MO; LA
NOVAREL	1	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol</i>	1	MO
PREGNYL	3	PA; MO
ROCALTROL	3	MO
SAMSCA ORAL TABLET 15 MG	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SAMSCA ORAL TABLET 30 MG	4	PA; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	2	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	MO
SOMAVERT	4	MO; LA
STIMATE	3	MO
STRIANT	3	PA; MO
SYNAREL	4	MO
TESTIM	3	PA; MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
TESTRED	3	MO
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA
VPRIV	4	MO
ZAVESCA	4	MO; LA
ZEMPLAR INTRAVENOUS	2	MO
ZEMPLAR ORAL	3	MO
<i>zoledronic acid intravenous solution</i>	1	MO
ZOMETA	4	MO
THYROID HORMONES		
CYTOMEL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levothyroxine intravenous recon soln 100 mcg</i>	3	MO
<i>levothyroxine oral</i>	1	MO
LEVOXYL	1	MO
<i>liothyronine intravenous</i>	1	
<i>liothyronine oral</i>	1	MO
SYNTHROID	3	MO
THYROLAR-1	2	MO
THYROLAR-1/2	2	MO
THYROLAR-1/4	2	MO
THYROLAR-2	2	MO
THYROLAR-3	2	MO
TIROSINT	3	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection syringe</i>	1	
BENTYL	3	MO
CANTIL	3	MO
CUVPOSA	3	MO
<i>dicyclomine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diphenoxylate-atropine</i>	1	MO
FULYZAQ	3	MO
GLYCATE	3	
<i>glycopyrrolate</i>	1	MO
LOMOTIL	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine oral</i>	1	MO
PAMINE	3	MO
PAMINE FORTE	3	MO
ROBINUL ORAL	3	MO
ROBINUL FORTE	3	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

ACTIGALL	3	MO
ALOXI	2	MO; QL (10 per 30 days)
AMITIZA	2	MO
ANUSOL-HC RECTAL CREAM	3	MO
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
ANZEMET ORAL	3	PA; MO
APRISO	3	MO
ASACOL HD	2	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>balsalazide</i>	1	MO
<i>budesonide oral</i>	4	MO
CANASA	2	MO
CESAMET	4	PA; MO
CHENODAL	4	PA; MO; LA
CIMZIA	4	PA; MO
CIMZIA POWDER FOR RECONST	4	PA; MO
CIMZIA STARTER KIT	4	PA; MO
COLAZAL	3	MO
COLOCORT	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 GRAM	3	MO
COMPRO	1	MO
CONSTULOSE	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	4	MO
DELZICOL	2	MO
DIPENTUM	3	MO
<i>dronabinol oral capsule 10 mg</i>	4	PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	PA; MO
EMEND INTRAVENOUS	2	MO
EMEND ORAL	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ENTOCORT EC	4	MO
ENULOSE	1	MO
GASTROCROM	3	MO
GATTEX ONE-VIAL	4	MO
GAVILYTE-C	1	MO
GAVILYTE-G	1	MO
GAVILYTE-N	1	MO
GENERLAC	1	MO
GIAZO	4	MO
GOLYTELY	3	MO
<i>granisetron intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron oral</i>	1	PA; MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	
GRANISOL	1	PA; MO
<i>hydrocortisone rectal</i>	1	MO
KRISTALOSE	3	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	4	MO
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
MARINOL ORAL CAPSULE 2.5 MG	3	PA; MO
<i>meclizine oral tablet</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl oral</i>	1	MO
METOZOLV ODT	3	MO
MOVIPREP	2	MO
NULYTELY WITH FLAVOR PACKS	3	MO
<i>ondansetron</i>	1	PA; MO
<i>ondansetron hcl oral solution</i>	1	PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO
<i>ondansetron hcl (pf) injection solution</i>	1	MO
OSMOPREP	3	MO
PANCREAZE	3	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 gram</i>	1	MO
PENTASA	2	MO
PERTZYE	3	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
PREPOPIK	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
PROCTO-PAK	1	MO
PROCTOZONE-HC	1	MO
RECTIV	2	MO
REGLAN	3	MO
RELISTOR	2	MO
REMICADE	4	PA; MO
SANCUSO	4	MO
SFROWASA	3	MO
SUCLEAR	2	MO
SUCRAID	4	MO
<i>sulfasalazine oral tablet</i>	1	MO
SULFAZINE EC	1	MO
SUPREP	2	MO
TRANSDERM-SCOP	3	MO
TRILYTE WITH FLAVOR PACKETS	1	MO
UCERIS	4	MO
ULTRESA	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAY ED 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
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 5,000-17,000 - 27,000 UNIT	3	MO
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	3	MO
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	PA; MO
ZOFRAN ODT	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
ACIPHEX SPRINKLE	3	MO; QL (30 per 30 days)
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
AXID	3	MO

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

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

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

Drug Name	Drug Tier	Requirements /Limits
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAYED RELEASE 30 MG	3	MO
PREVPAC	3	MO; QL (112 per 30 days)
PRILOSEC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10 MG, 20 MG	3	MO; QL (30 per 30 days)
PRILOSEC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	MO
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (900 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (300 per 30 days)
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	2	MO
<i>rabeprazole</i>	1	MO
<i>ranitidine hcl injection solution 25 mg/ml</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO
ZANTAC INJECTION SOLUTION 25 MG/ML	3	MO
ZANTAC ORAL	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	2	PA; MO
ARCALYST	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR KIT	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	4	PA; MO; QL (4 per 28 days)
AVONEX ADMINISTRATION PACK	4	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
EGRIFTA	4	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
GENOTROPIN	4	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	4	PA; MO
HUMATROPE	4	PA; MO
ILARIS (PF)	4	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	MO
LEUKINE	4	MO
MOZOBIL	4	MO
NEULASTA	4	PA; MO; QL (2 per 30 days)
NEUMEGA	4	MO
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; MO
NEUPOGEN INJECTION SYRINGE	4	PA; MO
NORDITROPIN FLEXPRO	4	PA; MO
NORDITROPIN NORDIFLEX	4	PA; MO
NUTROPIN AQ	4	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	4	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; MO
PEGASYS	4	MO; QL (4 per 28 days)
PEGASYS CONVENIENCE PACK	4	MO; QL (4 per 28 days)
PEGASYS PROCLICK	4	MO; QL (4 per 28 days)
PEGINTRON	4	MO; QL (4 per 28 days)
PEGINTRON REDIPEN	4	MO; QL (4 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
PROLEUKIN	4	MO
REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (12 per 28 days)
REBIF TITRATION PACK	4	PA; MO; QL (12 per 28 days)
SAIZEN	4	PA; MO
SAIZEN CLICK.EASY	4	PA; MO
SEROSTIM	4	PA; MO
SYLATRON	4	MO
TEV-TROPIN	3	PA; MO
ZORBTIVE	4	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT) (PF) INTRAMUSCULA R SUSPENSION	2	MO
ATGAM	4	PA
<i>bcg vaccine, live (pf)</i>	2	
BIVIGAM	4	PA; MO
BOOSTRIX TDAP	2	MO
BOTOX INJECTION RECON SOLN 100 UNIT	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 3 GRAM	4	PA
CERVARIX VACCINE (PF)	2	MO
COMVAX (PF)	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA
<i>fomepizole</i>	1	MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	4	PA; MO
GAMMAPLEX	4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	2	MO
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	
IPOLE INJECTION SUSPENSION	2	MO
IXIARO (PF)	2	MO
M-M-R II (PF)	2	MO
MENACTRA (PF)	2	MO
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	2	MO

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Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
ROTARIX	2	
ROTATEQ VACCINE	2	
<i>tetanus toxoid, adsorbed (pf)</i>	1	MO
<i>tetanus-diphtheria toxoids-td</i>	2	MO
THYMOGLOBULIN	4	PA
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	MO
VARIVAX (PF)	2	MO
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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

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Drug Name	Drug Tier	Requirements /Limits
FOSAMAX	3	MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate</i>	1	MO; QL (1 per 30 days)

OTHER RHEUMATOLOGICALS

ACTEMRA	4	PA; MO
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	2	MO
CUPRIMINE	4	MO
DEPEN TITRATABS	3	MO
ENBREL SUBCUTANEOUS KIT	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ENBREL SURECLICK	4	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS KIT 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS KIT 40 MG/0.8 ML	4	PA; MO; QL (3.2 per 28 days)
HUMIRA CROHN'S DIS START PCK	4	PA; MO; QL (4.8 per 180 days)
HUMIRA PEN	4	PA; MO; QL (3.2 per 28 days)
HUMIRA PSORIASIS STARTER PACK	4	PA; MO; QL (3.2 per 180 days)
KINERET	4	PA; MO
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA	4	PA; MO
ORENCIA (WITH MALTOSE)	4	PA; MO
OTEZLA	4	PA; MO
OTEZLA STARTER	4	PA; MO
OTREXUP (PF)	3	MO
RIDAURA	2	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (1 per 30 days)
SIMPONI	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
SIMPONI ARIA	4	PA; MO
XELJANZ	4	PA; MO

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ACTIVELLA	3	MO
ALORA	3	MO; QL (8 per 28 days)
ANGELIQ ORAL TABLET 0.5-1 MG	3	MO
AYGESTIN	3	MO
CAMILA	1	MO
CENESTIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG	3	MO
CLIMARA	3	MO; QL (4 per 28 days)
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	MO
DEPO-SUBQ PROVERA 104	3	MO

Drug Name	Drug Tier	Requirements /Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 1 (0.1) MG (%)	3	MO; QL (30 per 30 days)
DUAVEE	3	MO
ENJUVIA	3	MO
ERRIN	1	MO
ESTRACE ORAL	3	MO
ESTRACE VAGINAL	2	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal</i>	1	MO; QL (4 per 28 days)
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	MO
ESTRASORB	3	MO; QL (98 per 28 days)
ESTRING	2	MO
<i>estropipate</i>	1	MO
EVAMIST	3	MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	MO
FEMRING	3	MO
JOLIVETTE	1	MO
LYZA	1	
<i>medroxyprogesterone intramuscular suspension</i>	1	MO
<i>medroxyprogesterone oral</i>	1	MO
MENEST	3	MO

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Drug Name	Drug Tier	Requirements /Limits
MENOSTAR	3	MO; QL (4 per 28 days)
MIMVEY	1	MO
MIMVEY LO	1	MO
MINIVELLE	3	MO; QL (8 per 28 days)
NOR-QD	3	MO
NORA-BE	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
ORTHO MICRONOR	3	MO
PREMARIN	2	MO
<i>progesterone micronized</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
VAGIFEM	2	MO
VIVELLE-DOT	3	MO; QL (8 per 28 days)
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL	3	MO
<i>clindamycin phosphate vaginal</i>	1	MO
GYNAZOLE-1	3	MO
LUPANETA PACK (1 MONTH)	4	MO
LUPANETA PACK (3 MONTH)	4	MO

