



Express Scripts Medicare (PDP) 2018 Formulary (List of Covered Drugs)

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

Formulary ID Number: 18042, v6

This formulary was updated on 08/14/2017. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at www.express-scripts.com.

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

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

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 14, 2017. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2019. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

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

What is the Express Scripts Medicare formulary?

The list of drugs covered by the plan is also known as the “formulary.” It contains a list of 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 covered by your plan in 2018, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2018 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 drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. **The requirements and limits may not apply to your plan’s specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at 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 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 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 at least a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

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

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

Other coverage that your plan may provide

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

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

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

Formulary

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

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

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

Your Costs

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

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

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

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: Generic Drugs	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: Brand Drugs	This tier includes brand-name drugs as well as some generic drugs.	Tier 2 drugs generally have a higher cost-sharing amount than Tier 1 drugs.

If you qualify for Extra Help

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

For more information

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

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

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

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

Note: The following drug list includes all possible restrictions and limitations. **Depending on your plan’s specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan’s specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at 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	2	PA; MO
AMBISOME	2	PA; MO
<i>amphotericin b</i>	1	PA; MO
CANCIDAS	2	PA; MO
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA INTRAVENOUS	2	
CRESEMBA ORAL	2	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	MO
<i>ketoconazole oral</i>	1	MO
MYCAMINE	2	MO
NOXAFIL ORAL	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
SPORANOX ORAL SOLUTION	2	MO
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole</i>	1	MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS ORAL CAPSULE	2	MO
APTIVUS ORAL SOLUTION	2	
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
<i>cidofovir</i>	1	PA; MO
COMPLERA	2	MO

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. 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
CRIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DESCOVY	2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	1	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	1	MO
EDURANT	2	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPCLUSA	2	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	2	MO
EVOTAZ	2	MO
<i>famciclovir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
<i>ganciclovir sodium</i>	1	PA; MO
GENVOYA	2	MO
HARVONI	2	PA; MO; QL (28 per 28 days)
INTELENCE	2	MO
INVIRASE	2	MO
ISENTRESS	2	MO

Drug Name	Drug Tier	Requirements /Limits
KALETRA ORAL TABLET	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA	2	MO
<i>lopinavir-ritonavir</i>	1	MO
<i>moderiba</i>	1	MO
<i>moderiba dose pack</i>	1	MO
<i>nevirapine</i>	1	MO
NORVIR	2	MO
ODEFSEY	2	MO
<i>oseltamivir</i>	1	MO
PREZCOBIX	2	MO
PREZISTA ORAL SUSPENSION	2	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	MO
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribasphere</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)-400 mg (7)</i>	1	
<i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	1	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
SELZENTRY ORAL TABLET	2	MO
<i>stavudine oral capsule</i>	1	MO
STRIBILD	2	MO
SUSTIVA	2	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	2	MO; LA
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	MO
TIVICAY	2	MO
TRIUMEQ	2	MO
TRUVADA	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valacyclovir</i>	1	PA; MO; QL (30 per 30 days)
<i>valganciclovir</i>	1	MO
VEMLIDY	2	MO
VIDEX 2 GRAM PEDIATRIC	2	MO
VIRACEPT ORAL TABLET	2	MO
VIREAD	2	MO
ZEPATIER	2	PA; MO; QL (28 per 28 days)
ZERIT ORAL RECON SOLN	2	MO
ZIAGEN ORAL SOLUTION	2	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cefotetan injection</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone injection recon soln 10 gram</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin</i>	1	MO
SUPRAX ORAL CAPSULE	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET,CHEWABLE	2	MO
TEFLARO	2	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	1	MO
<i>clarithromycin</i>	1	MO
<i>e.e.s. 400 oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	MO
<i>erythromycin oral tablet</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
<i>atovaquone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO
<i>baciim</i>	1	
<i>bacitracin intramuscular</i>	1	MO
BETHKIS	2	PA; MO; QL (224 per 28 days)
BILTRICIDE	2	MO
CAPASTAT	2	
CAYSTON	2	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	MO
<i>dapsone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>daptomycin</i>	1	MO
DARAPRIM	2	PA; MO
EMVERM	2	MO
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
INVANZ INJECTION	2	MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin</i>	1	MO
<i>lincomycin</i>	1	
<i>linezolid intravenous</i>	1	
<i>linezolid oral</i>	1	MO
<i>mefloquine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>meropenem intravenous recon soln 500 mg</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral</i>	1	MO
NEBUPENT	2	PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	2	MO
PENTAM	2	MO
<i>polymyxin b sulfate</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
<i>pyrazinamide</i>	1	MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	2	MO; LA
SIVEXTRO INTRAVENOUS	2	
STREPTOMYCIN	2	MO
SYNERCID	2	
<i>tinidazole</i>	1	MO
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	1	MO
TRECTOR	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TYGACIL	2	MO
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>ampicillin</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO

Drug Name	Drug Tier	Requirements /Limits
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	1	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>oxacillin injection recon soln 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
<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
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
QUINOLONES		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	MO
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin intravenous</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	MO
<i>doxycycline monohydrate oral capsule</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet</i>	1	MO
<i>minocycline</i>	1	MO
<i>morgidox oral capsule 50 mg</i>	1	
<i>tetracycline</i>	1	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	1	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
PRIMSOL	2	MO
<i>trimethoprim</i>	1	MO
VANCOMYCIN		

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Drug Name	Drug Tier	Requirements /Limits
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vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg

1 MO

vancomycin oral capsule

1 MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

dexrazoxane hcl intravenous recon soln 250 mg

1

ELITEK

2 MO

KEPIVANCE

2 MO

leucovorin calcium injection recon soln 100 mg, 350 mg

1 MO

leucovorin calcium oral

1 MO

levoleucovorin intravenous solution

1

mesna

1 MO

MESNEX ORAL

2 MO

XGEVA

2 PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ABRAXANE

2 PA; MO

adriamycin intravenous solution 20 mg/10 ml

1 PA

Drug Name	Drug Tier	Requirements /Limits
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adrucil intravenous solution 500 mg/10 ml

