



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

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

Formulary ID Number: 20077, v6

This formulary was updated on 08/21/2019. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare® (PDP)** Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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

When this drug list (formulary) refers to "we," "us" or "our," it means *Medco Containment Life Insurance Company* or *Medco Containment Insurance Company of New York (for employer plans domiciled in New York)*. When it refers to "plan" or "our plan," it means *Express Scripts Medicare*.

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 21, 2019. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2021. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

What is the Express Scripts Medicare formulary?

The list of drugs covered by the plan is also known as the “formulary.” It contains a list of 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 **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?

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

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

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

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

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

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

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 67. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not 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 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 a one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. After your first refill of a one-month supply, we will not pay for these drugs, even if you have been a plan member less than 90 days.

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

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

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 67.

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 below explains what types of drugs are included in each tier and shows how costs may change with each tier.

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

Drug Tiers

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

If you qualify for Extra Help

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

For more information

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

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

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

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

Note: The following drug list includes all possible restrictions and limitations. **Depending on your plan’s specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan’s specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at **[express-scripts.com](https://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
<i>caspofungin</i>	4	PA
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	4	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole oral</i>	1	MO
MYCAMINE	4	MO
NOXAFIL ORAL	4	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>terbinafine hcl oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral</i>	4	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	4	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	1	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	MO
<i>atazanavir oral capsule 300 mg</i>	4	MO
ATRIPLA	4	MO
BARACLUDE ORAL SOLUTION	4	MO
BIKTARVY	4	MO
CIMDUO	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 express-scripts.com.

Drug Name	Drug Tier	Requirements /Limits
COMPLERA	4	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO
DOVATO	4	MO
EDURANT	4	MO
<i>efavirenz oral capsule 200 mg</i>	4	MO
<i>efavirenz oral capsule 50 mg</i>	1	MO
<i>efavirenz oral tablet</i>	4	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPCLUSA	4	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EVOTAZ	4	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
GENVOYA	4	MO

Drug Name	Drug Tier	Requirements /Limits
HARVONI	4	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	2	MO
INVIRASE ORAL TABLET	4	MO
ISENTRESS HD	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	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
<i>lopinavir-ritonavir</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
ODEFSEY	4	MO
<i>oseltamivir</i>	1	MO
PIFELTRO	4	MO
PREVYMIS ORAL	4	MO; QL (30 per 30 days)
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR ORAL TABLET	2	MO
REYATAZ ORAL POWDER IN PACKET	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	4	MO
<i>ribasphere ribapak oral tablets, dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
<i>stavudine oral capsule</i>	1	MO
STRIBILD	4	MO
SYMFI	4	MO
SYMFI LO	4	MO
SYMTUZA	4	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO
TRIUMEQ	4	MO
TRUVADA	4	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir</i>	4	MO
VEMLIDY	4	MO
VIDEX 4 GRAM PEDIATRIC	2	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 125 MG	3	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 200 MG	2	MO
VIRACEPT ORAL TABLET	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
XOFLUZA	2	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime injection</i>	1	MO
<i>cefixime oral suspension for reconstitution</i>	1	MO
<i>cefotetan injection</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin</i>	1	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
TEFLARO	4	MO

Drug Name	Drug Tier	Requirements /Limits
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	1	MO
<i>azithromycin oral tablet 500 mg (3 pack)</i>	1	
<i>clarithromycin</i>	1	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	MO
<i>erythromycin oral tablet</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	MO
ALINIA ORAL TABLET	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
ARIKAYCE	4	PA; MO; LA
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO
BENZNIDAZOLE	2	
BETHKIS	4	PA; MO; QL (224 per 28 days)
CAYSTON	4	PA; MO; LA; QL (84 per 28 days)
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
DARAPRIM	4	PA; MO
EMVERM	4	MO
<i>ertapenem</i>	1	MO
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
<i>isoniazid oral</i>	1	MO
<i>ivermectin</i>	1	MO
<i>linezolid in dextrose 5%</i>	4	
<i>linezolid oral suspension for reconstitution</i>	4	MO
<i>linezolid oral tablet</i>	1	MO
<i>mefloquine</i>	1	MO
<i>meropenem</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral</i>	1	MO
NEBUPENT	2	PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	3	MO
<i>polymyxin b sulfate</i>	1	MO
<i>praziquantel</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
<i>pyrazinamide</i>	1	MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
SIRTURO	4	MO; LA
STREPTOMYCIN	2	MO
<i>tigecycline</i>	4	
<i>tinidazole</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR	2	MO
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	MO
<i>vancomycin oral capsule 125 mg</i>	1	MO
<i>vancomycin oral capsule 250 mg</i>	4	MO
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	4	MO

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>	1	MO
<i>oxacillin injection recon soln 1 gram</i>	1	
<i>oxacillin injection recon soln 10 gram</i>	4	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	2	MO
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO
QUINOLONES		
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin intravenous</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sodium chloride(iso)</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>monodoxyne nl oral capsule 100 mg, 75 mg</i>	1	MO
<i>morgidox oral capsule 50 mg</i>	1	MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN ORAL SYRUP	2	MO
URINARY TRACT AGENTS		

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Drug Name	Drug Tier	Requirements /Limits
<i>methenamine hippurate</i>	1	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium oral</i>	1	MO
MESNEX ORAL	4	MO
XGEVA	4	PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone</i>	4	PA; MO; QL (120 per 30 days)
AFINITOR	4	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	4	PA; MO
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 30 MG	4	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	1	MO
<i>azathioprine</i>	1	PA; MO
BALVERSA	4	PA; MO; LA
<i>bexarotene</i>	4	PA; MO
<i>bicalutamide</i>	1	MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; MO; LA; QL (180 per 30 days)
CABOMETYX	4	PA; MO; LA
CALQUENCE	4	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; MO; LA; QL (30 per 30 days)
COMETRIQ	4	PA; MO
COPIKTRA	4	PA; MO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	1	PA; MO
<i>cyclosporine modified</i>	1	PA; MO
<i>cyclosporine oral capsule</i>	1	PA; MO
DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
DROXIA	2	MO
EMCYT	4	MO
ENVARBUS XR	3	PA; MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERLEADA	4	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>exemestane</i>	1	MO
FARYDAK	4	PA; MO; QL (6 per 21 days)

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PA; MO
<i>flutamide</i>	1	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	PA; MO
<i>gengraf oral solution</i>	1	PA; MO
GILOTRIF	4	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)
IDHIFA	4	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet 100 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	4	PA; MO; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
IRESSA	4	PA; MO; QL (30 per 30 days)
JAKAFI	4	PA; MO; QL (60 per 30 days)
KISQALI	4	PA; MO
KISQALI FEMARA CO-PACK	4	PA; MO
LENVIMA	4	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LONSURF	4	PA; MO
LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days)
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
LYNPARZA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
LYSODREN	2	MO
MATULANE	4	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
MEKTOVI	4	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO
NERLYNX	4	PA; MO; LA
NEXAVAR	4	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	4	MO
NINLARO	4	PA; MO; QL (3 per 28 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)
PIQRAY	4	PA; MO
POMALYST	4	PA; MO; LA
PROGRAF ORAL GRANULES IN PACKET	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
PURIXAN	4	
REVLIMID	4	PA; MO; LA; QL (28 per 28 days)
RUBRACA	4	PA; MO; LA; QL (120 per 30 days)
RYDAPT	4	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SIGNIFOR	4	MO
<i>sirolimus oral solution</i>	4	PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	PA; MO
<i>sirolimus oral tablet 2 mg</i>	4	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	4	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
SUTENT	4	PA; MO; QL (30 per 30 days)
SYNRIBO	4	PA; MO
TABLOID	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus oral</i>	1	PA; MO
TAFINLAR	4	PA; MO; QL (120 per 30 days)
TAGRISSE	4	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	4	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARGRETIN TOPICAL	4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
THALOMID	4	PA; MO
TIBSOVO	4	PA; MO
<i>toremifene</i>	4	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (chemotherapy)</i>	4	MO
TYKERB	4	PA; MO; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 10 MG, 50 MG	2	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; MO; LA
VENCLEXTA STARTING PACK	4	PA; MO; LA; QL (42 per 30 days)
VERZENIO	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	4	PA; MO; QL (30 per 30 days)
VOTRIENT	4	PA; MO; QL (120 per 30 days)
XALKORI	4	PA; MO; QL (60 per 30 days)
XATMEP	3	PA; MO
XERMELO	4	PA; MO; LA; QL (90 per 30 days)
XOSPATA	4	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
XTANDI	4	PA; MO; QL (120 per 30 days)
YONSA	4	PA; MO; QL (120 per 30 days)
ZEJULA	4	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZOLINZA	4	MO
ZORTRESS	4	PA; MO
ZYDELIG	4	PA; MO; QL (60 per 30 days)
ZYKADIA	4	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	4	MO
BANZEL	4	MO
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	4	MO

