



Express Scripts Medicare (PDP) 2022 Formulary (List of Covered Drugs)

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

Formulary ID Number: 22027, v8

This formulary was updated on 08/25/2021. For more recent information or to price a medication, you can visit us on the Web at express-scripts.com. Or you can contact **Express Scripts Medicare® (PDP)** Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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

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

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 25, 2021. 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, 2023. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

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

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

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

This drug list was updated in August 2021.

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 146. 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.

This drug list was updated in August 2021.

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

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

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage.

The requirements and limits may not apply to your plan’s specific coverage. To confirm whether a particular drug is covered, visit us on the Web at express-scripts.com or contact Customer Service.

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

What if my drug is not listed on this formulary?

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

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

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

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

How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

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- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. In certain Express Scripts Medicare plans, you cannot ask us to change the cost-sharing tier for any drug in the specialty tier, if applicable.
- 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, tier 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 covered, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

How do I request an appeal?

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

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

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

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

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

For each of your drugs that is not on our formulary, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for a one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. After your first refill of a one-month supply, we will not pay for these drugs, even if you have been a plan member less than 90 days.

This drug list was updated in August 2021.

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

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

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 146.

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

This drug list was updated in August 2021.

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 five 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: Preferred Generic Drugs	This tier includes many commonly prescribed preferred generic drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: Generic Drugs	This tier includes prescribed generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than brand drugs.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.
Tier 5: Specialty Tier Drugs	This tier includes very high cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact a pharmacist using the information provided on the front and back covers of this formulary.

If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan’s standard benefit. Members who qualify for Extra Help will receive a notice called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (“Low Income Rider” or “LIS Rider”). Please read it to find out what your costs

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are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

For more information

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

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

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

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

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

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 Express Scripts® Pharmacy, our home delivery service, as well as through select retail network pharmacies. It may also be available through other network pharmacies. Consider using our home delivery service 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.

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Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA; MO
AMBISOME	5	PA; MO
<i>amphotericin b</i>	4	PA; MO
ANCOBON	5	MO
CANCIDAS	5	PA
<i>caspofungin intravenous recon soln 50 mg</i>	5	PA
<i>caspofungin intravenous recon soln 70 mg</i>	4	PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBIA ORAL	5	PA
DIFLUCAN	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	MO
<i>fluconazole</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO
MYCAMINE	5	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO; QL (630 per 30 days)
<i>NOXAFIL ORAL TABLET,DELAY ED RELEASE (DR/EC)</i>	5	PA; MO; QL (96 per 30 days)
<i>nystatin oral</i>	2	MO
ORAVIG	4	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
SPORANOX ORAL CAPSULE	4	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	4	MO
<i>terbinafine hcl oral</i>	2	MO
TOLSURA	5	PA; MO; QL (120 per 30 days)
VFEND IV	4	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	5	PA; MO
VFEND ORAL TABLET 200 MG	4	PA; MO
VFEND ORAL TABLET 50 MG	5	PA; MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
abacavir	2	MO
<i>abacavir-lamivudine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
ATRIPLA	5	MO
BARACLUDE	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMBIVIR	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	4	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivu-tenofovir disop</i>	5	MO
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO
EMTRIVA ORAL CAPSULE	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR	4	MO
EPIVIR HBV	4	MO
EPZICOM	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
HEPSERA	5	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO

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Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL SOLUTION	5	MO
KALETRA ORAL TABLET 100-25 MG	4	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEDIPASVIR-SOFOSBUVIR	5	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	4	MO
LEXIVA ORAL TABLET	5	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
MAVYRET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION	4	MO
NORVIR ORAL TABLET	4	MO
<i>odefsey</i>	5	MO
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	4	MO
RETROVIR ORAL CAPSULE	4	MO
RETROVIR ORAL SYRUP	4	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ribavirin oral tablet 200 mg	2	MO
rimantadine	2	MO
ritonavir	2	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
SITAVIG	4	MO
SOFOSBUVIR- VELPATASVIR	5	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	5	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; MO; QL (28 per 28 days)
STRIBILD	5	MO
SUSTIVA ORAL CAPSULE 200 MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA ORAL CAPSULE 50 MG	4	MO
SUSTIVA ORAL TABLET	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
TAMIFLU	4	MO
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIZIVIR	5	MO
TRUVADA	5	MO
TYBOST	4	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
VALCYTE	5	MO
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
VALTREX ORAL TABLET 1 GRAM	4	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	4	MO; QL (60 per 30 days)
VEMLIDY	5	MO
VIEKIRA PAK	5	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE ORAL SUSPENSION	4	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	MO
VIREAD	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	MO
ZEPATIER	5	PA; MO; QL (28 per 28 days)
ZIAGEN	4	MO
<i>zidovudine</i>	2	MO
ZOVIRAX ORAL SUSPENSION	4	MO

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
AVYCAZ	5	PA; MO
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram</i>	4	
<i>cefdinir</i>	2	MO
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotetan injection</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO

Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
<i>tazicef injection recon soln 1 gram, 2 gram</i>	4	PA
<i>tazicef injection recon soln 6 gram</i>	4	PA; MO
TEFLARO	5	PA; MO
ZERBAXA	5	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO
<i>DIFICID ORAL SUSPENSION FOR RECONSTITUTION</i>	5	QL (136 per 10 days)
<i>DIFICID ORAL TABLET</i>	5	MO; QL (20 per 10 days)
<i>E.E.S. GRANULES</i>	4	MO
<i>ERYPED 200</i>	4	MO
<i>ERYPED 400</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>ERY-TAB ORAL TABLET,DELAY ED RELEASE (DR/EC) 500 MG</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
<i>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral</i>	4	MO
<i>ZITHROMAX INTRAVENOUS</i>	4	PA; MO
<i>ZITHROMAX ORAL PACKET</i>	4	MO
<i>ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION</i>	4	MO
<i>ZITHROMAX ORAL TABLET 250 MG, 500 MG</i>	4	MO
<i>ZITHROMAX TRI-PAK</i>	4	MO
<i>ZITHROMAX Z-PAK</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>AEMCOLO</i>	4	MO; QL (12 per 30 days)
<i>albendazole</i>	5	MO
<i>ALBENZA</i>	5	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amikacin injection solution 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
AZACTAM	4	PA; MO
<i>aztreonam injection recon soln 1 gram</i>	4	PA; MO
BENZNIDAZOLE	3	MO
BETHKIS	5	PA; MO; QL (224 per 28 days)
BILTRICIDE	4	MO
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloroquine phosphate</i>	2	MO
CLEOCIN HCL	4	MO
CLEOCIN PEDIATRIC	4	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO
CUBICIN	5	MO
DALVANCE	5	PA; MO
<i>dapsone oral</i>	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA
EMVERM	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	2	MO
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	QL (400 per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	4	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	4	MO
FLAGYL ORAL TABLET 500 MG	4	MO

