

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

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

Formulary ID Number: 15058, v6

This formulary was updated on 08/06/2014. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at www.Express-Scripts.com.

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

When this drug list (formulary) refers to "we," "us" or "our," it means *Express Scripts Insurance Company* or *Medco Containment Life Insurance Company*. When it refers to "plan" or "our plan," it means *Express Scripts Medicare*.

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 6, 2014. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

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

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2015 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our plan’s formulary, will not affect members who are currently taking the drug. It will remain available at the same copayment or coinsurance amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

You should contact us to ask for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

How do I request an appeal?

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

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

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

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

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

For each of your drugs that is not on our formulary, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for at least 30 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of at least a 30-day supply of the medication.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drug is limited but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency transition supply of that drug (unless you have a prescription written for fewer days) while you pursue an exception.

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

Your Costs

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

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

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

Drug Tiers

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

If you qualify for Extra Help

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

For more information

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

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

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

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

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

List of abbreviations

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA; MO
AMBISOME	4	PA; MO
<i>amphotericin b</i>	1	PA; MO
CANCIDAS	4	PA; MO
<i>clotrimazole mucous membrane</i>	1	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	2	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i>	1	
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	MO; QL (120 per 30 days)
<i>ketoconazole oral</i>	1	MO
LAMISIL ORAL GRANULES IN PACKET	2	MO
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	2	MO
NOXAFIL ORAL	4	MO
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
SPORANOX ORAL SOLUTION	2	MO
<i>terbinafine oral</i>	1	MO
<i>voriconazole intravenous</i>	1	MO
<i>voriconazole oral suspension for reconstitution</i>	4	MO
<i>voriconazole oral tablet 200 mg</i>	4	MO
<i>voriconazole oral tablet 50 mg</i>	1	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	4	MO
<i>acyclovir oral</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	PA
<i>adefovir</i>	4	MO
<i>amantadine hcl oral</i>	1	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	

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

Drug Name	Drug Tier	Requirements /Limits
ATRIPLA	4	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	4	MO
<i>cidofovir</i>	4	PA; MO
COMPLERA	4	MO
CRIXIVAN	2	MO
<i>didanosine</i>	1	MO
EDURANT	4	MO
EMTRIVA	2	MO
EPIVIR ORAL SOLUTION	2	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPZICOM	4	MO
<i>famciclovir</i>	1	MO
<i>foscarnet</i>	1	PA; MO
FUZEON	4	MO
<i>ganciclovir sodium</i>	1	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE ORAL CAPSULE	2	MO
INVIRASE ORAL TABLET	4	MO
ISENTRESS ORAL POWDER IN PACKET	2	

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

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Drug Name	Drug Tier	Requirements /Limits
OLYSIO	4	PA; 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; QL (60 per 180 days)
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	
REYATAZ	4	MO
RIBAPAK DOSE PACK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	4	MO
RIBASPHERE ORAL CAPSULE	1	MO
RIBASPHERE ORAL TABLET 200 MG	1	MO
RIBASPHERE ORAL TABLET 400 MG	1	
RIBASPHERE ORAL TABLET 600 MG	4	MO

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

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Drug Name	Drug Tier	Requirements /Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	MO
VIRAZOLE	4	MO
VIREAD	4	MO
ZIAGEN ORAL SOLUTION	2	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor</i>	1	MO
<i>cefadroxil</i>	1	MO
<i>cefazolin injection recon soln 1 gram</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 500 mg</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	MO
<i>cefdinir</i>	1	MO
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	
<i>cefepime</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram</i>	1	MO
<i>cefotetan</i>	1	
<i>cefoxitin intravenous recon soln 1 gram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 6 gram</i>	1	
<i>ceftazidime injection recon soln 2 gram</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime sodium injection</i>	1	MO
<i>cefuroxime sodium intravenous</i>	1	
<i>cephalexin</i>	1	MO
FORTAZ INJECTION RECON SOLN 6 GRAM	2	
FORTAZ INTRAVENOUS RECON SOLN 1 GRAM	2	
SUPRAX ORAL CAPSULE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET	3	MO
TEFLARO	2	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	1	MO
<i>clarithromycin</i>	1	MO
E.E.S. 400	1	MO
E.E.S. GRANULES	2	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
ERYTHROCIN (AS STEARATE)	1	MO
<i>erythromycin oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral</i>	1	MO
<i>erythromycin-sulfisoxazole</i>	1	MO
ZMAX	2	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM IN DEXTROSE (ISOSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	
AZACTAM IN DEXTROSE (ISOSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	4	
<i>aztreonam injection recon soln 1 gram</i>	1	MO
BACIIM	1	
<i>bacitracin intramuscular</i>	1	MO
BETHKIS	4	PA; MO; QL (224 per 28 days)
BILTRICIDE	2	MO
CAPASTAT	3	

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Drug Name	Drug Tier	Requirements /Limits
CAYSTON	4	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate oral</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in dextrose 5 %</i>	1	MO
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO
CUBICIN	4	MO
<i>dapsone</i>	2	MO
DARAPRIM	2	MO
<i>ethambutol</i>	1	MO
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	1	
<i>hydroxychloroquine oral</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
INVANZ INJECTION	3	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
KETEK	2	MO
<i>mefloquine</i>	1	MO
<i>meropenem intravenous recon soln 500 mg</i>	1	MO
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
NEBUPENT	2	PA; MO; QL (6 per 28 days)
<i>neomycin</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	3	MO
<i>polymyxin b sulfate</i>	1	MO
PRIFTIN	2	MO
<i>primaquine</i>	2	MO
<i>pyrazinamide</i>	1	MO
<i>quinine sulfate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	4	MO; LA
<i>streptomycin intramuscular</i>	2	MO
STROMEKTOL	2	MO
SYNERCID	4	
<i>tinidazole</i>	1	MO
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i>	1	MO
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR	2	MO
TYGACIL	2	MO
XIFAXAN ORAL TABLET 200 MG	2	MO
XIFAXAN ORAL TABLET 550 MG	4	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	MO
ZYVOX ORAL	4	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	2	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	2	MO
QUINOLONES		
<i>ciprofloxacin intravenous solution 400 mg/40 ml</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
<i>ciprofloxacin oral tablet</i>	1	MO
<i>ciprofloxacin (mixture)</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>levofloxacin intravenous</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	1	
<i>moxifloxacin</i>	1	MO
<i>ofloxacin oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral</i>	1	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	2	MO
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral</i>	1	MO
<i>tetracycline</i>	1	MO
VIBRAMYCIN ORAL SYRUP	2	MO
URINARY TRACT AGENTS		
MACRODANTIN ORAL CAPSULE 25 MG	2	MO
<i>methenamine hippurate</i>	1	MO
<i>nitrofurantoin oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
PRIMSOL	3	MO
<i>trimethoprim</i>	1	MO
VANCOMYCIN		
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	1	MO
<i>vancomycin oral</i>	4	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline</i>	4	MO
<i>dexrazoxane intravenous recon soln 250 mg</i>	4	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	4	
FUSILEV	4	MO
KEPIVANCE	4	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	1	MO
<i>leucovorin calcium oral</i>	1	MO
<i>mesna</i>	1	MO
MESNEX ORAL	4	MO

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Drug Name	Drug Tier	Requirements /Limits
XGEVA	4	MO
ZINECARD INTRAVENOUS RECON SOLN 250 MG	4	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	4	MO
AFINITOR ORAL TABLET 10 MG	4	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	4	PA; MO
AFINITOR DISPERZ	4	PA; MO
ALIMTA INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>anastrozole</i>	1	MO
ARRANON	4	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	4	PA; MO
AVASTIN	2	MO
<i>azacitidine</i>	4	MO
<i>azathioprine</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BICNU	3	MO
<i>bleomycin injection recon soln 30 unit</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL TABLET 100 MG	4	PA; MO
BOSULIF ORAL TABLET 500 MG	4	PA; MO; QL (30 per 30 days)
BUSULFEX	4	
CAPRELSA ORAL TABLET 100 MG	4	MO; LA
CAPRELSA ORAL TABLET 300 MG	4	MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTIO N	4	PA; MO
CELLCEPT INTRAVENOUS	2	PA
<i>cisplatin</i>	1	MO
<i>cladribine</i>	4	MO
CLOLAR	4	MO
COMETRIQ	4	PA; MO
<i>cyclophosphamide oral capsule</i>	2	PA
<i>cyclophosphamide oral tablet</i>	1	PA; MO
<i>cyclosporine intravenous</i>	1	PA
<i>cyclosporine oral</i>	1	PA; MO
<i>cyclosporine modified</i>	1	PA; MO
<i>cytarabine</i>	1	MO

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

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

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Drug Name	Drug Tier	Requirements /Limits
GILOTRIF ORAL TABLET 20 MG	4	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	4	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
HALAVEN	4	MO
HERCEPTIN	4	MO
HEXALEN	4	MO
<i>hydroxyurea</i>	1	MO
<i>idarubicin</i>	1	
<i>ifosfamide intravenous recon soln 1 gram</i>	1	MO
IMBRUVICA	4	PA; MO; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA; MO
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	4	MO
ISTODAX	4	MO

Drug Name	Drug Tier	Requirements /Limits
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	4	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; MO
JAKAFI ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
JEVTANA	4	MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	4	MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide</i>	1	MO
<i>lomustine</i>	2	MO
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA; MO
LYSODREN	2	MO
MATULANE	4	MO
MEGACE ES	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	MO
<i>megestrol oral tablet</i>	1	MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
<i>melphalan</i>	4	
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium oral</i>	1	PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	3	PA
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
<i>mitomycin intravenous recon soln 20 mg</i>	1	MO
<i>mitoxantrone</i>	1	MO
MUSTARGEN	3	MO
<i>mycophenolate mofetil</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO
NEORAL	2	PA; MO
NEXAVAR	4	PA; MO; LA
NILANDRON	2	MO
NIPENT	4	MO
NULOJIX	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO
ONCASPAR	4	MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	MO
<i>paclitaxel</i>	1	MO
PERJETA	4	MO
POMALYST	4	MO
PROGRAF INTRAVENOUS	2	PA; MO
RAPAMUNE ORAL SOLUTION	2	PA; MO
RAPAMUNE ORAL TABLET 1 MG	2	PA; MO
RAPAMUNE ORAL TABLET 2 MG	4	PA; MO
REVLIMID	4	PA; MO; LA
RHEUMATREX	3	PA; MO
RITUXAN	4	PA; MO
SANDIMMUNE	2	PA; MO
SANDOSTATIN LAR DEPOT	4	MO
SIGNIFOR	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
<i>sirolimus</i>	1	PA; MO
SOLTAMOX	2	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	4	PA; MO
SPRYCEL ORAL TABLET 140 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	4	PA; MO
SUTENT ORAL CAPSULE 25 MG	4	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	4	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	4	MO
SYNRIBO	4	MO
TABLOID	2	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus oral capsule 5 mg</i>	4	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	4	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; MO; QL (120 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	4	PA; MO
TARCEVA ORAL TABLET 150 MG	4	PA; MO; QL (30 per 30 days)
TARGETIN	4	MO
TASIGNA ORAL CAPSULE 150 MG	4	PA; MO
TASIGNA ORAL CAPSULE 200 MG	4	PA; MO; QL (112 per 28 days)
THALOMID	4	PA; MO
TOPOSAR	1	MO
<i>topotecan intravenous recon soln</i>	4	MO
TORISEL	4	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	4	MO
TRELSTAR	4	MO
TRELSTAR DEPOT	4	
TRELSTAR LA	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin (chemotherapy)</i>	4	MO
TRISENOX	4	MO
TYKERB	4	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	4	PA; MO
VELCADE	4	MO
<i>vinblastine intravenous solution</i>	1	MO
<i>vincristine intravenous solution 1 mg/ml</i>	1	MO
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	1	MO
VOTRIENT	4	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; MO
XALKORI ORAL CAPSULE 250 MG	4	PA; MO; QL (60 per 30 days)
XTANDI	4	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	4	MO