Drug Name	Drug Tier	Requirements /Limits
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
<i>metronidazole vaginal</i>	1	MO
MICONAZOLE-3 VAGINAL SUPPOSITORY	1	MO
NUVARING	3	MO
ORTHO EVRA	3	MO
TERAZOL 3	3	MO
TERAZOL 7	3	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
VANDAZOLE	1	MO
XULANE	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
AMETHIA	1	MO
AMETHYST	1	MO
APRI	1	MO
ARANELLE (28)	1	MO
AVIANE	1	MO
BALZIVA (28)	1	MO
BEYAZ	3	MO
BREVICON (28)	3	MO
BRIELLYN	1	MO
CRYSSELLE (28)	1	MO
CYCLAFEM 1/35 (28)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
CYCLAFEM 7/7/7 (28)	1	MO
CYCLESSA (28)	3	MO
DESOGEN	3	MO
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	MO
EMOQUETTE	1	MO
ENPRESSE	1	MO
ESTROSTEP FE-28	3	MO
FEMCON FE	3	MO
GENERESS FE	3	MO
GIANVI (28)	1	MO
GILDAGIA	1	MO
INTROVALE	1	MO
JUNEL 1.5/30 (21)	1	MO
JUNEL 1/20 (21)	1	MO
JUNEL FE 1.5/30 (28)	1	MO
JUNEL FE 1/20 (28)	1	MO
KARIVA (28)	1	MO
KELNOR 1/35 (28)	1	MO
LARIN 1/20 (21)	1	
LARIN FE	1	MO
LEENA 28	1	MO
LESSINA	1	MO
LEVONEST (28)	1	MO
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LEVORA-28	1	MO
LO LOESTRIN FE	3	MO
LO MINASTRIN FE	3	MO
LOMEDIA 24 FE	1	MO
LORYNA (28)	1	MO
LOSEASONIQUE	3	MO
LOW-OGESTREL (28)	1	MO
LUTERA (28)	1	MO
MARLISSA	1	MO
MICROGESTIN 1.5/30 (21)	1	MO
MICROGESTIN 1/20 (21)	1	MO
MICROGESTIN FE 1.5/30 (28)	1	MO
MICROGESTIN FE 1/20 (28)	1	MO
MINASTRIN 24 FE	3	MO
MODICON (28)	3	MO
MONONESSA (28)	1	MO
NATAZIA	3	MO
NECON 0.5/35 (28)	1	MO
NECON 1/35 (28)	1	MO
NECON 1/50 (28)	1	MO
NECON 10/11 (28)	1	MO
NECON 7/7/7 (28)	1	MO
NORINYL 1+35 (28)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
NORINYL 1+50 (28)	3	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO
NORTREL 7/7/7 (28)	1	MO
OCELLA	1	MO
OGESTREL (28)	1	MO
ORSYTHIA	1	MO
ORTHO TRI-CYCLEN (28)	3	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CEPT (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OVCON-35 (28)	3	MO
PIMTREA (28)	1	MO
PIRMELLA ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA	1	MO
PREVIFEM	1	MO
QUARTETTE	3	MO
QUASENSE	1	MO

Drug Name	Drug Tier	Requirements /Limits
RECLIPSEN (28)	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
SPRINTEC (28)	1	MO
SRONYX	1	MO
TRI-LEGEST FE	1	MO
TRI-NORINYL (28)	3	MO
TRI-PREVIFEM (28)	1	MO
TRI-SPRINTEC (28)	1	MO
TRINESSA (28)	1	MO
TRIVORA (28)	1	MO
VELIVET TRIPHASIC REGIMEN (28)	1	MO
VESTURA (28)	1	MO
VYFEMLA (28)	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
ZENCHENT (28)	1	MO
ZENCHENT FE	1	MO
ZOVIA 1/35E (28)	1	MO
ZOVIA 1/50E (28)	1	MO
OXYTOCICS		
<i>methylergonovine oral</i>	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin ophthalmic</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic</i>	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
<i>ciprofloxacin ophthalmic</i>	1	MO
<i>erythromycin ophthalmic</i>	1	MO
<i>gatifloxacin</i>	1	MO
GENTAK OPHTHALMIC OINTMENT	1	MO
<i>gentamicin ophthalmic drops</i>	1	MO
<i>gentamicin ophthalmic ointment</i>	1	
<i>levofloxacin ophthalmic</i>	1	MO
MOXEZA	3	MO
NATACYN	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
NEOSPORIN (NEO-POLYGRAMICID)	3	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic</i>	1	MO

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

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Drug Name	Drug Tier	Requirements /Limits
PHOSPHOLINE IODIDE	2	MO
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	MO
<i>pilocarpine hcl ophthalmic</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL	3	MO
ALOMIDE	3	MO
<i>azelastine ophthalmic</i>	1	MO
BEPREVE	2	MO
<i>cromolyn ophthalmic</i>	1	MO
CYSTARAN	4	MO
ELESTAT	3	MO
EMADINE	3	MO
<i>epinastine</i>	1	MO
LACRISERT	3	MO
LASTACFT	2	MO
OPTIVAR	3	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	2	MO
<i>ketorolac ophthalmic</i>	1	MO
NEVANAC	2	MO
OCUFEN	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral</i>	1	MO
<i>acetazolamide sodium</i>	1	
DIAMOX SEQUELS	3	MO
<i>methazolamide oral</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
COMBIGAN	2	MO
COSOPT	3	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN	2	MO
RESCULA	3	ST; MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
<i>travoprost (benzalkonium)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TRUSOPT	3	MO
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	1	MO
PRED-G	2	MO
PRED-G S.O.P.	2	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	1	MO
ZYLET	2	MO
STEROIDS		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	1	MO
DUREZOL	3	MO
FLAREX	3	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	2	MO
LOTEMAX	2	MO

Drug Name	Drug Tier	Requirements /Limits
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic</i>	1	MO
VEXOL	3	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>sulfacetamide-prednisolone</i>	1	MO
SULFONAMIDES		
BLEPH-10	3	MO
<i>sulfacetamide sodium ophthalmic</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC DROPS 0.1 %	2	MO
ALPHAGAN P OPTHALMIC DROPS 0.15 %	3	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
IOPIDINE	3	MO
VASOCONSTRICTOR DECONGESTANTS		

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Drug Name	Drug Tier	Requirements /Limits
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naphazoline

1

MO

RESPIRATORY AND ALLERGY

ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

ADRENALIN INJECTION SOLUTION 1 MG/ML (1:1,000) (1ML)

1

AUVI-Q

3

MO; QL (2 per 30 days)

cetirizine oral solution 1 mg/ml

1

MO

CLARINEX ORAL SYRUP

3

MO

CLARINEX ORAL TABLET

3

MO; QL (30 per 30 days)

CLARINEX-D 12 HOUR

3

MO; QL (60 per 30 days)

CLARINEX-D 24 HOUR

3

MO; QL (30 per 30 days)

desloratadine

1

MO; QL (30 per 30 days)

diphenhydramine hcl injection solution

1

MO

diphenhydramine hcl oral elixir

1

PA; MO

EPIPEN

2

QL (4 per 30 days)

EPIPEN 2-PAK

2

MO; QL (4 per 30 days)

EPIPEN JR

2

QL (4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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EPIPEN JR 2-PAK

2

MO; QL (4 per 30 days)

hydroxyzine hcl oral tablet

1

PA; MO

levocetirizine oral solution

1

MO

levocetirizine oral tablet

1

MO; QL (30 per 30 days)

PHENERGAN

3

MO

promethazine injection solution

1

MO

PROMETHAZINE VC

1

PA; MO

SEMPREX-D

3

MO

XYZAL ORAL SOLUTION

3

MO

XYZAL ORAL TABLET

3

MO; QL (30 per 30 days)

PULMONARY AGENTS

ACCOLATE

3

MO

acetylcysteine solution

1

PA; MO

ADCIRCA

4

PA; MO; QL (60 per 30 days)

ADEMPAS

4

PA; MO; LA

ADVAIR DISKUS

2

MO; QL (60 per 30 days)

ADVAIR HFA

2

MO; QL (12 per 30 days)

AEROSPAN

2

MO; QL (17.8 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	MO; QL (60 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	PA; MO
<i>budesonide inhalation</i>	1	PA; MO
<i>budesonide nasal</i>	1	MO; QL (17.2 per 30 days)
CINRYZE	4	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	PA; MO
DALIRESP	2	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ELIXOPHYLLIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
FIRAZYR	4	PA; MO
FLONASE	3	MO; QL (16 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	1	MO; QL (16 per 30 days)
FORADIL AEROLIZER	2	MO; QL (60 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO
<i>ipratropium-albuterol</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
KALBITOR	4	MO
KALYDECO	4	MO
LETAIRIS	4	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	1	PA; MO
LUFYLLIN	3	MO
<i>metaproterenol</i>	1	MO
<i>montelukast</i>	1	MO
NASACORT AQ	3	MO; QL (16.5 per 30 days)
NASONEX	2	MO; QL (34 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROVENTIL HFA	3	MO; QL (13.4 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	4	PA; MO
QNASL	3	MO; QL (8.7 per 30 days)
QVAR	2	MO; QL (17.4 per 30 days)
REVATIO INTRAVENOUS	4	PA; MO
REVATIO ORAL	4	PA; MO; QL (90 per 30 days)
RHINOCORT AQUA	3	MO; QL (17.2 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil</i>	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	2	MO; QL (10.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	2	MO; QL (6.9 per 30 days)
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	MO
THEO-24	3	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
TRACLEER	4	PA; MO; LA
<i>triamcinolone acetonide nasal</i>	1	MO; QL (16.5 per 30 days)
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
TYVASO	4	PA; MO
VENTAVIS	4	PA; MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)
VERAMYST	3	MO; QL (10 per 30 days)
VOSPIRE ER	3	MO

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Drug Name	Drug Tier	Requirements /Limits
XOLAIR	4	PA; MO; LA; QL (6 per 28 days)
XOPENEX	3	PA; MO
XOPENEX HFA	3	MO; QL (30 per 30 days)
<i>zafirlukast</i>	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
ZYFLO	3	MO
ZYFLO CR	3	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

DETROL	3	ST; MO
DETROL LA	3	ST; MO
DITROPAN XL	3	ST; MO
ENABLEX	2	ST; MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	ST; MO; QL (92 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; MO; QL (30 per 30 days)
MYRBETRIQ	2	ST; MO
<i>oxybutynin chloride oral</i>	1	MO
OXYTROL	3	ST; MO; QL (8 per 28 days)
SANCTURA	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
SANCTURA XR	3	ST; MO
<i>tolterodine</i>	1	MO
TOVIAZ	2	ST; MO
<i>tropium</i>	1	MO
VESICARE	2	ST; MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