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gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	4	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	4	PA
gentamicin injection solution 40 mg/ml	4	PA; MO
HUMATIN	4	
hydroxychloroquine	2	MO
imipenem-cilastatin	4	PA; MO
IMPAVIDO	5	PA; MO
INVANZ INJECTION	4	PA; MO; QL (14 per 14 days)
isoniazid oral	2	MO
ivermectin oral	2	MO
KITABIS PAK	5	PA; MO; QL (280 per 28 days)
KRINTAFEL	4	MO
LAMPIT	4	
linezolid in dextrose 5%	4	PA
linezolid oral suspension for reconstitution	5	MO
linezolid oral tablet	4	MO

Drug Name	Drug Tier	Requirements/Limits
MALARONE	4	MO
MALARONE PEDIATRIC	4	MO
mefloquine	2	MO
MEPRON	5	MO
meropenem intravenous recon soln 1 gram	4	PA; MO; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	4	PA; MO; QL (10 per 10 days)
MERREM INTRAVENOUS RECON SOLN 500 MG	4	PA; QL (10 per 10 days)
metronidazole in nacl (iso-os)	4	PA; MO
metronidazole oral	2	MO
MYAMBUTOL ORAL TABLET 400 MG	4	MO
MYCOBUTIN	4	MO
NEBUPENT	4	PA; MO; QL (1 per 28 days)
neomycin	2	MO
nitazoxanide	5	MO
paromomycin	4	MO
PASER	3	MO
PENTAM	4	MO
pentamidine inhalation	4	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine injection</i>	4	MO
PLAQUENIL	4	MO
<i>polymyxin b sulfate</i>	2	PA; MO
<i>praziquantel</i>	4	MO
PRETOMANID	4	PA
PRIFTIN	3	MO
PRIMAQUINE	3	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
QUALAQUIN	4	MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	2	MO
SIRTURO	5	PA; LA
SIVEXTRO INTRAVENOUS	5	PA
SIVEXTRO ORAL	5	MO
SOLOSEC	4	MO
STREPTOMYCIN	3	PA; MO
STROMECTOL	4	MO
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
TOBI	5	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECATOR	4	MO
TYGACIL	5	PA; MO
VABOMERE	4	PA
VANCOCIN ORAL CAPSULE 125 MG	5	PA; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	5	PA; MO; QL (80 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg, 750 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)

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VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	4	PA; QL (28 per 14 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
<i>vancomycin oral recon soln</i>	2	MO; QL (450 per 10 days)
XENLETA INTRAVENOUS	5	
XENLETA ORAL	5	MO
XIFAXAN ORAL TABLET 200 MG	5	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; MO; QL (90 per 30 days)
ZEMDRI	5	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	4	PA; MO
ZYVOX ORAL	5	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	PA; MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium injection recon soln 20 million unit</i>	4	PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	4	
UNASYN INJECTION RECON SOLN 15 GRAM	4	PA
UNASYN INJECTION RECON SOLN 3 GRAM	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN IN DEXTROSE (ISO- OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	4	
QUINOLONES		
BAXDELA INTRAVENOUS	5	PA
BAXDELA ORAL	5	MO
CIPRO ORAL SUSPENSION,MI CROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin- sod.chloride(iso)</i>	4	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	MO
SULFA'S / RELATED AGENTS		
BACTRIM	4	MO
BACTRIM DS	4	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole- trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole- trimethoprim oral tablet</i>	1	MO
TETRACYCLIN ES		
ACTICLATE	4	ST; MO
<i>demeclacycline</i>	4	MO
DORYX MPC	4	ST; MO
DORYX ORAL TABLET,DELAY ED RELEASE (DR/EC) 200 MG, 50 MG	4	ST; MO
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate oral capsule</i>	2	MO

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<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	MO
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	MO
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	5	ST; MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>minocycline oral tablet extended release 24 hr</i>	2	MO
MINOLIRA ER	4	ST; MO
<i>monodoxyne nl oral capsule 100 mg, 75 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
NUZYRA INTRAVENOUS	5	PA
NUZYRA ORAL	5	ST; MO
ORACEA	4	ST; MO
SEYSARA	5	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST; MO
TARGADOX	4	ST; MO
tetracycline	4	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
<i>fosfomycin</i>	2	MO
<i>tromethamine</i>		
HIPREX	4	MO
MACROBID	4	MO
MACRODANTIN	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	2	MO
MONUROL	4	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium oral</i>	2	MO
MESNEX ORAL	5	MO
XGEVA	5	PA; MO

ANTINEOPLAS TIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	5	PA; MO
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARIMIDEX	5	MO
AROMASIN	5	MO
ASTAGRAF XL	4	PA; MO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; LA; QL (30 per 30 days)
AZASAN	4	PA; MO
<i>azathioprine</i>	2	PA; MO
BALVERSA	5	PA; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)