<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>clobazam oral tablet 20 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIASTAT	3	MO

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Drug Name	Drug Tier	Requirements /Limits
DIASTAT ACUDIAL	3	MO
DILANTIN 30 MG	2	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	4	PA; MO; LA
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate oral suspension</i>	4	MO
<i>felbamate oral tablet</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	MO
FYCOMPA ORAL TABLET	2	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GRALISE 30-DAY STARTER PACK	2	PA; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>lamotrigine oral tablets, dose pack</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	2	MO; QL (900 per 30 days)
<i>oxcarbazepine</i>	1	MO
PEGANONE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital</i>	1	PA; MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>primidone</i>	1	MO
<i>roweepra</i>	1	MO
<i>roweepra xr</i>	1	MO
SPRITAM	3	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>vigabatrin</i>	4	MO; LA
<i>vigadrone</i>	4	MO; LA
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>zonisamide</i>	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	4	MO; LA
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
NEUPRO	2	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	4	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (3 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	4	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	4	PA; MO
<i>donepezil</i>	1	MO
FIRDAPSE	4	PA; MO; LA
<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMZARIC	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
NUEDEXTA	4	PA; MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	4	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10 mg, 20 mg</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
<i>dantrolene</i>	1	MO
<i>pyridostigmine bromide oral syrup</i>	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>tizanidine</i>	1	MO

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)

<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	PA; MO; QL (4 per 28 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	4	PA; MO; QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (150 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	1	MO; QL (360 per 30 days)
<i>lorcet hd</i>	1	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	1	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	1	QL (400 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral capsule,extend.released pellets</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<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, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol tartrate nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>naloxone</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	1	MO
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	4	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA	4	MO
ARISTADA INITIO	4	MO
<i>armodafinil</i>	1	PA; MO
<i>atomoxetine</i>	1	MO
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine</i>	1	MO
<i>diazepam oral concentrate</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral</i>	1	MO
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EMSAM	4	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO
<i>guanidine</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
HETLIOZ	4	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO
INVEGA TRINZA	4	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
<i>metadate er</i>	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
<i>molindone</i>	1	
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	1	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
<i>perphenazine</i>	1	MO
PERSERIS	4	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
REXULTI	4	MO; QL (30 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
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS	4	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	4	
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
XYREM	4	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>mexiletine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>propafenone</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet 120 mg</i>	1	MO
<i>sotalol oral</i>	1	MO
SOTYLIZE	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiiazid</i>	1	MO
<i>atenolol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	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
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
DEMSER	4	PA; MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr</i>	1	MO
<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)
EDARBI	2	MO
EDARBYCLOR	2	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>eprosartan</i>	1	MO
<i>ethacrynic acid</i>	4	MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>matzim la</i>	1	MO
<i>methyclothiazide</i>	1	MO
<i>methyl dopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	4	PA; MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<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
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	1	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	1	MO
<i>torse mide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	4	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>verapamil oral</i>	1	MO
COAGULATION THERAPY		
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	4	PA; MO; LA
<i>cilostazol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	4	PA; MO; LA
DOPTELET (15 TAB PACK)	4	PA; MO; LA
ELIQUIS	2	MO
<i>enoxaparin subcutaneous syringe</i>	1	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>jantoven</i>	1	MO
MULPLETA	4	PA; MO
<i>pentoxifylline</i>	1	MO
PRADAXA	3	MO
<i>prasugrel</i>	1	MO
PROMACTA	4	PA; MO; LA
<i>warfarin</i>	1	MO
XARELTO	2	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO
<i>colesevelam</i>	1	MO
<i>colestipol oral packet</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline)</i>	1	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>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>gemfibrozil</i>	1	MO
JUXTAPID	4	PA; MO; LA
LIVALO	2	MO; QL (30 per 30 days)
<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)
<i>niacin oral tablet extended release 24 hr</i>	1	MO
PRALUENT PEN	2	PA; MO; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder in packet</i>	1	MO
REPATHA	2	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	2	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	2	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA; MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	2	MO
<i>ranolazine</i>	1	MO
VECAMYL	4	
VYNDAQEL	4	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide dinitrate oral tablet extended release</i>	1	
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 25 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>acitretin oral capsule 17.5 mg</i>	4	MO
<i>calcipotriene</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	1	MO
COSENTYX (2 SYRINGES)	4	PA; MO
COSENTYX PEN (2 PENS)	4	PA; MO
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
STELARA	4	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	MO
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	4	MO; QL (45 per 30 days)
DUPIXENT	4	PA; MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>imiquimod topical cream in packet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>methoxsalen</i>	4	MO
PANRETIN	4	MO
PICATO	4	MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	1	MO
<i>prudoxin</i>	1	MO; QL (45 per 30 days)
REGRANEX	4	MO
SANTYL	2	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TOLAK	3	MO
VALCHLOR	4	MO
THERAPY FOR ACNE		
<i>amnestem</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>azelaic acid</i>	1	MO
<i>claravis</i>	1	MO
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>dapsone topical</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin</i>	1	
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
<i>myorisan</i>	1	MO
<i>tazarotene</i>	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	2	PA; MO
TAZORAC TOPICAL GEL	2	PA; MO
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	1	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO; QL (30 per 30 days)
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
KERYDIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	2	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO
XERESE	3	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	1	MO
<i>alclometasone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
CAPEX	2	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
<i>desonide</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinolone topical cream</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone topical solution</i>	1	MO
<i>fluocinonide topical cream 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical lotion</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 2.5 %</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>nolix topical cream</i>	1	QL (120 per 30 days)
<i>prednicarbate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm topical cream 0.1 %</i>	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin topical cream</i>	1	MO
SKLICE	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	MO; LA
CARBAGLU	4	PA; MO; LA
<i>cevimeline</i>	1	MO
CHEMET	2	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox</i>	4	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose with sodium chloride</i>	1	
<i>disulfiram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
FERRIPROX	4	PA; MO
INCRELEX	4	MO; LA
<i>kionex (with sorbitol)</i>	1	MO
<i>lanthanum</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LOKELMA	4	MO
<i>midodrine</i>	1	MO
NORTHERA	4	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	PA; LA
ORFADIN ORAL CAPSULE 20 MG	4	PA; MO; LA
ORFADIN ORAL SUSPENSION	4	PA; MO; LA
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	4	LA
PROLASTIN-C INTRAVENOUS SOLUTION	4	MO; LA
RAVICTI	4	PA; MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sevelamer carbonate oral tablet</i>	1	MO
<i>sevelamer hcl</i>	1	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	4	PA; MO
<i>sodium polystyrene sulfonate oral</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
THIOLA	4	MO
<i>trientine</i>	4	PA; MO
VELTASSA	2	MO
XURIDEN	4	MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO; QL (30 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	2	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>millipred oral tablet</i>	1	PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	PA; MO
<i>prednisone intensol</i>	1	PA; MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral tablets,dose pack</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	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)
ALCOHOL PADS	2	MO
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
CYCLOSET	3	MO; QL (180 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	2	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO

Drug Name	Drug Tier	Requirements /Limits
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO

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Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET	2	MO; QL (60 per 30 days)
INVOKAMET XR	2	MO; QL (60 per 30 days)
INVOKANA	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (30 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
OMNIPOD INSULIN MANAGEMENT	2	MO
ONGLYZA	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
PROGLYCEM	2	MO
QTERN ORAL TABLET 10-5 MG	2	MO; QL (30 per 30 days)
QTERN ORAL TABLET 5-5 MG	2	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	1	MO; QL (150 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	MO
STEGLATRO	2	MO; QL (30 per 30 days)
SYMLINPEN 120	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	4	PA; MO; QL (6 per 30 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>tolbutamide</i>	1	MO; QL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	

Drug Name	Drug Tier	Requirements /Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	MO
TRUEPLUS PEN NEEDLE	2	MO
TRULICITY	2	PA; MO; QL (2 per 28 days)
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	4	MO; QL (15 per 30 days)

MISCELLANEOUS HORMONES

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Drug Name	Drug Tier	Requirements /Limits
ANDRODERM	2	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol oral</i>	1	MO
CERDELGA	4	MO
<i>cinacalcet oral tablet 30 mg</i>	1	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	4	MO
<i>danazol</i>	1	MO
DDAVP NASAL SOLUTION	2	MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol oral</i>	1	MO
KORLYM	4	PA; MO
KUVAN	4	PA; MO
<i>methyltestosterone oral capsule</i>	4	MO
<i>miglustat</i>	4	MO; LA
MYALEPT	4	PA; MO; LA
NATPARA	4	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days)
<i>paricalcitol oral</i>	1	MO
SAMSCA	4	PA; MO
SOMAVERT	4	MO
STIMATE	2	MO
SYNAREL	4	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)