CHOLINERGIC STIMULANTS

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

MISCELLANEOUS UROLOGICALS

<i>ammonium chloride</i>	2	
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
<i>potassium citrate oral tablet extended release 10 meq, 5 meq</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate oral capsule</i>	1	MO
ELIPHOS	1	MO
K-TAB	3	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON 10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLO	3	MO
PHOSLYRA	3	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride intravenous parenteral solution</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 oral capsule, extended release</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride in 0.9%nacl</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.3%nacl</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>ringers intravenous</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	MO
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	
<i>sodium lactate intravenous</i>	1	
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 8.5 %-ELECTROLYTES	2	PA
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN II 7 %	2	PA
AMINOSYN II 8.5 %	2	PA
AMINOSYN II 8.5 %-ELECTROLYTES	2	PA
AMINOSYN M 3.5 %	2	PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA
CLINIMIX 5%/D25W SULFITE-FREE	2	PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA
CLINIMIX 4.25%-D25W SULF-FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
CLINIMIX E 4.25%/D25W SUL FREE	2	
CLINIMIX E 4.25%/D5W SULF FREE	2	
CLINIMIX E 5%/D15W SULFIT FREE	2	
CLINIMIX E 5%/D20W SULFIT FREE	2	

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 5%/D25W SULFIT FREE	2	
CLINISOL SF 15 %	3	PA; MO
HEPATAMINE 8%	2	PA
HEPATASOL 8 %	2	PA
INTRALIPID INTRAVENOUS EMULSION 20 %	1	PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
IONOSOL-B IN D5W	2	
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
LIPOSYN III INTRAVENOUS EMULSION 10 %, 20 %	1	PA
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-M IN 5 % DEXTROSE	2	
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56 IN 5 % DEXTROSE	2	

Drug Name	Drug Tier	Requirements /Limits
PREMASOL 10 %	1	PA
PREMASOL 6 %	2	PA
PROCALAMINE 3%	2	PA
PROSOL 20 %	3	PA; MO
TRAVASOL 10 %	1	PA
TROPHAMINE 10 %	2	PA
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
PRENATAL VITAMIN	3	
<i>sodium fluoride oral tablet</i>	3	

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AMTURNIDE.....	46	ARTHROTEC 75.....	31	AXIRON.....	68
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ANAFRANIL.....	34	ASACOL HD.....	70	azacitidine.....	13
anagrelide.....	59	ASMANEX TWISTHALER.....	89	AZACTAM.....	7
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ANTABUSE.....	59	atorvastatin.....	52	AZOR.....	46
ANTARA.....	52	atovaquone.....	7	aztreonam.....	7
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ANZEMET.....	70	ATRALIN.....	55	AZULFIDINE EN-TABS....	70
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BALZIVA (28).....	82	BLEPHAMIDE S.O.P.....	87	CANCIDAS.....	1
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BARACLUDE.....	2	BOOSTRIX TDAP.....	77	candesartan-hydrochlorothiazid	
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BETASERON.....	76	bupropion hcl.....	34	entacapone.....	22
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cefaclor.....	4	chloramphenicol sod succinate	7	CLINDACIN PAC	55
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cefazolin	5	chloroquine phosphate.....	7	clindamycin in dextrose 5 % ..	8
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cefdinir	5	chlorothiazide sodium	47	8
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ceftazidime in d5w	5	cilostazol.....	50	SULFIT FREE.....	94
CEFTIN.....	5	CILOXAN	85	CLINIMIX 4.25%/D10W	
ceftriaxone.....	5	cimetidine	73	SULF FREE.....	94
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.....	78	11	CLINIMIX E 4.25%/D25W	
CESAMET	70	cisplatin	14	SUL FREE.....	94
cetirizine	88	citalopram.....	35	CLINIMIX E 4.25%/D5W	
cevimeline	59	cladribine.....	14	SULF FREE.....	94
CHANTIX.....	60	CLAFORAN	5	CLINIMIX E 5%/D15W	
CHANTIX CONTINUING		CLARAVIS	55	SULFIT FREE.....	94
MONTH BOX.....	61	CLARINEX.....	88	CLINIMIX E 5%/D20W	
CHANTIX CONTINUING		CLARINEX-D 12 HOUR	88	SULFIT FREE.....	94
MONTH PAK	61	CLARINEX-D 24 HOUR	88	CLINIMIX E 5%/D25W	
CHANTIX STARTING		clarithromycin	6	SULFIT FREE.....	95
MONTH BOX.....	61	CLEOCIN.....	7, 82	CLINISOL SF 15 %	95
CHANTIX STARTING		CLEOCIN IN 5 %		clobetasol.....	57
MONTH PAK	61	DEXTROSE	7, 8	clobetasol-emollient	57
CHEMET	59	CLEOCIN T	55	CLOBEX	57
CHENODAL.....	70	CLIMARA.....	81	CLODERM.....	57
				CLOLAR	14

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clomipramine.....	35	CORTEF.....	61	d5 %-0.45 % sodium chloride	
clonazepam.....	20	CORTIFOAM	70	59
clonidine	47	cortisone	61	dacarbazine.....	14
clonidine hcl.....	35, 47	CORTISPORIN.....	56, 61	DACOGEN.....	14
clopidogrel.....	50	CORTISPORIN-TC	61	DALIRESP	89
clorazepate dipotassium	35	CORZIDE.....	47	danazol.....	68
CLORPRES.....	47	COSMEGEN	14	DANTRIUM.....	24
clotrimazole.....	1, 57	COSOPT.....	86	dantrolene	24
clotrimazole-betamethasone.....	57	COUMADIN	50	dapsone.....	8
clozapine.....	35	COZAAR.....	47	DAPTACEL (DTAP	
CLOZARIL	35	CREON	70	PEDIATRIC) (PF).....	78
COARTEM	8	CRESTOR.....	52	DARAPRIM.....	8
codeine sulfate.....	26	CRINONE	81	daunorubicin	14
COGENTIN	22	CRIXIVAN	2	DAYPRO.....	31
COLAZAL	70	cromolyn.....	70, 86, 89	DAYTRANA.....	35
colchicine-probenecid	79	CRYSELLE (28).....	82	DDAVP	68
COLCRYS	79	CUBICIN.....	8	decitabine.....	14
COLESTID.....	52	CUPRIMINE	80	DELESTROGEN	81
colestipol	52	CUTIVATE	58	DELZICOL.....	70
colistin (colistimethate na).....	8	CUVPOSA	69	DEMADEX	47
COLOCORT	70	CYCLAFEM 1/35 (28)	82	demeclocycline	12
COLY-MYCIN M		CYCLAFEM 7/7/7 (28).....	83	DEMSEK.....	47
PARENTERAL.....	8	CYCLESSA (28).....	83	DENAVIR	57
COLY-MYCIN S.....	61	cyclobenzaprine.....	24	DEPACON	20
COLYTE WITH FLAVOR		cyclophosphamide.....	14	DEPAKENE.....	20
PACKS.....	70	CYCLOSET	64	DEPAKOTE.....	20
COMBIGAN	86	cyclosporine.....	14	DEPAKOTE ER.....	20
COMBIVENT RESPIMAT.....	89	cyclosporine modified	14	DEPAKOTE SPRINKLES.....	20
COMBIVIR.....	2	CYKLOKAPRON.....	50	DEPEN TITRATABS	80
COMETRIQ.....	14	CYMBALTA.....	35	DEPO-ESTRADIOL	81
COMPLERA	2	CYSTADANE.....	70	DEPO-MEDROL	62
COMPRO.....	70	CYSTAGON	92	DEPO-PROVERA.....	81
COMTAN.....	22	CYSTARAN	86	DEPO-SUBQ PROVERA 104	
COMVAX (PF).....	78	cytarabine	14	.....	81
CONCERTA	35	cytarabine (pf)	14	DEPO-TESTOSTERONE.....	68
CONDYLOX.....	54	CYTOMEL.....	69	DERMATOP	58
CONSTULOSE.....	70	CYTOTEC.....	73	desipramine.....	35
CONZIP	31	CYTOVENE	2	desloratadine.....	88
COPAXONE.....	24	D		desmopressin	68
COPEGUS.....	2	d10 % & 0.45 % sodium		DESOGEN	83
CORDRAN TAPE LARGE		chloride.....	59	DESONATE.....	58
ROLL	58	d2.5 %-0.45 % sodium		desonide.....	58
COREG	47	chloride.....	59	DESOWEN.....	58
COREG CR.....	47	d5 % and 0.9 % sodium		desoximetasone.....	58
CORGARD	47	chloride.....	59	DESOXYN.....	35

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desvenlafaxine.....	35	DILANTIN.....	20	DUEXIS.....	32
DETROL.....	92	DILANTIN EXTENDED.....	20	DULERA.....	89
DETROL LA.....	92	DILANTIN INFATABS.....	20	duloxetine.....	36
dexamethasone.....	62	DILANTIN-125.....	20	DURAGESIC.....	26
DEXAMETHASONE		DILAUDID.....	26	DURAMORPH (PF).....	26
INTENSOL.....	62	DILAUDID (PF).....	26	DUREZOL.....	87
dexamethasone sodium		DILAUDID-HP (PF).....	26	DUTOPROL.....	47
phosphate.....	62, 87	diltiazem hcl.....	47	DYAZIDE.....	48
DEXEDRINE SPANSULE.....	35	DILT-XR.....	47	DYMISTA.....	89
DEXILANT.....	73	DIOVAN.....	47	DYRENIUM.....	48
dexmethylphenidate.....	35	DIOVAN HCT.....	47	DYSPORT.....	78
DEXPAK 13 DAY.....	62	DIPENTUM.....	70	E	
dexrazoxane.....	12	diphenhydramine hcl.....	88	E.E.S. 400.....	6
dextroamphetamine.....	35	diphenoxylate-atropine.....	70	E.E.S. GRANULES.....	6
dextroamphetamine-		DIPROLENE.....	58	EC-NAPROSYN.....	32
amphetamine.....	35	DIPROLENE AF.....	58	econazole.....	57
dextrose 10 % & 0.2 % nacl.....	59	dipyridamole.....	50	EDARBI.....	48
dextrose 10 % in water (d10w)		disulfiram.....	60	EDARBYCLOR.....	48
.....	59	DITROPAN XL.....	92	EDECIN.....	48
dextrose 5 % in water (d5w).....	59	DIURIL.....	47	EDURANT.....	2
dextrose 5 %-lactated ringers.....	60	DIURIL IV.....	47	EFFEXOR XR.....	36
dextrose 5%-0.2 % sod		divalproex.....	20	EFFIENT.....	51
chloride.....	60	DIVIGEL.....	81	EFUDEX.....	54
dextrose 5%-0.3 %		DOCEFREZ.....	14	EGRIFTA.....	76
sod.chloride.....	60	docetaxel.....	14	ELAPRASE.....	68
DIAMOX SEQUELS.....	86	DOLOPHINE.....	26	ELDEPRYL.....	22
DIASTAT.....	20	donepezil.....	24	ELELYSO.....	68
DIASTAT ACUDIAL.....	20	DORIBAX.....	8	ELESTAT.....	86
diazepam.....	20, 35	DORYX.....	12	ELIDEL.....	54
DIAZEPAM INTENSOL.....	35	dorzolamide.....	86	ELIGARD.....	14
DIBENZYLINE.....	47	dorzolamide-timolol.....	86	ELIPHOS.....	93
diclofenac potassium.....	32	DOVONEX.....	54	ELIQUIS.....	51
diclofenac sodium.....	32, 54, 86	doxazosin.....	47	ELITEK.....	13
diclofenac-misoprostol.....	32	doxepin.....	36	ELIXOPHYLLIN.....	89
dicloxacin.....	10	doxercalciferol.....	68	ELLA.....	83
dicyclomine.....	69	DOXIL.....	14	ELLENCE.....	14
didanosine.....	2	doxorubicin.....	14	ELMIRON.....	92
DIFFERIN.....	55	doxycycline hyclate.....	12	ELOCON.....	58
DIFICID.....	6	doxycycline monohydrate.....	12	ELOXATIN.....	14
diflorasone.....	58	dronabinol.....	70	EMADINE.....	86
DIFLUCAN.....	1	drosiprone-ethinyl estradiol		EMCYT.....	14
diflunisal.....	32	.....	83	EMEND.....	70
digoxin.....	50	DROXIA.....	14	EMLA.....	56
dihydroergotamine.....	23	DUAVEE.....	81	EMOQUETTE.....	83
DILACOR XR.....	47	DUETACT.....	64	EMSAM.....	36

