Express Scripts Medicare (PDP)
2014 Formulary (List of Covered Drugs)

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

Formulary ID Number: 14236, v6

This formulary was updated on 08/05/2013. 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 5, 2013. 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, 2015.

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 covered 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 cover the drugs listed in our formulary 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 on our 2014 formulary that was covered at the beginning of the year, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2014 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 formulary, 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 formulary 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 our formulary, 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 on our formulary is unsafe, or if the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who 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 the formulary 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 41. 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 on the 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 a formulary 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 ask us to cover your drug even if it is not on our formulary. 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. Also, 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 a formulary, tiering or utilization restriction exception. **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 included in the plan formulary, 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 a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the plan or at the start of a new coverage year.

For each of your drugs that is not on our formulary, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for 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 is not on our formulary, or if your ability to get your drug is limited but you are past the first 90 days of membership in our plan, we will cover a 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 41.

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.

Commonly Prescribed Therapeutic Drug Categories

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Require-ments/ Limits
AMBISOME	4	PA MO
amphotericin b	1	PA MO
CANCIDAS	4	PA MO
clotrimazole troc	1	MO
ERAXIS INJ 100MG	2	MO
fluconazole	1	MO
fluconazole in dextrose inj 56mg/ml; 400mg/200ml	1	
flucytosine	4	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole	1	QL(360 per 90 days) MO
ketoconazole	1	MO
LAMISIL PACK	2	MO
NOXAFIL	4	MO
nystatin susp	1	MO
nystatin tabs	1	MO
SPORANOX ORAL SOLN	2	MO
terbinafine hcl tabs	1	MO
VFEND SUSR	4	PA MO
voriconazole inj	1	MO
voriconazole tabs 50mg	1	PA MO
voriconazole tabs 200mg	4	PA MO

ANTIVIRALS

Drug Name	Drug Tier	Require-ments/ Limits
abacavir	1	MO
acyclovir	1	MO
acyclovir sodium inj 500mg	1	PA MO
amantadine hcl	1	MO
APTIVUS CAPS	4	MO
APTIVUS ORAL SOLN	4	
ATRIPLA	4	MO
BARACLUDE ORAL SOLN	2	MO
BARACLUDE TABS	4	MO
cidofovir	4	PA
COMPLERA	4	MO
CRIXIVAN	2	MO
didanosine	1	MO
EDURANT	4	MO
EMTRIVA	2	MO
EPIVIR HBV	2	MO
EPIVIR ORAL SOLN	2	MO
EPZICOM	4	MO
famciclovir	1	MO
foscarnet sodium	1	PA MO
FUZEON	4	MO
ganciclovir	1	MO
HEPSERA	4	MO
INCIVEK	4	PA MO
INTELENCE TABS 100MG, 200MG	4	MO
INVIRASE CAPS	2	MO
INVIRASE TABS	4	MO
ISENTRESS CHEW 100MG	4	MO
ISENTRESS CHEW 25MG	2	
ISENTRESS TABS	4	MO
KALETRA ORAL SOLN	4	MO
KALETRA TABS 200MG; 50MG	4	MO
KALETRA TABS 100MG; 25MG	2	MO
lamivudine	1	MO
lamivudine/zidovudine	1	MO
LEXIVA SUSP	2	MO
LEXIVA TABS	4	MO
nevirapine tabs	1	MO
NORVIR	2	MO
PREZISTA SUSP	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.** 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
PREZISTA TABS 400MG, 600MG, 800MG	4	MO
PREZISTA TABS 150MG, 75MG	2	MO
REBETOL ORAL SOLN	2	MO
RELENZA DISKHALER	2	QL(60 per 180 days) MO
RESCRIPTOR	2	MO
RETROVIR IV INFUSION	2	MO
REYATAZ CAPS 100MG	2	MO
REYATAZ CAPS 150MG, 200MG, 300MG	4	MO
ribapak tabs	4	MO
ribasphere caps	1	MO
ribasphere tabs 400mg	1	
ribasphere tabs 200mg	1	MO
ribasphere tabs 600mg	4	MO
ribavirin	1	MO
rimantadine hcl	1	MO
SELZENTRY	4	MO
stavudine	1	MO
STRIBILD	4	MO
SUSTIVA	2	MO
SYNAGIS INJ 50MG/0.5ML	4	LA MO
TAMIFLU CAPS 45MG, 75MG	2	QL(42 per 180 days) MO
TAMIFLU CAPS 30MG	2	QL(84 per 180 days) MO
TAMIFLU SUSR	2	QL(600 per 180 days) MO
TRIZIVIR	4	MO
TRUVADA	4	MO
TYZEKA	4	MO
valacyclovir hcl	1	QL(90 per 90 days) MO
VALCYTE	4	MO
VICTRELIS	4	PA MO
VIDEX PEDIATRIC ORAL SOLN 2GM	2	MO
VIRACEPT	4	MO
VIRAMUNE SUSP	3	MO
VIRAMUNE XR TB24 100MG	2	
VIRAMUNE XR TB24 400MG	2	MO
VIRAZOLE	4	MO
VIREAD	4	MO
ZIAGEN ORAL SOLN	2	MO
zidovudine	1	MO
CEPHALOSPORINS		
cefaclor caps	1	MO
cefadroxil	1	MO
cefazolin sodium inj 10gm, 1gm; 5%, 500mg	1	
cefazolin sodium inj 1gm	1	MO
cefdinir	1	MO
cefepime inj 2gm	1	
cefepime inj 1gm	1	MO
cefotaxime sodium inj 10gm	1	MO
cefoxitin sodium inj 10gm, 2gm	1	
cefoxitin sodium inj 1gm	1	MO
cefpodoxime proxetil	1	MO
ceftazidime inj 1gm, 6gm	1	
ceftazidime inj 2gm	1	MO
ceftriaxone sodium	1	MO
cefuroxime axetil tabs	1	MO
cefuroxime sodium inj 7.5gm	1	
cefuroxime sodium inj 1.5gm, 750mg	1	MO
cephalexin caps 250mg, 500mg	1	MO
cephalexin susr	1	MO
cephalexin tabs	1	MO
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	2	
SUPRAX CAPS	3	

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.** 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	Require-ments/ Limits
SUPRAX SUSR 500MG/5ML	3	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	3	MO
SUPRAX TABS	3	MO
TEFLARO	2	MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin inj 500mg	1	MO
azithromycin susr	1	MO
azithromycin tabs	1	MO
clarithromycin	1	MO
clarithromycin er	1	MO
e.e.s. 400	1	MO
E.E.S. GRANULES	2	MO
ERY-TAB TBEC 500MG	2	MO
ery-tab tbec 250mg, 333mg	1	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	2	
erythrocin stearate	1	MO
erythromycin base	1	MO
erythromycin ethylsuccinate	1	MO
ZMAX	2	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
amikacin sulfate inj 1gm/4ml, 50mg/ml	1	MO
atovaquone/proguanil hcl tabs 250mg; 100mg	1	MO
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM; 0	2	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	4	
aztreonam inj 1gm	1	MO
BILTRICIDE	2	MO
CAPASTAT SULFATE	3	
CAYSTON	4	LA QL(270 per 84 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
chloramphenicol sodium succinate	1	
chloroquine phosphate	1	MO
CLEOCIN PEDIATRIC GRANULES	2	MO
clindamycin hcl	1	MO
clindamycin phosphate add-vantage	1	MO
clindamycin phosphate in d5w inj 300mg/50ml; 5%, 600mg/50ml; 5%	1	
clindamycin phosphate in d5w inj 900mg/50ml; 5%	1	MO
COARTEM	2	MO
colistimethate sodium	1	MO
CUBICIN	4	MO
DAPSONE	2	MO
DARAPRIM	2	MO
ethambutol hcl	1	MO
gentamicin sulfate inj	1	MO
gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%	1	
hydroxychloroquine sulfate	1	MO
imipenem/cilastatin	1	MO
isoniazid syrp	1	MO
isoniazid tabs	1	MO
isotonic gentamicin inj 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%	1	
KETEK	2	MO
mefloquine hcl	1	MO
MEPRON	4	MO
meropenem inj 500mg	1	MO
metronidazole in nacl 0.79%	1	MO
metronidazole tabs	1	MO
MYCOBUTIN	2	MO

Note: The drug list includes all possible restrictions and limitations. **Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list.** 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
NEBUPENT	2	PA QL(3 per 84 days) MO
neomycin sulfate tabs	1	MO
paromomycin sulfate	1	MO
PASER	2	MO
PENTAM 300	3	MO
PRIFTIN	2	MO
PRIMAQUINE PHOSPHATE	2	MO
pyrazinamide	1	MO
quinine sulfate	1	MO
rifampin	1	MO
SEROMYCIN	2	MO
SIRTURO	4	LA
STREPTOMYCIN SULFATE	2	MO
STROMECTOL	2	MO
tinidazole	1	MO
TOBI	4	PA QL(168 per 84 days) MO
tobramycin sulfate inj 10mg/ml, 80mg/2ml	1	MO
tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml	1	
tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml	1	MO
TRECATOR	2	MO
TYGACIL	2	MO
XIFAXAN TABS 200MG	2	MO
XIFAXAN TABS 550MG	4	MO
ZYVOX INJ	4	MO
ZYVOX SUSR	4	PA MO
ZYVOX TABS	4	PA MO
PENICILLINS		
amoxicillin	1	MO
amoxicillin/clavulanate potassium chew	1	MO
amoxicillin/clavulanate potassium er	1	MO
amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	1	MO
amoxicillin/clavulanate potassium tabs 250mg; 125mg	1	MO
amoxicillin/potassium clavulanate susr 200mg/5ml; 28.5mg/5ml	1	MO
amoxicillin/potassium clavulanate tabs	1	MO
ampicillin	1	MO
ampicillin sodium inj 1gm	1	
ampicillin sodium inj 10gm, 125mg	1	MO
ampicillin-sulbactam inj 10gm; 5gm	1	
ampicillin-sulbactam inj 2gm; 1gm	1	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
dicloxacillin sodium	1	MO
nafcillin sodium inj 1gm	1	MO
nafcillin sodium inj 10gm	4	MO
nallpen/dextrose	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML, 0; 60000UNIT/ML	2	
penicillin g potassium inj 5mu	1	MO
penicillin g procaine	1	MO
penicillin g sodium	1	MO
penicillin v potassium	1	MO
pfizerpen-g inj 20mu	1	MO
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm, 4gm; 0.5gm	1	MO
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML	2	
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	2	MO