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BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
CASODEX	4	MO
CELLCEPT ORAL CAPSULE	4	PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	PA; MO
CELLCEPT ORAL TABLET	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	2	PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	PA; MO
<i>cyclosporine modified oral capsule</i>	2	PA; MO
<i>cyclosporine modified oral solution</i>	2	PA
<i>cyclosporine oral capsule</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
DROXIA	3	MO
ELIGARD	4	PA; MO
ELIGARD (3 MONTH)	4	PA; MO
ELIGARD (4 MONTH)	4	PA; MO
ELIGARD (6 MONTH)	4	PA; MO
EMCYT	5	MO
ENSPRYNG	5	PA; MO
ENVARSUS XR	4	PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressive)</i>	5	PA; MO
<i>exemestane</i>	4	MO
FARESTON	5	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FEMARA	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOU S RECON SOLN 120 MG	5	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOU S RECON SOLN 80 MG	4	PA; MO
<i>flutamide</i>	2	MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
<i>gengraf</i>	2	PA; MO
GILOTrif	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLEEVEC ORAL TABLET 100 MG	5	PA; MO; QL (180 per 30 days)	INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)	INQOVI	5	PA; MO; QL (5 per 28 days)
HYDREA	4	MO	INREBIC	5	PA; MO; LA; QL (120 per 30 days)
<i>hydroxyurea</i>	2	MO	IRESSA	5	PA; MO; QL (30 per 30 days)
IBRANCE	5	PA; MO; QL (21 per 28 days)	JAKAFI	5	PA; MO; QL (60 per 30 days)
ICLUSIG	5	PA; QL (30 per 30 days)	KANJINTI	5	PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)	KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)	KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
IMBRUVIDA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)			
IMBRUVIDA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)			
IMBRUVIDA ORAL TABLET	5	PA; QL (30 per 30 days)			
IMURAN	4	PA; MO			
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KLISYRI	5	MO
KOSELUGO	5	PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUPKYNIS	5	PA; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	PA; MO
<i>methotrexate sodium (pf) injection solution</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
MVASI	5	PA; MO
MYCAPSSA	5	PA; LA
<i>mycophenolate mofetil oral capsule</i>	2	PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	PA; MO
<i>mycophenolate sodium</i>	4	PA; MO
MYFORTIC	4	PA; MO
NEORAL	4	PA; MO
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
NILANDRON	5	PA; MO
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONUREG	5	PA; MO; QL (14 per 14 days)
ORGOVYX	5	PA; LA; QL (30 per 30 days)
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
PIQRAY	5	PA; MO
POMALYST	5	PA; MO; LA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	4	PA; MO
PROGRAF ORAL CAPSULE 5 MG	5	PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RAPAMUNE ORAL SOLUTION	5	PA; MO

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RAPAMUNE ORAL TABLET 0.5 MG	4	PA; MO	SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	4	PA; MO
RAPAMUNE ORAL TABLET 1 MG, 2 MG	5	PA; MO	SIGNIFOR	5	PA
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)	SIKLOS ORAL TABLET 1,000 MG	5	MO
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)	SIKLOS ORAL TABLET 100 MG	4	MO
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)	<i>sirolimus oral solution</i>	5	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)	<i>sirolimus oral tablet</i>	4	PA; MO
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)	SOLTAMOX	5	MO
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)	SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
RUXIENCE	5	PA; MO	SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
RYDAPT	5	PA; MO	STIVARGA	5	PA; MO; QL (84 per 28 days)
SANDIMMUNE ORAL	4	PA; MO	SUTENT	5	PA; MO; QL (30 per 30 days)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	5	PA; MO	SYNRIBO	5	PA
			TABLOID	4	MO
			TABRECTA	5	PA; MO
			<i>tacrolimus oral</i>	2	PA; MO

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TAFINLAR	5	PA; MO; QL (120 per 30 days)	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA; MO
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)	<i>tretinoin</i> (antineoplastic)	5	MO
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)	TREXALL	4	PA; MO
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)	TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
<i>tamoxifen</i>	2	MO	TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; MO; QL (30 per 30 days)	TURALIO	5	PA; LA; QL (120 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)	TYKERB	5	PA; MO; LA; QL (180 per 30 days)
TARGETIN	5	PA; MO	UKONIQ	5	PA; LA; QL (120 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)	VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)	VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
TAZVERIK	5	PA; LA	VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
TEPMETKO	5	PA; LA			
THALOMID	5	PA; MO			
TIBSOVO	5	PA			
<i>toremifene</i>	5	MO			
TRAZIMERA	5	PA; MO			

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VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	PA; MO
XERMELO	5	PA; LA; QL (90 per 30 days)
XOSPATA	5	PA; LA
XPOVIO	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YONSA	5	PA; MO; QL (120 per 30 days)
ZEJULA	5	PA; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZIRABEV	5	PA; MO
ZOLINZA	5	PA; MO
ZORTRESS	5	PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
CARBATROL	4	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO
DEPAKOTE SPRINKLES	4	MO
DIACOMIT	5	PA; LA
DIASTAT	4	MO

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Drug Name	Drug Tier	Requirements/Limits
DIASTAT	4	MO
ACUDIAL		
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	3	MO
DILANTIN EXTENDED 100 MG	4	MO
DILANTIN INFATABS 50 MG	4	MO
DILANTIN-125 125 MG/5 ML	4	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
EQUETRO	4	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FELBATOL	5	MO

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA	5	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GABITRIL	4	MO

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Drug Name	Drug Tier	Requirements/Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	4	MO
KEPPRA XR	4	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	4	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	4	MO; QL (300 per 30 days)
LAMICTAL ODT	4	MO
LAMICTAL ORAL TABLET	4	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	MO
LAMICTAL STARTER (BLUE) KIT	4	MO
LAMICTAL STARTER (GREEN) KIT	4	MO
LAMICTAL STARTER (ORANGE) KIT	4	MO

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR	4	MO
LAMICTAL XR STARTER (BLUE)	4	MO
LAMICTAL XR STARTER (GREEN)	4	MO
LAMICTAL XR STARTER (ORANGE)	4	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	4	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet,disintegrating</i>	4	MO
<i>lamotrigine oral tablets,dose pack</i>	4	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO

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LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	PA; MO; QL (30 per 30 days)	NEURONTIN ORAL TABLET 600 MG	4	MO; QL (180 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	PA; MO; QL (60 per 30 days)	NEURONTIN ORAL TABLET 800 MG	4	MO; QL (120 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (90 per 30 days)	ONFI ORAL SUSPENSION	5	PA; MO; QL (480 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	MO; QL (60 per 30 days)	ONFI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	4	MO; QL (900 per 30 days)	<i>oxcarbazepine oral suspension</i>	4	MO
MYSOLINE	5	MO	<i>oxcarbazepine oral tablet</i>	2	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)	OXTELLAR XR	4	MO
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	4	MO; QL (270 per 30 days)	<i>phenobarbital oral elixir</i>	2	PA; MO
NEURONTIN ORAL CAPSULE 300 MG	4	MO; QL (360 per 30 days)	<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
NEURONTIN ORAL SOLUTION	4	MO; QL (2160 per 30 days)	<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
			PHENYTEK	4	MO
			<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
			<i>phenytoin oral tablet, chewable</i>	2	MO
			<i>phenytoin sodium extended</i>	2	MO

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<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>primidone</i>	2	MO
<i>QUDEXY XR</i>	4	PA; MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide</i>	5	PA; MO
<i>SABRIL</i>	5	MO; LA
<i>SPRITAM</i>	4	MO
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	5	PA; MO; QL (60 per 30 days)
<i>SYMPAZAN ORAL FILM 5 MG</i>	4	PA; MO; QL (60 per 30 days)
<i>TEGRETOL ORAL SUSPENSION</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>TEGRETOL ORAL TABLET</i>	4	MO
<i>TEGRETOL XR</i>	4	MO
<i>tiagabine</i>	4	MO
<i>TOPAMAX</i>	4	PA; MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>TRILEPTAL</i>	4	MO
<i>TROKENDI XR ORAL CAPSULE,EXTE NDDED RELEASE 24HR 100 MG, 25 MG, 50 MG</i>	4	PA; MO
<i>TROKENDI XR ORAL CAPSULE,EXTE NDDED RELEASE 24HR 200 MG</i>	5	PA; MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>VALTOCO</i>	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	MO; LA
<i>vigadron</i>	5	LA

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT INTRAVENOUS	3	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	5	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (56 per 28 days)
ZARONTIN	4	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA; MO
<i>zonisamide</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINS ONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (90 per 30 days)
AZILECT	4	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
COMTAN	4	MO
DUOPA	5	PA; MO
<i>entacapone</i>	4	MO
GOCOVRI ORAL CAPSULE, EXTE NDDED RELEASE 24HR 137 MG	5	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTE NDDED RELEASE 24HR 68.5 MG	5	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO; QL (150 per 30 days)

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LODOSYN	4	MO
MIRAPEX ER	4	MO
NEUPRO	4	MO
NOURIANZ	5	PA; MO; LA; QL (30 per 30 days)
ONGENTYS	4	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	PA; QL (60 per 30 days)
PARLODEL	4	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
RYTARY	4	MO
<i>selegiline hcl</i>	2	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
STALEVO 100	4	MO
STALEVO 125	4	MO
STALEVO 150	4	MO
STALEVO 200	4	MO
STALEVO 75	4	MO
TASMAR ORAL TABLET 100 MG	5	PA; MO
<i>tolcapone</i>	5	PA
ZELAPAR	5	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	2	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	MO; QL (18 per 28 days)
AMERGE	4	MO; QL (18 per 28 days)
CAFERGOT	4	MO

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Drug Name	Drug Tier	Requirements/Limits
dihydroergotamine nasal	5	QL (8 per 28 days)
eletriptan	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
ergotamine-caffeine	2	MO
FROVA	4	MO; QL (27 per 28 days)
frovatriptan	2	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	4	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	4	MO; QL (36 per 28 days)
IMITREX ORAL	4	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	4	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	4	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	4	QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	4	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINT EGRATING 10 MG	4	MO; QL (36 per 28 days)
migergot	2	MO
MIGRANAL	5	QL (8 per 28 days)
naratriptan	2	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
ONZETRA XSAIL	4	MO; QL (32 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RELPAX	4	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	4	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	4	PA; QL (8 per 30 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TOSYMRA	4	MO; QL (24 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	4	MO; QL (18 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
ZEMBRACE SYMTOUCH	5	MO; QL (8 per 28 days)
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)
ZOMIG	4	MO; QL (18 per 28 days)
ZOMIG ZMT	4	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA; QL (60 per 30 days)
ARICEPT	4	MO
AUBAGIO	5	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; LA; QL (60 per 30 days)
BAFIERTAM	5	PA; MO; QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/rec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/rec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/rec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet,disintegrating</i>	1	MO
EVRYSDI	5	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH	4	MO
FIRDAPSE	5	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	PA; MO; QL (60 per 30 days)	MAVENCLAD (9 TABLET PACK)	5	PA; MO; LA; QL (9 per 28 days)
INGREZZA	5	PA; LA; QL (30 per 30 days)	MAYZENT ORAL TABLET 0.25 MG	5	PA; MO; QL (120 per 30 days)
INGREZZA INITIATION PACK	5	PA; LA; QL (28 per 28 days)	MAYZENT ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)	MAYZENT STARTER PACK	5	PA; MO; QL (12 per 180 days)
KEVEYIS	5	PA	<i>memantine oral capsule,sprinkle,er 24hr</i>	4	PA; MO
MAVENCLAD (10 TABLET PACK)	5	PA; MO; LA; QL (10 per 28 days)	<i>memantine oral solution</i>	2	PA; MO
MAVENCLAD (4 TABLET PACK)	5	PA; MO; LA; QL (4 per 28 days)	<i>memantine oral tablet</i>	2	PA; MO
MAVENCLAD (5 TABLET PACK)	5	PA; MO; LA; QL (5 per 28 days)	MEMANTINE ORAL TABLETS,DOSE PACK	4	PA; MO
MAVENCLAD (6 TABLET PACK)	5	PA; MO; LA; QL (6 per 28 days)	NAMENDA ORAL TABLET	4	PA; MO
MAVENCLAD (7 TABLET PACK)	5	PA; MO; LA; QL (7 per 28 days)	NAMENDA TITRATION PAK	4	PA; MO
MAVENCLAD (8 TABLET PACK)	5	PA; MO; LA; QL (8 per 28 days)	NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	4	PA; MO
			NAMZARIC	3	PA; MO
			NUEDEXTA	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PONVORY	5	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	5	PA; MO; QL (14 per 180 days)
RAZADYNE ER	4	MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	2	MO
RUZURGI	5	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	5	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY	5	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	5	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	5	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT	5	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	5	PA; MO; QL (7 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>cyclobenzaprine oral tablet 7.5 mg</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	4	MO
<i>dantrolene oral</i>	2	MO
FEXMID	4	PA
MESTINON ORAL	5	MO
MESTINON TIMESPAN	5	MO
<i>pyridostigmine bromide oral syrup</i>	5	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
tizanidine	2	MO
ZANAFLEX	4	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
ACTIQ	5	PA; MO; QL (120 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
BUTRANS	4	PA; MO; QL (4 per 28 days)
<i>codeine sulfate</i>	2	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	4	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	4	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	5	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; MO; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour	2	PA; MO; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 87.5 mcg/hour	5	PA; MO; QL (10 per 30 days)
FENTORA	5	PA; MO; QL (120 per 30 days)
hydrocodone bitartrate, oral only, er 12hr	2	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate, oral only, ext. rel. 24 hr 100 mg, 120 mg	5	PA; MO; QL (60 per 30 days)
hydrocodone bitartrate, oral only, ext. rel. 24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	2	PA; MO; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
hydrocodone-ibuprofen	2	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	4	QL (240 per 30 days)
hydromorphone oral liquid	4	MO; QL (2400 per 30 days)
hydromorphone oral tablet	2	MO; QL (180 per 30 days)