THYROID HORMONES

<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine oral</i>	1	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>loperamide oral capsule</i>	1	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	4	MO
<i>aprepitant</i>	1	PA; MO
APRISO	3	MO
<i>balsalazide</i>	1	MO
<i>budesonide oral capsule, delayed, extended release</i>	1	MO
<i>budesonide oral tablet, delayed and extended release</i>	4	MO
CHENODAL	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
CIMZIA	4	PA; MO
CIMZIA POWDER FOR RECONST	4	PA; MO
<i>colocort</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	4	
DIPENTUM	4	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	PA; MO
<i>enulose</i>	1	MO
GATTEX 30-VIAL	4	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron hcl oral</i>	1	PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl oral</i>	1	MO
MOVANTIK	2	MO
MOVIPREP	3	MO
OICALIVA	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	PA; MO
<i>ondansetron hcl oral solution</i>	1	PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-electrolyte</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	4	MO
RELISTOR SUBCUTANEOUS SYRINGE	4	MO
REMICADE	4	PA; MO
SANCUSO	4	MO
<i>scopolamine base</i>	1	MO
SUCRAID	4	PA; MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	2	MO
SYMPROIC	2	MO
<i>trilyte with flavor packets</i>	1	MO
TRULANCE	2	MO
<i>ursodiol</i>	1	MO
VARUBI INTRAVENOUS	2	
VARUBI ORAL	2	PA; MO
VIBERZI	4	MO
VIOKACE	2	MO

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO
ULCER THERAPY		
<i>amoxicil- clarithromy- lansopraz</i>	1	MO; QL (112 per 30 days)
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	3	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>nizatidine</i>	1	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</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
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; MO
ARCALYST	4	PA; MO
AVONEX (WITH ALBUMIN)	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
FULPHILA	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GRANIX	4	PA; MO
INTRON A INJECTION RECON SOLN	4	PA; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	2	PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	4	PA; MO
LEUKINE INJECTION RECON SOLN	4	PA; MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN	4	PA; MO
NORDITROPIN FLEXPPO	4	PA; MO
OMNITROPE	4	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
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 (4.2 per 180 days)
REBIF TITRATION PACK	4	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO
SYLATRON	4	MO
ZARXIO	4	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT) (PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BOOSTRIX TDAP	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGRIX-B (PF) INTRAMUSCULA R SYRINGE	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
GARDASIL 9 (PF)	2	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOVAX	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO

Drug Name	Drug Tier	Requirements /Limits
MENVEO A-C-Y- W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	2	MO
TDVAX	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF)	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
COLCRYS	2	MO
MITIGARE	2	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
ULORIC	2	ST; MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
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Drug Name	Drug Tier	Requirements /Limits
<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)
FORTEO	4	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TYMLOS	4	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

ACTEMRA	4	PA; MO
ACTEMRA ACTPEN	4	PA; MO; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS	4	PA; MO
DEPEN TITRATABS	4	MO

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Drug Name	Drug Tier	Requirements /Limits
ENBREL MINI	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	4	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	4	PA; MO; QL (6 per 180 days)
HUMIRA PEN	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ORENCIA	4	PA; MO
ORENCIA (WITH MALTOSE)	4	PA; MO
ORENCIA CLICKJECT	4	PA; MO
OTEZLA	4	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	4	PA
<i>penicillamine</i>	4	MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	MO
RIDAURA	4	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SIMPONI	4	PA; MO
XELJANZ	4	PA; MO; QL (60 per 30 days)
XELJANZ XR	4	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	1	MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane</i>	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	MO
DEPO-SUBQ PROVERA 104	3	MO
<i>dotti</i>	1	PA; QL (8 per 28 days)
DUAVEE	2	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	2	MO
<i>incassia</i>	1	MO
<i>jolivette</i>	1	MO
<i>lyza</i>	1	MO
<i>medroxyprogesterone</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>norlyroc</i>	1	
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	MO
MISCELLANEOUS OB/GYN		

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN VAGINAL SUPPOSITORY	2	MO
<i>clindamycin phosphate vaginal</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra</i>	1	MO
<i>aviane</i>	1	MO
<i>caziant (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>cyred</i>	1	MO
<i>delyla (28)</i>	1	
<i>desog-e.estradiol/e.estradiol</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-ethinyl estradiol</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
<i>gianvi (28)</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>juleber</i>	1	MO
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>levora-28</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>luteria (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>orsythia</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO
<i>portia 28</i>	1	MO
<i>previfem</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	2	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
BESIVANCE	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO

<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	1	MO
<i>moxifloxacin ophthalmic (eye)</i>	1	MO
NATACYN	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO

ANTIVIRALS

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

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye)</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
BEPREVE	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	4	PA; MO
<i>epinastine</i>	1	MO
LASTACAFT	3	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	4	PA; MO
PAZEO	2	MO
PHOSPHOLINE IODIDE	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide-prednisolone</i>	1	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
BROMSITE	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	2	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	1	MO
COMBIGAN	2	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	2	MO
SIMBRINZA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TRAVATAN Z	2	MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO
ZYLET	2	MO
STEROIDS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		

Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	2	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
EPIPEN 2-PAK	2	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine oral</i>	1	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	PA; MO
ADEMPAS	4	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PA; MO
<i>albuterol sulfate oral</i>	1	MO
<i>alyq</i>	4	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	4	PA; MO; LA
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan</i>	4	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	PA; MO; QL (60 per 30 days)
CINRYZE	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	PA; MO
DALIRESP ORAL TABLET 250 MCG	3	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	3	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)
FASENRA	4	PA; MO
FIRAZYR	4	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
HAEGARDA	4	PA; MO; LA
INCRUSE ELLIPTA	2	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO
<i>ipratropium-albuterol</i>	1	PA; MO
KALYDECO ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	1	PA; MO
<i>metaproterenol</i>	1	MO
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
OFEV	4	PA; MO; QL (60 per 30 days)
OPSUMIT	4	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	4	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	MO; QL (4.9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	4	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>terbutaline oral</i>	1	MO
THEO-24	2	MO
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	1	MO
ZYFLO	4	MO

UROLOGICALS

Drug Name	Drug Tier	Requirements /Limits
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate</i>	1	MO
MYRBETRIQ	2	MO
<i>oxybutynin chloride</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>trospium</i>	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CYSTAGON	2	PA; MO; LA
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		

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Drug Name	Drug Tier	Requirements /Limits
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>klor-con</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
<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</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	MO
<i>sodium lactate intravenous</i>	1	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D10W SULF FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
HEPATAMINE 8%	2	PA
<i>intralipid intravenous emulsion 20 %</i>	1	PA
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
<i>plenamine</i>	1	PA
<i>premasol 10 %</i>	1	PA; MO
PREMASOL 6 %	2	PA
<i>travasol 10 %</i>	1	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prenatal vitamin oral tablet</i>	1	MO