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EMTRIVA.....	2	ERYPED 400	6	FABRAZYME	68
ENABLEX.....	92	ERY-TAB.....	6	FACTIVE	11
enalapril maleate	48	ERYTHROCIN	6	famciclovir.....	2
enalapril-hydrochlorothiazide	48	ERYTHROCIN (AS	6	famotidine.....	73
ENBREL	80	STEARATE)	6	famotidine (pf).....	73
ENBREL SURECLICK.....	80	erythromycin	7, 85	famotidine (pf)-nacl (iso-os).....	73
ENDOCET	26	erythromycin ethylsuccinate... 7		FAMVIR.....	2
ENDODAN	26	erythromycin with ethanol... 55		FANAPT.....	36
ENGERIX-B (PF)	78	erythromycin-benzoyl peroxide	55	FARESTON	15
ENGERIX-B PEDIATRIC	78	erythromycin-sulfisoxazole 7		FARXIGA	64
(PF).....	78	escitalopram oxalate.....	36	FASLODEX	15
ENJUVIA	81	esomeprazole sodium	73	FAZACLO.....	36
enoxaparin	51	esomeprazole strontium.....	73	felbamate	20
ENPRESSE	83	ESTRACE	81	FELBATOL.....	20
entacapone.....	22	estradiol	81	FELDENE	32
ENTOCORT EC	71	estradiol valerate.....	81	felodipine.....	48
ENULOSE.....	71	estradiol-norethindrone acet. 81		FEMARA	15
EPANED	48	ESTRASORB.....	81	FEMCON FE.....	83
EPIDUO	55	ESTRING	81	FEMHRT LOW DOSE	81
epinastine.....	86	estropipate	81	FEMRING	81
EPIPEN	88	ESTROSTEP FE-28	83	fenofibrate.....	52
EPIPEN 2-PAK	88	eszopiclone.....	36	fenofibrate micronized.....	52
EPIPEN JR.....	88	ethambutol.....	8	fenofibrate nanocrystallized . 52	
EPIPEN JR 2-PAK.....	88	ethosuximide	20	fenofibric acid (choline)	52
epirubicin.....	15	etidronate disodium	60	FENOGLIDE.....	52
EPITOL	20	etodolac	32	fenoprofen.....	32
EPIVIR.....	2	ETOPOPHOS.....	15	fentanyl citrate	26, 27
EPIVIR HBV.....	2	etoposide.....	15	fentanyl patches	27
eplerenone	48	EURAX	59	FENTORA.....	27
EPOGEN	76	EVAMIST	81	FERRIPROX	60
eprosartan	48	EVISTA.....	79	FETZIMA.....	36, 37
EPZICOM	2	EVOXAC	60	FIBRICOR.....	52
EQUETRO	20	EVZIO.....	32	FINACEA.....	55
ERAXIS(WATER DILUENT)	1	EXALGO ER	26	finasteride	92
ERBITUX.....	15	EXELDERM	57	FIRAZYR.....	90
ergoloid.....	36	EXELON.....	24	FIRMAGON KIT W	15
ERGOMAR.....	23	exemestane	15	DILUENT SYRINGE	15
ERIVEDGE.....	15	EXFORGE.....	48	FLAGYL	8
ERRIN	81	EXFORGE HCT.....	48	FLAGYL ER	8
ERTACZO	57	EXJADE.....	60	FLAREX.....	87
ERWINAZE	15	EXTAVIA	76	flavoxate	92
ERY PADS.....	55	EXTINA	57	flecainide	45
ERYPED 200	6	F		FLECTOR	32
		FABIOR	55	FLOMAX	92
				FLONASE	90

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FLO-PRED.....	62	fosphenytoin.....	20	GILDAGIA.....	83
FLOVENT DISKUS.....	90	FOSRENOL.....	60	GILENYA.....	24
FLOVENT HFA.....	90	FRAGMIN.....	51	GILOTRIF.....	15
fluconazole.....	1	FROVA.....	23	GLASSIA.....	60
fluconazole in dextrose(iso-o).....	1	FULYZAQ.....	70	GLEEVEC.....	15
flucytosine.....	1	FURADANTIN.....	12	glimepiride.....	64
fludarabine.....	15	furosemide.....	48	glipizide.....	64
fludrocortisone.....	62	FUSILEV.....	13	glipizide-metformin.....	64
FLUMADINE.....	2	FUZEON.....	2	GLUCAGEN.....	64
flunisolide.....	90	FYCOMPA.....	20	GLUCAGEN HYPOKIT.....	64
fluocinolone.....	58	G		GLUCAGON EMERGENCY	
fluocinolone acetonide oil.....	61	gabapentin.....	20	.....	64
fluocinonide.....	58	GABITRIL.....	20	GLUCOPHAGE.....	64
FLUOCINONIDE-E.....	58	GABLOFEN.....	24	GLUCOPHAGE XR.....	64
fluorouracil.....	15, 54	galantamine.....	24	GLUCOTROL.....	65
fluoxetine.....	37	GAMASTAN S/D.....	78	GLUCOTROL XL.....	65
fluphenazine decanoate.....	37	GAMMAGARD LIQUID.....	78	GLUMETZA.....	65
fluphenazine hcl.....	37	GAMMAPLEX.....	78	GLYCATE.....	70
flurbiprofen.....	32	GAMUNEX-C.....	78	glycopyrrolate.....	70
flurbiprofen sodium.....	86	ganciclovir sodium.....	2	GLYSET.....	65
flutamide.....	15	GARDASIL (PF).....	78	GOLYTELY.....	71
fluticasone.....	58, 90	GASTROCROM.....	71	GRALISE.....	20
fluvastatin.....	52	gatifloxacin.....	85	GRALISE 30-DAY STARTER	
fluvoxamine.....	37	GATTEX ONE-VIAL.....	71	PACK.....	20
FML FORTE.....	87	gauze pads 2 x 2.....	64	granisetron.....	71
FML LIQUIFILM.....	87	GAVILYTE-C.....	71	granisetron (pf).....	71
FML S.O.P.....	87	GAVILYTE-G.....	71	GRANISOL.....	71
FOCALIN.....	37	GAVILYTE-N.....	71	GRANIX.....	76
FOCALIN XR.....	37	GELNIQUE.....	92	GRASTEK.....	78
FOLOTYN.....	15	gemcitabine.....	15	griseofulvin microsize.....	1
fomepizole.....	78	gemfibrozil.....	52	griseofulvin ultramicrosize.....	1
fondaparinux.....	51	GEMZAR.....	15	GRIS-PEG	
FORADIL AEROLIZER.....	90	GENERESS FE.....	83	(ULTRAMICROSIZE).....	1
FORFIVO XL.....	37	GENERLAC.....	71	guanidine.....	37
FORTAMET.....	64	GENGRAF.....	15	GYNAZOLE-1.....	82
FORTAZ.....	5, 6	GENOTROPIN.....	76	H	
FORTEO.....	79	GENOTROPIN MINIQUICK		HALAVEN.....	15
FORTESTA.....	68	.....	76	HALDOL.....	37
FORTICAL.....	68	GENTAK.....	85	HALDOL DECANOATE.....	37
FOSAMAX.....	80	gentamicin.....	8, 56, 85	halobetasol propionate.....	58
FOSAMAX PLUS D.....	80	gentamicin in nacl (iso-osm).....	8	HALOG.....	58
foscarnet.....	2	gentamicin sulfate (pf).....	8	haloperidol.....	37
fosinopril.....	48	GEODON.....	37	haloperidol decanoate.....	37
fosinopril-hydrochlorothiazide		GIANVI (28).....	83	haloperidol lactate.....	37
.....	48	GIAZO.....	71	HAVRIX (PF).....	78