Drug Name	Drug Tier	Requirements /Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	MO
ZANOSAR	3	MO
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZOLINZA	4	MO
ZORTRESS ORAL TABLET 0.25 MG	2	PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	4	PA; MO
ZYKADIA	4	PA; MO; QL (150 per 30 days)
ZYTIGA	4	PA; MO; QL (120 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO
APTIOM ORAL TABLET 600 MG	4	MO
BANZEL ORAL SUSPENSION	2	MO
BANZEL ORAL TABLET 200 MG	2	MO
BANZEL ORAL TABLET 400 MG	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine</i>	1	MO
CELONTIN	2	MO
<i>clonazepam</i>	1	PA; MO
<i>diazepam rectal</i>	1	PA; MO
DILANTIN	2	MO
<i>divalproex</i>	1	MO
EPITOL	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	1	MO
FYCOMPA	2	MO
<i>gabapentin oral capsule</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO
<i>gabapentin oral tablet</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>levetiracetam intravenous</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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	2	PA; MO
ONFI	2	PA; MO
<i>oxcarbazepine</i>	1	MO
PEGANONE	2	MO
<i>phenobarbital</i>	1	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
POTIGA	2	MO
<i>primidone</i>	1	MO
SABRIL	4	MO; LA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	2	MO
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	MO
<i>topiramate oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL	2	MO
<i>zonisamide</i>	1	MO

ANTIPARKINSONISM AGENTS

APOKYN	4	MO; LA
AZILECT	2	MO
<i>benztropine</i>	1	MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
NEUPRO	3	MO
<i>pramipexole</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
TASMAR	4	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

CAFERGOT	2	MO
<i>dihydroergotamine injection</i>	1	MO
MIGERGOT	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
RELPAK	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (16 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (16 per 28 days)
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AMPYRA	4	PA; MO; LA
AUBAGIO	4	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (12 per 28 days)
COPAXONE SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (30 per 30 days)
<i>donepezil</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
EXELON TRANSDERMAL	2	MO
<i>galantamine</i>	1	MO
GILENYA	4	PA; MO
NAMENDA	2	PA; MO
NAMENDA TITRATION PAK	2	PA; MO
NAMENDA XR	2	PA; MO
NUEDEXTA	2	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	4	PA; MO
TYSABRI	4	PA; MO; LA
XENAZINE	4	PA; MO; LA

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen</i>	1	MO
<i>cyclobenzaprine</i>	1	PA; MO
<i>dantrolene</i>	1	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	PA
MESTINON ORAL SYRUP	2	MO
MESTINON TIMESPAN	2	MO
<i>pyridostigmine bromide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tizanidine</i>	1	MO

NARCOTIC ANALGESICS

<i>acetaminophen- codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	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)
BUPRENEX	2	MO; QL (267 per 30 days)
<i>buprenorphine injection syringe</i>	1	QL (267 per 30 days)
<i>buprenorphine sublingual tablet, sublingual 2 mg</i>	1	MO; QL (300 per 30 days)
<i>buprenorphine sublingual tablet, sublingual 8 mg</i>	1	MO; QL (75 per 30 days)
BUTRANS	2	MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	1	MO; QL (180 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	1	MO; QL (4000 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	1	QL (2000 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	MO; QL (360 per 30 days)
ENDODAN	1	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	4	PA; MO; QL (39 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	4	PA; MO; QL (29 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	4	PA; MO; QL (116 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	4	PA; MO; QL (77 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	4	PA; MO; QL (58 per 30 days)
<i>fentanyl patches transdermal patch 72 hour 100 mcg/hr</i>	1	MO; QL (9 per 30 days)
<i>fentanyl patches transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QL (300 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg</i>	4	MO; QL (60 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	2	MO; QL (120 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)
<i>levorphanol tartrate</i>	1	MO; QL (120 per 30 days)
LORCET (HYDROCODONE)	1	QL (360 per 30 days)
LORCET HD	1	MO; QL (360 per 30 days)
LORCET PLUS	1	QL (360 per 30 days)
LORTAB 10-325	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LORTAB 5-325	1	MO; QL (360 per 30 days)
LORTAB 7.5-325	1	MO; QL (360 per 30 days)
<i>methadone injection</i>	1	QL (160 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	1	MO; QL (50 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	MO; QL (90 per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral capsule, extend. release pellets 80 mg</i>	1	MO; QL (75 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	1	MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	MO; QL (120 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	1	MO; QL (30 per 30 days)
<i>morphine oral tablet extended release 60 mg</i>	1	MO; QL (100 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (300 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 30 mg</i>	1	MO; QL (134 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-acetaminophen</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 60 MG	2	MO; QL (67 per 30 days)
OXYCONTIN ORAL TABLET EXTENDED RELEASE 12 HR 80 MG	4	MO; QL (50 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (200 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	1	MO; QL (67 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	1	MO; QL (50 per 30 days)
REPRESXAIN	1	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VICODIN	1	MO; QL (360 per 30 days)
VICODIN ES	1	MO; QL (360 per 30 days)
VICODIN HP	1	MO; QL (360 per 30 days)
ZAMICET	1	MO; QL (5550 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual tablet, sublingual 2-0.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet, sublingual 8-2 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (720 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (360 per 30 days)
<i>butorphanol tartrate nasal</i>	1	MO; QL (40 per 30 days)
CELEBREX	2	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fenoprofen oral tablet</i>	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen</i>	1	MO
<i>meclofenamate oral</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral suspension</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>piroxicam</i>	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; MO; QL (50 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	2	PA; MO; QL (90 per 30 days)
<i>sulindac oral</i>	1	MO
<i>tolmetin</i>	1	MO
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VOLTAREN GEL	2	MO
ZUBSOLV	2	PA; MO; QL (90 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY INTRAMUSCULAR	2	MO
ABILIFY ORAL SOLUTION	2	MO
ABILIFY ORAL TABLET 10 MG	2	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ABILIFY ORAL TABLET 2 MG	2	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 20 MG	4	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 30 MG	4	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET 5 MG	2	MO; QL (180 per 30 days)
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	2	MO; QL (90 per 30 days)
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 15 MG	2	MO; QL (60 per 30 days)
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON 300 MG	4	MO
<i>alprazolam oral tablet</i>	1	MO
<i>amitriptyline</i>	1	PA; MO
<i>amoxapine</i>	1	MO
AMPHETAMINE SALT COMBO ORAL TABLET 20 MG, 7.5 MG	1	MO
BRINTELLIX ORAL TABLET 10 MG	2	MO; QL (60 per 30 days)
BRINTELLIX ORAL TABLET 20 MG	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BRINTELLIX ORAL TABLET 5 MG	2	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 100 mg</i>	1	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 200 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion</i>	1	MO
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium</i>	1	PA; MO
<i>clozapine oral tablet</i>	1	
<i>desipramine oral</i>	1	MO
<i>dexmethylphenidate</i>	1	MO
<i>dextroamphetamine oral capsule, extended release</i>	1	MO
<i>dextroamphetamine oral tablet</i>	1	MO
<i>dextroamphetamine-amphetamine</i>	1	MO
<i>diazepam oral solution 5 mg/5 ml</i>	1	PA; MO
<i>diazepam oral tablet</i>	1	PA; MO
DIAZEPAM INTENSOL	1	PA; MO
<i>doxepin oral</i>	1	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	3	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>eszopiclone</i>	1	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	3	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	3	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	3	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTE GRATING 150 MG, 200 MG	3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 120 MG	2	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	ST; MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	ST; MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	ST; MO; QL (45 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (180 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</i>	1	MO
<i>imipramine hcl</i>	1	PA; MO
<i>imipramine pamoate</i>	2	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	3	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	3	MO; QL (41 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	2	MO
LATUDA ORAL TABLET 120 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	2	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	MO
<i>lorazepam oral tablet</i>	1	PA; MO
LORAZEPAM INTENSOL	1	PA; MO
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO
MARPLAN	2	MO

Drug Name	Drug Tier	Requirements /Limits
METADATE ER	1	MO
<i>methamphetamine</i>	1	MO
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i>	1	MO
<i>methylphenidate oral capsule, er biphasic 50-50</i>	1	MO
<i>methylphenidate oral solution</i>	1	MO
<i>methylphenidate oral tablet</i>	1	MO
<i>methylphenidate oral tablet extended release</i>	1	MO
<i>methylphenidate oral tablet extended release 24hr</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (81 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
ORAP	2	MO
<i>oxazepam</i>	1	PA; MO
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (45 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	1	MO; QL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	MO; QL (90 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	ST; MO; QL (120 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	ST; MO; QL (240 per 30 days)
PROCENTRA	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg</i>	1	MO; QL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	MO; QL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	MO; QL (902 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	1	MO; QL (81 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	1	MO; QL (480 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	2	MO

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Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULA R SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	4	MO
<i>risperidone oral solution</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet,disintegrating 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	1	MO; QL (161 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS SUBLINGUAL TABLET, SUBLINGUAL 10 MG	2	MO; QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET, SUBLINGUAL 5 MG	2	MO; QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET, SUBLINGUAL 10 MG	2	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET, SUBLINGUAL 5 MG	2	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QL (161 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (480 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
STRATTERA	2	MO
SURMONTIL	3	PA; MO
<i>temazepam</i>	1	PA; MO
<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>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	MO; QL (180 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	1	MO; QL (270 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	MO; QL (180 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	1	MO; QL (150 per 30 days)
VERSACLOZ	4	LA
VIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK	2	MO; QL (30 per 30 days)
XYREM	4	MO; LA
<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 10 MG, 5 MG	1	MO
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	3	

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Drug Name	Drug Tier	Requirements /Limits
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	MO
<i>ziprasidone hcl oral capsule 20 mg</i>	1	MO; QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	MO; QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg</i>	1	MO; QL (80 per 30 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	1	MO; QL (60 per 30 days)
<i>zolpidem</i>	1	ST; MO; QL (30 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