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hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days)	methadone oral tablet 5 mg	2	PA; MO; QL (240 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 100 MG, 120 MG, 80 MG	5	PA; MO; QL (60 per 30 days)	morphine concentrate oral solution	2	MO; QL (900 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 20 MG, 30 MG, 40 MG, 60 MG	4	PA; MO; QL (60 per 30 days)	morphine oral capsule, er multiphase 24 hr	2	PA; MO; QL (60 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY	5	PA; QL (45 per 30 days)	morphine oral capsule, extend.release pellets	2	PA; MO; QL (90 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	5	PA; MO; QL (30 per 30 days)	morphine oral solution	2	MO; QL (900 per 30 days)
levorphanol tartrate	5	MO; QL (120 per 30 days)	morphine oral tablet	2	MO; QL (180 per 30 days)
methadone oral solution 10 mg/5 ml	2	PA; MO; QL (600 per 30 days)	morphine oral tablet extended release	2	PA; MO; QL (120 per 30 days)
methadone oral solution 5 mg/5 ml	2	PA; MO; QL (1200 per 30 days)	MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	5	PA; MO; QL (120 per 30 days)
methadone oral tablet 10 mg	2	PA; MO; QL (120 per 30 days)	MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	PA; MO; QL (120 per 30 days)
			OXAYDO	5	MO; QL (360 per 30 days)

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<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)	OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)	<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)	<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)	<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; MO; QL (90 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)	PERCOSET	4	MO; QL (360 per 30 days)
OXYCODONE, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	4	PA; QL (90 per 30 days)	<i>prolate oral tablet</i>	2	QL (390 per 30 days)
OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; QL (60 per 30 days)	ROXICODONE ORAL TABLET 15 MG, 30 MG	4	MO; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)	ROXICODONE ORAL TABLET 5 MG	4	QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)	SUBSYS	5	PA; MO; QL (120 per 30 days)
			TREZIX	4	MO; QL (300 per 30 days)
			XTAMPZA ER	4	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	4	ST; MO
ARTHROTEC 75	4	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol nasal</i>	2	MO; QL (10 per 28 days)
CAMBIA	4	ST; MO; QL (9 per 30 days)
CELEBREX	4	MO
<i>celecoxib</i>	2	MO
CONZIP	4	PA; MO; QL (30 per 30 days)
DAYPRO	4	ST; MO
DICLOFENAC EPOLAMINE	4	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	2	MO
DUEXIS	4	ST; MO
<i>etodolac</i>	2	MO
FELDENE	4	ST; MO
FENOPROFEN ORAL CAPSULE 400 MG	4	ST; MO
<i>fenoprofen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INDOCIN RECTAL	5	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	MO
KETOROLAC NASAL	4	ST
KLOXXADO	3	
LICART	4	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	4	ST
LUCEMYRA	5	PA; MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	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>meloxicam submicronized oral capsule 10 mg</i>	2	MO
<i>meloxicam submicronized oral capsule 5 mg</i>	2	MO; QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG	4	ST; MO

Drug Name	Drug Tier	Requirements/Limits
MOBIC ORAL TABLET 7.5 MG	4	ST; MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
NALFON ORAL CAPSULE 400 MG	4	ST; MO
NALFON ORAL TABLET	4	ST; MO
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
NAPRELAN CR	4	ST; MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
naproxen-esomeprazole	5	MO
NARCAN	3	MO
NUCYNTA ER	4	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	4	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	4	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	4	MO; QL (242 per 30 days)
oxaprozin	4	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	5	ST; MO; QL (224 per 28 days)
piroxicam	2	MO
RELAFEN DS	5	ST; MO
SPRIX	5	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
sulindac	2	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	4	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
ULTRACET	4	MO; QL (240 per 30 days)
ULTRAM	4	MO; QL (240 per 30 days)
VIMOVO	5	ST; MO
VIVITROL	5	MO