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Drug Name	Drug Tier	Require-ments/ Limits
QUINOLONES		
AVELOX	2	MO
AVELOX ABC PACK	2	MO
CIPRO SUSR	2	MO
ciprofloxacin hcl	1	MO
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	1	MO
ciprofloxacin inj 400mg/40ml	1	
levofloxacin	1	MO
levofloxacin in d5w inj 5%; 500mg/100ml	1	
ofloxacin	1	MO
SULFA'S / RELATED AGENTS		
sulfadiazine	1	MO
sulfamethoxazole/trimethoprim	1	MO
sulfamethoxazole/trimethoprim ds	1	MO
TETRACYCLINES		
demeclocycline hcl	2	MO
doxycycline caps 75mg	1	MO
doxycycline hyclate caps	1	MO
doxycycline hyclate dr	1	MO
doxycycline hyclate inj	1	MO
doxycycline hyclate tabs	1	MO
doxycycline monohydrate tabs 150mg, 50mg, 75mg	1	MO
doxycycline susr	1	MO
minocycline hcl	1	MO
minocycline hcl er	1	MO
VIBRAMYCIN SYRP	2	MO
URINARY TRACT AGENTS		
MACRODANTIN CAPS 25MG	2	MO
methenamine hippurate	1	MO
nitrofurantoin	1	MO
nitrofurantoin macrocrystalline caps 50mg	1	MO
nitrofurantoin monohydrate	1	MO
PRIMSOL	3	MO
trimethoprim	1	MO
VANCOMYCIN		
vancomycin hcl caps	4	MO
vancomycin hcl inj 500mg	1	
vancomycin hcl inj 1000mg, 10gm	1	MO
VIBATIV INJ 250MG	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
amifostine	4	MO
dexrazoxane inj 500mg	4	MO
ELITEK INJ 1.5MG	4	
FUSILEV	4	MO
leucovorin calcium inj 100mg, 350mg	1	MO
leucovorin calcium tabs	1	MO
mesna	1	MO
MESNEX TABS	4	MO
XGEVA	4	MO
ZINECARD INJ 250MG	4	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	4	MO
adriamycin inj 2mg/ml	1	MO
AFINITOR TABS 2.5MG, 5MG, 7.5MG	4	PA MO
AFINITOR TABS 10MG	4	PA QL(180 per 90 days) MO
ALIMTA INJ 500MG	4	MO
anastrozole	1	MO
ARRANON	4	
ARZERRA INJ 100MG/5ML	4	MO
AVASTIN INJ 100MG/4ML	3	MO
azathioprine	1	PA MO
azathioprine sodium	1	PA MO
bicalutamide	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
BICNU	3	MO
bleomycin sulfate inj 30unit	1	MO
BOSULIF TABS 100MG	4	PA MO
BOSULIF TABS 500MG	4	PA QL(90 per 90 days) MO
BUSULFEX	4	
CAPRELSA TABS 100MG	4	LA MO
CAPRELSA TABS 300MG	4	LA QL(90 per 90 days) MO
carboplatin inj 150mg/15ml	1	MO
CEENU	2	MO
CELLCEPT INTRAVENOUS	2	PA
CELLCEPT SUSR	4	PA MO
cisplatin inj 100mg/100ml	1	MO
cladribine	4	MO
CLOLAR	4	MO
COMETRIQ	4	PA MO
cyclophosphamide tabs	1	PA MO
cyclosporine caps	1	PA MO
cyclosporine inj	1	PA
cyclosporine modified	1	PA MO
cytarabine aqueous	1	MO
cytarabine inj 500mg	1	MO
dacarbazine inj 200mg	1	MO
DACOGEN	4	MO
daunorubicin hcl inj 5mg/ml	1	
DOCEFREZ	4	
docetaxel inj 80mg/8ml	4	
docetaxel inj 80mg/4ml	4	MO
doxorubicin hcl inj 2mg/ml	1	MO
DROXIA	2	MO
ELLENCE INJ 200MG/100ML	3	MO
ELOXATIN INJ 100MG/20ML	4	MO
ELSPAR	3	MO
EMCYT	2	MO
epirubicin hcl inj 50mg/25ml	1	

Drug Name	Drug Tier	Requirements/ Limits
ERBITUX INJ 100MG/50ML	4	MO
ERIVEDGE	4	PA QL(90 per 90 days) MO
ETOPOPHOS	3	MO
etoposide inj	1	MO
exemestane	1	MO
FARESTON	2	MO
FASLODEX	4	MO
FIRMAGON INJ 120MG	4	MO
FIRMAGON INJ 80MG	2	MO
fludarabine phosphate inj 50mg	1	MO
fluorouracil inj 2.5gm/50ml	1	MO
flutamide	1	MO
gemcitabine hcl inj 1gm	4	MO
gengraf	1	PA MO
GLEEVEC TABS 100MG	4	PA MO
GLEEVEC TABS 400MG	4	PA QL(180 per 90 days) MO
HALAVEN	4	MO
HERCEPTIN	4	MO
HEXALEN	4	MO
hydroxyurea	1	MO
ICLUSIG TABS 45MG	4	PA QL(90 per 90 days) MO
ICLUSIG TABS 15MG	4	PA QL(180 per 90 days) MO
idarubicin hcl inj 10mg/10ml	1	
IFEX INJ 3GM	3	MO
ifosfamide inj 1gm	1	MO
INLYTA TABS 1MG	4	PA MO
INLYTA TABS 5MG	4	PA QL(360 per 90 days) MO
irinotecan inj 100mg/5ml	4	MO
ISTODAX	4	MO

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Drug Name	Drug Tier	Require-ments/ Limits
IXEMPRA KIT INJ 45MG	4	MO
JAKAFI TABS 10MG, 15MG, 20MG, 5MG	4	PA MO
JAKAFI TABS 25MG	4	PA QL(180 per 90 days) MO
JEVTANA	4	MO
KADCYLA INJ 100MG	4	MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide acetate	1	MO
LUPRON DEPOT INJ 22.5MG, 3.75MG, 30MG, 45MG, 7.5MG	4	PA MO
LUPRON DEPOT-PED INJ 11.25MG, 15MG	4	PA MO
LYSODREN	2	MO
MATULANE	4	MO
MEGACE ES	2	MO
megestrol acetate	1	MO
MEKINIST TABS 2MG	4	PA QL(90 per 90 days) MO
MEKINIST TABS 0.5MG	4	PA QL(360 per 90 days) MO
melphalan hydrochloride	4	
mercaptopurine	1	MO
methotrexate	1	PA MO
methotrexate sodium inj 25mg/ml	1	PA MO
METHOTREXATE SODIUM INJ 1GM	3	PA
mitomycin inj 20mg	1	MO
mitoxantrone hcl	1	MO
MUSTARGEN	3	MO
mycophenolate mofetil	1	PA MO
MYFORTIC	2	PA MO
NEORAL	2	PA MO
NEXAVAR	4	LA PA MO
NILANDRON	2	MO

Drug Name	Drug Tier	Require-ments/ Limits
NIPENT	4	MO
NULOJIX	4	PA MO
octreotide acetate inj 1000mcg/ml, 500mcg/ml	4	MO
octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml	1	MO
ONTAK	4	
oxaliplatin inj 100mg/20ml	4	MO
paclitaxel inj 300mg/50ml	1	MO
pentostatin	4	MO
PERJETA	4	MO
POMALYST	4	MO
PROGRAF INJ	2	PA MO
RAPAMUNE ORAL SOLN	2	PA MO
RAPAMUNE TABS 0.5MG, 1MG	2	PA MO
RAPAMUNE TABS 2MG	4	PA MO
REVLIMID CAPS 10MG, 15MG, 25MG, 5MG	4	LA MO
RHEUMATREX	3	PA MO
RITUXAN	4	PA MO
SANDIMMUNE	2	PA MO
SANDOSTATIN LAR DEPOT	4	MO
SIGNIFOR	4	PA MO
SIMULECT INJ 20MG	2	PA MO
SOLTAMOX	2	
SPRYCEL TABS 100MG, 20MG, 50MG, 80MG	4	PA MO
SPRYCEL TABS 140MG	4	PA QL(90 per 90 days) MO
SPRYCEL TABS 70MG	4	PA QL(180 per 90 days) MO
STIVARGA	4	PA QL(252 per 84 days) MO
SUTENT CAPS 12.5MG	4	PA MO

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Drug Name	Drug Tier	Requirements/ Limits
SUTENT CAPS 50MG	4	PA QL(90 per 90 days) MO
SUTENT CAPS 25MG	4	PA QL(180 per 90 days) MO
SYNRIBO	4	MO
TABLOID	2	MO
tacrolimus caps 0.5mg, 1mg	1	PA MO
tacrolimus caps 5mg	4	PA MO
TAFINLAR CAPS 75MG	4	PA QL(360 per 90 days) MO
TAFINLAR CAPS 50MG	4	PA QL(540 per 90 days) MO
tamoxifen citrate	1	MO
TARCEVA TABS 100MG, 25MG	4	PA MO
TARCEVA TABS 150MG	4	PA QL(90 per 90 days) MO
TARGRETIN	4	MO
TASIGNA CAPS 150MG	4	PA MO
TASIGNA CAPS 200MG	4	PA QL(336 per 84 days) MO
THALOMID	4	PA MO
thiotepa	4	MO
toposar	1	MO
topotecan hcl inj 4mg	4	MO
TORISEL	4	MO
TREANDA INJ 100MG	4	MO
TRELSTAR DEPOT MIXJECT	4	MO
TRELSTAR LA MIXJECT	4	MO
TRELSTAR MIXJECT	4	MO
tretinoin caps	4	MO
TRISENOX	4	MO
TYKERB	4	LA PA QL(540 per 90 days) MO
VECTIBIX INJ 100MG/5ML	4	PA MO
VELCADE	4	MO
VIDAZA	4	MO
vinblastine sulfate inj 10mg	1	
vincasar pfs	1	MO
vincristine sulfate	1	MO
vinorelbine tartrate inj 50mg/5ml	1	MO
VOTRIENT	4	PA QL(360 per 90 days) MO
XALKORI CAPS 200MG	4	PA MO
XALKORI CAPS 250MG	4	PA QL(180 per 90 days) MO
XTANDI	4	PA QL(360 per 90 days) MO
YERVOY INJ 50MG/10ML	4	MO
ZALTRAP INJ 100MG/4ML	4	MO
ZANOSAR	3	MO
ZELBORAF	4	PA QL(720 per 90 days) MO
ZOLINZA	4	MO
ZORTRESS TABS 0.5MG, 0.75MG	4	PA MO
ZORTRESS TABS 0.25MG	2	PA MO
ZYTIGA	4	PA QL(360 per 90 days) MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