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HECTOROL.....	68	hydrocortisone butyr-emollient	58	insulin syringe (disp) u-100 1/2	65
heparin (porcine).....	51	.....	58	ml.....	65
heparin (porcine) in 5 % dex	51	hydrocortisone valerate	58	INTELENCE	2
heparin (porcine) in nacl (pf)	51	hydrocortisone-acetic acid....	61	INTRALIPID.....	95
HEPATAMINE 8%.....	95	hydromorphone	27	INTRON A	76
HEPATASOL 8 %.....	95	hydromorphone (pf)	27	INTROVALE	83
HEPSERA	2	hydroxychloroquine.....	8	INVANZ.....	8
HERCEPTIN.....	15	hydroxyurea.....	15	INVEGA.....	38
HEXALEN	15	hydroxyzine hcl	88	INVEGA SUSTENNA	38
HIPREX	12	HYZAAR	48	INVIRASE	2
HORIZANT	24	I		INVOKANA.....	65
HUMALOG	65	ibandronate.....	80	IONOSOL-B IN D5W.....	95
HUMALOG KWIKPEN.....	65	IBUDONE	27	IONOSOL-MB IN D5W.....	95
HUMALOG MIX 50-50	65	ibuprofen	32	IOPIDINE.....	87
HUMALOG MIX 50-50		ibuprofen-oxycodone.....	28	IPOL	78
KWIKPEN	65	IDAMYCIN PFS.....	15	ipratropium bromide.....	61, 90
HUMALOG MIX 75-25	65	idarubicin.....	15	ipratropium-albuterol.....	90
HUMALOG MIX 75-25		IFEX	15	irbesartan	48
KWIKPEN	65	ifosfamide.....	16	irbesartan-hydrochlorothiazide	
HUMATROPE.....	76	ILARIS (PF).....	76	.....	48
HUMIRA.....	80	ILEVRO	86	irinotecan.....	16
HUMIRA CROHN'S DIS		IMBRUVICA.....	16	ISENTRESS	2, 3
START PCK	80	imipenem-cilastatin	8	ISOLYTE-P IN 5 %	
HUMIRA PEN.....	80	imipramine hcl.....	37	DEXTROSE	95
HUMIRA PSORIASIS		imipramine pamoate.....	38	ISOLYTE-S.....	95
STARTER PACK	80	imiquimod	54	isoniazid.....	8
HUMULIN 70/30.....	65	IMITREX	23	ISOPTO CARPINE	86
HUMULIN 70/30 KWIKPEN		IMITREX STATDOSE KIT		ISORDIL	53
.....	65	REFILL	23	ISORDIL TITRADOSE	53
HUMULIN 70/30 PEN	65	IMOVAX RABIES VACCINE		isosorbide dinitrate	53
HUMULIN N.....	65	(PF).....	78	isosorbide mononitrate	54
HUMULIN N KWIKPEN.....	65	IMURAN.....	16	isradipine	48
HUMULIN N PEN.....	65	INCIVEK.....	2	ISTALOL	85
HUMULIN R.....	65	INCRELEX	60	ISTODAX.....	16
HUMULIN R U-500	65	indapamide	48	itraconazole.....	1
HYCANTIN	15	INDERAL LA	48	IXEMPRA	16
HYCET.....	27	INFANRIX (DTAP) (PF).....	78	IXIARO (PF).....	78
hydralazine	48	INLYTA	16	J	
HYDREA	15	INNOPRAN XL.....	48	JAKAFI	16
hydrochlorothiazide.....	48	INSPRA.....	48	JALYN	92
hydrocodone-acetaminophen	27	insulin pen needle.....	65	JANTOVEN	51
hydrocodone-ibuprofen	27	insulin syringe (disp) u-100 0.3		JANUMET	65
hydrocortisone.....	58, 62, 71	ml.....	65	JANUMET XR.....	66
hydrocortisone butyrate.....	58	insulin syringe (disp) u-100 1		JANUVIA.....	66
		ml.....	65	JENTADUETO	66

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JEVTANA.....	16	L	LEUKINE.....	76
JOLIVETTE.....	81	labetalol.....	leuprolide.....	16
JUBLIA.....	57	LAC-HYDRIN.....	levabuterol hcl.....	90
JUNEL 1.5/30 (21).....	83	LACRISERT.....	LEVAQUIN.....	11
JUNEL 1/20 (21).....	83	lactated ringers.....	LEVEMIR.....	66
JUNEL FE 1.5/30 (28).....	83	lactulose.....	LEVEMIR FLEXPEN.....	66
JUNEL FE 1/20 (28).....	83	LAMICTAL.....	LEVEMIR FLEXTOUCH.....	66
JUXTAPID.....	52	LAMICTAL ODT.....	levetiracetam.....	21
K		LAMICTAL STARTER	levobunolol.....	85
KADCYLA.....	16	(BLUE) KIT.....	levocarnitine.....	60
KADIAN.....	28	LAMICTAL STARTER	levocarnitine (with sugar).....	60
KALBITOR.....	90	(GREEN) KIT.....	levocetirizine.....	88
KALETRA.....	3	LAMICTAL STARTER	levofloxacin.....	11, 85
KALYDECO.....	90	(ORANGE) KIT.....	levofloxacin in d5w.....	11
KAPVAY.....	38	LAMICTAL XR.....	LEVONEST (28).....	83
KARIVA (28).....	83	LAMICTAL XR STARTER	levonorgestrel-ethinyl estrad	83
KAYEXALATE.....	60	(BLUE).....	LEVORA-28.....	83
KAZANO.....	66	LAMICTAL XR STARTER	levorphanol tartrate.....	28
KEFLEX.....	6	(GREEN).....	levothyroxine.....	69
KELNOR 1/35 (28).....	83	LAMICTAL XR STARTER	LEVOXYL.....	69
KENALOG.....	58, 62	(ORANGE).....	LEXAPRO.....	38
KEPIVANCE.....	13	LAMISIL.....	LEXIVA.....	3
KEPPRA.....	20	lamivudine.....	LIALDA.....	71
KEPPRA XR.....	20	lamivudine-zidovudine.....	lidocaine.....	56
KETEK.....	8	lamotrigine.....	lidocaine (pf).....	56
ketoconazole.....	1, 57	LANOXIN.....	lidocaine hcl.....	56
KETODAN KIT.....	57	lansoprazole.....	lidocaine-prilocaine.....	56
ketoprofen.....	32	LANTUS.....	LIDODERM.....	56
ketorolac.....	86	LANTUS SOLOSTAR.....	LINCOCIN.....	8
KHEDEZLA.....	38	LARIN 1/20 (21).....	lindane.....	59
KINERET.....	80	LARIN FE.....	LINZESS.....	71
KIONEX.....	60	LASIX.....	LIORESAL.....	24
KLARON.....	56	LASTACAFT.....	liothyronine.....	69
KLONOPIN.....	20	latanoprost.....	LIPITOR.....	52
KLOR-CON.....	93	LATUDA.....	LIPOFEN.....	52
KLOR-CON 10.....	93	LAZANDA.....	LIPOSYN III.....	95
KLOR-CON M15.....	93	LEENA 28.....	LIPTRUZET.....	53
KLOR-CON M20.....	93	leflunomide.....	lisinopril.....	48
KOMBIGLYZE XR.....	66	LESCOL.....	lisinopril-hydrochlorothiazide	48
KORLYM.....	68	LESCOL XL.....	.....	48
KRISTALOSE.....	71	LESSINA.....	lithium carbonate.....	38
K-TAB.....	93	LETAIRIS.....	lithium citrate.....	38
KUVAN.....	68	letrozole.....	LITHOBID.....	38
KYNAMRO.....	52	leucovorin calcium.....	LITHOSTAT.....	60
		LEUKERAN.....	LIVALO.....	53

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LO LOESTRIN FE.....	83	LUPRON DEPOT	16	MEGACE ES.....	16
LO MINASTRIN FE.....	83	LUPRON DEPOT (3		megestrol	16
LODOSYN.....	22	MONTH).....	16	MEKINIST	16
LOFIBRA.....	53	LUPRON DEPOT (4		meloxicam	32
LOMEDIA 24 FE.....	83	MONTH).....	16	melphalan	16
LOMOTIL.....	70	LUPRON DEPOT (6		MENACTRA (PF).....	78
lomustine	16	MONTH).....	16	MENEST	81
loperamide.....	70	LUPRON DEPOT-PED	16	MENOMUNE - A/C/Y/W-135	
LOPID	53	LUTERA (28).....	83	(PF).....	78
LOPRESSOR.....	48	LUVOX CR.....	39	MENOSTAR	82
LOPRESSOR HCT	48	LUZU	57	MENTAX.....	57
LOPROX.....	57	LYRICA	21	MENVEO A-C-Y-W-135-DIP	
lorazepam	38	LYSODREN.....	16	(PF).....	78
LORAZEPAM INTENSOL 38		LYSTEDA.....	82	MEPRON	8
LORCET (HYDROCODONE)		LYZA	81	mercaptapurine.....	16
.....	28	M		meropenem	8
LORCET HD.....	28	MACROBID	12	MERREM.....	8
LORCET PLUS.....	28	MACRODANTIN	12	mesalamine with cleansing	
LORTAB 10-325.....	28	mafenide acetate.....	56	wipe	71
LORTAB 5-325.....	28	magnesium sulfate.....	93	mesna.....	13
LORTAB 7.5-325.....	28	MALARONE	8	MESNEX.....	13
LORTAB ELIXIR.....	28	MALARONE PEDIATRIC	8	MESTINON	24, 25
LORYNA (28).....	83	malathion	59	MESTINON TIMESPAN	25
losartan	48	maprotiline.....	39	METADATE CD.....	39
losartan-hydrochlorothiazide	48	MARINOL	71	METADATE ER.....	39
LOSEASONIQUE	83	MARLISSA.....	83	metaproterenol.....	90
LOTEMAX	87	MARPLAN	39	metformin	66
LOTENSIN	48	MATULANE.....	16	methadone.....	28
LOTREL.....	48	MATZIM LA	48	methamphetamine.....	39
LOTRISONE.....	57	MAVIK	48	methazolamide.....	86
LOTRONEX	71	MAXALT	23	methenamine hippurate	12
lovastatin	53	MAXALT-MLT	23	methimazole	63
LOVAZA	53	MAXIDEX.....	87	METHITEST	68
LOVENOX.....	51	MAXIPIPE.....	6	methotrexate sodium	16
LOW-OGESTREL (28)	83	MAXITROL.....	87	methotrexate sodium (pf) 16, 17	
loxapine succinate	38	MAXZIDE.....	48	methoxsalen rapid.....	54
LOXITANE.....	39	MAXZIDE-25MG.....	48	methscopolamine.....	70
LUFYLLIN	90	meclizine	71	methylclothiazide.....	48
LUMIGAN.....	86	meclofenamate.....	32	methyl dopa	48
LUMIZYME	68	MEDROL	62	methylergonovine.....	84
LUNESTA.....	39	MEDROL (PAK)	62	METHYLIN	39
LUPANETA PACK (1		medroxyprogesterone	81	methylphenidate	39
MONTH).....	82	mefenamic acid.....	32	methylprednisolone	62
LUPANETA PACK (3		mefloquine.....	8	methylprednisolone acetate	62
MONTH).....	82	MEGACE	16		