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

Drug Name	Drug Tier	Requirements /Limits
SORINE ORAL TABLET 120 MG, 160 MG, 80 MG	1	MO
SORINE ORAL TABLET 240 MG	1	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
SOTALOL AF ORAL TABLET 120 MG	1	MO
TIKOSYN	2	MO

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral</i>	1	MO
AFEDITAB CR	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>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AZOR	2	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	2	ST; MO
BENICAR HCT	2	ST; MO
<i>betaxolol oral</i>	1	MO
BIDIL	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
CARTIA XT	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
CLORPRES ORAL TABLET 0.1-15 MG	1	MO
COREG CR	2	MO
DEMSER	2	MO
DIBENZYLINE	3	MO
DILT-XR	1	MO
<i>diltiazem hcl intravenous</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<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	3	ST; MO
EDARBYCLOR	3	ST; MO
EDECRIN	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>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral</i>	1	MO
<i>hydralazine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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 intravenous solution</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
MATZIM LA	1	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nadolol-bendroflumethiazide</i>	1	MO
<i>nicardipine</i>	1	MO
NIFEDICAL XL	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	4	PA; MO; LA
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>spironolactone</i>	1	MO
TAZTIA XT	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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>toremide intravenous solution 20 mg/2 ml (10 mg/ml)</i>	1	
<i>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	2	ST; MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil oral</i>	1	MO
CARDIAC GLYCOSIDES		
<i>digoxin oral</i>	1	MO
LANOXIN ORAL TABLET 187.5 MCG	2	
LANOXIN ORAL TABLET 62.5 MCG	2	MO
COAGULATION THERAPY		
AGGRENOX	2	MO
BRILINTA	2	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
EFFIENT	2	MO
ELIQUIS	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	MO
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 150 mg/ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
JANTOVEN	1	MO
<i>pentoxifylline</i>	1	MO
PRADAXA	2	MO
PROMACTA	4	PA; MO; LA
<i>tranexamic acid intravenous</i>	1	MO
<i>warfarin</i>	1	MO
XARELTO	2	MO

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
CRESTOR	2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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>gemfibrozil oral</i>	1	MO
JUXTAPID	4	MO; LA
KYNAMRO	4	MO; LA
LIPOFEN	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
PREVALITE ORAL POWDER	1	MO
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	2	MO
WELCHOL	2	MO
ZETIA	2	MO

MISCELLANEOUS CARDIOVASCULAR AGENTS

RANEXA	2	MO
VECAMYL	4	

NITRATES

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
NITRO-BID	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	MO
<i>nitroglycerin intravenous</i>	1	PA
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
NITROSTAT	2	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

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

BURN THERAPY

<i>silver sulfadiazine</i>	1	MO
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Drug Name	Drug Tier	Requirements /Limits
SSD	1	MO

MISCELLANEOUS DERMATOLOGICALS

8-MOP	2	MO
<i>ammonium lactate</i>	1	MO
CARAC	2	MO
CONDYLOX TOPICAL GEL	2	MO
<i>diclofenac sodium topical gel</i>	1	MO
<i>fluorouracil topical</i>	1	MO
<i>imiquimod</i>	1	MO
<i>methoxsalen rapid</i>	4	
PANRETIN	4	MO
<i>podofilox</i>	1	MO
PROTOPIC	2	PA; MO
PRUDOXIN	1	MO
REGRANEX	2	MO; QL (15 per 30 days)
UVADEX	3	
ZYCLARA	2	MO

THERAPY FOR ACNE

<i>adapalene</i>	1	PA; MO
AMNESTEEM	1	MO
AVITA TOPICAL CREAM	1	PA; MO
AZELEX	2	MO
CLARAVIS	1	MO
<i>clindamycin phosphate topical</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
ERY PADS	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
MYORISAN	1	
TAZORAC	2	PA; MO
<i>tretinoin topical</i>	1	PA; MO
ZENATANE	1	MO
TOPICAL ANESTHETICS		
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; MO
<i>lidocaine topical ointment</i>	1	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane gel</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 %</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO
TOPICAL ANTIBACTERIALS		
ALTABAX	2	MO
<i>gentamicin topical</i>	1	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
<i>econazole topical</i>	1	MO
<i>ketoconazole topical</i>	1	MO
KETODAN KIT	1	MO
NAFTIN	2	MO

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Drug Name	Drug Tier	Requirements /Limits
NYAMYC	1	MO
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
NYSTOP	1	MO
PEDI-DRI	1	MO

TOPICAL ANTIVIRALS

<i>acyclovir topical</i>	1	MO
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	3	MO

TOPICAL CORTICOSTEROIDS

ALA-CORT	1	MO
<i>alclometasone</i>	1	MO
<i>amcinonide</i>	1	MO
APEXICON E	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
CAPEX	2	MO
<i>clobetasol topical foam</i>	1	MO
<i>clobetasol topical gel</i>	1	MO
<i>clobetasol topical lotion</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical shampoo</i>	1	MO
<i>clobetasol topical solution</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO
CORDRAN TAPE LARGE ROLL	2	MO
<i>desonide</i>	1	MO
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinonide topical cream 0.1 %</i>	1	MO
<i>fluocinonide topical gel</i>	1	MO
<i>fluocinonide topical ointment</i>	1	MO
<i>fluocinonide topical solution</i>	1	MO
FLUOCINONIDE-E	1	MO
<i>fluticasone topical</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone butyr-emollient</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>mometasone</i>	1	MO
PANDEL	2	MO
<i>prednicarbate</i>	1	MO
<i>triamcinolone acetonide topical</i>	1	MO
TRIDERM	1	MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	3	MO
<i>lindane</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin topical cream</i>	1	MO
SKLICE	2	MO
<i>spinosad</i>	1	MO
ULESFIA	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b gu</i>	1	MO
<i>ringers irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
ADAGEN	4	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>anagrelide</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	4	MO; LA
CARBAGLU	4	MO; LA
<i>cevimeline</i>	1	MO
CHEMET	2	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>dextrose 10 % & 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>disulfiram</i>	1	MO
<i>etidronate disodium</i>	1	MO
EXJADE ORAL TABLET, DISPERSIBLE 125 MG	2	MO; LA
EXJADE ORAL TABLET, DISPERSIBLE 250 MG, 500 MG	4	MO; LA
FERRIPROX	4	MO
INCRELEX	4	MO; LA
KIONEX ORAL POWDER	1	MO
<i>levocarnitine intravenous</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>midodrine</i>	1	MO
ORFADIN	4	MO; LA
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C	4	MO; LA

Drug Name	Drug Tier	Requirements /Limits
RAVICTI	4	MO
RENVELA ORAL TABLET	3	MO
<i>riluzole</i>	4	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium phenylbutyrate</i>	4	MO
SODIUM POLYSTYRENE (SORB FREE)	1	
SYPRINE	4	MO
THIOLA	2	MO
<i>water for irrigation, sterile</i>	1	MO
<i>zoledronic acid-mannitol-water intravenous solution</i>	1	PA; MO
SMOKING DETERRENTS		
BUPROBAN	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH BOX	2	MO

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

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	1	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	1	MO
BACTROBAN NASAL	2	MO
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
PERIOGARD	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
TYZINE NASAL DROPS 0.05 %	2	MO

MISCELLANEOUS OTIC PREPARATIONS

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

Drug Name	Drug Tier	Requirements /Limits
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	2	MO
COLY-MYCIN S	2	MO
CORTISPORIN-TC	2	MO
<i>neomycin-polymyxin-hc otic</i>	1	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

A-HYDROCORT	1	MO
<i>cortisone</i>	1	MO
DEPO-MEDROL	2	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
DEXAMETHASON E INTENSOL	1	MO
<i>dexamethasone sodium phosphate injection</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>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	1	
MILLIPRED ORAL TABLET	1	PA; MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	PA; MO
PREDNISONE INTENSOL	1	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	2	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	2	
SOLU-MEDROL (PF) INJECTION	2	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
VERIPRED 20	1	MO
ANTITHYROID AGENTS		
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
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	1	
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/0.04 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/0.02 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
<i>gauze pads 2 x 2</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<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	2	
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY	2	MO
HUMALOG	2	MO
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50-50	2	MO

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

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

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

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (10.5 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)
TRADJENTA	3	ST; MO; QL (30 per 30 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 40	2	MO

Drug Name	Drug Tier	Requirements /Limits
VICTOZA 2-PAK	2	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	4	MO
ANADROL-50	4	PA; MO
ANDRODERM	2	PA; MO
ANDROGEL	2	PA; MO
ANDROXY	2	MO
AXIRON	3	PA; MO
<i>cabergoline</i>	1	MO; QL (16 per 28 days)
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous</i>	1	MO
<i>calcitriol oral</i>	1	MO
CEREZYME	4	MO
<i>chorionic gonadotropin, human</i>	1	PA; MO
<i>danazol oral</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray, non-aerosol</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	4	MO

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Drug Name	Drug Tier	Requirements /Limits
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	4	MO
FORTESTA	3	PA; MO
FORTICAL	1	MO
KUVAN ORAL TABLET,SOLUBLE	4	MO; LA
LUMIZYME	4	MO; LA
MIACALCIN INJECTION	3	MO
MYALEPT	4	PA; MO; LA
MYOZYME	4	MO
NAGLAZYME	4	MO; LA
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol</i>	1	MO
SAMSCA ORAL TABLET 15 MG	4	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PA; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG	2	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	MO
SOMAVERT	4	MO; LA

Drug Name	Drug Tier	Requirements /Limits
STIMATE	2	MO
SYNAREL	4	MO
TESTIM	3	PA; MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
ZAVESCA	4	MO; LA
ZEMPLAR INTRAVENOUS	2	MO
<i>zoledronic acid intravenous solution</i>	1	MO

THYROID HORMONES

<i>levothyroxine oral</i>	1	MO
LEVOXYL	1	MO
<i>liothyronine intravenous</i>	1	
<i>liothyronine oral</i>	1	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection syringe</i>	1	
<i>dicyclomine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate</i>	1	MO
<i>loperamide oral capsule</i>	1	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