BANZEL SUSP	2	MO
BANZEL TABS 200MG	2	MO

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Drug Name	Drug Tier	Require-ments/ Limits
BANZEL TABS 400MG	4	MO
carbamazepine	1	MO
carbamazepine er	1	MO
CELONTIN	2	MO
clonazepam	1	PA MO
clonazepam odt	1	PA MO
diazepam gel	1	PA MO
DILANTIN CAPS 30MG	2	MO
divalproex sodium	1	MO
divalproex sodium dr	1	MO
divalproex sodium er	1	MO
epitol	1	MO
ethosuximide	1	MO
felbamate	1	MO
fosphenytoin sodium inj 100mg pe/2ml	1	MO
gabapentin	1	MO
GABITRIL TABS 12MG, 16MG	2	MO
lamotrigine	1	MO
lamotrigine er	1	MO
levetiracetam er	1	MO
levetiracetam inj 500mg/5ml	1	MO
levetiracetam oral soln	1	MO
levetiracetam tabs	1	MO
LYRICA	2	PA MO
ONFI	2	PA MO
oxcarbazepine	1	MO
PEGANONE	2	MO
phenobarbital	1	MO
phenytoin	1	MO
phenytoin sodium	1	
phenytoin sodium extended	1	MO
POTIGA	2	MO
primidone	1	MO
SABRIL	4	LA MO
TEGRETOL-XR TB12 100MG	2	MO
tiagabine hydrochloride	1	MO
topiramate	1	MO
valproate sodium	1	MO
valproic acid	1	MO
VIMPAT INJ	2	
VIMPAT ORAL SOLN	2	MO
VIMPAT TABS	2	MO
zonisamide	1	MO
ANTIPARKINSONISM AGENTS		
APOKYN	4	LA MO
AZILECT	2	MO
benztropine mesylate inj	1	
benztropine mesylate tabs	1	MO
bromocriptine mesylate	1	MO
carbidopa/levodopa	1	MO
carbidopa/levodopa er	1	MO
carbidopa/levodopa odt	1	MO
entacapone	1	MO
LODOSYN	2	MO
pramipexole dihydrochloride	1	MO
ropinirole er	1	MO
ropinirole hcl	1	MO
selegiline hcl	1	MO
TASMAR	4	MO
trihexyphenidyl hcl	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
dihydroergotamine mesylate inj	1	MO
migergot	1	MO
naratriptan hcl	1	QL(54 per 84 days) MO
RELPAX	2	QL(54 per 84 days) MO
rizatriptan benzoate	1	QL(108 per 84 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate inj 6mg/0.5ml	1	QL(48 per 84 days) MO
sumatriptan succinate tabs	1	QL(54 per 84 days) MO
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	4	LA PA MO
COPAXONE	4	PA QL(90 per 90 days) MO
donepezil hcl	1	MO
EXELON PT24	2	MO
galantamine hydrobromide	1	MO
GILENYA	4	PA MO
NAMENDA	2	MO
NAMENDA TITRATION PAK	2	MO
NUEDEXTA	2	PA MO
rivastigmine tartrate	1	MO
TECFIDERA	4	PA MO
TECFIDERA STARTER PACK	4	PA MO
TYSABRI	4	LA PA MO
XENAZINE	4	LA PA MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen	1	MO
dantrolene sodium caps	1	MO
LIORESAL INTRATHECAL INJ 0.05MG/ML	2	PA
LIORESAL INTRATHECAL INJ 10MG/20ML, 10MG/5ML	2	PA MO
MESTINON SYRP	2	MO
MESTINON TIMESPAN	2	MO
pyridostigmine bromide	1	MO
regonol	1	
tizanidine hcl	1	MO
NARCOTIC ANALGESICS		

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen/codeine #3	1	QL(1080 per 90 days) MO
acetaminophen/codeine oral soln	1	QL(4500 per 30 days)
acetaminophen/codeine tabs 300mg; 60mg	1	QL(540 per 90 days) MO
acetaminophen/codeine tabs 300mg; 15mg	1	QL(1080 per 90 days) MO
BUPRENEX	2	MO
buprenorphine hcl inj	1	
buprenorphine hcl subl	1	MO
BUTRANS	2	MO
codeine sulfate tabs	1	QL(540 per 90 days) MO
duramorph	1	PA MO
endocet tabs 650mg; 10mg	1	QL(540 per 90 days) MO
endocet tabs 500mg; 7.5mg	1	QL(720 per 90 days) MO
endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(1080 per 90 days) MO
fentanyl	1	QL(30 per 90 days) MO
fentanyl citrate oral transmucosal lpop 1600mcg	4	PA QL(90 per 90 days) MO
fentanyl citrate oral transmucosal lpop 1200mcg	4	PA QL(120 per 90 days) MO
fentanyl citrate oral transmucosal lpop 800mcg	4	PA QL(180 per 90 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
fentanyl citrate oral transmucosal lpop 600mcg	4	PA QL(240 per 90 days) MO
fentanyl citrate oral transmucosal lpop 200mcg, 400mcg	4	PA QL(360 per 90 days) MO
hydrocodone bitartrate/acetaminophen oral soln	1	QL(5550 per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg	1	QL(450 per 90 days) MO
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	1	QL(1080 per 90 days) MO
hydrocodone/acetaminophen oral soln	1	QL(3600 per 30 days) MO
hydrocodone/acetaminophen tabs 750mg; 7.5mg	1	QL(450 per 90 days) MO
hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg	1	QL(540 per 90 days) MO
hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg	1	QL(720 per 90 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(1080 per 90 days) MO
hydrocodone/ibuprofen tabs 7.5mg; 200mg	1	QL(150 per 90 days) MO
hydromorphone hcl inj 500mg/50ml	2	
hydromorphone hcl tabs	1	QL(540 per 90 days) MO
LAZANDA	4	LA PA QL(69 per 90 days) MO
levorphanol tartrate	1	QL(360 per 90 days) MO
methadone hcl conc	1	QL(270 per 90 days) MO
methadone hcl inj	1	QL(270 per 90 days)
methadone hcl oral soln	1	QL(1350 per 90 days) MO
methadone hcl tabs	1	QL(270 per 90 days) MO
morphine sulfate er cp24 100mg	1	QL(180 per 90 days) MO
morphine sulfate er cp24 80mg	1	QL(225 per 90 days) MO
morphine sulfate er cp24 20mg, 30mg, 50mg, 60mg	1	QL(270 per 90 days) MO
morphine sulfate er tbcr 200mg	1	QL(90 per 90 days) MO
morphine sulfate er tbcr 100mg	1	QL(180 per 90 days) MO
morphine sulfate er tbcr 60mg	1	QL(300 per 90 days) MO
morphine sulfate er tbcr 15mg, 30mg	1	QL(360 per 90 days) MO
morphine sulfate oral soln 20mg/ml	1	QL(900 per 90 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate oral soln 10mg/5ml, 20mg/5ml	1	QL(2700 per 90 days) MO
morphine sulfate tabs	1	QL(540 per 90 days) MO
oxycodone hcl caps	1	QL(1080 per 90 days) MO
oxycodone hcl conc	1	QL(540 per 90 days) MO
oxycodone hcl tabs 30mg	1	QL(399 per 90 days) MO
oxycodone hcl tabs 10mg, 15mg, 20mg	1	QL(540 per 90 days) MO
oxycodone hcl tabs 5mg	1	QL(1080 per 90 days) MO
oxycodone/acetaminophen caps	1	QL(720 per 90 days) MO
oxycodone/acetaminophen tabs 650mg; 10mg	1	QL(540 per 90 days) MO
oxycodone/acetaminophen tabs 500mg; 7.5mg	1	QL(720 per 90 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(1080 per 90 days) MO
oxycodone/aspirin	1	QL(1080 per 90 days) MO
oxymorphone hydrochloride er tb12 15mg, 7.5mg	1	QL(270 per 90 days) MO
oxymorphone hydrochloride tabs 5mg	1	QL(540 per 90 days) MO
oxymorphone hydrochloride tabs 10mg	1	QL(600 per 90 days) MO
reprexain tabs 10mg; 200mg	1	QL(150 per 90 days) MO
ROXICET ORAL SOLN	2	QL(2400 per 90 days) MO
stagesic	1	QL(720 per 90 days) MO
vicodin	1	QL(1080 per 90 days) MO
vicodin es	1	QL(1080 per 90 days) MO
vicodin hp	1	QL(1080 per 90 days) MO
NON-NARCOTIC ANALGESICS		
buprenorphine hcl/naloxone hcl	1	PA QL(270 per 90 days) MO
butorphanol tartrate nasal soln	1	MO
CELEBREX	2	ST MO
diclofenac potassium	1	MO
diclofenac sodium dr	1	MO
diclofenac sodium er	1	MO
diclofenac sodium/misoprostol	1	MO
diflunisal	1	MO
etodolac	1	MO
etodolac er	1	MO
fenoprofen calcium	1	MO
FLECTOR	3	QL(180 per 90 days) MO
flurbiprofen	1	MO
ibuprofen susp	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
ibuprofen tabs 400mg, 600mg, 800mg	1	MO
indomethacin caps	1	MO
indomethacin er	1	MO
ketoprofen	1	MO
ketoprofen er	1	MO
meclofenamate sodium	1	MO
mefenamic acid	1	MO
meloxicam susp	1	MO
meloxicam tabs 15mg	1	MO
meloxicam tabs 7.5mg	1	QL(90 per 90 days) MO
nabumetone	1	MO
naloxone hcl inj 1mg/ml	1	MO
naltrexone hcl	1	MO
naproxen	1	MO
naproxen dr	1	MO
naproxen sodium tabs 275mg, 550mg	1	MO
oxaprozin	1	MO
piroxicam	1	MO
SUBOXONE	2	PA QL(270 per 90 days) MO
sulindac	1	MO
tolmetin sodium	1	MO
tramadol hcl	1	QL(720 per 90 days) MO
tramadol hcl er tb24	2	QL(90 per 90 days) MO
VOLTAREN	2	MO

PSYCHOTHERAPEUTIC DRUGS

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY DISCMELT TBDP 15MG	2	QL(180 per 90 days) MO
ABILIFY DISCMELT TBDP 10MG	2	QL(270 per 90 days) MO
ABILIFY INJ	2	MO
ABILIFY MAINTENA INJ 300MG	4	MO
ABILIFY ORAL SOLN	2	MO
ABILIFY TABS 15MG	2	QL(180 per 90 days) MO
ABILIFY TABS 10MG	2	QL(270 per 90 days) MO
ABILIFY TABS 5MG	2	QL(540 per 90 days) MO
ABILIFY TABS 2MG	2	QL(1350 per 90 days) MO
ABILIFY TABS 30MG	4	QL(90 per 90 days) MO
ABILIFY TABS 20MG	4	QL(180 per 90 days) MO
amitriptyline hcl	1	PA MO
amoxapine	1	MO
amphetamine/dextroamphetamine cp24	1	MO
budeprion sr tb12 150mg	1	QL(270 per 90 days) MO
budeprion sr tb12 100mg	1	QL(360 per 90 days) MO
bupropion hcl	1	MO
bupropion hcl sr tb12 200mg	1	QL(180 per 90 days) MO
bupropion hcl sr tb12 150mg	1	QL(270 per 90 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl sr tb12 100mg	1	QL(360 per 90 days) MO
bupropion hcl xl tb24 300mg	1	QL(180 per 90 days) MO
bupropion hcl xl tb24 150mg	1	QL(270 per 90 days) MO
buspirone hcl	1	MO
chlorpromazine hcl inj	1	MO
chlorpromazine hcl tabs	1	MO
citalopram hydrobromide oral soln	1	MO
citalopram hydrobromide tabs 40mg	1	QL(90 per 90 days) MO
citalopram hydrobromide tabs 20mg	1	QL(180 per 90 days) MO
citalopram hydrobromide tabs 10mg	1	QL(360 per 90 days) MO
clomipramine hcl	1	PA MO
clorazepate dipotassium	1	PA MO
clozapine	1	
CYMBALTA CPEP 60MG	2	PA QL(180 per 90 days) MO
CYMBALTA CPEP 30MG	2	PA QL(360 per 90 days) MO
CYMBALTA CPEP 20MG	2	PA QL(540 per 90 days) MO
desipramine hcl	1	MO
dextroamphetamine sulfate er	1	MO
dextroamphetamine sulfate tabs	1	MO
diazepam intensol	1	PA MO
diazepam oral soln	1	PA MO
diazepam tabs	1	PA MO