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methylprednisolone sodium succ.....	62	mitoxantrone.....	17	nalbuphine	32
metipranolol	85	M-M-R II (PF).....	78	naloxone	32
metoclopramide hcl	71	MOBIC.....	32	naltrexone	32
metolazone	48	modafinil	39	NAMENDA.....	24
metoprolol succinate	48	MODERIBA.....	3	NAMENDA TITRATION PAK	24
metoprolol ta-hydrochlorothiaz	48	MODERIBA DOSE PACK.....	3	NAMENDA XR	24
metoprolol tartrate	48	MODICON (28).....	83	naphazoline.....	88
METZOZOLV ODT.....	71	moexipril	49	NAPRELAN CR	32
METROCREAM.....	55	moexipril-hydrochlorothiazide	49	NAPROSYN.....	32
METROGEL	55	mometasone.....	58	naproxen	32
METROGEL VAGINAL.....	82	MONONESSA (28)	83	naproxen sodium	32
METROLOTION.....	55	montelukast	90	naratriptan.....	23
metronidazole.....	8, 9, 55, 82	MONUROL.....	12	NARDIL.....	39
metronidazole in nacl (iso-os)	9	morphine.....	28, 29	NASACORT AQ.....	90
mexiletine	45	morphine concentrate	29	NASONEX.....	90
MIACALCIN	68	MOVIPREP.....	71	NATACYN.....	85
MICARDIS	48	MOXATAG.....	10	NATAZIA	83
MICARDIS HCT	48	MOXEZA.....	85	nateglinide	66
MICONAZOLE-3	82	moxifloxacin.....	11	NEBUPENT	9
MICROGESTIN 1.5/30 (21).....	83	MOZOBIL.....	76	NECON 0.5/35 (28).....	83
MICROGESTIN 1/20 (21).....	83	MS CONTIN	29	NECON 1/35 (28).....	83
MICROGESTIN FE 1.5/30 (28).....	83	MULTAQ.....	45	NECON 1/50 (28).....	83
MICROGESTIN FE 1/20 (28)	83	mupirocin.....	56	NECON 10/11 (28).....	83
MICROZIDE.....	49	mupirocin calcium.....	56	NECON 7/7/7 (28)	83
midodrine	60	MUSTARGEN	17	needles, insulin disp.,safety ..	66
MIGERGOT.....	23	MYALEPT	68	nefazodone.....	39
MIGRANAL	23	MYAMBUTOL.....	9	neomycin	9
MILLIPRED.....	62	MYCAMINE.....	1	neomycin-bacitracin-poly-hc.....	87
MIMVEY	82	MYCOBUTIN.....	9	neomycin-bacitracin-polymyxin.....	85
MIMVEY LO.....	82	mycophenolate mofetil	17	neomycin-polymyxin b gu.....	59
MINASTRIN 24 FE	83	mycophenolate sodium.....	17	neomycin-polymyxin-dexameth.....	87
MINIPRESS	49	MYFORTIC	17	neomycin-polymyxin-gramicidin.....	85
MINITRAN.....	54	MYORISAN.....	55	neomycin-polymyxin-hc.....	61, 87
MINIVELLE	82	MYOZYME	68	NEORAL	17
minocycline	12	MYRBETRIQ	92	NEOSPORIN (NEO-POLYGRAMICID).....	85
minoxidil	49	MYSOLINE	21	NEPHRAMINE 5.4 %.....	95
MIRAPEX.....	22	N		NESINA	66
MIRAPEX ER.....	22	nabumetone	32	NEULASTA	76
mirtazapine	39	nadolol.....	49	NEUMEGA	76
misoprostol.....	73	nadolol-bendroflumethiazide.....	49	NEUPOGEN.....	76
mitomycin.....	17	nafcillin.....	10		
		nafcillin in dextrose iso-osm	10		
		NAFTIN	57		
		NAGLAZYME.....	68		

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NEUPRO.....	22	NORMOSOL-M IN 5 %		OGESTREL (28).....	84
NEURONTIN.....	21	DEXTROSE.....	95	olanzapine.....	39
NEVANAC.....	86	NORMOSOL-R IN 5 %		olanzapine-fluoxetine.....	39
nevirapine.....	3	DEXTROSE.....	93	OLUX.....	58
NEXAVAR.....	17	NORMOSOL-R PH 7.4.....	95	OLYSIO.....	3
NEXIUM.....	73	NORPRAMIN.....	39	OMECLAMOX-PAK.....	73
NEXIUM IV.....	73	NOR-QD.....	82	omega-3 acid ethyl esters.....	53
NEXIUM PACKET.....	73	NORTREL 0.5/35 (28).....	84	omeprazole.....	73
NEXTERONE.....	45	NORTREL 1/35 (21).....	84	omeprazole-sodium	
niacin.....	53	NORTREL 1/35 (28).....	84	bicarbonate.....	74
NIACOR.....	53	NORTREL 7/7/7 (28).....	84	OMNARIS.....	90
NIASPAN EXTENDED-		nortriptyline.....	39	OMNIPRED.....	87
RELEASE.....	53	NORVASC.....	49	OMNITROPE.....	76, 77
nicardipine.....	49	NORVIR.....	3	ONCASPAR.....	17
NICOTROL.....	61	NOVAREL.....	68	ondansetron.....	71
NICOTROL NS.....	61	NOVOLIN 70/30.....	66	ondansetron hcl.....	71
NIFEDICAL XL.....	49	NOVOLIN N.....	66	ondansetron hcl (pf).....	71
nifedipine.....	49	NOVOLIN R.....	66	ONFI.....	21
NILANDRON.....	17	NOVOLOG.....	66	ONGLYZA.....	67
nimodipine.....	49	NOVOLOG FLEXPEN.....	66	ONMEL.....	1
NIPENT.....	17	NOVOLOG MIX 70-30.....	66	OPANA.....	29
nisoldipine.....	49	NOVOLOG MIX 70-30		OPANA ER.....	29
NITRO-BID.....	54	FLEXPEN.....	66	OPSUMIT.....	90
NITRO-DUR.....	54	NOVOLOG PENFILL.....	66	OPTIVAR.....	86
nitrofurantoin.....	12	NOXAFIL.....	1	ORACEA.....	12
nitrofurantoin macrocrystal.....	12	NUCYNTA.....	32, 33	ORAP.....	39
nitrofurantoin monohyd/m-		NUCYNTA ER.....	33	ORAPRED.....	62
cryst.....	12	NUEDEXTA.....	24	ORAPRED ODT.....	62
nitroglycerin.....	54	NULOJIX.....	17	ORENCIA.....	80
NITROLINGUAL.....	54	NULYTELY WITH FLAVOR		ORENCIA (WITH	
NITROMIST.....	54	PACKS.....	71	MALTOSE).....	80
NITROSTAT.....	54	NUTROPIN AQ.....	76	ORENITRAM.....	49
nizatidine.....	73	NUTROPIN AQ NUSPIN.....	76	ORFADIN.....	60
NIZORAL.....	57	NUVARING.....	82	ORSYTHIA.....	84
NORA-BE.....	82	NUVIGIL.....	39	ORTHO EVRA.....	82
NORCO.....	29	NYAMYC.....	57	ORTHO MICRONOR.....	82
NORDITROPIN FLEXPRO.....	76	nystatin.....	1, 57	ORTHO TRI-CYCLEN (28).....	84
NORDITROPIN NORDIFLEX		nystatin-triamcinolone.....	57	ORTHO TRI-CYCLEN LO	
.....	76	NYSTOP.....	57	(28).....	84
norethindrone (contraceptive)		O		ORTHO-CEPT (28).....	84
.....	82	OCELLA.....	84	ORTHO-CYCLEN (28).....	84
norethindrone acetate.....	82	octreotide acetate.....	17	ORTHO-NOVUM 1/35 (28).....	84
NORINYL 1+35 (28).....	83	OCUFEN.....	86	ORTHO-NOVUM 7/7/7 (28)	
NORINYL 1+50 (28).....	84	OCUFLOX.....	85	84
NORITATE.....	55	ofloxacin.....	11, 61, 85	OSENI.....	67

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OSMOPREP.....	71	PATANOL.....	86	PHOSLYRA.....	93
OTEZLA.....	80	PAXIL.....	40	PHOSPHOLINE IODIDE.....	86
OTEZLA STARTER.....	80	PAXIL CR.....	40	PHYSIOLYTE.....	59
OTREXUP (PF).....	80	PCE.....	7	PHYSIOSOL IRRIGATION.....	59
OVCON-35 (28).....	84	PEDI-DRI.....	57	PICATO.....	54
OVIDE.....	59	PEDVAX HIB (PF).....	78	pilocarpine hcl.....	60, 86
oxacillin.....	10	peg 3350-electrolytes.....	71	PIMTREA (28).....	84
oxacillin in dextrose(iso-osm)	10	PEGANONE.....	21	pindolol.....	49
oxaliplatin.....	17	PEGASYS.....	77	pioglitazone.....	67
oxandrolone.....	68	PEGASYS CONVENIENCE PACK.....	77	pioglitazone-glimepiride.....	67
oxaprozin.....	33	PEGASYS PROCLICK.....	77	pioglitazone-metformin.....	67
oxazepam.....	39	PEGINTRON.....	77	piperacillin-tazobactam.....	10
oxcarbazepine.....	21	PEGINTRON REDIPEN.....	77	PIRMELLA.....	84
OXECTA.....	30	penicillin g pot in dextrose.....	10	piroxicam.....	33
OXISTAT.....	57	penicillin g potassium.....	10	PLAQUENIL.....	9
OXSORALEN.....	54	penicillin g procaine.....	10	PLASMA-LYTE 148.....	95
OXSORALEN ULTRA.....	54	penicillin g sodium.....	10	PLASMA-LYTE A.....	95
OXTELLAR XR.....	21	penicillin v potassium.....	10	PLASMA-LYTE-56 IN 5 % DEXTROSE.....	95
oxybutynin chloride.....	92	PENNSAID.....	33	PLAVIX.....	51
oxycodone.....	30	PENTAM.....	9	PLETAL.....	51
oxycodone-acetaminophen.....	30	PENTASA.....	71	podofilox.....	54
oxycodone-aspirin.....	30	pentoxifylline.....	51	polyethylene glycol 3350.....	71
OXYCONTIN.....	30	PEPCID.....	74	polymyxin b sulfate.....	9
oxymorphone.....	30	PERCOCET.....	30	polymyxin b sulf-trimethoprim	85
OXYTROL.....	92	PERCODAN.....	30	POLYTRIM.....	85
P		PERFOROMIST.....	90	POMALYST.....	17
PACERONE.....	45	perindopril erbumine.....	49	PONSTEL.....	33
paclitaxel.....	17	PERIOGARD.....	61	PORTIA.....	84
PAMELOR.....	39	PERJETA.....	17	potassium chlorid-d5- 0.45%nacl.....	93
pamidronate.....	68	permethrin.....	59	potassium chloride.....	93
PAMINE.....	70	perphenazine.....	40	potassium chloride in 0.9%nacl	93
PAMINE FORTE.....	70	perphenazine-amitriptyline.....	40	potassium chloride in 5 % dex	93
PANCREAZE.....	71	PERSANTINE.....	51	potassium chloride in 1r-d5.....	93
PANDEL.....	58	PERTZYE.....	71	potassium chloride-0.45 % nacl	93
PANRETIN.....	54	PEXEVA.....	40	potassium chloride-d5- 0.2%nacl.....	93
pantoprazole.....	74	PFIZERPEN-G.....	10	potassium chloride-d5- 0.3%nacl.....	94
PARCOPA.....	22	phenelzine.....	40		
paricalcitol.....	68	PHENERGAN.....	88		
PARNATE.....	40	phenobarbital.....	21		
paromomycin.....	9	PHENYTEK.....	21		
paroxetine hcl.....	40	phenytoin.....	21		
PASER.....	9	phenytoin sodium.....	21		
PATADAY.....	86	phenytoin sodium extended.....	21		
PATANASE.....	61	PHOSLO.....	93		