ALOXI	2	MO; QL (10 per 30 days)
AMITIZA	2	MO
APRISO	3	MO
ASACOL HD	2	MO
<i>balsalazide</i>	1	MO
<i>budesonide oral</i>	4	MO
CANASA	2	MO
CHENODAL	4	PA; MO; LA
CIMZIA	4	PA; MO
CIMZIA POWDER FOR RECONST	4	PA; MO
CIMZIA STARTER KIT	4	PA; MO
COLOCORT	1	MO
COMPRO	1	MO
CONSTULOSE	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	4	MO
DELZICOL	2	MO
DIPENTUM	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dronabinol oral capsule 10 mg</i>	4	PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	PA; MO
EMEND INTRAVENOUS	2	MO
EMEND ORAL	2	PA; MO
ENULOSE	1	MO
GAVILYTE-C	1	MO
GAVILYTE-G	1	MO
GAVILYTE-N	1	MO
GENERLAC	1	MO
<i>granisetron intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron oral</i>	1	PA; MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	
<i>hydrocortisone rectal</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	4	MO
<i>meclizine oral tablet</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl oral</i>	1	MO
MOVIPREP	3	MO
<i>ondansetron</i>	1	PA; MO
<i>ondansetron hcl oral solution</i>	1	PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 gram</i>	1	MO
PENTASA	2	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
PROCTO-PAK	1	MO
PROCTOZONE-HC	1	MO
RECTIV	2	MO
RELISTOR	2	MO
REMICADE	4	PA; MO
SANCUSO	4	MO
SUCLEAR	2	MO

Drug Name	Drug Tier	Requirements /Limits
SUCRAID	4	MO
<i>sulfasalazine oral tablet</i>	1	MO
SULFAZINE EC	1	MO
SUPREP	2	MO
TRANSDERM-SCOP	2	MO
TRILYTE WITH FLAVOR PACKETS	1	MO
UCERIS	4	MO
<i>ursodiol</i>	1	MO
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT	2	MO
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
CARAFATE ORAL SUSPENSION	1	MO
<i>cimetidine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	3	MO
<i>esomeprazole sodium</i>	1	
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	2	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	2	MO

Drug Name	Drug Tier	Requirements /Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>nizatidine</i>	1	MO
<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>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	MO
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
PYLERA	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>rabeprazole</i>	1	MO
<i>ranitidine hcl injection solution 25 mg/ml</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	4	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; MO

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	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	2	PA; MO
ARCALYST	4	PA; MO
AVONEX INTRAMUSCULAR KIT	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	4	PA; MO; QL (4 per 28 days)
AVONEX ADMINISTRATION PACK	4	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
ILARIS (PF)	4	PA; MO; LA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	2	MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	MO
LEUKINE	4	MO
MOZOBIL	4	MO
NEULASTA	4	PA; MO; QL (2 per 30 days)
NEUMEGA	4	MO
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; MO
NEUPOGEN INJECTION SYRINGE	4	PA; MO
NORDITROPIN FLEXPRO	4	PA; MO

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

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Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (12 per 28 days)
REBIF TITRATION PACK	4	PA; MO; QL (12 per 28 days)
SYLATRON	4	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
<i>bcg vaccine, live (pf)</i>	2	
BOOSTRIX TDAP	2	MO
BOTOX INJECTION RECON SOLN 100 UNIT	2	PA; MO
CERVARIX VACCINE (PF)	2	MO
COMVAX (PF)	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA
<i>fomepizole</i>	1	MO
GAMASTAN S/D	2	MO
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	2	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION SUSPENSION	2	MO
IXIARO (PF)	2	MO
M-M-R II (PF)	2	MO
MENACTRA (PF)	2	MO
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
PEDVAX HIB (PF)	2	MO

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

MUSCULOSKELETAL / RHEUMATOLOGY

Drug Name	Drug Tier	Requirements /Limits
GOUT THERAPY		
<i>allopurinol</i>	1	MO
ALOPRIM	1	
<i>colchicine-probenecid</i>	1	MO
COLCRYS	2	MO
<i>probenecid</i>	1	MO
ULORIC	2	ST; MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FORTEO	4	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	3	MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate</i>	1	MO; QL (1 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	2	MO
CUPRIMINE	4	MO
DEPEN TITRATABS	2	MO
ENBREL SUBCUTANEOUS KIT	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	4	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK	4	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS KIT 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS KIT 40 MG/0.8 ML	4	PA; MO; QL (3.2 per 28 days)
HUMIRA CROHN'S DIS START PCK	4	PA; MO; QL (4.8 per 180 days)
HUMIRA PEN	4	PA; MO; QL (3.2 per 28 days)
HUMIRA PSORIASIS STARTER PACK	4	PA; MO; QL (3.2 per 180 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ORENCIA	4	PA; MO
ORENCIA (WITH MALTOSE)	4	PA; MO
OTEZLA	4	PA; MO
OTEZLA STARTER	4	PA; MO
RIDAURA	3	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (1 per 30 days)
SIMPONI	4	PA; MO
SIMPONI ARIA	4	PA; MO
XELJANZ	4	PA; MO

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

CAMILA	1	MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	MO
DEPO-SUBQ PROVERA 104	3	MO
ERRIN	1	MO
ESTRACE VAGINAL	2	MO
<i>estradiol oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol transdermal</i>	1	MO; QL (4 per 28 days)
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	MO
ESTRING	3	MO
<i>estropipate</i>	1	MO
JOLIVETTE	1	MO
LYZA	1	
<i>medroxyprogesteron e intramuscular suspension</i>	1	MO
<i>medroxyprogesteron e oral</i>	1	MO
MENEST	3	MO
MIMVEY	1	MO
MIMVEY LO	1	MO
NORA-BE	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
<i>progesterone micronized</i>	1	MO
VAGIFEM	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate vaginal</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
MICONAZOLE-3 VAGINAL SUPPOSITORY	1	MO
NUVARING	3	MO
ORTHO EVRA	3	MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
VANDAZOLE	1	MO
XULANE	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
AMETHIA	1	MO
AMETHYST	1	MO
APRI	1	MO
ARANELLE (28)	1	MO
AVIANE	1	MO
BALZIVA (28)	1	MO
BRIELLYN	1	MO
CRYSSELLE (28)	1	MO
CYCLAFEM 1/35 (28)	1	MO
CYCLAFEM 7/7/7 (28)	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	MO
EMOQUETTE	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ENPRESSE	1	MO
GIANVI (28)	1	MO
GILDAGIA	1	MO
INTROVALE	1	MO
JUNEL 1.5/30 (21)	1	MO
JUNEL 1/20 (21)	1	MO
JUNEL FE 1.5/30 (28)	1	MO
JUNEL FE 1/20 (28)	1	MO
KARIVA (28)	1	MO
KELNOR 1/35 (28)	1	MO
LARIN 1/20 (21)	1	
LARIN FE	1	MO
LEENA 28	1	MO
LESSINA	1	MO
LEVONEST (28)	1	MO
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	1	MO
LEVORA-28	1	MO
LOMEDIA 24 FE	1	MO
LORYNA (28)	1	MO
LOW-OGESTREL (28)	1	MO
LUTERA (28)	1	MO
MARLISSA	1	MO
MICROGESTIN 1.5/30 (21)	1	MO
MICROGESTIN 1/20 (21)	1	MO

Drug Name	Drug Tier	Requirements /Limits
MICROGESTIN FE 1.5/30 (28)	1	MO
MICROGESTIN FE 1/20 (28)	1	MO
MONONESSA (28)	1	MO
NECON 0.5/35 (28)	1	MO
NECON 1/35 (28)	1	MO
NECON 1/50 (28)	1	MO
NECON 10/11 (28)	1	MO
NECON 7/7/7 (28)	1	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO
NORTREL 7/7/7 (28)	1	MO
OCELLA	1	MO
OGESTREL (28)	1	MO
ORSYTHIA	1	MO
PIMTREA (28)	1	MO
PIRMELLA ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA	1	MO
PREVIFEM	1	MO
QUASENSE	1	MO
RECLIPSEN (28)	1	MO
SPRINTEC (28)	1	MO
SRONYX	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TRI-LEGEST FE	1	MO
TRI-PREVIFEM (28)	1	MO
TRI-SPRINTEC (28)	1	MO
TRINESSA (28)	1	MO
TRIVORA (28)	1	MO
VELIVET TRIPHASIC REGIMEN (28)	1	MO
VESTURA (28)	1	MO
VYFEMLA (28)	1	MO
ZENCHENT (28)	1	MO
ZENCHENT FE	1	MO
ZOVIA 1/35E (28)	1	MO
ZOVIA 1/50E (28)	1	MO
OXYTOCICS		
<i>methylergonovine oral</i>	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic</i>	1	MO
BESIVANCE	2	MO
CILOXAN OPHTHALMIC OINTMENT	2	MO
<i>ciprofloxacin ophthalmic</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ophthalmic</i>	1	MO
<i>gatifloxacin</i>	1	MO
GENTAK OPHTHALMIC OINTMENT	1	MO
<i>gentamicin ophthalmic drops</i>	1	MO
<i>gentamicin ophthalmic ointment</i>	1	
<i>levofloxacin ophthalmic</i>	1	MO
NATACYN	2	MO
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>ofloxacin ophthalmic</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO
TOBREX OPHTHALMIC OINTMENT	2	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic</i>	1	MO
<i>carteolol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol</i>	1	MO
<i>timolol maleate ophthalmic</i>	1	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic</i>	1	MO
BEPREVE	2	MO
<i>cromolyn ophthalmic</i>	1	MO
CYSTARAN	4	MO
<i>epinastine</i>	1	MO
LACRISERT	2	MO
LASTACFT	2	MO
PATADAY	2	MO
PATANOL	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium ophthalmic</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	2	MO
<i>ketorolac ophthalmic</i>	1	MO
NEVANAC	2	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>methazolamide oral</i>	1	MO
OTHER GLAUCOMA DRUGS		
COMBIGAN	2	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN	2	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
<i>travoprost (benzalkonium)</i>	1	MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin-dexameth</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc ophthalmic</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO
ZYLET	2	MO
STEROIDS		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic</i>	1	MO
FML S.O.P.	2	MO
LOTEMAX	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic</i>	1	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>sulfacetamide-prednisolone</i>	1	MO
SULFONAMIDES		
BLEPH-10	2	MO
<i>sulfacetamide sodium ophthalmic</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
<i>apraclonidine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>brimonidine</i>	1	MO
IOPIDINE OPHTHALMIC DROPPERETTE	3	MO
VASOCONSTRICTOR DECONGESTANTS		
<i>naphazoline</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1:1,000) (1ML)	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>desloratadine</i>	1	MO; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	1	PA; MO
EPIPEN	2	QL (4 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)
EPIPEN JR	2	QL (4 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	1	MO
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	1	PA; MO
ADCIRCA	4	PA; MO; QL (60 per 30 days)
ADEMPAS	4	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AEROSPAN	2	MO; QL (17.8 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	PA; MO
<i>albuterol sulfate oral</i>	1	MO
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	MO
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	2	MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	MO; QL (60 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BREO ELLIPTA	2	MO; QL (60 per 30 days)
<i>budesonide inhalation</i>	1	PA; MO
<i>budesonide nasal</i>	1	MO; QL (17.2 per 30 days)
CINRYZE	4	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	PA; MO
DALIRESP	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ELIXOPHYLLIN	3	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)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	1	MO; QL (16 per 30 days)
FORADIL AEROLIZER	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide inhalation</i>	1	PA; MO
<i>ipratropium-albuterol</i>	1	PA; MO
KALBITOR	4	MO
KALYDECO	4	MO
LETAIRIS	4	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	1	PA; MO
<i>metaproterenol</i>	1	MO
<i>montelukast</i>	1	MO
NASONEX	2	MO; QL (34 per 30 days)
OPSUMIT	4	PA; MO; LA
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	2	PA; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	4	PA; MO
QVAR	2	MO; QL (17.4 per 30 days)
REVATIO INTRAVENOUS	4	PA; MO
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	2	MO; QL (10.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	2	MO; QL (6.9 per 30 days)
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	MO
THEO-24	3	MO
<i>theophylline oral solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release</i>	1	MO
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
TRACLEER	4	PA; MO; LA
<i>triamcinolone acetonide nasal</i>	1	MO; QL (16.5 per 30 days)
TYVASO	4	PA; MO
XOLAIR	4	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	1	MO
ZYFLO	3	MO
ZYFLO CR	3	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
ENABLEX	2	MO
<i>flavoxate</i>	1	MO
MYRBETRIQ	2	MO
<i>oxybutynin chloride oral</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>trospium</i>	1	MO
VESICARE	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
AVODART	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>finasteride oral tablet 5 mg</i>	1	MO
JALYN	2	MO
RAPAFLO	2	ST; MO
<i>tamsulosin</i>	1	MO
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	MO
MISCELLANEOUS UROLOGICALS		
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
<i>potassium citrate oral tablet extended release 10 meq, 5 meq</i>	1	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	1	MO
ELIPHOS	1	MO
K-TAB	3	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON 10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lactated ringers intravenous</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	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride intravenous parenteral solution</i>	1	MO
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO
<i>potassium chloride in 0.9%nacl</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.3%nacl</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>ringers intravenous</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	MO
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	
<i>sodium lactate intravenous</i>	1	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	2	PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN II 15 %	2	PA
AMINOSYN II 7 %	2	PA
AMINOSYN II 8.5 %	2	PA
AMINOSYN II 8.5 %-ELECTROLYTES	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA
CLINIMIX 5%/D25W SULFITE-FREE	2	PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA
CLINIMIX 4.25%-D25W SULF-FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
HEPATAMINE 8%	2	PA
HEPATASOL 8 %	2	PA