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Drug Name	Drug Tier	Requirements/Limits
VIVLODEX ORAL CAPSULE 10 MG	4	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	4	ST; MO; QL (30 per 30 days)
ZIPSOR	4	ST; MO
ZORVOLEX	4	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
ABILIFY MYCITE	5	QL (30 per 30 days)
ABILIFY ORAL TABLET	5	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	4	MO
ADDERALL XR	4	ST; MO

Drug Name	Drug Tier	Requirements/Limits
ADZENYS ER	4	ST; MO
ADZENYS XR-ODT	4	ST; MO
AMBIEN	4	MO; QL (30 per 30 days)
AMBIEN CR	4	MO; QL (30 per 30 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	2	MO
AMPHETAMINE	4	ST
<i>amphetamine sulfate</i>	2	PA; MO
ANAFRANIL	4	MO
APLENZIN	4	MO; QL (30 per 30 days)
APTENSIO XR	4	ST; MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO; QL (4.8 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)	ATIVAN ORAL TABLET 0.5 MG, 1 MG	4	PA; MO; QL (90 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)	ATIVAN ORAL TABLET 2 MG	4	PA; MO; QL (150 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)	BELSOMRA	4	MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)	BRISDELLE	4	MO; QL (30 per 30 days)
			<i>bupropion hcl oral tablet</i>	1	MO
			<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
			<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
			BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	MO; QL (30 per 30 days)
			<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buspirone</i>	2	MO
CAPLYTA	5	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	4	MO; QL (30 per 30 days)
<i>chlorpromazine oral tablet</i>	4	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet,disintegrating</i>	4	
CLOZARIL ORAL TABLET 100 MG, 200 MG	5	

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL ORAL TABLET 25 MG, 50 MG	4	
CONCERTA	4	ST; MO
COTEMPLA XR-ODT	4	ST; MO
CYMBALTA	4	MO; QL (60 per 30 days)
DAYTRANA	4	ST; MO
DAYVIGO	4	MO; QL (30 per 30 days)
<i>desipramine</i>	2	MO
DESOXYN	4	PA; MO
DESVENLAFAXI NE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QL (120 per 30 days)
DESVENLAFAXI NE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE	4	ST; MO
<i>dexamethylphenidate</i>	2	MO
<i>dextroamphetamine</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine -amphetamine oral capsule,extended release 24hr</i>	4	MO
<i>dextroamphetamine -amphetamine oral tablet</i>	2	MO
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
DYANAVEL XR	4	ST; MO
EFFEXOR XR ORAL CAPSULE,EXTE NDED RELEASE 24HR 150 MG, 37.5 MG	4	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTE NDED RELEASE 24HR 75 MG	4	MO; QL (90 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	2	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
EVEKEO	4	PA; MO
EVEKEO ODT	4	PA; MO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)	<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)	<i>fluoxetine oral tablet 60 mg</i>	2	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)	<i>fluphenazine decanoate</i>	4	MO
FETZIMA ORAL CAPSULE,EXTE NDED RELEASE 24 HR	3	MO; QL (30 per 30 days)	<i>fluphenazine hcl</i>	4	MO
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)	<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	QL (120 per 30 days)	<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)	<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/rec)</i>	2	MO; QL (4 per 28 days)	FOCALIN	4	MO
<i>fluoxetine oral solution</i>	2	MO	FOCALIN XR	4	ST; MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)	FORFIVO XL	4	MO; QL (30 per 30 days)
			GEODON INTRAMUSCULAR	4	MO
			GEODON ORAL CAPSULE 20 MG	4	MO; QL (60 per 30 days)

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GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	MO; QL (60 per 30 days)	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	5	MO; QL (30 per 30 days)
HALDOL	4	MO	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	MO; QL (60 per 30 days)
HALDOL DECANOATE	4	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
<i>haloperidol</i>	1	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	2	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
<i>haloperidol lactate injection</i>	2	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
<i>haloperidol lactate oral</i>	2	MO			
HETLIOZ	5	PA; MO; QL (30 per 30 days)			
HETLIOZ LQ	5	PA; MO; QL (158 per 30 days)			
<i>imipramine hcl</i>	4	MO			
<i>imipramine pamoate</i>	4	MO			

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QL (2.63 per 90 days)
JORNAY PM	4	ST; MO
KAPVAY	4	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	4	MO; QL (30 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
LITHOBID	4	MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
LUNESTA	4	MO; QL (30 per 30 days)
MARPLAN	4	MO
<i>methamphetamine</i>	2	PA; MO
METHYLIN ORAL SOLUTION	4	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	ST; MO
<i>methylphenidate hcl oral tablet, chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet, disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone</i>	2	MO
MYDAYIS	4	ST; MO

Drug Name	Drug Tier	Requirements/Limits
NARDIL	4	MO
<i>nefazodone</i>	2	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
NUVIGIL	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
PAMELOR	4	MO
PARNATE	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	4	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sy m)</i>	2	MO; QL (30 per 30 days)
PAXIL CR	4	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	4	MO; QL (60 per 30 days)
<i>perphenazine</i>	2	MO
PERSERIS	5	MO; QL (1 per 30 days)
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	4	MO; QL (60 per 30 days)
<i>phenelzine</i>	2	MO
<i>pimozide</i>	4	MO
PRISTIQ	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>procentra</i>	2	MO
<i>protriptyline</i>	4	MO
PROVIGIL ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	5	PA; MO; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG, 20 MG	4	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 40 MG	4	MO; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	4	ST; MO; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	ST; MO; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
QUILLICHEW ER	4	ST; MO
QUILLIVANT XR	4	ST; MO
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
RELEXXII	4	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	4	MO
REMERON SOLTAB	4	MO
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	4	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	4	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	4	MO; QL (120 per 30 days)
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RITALIN	4	MO
RITALIN LA	4	ST; MO
ROZEREM	4	MO; QL (30 per 30 days)
SAPHRIS	4	MO; QL (60 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	4	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	4	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet</i> 100 mg, 50 mg	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral tablet</i> 25 mg	1	MO; QL (30 per 30 days)
SILENOR	4	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	4	MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	4	MO; QL (30 per 30 days)
SUNOSI	4	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	MO
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	2	MO
TRANXENE T-TAB	4	PA; MO; QL (360 per 30 days)
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)