Drug Name	Drug Tier	Requirements/ Limits
doxepin hcl	1	PA MO
EMSAM	3	MO
escitalopram oxalate oral soln	1	MO
escitalopram oxalate tabs 20mg	1	QL(90 per 90 days) MO
escitalopram oxalate tabs 10mg	1	QL(180 per 90 days) MO
escitalopram oxalate tabs 5mg	1	QL(360 per 90 days) MO
FANAPT TABS 12MG	3	QL(180 per 90 days) MO
FANAPT TABS 10MG, 8MG	3	QL(270 per 90 days) MO
FANAPT TABS 6MG	3	QL(360 per 90 days) MO
FANAPT TABS 4MG	3	QL(540 per 90 days) MO
FANAPT TABS 2MG	3	QL(1080 per 90 days) MO
FANAPT TABS 1MG	3	QL(2160 per 90 days) MO
FANAPT TITRATION PACK	3	QL(1 per 90 days) MO
FAZACLO TBDP 150MG, 200MG	3	
fluoxetine dr	1	QL(12 per 84 days) MO
fluoxetine hcl caps 20mg	1	MO
fluoxetine hcl caps 40mg	1	QL(180 per 90 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl caps 10mg	1	QL(720 per 90 days) MO
fluoxetine hcl oral soln	1	MO
fluoxetine hcl tabs 20mg	1	MO
fluoxetine hcl tabs 10mg	1	QL(720 per 90 days) MO
fluphenazine decanoate	1	MO
fluphenazine hcl conc	1	
fluphenazine hcl elix	1	MO
fluphenazine hcl inj	1	MO
fluphenazine hcl tabs	1	MO
fluvoxamine maleate er cp24 150mg	1	QL(180 per 90 days) MO
fluvoxamine maleate er cp24 100mg	1	QL(270 per 90 days) MO
fluvoxamine maleate tabs 100mg	1	QL(270 per 90 days) MO
fluvoxamine maleate tabs 50mg	1	QL(540 per 90 days) MO
fluvoxamine maleate tabs 25mg	1	QL(1080 per 90 days) MO
FORFIVO XL	3	QL(90 per 90 days) MO
GEODON INJ	3	MO
haloperidol	1	MO
haloperidol decanoate	1	MO
haloperidol lactate	1	MO
imipramine hcl	1	PA MO
imipramine pamoate	2	PA MO
INTUNIV	3	PA MO
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	2	MO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	MO
INVEGA TB24 9MG	3	QL(122 per 90 days) MO
INVEGA TB24 6MG	3	QL(180 per 90 days) MO
INVEGA TB24 3MG	3	QL(360 per 90 days) MO
INVEGA TB24 1.5MG	3	QL(720 per 90 days) MO
LATUDA TABS 20MG, 80MG	2	QL(90 per 90 days) MO
LATUDA TABS 40MG	2	QL(180 per 90 days) MO
LATUDA TABS 120MG	4	QL(90 per 90 days) MO
lithium carbonate	1	MO
lithium carbonate er	1	MO
lithium citrate	1	MO
lorazepam intensol	1	PA MO
lorazepam tabs	1	PA MO
loxapine succinate	1	MO
LUNESTA	3	QL(90 per 90 days) ST MO
maprotiline hcl	1	MO
MARPLAN	2	MO
methylphenidate hcl	1	MO
methylphenidate hcl cd cpcr 10mg, 50mg, 60mg	1	MO
methylphenidate hcl er cp24	1	MO
methylphenidate hcl er tbcr 20mg, 27mg, 36mg, 54mg	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hydrochloride	1	MO
mirtazapine	1	MO
mirtazapine odt tbdp 30mg, 45mg	1	MO
modafinil	1	PA MO
nefazodone hcl	1	MO
nortriptyline hcl caps	1	MO
olanzapine inj	1	MO
olanzapine odt tbdp 20mg	1	QL(90 per 90 days) MO
olanzapine odt tbdp 15mg	1	QL(119 per 90 days) MO
olanzapine odt tbdp 10mg	1	QL(180 per 90 days) MO
olanzapine odt tbdp 5mg	1	QL(360 per 90 days) MO
olanzapine tabs 20mg	1	QL(90 per 90 days) MO
olanzapine tabs 15mg	1	QL(119 per 90 days) MO
olanzapine tabs 10mg	1	QL(180 per 90 days) MO
olanzapine tabs 7.5mg	1	QL(241 per 90 days) MO
olanzapine tabs 5mg	1	QL(360 per 90 days) MO
olanzapine tabs 2.5mg	1	QL(720 per 90 days) MO
olanzapine/fluoxetine	1	MO
ORAP	2	MO
oxazepam	1	PA MO
paroxetine hcl er tb24 37.5mg	1	QL(180 per 90 days) MO
paroxetine hcl er tb24 25mg	1	QL(270 per 90 days) MO
paroxetine hcl er tb24 12.5mg	1	QL(540 per 90 days) MO
paroxetine hcl tabs 40mg	1	QL(135 per 90 days) MO
paroxetine hcl tabs 30mg	1	QL(180 per 90 days) MO
paroxetine hcl tabs 20mg	1	QL(270 per 90 days) MO
paroxetine hcl tabs 10mg	1	QL(540 per 90 days) MO
PAXIL SUSP	2	ST MO
perphenazine	1	MO
phenelzine sulfate	1	MO
PRISTIQ TB24 100MG	2	PA QL(360 per 90 days) MO
PRISTIQ TB24 50MG	2	PA QL(720 per 90 days) MO
procentra	1	MO
protriptyline hcl	1	MO
quetiapine fumarate tabs 400mg	1	QL(180 per 90 days) MO
quetiapine fumarate tabs 300mg	1	QL(241 per 90 days) MO
quetiapine fumarate tabs 200mg	1	QL(360 per 90 days) MO

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Drug Name	Drug Tier	Require-ments/ Limits
quetiapine fumarate tabs 100mg	1	QL(720 per 90 days) MO
quetiapine fumarate tabs 50mg	1	QL(1440 per 90 days) MO
quetiapine fumarate tabs 25mg	1	QL(2705 per 90 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	2	MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	4	MO
risperidone odt tbdp 4mg	1	QL(360 per 90 days) MO
risperidone odt tbdp 3mg	1	QL(482 per 90 days) MO
risperidone odt tbdp 2mg	1	QL(720 per 90 days) MO
risperidone odt tbdp 1mg	1	QL(1440 per 90 days) MO
risperidone odt tbdp 0.5mg	1	QL(2880 per 90 days) MO
risperidone odt tbdp 0.25mg	1	QL(5760 per 90 days) MO
risperidone oral soln	1	QL(1440 per 90 days) MO
risperidone tabs 4mg	1	QL(360 per 90 days) MO
risperidone tabs 3mg	1	QL(482 per 90 days) MO
risperidone tabs 2mg	1	QL(720 per 90 days) MO
risperidone tabs 1mg	1	QL(1440 per 90 days) MO
risperidone tabs 0.5mg	1	QL(2880 per 90 days) MO
risperidone tabs 0.25mg	1	QL(5760 per 90 days) MO
ROZEREM	2	QL(90 per 90 days) MO
SAPHRIS SUBL 10MG	2	QL(180 per 90 days) MO
SAPHRIS SUBL 5MG	2	QL(360 per 90 days) MO
SEROQUEL XR TB24 400MG	2	QL(180 per 90 days) MO
SEROQUEL XR TB24 300MG	2	QL(241 per 90 days) MO
SEROQUEL XR TB24 200MG	2	QL(360 per 90 days) MO
SEROQUEL XR TB24 150MG	2	QL(482 per 90 days) MO
SEROQUEL XR TB24 50MG	2	QL(1440 per 90 days) MO
sertraline hcl conc	1	MO
sertraline hcl tabs 100mg	1	QL(180 per 90 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
sertraline hcl tabs 50mg	1	QL(360 per 90 days) MO
sertraline hcl tabs 25mg	1	QL(720 per 90 days) MO
STRATTERA	2	PA MO
temazepam	1	PA MO
thioridazine hcl	1	MO
thiothixene	1	MO
tranylcypromine sulfate	1	MO
trazodone hcl	1	MO
trifluoperazine hcl	1	MO
trimipramine maleate	1	PA MO
venlafaxine hcl er cp24 150mg	1	QL(180 per 90 days) MO
venlafaxine hcl er cp24 75mg	1	QL(270 per 90 days) MO
venlafaxine hcl er cp24 37.5mg	1	QL(540 per 90 days) MO
venlafaxine hcl tabs 100mg, 75mg	1	QL(270 per 90 days) MO
venlafaxine hcl tabs 50mg	1	QL(450 per 90 days) MO
venlafaxine hcl tabs 37.5mg	1	QL(540 per 90 days) MO
venlafaxine hcl tabs 25mg	1	QL(810 per 90 days) MO
VIIBRYD KIT	2	QL(90 per 90 days) ST MO
VIIBRYD TABS 40MG	2	QL(90 per 90 days) ST MO
VIIBRYD TABS 20MG	2	QL(180 per 90 days) ST MO
VIIBRYD TABS 10MG	2	QL(360 per 90 days) ST MO
XYREM	4	LA MO
zaleplon caps 5mg	1	QL(90 per 90 days) ST MO
zaleplon caps 10mg	1	QL(180 per 90 days) ST MO
zenzedi tabs 10mg, 5mg	1	MO
ziprasidone hcl caps 80mg	1	QL(180 per 90 days) MO
ziprasidone hcl caps 60mg	1	QL(241 per 90 days) MO
ziprasidone hcl caps 40mg	1	QL(360 per 90 days) MO
ziprasidone hcl caps 20mg	1	QL(720 per 90 days) MO
zolpidem tartrate	1	QL(90 per 90 days) ST MO
zolpidem tartrate er	1	QL(90 per 90 days) ST MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

amiodarone hcl inj 50mg/ml	1	PA MO
amiodarone hcl tabs	1	MO
flecainide acetate	1	MO
mexiletine hcl	1	MO
pacerone tabs 100mg, 200mg	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
procainamide hcl inj 500mg/ml	1	
procainamide hcl inj 100mg/ml	1	MO
propafenone hcl	1	MO
propafenone hcl er	1	MO
quinidine gluconate cr	1	MO
quinidine sulfate	1	MO
quinidine sulfate er	1	MO
sorine	1	MO
sotalol hcl (af) tabs 120mg	1	MO
sotalol hcl tabs 160mg, 240mg, 80mg	1	MO
TIKOSYN	2	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol hcl	1	MO
afeditab cr	1	MO
amiloride hcl	1	MO
amiloride/hydrochlorothiazide	1	MO
amlodipine besylate	1	MO
amlodipine besylate/benazepril hcl	1	MO
amlodipine besylate/benazepril hydrochloride	1	MO
atenolol	1	MO
atenolol/chlorthalidone	1	MO
AZOR	2	ST MO
benazepril hcl	1	MO
benazepril hcl/hydrochlorothiazide	1	MO
BENICAR	2	ST MO
BENICAR HCT	2	ST MO
betaxolol hcl	1	MO
BIDIL	2	MO
bisoprolol fumarate	1	MO
bisoprolol fumarate/hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	2	MO