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A		
abacavir	1	
abacavir-lamivudine	1	
abacavir-lamivudine- zidovudine	1	
ABELCET	1	
ABILIFY MAINTENA.....	22	
abiraterone	10	
acamprosate	36	
acarbose	39	
acebutolol	28	
acetaminophen-codeine.....	19	
acetazolamide	58	
acetic acid.....	38	
acetylcysteine	60	
acitretin.....	32, 33	
ACTEMRA	52	
ACTEMRA ACTPEN.....	52	
ACTHIB (PF).....	50	
ACTIMMUNE	48	
acyclovir	1, 35	
acyclovir sodium	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 50		
adefovir.....	1	
ADEMPAS.....	60	
ADV AIR DISKUS.....	60	
ADV AIR HFA	60	
AFINITOR	10	
AFINITOR DISPERZ	10	
AIMOVIG AUTOINJECTOR	17	
ala-cort.....	35	
albendazole.....	6	
albuterol sulfate	60	
alclometasone	35	
ALCOHOL PADS.....	39	
ALECENSA	10	
alendronate	36, 52	
alfuzosin	63	
ALINIA	6	
aliskiren	28	
allopurinol	52	
alosetron	45	
ALPHAGAN P.....	59	
ALREX.....	59	
altavera (28).....	55	
ALUNBRIG	10	
alyacen 1/35 (28).....	55	
alyq	60	
amantadine hcl.....	1	
AMBISOME	1	
ambrisentan	60	
amikacin	6	
amiloride.....	28	
amiloride-hydrochlorothiazide	28	
AMINOSYN II 10 %	65	
AMINOSYN II 15 %	65	
AMINOSYN-PF 10 %	65	
AMINOSYN-PF 7 % (SULFITE-FREE)	65	
amiodarone	27	
amitriptyline	23	
amlodipine	28	
amlodipine-atorvastatin	31	
amlodipine-benazepril	28	
amlodipine-olmesartan	28	
amlodipine-valsartan	28	
amlodipine-valsartan-hcthiazid	28	
ammonium lactate	33	
amnestem	33	
amoxapine	23	
amoxicil-clarithromy-lansopraz	47	
amoxicillin.....	7, 8	
amoxicillin-pot clavulanate	8	
amphotericin b.....	1	
ampicillin.....	8	
ampicillin sodium	8	
ampicillin-sulbactam	8	
anagrelide	36	
anastrozole.....	10	
ANDRODERM	44	
ANORO ELLIPTA.....	60	
APIDRA SOLOSTAR U-100 INSULIN	39	
APIDRA U-100 INSULIN ...	39	
APOKYN	17	
apraclonidine	59	
aprepitant	45	
apri.....	55	
APRISO	45	
APTIOM.....	15	
APTIVUS	1	
ARALAST NP.....	37	
aranelle (28).....	55	
ARANESP (IN POLYSORBATE)	48, 49	
ARCALYST	49	
ARIKAYCE	6	
aripiprazole	23	
ARISTADA	23	
ARISTADA INITIO.....	23	
armodafinil	23	
ARNUITY ELLIPTA.....	60	
ASMANEX HFA	60	
ASMANEX TWISTHALER	60	
aspirin-dipyridamole.....	30	
atazanavir.....	1	
atenolol	28	
atenolol-chlorthalidone.....	28	
atomoxetine	23	
atorvastatin	31	
atovaquone.....	6	
atovaquone-proguanil	6	
ATRIPLA	1	
atropine	58	
ATROVENT HFA.....	60	
AUBAGIO.....	18	
aubra	55	
AUGMENTIN	8	
aviane.....	55	
AVONEX	49	

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AVONEX (WITH ALBUMIN)	bisoprolol-hydrochlorothiazide	captopril
.....492828
AZASITE	BLEPHAMIDE	captopril-hydrochlorothiazide
.....57	.....58	.....28
azathioprine	BLEPHAMIDE S.O.P.	CARBAGLU
.....10	.....58	.....37
azelaic acid	BOOSTRIX TDAP	carbamazepine
.....34	.....50	.....15
azelastine	bosentan	carbidopa
.....38, 58	.....60	.....17
azithromycin	BOSULIF	carbidopa-levodopa
.....5	.....10	.....17
aztreonam	BRAFTOVI	carbidopa-levodopa-
B	BREO ELLIPTA	entacapone
bacitracin	.....60	.....17
.....57	BRILINTA	carteolol
bacitracin-polymyxin b	.....30	.....57
.....57	brimonidine	cartia xt
baclofen	.....59	.....28
.....19	BRIVIACT	carvedilol
BACTROBAN NASAL	.....15	.....28
.....38	bromfenac	carvedilol phosphate
balsalazide	.....58	.....28
.....45	bromocriptine	.....1
BALVERSA	.....17	caspofungin
.....10	BROMSITE	.....6
BANZEL	.....58	CAYSTON
.....15	budesonide	.....6
BARACLUDE	.....45, 60	caziant (28)
.....1	bumetanide	.....55
BCG VACCINE, LIVE (PF)	.....28	cefaclor
50	buprenorphine	.....4
BELBUCA	.....19	cefadroxil
.....19	buprenorphine hcl	.....4
benazepril	.....19	cefazolin
.....28	buprenorphine-naloxone	.....4
benazepril-hydrochlorothiazide	.....21	cefdinir
.....28	bupropion hcl	.....4
BENLYSTA	.....23	cefepime
.....52	bupropion hcl (smoking deter)	.....4
BENZNIDAZOLE	.....38	cefixime
.....6	buspirone	.....4
benztropine	.....23	cefotetan
.....17	butorphanol tartrate	.....4
BEPREVE	.....21	cefoxitin
.....58	BYDUREON	.....4
BESIVANCE	.....39	cefpodoxime
.....57	BYDUREON BCISE	.....5
betamethasone dipropionate	.....39	cefprozil
.....35	BYETTA	.....5
betamethasone valerate	.....39	ceftazidime
.....35	BYSTOLIC	.....5
betamethasone, augmented	.....28	ceftriaxone
.....35	C	.....5
BETASERON	cabergoline	cefuroxime axetil
.....49	.....44	.....5
betaxolol	CABLIVI	cefuroxime sodium
.....28, 57	.....30	.....5
bethanechol chloride	CABOMETYX	celecoxib
.....63	.....10	.....21
BETHKIS	calcipotriene	CELONTIN
.....6	.....33	.....15
BEVESPI AEROSPHERE	calcipotriene-betamethasone	cephalexin
.....60	.....33	.....5
bexarotene	calcitonin (salmon)	CERDELGA
.....10	.....44	.....44
BEXSERO	calcitriol	cetirizine
.....50	.....33, 44	.....59
bicalutamide	calcium acetate	cevimeline
.....10	.....64	.....37
BICILLIN C-R	CALQUENCE	CHANTIX
.....8	.....10	.....38
BICILLIN L-A	camila	CHANTIX CONTINUING
.....8	.....54	MONTH BOX
BIDIL	candesartan	.....38
.....28	.....28	CHANTIX STARTING
BIKTARVY	candesartan-hydrochlorothiazid	MONTH BOX
.....1	.....28	.....38
bimatoprost	CAPEX	CHEMET
.....58	.....35	.....37
bisoprolol fumarate	CAPRELSA	CHENODAL
.....281045
		chlorhexidine gluconate
	38
		chloroquine phosphate
	6

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chlorothiazide.....	28	clorazepate dipotassium	23	D	
chlorpromazine.....	23	clotrimazole	1, 34	d10 %-0.45 % sodium chloride	
chlorthalidone.....	28	clotrimazole-betamethasone	34	.....	37
CHOLBAM.....	45	clozapine.....	23	d2.5 %-0.45 % sodium	
cholestyramine (with sugar)	31	COARTEM	6	chloride.....	37
cholestyramine light	31	COLCRYS.....	52	d5 % and 0.9 % sodium	
ciclopirox.....	34	colesevelam	31	chloride.....	37
cilostazol.....	30	colestipol	31	d5 %-0.45 % sodium chloride	
CIMDUO.....	1	colistin (colistimethate na)	6	.....	37
cimetidine	47	colocort.....	45	dalfampridine.....	18
cimetidine hcl	47	COMBIGAN	58	DALIRESP	61
CIMZIA.....	45	COMBIVENT RESPIMAT	61	danazol.....	44
CIMZIA POWDER FOR		COMETRIQ	10	dantrolene	19
RECONST	45	COMPLERA	2	dapsone	6, 34
cinacalcet.....	44	compro.....	46	DAPTACEL (DTAP	
CINRYZE	60	CONDYLOX.....	33	PEDIATRIC) (PF).....	50
CIPRODEX.....	38	constulose	46	daptomycin	6
ciprofloxacin.....	9	COPAXONE	18	DAPTOMYCIN	6
ciprofloxacin hcl.....	9, 38, 57	COPIKTRA	10	DARAPRIM.....	6
ciprofloxacin in 5 % dextrose.....	9	CORLANOR.....	32	DAURISMO.....	11
cialopram.....	23	CORTIFOAM	46	DDAVP	44
claravis	34	cortisone	38	deblitane	54
clarithromycin	5	COSENTYX (2 SYRINGES)		deferasirox	37
CLEOCIN	55	.....	33	DELSTRIGO	2
clindamycin hcl	6	COSENTYX PEN (2 PENS).....	33	delyla (28).....	55
clindamycin in 5 % dextrose	6	COTELLIC.....	11	demeclocycline.....	9
clindamycin pediatric	6	CREON	46	DEMSEER.....	28
clindamycin phosphate.....	6, 34, 55	CRESEMBA	1	DENAVIR	35
CLINIMIX 5%/D15W		CRINONE	54	DEPEN TITRATABS	52
SULFITE FREE	65	CRIXIVAN	2	DEPO-PROVERA.....	54
CLINIMIX 4.25%/D10W		cromolyn.....	46, 58, 61	DEPO-SUBQ PROVERA	104
SULF FREE	65	cryselle (28).....	55	.....	54
CLINIMIX 4.25%/D5W		cyclafem 1/35 (28).....	55	DESCOVY	2
SULFIT FREE.....	37	cyclafem 7/7/7 (28)	55	desipramine.....	23
CLINIMIX 5%-		cyclobenzaprine.....	19	desmopressin	44
D20W(SULFITE-FREE)	65	cyclophosphamide.....	11	desog-e.estradiol/e.estradiol	55
clobazam.....	15	CYCLOSET	40	desogestrel-ethinyl estradiol.....	55
clobetasol.....	35	cyclosporine.....	11	desonide.....	35
clobetasol-emollient	35	cyclosporine modified	11	desvenlafaxine succinate	23
clomipramine.....	23	cyred	55	dexamethasone	39
clonazepam.....	15	CYSTADANE.....	46	dexamethasone intensol.....	39
clonidine	28	CYSTAGON	63	dexamethasone sodium	
clonidine hcl	23, 28	CYSTARAN	58	phosphate.....	59
clopidogrel.....	31			DEXILANT	47