1 PA; MO

AFINITOR DISPERZ

2 PA; MO

AFINITOR ORAL TABLET 10 MG

2 PA; MO; QL (60 per 30 days)

AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG

2 PA; MO

ALECENSA

2 PA; MO; QL (240 per 30 days)

ALIMTA INTRAVENOUS RECON SOLN 500 MG

2 PA; MO

ALUNBRIG

2 PA; MO; QL (180 per 30 days)

anastrozole

1 MO

ARRANON

2 PA

AVASTIN

2 PA; MO

azacitidine

1 PA; MO

azathioprine

1 PA; MO

azathioprine sodium

1 PA

BAVENCIO

2 PA; MO; LA

BELEODAQ

2 PA; MO

bexarotene

1 MO

bicalutamide

1 MO

BICNU

2 PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>bleomycin injection recon soln 30 unit</i>	1	PA; MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO
BOSULIF ORAL TABLET 500 MG	2	PA; MO; QL (30 per 30 days)
<i>busulfan</i>	1	PA
BUSULFEX	2	PA
CABOMETYX	2	PA; MO; LA
CAPRELSA ORAL TABLET 100 MG	2	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	PA; MO
CELLCEPT INTRAVENOUS	2	PA; MO
<i>cisplatin</i>	1	PA; MO
<i>cladribine</i>	1	PA; MO
<i>clofarabine</i>	1	PA
CLOLAR	2	PA
COMETRIQ	2	PA; MO
COSMEGEN	2	PA; MO
COTELLIC	2	PA; MO; LA; QL (63 per 28 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine intravenous</i>	1	PA
<i>cyclosporine modified</i>	1	PA; MO
<i>cyclosporine oral capsule</i>	1	PA; MO
CYRAMZA	2	PA; MO
<i>cytarabine</i>	1	PA; MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	1	PA; MO
<i>dacarbazine intravenous recon soln 200 mg</i>	1	PA; MO
DARZALEX	2	PA; MO; LA
<i>daunorubicin intravenous solution</i>	1	PA
<i>decitabine</i>	1	PA; MO
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	PA; MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	1	PA; MO
<i>doxorubicin, peg-liposomal</i>	1	PA; MO
DROXIA	2	MO
EMCYT	2	MO
EMPLICITI	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	PA; MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	2	PA; MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERWINAZE	2	PA; MO
ETOPOPHOS	2	PA; MO
<i>etoposide intravenous</i>	1	PA; MO
<i>exemestane</i>	1	MO
FARESTON	2	MO
FARYDAK ORAL CAPSULE 10 MG	2	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	2	PA; MO; QL (6 per 21 days)
FASLODEX	2	PA; MO
FIRMAGON KIT W DILUENT SYRINGE	2	PA; MO
<i>fludarabine intravenous recon soln</i>	1	PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	1	PA; MO
<i>flutamide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	2	PA; MO
<i>gemcitabine intravenous recon soln 1 gram</i>	1	PA; MO
<i>gengraf</i>	1	PA; MO
GILOTRIF ORAL TABLET 20 MG	2	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	2	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	2	PA; MO; QL (30 per 30 days)
GLEOSTINE	2	MO
HALAVEN	2	PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	2	PA; MO
HEXALEN	2	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; MO; QL (30 per 30 days)
<i>idarubicin</i>	1	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>ifosfamide intravenous recon soln 1 gram</i>	1	PA; MO
<i>imatinib oral tablet 100 mg</i>	1	PA; MO
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA	2	PA; MO; QL (120 per 30 days)
IMFINZI	2	PA; MO; LA
INLYTA ORAL TABLET 1 MG	2	PA; MO
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
IRESSA	2	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	PA; MO
ISTODAX	2	PA; MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA; MO
JAKAFI ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)
JEVTANA	2	PA; MO
KADCYLA INTRAVENOUS RECON SOLN 100 MG	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
KEYTRUDA	2	PA; MO
KISQALI	2	PA; MO
KISQALI FEMARA CO-PACK	2	PA; MO
KYPROLIS	2	PA; MO
LARTRUVO	2	PA; MO; LA
LENVIMA	2	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LONSURF	2	PA; MO
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA; MO
LYNPARZA	2	PA; MO
LYSODREN	2	MO
MATULANE	2	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
<i>melfhalan hcl</i>	1	PA
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	PA
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
<i>mitomycin</i>	1	PA; MO
<i>mitoxantrone</i>	1	PA; MO
MUSTARGEN	2	PA; MO
<i>mycophenolate mofetil</i>	1	PA; MO
<i>mycophenolate mofetil hcl</i>	1	PA
<i>mycophenolate sodium</i>	1	PA; MO
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	1	MO
NINLARO ORAL CAPSULE 2.3 MG	2	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	2	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	2	PA; MO; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
NULOJIX	2	PA; MO
<i>octreotide acetate injection solution</i>	1	MO
ODOMZO	2	PA; MO; LA; QL (30 per 30 days)
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	2	PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	1	PA; MO
<i>paclitaxel</i>	1	PA; MO
PERJETA	2	PA; MO
POMALYST	2	MO; LA
PROGRAF INTRAVENOUS	2	PA; MO
PURIXAN	2	MO
RAPAMUNE ORAL SOLUTION	2	PA; MO
REVLIMID	2	PA; MO; LA
RITUXAN	2	PA; MO
RUBRACA ORAL TABLET 200 MG	2	PA; MO; LA; QL (180 per 30 days)
RUBRACA ORAL TABLET 300 MG	2	PA; MO; LA; QL (120 per 30 days)
RYDAPT	2	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	2	MO
SIGNIFOR	2	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
<i>sirolimus</i>	1	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	2	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	2	PA; MO
SPRYCEL ORAL TABLET 140 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	2	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	2	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SUTENT ORAL CAPSULE 50 MG	2	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	2	PA; MO
SYNRIBO	2	PA; MO
TABLOID	2	MO
<i>tacrolimus oral</i>	1	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	2	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	2	PA; MO; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG	2	PA; MO; LA; QL (60 per 30 days)
TAGRISSE ORAL TABLET 80 MG	2	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	2	PA; MO
TARCEVA ORAL TABLET 150 MG	2	PA; MO; QL (30 per 30 days)
TARGETIN TOPICAL	2	MO
TASIGNA ORAL CAPSULE 150 MG	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TASIGNA ORAL CAPSULE 200 MG	2	PA; MO; QL (112 per 28 days)
TECENTRIQ	2	PA; MO; LA
THALOMID	2	PA; MO
<i>thiotepa</i>	1	PA; MO
<i>toposar</i>	1	PA; MO
<i>topotecan intravenous recon soln</i>	1	PA
TORISEL	2	PA; MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	2	PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	2	PA; MO
TRELSTAR INTRAMUSCULAR SYRINGE	2	PA; MO
<i>tretinoin (chemotherapy)</i>	1	MO
TRISENOX	2	PA; MO
TYKERB	2	PA; MO; LA; QL (180 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
VELCADE	2	PA; MO
VENCLEXTA	2	PA; MO; LA
VENCLEXTA STARTING PACK	2	PA; MO; LA; QL (42 per 180 days)
<i>vinblastine intravenous solution</i>	1	PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	PA
<i>vincristine intravenous solution 1 mg/ml</i>	1	PA; MO
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	1	PA; MO
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	2	PA; MO
XALKORI ORAL CAPSULE 250 MG	2	PA; MO; QL (60 per 30 days)
XERMELO	2	PA; MO; LA; QL (90 per 30 days)
XTANDI	2	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	2	PA; MO
YONDELIS	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	2	PA; MO
ZANOSAR	2	PA; MO
ZEJULA	2	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZOLINZA	2	MO
ZORTRESS	2	PA; MO
ZYDELIG	2	PA; MO; QL (90 per 30 days)
ZYKADIA	2	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	2	PA; MO; QL (120 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM	2	MO
BANZEL	2	MO
BRIVIACT INTRAVENOUS	2	
BRIVIACT ORAL	2	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO
<i>clonazepam</i>	1	PA; MO
DIASTAT	2	MO
DIASTAT ACUDIAL	2	MO
DILANTIN 30 MG	2	MO
<i>divalproex</i>	1	MO
<i>epitol</i>	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 ORAL SUSPENSION	2	MO
FYCOMPA ORAL TABLET	2	MO
<i>gabapentin oral capsule 100 mg</i>	1	MO; QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral capsule 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (135 per 30 days)
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>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LYRICA ORAL CAPSULE 100 MG	2	PA; MO; QL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	2	PA; MO; QL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG	2	PA; MO; QL (81 per 30 days)
LYRICA ORAL CAPSULE 25 MG	2	PA; MO; QL (720 per 30 days)
LYRICA ORAL CAPSULE 300 MG	2	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 50 MG	2	PA; MO; QL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	2	PA; MO; QL (240 per 30 days)
LYRICA ORAL SOLUTION	2	PA; MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	2	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO
<i>oxcarbazepine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PEGANONE	2	MO
<i>phenobarbital</i>	1	PA; MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	MO
<i>primidone</i>	1	MO
<i>roweepra oral tablet 1,000 mg, 750 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	MO
SABRIL	2	MO; LA
SPRITAM	2	MO
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL SOLUTION	2	MO

Drug Name	Drug Tier	Requirements /Limits
VIMPAT ORAL TABLET	2	MO
<i>zonisamide</i>	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	MO; LA
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
NEUPRO	2	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral tablet 12.5 mg</i>	1	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	MO; QL (18 per 28 days)
<i>dihydroergotamine injection</i>	1	MO
<i>dihydroergotamine nasal</i>	1	MO; QL (8 per 28 days)
<i>ergotamine-caffeine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>frovatriptan</i>	1	MO; QL (27 per 28 days)
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

Drug Name	Drug Tier	Requirements /Limits
AMPYRA	2	PA; MO; LA
<i>donepezil</i>	1	MO
<i>galantamine</i>	1	MO
GILENYA	2	PA; MO
<i>glatopa</i>	1	PA; MO; QL (30 per 30 days)
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMENDA XR	2	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	2	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYSABRI	2	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
<i>dantrolene</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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
<i>pyridostigmine bromide</i>	1	MO
<i>tizanidine</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i>	1	MO; QL (266 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	QL (266 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	MO; QL (100 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	MO; QL (25 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>codeine sulfate oral tablet</i>	1	PA; MO; QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>fentanyl citrate</i>	1	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; MO; QL (50 per 30 days)
<i>hydromorphone (pf)</i>	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (1200 per 30 days)
<i>hydromorphone oral liquid</i>	1	PA; MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	PA; MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	1	PA; MO; QL (28 per 30 days)
<i>levorphanol tartrate</i>	1	PA; MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	1	PA; QL (360 per 30 days)
<i>lorcet hd</i>	1	PA; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	PA; QL (360 per 30 days)
<i>lortab 10-325</i>	1	PA; QL (360 per 30 days)
<i>lortab 5-325</i>	1	PA; QL (360 per 30 days)
<i>lortab 7.5-325</i>	1	PA; QL (360 per 30 days)
<i>methadone injection solution</i>	1	QL (150 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>morphine concentrate oral solution</i>	1	PA; MO; QL (900 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</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	PA; MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	PA; MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral capsule</i>	1	PA; MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	PA; MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	PA; MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	1	PA; QL (1860 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	1	PA; MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vicodin</i>	1	PA; MO; QL (360 per 30 days)
<i>vicodin es</i>	1	PA; MO; QL (360 per 30 days)
<i>vicodin hp</i>	1	PA; MO; QL (360 per 30 days)
<i>zamicet</i>	1	PA; QL (5550 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1	MO; QL (857 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1	MO; QL (428 per 30 days)
<i>butorphanol tartrate nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
<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 oral capsule</i>	1	MO
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>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 solution</i>	1	MO
<i>naloxone injection syringe 1 mg/ml</i>	1	MO
<i>naltrexone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	MO; QL (2 per 28 days)
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	1	MO
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VOLTAREN GEL TOPICAL GEL 1 %	2	ST; MO; QL (1000 per 28 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	MO
<i>amitriptyline</i>	1	PA; MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral tablet 10 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg, 20 mg</i>	1	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	1	MO; QL (450 per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	1	MO; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	2	

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	MO
<i>armodafinil</i>	1	PA; MO
<i>atomoxetine</i>	1	MO
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 12 hr 100 mg</i>	1	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 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 hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (60 per 30 days)
<i>buspirone</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)

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Drug Name	Drug Tier	Requirements /Limits
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium</i>	1	PA; MO
<i>clozapine oral tablet</i>	1	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	MO; QL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	MO; QL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	MO; QL (240 per 30 days)
<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 intensol</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO
<i>diazepam oral tablet</i>	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) 40 mg</i>	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	2	MO
<i>ergoloid</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>eszopiclone</i>	1	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG	2	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 12 MG	2	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	2	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	2	MO; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	2	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	2	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	2	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	MO; QL (45 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
<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)
GEODON INTRAMUSCULAR	2	MO
<i>guanidine</i>	1	MO
<i>haloperidol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate</i>	1	MO
HETLIOZ	2	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	PA; MO
<i>imipramine pamoate</i>	1	PA; MO
INVEGA SUSTENNA	2	MO
INVEGA TRINZA	2	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	2	MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	2	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 120 MG	2	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 oral solution 8 meq/5 ml</i>	1	MO
<i>lorazepam intensol</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral tablet</i>	1	PA; MO
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO
MARPLAN	2	MO
<i>metadate er</i>	1	MO
<i>methamphetamine</i>	1	PA; MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 40 mg, 60 mg</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 24hr</i>	1	MO
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil</i>	1	PA; MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	2	MO
<i>olanzapine intramuscular</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (81 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	MO; QL (120 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	MO; QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	1	MO; QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	1	MO; QL (41 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg</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)