Drug Name	Drug Tier	Requirements/ Limits
candesartan cilexetil/hydrochlorothiazide	1	MO
captopril	1	MO
captopril/hydrochlorothiazide	1	MO
cartia xt	1	MO
carvedilol	1	MO
chlorothiazide	1	MO
chlorothiazide sodium	1	MO
chlorthalidone tabs 25mg, 50mg	1	MO
clonidine hcl ptwk	1	QL(13 per 90 days) MO
clonidine hcl tabs	1	MO
COREG CR	2	MO
DEMSER	2	MO
DIBENZYLINE	3	MO
dilt-cd cp24 120mg, 300mg	1	MO
dilt-xr cp24 180mg, 240mg	1	MO
diltiazem cd cp24 120mg, 240mg, 300mg	1	MO
diltiazem hcl er cp12	1	MO
diltiazem hcl er cp24 180mg, 360mg, 420mg	1	MO
diltiazem hcl inj 100mg, 50mg/10ml	1	
diltiazem hcl tabs	1	MO
doxazosin mesylate tabs 1mg, 2mg, 4mg	1	QL(90 per 90 days) MO
doxazosin mesylate tabs 8mg	1	QL(180 per 90 days) MO
EDARBI	3	ST MO
EDARBYCLOR	3	ST MO
EDECRIN	2	MO
enalapril maleate	1	MO
enalapril maleate/hydrochlorothiazide	1	MO
eplerenone	1	MO

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Drug Name	Drug Tier	Require-ments/ Limits
eprosartan mesylate	1	MO
EXFORGE	2	ST MO
EXFORGE HCT	2	ST MO
felodipine er	1	MO
fosinopril sodium	1	MO
fosinopril sodium/hydrochlorothiazide	1	MO
furosemide	1	MO
guanfacine hcl	1	MO
hydralazine hcl	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan/hydrochlorothiazide	1	MO
isradipine	1	MO
labetalol hcl	1	MO
lisinopril	1	MO
lisinopril/hydrochlorothiazide	1	MO
losartan potassium	1	MO
losartan potassium/hydrochlorothiazide	1	MO
matzim la	1	MO
methyclothiazide	1	MO
metolazone	1	MO
metoprolol succinate er	1	MO
metoprolol tartrate inj	1	
metoprolol tartrate tabs	1	MO
metoprolol/hydrochlorothiazide	1	MO
minoxidil tabs	1	MO
moexipril hcl	1	MO
moexipril/hydrochlorothiazide	1	MO
nadolol	1	MO
nadolol/bendroflumethiazide	1	MO
nicardipine hcl caps	1	MO
nifediac cc tb24 90mg	1	MO
nifedical xl	1	MO
nifedipine er	1	MO
nimodipine	1	MO
nisoldipine	1	MO
nisoldipine er	1	MO
perindopril erbumine	1	MO
pindolol	1	MO
prazosin hcl	1	MO
propranolol hcl er	1	MO
propranolol hcl inj	1	
propranolol hcl oral soln	1	MO
propranolol hcl tabs	1	MO
propranolol/hydrochlorothiazide	1	MO
quinapril hcl	1	MO
quinapril/hydrochlorothiazide	1	MO
ramipril	1	MO
REMODULIN	4	LA PA MO
reserpine	1	MO
spironolactone	1	MO
spironolactone/hydrochlorothiazide	1	MO
taztia xt	1	MO
terazosin hcl caps 1mg, 2mg, 5mg	1	QL(90 per 90 days) MO
terazosin hcl caps 10mg	1	QL(180 per 90 days) MO
timolol maleate	1	MO
torsemide tabs	1	MO
trandolapril	1	MO
triamterene/hydrochlorothiazide	1	MO
TRIBENZOR	2	ST MO
valsartan/hydrochlorothiazide	1	MO
verapamil hcl er	1	MO
verapamil hcl inj	1	
verapamil hcl sr cp24 360mg	1	MO
verapamil hcl tabs	1	MO
CARDIAC GLYCOSIDES		
digoxin	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
COAGULATION THERAPY		
AGGRENOX	2	MO
BRILINTA	2	MO
cilostazol	1	MO
clopidogrel	1	MO
EFFIENT	2	MO
ELIQUIS	2	MO
enoxaparin sodium inj 120mg/0.8ml, 150mg/ml	4	MO
enoxaparin sodium inj 100mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	MO
fondaparinux sodium inj 2.5mg/0.5ml	1	MO
fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	4	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 7500UNIT/0.3ML	4	MO
FRAGMIN INJ 25000UNIT/ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	2	MO
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	1	MO
heparin sodium/d5w inj 5%; 40unit/ml	1	
heparin sodium/nacl 0.45%	1	
heparin sodium/sodium chloride 0.9% premix	1	
jantoven	1	MO
pentoxifylline er	1	MO
PRADAXA	2	MO
PROMACTA	4	LA PA MO
tranexamic acid inj	1	
warfarin sodium	1	MO
XARELTO	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin calcium	1	QL(90 per 90 days) MO
cholestyramine light pack	1	MO
colestipol hcl	1	MO
CRESTOR	2	QL(90 per 90 days) MO
fenofibrate micronized	1	MO
fenofibrate tabs	1	MO
fluvastatin caps 20mg	1	QL(90 per 90 days) MO
fluvastatin caps 40mg	1	QL(180 per 90 days) MO
gemfibrozil	1	MO
JUXTAPID	4	LA MO
LIPOFEN	2	MO
lovastatin tabs 10mg	1	QL(90 per 90 days) MO
lovastatin tabs 20mg, 40mg	1	QL(180 per 90 days) MO
LOVAZA	2	MO
NIASPAN	2	MO
pravastatin sodium	1	QL(90 per 90 days) MO
prevalite powd	1	MO
SIMCOR TB24 1000MG; 40MG, 500MG; 20MG, 500MG; 40MG	2	QL(90 per 90 days) MO
SIMCOR TB24 1000MG; 20MG, 750MG; 20MG	2	QL(180 per 90 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
simvastatin	1	QL(90 per 90 days) MO
VASCEPA	2	MO
VYTORIN	3	QL(90 per 90 days) ST MO
WELCHOL	2	ST MO
ZETIA	2	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
RANEXA	2	MO
NITRATES		
isosorbide dinitrate	1	MO
isosorbide dinitrate er	1	MO
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
nitro-bid	1	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	2	MO
nitroglycerin inj	1	PA
nitroglycerin pt24	1	MO
nitroglycerin transdermal pt24 0.1mg/hr	1	MO
NITROSTAT	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
calcipotriene	1	MO
selenium sulfide lotn	1	MO
SORIATANE	4	MO
BURN THERAPY		
silver sulfadiazine	1	MO
ssd	1	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP	2	MO
ammonium lactate	1	MO
CARAC	2	MO
CARMOL-HC	2	MO
CONDYLOX GEL	2	MO
fluorouracil crea	1	MO
fluorouracil external soln	1	MO
imiquimod	1	MO
OXSORALEN ULTRA	4	MO
PANRETIN	4	MO
podofilox	1	MO
PROTOPIC	2	PA MO
prudoxin	1	MO
SOLARAZE	2	PA MO
UVADEX	3	
ZYCLARA	2	MO
ZYCLARA PUMP	2	MO
THERAPY FOR ACNE		
adapalene	1	PA MO
amnesteem	1	MO
avita crea	1	PA MO
AZELEX	2	MO
claravis caps 10mg, 20mg, 40mg	2	MO
claravis caps 30mg	4	MO
clindamycin phosphate external soln	1	MO
clindamycin phosphate foam	1	MO
clindamycin phosphate gel	1	MO
clindamycin phosphate lotn	1	MO
clindamycin phosphate swab	1	MO
clindamycin/benzoyl peroxide gel 5%; 1%	1	MO
ery	1	MO
erythromycin external soln	1	MO
erythromycin gel	1	MO
erythromycin/benzoyl peroxide	1	MO
FINACEA	2	MO
metronidazole crea	1	MO
metronidazole gel 0.75%	1	MO

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Drug Name	Drug Tier	Require-ments/ Limits
metronidazole lotn	1	MO
myorisan caps 10mg, 20mg	1	MO
myorisan caps 40mg	4	MO
TAZORAC	2	PA MO
tretinoin crea	1	PA MO
tretinoin gel	1	PA MO
TOPICAL ANESTHETICS		
lidocaine hcl external soln	1	MO
lidocaine hcl inj 0.5%, 1%	1	MO
lidocaine hcl jelly	1	MO
lidocaine oint	1	MO
lidocaine viscous	1	MO
lidocaine/prilocaine crea	1	MO
LIDODERM	2	PA MO
TOPICAL ANTIBACTERIALS		
ALTABAX	2	MO
gentamicin sulfate crea	1	MO
gentamicin sulfate oint 0.1%	1	MO
mafenide acetate	1	
mupirocin	1	MO
PHISOHEX	2	MO
sulfacetamide sodium susp	1	MO
SULFAMYLON CREA	2	MO
TOPICAL ANTIFUNGALS		
ciclopirox	1	MO
ciclopirox nail lacquer	1	MO
ciclopirox olamine	1	MO
clotrimazole external crea	1	MO
clotrimazole external soln	1	MO
clotrimazole/betamethasone dipropionate	1	MO
econazole nitrate	1	MO
ketoconazole	1	MO
ketodan kit	1	MO
NAFTIN CREA 1%	2	MO
NAFTIN GEL	2	MO
nyamyc	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
nystatin crea	1	MO
nystatin oint	1	MO
nystatin powd 100000unit/gm	1	MO
nystatin/triamcinolone	1	MO
nystop	1	MO
pedi-dri	1	MO
TOPICAL ANTIVIRALS		
acyclovir	1	MO
DENAVIR	2	MO
XERESE	2	MO
ZOVIRAX CREA	3	MO
TOPICAL CORTICOSTEROIDS		
ala cort	1	MO
alclometasone dipropionate	1	MO
amcinonide	1	MO
augmented betamethasone dipropionate	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
CAPEX	2	MO
clobetasol propionate e	1	MO
clobetasol propionate external soln	1	MO
clobetasol propionate foam	1	MO
clobetasol propionate gel	1	MO
clobetasol propionate lotn	1	MO
clobetasol propionate oint	1	MO
clobetasol propionate sham	1	MO
CORDRAN TAPE	2	MO
desonide	1	MO
desoximetasone	1	MO
diflorasone diacetate	1	MO
fluocinolone acetonide	1	MO
fluocinolone acetonide body	1	MO
fluocinonide external soln	1	MO
fluocinonide gel	1	MO
fluocinonide oint	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
fluocinonide-e	1	MO
fluticasone propionate crea	1	MO
fluticasone propionate lotn	1	MO
fluticasone propionate oint	1	MO
halobetasol propionate	1	MO
hydrocortisone butyrate	1	MO
hydrocortisone crea 1%, 2.5%	1	MO
hydrocortisone lotn 2.5%	1	MO
hydrocortisone oint 1%, 2.5%	1	MO
hydrocortisone valerate	1	MO
LOCOID LOTN	2	MO
mometasone furoate crea	1	MO
mometasone furoate external soln	1	MO
mometasone furoate oint	1	MO
PANDEL	2	MO
prednicarbate	1	MO
triamcinolone acetonide crea	1	MO
triamcinolone acetonide lotn	1	MO
triamcinolone acetonide oint	1	MO
triderm	1	MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	2	MO
lindane	1	MO
malathion	1	MO
permethrin crea	1	MO
SKLICE	2	MO
spinosad	1	MO
ULESFIA	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
ACTONEL TABS 30MG	2	QL(90 per 90 days) ST MO
ADAGEN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
alendronate sodium tabs 40mg	1	QL(90 per 90 days) MO
anagrelide hydrochloride	1	MO
ARALAST NP INJ 400MG	4	LA PA MO
BUPHENYL TABS	4	MO
CAMPRAL	2	MO
CARBAGLU	4	LA MO
cevimeline hcl	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/DEXTROSE 5%	2	
dextrose 10%/nacl 0.45%	1	
dextrose 10% flex container	1	
dextrose 10%/nacl 0.2%	1	
dextrose 2.5%/sodium chloride 0.45%	1	
dextrose 5%	1	MO
dextrose 5%/lactated ringers	1	MO
dextrose 5%/nacl 0.2%	1	
dextrose 5%/nacl 0.225%	1	
dextrose 5%/nacl 0.33%	1	
dextrose 5%/nacl 0.45%	1	MO
dextrose 5%/nacl 0.9%	1	MO
disulfiram	1	MO
etidronate disodium	1	MO
EXJADE TBSO 125MG	2	LA MO
EXJADE TBSO 250MG, 500MG	4	LA MO
FERRIPROX	4	MO
INCRELEX	4	LA MO
kionex powd	1	MO
levocarnitine oral soln	1	MO
levocarnitine tabs	1	MO
midodrine hcl	1	MO
ORFADIN	4	LA MO
pilocarpine hcl tabs	1	MO
pilocarpine hydrochloride	1	MO
PROLASTIN-C	4	LA PA MO