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dextroamphetamine-	DOVATO	endocet.....
amphetamine	doxazosin.....	ENERGIX-B (PF)
dextrose 10 % and 0.2 % nacl	doxepin	ENERGIX-B PEDIATRIC
.....	doxercalciferol.....	(PF).....
dextrose 10 % in water (d10w)	doxy-100.....	enoxaparin
.....	doxycycline hyclate.....	enpresse
dextrose 5 % in water (d5w) 37	doxycycline monohydrate	enskyce
dextrose 5%-0.2 % sod	doxylamine-pyridoxine (vit b6)	entacapone
chloride.....	.....	entecavir
dextrose 5%-0.3 %	dronabinol.....	ENTRESTO.....
sod.chloride	drosiprenone-ethinyl estradiol	enulose.....
dextrose with sodium chloride	.....	ENVARUSUS XR
.....	DROXIA	EPCLUSA
DIASTAT.....	DUAVEE.....	EPIDIOLEX
DIASTAT ACUDIAL.....	DULERA.....	epinastine.....
diazepam.....	duloxetine	epinephrine
diclofenac potassium	DUPIXENT	EPINEPHRINE
diclofenac sodium	duramorph (pf)	EPIPEN 2-PAK
diclofenac-misoprostol	dutasteride	EPIPEN JR 2-PAK
dicloxacillin	dutasteride-tamsulosin.....	epitol.....
dicyclomine	DYMISTA.....	EPIVIR HBV
didanosine.....	E	eplerenone.....
diflunisal.....	e.e.s. 400	EPOGEN
digitek.....	econazole	eprosartan
digox.....	EDARBI	ergoloid.....
digoxin.....	EDARBYCLOR.....	ergotamine-caffeine
dihydroergotamine	EDURANT	ERIVEDGE
DILANTIN 30 MG	efavirenz	ERLEADA
diltiazem hcl	eletriptan.....	erlotinib.....
dilt-xr.....	ELIQUIS	errin.....
DIPENTUM	ELMIRON.....	ertapenem
diphenoxylate-atropine.....	EMCYT	ery-tab.....
dipyridamole	EMEND.....	ERY-TAB.....
disulfiram	EMGALITY PEN.....	ERYTHROCIN
divalproex.....	EMGALITY SYRINGE. 17, 18	erythrocin (as stearate)
dofetilide.....	emoquette	erythromycin.....
donepezil	EMSAM .....	.....6, 57
DOPTELET (10 TAB PACK)	EMTRIVA.....	erythromycin ethylsuccinate..5,
.....	EMVERM	6
DOPTELET (15 TAB PACK)	enalapril maleate.....	erythromycin with ethanol....34
.....	enalapril-hydrochlorothiazide	ESBRIET
dorzolamide.....	.....	escitalopram oxalate
dorzolamide-timolol	ENBREL	esomeprazole magnesium....47,
dorzolamide-timolol (pf)	ENBREL MINI	48
dotti	ENBREL SURECLICK	estarylla.....
		estradiol

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estradiol valerate	55	FLOVENT DISKUS	61	gavilyte-n	46
estradiol-norethindrone acet.	55	FLOVENT HFA	61	gemfibrozil	32
ESTRING	55	fluconazole	1	generlac	46
eszopiclone	24	fluconazole in nacl (iso-osm) .	1	gengraf	11
ethacrynic acid	29	flucytosine	1	gentak	57
ethambutol	6	fludrocortisone	39	gentamicin	7, 34, 57
ethosuximide	16	flunisolide	61	gentamicin in nacl (iso-osm) ..	6
ethynodiol diac-eth estradiol ..	56	fluocinolone	35, 36	GENVOYA	2
etodolac	22	fluocinolone acetonide oil	38	GEODON	24
EVOTAZ	2	fluocinolone and shower cap ..	35	gianvi (28)	56
exemestane	11	fluocinonide	36	GILENYA	18
EXTAVIA	49	fluocinonide-e	36	GILOTRIF	11
ezetimibe	31	fluoride (sodium)	65	glatiramer	18
ezetimibe-simvastatin	31	fluorometholone	59	glatopa	18
F		fluorouracil	33	GLEOSTINE	11
falmina (28)	56	fluoxetine	24	glimepiride	40
famciclovir	2	fluphenazine decanoate	24	glipizide	40
famotidine	48	fluphenazine hcl	24	glipizide-metformin	40
FANAPT	24	flurbiprofen	22	GLUCAGEN HYPOKIT	40
FARXIGA	40	flurbiprofen sodium	58	GLUCAGON EMERGENCY	
FARYDAK	11	flutamide	11	KIT (HUMAN)	40
FASENRA	61	fluticasone propionate	61	glycopyrrolate	45
fayosim	56	fluvastatin	31	GRALISE	16
FAZACLO	24	fluvoxamine	24	GRALISE 30-DAY STARTER	
felbamate	16	fondaparinux	31	PACK	16
felodipine	29	FORFIVO XL	24	granisetron hcl	46
femynor	56	FORTEO	52	GRANIX	49
fenofibrate	31	FOSAMAX PLUS D	52	griseofulvin microsize	1
fenofibrate micronized	31	fosamprenavir	2	griseofulvin ultramicrosize	1
fenofibrate nanocrystallized ..	31	fosinopril	29	guanidine	24
fenofibric acid	31	fosinopril-hydrochlorothiazide		H	
fenofibric acid (choline)	31	.....	29	HAEGARDA	61
fenoprofen	22	FULPHILA	49	halobetasol propionate	36
fentanyl	19	furosemide	29	haloperidol	24
fentanyl citrate	19	FUZEON	2	haloperidol decanoate	24
FERRIPROX	37	FYCOMPA	16	haloperidol lactate	24
FETZIMA	24	G		HARVONI	2
finasteride	63	gabapentin	16	HAVRIX (PF)	51
FIRAZYR	61	galantamine	18	heparin (porcine)	31
FIRDAPSE	18	GARDASIL 9 (PF)	51	HEPATAMINE 8%	65
FIRMAGON KIT W		gatifloxacin	57	HETLIOZ	25
DILUENT SYRINGE	11	GATTEX 30-VIAL	46	HIBERIX (PF)	51
flavoxate	63	GAUZE PAD	40	HUMALOG JUNIOR	
flecainide	27	gavilyte-c	46	KWIKPEN U-100	40
FLECTOR	22	gavilyte-g	46		