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potassium chloride-d5- 0.9%nacl.....	94	probenecid	79	pyrazinamide	9
potassium citrate.....	92	procainamide	45	pyridostigmine bromide.....	25
POTIGA	21	PROCALAMINE 3%.....	95	Q	
PRADAXA.....	51	PROCARDIA XL.....	49	QNASL.....	91
pramipexole.....	22	PROCENTRA	40	QUALAQUIN	9
PRANDIMET.....	67	prochlorperazine.....	72	QUARTETTE.....	84
PRANDIN	67	prochlorperazine edisylate.....	72	QUASENSE	84
PRAVACHOL	53	prochlorperazine maleate	72	QUDEXY XR.....	21
pravastatin	53	PROCRT	77	QUESTRAN.....	53
prazosin	49	PROCTO-PAK.....	72	quetiapine	41
PRECOSE	67	PROCTOZONE-HC.....	72	QUILLIVANT XR	41
PRED FORTE.....	87	progesterone micronized	82	quinapril.....	49
PRED MILD	87	PROGLYCEM	67	quinapril-hydrochlorothiazide	49
PRED-G	87	PROGRAF.....	17	quinidine gluconate	45
PRED-G S.O.P.....	87	PROLASTIN-C.....	60	quinidine sulfate	45
prednicarbate	58	PROLENSA	86	quinine sulfate	9
prednisolone acetate	87	PROLEUKIN	77	QVAR.....	91
prednisolone sodium phosphate	62, 87	PROLIA.....	80	R	
prednisone	62	PROMACTA.....	51	RABAVERT (PF)	78
PREDNISONE INTENSOL	62	promethazine	88	rabeprazole	75
PREGNYL	68	PROMETHAZINE VC	88	RAGWITEK.....	78
PREMARIN	82	PROMETRIUM	82	raloxifene.....	80
PREMASOL 10 %.....	95	propafenone.....	45	ramipril	49
PREMASOL 6 %.....	95	propranolol	49	RANEXA	53
PRENATAL VITAMIN.....	95	propranolol-hydrochlorothiazid	49	ranitidine hcl.....	75
PREPOPIK.....	71	propylthiouracil	63	RAPAFLO	92
PREVACID.....	74	PROQUAD (PF).....	78	RAPAMUNE.....	17
PREVACID SOLUTAB	74	PROSCAR.....	92	RAVICTI.....	60
PREVALITE	53	PROSOL 20 %	95	RAYOS.....	62
PREVIFEM.....	84	PROTONIX.....	74, 75	RAZADYNE	24
PREVPAC	74	PROTOPIC.....	54	RAZADYNE ER	24
PREZISTA	3	protriptyline.....	40	REBETOL	3
PRIFTIN.....	9	PROVENTIL HFA.....	90	REBIF (WITH ALBUMIN).77	
PRILOSEC.....	74	PROVERA	82	REBIF REBIDOSE	77
primaquine.....	9	PROVIGIL	40	REBIF TITRATION PACK.77	
PRIMAXIN IV.....	9	PROZAC	41	RECLAST	60
primidone	21	PROZAC WEEKLY	41	RECLIPSEN (28).....	84
PRIMLEV	30	PRUDOXIN	55	RECOMBIVAX HB (PF).....	79
PRIMSOL.....	12	PULMICORT.....	90	RECTIV	72
PRINIVIL.....	49	PULMICORT FLEXHALER	91	REGLAN.....	72
PRISTIQ.....	40	PULMOZYME.....	91	REGRANEX	55
PRIVIGEN	78	PURINETHOL.....	17	RELENZA DISKHALER	3
PROAIR HFA	90	PYLERA	75	RELISTOR	72
				RELPAK.....	23

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REMERON	41	RITALIN SR	42	SEROQUEL XR	43
REMERON SOLTAB	41	RITUXAN	17	SEROSTIM	77
REMICADE	72	rivastigmine tartrate	24	sertraline	43
REMODULIN	49	rizatriptan	23	SFROWASA	72
RENAGEL	60	ROBINUL	70	SIGNIFOR	18
REVELA	60	ROBINUL FORTE	70	sildenafil	91
repaglinide	67	ROCALTROL	68	SILENOR	43
REPREXAIN	30	ROCEPHIN	6	SILVADENE	54
REQUIP	22	ropinirole	22	silver sulfadiazine	54
REQUIP XL	22	ROTARIX	79	SIMBRINZA	86
RESCRIPTOR	3	ROTATEQ VACCINE	79	SIMCOR	53
RESCULA	86	ROXICET	30	SIMPONI	80
RESTASIS	86	ROXICODONE	30	SIMPONI ARIA	81
RESTORIL	41	ROZEREM	42	SIMULECT	18
RETIN-A	55	RYTHMOL	45	simvastatin	53
RETIN-A MICRO	55	RYTHMOL SR	46	SINEMET	22
RETIN-A MICRO PUMP	55	S		SINEMET CR	22
RETROVIR	3	SABRIL	21	SINGULAIR	91
REVATIO	91	SAFYRAL	84	sirolimus	18
RE VIA	33	SAIZEN	77	SIRTURO	9
REVLIMID	17	SAIZEN CLICK.EASY	77	SIVEXTRO	9
REYATAZ	3	SALAGEN	60	SKLICE	59
RHEUMATREX	17	SAMSCA	68, 69	sodium chloride	60, 94
RHINOCORT AQUA	91	SANCTURA	92	sodium chloride 0.45 %	94
RIBAPAK DOSE PACK	3	SANCTURA XR	92	sodium chloride 0.9 %	60
RIBASPHERE	3	SANCUSO	72	sodium chloride 3 %	94
ribavirin	4	SANDIMMUNE	17	sodium chloride 5 %	94
RIDAURA	80	SANDOSTATIN	17	sodium fluoride	95
rifabutin	9	SANDOSTATIN LAR		sodium lactate	94
RIFADIN	9	DEPOT	17	sodium phenylbutyrate	60
RIFAMATE	9	SANTYL	58	SODIUM POLYSTYRENE	
rifampin	9	SAPHRIS	42	(SORB FREE)	60
RIFATER	9	SAPHRIS (BLACK		SOLARAZE	55
RILUTEK	60	CHERRY)	42	SOLODYN	12
riluzole	60	SARAFEM	42	SOLTAMOX	18
rimantadine	4	SAVELLA	80	SOLU-CORTEF (PF)	62
ringers	59, 94	SEASONIQUE	84	SOLU-MEDROL	62
RIOMET	67	SECTRAL	49	SOLU-MEDROL (PF)	62, 63
risedronate	80	selegiline hcl	22	SOMATULINE DEPOT	18
RISPERDAL	41	selenium sulfide	54	SOMAVERT	69
RISPERDAL CONSTA	41	SELZENTRY	4	SONATA	43
RISPERDAL M-TAB	41	SEMPREX-D	88	SORIATANE	54
risperidone	42	SENSIPAR	69	SORILUX	54
RITALIN	42	SEREVENT DISKUS	91	SORINE	46
RITALIN LA	42	SEROQUEL	42	sotalol	46

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SOTALOL AF.....	46	sulfasalazine.....	72	TEFLARO.....	6
SOVALDI.....	4	SULFAZINE EC.....	72	TEGRETOL.....	21
SPECTRACEF.....	6	sulindac.....	33	TEGRETOL XR.....	22
spinosad.....	59	sumatriptan.....	23	TEKAMLO.....	49
SPIRIVA WITH		sumatriptan succinate.....	23	TEKTURNA.....	49
HANDIHALER.....	91	SUMAVEL DOSEPRO.....	23	TEKTURNA HCT.....	49
spironolactone.....	49	SUPRAX.....	6	telmisartan.....	49
spironolacton-hydrochlorothiaz		SUPREP.....	72	telmisartan-amlodipine.....	49
.....	49	SURMONTIL.....	43	telmisartan-hydrochlorothiazid	
SPORANOX.....	1	SUSTIVA.....	4	.....	49
SPORANOX PULSEPAK.....	1	SUTENT.....	18	temazepam.....	43
SPRINTEC (28).....	84	SYLATRON.....	77	TEMOVATE.....	58
SPRIX.....	33	SYLVANT.....	18	TENORETIC 100.....	49
SPRYCEL.....	18	SYMBICORT.....	91	TENORETIC 50.....	49
SRONYX.....	84	SYMBYAX.....	43	TENORMIN.....	49
SSD.....	54	SYMLINPEN 120.....	67	TERAZOL 3.....	82
STALEVO 100.....	22	SYMLINPEN 60.....	67	TERAZOL 7.....	82
STALEVO 125.....	23	SYNAGIS.....	4	terazosin.....	49, 50
STALEVO 150.....	23	SYNALAR CREAM KIT.....	58	terbinafine.....	1
STALEVO 200.....	23	SYNALGOS-DC.....	31	terbutaline.....	91
STALEVO 50.....	23	SYNAREL.....	69	terconazole.....	82
STALEVO 75.....	23	SYNERA.....	56	TESTIM.....	69
STARLIX.....	67	SYNERCID.....	9	testosterone cypionate.....	69
stavudine.....	4	SYNRIBO.....	18	testosterone enanthate.....	69
STELARA.....	54	SYNTHROID.....	69	TESTRED.....	69
STIMATE.....	69	SYPRINE.....	60	tetanus toxoid,adsorbed (pf).....	79
STIVARGA.....	18	T		tetanus-diphtheria toxoids-td.....	79
STRATTERA.....	43	TABLOID.....	18	tetracycline.....	12
streptomycin.....	9	TACLONEX.....	54	TEVETEN.....	50
STRIANT.....	69	tacrolimus.....	18	TEVETEN HCT.....	50
STRIBILD.....	4	TAFINLAR.....	18	TEV-TROPIN.....	77
STROMECTOL.....	9	TAMIFLU.....	4	THALOMID.....	18
SUBOXONE.....	33	tamoxifen.....	18	THEO-24.....	91
SUBSYS.....	31	tamsulosin.....	92	theophylline.....	91
SUCLEAR.....	72	TANZEUM.....	67	THIOLA.....	60
SUCRAID.....	72	TAPAZOLE.....	63	thioridazine.....	43
sucralfate.....	75	TARCEVA.....	18	thiothixene.....	43
SULAR.....	49	TARGRETIN.....	18	THYMOGLOBULIN.....	79
sulfacetamide sodium.....	87	TARKA.....	49	THYROLAR-1.....	69
sulfacetamide sodium (acne).....	56	TASIGNA.....	18	THYROLAR-1/2.....	69
sulfacetamide-prednisolone.....	87	TASMAR.....	23	THYROLAR-1/4.....	69
sulfadiazine.....	11	TAXOTERE.....	18	THYROLAR-2.....	69
sulfamethoxazole-trimethoprim		TAZORAC.....	55	THYROLAR-3.....	69
.....	11	TAZTIA XT.....	49	tiagabine.....	22
SULFAMYLON.....	56	TECFIDERA.....	24	TIAZAC.....	50