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Drug Name	Drug Tier	Requirements/ Limits
RAVICTI	4	MO
RENVELA	2	MO
riluzole	4	MO
SKELID	3	MO
sodium chloride 0.9%	1	MO
sodium chloride inj 0.9%	1	MO
sodium phenylbutyrate	4	MO
sodium polystyrene sulfonate susp 15gm/60ml	1	MO
SYPRINE	4	MO
zoledronic acid inj 5mg/100ml	1	PA MO
SMOKING DETERRENTS		
buproban	1	MO
CHANTIX	2	MO
CHANTIX STARTING MONTH PAK	2	MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTEPRO	2	MO
azelastine hcl nasal soln	1	QL(180 per 90 days) MO
BACTROBAN NASAL	2	MO
chlorhexidine gluconate oral rinse	1	MO
ipratropium bromide nasal soln 0.06%	1	QL(75 per 90 days) MO
ipratropium bromide nasal soln 0.03%	1	QL(90 per 90 days) MO
periogard	1	MO
triamcinolone in orabase	1	MO
TYZINE	2	MO
TYZINE PEDIATRIC NASAL DROPS	2	MO

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS OTIC PREPARATIONS		
acetasol hc	1	MO
acetic acid otic soln	1	MO
fluocinolone acetonide	1	MO
hydrocortisone/acetic acid	1	MO
ofloxacin	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	2	MO
CORTISPORIN-TC	2	MO
neomycin/polymyxin/hc	1	MO
neomycin/polymyxin/hydrocortisone otic susp	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
a-hydrocort	1	MO
ACTHAR HP	4	PA MO
cortisone acetate	1	MO
DEPO-MEDROL	2	MO
dexamethasone elix	1	MO
dexamethasone intensol	1	MO
dexamethasone sodium phosphate inj 4mg/ml	1	MO
dexamethasone tabs	1	MO
fludrocortisone acetate	1	MO
hydrocortisone tabs	1	MO
methylprednisolone	1	PA MO
methylprednisolone acetate	1	MO
methylprednisolone dose pack	1	MO
methylprednisolone sodiumsuccinate inj 125mg, 40mg	1	MO
prednisolone sodium phosphate oral soln 25mg/5ml	1	
prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/5ml	1	MO
prednisone intensol	1	MO

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Drug Name	Drug Tier	Require-ments/ Limits
prednisone oral soln	1	MO
prednisone tabs	1	PA MO
SOLU-CORTEF INJ 100MG, 250MG	2	MO
SOLU-MEDROL INJ 2GM	2	
SOLU-MEDROL INJ 125MG, 40MG, 500MG	2	MO
ANTITHYROID AGENTS		
methimazole	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		
acarbose tabs 100mg	1	QL(270 per 90 days) MO
acarbose tabs 50mg	1	QL(540 per 90 days) MO
acarbose tabs 25mg	1	QL(1080 per 90 days) MO
alcohol preps pads	1	MO
BYDUREON	2	PA QL(12 per 84 days) MO
BYETTA INJ 5MCG/0.02ML	2	PA QL(3.6 per 90 days) MO
BYETTA INJ 10MCG/0.04ML	2	PA QL(7.2 per 90 days) MO
CYCLOSET	3	QL(540 per 90 days) MO
GAUZE PADS 2"X2"	2	MO
glimepiride tabs 4mg	1	QL(180 per 90 days) MO
glimepiride tabs 2mg	1	QL(360 per 90 days) MO
glimepiride tabs 1mg	1	QL(720 per 90 days) MO
glipizide er tb24 10mg	1	QL(180 per 90 days) MO
glipizide er tb24 5mg	1	QL(360 per 90 days) MO
glipizide er tb24 2.5mg	1	QL(720 per 90 days) MO
glipizide tabs 10mg	1	QL(360 per 90 days) MO
glipizide tabs 5mg	1	QL(720 per 90 days) MO
glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg	1	QL(360 per 90 days) MO
glipizide/metformin hcl tabs 2.5mg; 250mg	1	QL(720 per 90 days) MO
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	MO
glyburide micronized tabs 6mg	1	QL(180 per 90 days) ST MO
glyburide micronized tabs 3mg	1	QL(360 per 90 days) ST MO
glyburide micronized tabs 1.5mg	1	QL(720 per 90 days) ST MO
glyburide tabs 5mg	1	QL(360 per 90 days) ST MO
glyburide tabs 2.5mg	1	QL(720 per 90 days) ST MO

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Drug Name	Drug Tier	Requirements/ Limits
glyburide tabs 1.25mg	1	QL(1440 per 90 days) ST MO
glyburide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg	1	QL(360 per 90 days) ST MO
glyburide/metformin hcl tabs 1.25mg; 250mg	1	QL(720 per 90 days) ST MO
HUMALOG	2	MO
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 50/50 KWIKPEN	2	MO
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 KWIKPEN	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 PEN	2	MO
HUMULIN N	2	MO
HUMULIN N U-100 PEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONCENTRATED)	2	MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO
INVOKANA TABS 300MG	2	QL(90 per 90 days) MO
INVOKANA TABS 100MG	2	QL(270 per 90 days) MO
JANUMET	2	QL(180 per 90 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	2	QL(90 per 90 days) MO
JANUMET XR TB24 1000MG; 50MG	2	QL(180 per 90 days) MO
JANUVIA	2	QL(90 per 90 days) MO
JUVISYNC	2	QL(90 per 90 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	2	QL(90 per 90 days) MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	2	QL(180 per 90 days) MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXPEN	2	MO
metformin hcl er tb24 1000mg	1	QL(180 per 90 days) MO
metformin hcl er tb24 750mg	1	QL(225 per 90 days) MO
metformin hcl er tb24 500mg	1	QL(360 per 90 days) MO
metformin hcl tabs 1000mg	1	QL(225 per 90 days) MO
metformin hcl tabs 850mg	1	QL(270 per 90 days) MO
metformin hcl tabs 500mg	1	QL(450 per 90 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
nateglinide tabs 120mg	1	QL(270 per 90 days) MO
nateglinide tabs 60mg	1	QL(540 per 90 days) MO
NEEDLES, INSULIN DISP., SAFETY	2	MO
NOVOFINE 30GX8MM	2	MO
NOVOFINE 32GX6MM	2	MO
NOVOFINE AUTOCOVER 30GX8MM	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
ONGLYZA	2	QL(90 per 90 days) MO
pioglitazone hcl	1	QL(90 per 90 days) MO
pioglitazone hcl-glimepiride	1	QL(90 per 90 days) MO
pioglitazone hcl/metformin hcl	1	QL(270 per 90 days) MO
PROGLYCEM	2	MO
RIOMET	2	QL(2295 per 90 days) MO
SYMLINPEN 120	2	PA QL(57 per 90 days) MO
SYMLINPEN 60	2	PA QL(32 per 90 days) MO
tolazamide tabs 500mg	1	QL(180 per 90 days) MO
tolazamide tabs 250mg	1	QL(360 per 90 days) MO
tolbutamide	1	QL(540 per 90 days) MO
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
VICTOZA	2	PA QL(27 per 90 days) MO
MISCELLANEOUS HORMONES		
ALDURAZYME	4	MO
ANDRODERM	2	PA MO
ANDROGEL	2	PA MO
ANDROGEL PUMP	2	PA MO
androxy	2	MO
AXIRON	3	PA MO
cabergoline	1	QL(48 per 84 days) MO
calcitonin-salmon	1	MO
calcitriol caps	1	MO
calcitriol inj	1	MO
calcitriol oral soln	1	MO
CEREZYME INJ 200UNIT	4	MO
chorionic gonadotropin	1	PA MO
danazol	1	MO
desmopressin acetate	1	MO
ELAPRASE	4	MO
FABRAZYME INJ 35MG	4	MO
FORTESTA	3	PA MO
fortical	1	MO
KUVAN	4	LA MO
LUMIZYME	4	LA MO
MYOZYME	4	MO
NAGLAZYME	4	LA MO

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Drug Name	Drug Tier	Require-ments/ Limits
oxandrolone tabs 10mg	4	PA MO
oxandrolone tabs 2.5mg	2	PA MO
pamidronate disodium inj 6mg/ml	1	PA
pamidronate disodium inj 30mg/10ml, 90mg/10ml	1	PA MO
SAMSCA	4	PA QL(180 per 90 days) MO
SENSIPAR TABS 60MG, 90MG	4	MO
SENSIPAR TABS 30MG	2	MO
SOMAVERT	4	LA MO
STIMATE	2	MO
SYNAREL	4	MO
TESTIM	3	PA MO
testosterone cypionate	1	MO
testosterone enanthate	1	MO
ZAVESCA	4	LA MO
ZEMPLAR	2	MO
zoledronic acid inj 4mg/5ml	1	MO
THYROID HORMONES		
levothyroxine sodium tabs	1	MO
levoxyl	1	MO
liothyronine sodium tabs	1	MO
unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine sulfate inj 0.05mg/ml, 0.1mg/ml	1	
glycopyrrolate inj 4mg/20ml	1	MO
glycopyrrolate tabs	1	MO
loperamide hcl caps	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ALOXI	2	QL(30 per 90 days) MO
AMITIZA	2	MO
APRISO	3	MO
ASACOL	2	MO
ASACOL HD	2	MO
balsalazide disodium	1	MO
budesonide cp24	4	MO
CANASA	2	MO
CHENODAL	4	LA PA MO
CIMZIA	4	PA MO
compro	1	MO
constulose	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn sodium conc	1	MO
CYSTADANE	2	MO
DELZICOL	2	MO
DIPENTUM	3	MO
dronabinol caps 10mg	4	PA MO
dronabinol caps 2.5mg, 5mg	1	PA MO
EMEND CAPS	2	PA MO
EMEND INJ	2	MO
enulose	1	MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n/flavor pack	1	MO
generlac	1	MO
granisetron hcl inj 0.1mg/ml, 1mg/ml	1	MO
granisetron hcl tabs	1	PA MO
hydrocortisone enem	1	MO
lactulose	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	4	MO
meclizine hcl tabs	1	MO