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HUMALOG KWIKPEN	hydrocodone-ibuprofen	20	INVOKANA.....	41
INSULIN.....	hydrocortisone	36, 39, 46	IONOSOL-MB IN D5W	65
HUMALOG MIX 50-50	hydrocortisone butyrate	36	IOPIDINE.....	59
INSULN U-100	hydrocortisone-acetic acid.....	38	IPOL	51
HUMALOG MIX 50-50	hydrocortisone-pramoxine....	46	ipratropium bromide	38, 61
KWIKPEN	hydromorphone	20	ipratropium-albuterol.....	61
HUMALOG MIX 75-25	hydromorphone (pf)	20	irbesartan	29
KWIKPEN	hydroxychloroquine.....	7	irbesartan-hydrochlorothiazide	
HUMALOG MIX 75-25(U-	hydroxyurea.....	11	.....	29
100)INSULN.....	hydroxyzine hcl	59	IRESSA	12
HUMALOG U-100 INSULIN	I		ISENTRESS	2
.....	ibandronate	52	ISENTRESS HD	2
HUMIRA.....	IBRANCE	11	isibloom	56
HUMIRA PEDIATRIC	ibu	22	ISOLYTE-P IN 5 %	
CROHNS START	ibuprofen	22	DEXTROSE	65
HUMIRA PEN	ibuprofen-oxycodone.....	20	ISOLYTE-S	65
HUMIRA PEN CROHNS-UC-	ICLUSIG	11	isoniazid.....	7
HS START	IDHIFA	11	isosorbide dinitrate	32
HUMIRA PEN PSOR-	ILEVRO	58	isosorbide mononitrate	32
UVEITS-ADOL HS	imatinib.....	12	isotretinoin	34
HUMIRA(CF)	IMBRUVICA	12	isradipine	29
HUMIRA(CF) PEDI	imipenem-cilastatin	7	itraconazole.....	1
CROHNS STARTER.....	imipramine hcl.....	25	ivermectin	7
HUMIRA(CF) PEN	imipramine pamoate	25	IXIARO (PF).....	51
HUMIRA(CF) PEN	imiquimod	33	J	
CROHNS-UC-HS	IMOVAX RABIES VACCINE		JAKAFI	12
HUMIRA(CF) PEN PSOR-	(PF).....	51	jantoven	31
UV-ADOL HS	incassia	55	JANUMET	41
HUMULIN 70/30 U-100	INCRELEX	37	JANUMET XR.....	41
INSULIN.....	INCRUSE ELLIPTA.....	61	JANUVIA.....	41
HUMULIN 70/30 U-100	indapamide	29	JENTADUETO	41
KWIKPEN	INFANRIX (DTAP) (PF).....	51	JENTADUETO XR.....	41
HUMULIN N NPH INSULIN	INLYTA	12	jolivette	55
KWIKPEN	INSULIN PEN NEEDLE	41	juleber	56
HUMULIN N NPH U-100	INSULIN SYRINGE-		JULUCA.....	2
INSULIN.....	NEEDLE U-100	41	JUXTAPID	32
HUMULIN R REGULAR U-	INTELENCE	2	K	
100 INSULN	intralipid	65	KALETRA	2
HUMULIN R U-500 (CONC)	INTRON A	49	KALYDECO	61
INSULIN.....	introvale.....	56	kariva (28)	56
HUMULIN R U-500 (CONC)	INVEGA SUSTENNA.....	25	KAZANO	41
KWIKPEN	INVEGA TRINZA	25	kelnor 1/35 (28)	56
hydralazine	INVIRASE	2	kelnor 1-50.....	56
hydrochlorothiazide.....	INVOKAMET.....	41	KERYDIN	34
hydrocodone-acetaminophen	INVOKAMET XR	41	ketoconazole	1, 35

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ketoprofen.....	22	leucovorin calcium	10	losartan-hydrochlorothiazide	29
ketorolac	58	LEUKERAN	12	LOTEMAX.....	59
KINRIX (PF).....	51	LEUKINE.....	49	LOTEMAX SM.....	59
kionex (with sorbitol).....	37	leuprolide.....	12	loteprednol etabonate.....	59
KISQALI.....	12	levabuterol hcl	61	lovastatin.....	32
KISQALI FEMARA CO- PACK	12	levetiracetam	16	low-ogestrel (28)	56
klor-con	64	levobunolol	57	loxapine succinate	25
klor-con 10	64	levocarnitine	37	LUMIGAN	58
klor-con 8	64	levocarnitine (with sugar).....	37	LUPRON DEPOT	12
klor-con m10	64	levocetirizine	59, 60	LUPRON DEPOT (3 MONTH)	12
klor-con m15	64	levofloxacin.....	9, 57	LUPRON DEPOT (4 MONTH)	12
klor-con m20	64	levofloxacin in d5w	9	LUPRON DEPOT (6 MONTH)	12
klor-con sprinkle	64	levonest (28)	56	lutera (28)	56
KOMBIGLYZE XR.....	41	levonorgestrel-ethinyl estrad	56	LYNPARZA.....	12
KORLYM	44	levonorg-eth estrad triphasic	56	LYRICA	16
k-tab.....	64	levora-28.....	56	LYSODREN.....	12
K-TAB.....	64	levorphanol tartrate.....	20	lyza	55
kurvelo (28).....	56	levothyroxine.....	45	M	
KUVAN	44	levoxyl.....	45	mafenide acetate	34
L		LEXIVA	2	magnesium sulfate	64
l norgest/e.estradiol-e.estrad.	56	lidocaine	33	malathion	36
labetalol	29	lidocaine hcl	33	maprotiline.....	25
lactulose.....	46	lidocaine viscous	33	marlissa (28)	56
lamivudine.....	2	lidocaine-prilocaine	33	MARPLAN.....	25
lamivudine-zidovudine.....	2	lindane	36	MATULANE.....	12
lamotrigine	16	linezolid.....	7	matzim la	29
LANOXIN.....	32	linezolid in dextrose 5%	7	meclizine.....	46
lansoprazole.....	48	liothyronine	45	meclofenamate.....	22
lanthanum	37	lisinopril.....	29	medroxyprogesterone	55
LANTUS SOLOSTAR U-100 INSULIN.....	41	lisinopril-hydrochlorothiazide	29	mefenamic acid.....	22
LANTUS U-100 INSULIN..	41	lithium carbonate.....	25	mefloquine	7
larin 1.5/30 (21).....	56	lithium citrate	25	megestrol	12
larin 1/20 (21).....	56	LIVALO	32	MEKINIST	12
larin fe 1.5/30 (28).....	56	LOKELMA	37	MEKTOVI.....	12
larin fe 1/20 (28).....	56	LONSURF.....	12	meloxicam	22
larissia.....	56	loperamide.....	45	memantine	18
LASTACFT.....	58	lopinavir-ritonavir	2	MENACTRA (PF).....	51
latanoprost	58	lorazepam	25	MENEST	55
LATUDA	25	LORBRENA	12	MENVEO A-C-Y-W-135-DIP (PF).....	51
leflunomide.....	53	lorcet (hydrocodone)	20	mercaptopurine	12
LENVIMA	12	lorcet hd.....	20	meropenem	7
lessina.....	56	lorcet plus	20		
letrozole.....	12	loryna (28)	56		
		losartan	29		

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mesalamine.....	46	molindone.....	25	neomycin-bacitracin-	
MESNEX.....	10	mometasone.....	36, 61	polymyxin.....	57
metadate er.....	25	mondoxylene.....	9	neomycin-polymyxin b-	
metaproterenol.....	61	montelukast.....	61	dexameth.....	59
metformin.....	41	morgidox.....	9	neomycin-polymyxin-	
methadone.....	20	morphine.....	20, 21	gramicidin.....	57
methazolamide.....	58	morphine concentrate.....	20	neomycin-polymyxin-hc.....	38, 59
methenamine hippurate.....	10	MOVANTIK.....	46	NEPHRAMINE 5.4 %.....	65
methimazole.....	39	MOVIPREP.....	46	NERLYNX.....	13
methotrexate sodium.....	12	moxifloxacin.....	9, 57	NESINA.....	42
methotrexate sodium (pf).....	13	moxifloxacin-sod.chloride(iso)		NEULASTA.....	49
methoxsalen.....	33	.....	9	NEUPOGEN.....	49
methyclothiazide.....	29	MULPLETA.....	31	NEUPRO.....	17
methyldopa.....	29	mupirocin.....	34	nevirapine.....	3
methylphenidate hcl.....	25	mupirocin calcium.....	34	NEXAVAR.....	13
methylprednisolone.....	39	MYALEPT.....	44	NEXIUM PACKET.....	48
methyltestosterone.....	44	MYCAMINE.....	1	niacin.....	32
metoclopramide hcl.....	46	mycophenolate mofetil.....	13	nicardipine.....	30
metolazone.....	29	mycophenolate sodium.....	13	NICOTROL.....	38
metoprolol succinate.....	29	myorisan.....	34	NICOTROL NS.....	38
metoprolol ta-hydrochlorothiaz		MYRBETRIQ.....	63	nifedipine.....	30
.....	29	N		nikki (28).....	56
metoprolol tartrate.....	29	nabumetone.....	22	nilutamide.....	13
metronidazole.....	7, 34, 55	nadolol.....	29	nimodipine.....	30
metronidazole in nacl (iso-os)	7	nadolol-bendroflumethiazide	29	NINLARO.....	13
mexiletine.....	27	nafcillin.....	8	nisoldipine.....	30
miconazole-3.....	55	naftifine.....	35	nitro-bid.....	32
microgestin 1.5/30 (21).....	56	NAFTIN.....	35	nitrofurantoin.....	10
microgestin 1/20 (21).....	56	naloxone.....	22	nitrofurantoin macrocrystal..	10
microgestin fe 1.5/30 (28).....	56	naltrexone.....	22	nitrofurantoin monohyd/m-	
microgestin fe 1/20 (28).....	56	NAMZARIC.....	18	cryst.....	10
midodrine.....	37	naproxen.....	22	nitroglycerin.....	32
migergot.....	18	naproxen sodium.....	22	nizatidine.....	48
miglitol.....	41, 42	naratriptan.....	18	nolix.....	36
miglustat.....	44	NARCAN.....	22	nora-be.....	55
mili.....	56	NATACYN.....	57	NORDITROPIN FLEXPOR.....	49
millipred.....	39	nateglinide.....	42	norethindrone (contraceptive)	
minocycline.....	9	NATPARA.....	44	.....	55
minoxidil.....	29	NEBUPENT.....	7	norethindrone acetate.....	55
mirtazapine.....	25	NEEDLES, INSULIN		norethindrone ac-eth estradiol	
misoprostol.....	48	DISP.,SAFETY.....	42	.....	55, 56
MITIGARE.....	52	nefazodone.....	25	norgestimate-ethinyl estradiol	
M-M-R II (PF).....	51	neomycin.....	7	56
modafinil.....	25	neomycin-bacitracin-poly-hc	59	norlyroc.....	55
moexipril.....	29				