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VALIUM	4	PA; MO; QL (120 per 30 days)	WELLBUTRIN SR	4	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)	WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	MO; QL (90 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)	WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	MO; QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	2	MO; QL (30 per 30 days)	XYREM	5	PA; LA; QL (540 per 30 days)
VERSACLOZ	5		XYWAV	5	PA; LA; QL (540 per 30 days)
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)	<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)	<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)	<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	MO
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)	ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
VYVANSE	4	ST; MO			
WAKIX	5	PA; MO; LA; QL (60 per 30 days)			

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<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
<i>ziprasidone mesylate</i>	4		ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	4	MO; QL (30 per 30 days)
ZOLOFT ORAL CONCENTRATE	4	MO	ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	5	MO; QL (30 per 30 days)
ZOLOFT ORAL TABLET 100 MG, 50 MG	4	MO; QL (60 per 30 days)	CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ZOLOFT ORAL TABLET 25 MG	4	MO; QL (30 per 30 days)	ANTIARRHYTHMIC AGENTS		
<i>zolpidem oral</i>	2	MO; QL (30 per 30 days)	<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
ZOLPIMIST	4	MO; QL (7.7 per 30 days)	<i>amiodarone oral tablet 200 mg</i>	2	MO
ZYPREXA INTRAMUSCULAR	4	MO	BETAPACE AF	4	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	MO; QL (30 per 30 days)	dofetilide	4	MO
ZYPREXA ORAL TABLET 15 MG, 20 MG	5	MO; QL (30 per 30 days)	flecainide	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
RYTHMOL SR	4	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
SOTYLIZE	4	MO
TIKOSYN	4	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	MO
ACCURETIC	4	MO
<i>acebutolol</i>	2	MO
ALDACTAZIDE	4	MO
ALDACTONE	4	MO
<i>aliskiren</i>	4	MO
ALTACE	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
ATACAND	4	ST; MO
ATACAND HCT	4	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
AVALIDE	4	ST; MO
AVAPRO	4	ST; MO
AZOR	4	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BENICAR	4	ST; MO
BENICAR HCT	4	ST; MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO; QL (180 per 30 days)
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide</i>	2	MO
BYSTOLIC	3	MO
CALAN SR	4	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazide</i>	2	MO
<i>captopril</i>	2	MO
CARDIZEM CD	4	MO
CARDIZEM LA	4	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	4	ST; MO; QL (60 per 30 days)
CARDURA XL	4	ST; MO; QL (30 per 30 days)
CAROSPIR	4	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	2	
CATAPRES-TTS-1	4	MO; QL (4 per 28 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl oral tablet</i>	1	MO
COREG	4	MO
COREG CR	4	MO
CORGARD	4	MO
COZAAR	4	ST; MO
DEMSER	5	PA; MO
DIBENZYLINE	5	PA; MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>dilt-xr</i>	2	MO
DIOVAN	4	ST; MO
DIOVAN HCT	4	ST; MO
DIURIL	4	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)

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<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DUTOPROL	4	MO
DYRENIUM	4	MO
EDARBI	3	MO
EDARBYCLOR	3	MO
EDECIN	5	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
eplerenone	2	MO
ethacrynic acid	4	MO
EXFORGE	4	ST; MO
EXFORGE HCT	4	ST; MO
<i>felodipine</i>	2	MO
<i>fasinopril</i>	1	MO
<i>fasinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
hydralazine oral	2	MO
hydrochlorothiazide	1	MO
HYZAAR	4	ST; MO
indapamide	1	MO
INDERAL LA	4	MO
INNOPRAN XL	4	MO

Drug Name	Drug Tier	Requirements/Limits
INSPRA	4	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	2	MO
KAPSPARGO SPRINKLE	4	MO
KATERZIA	4	MO
<i>labetalol oral</i>	2	MO
LASIX	4	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR ORAL	4	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	4	MO
<i>matzim la</i>	2	MO
MAXZIDE	4	MO
MAXZIDE-25MG	4	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO

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<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>MICARDIS</i>	4	ST; MO
<i>MICARDIS HCT</i>	4	ST; MO
<i>MINIPRESS</i>	4	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>NORVASC</i>	4	MO
<i>NYMALIZE ORAL SYRINGE 60 MG/10 ML</i>	5	
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG</i>	4	PA; MO
<i>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG</i>	5	PA; MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
<i>PRINIVIL ORAL TABLET 20 MG</i>	4	MO
<i>PROCARDIA XL</i>	4	MO
<i>propranolol oral capsule,extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>QBRELIS</i>	4	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	MO
<i>taztia xt</i>	2	MO
TEKTURNA	4	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
TENORMIN	4	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>tiadylt er</i>	2	MO
TIAZAC	4	MO
<i>timolol maleate oral</i>	2	MO
TOPROL XL	4	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostинil sodium</i>	5	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	4	ST; MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	4	MO
VASOTEC	4	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
VERELAN	4	MO
VERELAN PM	4	MO
ZESTORETIC	4	MO
ZESTRIL	4	MO
ZIAC	4	MO

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Drug Name	Drug Tier	Requirements/Limits
COAGULATION THERAPY		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	5	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	MO
aspirin-dipyridamole	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA
cilostazol	2	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dipyridamole oral	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
FRAGMIN SUBCUTANEOUS SOLUTION	5	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	5	MO	LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	4	MO; QL (16.8 per 28 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	MO	LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	MO; QL (11.2 per 28 days)
<i>heparin (porcine) injection solution</i>	2	MO	MULPLETA	5	PA; MO
<i>jantoven</i>	1	MO	<i>pentoxifylline</i>	2	MO
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	4	MO; QL (28 per 28 days)	PLAVIX ORAL TABLET 75 MG	4	MO; QL (30 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	4	MO; QL (22.4 per 28 days)	PRADAXA	4	PA; MO
			<i>prasugrel</i>	2	MO
			PROMACTA	5	PA; MO; LA
			SAVAYSA	4	PA; MO
			TAVALISSE	5	PA; LA; QL (60 per 30 days)
			<i>warfarin</i>	1	MO
			XARELTO	3	MO
			XARELTO DVT- PE TREAT 30D START	3	MO
			ZONTIVITY	4	MO