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Drug Name	Drug Tier	Require-ments/ Limits
metoclopramide hcl	1	MO
MOVIPREP	3	MO
ondansetron hcl inj 40mg/20ml	1	MO
ondansetron hcl oral soln	1	PA MO
ondansetron hcl tabs 24mg	1	PA
ondansetron hcl tabs 4mg, 8mg	1	PA MO
ondansetron odt	1	PA MO
PENTASA	2	MO
polyethylene glycol 3350 powd	1	MO
prochlorperazine	1	MO
prochlorperazine edisylate	1	MO
prochlorperazine maleate	1	MO
procto-pak	1	MO
proctozone-hc	1	MO
RECTIV	2	MO
RELISTOR	2	MO
REMICADE	4	PA MO
SANCUSO	4	MO
SUCLEAR	2	MO
SUCRAID	4	MO
sulfasalazine tabs	1	MO
sulfazine ec	1	MO
SUPREP BOWEL PREP	2	MO
TRANSDERM-SCOP	2	MO
trilyte	1	MO
UCERIS	4	MO
ursodiol	1	MO
VIOKACE	2	MO
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT, 136000UNIT; 25000UNIT; 85000UNIT, 16000UNIT; 3000UNIT; 10000UNIT, 55000UNIT; 10000UNIT; 34000UNIT, 82000UNIT; 15000UNIT; 51000UNIT	2	MO
ULCER THERAPY		
carafate susp	1	MO
DEXILANT CPDR 60MG	3	ST MO
DEXILANT CPDR 30MG	3	QL(90 per 90 days) ST MO
famotidine inj	1	MO
famotidine premixed	1	
famotidine susr	1	MO
famotidine tabs 20mg, 40mg	1	MO
lansoprazole cpdr 30mg	1	MO
lansoprazole cpdr 15mg	1	QL(90 per 90 days) MO
misoprostol	1	MO
NEXIUM CPDR 40MG	2	MO
NEXIUM CPDR 20MG	2	QL(90 per 90 days) MO
NEXIUM I.V. INJ 20MG	2	
NEXIUM I.V. INJ 40MG	2	MO
NEXIUM PACK 40MG	2	MO
NEXIUM PACK 10MG, 2.5MG, 20MG, 5MG	2	QL(90 per 90 days) MO
nizatidine	1	MO
omeprazole cpdr 40mg	1	MO
omeprazole cpdr 10mg, 20mg	1	QL(90 per 90 days) MO
pantoprazole sodium inj	1	
pantoprazole sodium tbec 40mg	1	MO
pantoprazole sodium tbec 20mg	1	QL(90 per 90 days) MO
PYLERA	2	MO
ranitidine hcl caps	1	MO
ranitidine hcl syrp	1	MO
ranitidine hcl tabs 150mg, 300mg	1	MO
sucralfate	1	MO

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Drug Name	Drug Tier	Require-ments/ Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	MO
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	4	PA MO
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	2	PA MO
ARCALYST	4	PA MO
AVONEX	4	PA QL(12 per 84 days) MO
AVONEX PEN	4	PA QL(12 per 84 days) MO
BETASERON	4	PA QL(45 per 90 days) MO
EPOGEN	3	PA MO
ILARIS	4	LA PA MO
INTRON-A INJ 6000000UNIT/ML	2	MO
INTRON-A W/DILUENT INJ 10MU	2	MO
LEUKINE	4	MO
MOZOBIL	4	MO
NEULASTA	4	PA QL(6 per 90 days) MO
NEUMEGA	4	MO
NEUPOGEN INJ 300MCG/0.5ML, 480MCG/0.8ML, 480MCG/1.6ML	4	PA MO
NORDITROPIN FLEXPRO	4	PA MO
NORDITROPIN NORDIFLEX PEN	4	PA MO
OMNITROPE INJ 5MG/1.5ML	3	PA MO
PEG-INTRON	4	PA QL(12 per 84 days) MO
PEG-INTRON REDIPEN	4	PA QL(12 per 84 days) MO
PEGASYS	4	PA QL(12 per 84 days) MO
PEGASYS PROCLICK	4	PA QL(12 per 84 days) MO
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA MO
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA MO
PROLEUKIN	4	MO
REBIF	4	PA QL(18 per 84 days) MO
REBIF REBIDOSE	4	PA QL(18 per 84 days) MO
REBIF REBIDOSE TITRATION PACK	4	PA QL(36 per 84 days) MO
REBIF TITRATION PACK	4	PA QL(36 per 84 days) MO
SYLATRON	4	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		

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Drug Name	Drug Tier	Require-ments/ Limits
ACTHIB	2	
ADACEL	2	MO
BOOSTRIX	2	MO
BOTOX INJ 100UNIT	2	PA MO
CERVARIX	2	MO
COMVAX	2	MO
DAPTACEL	2	MO
ENGERIX-B INJ 10MCG/0.5ML	2	PA
ENGERIX-B INJ 20MCG/ML	2	PA MO
GAMASTAN S/D	2	MO
GARDASIL	2	MO
HAVRIX INJ 720ELU/0.5ML	2	
HAVRIX INJ 1440ELU/ML	2	MO
IMOVAX RABIES (H.D.C.V.)	2	MO
INFANRIX	2	
IPOL INACTIVATED IPV	2	MO
IXIARO	2	MO
M-M-R II W/DILUENT 10 DOSE	2	MO
MENACTRA	2	MO
MENOMUNE-A/C/Y/W-135	2	MO
MENVEO	2	MO
PEDVAX HIB	2	MO
PRIVIGEN INJ 20GM/200ML	4	PA MO
PROQUAD	2	
RABAVERT	2	MO
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	2	PA MO
ROTATEQ	2	
tetanus toxoid adsorbed	1	MO
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	MO
THYMOGLOBULIN	4	PA
TWINRIX	2	MO
TYPHIM VI	2	
VAQTA INJ 25UNIT/0.5ML	2	MO
VARIVAX	2	MO
YF-VAX	2	MO
ZOSTAVAX	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
COLCRYS	2	MO
probenecid	1	MO
probenecid/colchicine	1	MO
ULORIC	2	ST MO
OSTEOPOROSIS THERAPY		
ACTONEL TABS 150MG	2	QL(3 per 90 days) ST MO
ACTONEL TABS 35MG	2	QL(13 per 90 days) ST MO
ACTONEL TABS 5MG	2	QL(90 per 90 days) ST MO
alendronate sodium oral soln	1	QL(964 per 90 days) MO
alendronate sodium tabs 35mg, 70mg	1	QL(13 per 90 days) MO
alendronate sodium tabs 10mg, 5mg	1	QL(90 per 90 days) MO
ATELVIA	2	QL(13 per 90 days) ST MO
EVISTA	2	MO
FORTEO	4	PA QL(9 per 84 days) MO
FOSAMAX PLUS D	3	QL(13 per 90 days) ST MO
ibandronate sodium	1	QL(3 per 90 days) MO

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Drug Name	Drug Tier	Requirements/ Limits
PROLIA	2	PA MO
OTHER RHEUMATOLOGICALS		
ACTEMRA INJ 200MG/10ML	4	PA MO
BENLYSTA INJ 120MG	2	MO
DEPEN TITRATABS	2	MO
ENBREL	4	PA QL(26 per 90 days) MO
ENBREL SURECLICK	4	PA QL(26 per 90 days) MO
HUMIRA	4	PA QL(13 per 90 days) MO
HUMIRA PEN	4	PA QL(13 per 90 days) MO
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA QL(6 per 180 days) MO
leflunomide	1	QL(90 per 90 days) MO
ORENCIA	4	PA MO
RIDAURA	3	MO
SAVELLA TABS 100MG	2	PA QL(180 per 90 days) MO
SAVELLA TABS 50MG	2	PA QL(360 per 90 days) MO
SAVELLA TABS 25MG	2	PA QL(720 per 90 days) MO
SAVELLA TABS 12.5MG	2	PA QL(1440 per 90 days) MO
SAVELLA TITRATION PACK	2	PA QL(1 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits
SIMPONI	4	PA MO
XELJANZ	4	PA MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	1	MO
CLIMARA PRO	2	QL(13 per 90 days) MO
COMBIPATCH	2	MO
CRINONE GEL 4%	3	MO
CRINONE GEL 8%	3	PA MO
DEPO-PROVERA	2	MO
DEPO-SUBQ PROVERA 104	3	MO
errin	1	MO
ESTRACE CREA	2	MO
estradiol tabs	1	MO
estradiol valerate inj 20mg/ml, 40mg/ml	1	MO
estradiol/norethindrone acetate	1	MO
ESTRING	3	MO
estropipate	1	MO
jinteli	1	MO
jolivette	1	MO
medroxyprogesterone acetate	1	MO
MENEST	3	MO
nora-be	1	MO
norethindrone acetate	1	MO
PREFEST	3	MO
PREMARIN CREA	2	MO
PREMARIN TABS	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
progesterone caps	1	MO
VAGIFEM	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN SUPP	2	MO
clindamycin phosphate crea	1	MO

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Drug Name	Drug Tier	Require-ments/ Limits
metronidazole vaginal	1	MO
miconazole 3	1	MO
NUVARING	3	MO
ORTHO EVRA	3	MO
terconazole	1	MO
tranexamic acid tabs	1	MO
vandazole	1	MO
zazole crea 0.4%	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
amethia	1	MO
amethyst	1	MO
apri	1	MO
aranelle	1	MO
aviane	1	MO
balziva	1	MO
briellyn	1	MO
cryselle-28	1	MO
cyclafem 1/35	1	MO
cyclafem 7/7/7	1	MO
drospirenone/ethinyl estradiol	1	MO
ELLA	2	MO
emoquette	1	MO
enpresse-28	1	MO
gianvi	1	MO
gildagia	1	MO
introvale	1	MO
junel 1.5/30	1	MO
junel 1/20	1	MO
junel fe 1.5/30	1	MO
junel fe 1/20	1	MO
kariva	1	MO
kelnor 1/35	1	MO
leena	1	MO
lessina	1	MO
levonest	1	MO

Drug Name	Drug Tier	Require-ments/ Limits
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	1	MO
levora 0.15/30-28	1	MO
loryna	1	MO
low-ogestrel	1	MO
lutera	1	MO
marlissa	1	MO
microgestin 1.5/30	1	MO
microgestin 1/20	1	MO
microgestin fe	1	MO
microgestin fe 1.5/30	1	MO
mononessa	1	MO
necon 0.5/35-28	1	MO
necon 1/35	1	MO
necon 10/11-28	1	MO
necon 7/7/7	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35	1	MO
nortrel 7/7/7	1	MO
ocella	1	MO
ogestrel	1	MO
orsythia	1	MO
portia-28	1	MO
previfem	1	MO
quasense	1	MO
reclipsen	1	MO
sprintec 28	1	MO
sronyx	1	MO
tri-legest fe	1	MO
tri-previfem	1	MO
tri-sprintec	1	MO
trinessa	1	MO
trivora-28	1	MO
velivet	1	MO
zenchent fe	1	MO
zovia 1/35e	1	MO
zovia 1/50e	1	MO