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NORMOSOL-R IN 5 %	OMNIPOD INSULIN	PAZEO	58
DEXTROSE	MANAGEMENT	PEDIARIX (PF)	51
NORMOSOL-R PH 7.4	OMNITROPE	PEDVAX HIB (PF)	51
NORTHERA	ondansetron	peg 3350-electrolytes	46
nortrel 0.5/35 (28)	ondansetron hcl	PEGANONE	16
nortrel 1/35 (21)	ONGLYZA	PEGASYS	49
nortrel 1/35 (28)	OPSUMIT	PEGASYS PROCLICK	49
nortrel 7/7/7 (28)	ORENCIA	peg-electrolyte	46
nortriptyline	ORENCIA (WITH	penicillamine	54
NORVIR	MALTOSE)	PENICILLIN G POT IN	
NOVOFINE 32	ORENCIA CLICKJECT	DEXTROSE	8
NOVOLOG FLEXPEN U-100	ORFADIN	penicillin g potassium	8
INSULIN	ORKAMBI	penicillin g procaine	8
NOVOLOG MIX 70-30 U-100	orsythia	penicillin g sodium	9
INSULN	oseltamivir	penicillin v potassium	9
NOVOLOG MIX 70-	OTEZLA	PENTAM	7
30FLEXPEN U-100	OTEZLA STARTER	PENTASA	46
NOVOLOG PENFILL U-100	OTOVEL	pentoxifylline	31
INSULIN	oxacillin	PERFOROMIST	62
NOVOLOG U-100 INSULIN	oxacillin in dextrose(iso-osm) 8	perindopril erbumine	30
ASPART	oxandrolone	permethrin	36
NOXAFIL	oxaprozin	perphenazine	26
NUEDEXTA	oxcarbazepine	PERSERIS	26
NUPLAZID	OXERVATE	phenelzine	26
nyamyc	oxiconazole	phenobarbital	17
nystatin	oxybutynin chloride	phenoxybenzamine	30
nystatin-triamcinolone	oxycodone	phenytoin	17
nystop	oxycodone-acetaminophen	phenytoin sodium extended	17
O	oxycodone-aspirin	PHOSPHOLINE IODIDE	58
OALIVA	OXYCONTIN	PICATO	33
octreotide acetate	oxymorphone	PIFELTRO	3
ODEFSEY	OZEMPIC	pilocarpine hcl	37, 58
ODOMZO	P	pimecrolimus	33
OFEV	pacerone	pimozide	26
ofloxacin	paliperidone	pimtrea (28)	56
olanzapine	PALYNZIQ	pindolol	30
olanzapine-fluoxetine	PANRETIN	pioglitazone	42
olmesartan	pantoprazole	pioglitazone-glimepiride	42
olmesartan-amlodipin-	paricalcitol	pioglitazone-metformin	42
hcthiacid	paromomycin	piperacillin-tazobactam	9
olmesartan-	paroxetine hcl	PIQRAY	13
hydrochlorothiazide	paroxetine	pirmella	56
olopatadine	mesylate(menop.sym)	piroxicam	22
omeprazole	PASER	PLASMA-LYTE 148	65
	PAXIL	PLASMA-LYTE A	65

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PLEGRIDY	50	previfem.....	56	QTERN.....	42
plenamine	65	PREVYMIS.....	3	QUADRACEL (PF)	51
podofilox	33	PREZCOBIX.....	3	quetiapine	26
polymyxin b sulfate.....	7	PREZISTA	3	quinapril.....	30
polymyxin b sulf-trimethoprim	57	PRIFTIN.....	7	quinapril-hydrochlorothiazide	30
POMALYST	13	PRIMAQUINE.....	7	quinidine gluconate	28
portia 28.....	56	primidone.....	17	quinidine sulfate	28
potassium chlorid-d5-0.45%nacl.....	64	PRIVIGEN	51	quinine sulfate	7
potassium chloride.....	64	PROAIR HFA	62	QVAR REDIHALER	62
potassium chloride in 0.9%nacl	64	PROAIR RESPICLICK	62	R	
potassium chloride in 5 % dex	64	probenecid	52	RABAVERT (PF)	51
potassium chloride in lr-d5...64		probenecid-colchicine	52	raloxifene	52
potassium chloride in water..64		procentra.....	26	ramipril	30
potassium chloride-0.45 % nacl	64	prochlorperazine.....	46	ranitidine hcl.....	48
potassium chloride-d5-0.2%nacl.....	64	prochlorperazine maleate oral	46	ranolazine	32
potassium chloride-d5-0.3%nacl.....	65	PROCRIT	50	rasagiline.....	17
potassium chloride-d5-0.9%nacl.....	65	procto-med hc.....	47	RASUVO (PF).....	54
potassium citrate.....	63	procto-pak.....	47	RAVICTI.....	37
PRADAXA	31	proctosol hc	47	REBETOL	3
PRALUENT PEN	32	proctozone-hc	47	REBIF (WITH ALBUMIN).50	
pramipexole.....	17	progesterone micronized	55	REBIF REBIDOSE	50
prasugrel.....	31	PROGLYCEM	42	REBIF TITRATION PACK.50	
pravastatin	32	PROGRAF.....	13	reclipsen (28).....	57
praziquantel	7	PROLASTIN-C.....	37	RECOMBIVAX HB (PF).....	51
prazosin	30	PROLENSA	58	RECTIV.....	47
prednicarbate	36	PROLIA.....	52	REGRANEX	33
prednisolone	39	PROMACTA.....	31	RELENZA DISKHALER	3
prednisolone acetate	59	promethazine	60	RELISTOR.....	47
prednisolone sodium phosphate	39, 59	propafenone	28	REMICADE	47
prednisone	39	propranolol	30	repaglinide	42
prednisone intensol.....	39	propranolol-hydrochlorothiazid	30	repaglinide-metformin	42
PREMARIN	55	propylthiouracil	39	REPATHA.....	32
premasol 10 %.....	65	PROQUAD (PF).....	51	REPATHA PUSHTRONEX 32	
PREMASOL 6 %	65	protriptyline.....	26	REPATHA SURECLICK	32
prenatal vitamin oral tablet...66		prudoxin.....	33	RESCRIPTOR.....	3
prevalite.....	32	PULMICORT FLEXHALER	62	RESTASIS.....	58
		PULMOZYME.....	62	RESTASIS MULTIDOSE...58	
		PURIXAN	13	RETACRIT.....	50
		pyrazinamide	7	REVLIMID.....	13
		pyridostigmine bromide	19	REXULTI.....	26
		Q		REYATAZ	3
		QNASL.....	62	RHOPRESSA	58
				ribasphere	3
				ribasphere ribapak	3