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Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 50 mg</i>	1	MO; QL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (160 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	MO; QL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (81 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.25 MG	2	MO; QL (480 per 30 days)
REXULTI ORAL TABLET 0.5 MG	2	MO; QL (240 per 30 days)
REXULTI ORAL TABLET 1 MG	2	MO; QL (120 per 30 days)
REXULTI ORAL TABLET 2 MG	2	MO; QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG	2	MO; QL (40 per 30 days)
REXULTI ORAL TABLET 4 MG	2	MO; QL (30 per 30 days)
RISPERDAL CONSTA	2	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)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	MO; QL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	MO; QL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	MO; QL (161 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	2	MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	2	MO; QL (120 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)
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	PA; MO
TRINTELLIX ORAL TABLET 10 MG	2	MO; QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	2	MO; QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	2	MO; QL (120 per 30 days)
<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	2	
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 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	2	MO; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	2	MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG	2	MO; QL (40 per 30 days)
VRAYLAR ORAL CAPSULE 6 MG	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VRAYLAR ORAL CAPSULE,DOSE PACK	2	MO; QL (7 per 30 days)
XYREM	2	PA; MO; LA
<i>zaleplon oral capsule 10 mg</i>	1	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	ST; MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	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 oral</i>	1	ST; MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	1	PA; MO
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Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>mexiletine</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	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 oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet 120 mg</i>	1	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
SOTYLIZE	2	MO

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	MO
<i>afeditab cr</i>	1	MO
<i>amiloride</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
DEMSER	2	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180mg, 240 mg, 300 mg, 360 mg, 420mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>eprosartan</i>	1	MO
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol 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
<i>matzim la</i>	1	MO
<i>methyclothiazide</i>	1	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	MO
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
<i>nicardipine intravenous solution</i>	1	MO
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</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	2	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	1	MO
TEKTURNA	2	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI	2	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>verapamil intravenous solution</i>	1	MO
<i>verapamil oral</i>	1	MO
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	MO
<i>digoxin oral solution 50 mcg/ml</i>	1	MO
<i>digoxin oral tablet</i>	1	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	MO
COAGULATION THERAPY		
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	2	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel</i>	1	MO
<i>dipyridamole oral</i>	1	MO
ELIQUIS	2	MO
<i>enoxaparin</i>	1	MO
<i>fondaparinux</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	1	MO
PRADAXA	2	MO
PROMACTA	2	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)
<i>cholestyramine (with sugar) oral powder</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO
<i>colestipol oral granules</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>colestipol oral tablet</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
JUXTAPID	2	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	1	MO
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	1	MO
REPATHA PUSHTRONEX	2	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; MO; QL (3 per 28 days)
REPATHA SYRINGE	2	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	2	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA; MO
ENTRESTO	2	MO; QL (60 per 30 days)
RANEXA	2	MO
VECAMYL	2	
NITRATES		
<i>isosorbide dinitrate oral</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin intravenous</i>	1	PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	MO
<i>calcipotriene</i>	1	MO
<i>calcipotriene- betamethasone</i>	1	MO
<i>calcitriol topical</i>	1	MO
<i>selenium sulfide topical lotion</i>	1	MO
BURN THERAPY		
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	MO
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	1	MO
DUPIXENT	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>imiquimod</i>	1	MO
<i>methoxsalen</i>	1	MO
PANRETIN	2	MO
<i>podofilox</i>	1	MO
<i>prudoxin</i>	1	MO
REGRANEX	2	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
VALCHLOR	2	MO

THERAPY FOR ACNE

<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel</i>	1	PA; MO
<i>avita topical cream</i>	1	PA; MO
<i>claravis</i>	1	MO
<i>clindacin p</i>	1	MO
<i>clindamycin phosphate topical</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
<i>clindamycin-tretinoin</i>	1	PA; MO
<i>ery pads</i>	1	MO
<i>erygel</i>	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO
<i>myorisan oral capsule 30 mg</i>	1	
<i>neuac</i>	1	MO
<i>tazarotene</i>	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	2	PA; MO
TAZORAC TOPICAL GEL	2	PA; MO
<i>tretinoin microspheres topical gel</i>	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	1	MO

TOPICAL ANESTHETICS

<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	1	MO
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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated</i>	1	PA; MO
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	MO
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON	2	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox</i>	1	MO
<i>clotrimazole topical</i>	1	MO
<i>clotrimazole-betamethasone</i>	1	MO
<i>econazole</i>	1	MO
<i>ketoconazole topical</i>	1	MO
<i>naftifine</i>	1	MO
<i>nyamyc</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nyata</i>	1	
<i>nystatin topical</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO
ZOVIRAX TOPICAL CREAM	2	PA; MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	1	MO
<i>alclometasone</i>	1	MO
<i>amcinonide</i>	1	MO
<i>apexicon e</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)
<i>cormax scalp</i>	1	QL (100 per 28 days)
<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; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)
<i>flurandrenolide</i>	1	MO
<i>fluticasone topical</i>	1	MO
<i>halobetasol propionate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate topical ointment</i>	1	MO
<i>hydrocortisone butyrate topical solution</i>	1	MO
<i>hydrocortisone butyr-emollient</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 valerate</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>nolix</i>	1	
<i>prednicarbate</i>	1	MO
<i>triamcinolone acetonide topical aerosol</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>trianex</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>triderm topical cream</i>	1	MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin topical cream</i>	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
<i>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
ADAGEN	2	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	2	MO; LA
BUPHENYL ORAL TABLET	2	MO
CARBAGLU	2	MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>cevimeline</i>	1	MO
CHEMET	2	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose with sodium chloride</i>	1	
<i>disulfiram</i>	1	MO
<i>etidronate disodium</i>	1	MO
EXJADE	2	PA; MO; LA
FERRIPROX ORAL SOLUTION	2	PA

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Drug Name	Drug Tier	Requirements /Limits
FERRIPROX ORAL TABLET	2	PA; MO
INCRELEX	2	MO; LA
JADENU	2	PA; MO
<i>kionex</i>	1	MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
<i>midodrine</i>	1	MO
NORTHERA	2	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	LA
ORFADIN ORAL SUSPENSION	2	MO; LA
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C	2	LA
RAVICTI	2	MO
RENVELA ORAL TABLET	2	MO
<i>riluzole</i>	1	MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	1	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium phenylbutyrate</i>	1	MO
<i>sodium polystyrene (sorb free)</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
SYPRINE	2	PA; MO
THIOLA	2	MO
VELTASSA	2	MO
<i>water for irrigation, sterile</i>	1	MO
<i>zoledronic acid-mannitol-water</i>	1	PA; MO

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter)</i>	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	2	MO
NICOTROL NS	2	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
<i>periogard</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetasol hc</i>	1	MO
<i>acetic acid otic</i>	1	MO
<i>floxin otic drops</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	2	MO
<i>neomycin-polymyxin-hc otic</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	1	MO
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>millipred oral tablet</i>	1	PA; MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	PA; MO
<i>prednisone intensol</i>	1	PA; MO
<i>prednisone oral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral tablet</i>	1	PA; MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>veripred 20</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ALCOHOL PADS	2	MO
BYDUREON	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	2	MO; QL (180 per 30 days)
GAUZE PADS 2 X 2	2	MO

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 HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
HUMALOG	2	MO
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50-50	2	MO

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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 N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN R U-100	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
HUMULIN R U-500 (CONCENTRATED)	2	MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	2	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	2	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP., SAFETY	2	MO

Drug Name	Drug Tier	Requirements /Limits
NOVOFINE 32	2	MO
<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)
<i>repaglinide-metformin</i>	1	MO; QL (150 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	2	MO; QL (120 per 30 days)
TANZEUM	2	PA; MO; QL (4 per 28 days)
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>tolbutamide</i>	1	MO; QL (180 per 30 days)
TOUJEO SOLOSTAR	2	MO
TRADJENTA	2	MO; QL (30 per 30 days)
TRULICITY	2	PA; MO; QL (2 per 28 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 40	2	MO
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	MO
ANADROL-50	2	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; MO
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral</i>	1	MO
CERDELGA	2	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	MO
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal solution</i>	1	
<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	2	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	2	MO
KANUMA	2	MO
KORLYM	2	MO
KUVAN	2	MO
LUMIZYME	2	MO
<i>methyltestosterone oral capsule</i>	1	MO
MIACALCIN INJECTION	2	MO

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Drug Name	Drug Tier	Requirements /Limits
MYALEPT	2	PA; MO; LA
NAGLAZYME	2	MO; LA
NATPARA	2	PA; MO; LA
<i>oxandrolone</i>	1	PA; MO
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
SAMSCA	2	PA; MO
SENSIPAR	2	MO
SOMAVERT	2	MO
STIMATE	2	MO
STRENSIQ	2	MO; LA
SYNAREL	2	MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO
<i>testosterone transdermal gel in packet</i>	1	PA; MO
ZAVESCA	2	MO; LA
<i>zoledronic acid intravenous solution</i>	1	PA; MO

THYROID HORMONES

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

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection syringe 0.05 mg/ml</i>	1	
<i>dicyclomine intramuscular</i>	1	
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral</i>	1	MO
<i>loperamide oral capsule</i>	1	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

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Drug Name	Drug Tier	Requirements /Limits
<i>alosetron</i>	1	MO
ALOXI	2	MO
<i>aprepitant</i>	1	PA; MO
<i>balsalazide</i>	1	MO
<i>budesonide oral</i>	1	MO
CHENODAL	2	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	2	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
<i>colocort</i>	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	2	MO
DIPENTUM	2	MO
<i>dronabinol</i>	1	PA; MO
EMEND INTRAVENOUS	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	PA
<i>enulose</i>	1	MO
GATTEX 30-VIAL	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gavilyte-h and bisacodyl</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	PA; MO
<i>hydrocortisone rectal</i>	1	MO
INFLECTRA	2	PA; MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	2	MO
LINZESS	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl oral</i>	1	MO
MOVANTIK	2	MO
OICALIVA	2	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	PA; MO
<i>ondansetron hcl (pf)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral solution</i>	1	PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg-electrolyte soln</i>	1	
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
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
REMICADE	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SUCRAID	2	MO
<i>sulfasalazine</i>	1	MO
TRANSDERM-SCOP	2	MO
<i>trilyte with flavor packets</i>	1	MO
UCERIS ORAL	2	MO
<i>ursodiol</i>	1	MO
VARUBI	2	PA; MO
VIBERZI	2	MO
VIKACE	2	MO
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	MO; QL (112 per 30 days)
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine oral suspension</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
<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>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	MO
<i>pantoprazole intravenous</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>rabeprazole</i>	1	MO
<i>ranitidine hcl injection solution 50 mg/2 ml (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	2	PA; MO
ARCALYST	2	PA; MO
AVONEX (WITH ALBUMIN)	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (15 per 28 days)
GRANIX	2	PA; MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN	2	PA; MO; LA
INTRON A INJECTION RECON SOLN	2	PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	PA; MO
LEUKINE INJECTION RECON SOLN	2	MO
MOZOBIL	2	MO
NEULASTA SUBCUTANEOUS SYRINGE	2	PA; MO
NEUPOGEN	2	PA; MO
OMNITROPE	2	PA; MO
PEGASYS PROCLICK	2	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
PROLEUKIN	2	PA; MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
REBIF TITRATION PACK	2	PA; MO; QL (4.2 per 180 days)
SYLATRON	2	MO
ZARXIO	2	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF)	2	PA; MO
<i>fomepizole</i>	1	MO
GAMASTAN S/D	2	MO
GARDASIL 9 (PF)	2	MO
GRASTEK	2	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO

Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF)	2	MO
IMOGAM RABIES-HT (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS, DIPHTHERIA TOX PED (PF)	2	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	2	MO
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO

Drug Name	Drug Tier	Requirements /Limits
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FORTEO	2	PA; MO; QL (2.4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TYMLOS	2	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	2	PA; MO
BENLYSTA INTRAVENOUS	2	MO
CUPRIMINE	2	MO
DEPEN TITRATABS	2	MO
ENBREL	2	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN	2	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS	2	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA	2	PA; MO
ORENCIA (WITH MALTOSE)	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ORENCIA CLICKJECT	2	PA; MO
OTEZLA	2	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	2	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG(19)	2	PA
RIDAURA	2	MO

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	MO
<i>errin</i>	1	MO
ESTRACE VAGINAL	2	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol- norethindrone acet</i>	1	PA; MO
<i>hydroxyprogesterone caproate</i>	1	MO
<i>jolivette</i>	1	MO
<i>lyza</i>	1	MO
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	2	MO
<i>medroxyprogesteron e intramuscular suspension</i>	1	MO
<i>medroxyprogesteron e oral</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>norlyroc</i>	1	
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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<i>yuvafem</i>	1	MO
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MISCELLANEOUS OB/GYN		
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<i>clindamycin phosphate vaginal</i>	1	MO
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<i>metronidazole vaginal</i>	1	MO
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<i>miconazole-3 vaginal suppository</i>	1	MO
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<i>terconazole</i>	1	MO
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<i>tranexamic acid oral</i>	1	MO
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<i>vandazole</i>	1	MO
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<i>xulane</i>	1	MO
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ORAL CONTRACEPTIVES / RELATED AGENTS		
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<i>alyacen 1/35 (28)</i>	1	MO
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<i>amethia</i>	1	MO
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<i>amethia lo</i>	1	MO
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<i>apri</i>	1	MO
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<i>aranelle (28)</i>	1	MO
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<i>ashlyna</i>	1	MO
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<i>aubra</i>	1	MO
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<i>aviane</i>	1	MO
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<i>balziva (28)</i>	1	MO
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<i>bekyree (28)</i>	1	MO
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<i>blisovi 24 fe</i>	1	MO
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<i>blisovi fe 1.5/30 (28)</i>	1	MO
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<i>blisovi fe 1/20 (28)</i>	1	MO
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<i>briellyn</i>	1	MO
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<i>camrese lo</i>	1	MO
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<i>caziant (28)</i>	1	MO
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Drug Name	Drug Tier	Requirements /Limits
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<i>cryselle (28)</i>	1	MO
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<i>cyclafem 1/35 (28)</i>	1	MO
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<i>cyclafem 7/7/7 (28)</i>	1	MO
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<i>delyla (28)</i>	1	
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<i>desog-e.estradiol/e.estradiol</i>	1	MO
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<i>drospirenone-e.estradiol-lm.fa</i>	1	MO
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<i>drospirenone-ethinyl estradiol</i>	1	MO
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<i>emoquette</i>	1	MO
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<i>enpresse</i>	1	MO
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<i>ethynodiol diac-eth estradiol</i>	1	
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<i>falmina (28)</i>	1	MO
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<i>fayosim</i>	1	MO
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<i>femynor</i>	1	
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<i>gianvi (28)</i>	1	MO
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<i>gildagia</i>	1	MO
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<i>introvale</i>	1	MO
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<i>juleber</i>	1	MO
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<i>junel 1.5/30 (21)</i>	1	MO
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<i>junel 1/20 (21)</i>	1	MO
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<i>junel fe 1.5/30 (28)</i>	1	MO
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<i>junel fe 1/20 (28)</i>	1	MO
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<i>junel fe 24</i>	1	MO
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<i>kaitlib fe</i>	1	MO
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<i>kariva (28)</i>	1	MO
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<i>kelnor 1/35 (28)</i>	1	MO
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Drug Name	Drug Tier	Requirements /Limits
<i>kimidess (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena 28</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>levora-28</i>	1	MO
<i>lomedica 24 fe</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lutera (28)</i>	1	MO
<i>marlissa</i>	1	MO
<i>mibelas 24 fe</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mononessa (28)</i>	1	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>necon 1/50 (28)</i>	1	MO
<i>necon 10/11 (28)</i>	1	
<i>necon 7/7/7 (28)</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>ocella</i>	1	MO
<i>ogestrel (28)</i>	1	MO
<i>orsythia</i>	1	MO
<i>pimtreea (28)</i>	1	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO
<i>portia</i>	1	MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>tarina fe 1/20 (28)</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>trinessa (28)</i>	1	MO
<i>tri-previfem (28)</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>zarah</i>	1	MO
<i>zenchent (28)</i>	1	MO
<i>zenchent fe</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zovia 1/50e (28)</i>	1	MO

OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	1	MO
<i>erythromycin ophthalmic</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin ophthalmic drops</i>	1	MO
<i>levofloxacin ophthalmic</i>	1	MO
NATACYN	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	2	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	1	MO
<i>metipranolol</i>	1	
<i>timolol maleate ophthalmic</i>	1	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic drops</i>	1	MO
DIRECT ACTING MIOTICS		

Drug Name	Drug Tier	Requirements /Limits
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic</i>	1	MO
<i>cromolyn ophthalmic</i>	1	MO
CYSTARAN	2	MO
<i>epinastine</i>	1	MO
<i>olopatadine ophthalmic</i>	1	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		

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Drug Name	Drug Tier	Requirements /Limits
<i>bimatoprost ophthalmic</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic</i>	1	MO
<i>fluorometholone</i>	1	MO
FML S.O.P.	2	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic</i>	1	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	2	MO
BLEPHAMIDE S.O.P.	2	MO
<i>sulfacetamide-prednisolone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	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 50 mg/ml</i>	1	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (manufactured by Mylan Specialty)	2	MO; QL (4 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<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
<i>promethazine oral</i>	1	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	PA; MO
ADCIRCA	2	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA
<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
ARCAPTA NEOHALER	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (2 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
<i>budesonide inhalation</i>	1	PA; MO
<i>budesonide nasal</i>	1	MO; QL (17.2 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	PA; MO
DALIRESP	2	PA; MO
DULERA	2	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET 801 MG	2	PA; MO; QL (90 per 30 days)
FIRAZYR	2	PA; MO
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	1	MO; QL (16 per 30 days)
INCRUSE ELLIPTA	2	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO
<i>ipratropium-albuterol</i>	1	PA; MO
KALYDECO ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
LETAIRIS	2	PA; MO; LA
<i>levalbuterol hcl</i>	1	PA; MO
<i>metaproterenol</i>	1	MO
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO
NUCALA	2	PA; MO; LA; QL (1 per 28 days)
OFEV	2	PA; MO; QL (60 per 30 days)
OPSUMIT	2	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
ORKAMBI	2	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (2 per 30 days)
PULMOZYME	2	PA; MO
QVAR	2	MO; QL (17.4 per 30 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
<i>sildenafil intravenous</i>	1	PA
<i>sildenafil oral</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
<i>terbutaline</i>	1	MO
THEO-24	2	MO
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRACLEER	2	PA; MO; LA
<i>triamcinolone acetonide nasal</i>	1	MO; QL (16.5 per 30 days)
XOLAIR	2	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	1	MO
<i>zileuton</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	1	MO
<i>flavoxate</i>	1	MO
<i>oxybutynin chloride</i>	1	MO
<i>tolterodine</i>	1	MO
<i>tropium</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	MO
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MISCELLANEOUS UROLOGICALS

Drug Name	Drug Tier	Requirements /Limits
CYSTAGON	2	MO; LA
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>eliphos</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle</i>	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R IN 5 % DEXTROSE	2	

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Drug Name	Drug Tier	Requirements /Limits
<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 in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride intravenous piggyback 10 meq/100 ml</i>	1	MO
<i>potassium chloride intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals</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 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>ringer's intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 3 %</i>	1	MO
<i>sodium chloride 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	MO
<i>sodium lactate intravenous</i>	1	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>amino acids 15 %</i>	1	PA
AMINOSYN 7 % WITH ELECTROLYTES	2	PA
AMINOSYN 8.5 %-ELECTROLYTES	2	PA
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN II 7 %	2	PA
AMINOSYN II 8.5 %	2	PA
AMINOSYN II 8.5 %-ELECTROLYTES	2	PA
AMINOSYN-HBC 7%	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-RF 5.2 %	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%/D10W SULF FREE	2	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA
CLINIMIX 4.25%-D25W SULF-FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
HEPATAMINE 8%	2	PA
<i>intralipid intravenous emulsion 20 %</i>	1	PA
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-R PH 7.4	2	

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Drug Name	Drug Tier	Requirements /Limits
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
<i>premasol 10 %</i>	1	PA; MO
PREMASOL 6 %	2	PA
<i>travasol 10 %</i>	1	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO