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Drug Name	Drug Tier	Require-ments/ Limits
OXYTOCICS		
methylergonovine maleate tabs	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin ophthalmic oint	1	MO
bacitracin/polymyxin b	1	MO
BESIVANCE	2	MO
CILOXAN OINT	2	MO
ciprofloxacin hcl	1	MO
erythromycin oint	1	MO
gentak oint	1	MO
gentamicin sulfate ophthalmic soln	1	MO
levofloxacin	1	MO
NATACYN	2	MO
neomycin/bacitracin/polymyxin	1	MO
neomycin/polymyxin/gramicidin	1	MO
ofloxacin	1	MO
tobramycin sulfate ophthalmic soln	1	MO
TOBREX OINT	2	MO
trimethoprim sulfate/polymyxin b sulfate	1	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
betaxolol hcl	1	MO
carteolol hcl	1	MO
levobunolol hcl ophthalmic soln 0.5%	1	MO
metipranolol	1	MO
timolol maleate	1	MO
timolol maleate ophthalmic gel forming	1	MO
DIRECT ACTING MIOTICS		
PILOPINE HS	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
azelastine hcl ophthalmic soln	1	MO
BEPREVE	2	MO
cromolyn sodium ophthalmic soln	1	MO
CYSTARAN	4	MO
epinastine hcl	1	MO
LACRISERT	2	MO
LASTACAFT	2	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	QL(180 per 90 days) MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
BROMDAY	2	MO
bromfenac	1	MO
diclofenac sodium	1	MO
flurbiprofen sodium	1	MO
ILEVRO	2	MO
ketorolac tromethamine ophthalmic soln	1	MO
NEVANAC	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide er	1	MO
acetazolamide sodium	1	
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
COMBIGAN	2	MO
dorzolamide hcl	1	MO
dorzolamide hcl/timolol maleate	1	MO
latanoprost	1	MO
LUMIGAN	2	MO
TRAVATAN Z	2	MO
travoprost	1	MO

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Drug Name	Drug Tier	Require-ments/ Limits
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin/polymyxin/bacitracin/hydrocortisone	1	MO
neomycin/polymyxin/dexamethasone	1	MO
neomycin/polymyxin/hydrocortisone ophthalmic susp	1	MO
tobramycin/dexamethasone	1	MO
ZYLET	2	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
sulfacetamide sodium/prednisolone sodium phosphate	1	MO
STEROIDS		
ALREX	2	MO
dexamethasone sodium phosphate ophthalmic soln	1	MO
FML	2	MO
FML FORTE	2	MO
LOTEMAX	2	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic soln	1	MO
SULFONAMIDES		
BLEPH-10	2	MO
sodium sulfacetamide ophthalmic soln	1	MO
sulfacetamide sodium oint	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC SOLN 0.1%	2	MO
apraclonidine	1	MO
brimonidine tartrate	1	MO
IOPIDINE OPHTHALMIC SOLN 1%	3	MO
VASOCONSTRICTOR DECONGESTANTS		
naphazoline hcl	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
arbinoxa liqd	1	MO
carbinoxamine maleate	1	MO
cetirizine hcl syrp	1	MO
clemastine fumarate tabs 2.68mg	1	MO
cyproheptadine hcl tabs	1	MO
desloratadine	1	QL(90 per 90 days) MO
desloratadine odt	1	QL(90 per 90 days) MO
EPIPEN 2-PAK	2	QL(12 per 90 days) MO
EPIPEN-JR 2-PAK	2	QL(12 per 90 days) MO
hydroxyzine hcl inj	1	MO
hydroxyzine hcl oral soln	1	PA MO
hydroxyzine hcl tabs	1	PA MO
levocetirizine dihydrochloride oral soln	1	MO
levocetirizine dihydrochloride tabs	1	QL(90 per 90 days) MO
palgic liqd	1	MO
phenadoz supp 12.5mg	1	MO
promethazine hcl inj 25mg/ml	1	
promethazine hcl inj 50mg/ml	1	MO
promethazine hcl supp	1	MO
promethazine hcl syrp	1	PA MO
promethazine hcl tabs	1	PA MO
promethegan supp 25mg, 50mg	1	MO
PULMONARY AGENTS		
acetylcysteine inhalation soln	1	PA MO

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Drug Name	Drug Tier	Require-ments/ Limits
ADCIRCA	4	PA QL(180 per 90 days) MO
ADVAIR DISKUS	2	QL(360 per 90 days) MO
ADVAIR HFA	2	QL(36 per 90 days) MO
albuterol sulfate er	1	MO
albuterol sulfate nebu	1	PA MO
albuterol sulfate syrp	1	MO
albuterol sulfate tabs	1	MO
ALVESCO AERS 80MCG/ACT	3	QL(18.3 per 90 days) MO
ALVESCO AERS 160MCG/ACT	3	QL(36.6 per 90 days) MO
ARCAPTA NEOHALER	3	QL(90 per 90 days) MO
ASMANEX 120 METERED DOSES	2	QL(720 per 90 days) MO
ASMANEX 30 METERED DOSES	2	QL(180 per 90 days) MO
ASMANEX 60 METERED DOSES	2	QL(360 per 90 days) MO
ATROVENT HFA	2	QL(77.4 per 90 days) MO
budesonide susp	1	PA MO
CINRYZE	4	PA MO
COMBIVENT	2	QL(88.2 per 90 days) MO
COMBIVENT RESPIMAT	2	QL(24 per 90 days) MO

Drug Name	Drug Tier	Require-ments/ Limits
cromolyn sodium nebu	1	PA MO
DALIRESP	2	PA MO
DULERA	2	QL(39 per 90 days) MO
ELIXOPHYLLIN	3	MO
FIRAZYR	4	PA MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	2	QL(360 per 90 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL(900 per 90 days) MO
FLOVENT HFA AERO 44MCG/ACT	2	QL(31.8 per 90 days) MO
FLOVENT HFA AERO 110MCG/ACT	2	QL(36 per 90 days) MO
FLOVENT HFA AERO 220MCG/ACT	2	QL(72 per 90 days) MO
flunisolide nasal soln 29mcg/act	1	QL(150 per 90 days) MO
fluticasone propionate susp	1	QL(48 per 90 days) MO
FORADIL AEROLIZER	2	QL(180 per 90 days) MO
ipratropium bromide inhalation soln	1	PA MO
ipratropium bromide/albuterol sulfate	1	PA MO
KALYDECO	4	MO
LETAIRIS	4	LA PA MO
levalbuterol	1	PA MO
levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml	1	PA MO
metaproterenol sulfate	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
montelukast sodium	1	MO
NASONEX	2	QL(153 per 90 days) MO
PERFOROMIST	2	PA MO
PROAIR HFA	2	QL(51 per 90 days) MO
PULMICORT FLEXHALER AEPB 90MCG/ACT	2	QL(3 per 90 days) MO
PULMICORT FLEXHALER AEPB 180MCG/ACT	2	QL(6 per 90 days) MO
PULMICORT SUSP 1MG/2ML	2	PA MO
PULMOZYME	4	PA MO
QVAR	2	QL(65.7 per 90 days) MO
REVATIO INJ	4	PA MO
RHINOCORT AQUA	3	QL(51.6 per 90 days) MO
SEREVENT DISKUS	2	QL(180 per 90 days) MO
sildenafil citrate	1	PA QL(270 per 90 days) MO
SPIRIVA HANDIHALER	2	QL(180 per 90 days) MO
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	2	QL(20.7 per 90 days) MO
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	2	QL(30.6 per 90 days) MO
terbutaline sulfate	1	MO
theophylline cr	1	MO
theophylline er tb12 300mg, 450mg	1	MO
theophylline er tb24	1	MO
TRACLEER	4	LA PA MO
triamcinolone acetonide inha	1	QL(49.5 per 90 days) MO
TUDORZA PRESSAIR	2	QL(3 per 90 days) MO
TYVASO	4	PA MO
XOLAIR	4	LA PA QL(18 per 84 days) MO
zafirlukast	1	MO
ZYFLO	3	MO
ZYFLO CR	3	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
DETROL LA	2	MO
ENABLEX	2	MO
flavoxate hcl	1	MO
GELNIQUE GEL 10%	2	QL(90 per 90 days) MO
GELNIQUE GEL 3%	2	QL(552 per 90 days) MO
MYRBETRIQ	2	MO
oxybutynin chloride	1	MO
oxybutynin chloride er	1	MO
tolterodine tartrate	1	MO
TOVIAZ	2	MO
trospium chloride	1	MO
trospium chloride er	1	MO
VESICARE	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin hcl er	1	MO
AVODART	2	MO
finasteride tabs 5mg	1	MO

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Drug Name	Drug Tier	Requirements/ Limits
JALYN	2	MO
RAPAFLO	2	ST MO
tamsulosin hcl	1	MO
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	MO
MISCELLANEOUS UROLOGICALS		
CIALIS TABS 2.5MG, 5MG	2	PA QL(90 per 90 days) MO
CYSTAGON	2	LA MO
ELMIRON	2	MO
potassium citrate tbcr	1	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate caps	1	MO
dextrose 5%/potassium chloride 0.15%	1	
eliphos	1	MO
K-TABS	3	MO
kcl 0.075%/d5w/nacl 0.45%	1	
kcl 0.15%/d5w/lr	1	MO
kcl 0.15%/d5w/nacl 0.2%	1	MO
kcl 0.15%/d5w/nacl 0.225%	1	MO
kcl 0.15%/d5w/nacl 0.9%	1	
kcl 0.3%/d5w/nacl 0.45%	1	
kcl 0.3%/d5w/nacl 0.9%	1	
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
lactated ringers viaflex	1	MO
magnesium sulfate inj 50%	1	MO
NORMOSOL-R IN D5W	2	
potassium chloride 0.15% /nacl 0.45% viaflex	1	
potassium chloride 0.15% d5w/nacl 0.33%	1	
potassium chloride 0.15% d5w/nacl 0.45% viaflex	1	MO
potassium chloride 0.15% nacl 0.9%	1	
potassium chloride 0.22% d5w/nacl 0.45%	1	
potassium chloride 0.3%/ nacl 0.9%	1	
potassium chloride 0.3%/d5w	1	
potassium chloride er cpcr	1	MO
potassium chloride er tbcr 10meq, 20meq	1	MO
potassium chloride inj 10meq/100ml, 20meq/100ml, 30meq/100ml, 40meq/100ml	1	
potassium chloride inj 2meq/ml	1	MO
ringers injection	1	
sodium chloride 0.45% viaflex	1	MO
sodium chloride inj 5%	1	
sodium chloride inj 2.5meq/ml, 3%	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II	2	
AMINOSYN II 8.5%/ELECTROLYTES	2	
AMINOSYN-HBC	2	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
CLINIMIX 2.75%/DEXTROSE 5%	2	
CLINIMIX 4.25%/DEXTROSE 10%	2	
CLINIMIX 4.25%/DEXTROSE 20%	2	
CLINIMIX 4.25%/DEXTROSE 25%	2	
CLINIMIX 5%/DEXTROSE 15%	2	

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Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 5%/DEXTROSE 20%	2	
CLINIMIX 5%/DEXTROSE 25%	2	
CLINISOL SF 15%	2	MO
FREAMINE III INJ 72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML	2	MO
HEPATAMINE	2	
HEPATASOL	2	
INTRALIPID INJ 1.7%; 30%	2	
intralipid inj 2.25%; 20%	1	MO
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
liposyn iii inj 1.2%; 2.5%; 10%	1	
NEPHRAMINE	2	
NORMOSOL-R	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-56/D5W	2	
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	2	
premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	1	
travasol	2	
TROPHAMINE	2	
VITAMINS / HEMATINICS		
prenatabs obn	1	
sodium fluoride tabs	1	

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