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ribavirin.....	3	silodosin.....	63	STREPTOMYCIN	7
RIDAURA.....	54	silver sulfadiazine.....	33	STRIBILD	3
rifabutin	7	SIMBRINZA	58	STRIVERDI RESPIMAT ...	62
rifampin	7	SIMPONI.....	54	SUCRAID.....	47
riluzole.....	37	simvastatin.....	32	sucralfate.....	48
rimantadine.....	3	sirolimus	13	sulfacetamide sodium	58
RIOMET	42	SIRTURO	7	sulfacetamide sodium (acne)	34
risedronate	37, 52	SKLICE	36	sulfacetamide-prednisolone..	58
RISPERDAL CONSTA	26	SKYRIZI	33	sulfadiazine.....	9
risperidone	26	sodium chloride	38	sulfamethoxazole-trimethoprim	9
ritonavir	3	sodium chloride 0.45 %.....	65	SULFAMYLON.....	34
rivastigmine.....	19	sodium chloride 0.9 %.....	38	sulfasalazine	47
rivastigmine tartrate.....	19	sodium chloride 3 %.....	65	sulindac.....	22
rizatriptan	18	sodium chloride 5 %.....	65	sumatriptan	18
ropinirole	17	sodium lactate intravenous ...	65	sumatriptan succinate	18
rosuvastatin.....	32	sodium phenylbutyrate	38	sumatriptan-naproxen	18
ROTARIX	51	sodium polystyrene sulfonate	38	SUPRAX	5
ROTATEQ VACCINE	51	.....	38	SUPREP BOWEL PREP KIT	47
roweepra.....	17	solifenacin	63	.....	47
roweepra xr.....	17	SOLQUA 100/33	43	SUTENT.....	13
ROZEREM.....	27	SOLTAMOX.....	13	syeda.....	57
RUBRACA	13	SOMATULINE DEPOT	13	SYLATRON.....	50
RYDAPT	13	SOMAVERT	44	SYMBICORT.....	63
S		sorine	28	SYMDEKO	63
SAMSCA	44	sotalol	28	SYMFI.....	3
SANCUSO	47	sotalol af.....	28	SYMFI LO.....	3
SANDIMMUNE	13	SOTYLIZE	28	SYMLINPEN 120	43
SANTYL	33	SPIRIVA RESPIMAT.....	62	SYMLINPEN 60	43
SAPHRIS	27	SPIRIVA WITH		SYMPAZAN	17
SAVELLA.....	54	HANDIHALER.....	62	SYMPROIC.....	47
scopolamine base.....	47	spironolactone	30	SYMTUZA.....	3
SEGLUROMET	42, 43	spironolacton-hydrochlorothiaz	30	SYNAREL.....	44
selegiline hcl.....	17	.....	30	SYNRIBO.....	13
selenium sulfide.....	33	sprintec (28).....	57	T	
SELZENTRY	3	SPRITAM.....	17	TABLOID.....	13
SEREVENT DISKUS	62	SPRYCEL	13	tacrolimus	14, 33
sertraline.....	27	sps (with sorbitol).....	38	tadalafil	63
setlakin	57	sronyx	57	tadalafil (pulmonary arterial	
sevelamer carbonate	37, 38	ssd.....	33	hypertension) oral tablet 20	
sevelamer hcl.....	38	stavudine.....	3	mg.....	63
sharobel	55	STEGLATRO.....	43	TAFINLAR	14
SHINGRIX (PF).....	51	STELARA	33	TAGRISSO.....	14
SIGNIFOR	13	STIMATE.....	44	TALZENNA.....	14
sildenafil (pulmonary arterial		STIOLTO RESPIMAT.....	62	tamoxifen.....	14
hypertension).....	62	STIVARGA.....	13		

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tamsulosin	63	tobramycin sulfate	7	TRINTELLIX.....	27
TARGRETIN	14	tobramycin-dexamethasone..	59	tri-previfem (28)	57
tarina 24 fe.....	57	TOLAK	33	tri-sprintec (28).....	57
tarina fe 1/20 (28).....	57	tolazamide	43	TRIUMEQ.....	4
TASIGNA	14	tolbutamide.....	43	trivora (28).....	57
tazarotene	34	tolcapone	17	TROPHAMINE 10 %.....	65
TAZORAC	34	tolmetin.....	22	TROPHAMINE 6%.....	65
taztia xt.....	30	tolterodine.....	63	trospium.....	63
TDVAX.....	51	topiramate.....	17	TRUEPLUS INSULIN.....	43
TECFIDERA.....	19	toremifene.....	14	TRUEPLUS PEN NEEDLE.	43
TEFLARO.....	5	torsemide	30	TRULANCE.....	47
TEKTURN HCT	30	TOUJEO MAX U-300		TRULICITY	43
telmisartan	30	SOLOSTAR	43	TRUMENBA.....	52
telmisartan-amlodipine.....	30	TOUJEO SOLOSTAR U-300		TRUVADA.....	4
telmisartan-hydrochlorothiazid		INSULIN	43	TWINRIX (PF).....	52
.....	30	TOVIAZ	63	TYKERB	14
TENIVAC (PF)	51	TRADJENTA.....	43	TYMLOS.....	52
tenofovir disoproxil fumarate.	3	tramadol.....	22	TYPHIM VI.....	52
terazosin	30	tramadol-acetaminophen	22	U	
terbinafine hcl.....	1	trandolapril	30	ULORIC	52
terbutaline.....	63	trandolapril-verapamil	30	unithroid	45
terconazole	55	tranexamic acid.....	55	UPTRAVI.....	30
testosterone.....	44, 45	tranylcypromine.....	27	ursodiol	47
testosterone cypionate	44	travasol 10 %.....	65	V	
testosterone enanthate	44	TRAVATAN Z.....	59	valacyclovir	4
TETANUS,DIPHThERIA		trazodone	27	VALCHLOR	33
TOX PED(PF)	52	TRECTOR.....	7	valganciclovir	4
tetrabenazine.....	19	TRELSTAR.....	14	valproic acid	17
tetracycline	9	tretinoin (chemotherapy)	14	valproic acid (as sodium salt)	
THALOMID.....	14	tretinoin topical.....	34	.....	17
THEO-24.....	63	triamcinolone acetonide .	36, 38	valsartan.....	30
theophylline.....	63	triamterene-hydrochlorothiazid		valsartan-hydrochlorothiazide	
THIOLA	38	.....	30	.....	30
thioridazine.....	27	trianex.....	36	vancomycin.....	7
thiothixene.....	27	triderm	36	vandazole.....	55
tiagabine	17	trientine.....	38	VAQTA (PF)	52
TIBSOVO	14	tri-estarylla.....	57	VARIVAX (PF).....	52
tigecycline	7	trifluoperazine	27	VARIZIG.....	52
timolol maleate.....	30, 58	trifluridine.....	57	VARUBI.....	47
tinidazole	7	tri-legest fe.....	57	VASCEPA.....	32
TIVICAY	3, 4	tri-lo-estarylla	57	VECAMYL	32
tizanidine	19	tri-lo-sprintec	57	velivet triphasic regimen (28)	
TOBI PODHALER	7	trilyte with flavor packets....	47	.....	57
tobramycin.....	57	trimethoprim.....	10	VELTASSA.....	38
tobramycin in 0.225 % nacl....	7	trimipramine	27	VEMLIDY.....	4

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VENCLEXTA.....	14	VRAYLAR.....	27	zaleplon.....	27
VENCLEXTA STARTING PACK	14	VYNDAQEL.....	32	zarah	57
venlafaxine	27	W		ZARXIO	50
verapamil	30	warfarin	31	ZEJULA	15
VERSACLOZ	27	X		ZELBORAF	15
VERZENIO	14	XALKORI	14	zenatane	34
V-GO 20.....	43	XARELTO	31	ZENPEP	47
V-GO 30.....	43	XATMEP.....	14	ZENZEDI	27
V-GO 40.....	43	XELJANZ	54	zidovudine	4
VIBERZI	47	XELJANZ XR.....	54	ZIOPTAN (PF).....	59
VIBRAMYCIN	9	XERESE.....	35	ziprasidone hcl.....	27
VICTOZA 3-PAK.....	43	XERMELO.....	14	ZIRGAN	57
VIDEX 4 GRAM PEDIATRIC	4	XGEVA	10	ZOLINZA.....	15
VIDEX EC	4	XIFAXAN	7	zolmitriptan.....	18
vienna	57	XIGDUO XR.....	43	zolpidem	27
vigabatrin.....	17	XOFLUZA	4	zonisamide	17
vigadrone.....	17	XOLAIR.....	63	ZONTIVITY.....	31
VIIBRYD	27	XOSPATA.....	14	ZORTRESS	15
VIMPAT	17	XTANDI.....	15	ZOSTAVAX (PF)	52
VIOKACE.....	47	xulane	55	zovia 1/35e (28).....	57
VIRACEPT	4	XULTOPHY 100/3.6	43	ZUBSOLV.....	22
VIREAD.....	4	XURIDEN	38	ZYDELIG.....	15
VITRAKVI.....	14	XYREM.....	27	ZYFLO	63
VIVITROL	22	Y		ZYKADIA.....	15
VIZIMPRO	14	YF-VAX (PF).....	52	ZYLET	59
voriconazole	1	YONSA	15	ZYPREXA RELPREVV	27
VOTRIENT	14	yuvaferm	55	ZYTIGA	15
		Z			
		zafirlukast	63		

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