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ticlopidine.....	51	tranlycypromine.....	43	TWYNSTA.....	50
TIKOSYN.....	46	TRAVASOL 10 %.....	95	TYGACIL.....	9
TIMENTIN.....	11	TRAVATAN Z.....	86	TYKERB.....	19
timolol maleate.....	50, 85	travoprost (benzalkonium) ...	86	TYLENOL-CODEINE #3.....	31
TIMOPTIC OCUDOSE (PF)	85	trazodone.....	43	TYLENOL-CODEINE #4.....	31
TIMOPTIC-XE.....	85	TREANDA.....	19	TYPHIM VI.....	79
tinidazole.....	9	TRECTOR.....	9	TYSABRI.....	24
TIROSINT.....	69	TRELSTAR.....	19	TYVASO.....	91
TIVICAY.....	4	TRELSTAR DEPOT.....	19	TYZEKA.....	4
tizanidine.....	25	TRELSTAR LA.....	19	TYZINE.....	61
TOBI.....	9	tretinoin.....	56	U	
TOBI PODHALER.....	9	tretinoin (chemotherapy).....	19	UCERIS.....	72
TOBRADEX.....	87	TREXALL.....	19	U-CORT.....	55
TOBRADEX ST.....	87	TREXIMET.....	24	ULESFIA.....	59
tobramycin.....	85	triamcinolone acetonide 58, 61,	63, 91	ULORIC.....	79
tobramycin in 0.225 % nacl ...	9	triamterene-hydrochlorothiazid	50	ULTRACET.....	33
tobramycin in 0.9 % nacl.....	9	TRIBENZOR.....	50	ULTRAM.....	33
tobramycin sulfate.....	9	TRICOR.....	53	ULTRAM ER.....	33
tobramycin-dexamethasone..	87	TRIDERM.....	58	ULTRAVATE.....	58
TOBREX.....	85	trifluoperazine.....	43	ULTRESA.....	72
TOFRANIL.....	43	trifluridine.....	85	UNASYN.....	11
TOFRANIL-PM.....	43	TRIGLIDE.....	53	UNIRETIC.....	50
tolazamide.....	67	TRI-LEGEST FE.....	84	UNITHROID.....	69
tolbutamide.....	67	TRILEPTAL.....	22	UNIVASC.....	50
tolmetin.....	33	TRILIPIX.....	53	URECHOLINE.....	92
tolterodine.....	92	TRILYTE WITH FLAVOR		UROCIT-K 10.....	93
TOPAMAX.....	22	PACKETS.....	72	UROCIT-K 15.....	93
TOPICORT.....	58	trimethoprim.....	12	UROCIT-K 5.....	93
topiramate.....	22	TRINESSA (28).....	84	UROXATRAL.....	92
TOPOSAR.....	18	TRI-NORINYL (28).....	84	URSO 250.....	72
topotecan.....	18	TRI-PREVIFEM (28).....	84	URSO FORTE.....	72
TOPROL XL.....	50	TRISENOX.....	19	ursodiol.....	72
TORISEL.....	18	TRI-SPRINTEC (28).....	84	UVADDEX.....	55
toremide.....	50	TRIVORA (28).....	84	V	
TOVIAZ.....	92	TRIZIVIR.....	4	VAGIFEM.....	82
TPN ELECTROLYTES.....	94	TROKENDI XR.....	22	valacyclovir.....	4
TRACLEER.....	91	TROPHAMINE 10 %.....	95	VALCYTE.....	4
TRADJENTA.....	67	TROPHAMINE 6%.....	95	VALIUM.....	43
tramadol.....	33	trospium.....	92	valproate sodium.....	22
tramadol-acetaminophen.....	33	TRUSOPT.....	87	valproic acid.....	22
trandolapril.....	50	TRUVADA.....	4	valproic acid (as sodium salt)	22
tranexamic acid.....	51, 82	TUDORZA PRESSAIR.....	91	.....	22
TRANSDERM-SCOP.....	72	TWINRIX (PF).....	79	valsartan-hydrochlorothiazide	50
TRANXENE T-TAB.....	43			VALTRESX.....	4

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VANCOCIN.....	12	VIDEX 2 GRAM PEDIATRIC	4	XARTEMIS XR.....	31
vancomycin.....	12	VIDEX EC.....	4	XELJANZ.....	81
VANDAZOLE.....	82	VIGAMOX.....	85	XENAZINE.....	24
VANOS.....	58	VIIBRYD.....	44	XEOMIN.....	79
VAQTA (PF).....	79	VIMOVO.....	33	XERESE.....	57
VARIVAX (PF).....	79	VIMPAT.....	22	XGEVA.....	13
VASCEPA.....	53	vinblastine.....	19	XIFAXAN.....	9
VASERETIC.....	50	vincristine.....	19	XODOL 10/300.....	31
VASOTEC.....	50	vinorelbine.....	19	XODOL 5/300.....	31
VECAMYL.....	53	VIOKACE.....	72	XODOL 7.5/300.....	31
VECTIBIX.....	19	VIRACEPT.....	4	XOLAIR.....	92
VECTICAL.....	54	VIRAMUNE.....	4	XOPENEX.....	92
VELCADE.....	19	VIRAMUNE XR.....	4	XOPENEX HFA.....	92
VELIVET TRIPHASIC		VIRAZOLE.....	4	XTANDI.....	19
REGIMEN (28).....	84	VIREAD.....	4	XULANE.....	82
VELPHORO.....	60	VIROPTIC.....	85	XYLOCAINE.....	56
VELTIN.....	56	VISTIDE.....	4	XYLOCAINE-MPF.....	56
venlafaxine.....	43, 44	VIVACTIL.....	44	XYREM.....	44
VENTAVIS.....	91	VIVELLE-DOT.....	82	XYZAL.....	88
VENTOLIN HFA.....	91	VIVITROL.....	33	Y	
VERAMYST.....	91	VOGELXO.....	69	YASMIN (28).....	84
verapamil.....	50	VOLTAREN GEL.....	33	YAZ (28).....	84
VEREGEN.....	55	VOLTAREN-XR.....	33	YERVOY.....	19
VERELAN.....	50	voriconazole.....	1, 2	YF-VAX (PF).....	79
VERELAN PM.....	50	VOSPIRE ER.....	91	Z	
VERIPRED 20.....	63	VOTRIENT.....	19	zafirlukast.....	92
VERSACLOZ.....	44	VPRIV.....	69	zaleplon.....	44
VESICARE.....	92	VYFEMLA (28).....	84	ZALTRAP.....	19
VESTURA (28).....	84	VYTORIN 10-10.....	53	ZAMICET.....	31
VEXOL.....	87	VYTORIN 10-20.....	53	ZANAFLEX.....	25
VFEND.....	1	VYTORIN 10-40.....	53	ZANOSAR.....	19
VFEND IV.....	1	VYTORIN 10-80.....	53	ZANTAC.....	75
VGO 20.....	67	VYVANSE.....	44	ZARONTIN.....	22
VGO 30.....	67	W		ZAROXOLYN.....	50
VGO 40.....	67	warfarin.....	51	ZAVESCA.....	69
VIBRAMYCIN.....	12	water for irrigation, sterile.....	60	ZEBETA.....	50
VICODIN.....	31	WELCHOL.....	53	ZEGERID.....	75
VICODIN ES.....	31	WELLBUTRIN.....	44	ZELAPAR.....	23
VICODIN HP.....	31	WELLBUTRIN SR.....	44	ZELBORAF.....	19
VICOPROFEN.....	31	WELLBUTRIN XL.....	44	ZEMAIRA.....	60
VICTOZA 2-PAK.....	67	X		ZEMPLAR.....	69
VICTOZA 3-PAK.....	67	XALATAN.....	87	ZENATANE.....	56
VICTRELIS.....	4	XALKORI.....	19	ZENCHENT (28).....	84
VIDAZA.....	19	XARELTO.....	52	ZENCHENT FE.....	84
				ZENPEP.....	72

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ZENZEDI.....	44	ZOFRAN (AS HYDROCHLORIDE)	72	ZORVOLEX.....	33
ZERIT.....	4	ZOFRAN ODT.....	72	ZOSTAVAX (PF)	79
ZESTORETIC.....	50	ZOHYDRO ER	31	ZOSYN.....	11
ZESTRIL.....	50	zoledronic acid	69	ZOSYN IN DEXTROSE (ISO- OSM)	11
ZETIA	53	zoledronic acid-mannitol-water	60	ZOVIA 1/35E (28)	84
ZETONNA.....	92	ZOLINZA.....	19	ZOVIA 1/50E (28)	84
ZIAC.....	50	zolmitriptan	24	ZOVIRAX	4, 57
ZIAGEN.....	4	ZOLOFT.....	45	ZUBSOLV.....	33
ZIANA	56	zolpidem.....	45	ZYBAN	61
zidovudine.....	4	ZOLPIMIST.....	45	ZYCLARA	55
ZINACEF.....	6	ZOMETA	69	ZYFLO	92
ZINECARD.....	13	ZOMIG.....	24	ZYFLO CR.....	92
ZIOPTAN (PF).....	87	ZOMIG ZMT	24	ZYKADIA	19
ziprasidone hcl.....	44, 45	ZONALON.....	55	ZYLET	87
ZIPSOR	33	ZONEGRAN	22	ZYLOPRIM.....	79
ZIRGAN.....	85	zonisamide.....	22	ZYMAXID	85
ZITHROMAX.....	7	ZONTIVITY	52	ZYPREXA.....	45
ZITHROMAX TRI-PAK.....	7	ZORBTIVE	77	ZYPREXA ZYDIS.....	45
ZITHROMAX Z-PAK.....	7	ZORTRESS.....	19	ZYTIGA	19
ZMAX.....	7			ZYVOX.....	9
ZOCOR	53				

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

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