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Drug Name	Drug Tier	Requirements /Limits
INTRALIPID INTRAVENOUS EMULSION 20 %	1	PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	2	PA
IONOSOL-B IN D5W	2	
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
LIPOSYN III INTRAVENOUS EMULSION 10 %, 20 %	1	PA
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56 IN 5 % DEXTROSE	2	
PREMASOL 10 %	1	PA
PREMASOL 6 %	2	PA
TRAVASOL 10 %	2	PA
TROPHAMINE 10 %	2	PA
TROPHAMINE 6%	2	PA

VITAMINS / HEMATINICS

Drug Name	Drug Tier	Requirements /Limits
PRENATAL VITAMIN	1	
<i>sodium fluoride oral tablet</i>	1	

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cetirizine	58	clarithromycin	5	COLOCORT.....	46
cevimeline	38	CLEOCIN.....	54	COLY-MYCIN S	40
CHANTIX.....	39	clindamycin hcl	6	COMBIGAN	57
CHANTIX CONTINUING	39	clindamycin in dextrose 5 %	6	COMBIVENT RESPIMAT	59
MONTH BOX.....	39	CLINDAMYCIN PEDIATRIC	6	COMETRIQ	10
CHANTIX CONTINUING	39	.....	6	COMPLERA	2
MONTH PAK	39	clindamycin phosphate	6, 35, 54	COMPRO	46
CHANTIX STARTING	39	clindamycin-benzoyl peroxide	36	COMVAX (PF)	51
MONTH BOX.....	39	.....	36	CONDYLOX.....	35
CHANTIX STARTING	40	CLINIMIX 5%/D15W	63	CONSTULOSE	46
MONTH PAK	40	SULFITE FREE	63	COPAXONE	17
CHEMET	38	CLINIMIX 5%/D25W	63	CORDRAN TAPE LARGE	37
CHENODAL.....	46	SULFITE-FREE.....	63	ROLL.....	37
chloramphenicol sod succinate	6	CLINIMIX 2.75%/D5W	63	COREG CR	31
.....	6	SULFIT FREE.....	63	CORTIFOAM.....	46
chlorhexidine gluconate	40	CLINIMIX 4.25%/D10W	63	cortisone	40
chloroquine phosphate.....	6	SULF FREE	63	CORTISPORIN-TC	40
chlorothiazide.....	31	CLINIMIX 4.25%/D5W	38	CREON.....	46
chlorothiazide sodium	31	SULFIT FREE.....	38	CRESTOR	34
chlorpromazine.....	23	CLINIMIX 4.25%-D20W	63	CRINONE	53
chlorthalidone.....	31	SULF-FREE	63	CRIXIVAN.....	2
CHOLESTYRAMINE LIGHT	34	CLINIMIX 4.25%-D25W	63	cromolyn.....	46, 57, 59
.....	34	SULF-FREE	63	CRYSELLE (28)	54
chorionic gonadotropin, human	44	CLINIMIX 5%-D20W(SULFITE-FREE)..	63	CUBICIN.....	6
.....	44	.....	63	CUPRIMINE	53
CIALIS	62	clobetasol.....	37	CYCLAFEM 1/35 (28).....	54
ciclopirox.....	36	clobetasol-emollient	37	CYCLAFEM 7/7/7 (28)	54
cidofovir	2	CLOLAR	10	cyclobenzaprine	18
cilostazol.....	33	clomipramine.....	23	cyclophosphamide	10
CILOXAN.....	56	clonazepam.....	16	CYCLOSET	41
cimetidine	47	clonidine	31	cyclosporine.....	10
CIMZIA.....	46	clonidine hcl	23, 31	cyclosporine modified	10
CIMZIA POWDER FOR	46	clopidogrel.....	33	CYSTADANE.....	46
RECONST.....	46	clorazepate dipotassium	24	CYSTAGON	62
				CYSTARAN.....	57

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cytarabine	10	dextroamphetamine-		drospirenone-ethinyl estradiol	
cytarabine (pf)	11	amphetamine	24	54
D		dextrose 10 % & 0.2 % nacl	38	DROXIA.....	11
d10 % & 0.45 % sodium		dextrose 10 % in water (d10w)	38	DULERA	60
chloride.....	38	.....	38	duloxetine	24
d2.5 %-0.45 % sodium		dextrose 5 % in water (d5w).	39	DURAMORPH (PF)	18
chloride.....	38	dextrose 5 %-lactated ringers	39	DYMISTA	60
d5 % and 0.9 % sodium		dextrose 5%-0.2 % sod		E	
chloride.....	38	chloride.....	39	E.E.S. 400	5
d5 %-0.45 % sodium chloride		dextrose 5%-0.3 %		E.E.S. GRANULES.....	5
.....	38	sod.chloride	39	econazole	36
dacarbazine.....	11	diazepam.....	16, 24	EDARBI	31
DALIRESP	59	DIAZEPAM INTENSOL.....	24	EDARBYCLOR.....	31
danazol	44	DIBENZYLINE	31	EDECIN.....	31
dantrolene.....	18	diclofenac potassium	21	EDURANT	2
dapsone.....	6	diclofenac sodium.....	21, 35, 57	EFFIENT	33
DAPTACEL (DTAP		diclofenac-misoprostol	21	ELAPRASE.....	44
PEDIATRIC) (PF).....	51	dicloxacillin.....	7	ELIPHOS.....	62
DARAPRIM.....	6	dicyclomine	45	ELIQUIS.....	33
daunorubicin.....	11	didanosine.....	2	ELITEK	9
decitabine	11	diflorasone	37	ELIXOPHYLLIN	60
DELZICOL	46	diflunisal	21	ELLA	54
demeclocycline.....	9	digoxin.....	33	ELLENCE	11
DEMSER.....	31	dihydroergotamine.....	17	ELMIRON	62
DENAVIR.....	37	DILANTIN.....	16	ELOXATIN	11
DEPEN TITRATABS	53	diltiazem hcl	31	EMCYT	11
DEPO-MEDROL	40	DILT-XR	31	EMEND	46
DEPO-PROVERA	53	DIPENTUM.....	46	EMOQUETTE.....	54
DEPO-SUBQ PROVERA		diphenhydramine hcl	58	EMSAM	24
.....	53	diphenoxylate-atropine	46	EMTRIVA	2
desipramine	24	dipyridamole.....	33	ENABLEX	61
desloratadine.....	58	disulfiram.....	39	enalapril maleate.....	31
desmopressin	44	divalproex	16	enalapril-hydrochlorothiazide	
desonide.....	37	DOCEFREZ	11	.....	31
desoximetasone	37	docetaxel.....	11	ENBREL.....	53
dexamethasone	40	donepezil	17	ENBREL SURECLICK	53
DEXAMETHASONE		dorzolamide.....	57	ENDOCET	19
INTENSOL	40	dorzolamide-timolol	57	ENDODAN	19
dexamethasone sodium		doxazosin.....	31	ENGERIX-B (PF)	51
phosphate.....	40, 58	doxepin.....	24	ENGERIX-B PEDIATRIC	
DEXILANT.....	48	doxercalciferol.....	44	(PF).....	51
dexmethylphenidate	24	doxorubicin.....	11	enoxaparin	33
dexrazoxane.....	9	doxycycline hyclate.....	9	ENPRESSE.....	55
dextroamphetamine	24	doxycycline monohydrate	9	entacapone	17
		dronabinol.....	46	ENULOSE	46