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A		
abacavir	1	
abacavir-lamivudine	1	
abacavir-lamivudine- zidovudine	1	
ABELCET	1	
ABILIFY MAINTENA	24	
ABRAXANE	9	
acamprosate	40	
acarbose	43	
acebutolol	31	
acetaminophen-codeine	20	
acetazolol hc	42	
acetazolamide	59	
acetazolamide sodium	59	
acetic acid	42	
acetylcysteine	61	
acitretin	36	
ACTEMRA	54	
ACTHIB (PF)	52	
ACTIMMUNE	50	
acyclovir	1, 38	
acyclovir sodium	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	52	
ADAGEN	40	
adapalene	37	
ADCIRCA	61	
adefovir	1	
ADEMPAS	61	
adrenalin	60	
adriamycin	9	
adrucil	9	
afeditab cr	31	
AFINITOR	9	
AFINITOR DISPERZ	9	
ala-cort	38	
ALBENZA	5	
albuterol sulfate	61	
alclometasone	38	
ALCOHOL PADS	43	
ALDURAZYME	46	
ALECENSA	9	
alendronate	40, 53, 54	
alfuzosin	63	
ALIMTA	9	
ALINIA	5	
allopurinol	53	
allopurinol sodium	53	
almotriptan malate	18	
aloprim	53	
alosetron	48	
ALOXI	48	
ALPHAGAN P	60	
ALUNBRIG	9	
alyacen 1/35 (28)	56	
amantadine hcl	1	
AMBISOME	1	
amcinonide	38	
amethia	56	
amethia lo	56	
amikacin	5	
amiloride	31	
amiloride-hydrochlorothiazide	32	
amino acids 15 %	65	
AMINOSYN 7 % WITH ELECTROLYTES	65	
AMINOSYN 8.5 %- ELECTROLYTES	65	
AMINOSYN II 10 %	65	
AMINOSYN II 15 %	65	
AMINOSYN II 7 %	65	
AMINOSYN II 8.5 %	65	
AMINOSYN II 8.5 %- ELECTROLYTES	65	
AMINOSYN-HBC 7%	65	
AMINOSYN-PF 10 %	65	
AMINOSYN-PF 7 % (SULFITE-FREE)	65	
AMINOSYN-RF 5.2 %	65	
amiodarone	31	
amitriptyline	24	
amlodipine	32	
amlodipine-atorvastatin	35	
amlodipine-benazepril	32	
amlodipine-olmesartan	32	
amlodipine-valsartan	32	
amlodipine-valsartan-hcthiazyd	32	
ammonium lactate	36	
amoxapine	24	
amoxicil-clarithromy-lansopraz	49	
amoxicillin	7	
amoxicillin-pot clavulanate	7	
amphotericin b	1	
ampicillin	7	
ampicillin sodium	7	
ampicillin-sulbactam	7	
AMPYRA	19	
ANADROL-50	46	
anagrelide	40	
anastrozole	9	
ANDROGEL	46	
apexicon e	38	
APOKYN	18	
apraclonidine	60	
aprepitant	48	
apri	56	
APTIOM	16	
APTIVUS	1	
ARALAST NP	40	
aranelle (28)	56	
ARCALYST	50	
ARCAPTA NEOHALER	61	
aripiprazole	24	
ARISTADA	24	
armodafinil	24	
ARRANON	9	
ashlyna	56	
ASMANEX HFA	61	
ASMANEX TWISTHALER	61	
aspirin-dipyridamole	34	
atenolol	32	
atenolol-chlorthalidone	32	

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atomoxetine	24	BETHKIS	5	calcipotriene-betamethasone	36
atorvastatin	35	bexarotene	9	calcitonin (salmon)	46
atovaquone	5	BEXSERO	52	calcitriol	36, 46
atovaquone-proguanil	5	bicalutamide	9	calcium acetate	63
ATRIPLA	1	BICILLIN C-R	7	camila	55
atropine	47, 59	BICILLIN L-A	7	camrese lo	56
ATROVENT HFA	61	BICNU	9	CANCIDAS	1
aubra	56	BILTRICIDE	5	candesartan	32
AUGMENTIN	7	bimatoprost	60	candesartan-hydrochlorothiazid	32
AVASTIN	9	bisoprolol fumarate	32	.....	32
aviane	56	bisoprolol-hydrochlorothiazide	32	CAPASTAT	5
avita	37	.....	32	CAPRELSA	10
AVONEX	50	bleomycin	10	captopril	32
AVONEX (WITH ALBUMIN)	50	BLEPHAMIDE	60	captopril-hydrochlorothiazide	32
.....	50	BLEPHAMIDE S.O.P	60	.....	32
azacitidine	9	blisovi 24 fe	56	CARBAGLU	40
azathioprine	9	blisovi fe 1.5/30 (28)	56	carbamazepine	16
azathioprine sodium	9	blisovi fe 1/20 (28)	56	carbidopa	18
azelastine	41, 59	BOOSTRIX TDAP	52	carbidopa-levodopa	18
azithromycin	4	BOSULIF	10	carbidopa-levodopa-	
aztreonam	5	BOTOX	52	entacapone	18
B		briellyn	56	carboplatin	10
baciiim	5	BRILINTA	34	carteolol	59
bacitracin	5, 58	brimonidine	60	cartia xt	32
bacitracin-polymyxin b	58	BRIVIACT	16	carvedilol	32
baclofen	19	bromfenac	59	CAYSTON	5
balsalazide	48	bromocriptine	18	caziant (28)	56
balziva (28)	56	budesonide	48, 61	cefaclor	3
BANZEL	16	bumetanide	32	cefadroxil	3, 4
BARACLUDE	1	BUPHENYL	40	cefazolin	4
BAVENCIO	9	buprenorphine hcl	20	cefdinir	4
BCG VACCINE, LIVE (PF)	52	buprenorphine-naloxone	22	cefepime	4
bekyree (28)	56	bupropion hcl	24	cefixime	4
BELEODAQ	9	bupropion hcl (smoking deter)	41	cefotaxime	4
benazepril	32	.....	41	cefotetan	4
benazepril-hydrochlorothiazide	32	buspirone	24	cefoxitin	4
.....	32	busulfan	10	cefpodoxime	4
BENLYSTA	54	BUSULFEX	10	cefprozil	4
benztropine	18	butorphanol tartrate	22	ceftazidime	4
betamethasone dipropionate	38	BYDUREON	43	ceftriaxone	4
betamethasone valerate	38	BYETTA	43	cefuroxime axetil	4
betamethasone, augmented	38	C		cefuroxime sodium	4
BETASERON	51	cabergoline	46	celecoxib	22
betaxolol	32, 59	CABOMETYX	10	CELLCEPT INTRAVENOUS	10
bethanechol chloride	63	calcipotriene	36	10

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CELONTIN.....	16	clindamycin phosphate.....	5, 37, 56	constulose.....	48
cephalexin.....	4	clindamycin-benzoyl peroxide	CORLANOR.....	36
CERDELGA.....	46	.....	37	cormax.....	39
CEREZYME.....	46	clindamycin-tretinoin.....	37	CORTIFOAM.....	48
cetirizine.....	60	CLINIMIX 5%/D15W	.....	cortisone.....	42
cevimeline.....	40	SULFITE FREE.....	65	COSMEGEN.....	10
CHANTIX.....	41	CLINIMIX 5%/D25W	.....	COTELLIC.....	10
CHANTIX CONTINUING		SULFITE-FREE.....	65	CREON.....	48
MONTH BOX.....	41	CLINIMIX 2.75%/D5W	.....	CRESEMBA.....	1
CHANTIX STARTING		SULFIT FREE.....	65	CRIVAN.....	2
MONTH BOX.....	41	CLINIMIX 4.25%/D10W	.....	cromolyn.....	48, 59, 61
CHEMET.....	40	SULF FREE.....	65	cryselle (28).....	56
CHENODAL.....	48	CLINIMIX 4.25%/D5W	.....	CUPRIMINE.....	54
chloramphenicol sod succinate		SULFIT FREE.....	40	cyclafem 1/35 (28).....	56
.....	5	CLINIMIX 4.25%-D20W	.....	cyclafem 7/7/7 (28).....	56
chlorhexidine gluconate.....	41	SULF-FREE.....	65	cyclobenzaprine.....	19
chloroquine phosphate.....	5	CLINIMIX 4.25%-D25W	.....	CYCLOPHOSPHAMIDE.....	10
chlorothiazide.....	32	SULF-FREE.....	65	CYCLOSET.....	43
chlorothiazide sodium.....	32	CLINIMIX 5%-		cyclosporine.....	10
chlorpromazine.....	24	D20W(SULFITE-FREE).....	65	cyclosporine modified.....	10
chlorthalidone.....	32	clobetasol.....	38, 39	CYRAMZA.....	10
CHOLBAM.....	48	clobetasol-emollient.....	39	CYSTADANE.....	48
cholestyramine (with sugar).....	35	clodan.....	39	CYSTAGON.....	63
cholestyramine light.....	35	clofarabine.....	10	CYSTARAN.....	59
ciclopirox.....	38	CLOLAR.....	10	cytarabine.....	10
cidofovir.....	1	clomipramine.....	25	cytarabine (pf).....	10
cilostazol.....	34	clonazepam.....	16	D	
cimetidine.....	49	clonidine.....	32	d10 %-0.45 % sodium chloride	
cimetidine hcl.....	49	clonidine hcl.....	25, 32	.....	40
CINRYZE.....	61	clopidogrel.....	34	d2.5 %-0.45 % sodium	
CIPRODEX.....	42	clorazepate dipotassium.....	25	chloride.....	40
ciprofloxacin.....	8	clotrimazole.....	1, 38	d5 % and 0.9 % sodium	
ciprofloxacin (mixture).....	8	clotrimazole-betamethasone.....	38	chloride.....	40
ciprofloxacin hcl.....	8, 58	clozapine.....	25	d5 %-0.45 % sodium chloride	
ciprofloxacin in 5 % dextrose.....	8	COARTEM.....	5	.....	40
ciprofloxacin lactate.....	8	codeine sulfate.....	20	dacarbazine.....	10
cisplatin.....	10	COLCRYS.....	53	DALIRESP.....	61
citalopram.....	24, 25	colestipol.....	35	danazol.....	46
cladribine.....	10	colistin (colistimethate na).....	5	dantrolene.....	19
claravis.....	37	colocort.....	48	dapsone.....	5
clarithromycin.....	4	COMBIVENT RESPIMAT.....	61	DAPTACEL (DTAP	
clindacin p.....	37	COMETRIQ.....	10	PEDIATRIC) (PF).....	52
clindamycin hcl.....	5	COMPLERA.....	1	daptomycin.....	6
clindamycin in 5 % dextrose.....	5	compro.....	48	DARAPRIM.....	6
clindamycin pediatric.....	5			darifenacin.....	63