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epinastine.....	57	etoposide.....	11	FLUOCINONIDE-E.....	37
EPIPEN.....	58	EURAX.....	38	fluorouracil.....	11, 35
EPIPEN 2-PAK.....	58	EXELON.....	18	fluoxetine.....	25
EPIPEN JR.....	58	exemestane.....	11	fluphenazine decanoate.....	25
EPIPEN JR 2-PAK.....	58	EXJADE.....	39	fluphenazine hcl.....	25
epirubicin.....	11	EXTAVIA.....	50	flurbiprofen.....	22
EPITOL.....	16	F		flurbiprofen sodium.....	57
EPIVIR.....	2	FABRAZYME.....	45	flutamide.....	11
EPIVIR HBV.....	2	famciclovir.....	2	fluticasone.....	37, 60
eplerenone.....	31	famotidine.....	48	fluvastatin.....	34
EPOGEN.....	50	famotidine (pf).....	48	fluvoxamine.....	25
eprosartan.....	31	famotidine (pf)-nacl (iso-os).....	48	FML S.O.P.....	58
EPZICOM.....	2	FANAPT.....	24	FOLOTYN.....	11
ERAXIS(WATER DILUENT)		FARESTON.....	11	fomepizole.....	51
.....	1	FASLODEX.....	11	fondaparinux.....	33
ERBITUX.....	11	FAZACLO.....	24	FORADIL AEROLIZER.....	60
ergoloid.....	24	felbamate.....	16	FORFIVO XL.....	25
ERIVEDGE.....	11	felodipine.....	31	FORTAZ.....	4
ERRIN.....	53	fenofibrate.....	34	FORTEO.....	52
ERWINAZE.....	11	fenofibrate micronized.....	34	FORTESTA.....	45
ERY PADS.....	36	fenofibrate nanocrystallized.....	34	FORTICAL.....	45
ERY-TAB.....	5	fenofibric acid (choline).....	34	FOSAMAX PLUS D.....	52
ERYTHROCIN.....	5	fenopropfen.....	22	foscarnet.....	2
ERYTHROCIN (AS		fenofibril.....	19	fosinopril.....	31
STEARATE).....	5	fenofibril patches.....	19	fosinopril-hydrochlorothiazide	
erythromycin.....	5, 56	FERRIPROX.....	39	.....	31
erythromycin ethylsuccinate.....	5	FETZIMA.....	24, 25	fosphenytoin.....	16
erythromycin with ethanol.....	36	finasteride.....	62	furosemide.....	31
erythromycin-benzoyl peroxide		FIRAZYR.....	60	FUSILEV.....	9
.....	36	FIRMAGON KIT W		FUZEON.....	2
erythromycin-sulfisoxazole.....	5	DILUENT SYRINGE.....	11	FYCOMPA.....	16
escitalopram oxalate.....	24	flavoxate.....	61	G	
esomeprazole sodium.....	48	flecainide.....	30	gabapentin.....	16
ESTRACE.....	53	FLECTOR.....	22	GABITRIL.....	16
estradiol.....	53, 54	FLOVENT DISKUS.....	60	galantamine.....	18
estradiol valerate.....	54	FLOVENT HFA.....	60	GAMASTAN S/D.....	51
estradiol-norethindrone acet.....	54	fluconazole.....	1	ganciclovir sodium.....	2
ESTRING.....	54	fluconazole in dextrose(iso-o).....	1	GARDASIL (PF).....	51
estropipate.....	54	flucytosine.....	1	gatifloxacin.....	56
eszopiclone.....	24	fludarabine.....	11	gauze pads 2 x 2.....	41
ethambutol.....	6	fludrocortisone.....	40	GAVILYTE-C.....	46
ethosuximide.....	16	flunisolide.....	60	GAVILYTE-G.....	46
etidronate disodium.....	39	fluocinolone.....	37	GAVILYTE-N.....	46
etodolac.....	21	fluocinolone acetonide oil.....	40	gemcitabine.....	11
ETOPOPHOS.....	11	fluocinonide.....	37	gemfibrozil.....	34

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GENERLAC.....	46	HUMALOG MIX 75-25		IMOVAX RABIES VACCINE	
GENGRAF.....	11	KWIKPEN.....	42	(PF).....	51
GENTAK.....	56	HUMIRA.....	53	INCRELEX.....	39
gentamicin.....	6, 36, 56	HUMIRA CROHN'S DIS		indapamide.....	32
gentamicin in nacl (iso-osm) ..	6	START PCK.....	53	INFANRIX (DTAP) (PF).....	51
gentamicin sulfate (pf).....	6	HUMIRA PEN.....	53	INLYTA.....	12
GEODON.....	25	HUMIRA PSORIASIS		insulin pen needle.....	42
GIANVI (28).....	55	STARTER PACK.....	53	insulin syringe (disp) u-100 0.3	
GILDAGIA.....	55	HUMULIN 70/30.....	42	ml.....	42
GILENYA.....	18	HUMULIN 70/30 KWIKPEN		insulin syringe (disp) u-100 1	
GILOTRIF.....	12	.....	42	ml.....	42
GLEEVEC.....	12	HUMULIN 70/30 PEN.....	42	insulin syringe (disp) u-100 1/2	
glimepiride.....	42	HUMULIN N.....	42	ml.....	42
glipizide.....	42	HUMULIN N KWIKPEN.....	42	INTELENCE.....	2
glipizide-metformin.....	42	HUMULIN N PEN.....	42	INTRALIPID.....	64
GLUCAGEN.....	42	HUMULIN R.....	42	INTRON A.....	50
GLUCAGEN HYPOKIT.....	42	HUMULIN R U-500.....	42	INTROVALE.....	55
GLUCAGON EMERGENCY		hydralazine.....	31	INVANZ.....	6
.....	42	hydrochlorothiazide.....	32	INVEGA.....	25, 26
glycopyrrolate.....	46	hydrocodone-acetaminophen.....	19	INVEGA SUSTENNA.....	26
granisetron.....	46	hydrocodone-ibuprofen.....	19	INVIRASE.....	2
granisetron (pf).....	46	hydrocortisone.....	37, 40, 46	INVOKANA.....	42
griseofulvin microsize.....	1	hydrocortisone butyrate.....	38	IONOSOL-B IN D5W.....	64
griseofulvin ultramicrosize.....	1	hydrocortisone butyr-emollient		IONOSOL-MB IN D5W.....	64
guanidine.....	25	.....	37	IOPIDINE.....	58
H		hydrocortisone valerate.....	38	IPOL.....	51
HALAVEN.....	12	hydrocortisone-acetic acid.....	40	ipratropium bromide.....	40, 60
halobetasol propionate.....	37	hydromorphone.....	19	ipratropium-albuterol.....	60
haloperidol.....	25	hydromorphone (pf).....	19	irbesartan.....	32
haloperidol decanoate.....	25	hydroxychloroquine.....	6	irbesartan-hydrochlorothiazide	
haloperidol lactate.....	25	hydroxyurea.....	12	.....	32
HAVRIX (PF).....	51	hydroxyzine hcl.....	58	irinotecan.....	12
heparin (porcine).....	33	I		ISENTRESS.....	2
heparin (porcine) in 5 % dex.....	33	ibandronate.....	52	ISOLYTE-P IN 5 %	
heparin (porcine) in nacl (pf).....	34	ibuprofen.....	22	DEXTROSE.....	64
HEPATAMINE 8%.....	63	ibuprofen-oxycodone.....	19	ISOLYTE-S.....	64
HEPATASOL 8 %.....	63	idarubicin.....	12	isoniazid.....	6
HERCEPTIN.....	12	ifosfamide.....	12	isosorbide dinitrate.....	35
HEXALEN.....	12	ILARIS (PF).....	50	isosorbide mononitrate.....	35
HUMALOG.....	42	ILEVRO.....	57	isradipine.....	32
HUMALOG KWIKPEN.....	42	IMBRUVICA.....	12	ISTODAX.....	12
HUMALOG MIX 50-50.....	42	imipenem-cilastatin.....	6	itraconazole.....	1
HUMALOG MIX 50-50		imipramine hcl.....	25	IXEMPRA.....	12
KWIKPEN.....	42	imipramine pamoate.....	25	IXIARO (PF).....	51
HUMALOG MIX 75-25.....	42	imiquimod.....	35		