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DARZALEX	10	diclofenac-misoprostol	23	econazole	38
daunorubicin	10	dicloxacillin	7	EDURANT	2
deblitane	55	dicyclomine	47	ELAPRASE	46
decitabine	10	didanosine	2	eliphos.....	63
delyla (28)	56	diflorasone	39	ELIQUIS.....	34
demeclocycline.....	8	diflunisal.....	23	ELITEK.....	9
DEMSEER.....	32	digitek.....	34	ELMIRON.....	63
DENAVIR.....	38	digoxin.....	34	EMCYT	10
DEPEN TITRATABS	54	dihydroergotamine.....	18	EMEND.....	48
DEPO-PROVERA	55	DILANTIN 30 MG	16	emoquette	56
DESCOVY	2	diltiazem hcl	32	EMPLICITI	10
desipramine	25	dilt-xr.....	32	EMSAM	25
desloratadine.....	60	DIPENTUM	48	EMTRIVA.....	2
desmopressin	46	diphenhydramine hcl	60	EMVERM.....	6
desog-e.estradiol/e.estradiol	56	diphenoxylate-atropine	47	enalapril maleate.....	32
desonide.....	39	dipyridamole.....	34	enalapril-hydrochlorothiazide	
desoximetasone	39	disulfiram.....	40	.....	32
desvenlafaxine succinate	25	divalproex	16	ENBREL.....	54
dexamethasone	42	docetaxel.....	10	ENBREL SURECLICK	54
dexamethasone intensol.....	42	dofetilide.....	31	endocet.....	20
dexamethasone sodium		donepezil	19	ENGERIX-B (PF)	52
phosphate.....	42, 60	dorzolamide.....	60	ENGERIX-B PEDIATRIC	
dexmethylphenidate	25	dorzolamide-timolol	60	(PF).....	52
dexrazoxane hcl.....	9	doxazosin.....	32	enoxaparin	34
dextroamphetamine	25	doxepin	25, 36	enpresse	56
dextroamphetamine-		doxercalciferol.....	46	entacapone	18
amphetamine	25	doxorubicin.....	10	entecavir	2
dextrose 10 % and 0.2 % nacl		doxorubicin, peg-liposomal..	10	ENTRESTO.....	36
.....	40	doxy-100.....	8	enulose.....	48
dextrose 10 % in water (d10w)		doxycycline hyclate.....	8	EPCLUSA	2
.....	40	doxycycline monohydrate	8	epinastine.....	59
dextrose 5 % in water (d5w)	40	dronabinol.....	48	EPINEPHRINE	60
dextrose 5 %-lactated ringers	40	drospirenone-e.estradiol-lm.fa		EPIPEN 2-PAK	60
dextrose 5%-0.2 % sod		.....	56	EPIPEN JR 2-PAK	60
chloride.....	40	drospirenone-ethinyl estradiol		epirubicin.....	11
dextrose 5%-0.3 %		.....	56	epitol.....	16
sod.chloride	40	DROXIA	10	EPIVIR HBV.....	2
dextrose with sodium chloride		DULERA.....	61	eplerenone.....	32
.....	40	duloxetine	25	eprosartan	32
DIASTAT.....	16	DUPIXENT	36	ERBITUX.....	11
DIASTAT ACUDIAL.....	16	duramorph (pf)	20	ergoloid.....	25
diazepam.....	25	dutasteride	63	ergotamine-caffeine.....	18
diazepam intensol.....	25	dutasteride-tamsulosin.....	63	ERIVEDGE	11
diclofenac potassium.....	22	E		errin.....	55
diclofenac sodium	22, 36, 59	e.e.s. 400.....	4	ERWINAZE	11

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ery pads	37	fayosim	56	FML S.O.P	60
erygel	37	FAZACLO	26	FOLOTYN	11
ery-tab	5	felbamate	16	fomepizole	52
ERY-TAB	5	felodipine	33	fondaparinux	34
ERYTHROCIN	5	femynor	56	FORTEO	54
erythrocin (as stearate)	5	fenofibrate	35	fosinopril	33
erythromycin	5, 58	fenofibrate micronized	35	fosinopril-hydrochlorothiazide	33
erythromycin ethylsuccinate	5	fenofibrate nanocrystallized	35	fosphenytoin	16
erythromycin with ethanol	37	fenofibric acid	35	frovatriptan	19
erythromycin-benzoyl peroxide	37	fenofibric acid (choline)	35	furosemide	33
ESBRIET	61, 62	fenopropfen	23	FUZEON	2
escitalopram oxalate	25	fentanyl	20	FYCOMPA	16
esomeprazole magnesium	49	fentanyl citrate	20	G	
esomeprazole sodium	49	FERRIPROX	40, 41	gabapentin	16, 17
ESTRACE	55	FETZIMA	26	GABITRIL	17
estradiol	55	finasteride	63	galantamine	19
estradiol valerate	55	FIRAZYR	62	GAMASTAN S/D	52
estradiol-norethindrone acet	55	FIRMAGON KIT W		ganciclovir sodium	2
eszopiclone	25	DILUENT SYRINGE	11	GARDASIL 9 (PF)	52
ethacrynate sodium	32	flavoxate	63	gatifloxacin	58
ethacrynic acid	32	flecainide	31	GATTEX 30-VIAL	48
ethambutol	6	floxin	42	GAUZE PAD	43
ethosuximide	16	fluconazole	1	gavilyte-c	48
ethynodiol diac-eth estradiol	56	fluconazole in nacl (iso-osm)	1	gavilyte-g	48
etidronate disodium	40	flucytosine	1	gavilyte-h and bisacodyl	48
etodolac	23	fludarabine	11	gavilyte-n	48
ETOPOPHOS	11	fludrocortisone	42	gemcitabine	11
etoposide	11	flunisolide	62	gemfibrozil	35
EVOTAZ	2	fluocinolone	39	generlac	48
exemestane	11	fluocinolone acetone oil	42	engraf	11
EXJADE	40	fluocinonide	39	gentak	58
ezetimibe	35	fluocinonide-e	39	gentamicin	6, 38, 58
ezetimibe-simvastatin	35	fluoride (sodium)	66	gentamicin in nacl (iso-osm)	6
F		fluorometholone	60	gentamicin sulfate (pf)	6
FABRAZYME	46	fluorouracil	11, 37	GENVOYA	2
falmina (28)	56	fluoxetine	26	GEODON	26
famciclovir	2	fluphenazine decanoate	26	gianvi (28)	56
famotidine	49, 50	fluphenazine hcl	26	gildagia	56
famotidine (pf)	49	flurandrenolide	39	GILENYA	19
famotidine (pf)-nacl (iso-os)	49	flurbiprofen	23	GILOTRIF	11
FANAPT	25, 26	flurbiprofen sodium	59	glatopa	19
FARESTON	11	flutamide	11	GLEOSTINE	11
FARYDAK	11	fluticasone	39, 62	glimepiride	43
FASLODEX	11	fluvastatin	35	glipizide	43
		flvoxamine	26		