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J		
JAKAFI.....	12	lamivudine-zidovudine.....
JALYN.....	62	2
JANTOVEN.....	34	lamotrigine.....
JANUMET.....	42	16
JANUMET XR.....	43	LANOXIN.....
JANUVIA.....	43	33
JENTADUETO.....	43	lansoprazole.....
JEVTANA.....	12	48
JOLIVETTE.....	54	LANTUS.....
JUNEL 1.5/30 (21).....	55	43
JUNEL 1/20 (21).....	55	LANTUS SOLOSTAR.....
JUNEL FE 1.5/30 (28).....	55	43
JUNEL FE 1/20 (28).....	55	LARIN 1/20 (21).....
JUXTAPID.....	34	55
K		LARIN FE.....
KADCYLA.....	12	55
KALBITOR.....	60	LASTACAFT.....
KALETRA.....	2	57
KALYDECO.....	60	latanoprost.....
KARIVA (28).....	55	57
KAZANO.....	43	LATUDA.....
KELNOR 1/35 (28).....	55	26
KEPIVANCE.....	9	LEENA 28.....
KETEK.....	6	55
ketoconazole.....	1, 36	leflunomide.....
KETODAN KIT.....	36	53
ketoprofen.....	22	LESSINA.....
ketorolac.....	57	55
KIONEX.....	39	LETAIRIS.....
KLOR-CON.....	62	60
KLOR-CON 10.....	62	letrozole.....
KLOR-CON M15.....	62	12
KLOR-CON M20.....	62	leucovorin calcium.....
KOMBIGLYZE XR.....	43	9
K-TAB.....	62	LEUKERAN.....
KUVAN.....	45	12
KYNAMRO.....	34	LEUKINE.....
L		50
labetalol.....	32	leuprolide.....
LACRISERT.....	57	12
lactated ringers.....	38, 62	levalbuterol hcl.....
lactulose.....	46	60
LAMISIL.....	1	LEVEMIR.....
lamivudine.....	2	43
		LEVEMIR FLEXPEN.....
		43
		LEVEMIR FLEXTOUCH.....
		43
		levetiracetam.....
		16
		levobunolol.....
		57
		levocarnitine.....
		39
		levocarnitine (with sugar).....
		39
		levocetirizine.....
		59
		levofloxacin.....
		8, 56
		levofloxacin in d5w.....
		8
		LEVONEST (28).....
		55
		levonorgestrel-ethinyl estrad.....
		55
		LEVORA-28.....
		55
		levorphanol tartrate.....
		19
		levothyroxine.....
		45
		LEVOXYL.....
		45
		LEXIVA.....
		2
		LIALDA.....
		46
		lidocaine.....
		36
		lidocaine (pf).....
		36
		lidocaine hcl.....
		36
		lidocaine-prilocaine.....
		36
		lindane.....
		38
		LINZESS.....
		46
		LIORESAL.....
		18
		liothyronine.....
		45
		LIPOFEN.....
		34
		LIPOSYN III.....
		64
		lisinopril.....
		32
		lisinopril-hydrochlorothiazide.....
		32
		lithium carbonate.....
		26
		lithium citrate.....
		26
		LOMEDIA 24 FE.....
		55
		lomustine.....
		12
		loperamide.....
		46
		lorazepam.....
		26
		LORAZEPAM INTENSOL.....
		26
		LORCET (HYDROCODONE).....
		19
		LORCET HD.....
		19
		LORCET PLUS.....
		19
		LORTAB 10-325.....
		19
		LORTAB 5-325.....
		20
		LORTAB 7.5-325.....
		20
		LORYNA (28).....
		55
		losartan.....
		32
		losartan-hydrochlorothiazide.....
		32
		LOTEMAX.....
		58
		LOTRONEX.....
		46
		lovastatin.....
		34
		LOW-OGESTREL (28).....
		55
		loxapine succinate.....
		26
		LUMIGAN.....
		57
		LUMIZYME.....
		45
		LUPRON DEPOT.....
		12
		LUPRON DEPOT (3
		MONTH).....
		12
		LUPRON DEPOT (4
		MONTH).....
		12
		LUPRON DEPOT (6
		MONTH).....
		12
		LUPRON DEPOT-PED.....
		12
		LUTERA (28).....
		55
		LYRICA.....
		16
		LYSODREN.....
		12
		LYZA.....
		54
		M
		MACRODANTIN.....
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mafenide acetate.....	36	methylergonovine.....	56	morphine.....	20
magnesium sulfate.....	62	methylphenidate.....	26	morphine concentrate.....	20
malathion.....	38	methylprednisolone.....	40	MOVIPREP.....	47
maprotiline.....	26	methylprednisolone acetate..	40	moxifloxacin.....	8
MARLISSA.....	55	methylprednisolone sodium		MOZOBIL.....	50
MARPLAN.....	26	succ.....	40, 41	mupirocin.....	36
MATULANE.....	12	metipranolol.....	57	mupirocin calcium.....	36
MATZIM LA.....	32	metoclopramide hcl.....	46, 47	MUSTARGEN.....	13
meclizine.....	46	metolazone.....	32	MYALEPT.....	45
meclofenamate.....	22	metoprolol succinate.....	32	MYCAMINE.....	1
medroxyprogesterone.....	54	metoprolol ta-hydrochlorothiaz		mycophenolate mofetil.....	13
mefenamic acid.....	22	.....	32	mycophenolate sodium.....	13
mefloquine.....	6	metoprolol tartrate.....	32	MYORISAN.....	36
MEGACE ES.....	12	metronidazole.....	6, 36, 54	MYOZYME.....	45
megestrol.....	13	metronidazole in nacl (iso-os)	6	MYRBETRIQ.....	61
MEKINIST.....	13	mexiletine.....	30	N	
meloxicam.....	22	MIACALCIN.....	45	nabumetone.....	22
melphalan.....	13	MICONAZOLE-3.....	54	nadolol.....	32
MENACTRA (PF).....	51	MICROGESTIN 1.5/30 (21)	55	nadolol-bendroflumethiazide	32
MENEST.....	54	MICROGESTIN 1/20 (21)...	55	nafcillin.....	7
MENOMUNE - A/C/Y/W-135		MICROGESTIN FE 1.5/30		nafcillin in dextrose iso-osm ..	7
(PF).....	51	(28).....	55	NAFTIN.....	36
MENVEO A-C-Y-W-135-DIP		MICROGESTIN FE 1/20 (28)		NAGLAZYME.....	45
(PF).....	51	.....	55	nalbuphine.....	22
mercaptopurine.....	13	midodrine.....	39	naloxone.....	22
meropenem.....	6	MIGERGOT.....	17	naltrexone.....	22
mesalamine with cleansing		MILLIPRED.....	41	NAMENDA.....	18
wipe.....	46	MIMVEY.....	54	NAMENDA TITRATION	
mesna.....	9	MIMVEY LO.....	54	PAK.....	18
MESNEX.....	9	minocycline.....	9	NAMENDA XR.....	18
MESTINON.....	18	minoxidil.....	32	naphazoline.....	58
MESTINON TIMESPAN.....	18	mirtazapine.....	26	naproxen.....	22
METADATE ER.....	26	misoprostol.....	48	naproxen sodium.....	22
metaproterenol.....	60	mitomycin.....	13	naratriptan.....	17
metformin.....	43	mitoxantrone.....	13	NASONEX.....	60
methadone.....	20	M-M-R II (PF).....	51	NATACYN.....	56
methamphetamine.....	26	modafinil.....	26	nateglinide.....	43
methazolamide.....	57	MODERIBA.....	2	NEBUPENT.....	6
methenamine hippurate.....	9	MODERIBA DOSE PACK....	2	NECON 0.5/35 (28).....	55
methimazole.....	41	moexipril.....	32	NECON 1/35 (28).....	55
methotrexate sodium.....	13	moexipril-hydrochlorothiazide		NECON 1/50 (28).....	55
methotrexate sodium (pf).....	13	.....	32	NECON 10/11 (28).....	55
methoxsalen rapid.....	35	mometasone.....	38	NECON 7/7/7 (28).....	55
methyclothiazide.....	32	MONONESSA (28).....	55	needles, insulin disp.,safety..	43
methyl dopa.....	32	montelukast.....	60	nefazodone.....	26

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neomycin.....	6	norethindrone (contraceptive)	54	ORAP.....	27
neomycin-bacitracin-poly-hc	57	norethindrone acetate.....	54	ORENCIA.....	53
neomycin-bacitracin- polymyxin.....	56	NORMOSOL-R IN 5 % DEXTROSE.....	62	ORENCIA (WITH MALTOSE).....	53
neomycin-polymyxin b gu ...	38	NORMOSOL-R PH 7.4.....	64	ORFADIN.....	39
neomycin-polymyxin- dexameth.....	57	NORTREL 0.5/35 (28).....	55	ORSYTHIA.....	55
neomycin-polymyxin- gramicidin.....	56	NORTREL 1/35 (21).....	55	ORTHO EVRA.....	54
neomycin-polymyxin-hc 40,	58	NORTREL 1/35 (28).....	55	OTEZLA.....	53
NEORAL.....	13	NORTREL 7/7/7 (28).....	55	OTEZLA STARTER.....	53
NEPHRAMINE 5.4 %.....	64	nortriptyline.....	26	oxacillin.....	7
NESINA.....	43	NORVIR.....	2	oxacillin in dextrose(iso-osm)	8
NEULASTA.....	50	NOVOLOG.....	43	oxaliplatin.....	13
NEUMEGA.....	50	NOVOLOG FLEXPEN.....	43	oxandrolone.....	45
NEUPOGEN.....	50	NOVOLOG MIX 70-30.....	43	oxaprozin.....	22
NEUPRO.....	17	NOVOLOG MIX 70-30 FLEXPEN.....	43	oxazepam.....	27
NEVANAC.....	57	NOVOLOG PENFILL.....	43	oxcarbazepine.....	16
nevirapine.....	2	NOXAFIL.....	1	oxybutynin chloride.....	61
NEXAVAR.....	13	NUEDEXTA.....	18	oxycodone.....	20
NEXIUM.....	48	NULOJIX.....	13	oxycodone-acetaminophen ...	21
NEXIUM PACKET.....	48	NUVARING.....	54	oxycodone-aspirin.....	21
niacin.....	34	NYAMYC.....	37	OXYCONTIN.....	21
nicardipine.....	32	nystatin.....	1, 37	oxymorphone.....	21
NICOTROL.....	40	nystatin-triamcinolone.....	37	P	
NICOTROL NS.....	40	NYSTOP.....	37	PACERONE.....	30
NIFEDICAL XL.....	32	O		paclitaxel.....	13
nifedipine.....	32	OCELLA.....	55	pamidronate.....	45
NILANDRON.....	13	octreotide acetate.....	13	PANDEL.....	38
nimodipine.....	32	ofloxacin.....	8, 40, 56	PANRETIN.....	35
NIPENT.....	13	OGESTREL (28).....	55	pantoprazole.....	48
nisoldipine.....	32	olanzapine.....	26, 27	paricalcitol.....	45
NITRO-BID.....	35	olanzapine-fluoxetine.....	27	paromomycin.....	6
NITRO-DUR.....	35	OLYSIO.....	3	paroxetine hcl.....	27
nitrofurantoin.....	9	omega-3 acid ethyl esters ...	34	PASER.....	6
nitrofurantoin macrocrystal ...	9	omeprazole.....	48	PATADAY.....	57
nitrofurantoin monohyd/m- cryst.....	9	omeprazole-sodium bicarbonate.....	48	PATANOL.....	57
nitroglycerin.....	35	ONCASPAS.....	13	PAXIL.....	27
NITROSTAT.....	35	ondansetron.....	47	PEDI-DRI.....	37
nizatidine.....	48	ondansetron hcl.....	47	PEDVAX HIB (PF).....	51
NORA-BE.....	54	ondansetron hcl (pf).....	47	peg 3350-electrolytes.....	47
NORDITROPIN FLEXPRO	50	ONFI.....	16	PEGANONE.....	16
NORDITROPIN NORDIFLEX	50	ONGLYZA.....	43	PEGASYS.....	50
		OPSUMIT.....	60	PEGASYS CONVENIENCE PACK.....	50
				PEGASYS PROCLICK.....	50
				PEGINTRON.....	50

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PEGINTRON REDIPEN	50	potassium chloride in 0.9%nacl	62	PROCRIT	50
penicillin g pot in dextrose	8	potassium chloride in 5 % dex	63	PROCTO-PAK	47
penicillin g potassium	8	potassium chloride in lr-d5	63	PROCTOZONE-HC	47
penicillin g procaine	8	potassium chloride-0.45 % nacl	63	progesterone micronized	54
penicillin g sodium	8	potassium chloride-d5-0.2%nacl	63	PROGLYCEM	44
penicillin v potassium	8	potassium chloride-d5-0.3%nacl	63	PROGRAF	13
PENTAM	6	potassium chloride-d5-0.9%nacl	63	PROLASTIN-C	39
PENTASA	47	potassium citrate	62	PROLENSA	57
pentoxifylline	34	POTIGA	16	PROLEUKIN	50
PERFOROMIST	60	PRADAXA	34	PROLIA	52
perindopril erbumine	32	pramipexole	17	PROMACTA	34
PERIOGARD	40	pravastatin	34	promethazine	59
PERJETA	13	prazosin	32	propafenone	30
permethrin	38	prednicarbate	38	propranolol	32
perphenazine	27	prednisolone acetate	58	propranolol-hydrochlorothiazid	32
PFIZERPEN-G	8	prednisolone sodium phosphate	41, 58	propylthiouracil	41
phenelzine	27	prednisone	41	PROQUAD (PF)	52
phenobarbital	16	PREDNISONE INTENSOL	41	PROTOPIC	35
phenytoin	16	PREMARIN	54	protriptyline	27
phenytoin sodium	16	PREMASOL 10 %	64	PRUDOXIN	35
phenytoin sodium extended	16	PREMASOL 6 %	64	PULMICORT	60
PHOSPHOLINE IODIDE	57	PRENATAL VITAMIN	64	PULMICORT FLEXHALER	60, 61
pilocarpine hcl	39, 57	PREVALITE	34	PULMOZYME	61
PIMTREA (28)	55	PREVIFEM	55	PYLERA	48
pindolol	32	PREZISTA	3	pyrazinamide	6
pioglitazone	44	PRIFTIN	6	pyridostigmine bromide	18
pioglitazone-glimepiride	44	primaquine	6	Q	
pioglitazone-metformin	44	primidone	16	QUASENSE	55
piperacillin-tazobactam	8	PRIMSOL	9	quetiapine	27
PIRMELLA	55	PRISTIQ	27	quinapril	32
piroxicam	22	PRIVIGEN	52	quinapril-hydrochlorothiazide	32
PLASMA-LYTE 148	64	PROAIR HFA	60	quinidine gluconate	30
PLASMA-LYTE A	64	probenecid	52	quinidine sulfate	30
PLASMA-LYTE-56 IN 5 % DEXTROSE	64	procainamide	30	quinine sulfate	6
podofilox	35	PROCENTRA	27	QVAR	61
polyethylene glycol 3350	47	prochlorperazine	47	R	
polymyxin b sulfate	6	prochlorperazine edisylate	47	RABAVERT (PF)	52
polymyxin b sulf-trimethoprim	56	prochlorperazine maleate	47	rabeprazole	49
POMALYST	13			RAGWITEK	52
PORTIA	55			raloxifene	52
potassium chlorid-d5-0.45%nacl	62			ramipril	32
potassium chloride	62			RANEXA	34