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glipizide-metformin.....	43	HUMULIN 70/30 KWIKPEN	44	IMOVAX RABIES VACCINE	52
GLUCAGEN HYPOKIT	43	.....	44	(PF).....	52
GLUCAGON EMERGENCY		HUMULIN N	44	INCRELEX	41
KIT (HUMAN)	43	HUMULIN N KWIKPEN... ..	44	INCRUSE ELLIPTA.....	62
glycopyrrolate.....	47	HUMULIN R U-100	44	indapamide	33
granisetron (pf).....	48	HUMULIN R U-500 (CONC)		INFANRIX (DTAP) (PF)....	52
granisetron hcl.....	48	KWIKPEN.....	44	INFLECTRA	48
GRANIX	51	HUMULIN R U-500		INLYTA	12
GRASTEK	52	(CONCENTRATED).....	44	INSULIN PEN NEEDLE	44
griseofulvin microsize	1	hydalazine	33	INSULIN SYRINGE (DISP)	
griseofulvin ultramicrosize.....	1	hydrochlorothiazide.....	33	U-100.....	44
guanidine	26	hydrocodone-acetaminophen	20	INTELENCE	2
H		hydrocodone-ibuprofen	20	intralipid	65
HALAVEN.....	11	hydrocortisone	39, 42, 48	INTRON A	51
halobetasol propionate.....	39	hydrocortisone butyrate.....	39	introvale.....	56
haloperidol.....	26	hydrocortisone butyr-emollient		INVANZ.....	6
haloperidol decanoate.....	27	.....	39	INVEGA SUSTENNA	27
haloperidol lactate	27	hydrocortisone valerate	39	INVEGA TRINZA	27
HARVONI	2	hydrocortisone-acetic acid....	42	INVIRASE	2
HAVRIX (PF)	52	hydromorphone	21	INVOKAMET	44
heparin (porcine)	35	hydromorphone (pf)	20	INVOKAMET XR	44
heparin (porcine) in 5 % dex	35	hydroxychloroquine.....	6	INVOKANA.....	44
HEPATAMINE 8%.....	65	hydroxyprogesterone caproate		IONOSOL-MB IN D5W	65
HERCEPTIN.....	11	.....	55	IPOL	52
HETLIOZ	27	hydroxyurea.....	11	ipratropium bromide.....	42, 62
HEXALEN	11	hydroxyzine hcl	61	ipratropium-albuterol.....	62
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HUMALOG KWIKPEN	43	IBRANCE	11	33
HUMALOG MIX 50-50	43	ibuprofen	23	IRESSA	12
HUMALOG MIX 50-50		ibuprofen-oxycodone.....	21	irinotecan	12
KWIKPEN	44	ICLUSIG	11	ISENTRESS	2
HUMALOG MIX 75-25	44	idarubicin.....	11	ISOLYTE-P IN 5 %	
HUMALOG MIX 75-25		ifosfamide.....	12	DEXTROSE	65
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HUMIRA PEN	54	imipenem-cilastatin	6	isradipine	33
HUMIRA PEN CROHN'S-		imipramine hcl.....	27	ISTODAX.....	12
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jantoven.....	35	KYPROLIS	12	levonorgestrel-ethinyl estrad	57
JANUMET	44	L		levonorg-eth estrad triphasic	57
JANUMET XR.....	44	l norgest/e.estradiol-e.estrad.	57	levora-28.....	57
JANUVIA.....	44	labetalol	33	levorphanol tartrate.....	21
JARDIANCE.....	44	lactated ringers	40, 63	levothyroxine.....	47
JENTADUETO	44	lactulose.....	48	levoxyl	47
JENTADUETO XR.....	44, 45	lamivudine.....	2	LEXIVA	2
JEVTANA.....	12	lamivudine-zidovudine.....	2	LIALDA	48
jolivette.....	55	lamotrigine.....	17	lidocaine	38
juleber.....	56	LANOXIN.....	34	lidocaine (pf)	37
junel 1.5/30 (21).....	56	lansoprazole.....	50	lidocaine hcl.....	38
junel 1/20 (21).....	56	LANTUS	45	lidocaine viscous	38
junel fe 1.5/30 (28).....	56	LANTUS SOLOSTAR.....	45	lidocaine-prilocaine	38
junel fe 1/20 (28).....	56	larin 1.5/30 (21).....	57	lincomycin	6
junel fe 24.....	56	larin 1/20 (21).....	57	lindane	40
JUXTAPID.....	35	larin fe 1.5/30 (28).....	57	linezolid.....	6
K		larin fe 1/20 (28).....	57	LINZESS	48
KADCYLA	12	larissia.....	57	LIORESAL.....	20
kaitlib fe.....	56	LARTRUVO	12	liothyronine.....	47
KALETRA	2	latanoprost	60	lisinopril.....	33
KALYDECO.....	62	LATUDA.....	27	lisinopril-hydrochlorothiazide	
KANUMA.....	46	layolis fe	57	.....	33
kariva (28).....	56	leena 28.....	57	lithium carbonate.....	27
kelnor 1/35 (28).....	56	leflunomide.....	54	lithium citrate.....	27
KEPIVANCE	9	LENVIMA.....	12	lomedina 24 fe.....	57
ketoconazole.....	1, 38	lessina	57	LONSURF.....	12
ketoprofen.....	23	LETAIRIS	62	loperamide	47
ketorolac.....	59	letrozole	12	lopinavir-ritonavir.....	2
KEYTRUDA.....	12	leucovorin calcium	9	lorazepam	27
KHEDEZLA.....	27	LEUKERAN	12	lorazepam intensol.....	27
kimidess (28).....	57	LEUKINE.....	51	lorcet (hydrocodone)	21
KINRIX (PF).....	52	leuprolide.....	12	lorcet hd.....	21
kionex.....	41	levabuterol hcl.....	62	lorcet plus	21
KISQALI.....	12	LEVEMIR	45	lortab 10-325	21
KISQALI FEMARA CO-		LEVEMIR FLEXTOUCH ..	45	lortab 5-325	21
PACK	12	levetiracetam	17	lortab 7.5-325	21
klor-con 10	63	levetiracetam in nacl (iso-os)	17	loryna (28).....	57
klor-con 8	63	levobunolol.....	59	losartan	33
klor-con m10	63	levocarnitine.....	41	losartan-hydrochlorothiazide	33
klor-con m15	63	levocarnitine (with sugar).....	41	lovastatin.....	35
klor-con m20	63	levocetirizine	61	low-ogestrel (28)	57
klor-con sprinkle	63	levofloxacin.....	8, 58	loxapine succinate	27
KORLYM.....	46	levofloxacin in d5w	8	LUMIZYME.....	46
k-tab.....	63	levoleucovorin	9	LUPRON DEPOT	12

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LUPRON DEPOT (3 MONTH).....	12	metaproterenol.....	62	mitoxantrone.....	13
LUPRON DEPOT (4 MONTH).....	12	metformin.....	45	M-M-R II (PF).....	52
LUPRON DEPOT (6 MONTH).....	12	methadone.....	21	modafinil.....	27
LUPRON DEPOT-PED.....	12	methamphetamine.....	27	moderiba.....	2
lutra (28).....	57	methazolamide.....	59	moderiba dose pack.....	2
LYNPARZA.....	12	methenamine hippurate.....	8	moexipril.....	33
LYRICA.....	17	methimazole.....	43	moexipril-hydrochlorothiazide.....	33
LYSODREN.....	12	methotrexate sodium.....	13	.....	39, 62
lyza.....	55	methotrexate sodium (pf).....	13	monessa (28).....	57
M		methoxsalen.....	37	montelukast.....	62
magnesium sulfate.....	63	methylclothiazide.....	33	morgidox.....	8
MAKENA.....	55	methyldopa.....	33	morphine.....	21
malathion.....	40	methylphenidate hcl.....	27	morphine concentrate.....	21
maprotiline.....	27	methylprednisolone.....	42	MOVANTIK.....	48
marlissa.....	57	methylprednisolone acetate.....	42	moxifloxacin.....	8
MARPLAN.....	27	methylprednisolone sodium succ.....	42	MOZOBIL.....	51
MATULANE.....	12	methyltestosterone.....	46	mupirocin.....	38
matzim la.....	33	metipranolol.....	59	mupirocin calcium.....	38
meclizine.....	48	metoclopramide hcl.....	48	MUSTARGEN.....	13
meclofenamate.....	23	metolazone.....	33	MYALEPT.....	47
medroxyprogesterone.....	55	metoprolol succinate.....	33	MYCAMINE.....	1
mefenamic acid.....	23	metoprolol ta-hydrochlorothiaz.....	33	mycophenolate mofetil.....	13
mefloquine.....	6	.....	33	mycophenolate mofetil hcl.....	13
megestrol.....	12	metoprolol tartrate.....	33	mycophenolate sodium.....	13
MEKINIST.....	13	metronidazole.....	6, 37, 56	myorisan.....	37
meloxicam.....	23	metronidazole in nacl (iso-os).....	6	N	
melphalan hcl.....	13	mexiletine.....	31	nabumetone.....	23
memantine.....	19	MIACALCIN.....	46	nadolol.....	33
MENACTRA (PF).....	52	mibelas 24 fe.....	57	nadolol-bendroflumethiazide.....	33
MENEST.....	55	miconazole-3.....	56	nafcillin.....	7
MENOMUNE - A/C/Y/W-135 (PF).....	52	microgestin 1.5/30 (21).....	57	naftifine.....	38
MENVEO A-C-Y-W-135-DIP (PF).....	52	microgestin 1/20 (21).....	57	NAGLAZYME.....	47
mercaptopurine.....	13	microgestin fe 1.5/30 (28).....	57	nalbuphine.....	23
meropenem.....	6	microgestin fe 1/20 (28).....	57	naloxone.....	23
mesalamine with cleansing wipe.....	48	midodrine.....	41	naltrexone.....	23
mesna.....	9	migergot.....	19	NAMENDA XR.....	19
MESNEX.....	9	miglitol.....	45	NAMZARIC.....	19
MESTINON.....	20	millipred.....	42	naproxen.....	23
metadate er.....	27	minocycline.....	8	naproxen sodium.....	23
		minoxidil.....	33	naratriptan.....	19
		mirtazapine.....	27	NARCAN.....	23
		misoprostol.....	50	NATACYN.....	58
		MITIGARE.....	53	nateglinide.....	45
		mitomycin.....	13	NATPARA.....	47

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NEBUPENT	6	norethindrone (contraceptive)	55	olmesartan-	
necon 0.5/35 (28).....	57	55	hydrochlorothiazide	33
necon 1/50 (28).....	57	norethindrone acetate	55	olopatadine	42, 59
necon 10/11 (28).....	57	norethindrone ac-eth estradiol		omeprazole	50
necon 7/7/7 (28)	57	.....	55, 57	omeprazole-sodium	
NEEDLES, INSULIN		norethindrone-e.estradiol-iron		bicarbonate	50
DISP.,SAFETY	45	.....	57	OMNITROPE.....	51
nefazodone	27	norgestimate-ethinyl estradiol		ondansetron.....	48
neomycin	6	.....	58	ondansetron hcl.....	49
neomycin-bacitracin-poly-hc60		norlyroc	55	ondansetron hcl (pf).....	48
neomycin-bacitracin-		NORMOSOL-R IN 5 %		ONFI.....	17
polymyxin.....	59	DEXTROSE	63	OPDIVO	13
neomycin-polymyxin b gu ...	40	NORMOSOL-R PH 7.4	65	OPSUMIT.....	62
neomycin-polymyxin b-		NORTHERA	41	ORENCIA	54
dexameth	60	nortrel 0.5/35 (28).....	58	ORENCIA (WITH	
neomycin-polymyxin-		nortrel 1/35 (21).....	58	MALTOSE).....	54
gramicidin.....	59	nortrel 1/35 (28).....	58	ORENCIA CLICKJECT	55
neomycin-polymyxin-hc 42, 60		nortrel 7/7/7 (28)	58	ORFADIN	41
NEPHRAMINE 5.4 %	65	nortriptyline	27	ORKAMBI	62
neuac.....	37	NORVIR.....	2	orsythia	58
NEULASTA.....	51	NOVOFINE 32.....	45	oseltamivir	2
NEUPOGEN	51	NOXAFIL	1	OTEZLA.....	55
NEUPRO.....	18	NUCALA	62	OTEZLA STARTER.....	55
nevirapine	2	NUEDEXTA	19	oxacillin	7
NEXAVAR	13	NULOJIX	13	oxacillin in dextrose(iso-osm) 7	
niacin	35	NUPLAZID	27	oxaliplatin	13
nicardipine.....	33	nyamyc	38	oxandrolone	47
NICOTROL.....	41	nyata	38	oxaprozin	23
NICOTROL NS.....	41	nystatin	1, 38	oxcarbazepine	17
nifedipine.....	33	nystatin-triamcinolone.....	38	oxiconazole.....	38
nikki (28).....	57	nystop	38	oxybutynin chloride.....	63
nilutamide.....	13	O		oxycodone.....	22
nimodipine.....	33	OCALIVA	48	oxycodone-acetaminophen ...	22
NINLARO.....	13	ocella	58	oxycodone-aspirin	22
nisoldipine	33	octreotide acetate.....	13	oxymorphone	22
nitro-bid.....	36	ODEFSEY	2	P	
nitrofurantoin.....	8	ODOMZO	13	pacerone.....	31
nitrofurantoin macrocrystal ...	8	OFEV.....	62	paclitaxel.....	13
nitrofurantoin monohyd/m-		ofloxacin.....	8, 42, 59	paliperidone	28
cryst	8	ogestrel (28).....	58	pamidronate	47
nitroglycerin	36	olanzapine.....	27, 28	PANRETIN	37
nizatidine	50	olanzapine-fluoxetine	28	pantoprazole	50
nolix.....	39	olmesartan	33	paricalcitol	47
nora-be.....	55	olmesartan-amlodipin-		paromomycin.....	6
noreth-ethinyl estradiol-iron.57		hcthiazyd	33	paroxetine hcl	28

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PASER	6	polymyxin b sulf-trimethoprim	59	PROAIR RESPICLICK.....	62
PAXIL	28	POMALYST	13	probenecid	53
PEDIARIX (PF)	52	portia.....	58	probenecid-colchicine.....	53
PEDVAX HIB (PF).....	52	potassium chlorid-d5-0.45%nacl.....	64	procainamide	31
peg 3350-electrolytes	49	potassium chloride.....	64	procentra	28
PEGANONE	18	potassium chloride in 0.9%nacl	64	prochlorperazine	49
PEGASYS	51	potassium chloride in 5 % dex	64	prochlorperazine edisylate....	49
PEGASYS PROCLICK	51	potassium chloride in 1r-d5...	64	prochlorperazine maleate oral	49
peg-electrolyte soln	49	potassium chloride-0.45 % nacl	64	PROCRIT	51
penicillin g potassium.....	7	potassium chloride-d5-0.2%nacl.....	64	procto-med hc	49
penicillin g procaine	7	potassium chloride-d5-0.3%nacl	64	procto-pak.....	49
penicillin g sodium	7	potassium chloride-d5-0.9%nacl.....	64	proctosol hc	49
penicillin v potassium.....	7	potassium citrate.....	63	proctozone-hc	49
PENTAM	6	PRADAXA.....	35	progesterone micronized	55
PENTASA.....	49	PRALUENT PEN.....	35, 36	PROGLYCEM	45
pentoxifylline	35	pramipexole	18	PROGRAF.....	13
PERFOROMIST	62	pravastatin	36	PROLASTIN-C	41
perindopril erbumine.....	34	prazosin	34	PROLEUKIN	51
periogard.....	42	prednicarbate	39	PROLIA.....	54
PERJETA	13	prednisolone acetate	60	PROMACTA.....	35
permethrin	40	prednisolone sodium phosphate	42, 60	promethazine	61
perphenazine.....	28	prednisone	42, 43	propafenone	31
phenelzine.....	28	prednisone intensol.....	42	propranolol	34
phenobarbital.....	18	premasol 10 %.....	66	propranolol-hydrochlorothiazid	34
phenoxybenzamine.....	34	PREMASOL 6 %	66	propylthiouracil	43
phenytoin.....	18	prenatal vitamin oral tablet...	66	PROQUAD (PF).....	52
phenytoin sodium	18	prevalite	36	protriptyline	28
phenytoin sodium extended..	18	previfem.....	58	prudoxin.....	37
PHOSPHOLINE IODIDE....	59	PREZCOBIX.....	2	PULMOZYME.....	62
pilocarpine hcl	41, 59	PREZISTA	2	PURIXAN	13
pimozide	28	PRIFTIN.....	6	pyrazinamide	6
pimtree (28).....	58	PRIMAQUINE.....	6	pyridostigmine bromide.....	20
pindolol.....	34	primidone.....	18	Q	
pioglitazone	45	PRIMSOL.....	8	QUADRACEL (PF)	53
pioglitazone-glimepiride	45	PRIVIGEN	52	quasense.....	58
pioglitazone-metformin.....	45	PROAIR HFA	62	quetiapine	28, 29
piperacillin-tazobactam	7			quinapril.....	34
pirmella.....	58			quinapril-hydrochlorothiazide	34
piroxicam.....	23			quinidine gluconate	31
PLASMA-LYTE 148	66			quinidine sulfate	31
PLASMA-LYTE A	66			quinine sulfate	6
PLEGRIDY	51			QVAR.....	62
podofilox	37				
polyethylene glycol 3350	49				
polymyxin b sulfate.....	6				

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RAGWITEK.....	53	
raloxifene.....	54	
ramipril.....	34	
RANEXA.....	36	
ranitidine hcl.....	50	
RAPAMUNE.....	13	
rasagiline.....	18	
RAVICTI.....	41	
REBIF (WITH ALBUMIN).....	51	
REBIF REBIDOSE.....	51	
REBIF TITRATION PACK.....	52	
reclipsen (28).....	58	
RECOMBIVAX HB (PF).....	53	
RECTIV.....	49	
REGANEX.....	37	
RELENZA DISKHALER.....	2	
RELISTOR.....	49	
REMICADE.....	49	
REMODULIN.....	34	
RENVELA.....	41	
repaglinide.....	45	
repaglinide-metformin.....	45	
REPATHA PUSHTRONEX.....	36	
REPATHA SURECLICK.....	36	
REPATHA SYRINGE.....	36	
RESCRIPTOR.....	2	
RESTASIS.....	59	
RESTASIS MULTIDOSE.....	59	
RETROVIR.....	2	
REVLIMID.....	13	
REXULTI.....	29	
REYATAZ.....	2	
ribasphere.....	2	
ribasphere ribapak.....	3	
ribavirin.....	3	
RIDAURA.....	55	
rifabutin.....	6	
rifampin.....	6	
riluzole.....	41	
rimantadine.....	3	
ringer's.....	40, 64	
RIOMET.....	45	
risedronate.....	41, 54	
RISPERDAL CONSTA.....	29	
risperidone.....	29	
RITUXAN.....	13	
rivastigmine.....	19	
rivastigmine tartrate.....	19	
rivelsa.....	58	
rizatriptan.....	19	
ropinirole.....	18	
rosuvastatin.....	36	
ROTARIX.....	53	
ROTATEQ VACCINE.....	53	
roweepra.....	18	
ROZEREM.....	29	
RUBRACA.....	13	
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SABRIL.....	18	
SAMSCA.....	47	
SANDIMMUNE.....	13	
SANDOSTATIN LAR DEPOT.....	14	
SANTYL.....	40	
SAPHRIS (BLACK CHERRY).....	29, 30	
selegiline hcl.....	18	
selenium sulfide.....	36	
SELZENTRY.....	3	
SENSIPAR.....	47	
SEREVENT DISKUS.....	62	
sertraline.....	30	
setlakin.....	58	
sevelamer carbonate.....	41	
sharobel.....	55	
SIGNIFOR.....	14	
sildenafil.....	62	
silver sulfadiazine.....	36	
SIMULECT.....	14	
simvastatin.....	36	
sirolimus.....	14	
SIRTURO.....	6	
SIVEXTRO.....	6	
sodium chloride.....	41, 65	
sodium chloride 0.45 %.....	64	
sodium chloride 0.9 %.....	41	
sodium chloride 3 %.....	65	
sodium chloride 5 %.....	65	
sodium lactate intravenous.....	65	
sodium phenylbutyrate.....	41	
sodium polystyrene (sorb free)	41	
SOLTAMOX.....	14	
SOMATULINE DEPOT.....	14	
SOMAVERT.....	47	
sorine.....	31	
sotalol.....	31	
sotalol af.....	31	
SOTYLIZE.....	31	
SPIRIVA RESPIMAT.....	62	
SPIRIVA WITH HANDIHALER.....	62	
spironolactone.....	34	
spironolacton-hydrochlorothiaz	34	
SPORANOX.....	1	
sprintec (28).....	58	
SPRITAM.....	18	
SPRYCEL.....	14	
sps (with sorbitol).....	41	
sronyx.....	58	
ssd.....	36	
stavudine.....	3	
STIMATE.....	47	
STIVARGA.....	14	
STRENSIQ.....	47	
STREPTOMYCIN.....	6	
STRIBILD.....	3	
STRIVERDI RESPIMAT.....	62	
SUBOXONE.....	23	
SUCRAID.....	49	
sucralfate.....	50	
sulfacetamide sodium.....	60	
sulfacetamide sodium (acne).....	38	
sulfacetamide-prednisolone.....	60	
sulfadiazine.....	8	
sulfamethoxazole-trimethoprim	8	
SULFAMYLON.....	38	
sulfasalazine.....	49	
sulindac.....	23	

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sumatriptan.....	19	terconazole.....	56	tranlycypromine.....	30
sumatriptan succinate.....	19	testosterone.....	47	travasol 10 %.....	66
SUPRAX.....	4	testosterone cypionate.....	47	trazodone.....	30
SUSTIVA.....	3	testosterone enanthate.....	47	TREANDA.....	15
SUTENT.....	14	TETANUS,DIPHThERIA		TRECTOR.....	6
SYLATRON.....	52	TOX PED(PF).....	53	TRELSTAR.....	15
SYLVANT.....	14	TETANUS-DIPHThERIA		tretinoin (chemotherapy).....	15
SYMBICORT.....	62	TOXOIDS-TD.....	53	tretinoin microspheres.....	37
SYMLINPEN 120.....	45	tetrabenazine.....	19	tretinoin topical.....	37
SYMLINPEN 60.....	45	tetracycline.....	8	triamcinolone acetonide.....	39, 42,
SYNAGIS.....	3	THALOMID.....	15	63	
SYNAREL.....	47	THEO-24.....	62	triamterene-hydrochlorothiazid	
SYNERCID.....	6	theophylline.....	62, 63	34
SYNJARDY.....	45	THIOLA.....	41	trianex.....	39
SYNRIBO.....	14	thioridazine.....	30	triderm.....	40
SYPRINE.....	41	thiotepa.....	15	trifluoperazine.....	30
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