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ranitidine hcl.....	49	ROTATEQ VACCINE.....	52	SOLU-MEDROL (PF)	41
RAPAFLO.....	62	ROZEREM.....	28	SOMAVERT	45
RAPAMUNE	13	S		SORINE.....	30
RAVICTI.....	39	SABRIL.....	16	sotalol	30
REBETOL.....	3	SAMSCA.....	45	SOTALOL AF.....	30
REBIF (WITH ALBUMIN)..	50	SANCUSO	47	SOVALDI.....	3
REBIF REBIDOSE	50, 51	SANDIMMUNE	13	spinosad	38
REBIF TITRATION PACK	51	SANDOSTATIN LAR		SPIRIVA WITH	
RECLIPSEN (28).....	55	DEPOT	13	HANDIHALER.....	61
RECOMBIVAX HB (PF) ..	52	SANTYL	38	spironolactone.....	32
RECTIV	47	SAPHRIS.....	28	spironolacton-hydrochlorothiaz	
REGRANEX.....	35	SAPHRIS (BLACK		.....	32
RELENZA DISKHALER.....	3	CHERRY)	28	SPORANOX.....	1
RELISTOR.....	47	SAVELLA	53	SPRINTEC (28).....	55
RELPAK	17	selegiline hcl.....	17	SPRYCEL.....	14
REMICADE.....	47	selenium sulfide.....	35	SRONYX.....	55
REMODULIN.....	32	SELZENTRY	3	SSD.....	35
REVELA	39	SENSIPAR.....	45	stavudine.....	3
repaglinide.....	44	SEREVENT DISKUS	61	STIMATE.....	45
REPREXAIN	21	SEROQUEL XR.....	28, 29	STIVARGA	14
RESCRIPTOR.....	3	sertraline	29	STRATTERA	29
RESTASIS	57	SIGNIFOR.....	13	streptomycin	7
RETROVIR.....	3	sildenafil	61	STRIBILD	3
REVATIO	61	silver sulfadiazine.....	35	STROMECTOL	7
REVLIMID	13	SIMBRINZA	57	SUBOXONE	22
REYATAZ	3	SIMPONI.....	53	SUCLEAR.....	47
RHEUMATREX	13	SIMPONI ARIA.....	53	SUCRAID.....	47
RIBAPAK DOSE PACK.....	3	SIMULECT	14	sucrafate.....	49
RIBASPHERE	3	simvastatin.....	34	sulfacetamide sodium	58
ribavirin	3	sirolimus	14	sulfacetamide sodium (acne) 36	
RIDAURA.....	53	SIRTURO.....	7	sulfacetamide-prednisolone ..58	
rifabutin	7	SKLICE	38	sulfadiazine.....	9
rifampin	7	sodium chloride	39, 63	sulfamethoxazole-trimethoprim	
riluzole.....	39	sodium chloride 0.45 %.....	63	.....	9
rimantadine.....	3	sodium chloride 0.9 %.....	39	SULFAMYLON.....	36
ringers.....	38, 63	sodium chloride 3 %.....	63	sulfasalazine	47
RIOMET.....	44	sodium chloride 5 %.....	63	SULFAZINE EC	47
risedronate	52	sodium fluoride.....	64	sulindac.....	22
RISPERDAL CONSTA ..27, 28		sodium lactate.....	63	sumatriptan	17
risperidone.....	28	sodium phenylbutyrate	39	sumatriptan succinate	17
RITUXAN.....	13	SODIUM POLYSTYRENE		SUPRAX	4, 5
rivastigmine tartrate.....	18	(SORB FREE).....	39	SUPREP	47
rizatriptan	17	SOLTAMOX.....	14	SURMONTIL.....	29
ropinirole.....	17	SOLU-CORTEF (PF).....	41	SUSTIVA	3
ROTARIX.....	52	SOLU-MEDROL	41	SUTENT.....	14

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SYLATRON.....	51	thioridazine.....	29	triamcinolone acetonide.....	38, 40, 41, 61
SYLVANT.....	14	thiothixene.....	29	triamterene-hydrochlorothiazid33
SYMBICORT.....	61	THYMOGLOBULIN.....	52	TRIBENZOR.....	33
SYMLINPEN 120.....	44	tiagabine.....	16	TRIDERM.....	38
SYMLINPEN 60.....	44	TIKOSYN.....	30	trifluoperazine.....	29
SYNAGIS.....	3	timolol maleate.....	33, 57	trifluridine.....	56
SYNAREL.....	45	tinidazole.....	7	TRI-LEGEST FE.....	56
SYNERCID.....	7	TIVICAY.....	3	TRILYTE WITH FLAVOR	
SYNRIBO.....	14	tizanidine.....	18	PACKETS.....	47
SYPRINE.....	39	tobramycin.....	56	trimethoprim.....	9
T		tobramycin in 0.225 % nacl.....	7	TRINESSA (28).....	56
TABLOID.....	14	tobramycin in 0.9 % nacl.....	7	TRI-PREVIFEM (28).....	56
tacrolimus.....	14	tobramycin sulfate.....	7	TRISENOX.....	15
TAFINLAR.....	14	tobramycin-dexamethasone.....	58	TRI-SPRINTEC (28).....	56
TAMIFLU.....	3	TOBREX.....	56	TRIVORA (28).....	56
tamoxifen.....	14	tolazamide.....	44	TROPHAMINE 10 %.....	64
tamsulosin.....	62	tolbutamide.....	44	TROPHAMINE 6%.....	64
TARCEVA.....	14	tolmetin.....	22	tropium.....	61
TARGRETIN.....	14	tolterodine.....	61	TRUVADA.....	3
TASIGNA.....	14	topiramate.....	16	TWINRIX (PF).....	52
TASMAR.....	17	TOPOSAR.....	14	TYGACIL.....	7
TAZORAC.....	36	topotecan.....	14	TYKERB.....	15
TAZTIA XT.....	32	TORISEL.....	14	TYPHIM VI.....	52
TECFIDERA.....	18	torsemide.....	33	TYSABRI.....	18
TEFLARO.....	5	TOVIAZ.....	61	TYVASO.....	61
TEGRETOL XR.....	16	TRACLEER.....	61	TYZEKA.....	3
telmisartan.....	32	TRADJENTA.....	44	TYZINE.....	40
telmisartan-amlodipine.....	32	tramadol.....	22	U	
telmisartan-hydrochlorothiazid		tramadol-acetaminophen.....	22	UCERIS.....	47
.....	32	trandolapril.....	33	ULESFIA.....	38
temazepam.....	29	tranexamic acid.....	34, 54	ULORIC.....	52
terazosin.....	33	TRANSDERM-SCOP.....	47	UNITHROID.....	45
terbinafine.....	1	tranylcypromine.....	29	ursodiol.....	47
terbutaline.....	61	TRAVASOL 10 %.....	64	UVADDEX.....	35
terconazole.....	54	TRAVATAN Z.....	57	V	
TESTIM.....	45	travoprost (benzalkonium).....	57	VAGIFEM.....	54
testosterone cypionate.....	45	trazodone.....	29	valacyclovir.....	3
testosterone enanthate.....	45	TREANDA.....	14	VALCYTE.....	3
tetanus toxoid,adsorbed (pf).....	52	TRECATOR.....	7	valproate sodium.....	17
tetanus-diphtheria toxoids-td.....	52	TRELSTAR.....	14	valproic acid.....	17
tetracycline.....	9	TRELSTAR DEPOT.....	14	valproic acid (as sodium salt)	
THALOMID.....	14	TRELSTAR LA.....	14	.....	17
THEO-24.....	61	tretinoin.....	36		
theophylline.....	61	tretinoin (chemotherapy).....	15		
THIOLA.....	39				

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valsartan-hydrochlorothiazide	33	VIRACEPT	3	ZENATANE	36
vancomycin	9	VIRAMUNE XR	4	ZENCHENT (28)	56
VANDAZOLE	54	VIRAZOLE	4	ZENCHENT FE	56
VAQTA (PF)	52	VIREAD	4	ZENPEP	47
VARIVAX (PF)	52	VOLTAREN GEL	22	ZENZEDI	29, 30
VASCEPA	34	voriconazole	1	ZETIA	34
VECAMYL	34	VOTRIENT	15	ZIAGEN	4
VECTIBIX	15	VYFEMLA (28)	56	zidovudine	4
VELCADE	15	W		ZINECARD	10
VELIVET TRIPHASIC		warfarin	34	ZIOPTAN (PF)	57
REGIMEN (28)	56	water for irrigation, sterile	39	ziprasidone hcl	30
venlafaxine	29	WELCHOL	34	ZIRGAN	56
verapamil	33	X		ZMAX	5
VERIPRED 20	41	XALKORI	15	zoledronic acid	45
VERSACLOZ	29	XARELTO	34	zoledronic acid-mannitol-water	
VESICARE	61	XELJANZ	53	.....	39
VESTURA (28)	56	XENAZINE	18	ZOLINZA	15
VGO 20	44	XERESE	37	zolmitriptan	17
VGO 30	44	XGEVA	10	zolpidem	30
VGO 40	44	XIFAXAN	7	zonisamide	17
VIBRAMYCIN	9	XOLAIR	61	ZORTRESS	15
VICODIN	21	XTANDI	15	ZOSTAVAX (PF)	52
VICODIN ES	21	XULANE	54	ZOSYN IN DEXTROSE (ISO-	
VICODIN HP	21	XYREM	29	OSM)	8
VICTOZA 2-PAK	44	Y		ZOVIA 1/35E (28)	56
VICTOZA 3-PAK	44	YERVOY	15	ZOVIA 1/50E (28)	56
VICTRELIS	3	YF-VAX (PF)	52	ZOVIRAX	37
VIDEX 2 GRAM PEDIATRIC		Z		ZUBSOLV	22
.....	3	zafirlukast	61	ZYCLARA	35
VIIBRYD	29	zaleplon	29	ZYFLO	61
VIMPAT	17	ZALTRAP	15	ZYFLO CR	61
vinblastine	15	ZAMICET	21	ZYKADIA	15
vincristine	15	ZANOSAR	15	ZYLET	58
vinorelbine	15	ZAVESCA	45	ZYTIGA	15
VIOKACE	47	ZELBORAF	15	ZYVOX	7
		ZEMPLAR	45		

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