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Drug Name	Drug Tier	Requirements/Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	5	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	MO
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	4	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder in packet</i>	2	
<i>colesevelam</i>	4	MO
COLESTID ORAL PACKET	4	MO
COLESTID ORAL TABLET	4	MO
<i>colestipol oral packet</i>	4	MO
<i>colestipol oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
CRESTOR	4	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	4	ST; MO; QL (30 per 30 days)
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
FENOFIBRATE ORAL CAPSULE	4	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid (choline)</i>	4	MO
FENOGLIDE	4	MO
FLOLIPID	4	ST; MO; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	MO
JUXTAPIID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA
LESCOL XL	4	ST; MO; QL (30 per 30 days)
LIPITOR	4	ST; MO; QL (30 per 30 days)
LIPOFEN	4	MO
LIVALO	3	MO; QL (30 per 30 days)
LOPID	4	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	4	ST; MO
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet extended release 24 hr</i>	4	
NIACOR	4	MO

Drug Name	Drug Tier	Requirements/Limits
NIASPIN EXTENDED-RELEASE	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
PRALUENT PEN	4	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder in packet</i>	2	MO
QUESTRAN LIGHT	4	MO
QUESTRAN ORAL POWDER	4	MO
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
ROSZET	4	ST; MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
TRICOR	4	MO
TRILIPIX	4	MO

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Drug Name	Drug Tier	Requirements/Limits
VASCEPA ORAL CAPSULE 0.5 GRAM	3	ST; MO
VASCEPA ORAL CAPSULE 1 GRAM	4	ST; MO
VYTORIN 10-10	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	4	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	4	ST; MO; QL (30 per 30 days)
WELCHOL	4	MO
ZETIA	4	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	ST; MO; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral</i>	2	MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	4	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
RANEXA	4	MO
<i>ranolazine</i>	2	MO
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO
VYNDAQEL	5	PA; MO
NITRATES		
GONITRO	4	MO
ISORDIL	5	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate oral tablet	2	MO
isosorbide mononitrate	1	MO
MINITRAN	4	MO
<i>nitro-bid</i>	2	MO
NITRO-DUR	4	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO
NITROLINGUAL	4	MO
NITROSTAT	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATICS / ANTISEBORRH EICS		
acitretin	4	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALCIPOTRIEN E TOPICAL FOAM	4	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	4	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	
COSENTYX (2 SYRINGES)	5	PA; MO; QL (10 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOU S SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days)
DOVONEX TOPICAL	4	MO; QL (120 per 30 days)
ENSTILAR	5	MO; QL (400 per 30 days)
ILUMYA	5	PA; MO; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO
SILIQ	5	PA; MO; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	5	MO
SORILUX	4	MO; QL (120 per 30 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TACLONEX	5	MO; QL (400 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
TREMFYA	5	PA; MO; QL (2 per 28 days)
VECTICAL	4	
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	4	MO
<i>ammonium lactate</i>	2	MO
CARAC	5	MO
CONDYLOX TOPICAL GEL	4	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	2	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)	<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
EFUDEX TOPICAL CREAM	4	MO	<i>lidocaine viscous</i>	2	MO
ELIDEL	4	PA; MO; QL (100 per 30 days)	<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
EUCRISA	4	PA; MO; QL (120 per 30 days)	LIDODERM	4	PA; MO; QL (90 per 30 days)
FLUOROPLEX	4	MO	<i>methoxsalen</i>	5	MO
FLUOROURACIL TOPICAL CREAM 0.5 %	5	MO	<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>fluorouracil topical cream 5 %</i>	2	MO	PLIAGLIS	4	PA; QL (30 per 30 days)
<i>fluorouracil topical solution</i>	2	MO	<i>podofilox</i>	2	MO
<i>imiquimod topical cream in packet 3.75 %</i>	5	MO	PROTOPIC	4	PA; MO; QL (100 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	2	MO	<i>prodoxin</i>	2	MO; QL (45 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO	QBREXZA	4	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; MO; QL (90 per 30 days)	REGRANEX	5	MO
			SANTYL	3	MO
			SILVADENE	4	MO
			<i>silver sulfadiazine</i>	2	MO
			<i>ssd</i>	2	MO
			<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
			VALCHLOR	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VEREGEN	4	MO; QL (30 per 30 days)
ZONALON	4	MO; QL (45 per 30 days)
ZTLIDO	4	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	5	MO
ZYCLARA TOPICAL CREAM IN PACKET	5	MO
THERAPY FOR ACNE		
ABSORICA	5	
ABSORICA LD	5	
ACANYA TOPICAL GEL WITH PUMP	4	MO
accutane oral capsule 20 mg, 30 mg, 40 mg	4	
ACZONE	4	MO
adapalene topical cream	2	PA; MO
adapalene topical gel	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene topical solution</i>	2	PA
<i>adapalene topical swab</i>	2	PA
<i>adapalene-benzoyl peroxide</i>	2	PA; MO
AKLIEF	4	PA; MO
ALTRENO	4	PA; MO
<i>amnesteem</i>	4	
AMZEEQ	4	MO
ARAZLO	4	PA; MO
ATRALIN	4	PA; MO
<i>avita topical cream</i>	4	PA; MO
AVITA TOPICAL GEL	4	PA; MO
<i>azelaic acid</i>	4	MO
AZELEX	4	MO
BENZAACLIN PUMP	4	MO
BENZAMYCIN	4	MO
<i>claravis</i>	4	
CLEOCIN T TOPICAL LOTION	4	MO; QL (120 per 30 days)
<i>clindacin p</i>	2	MO; QL (69 per 30 days)
CLINDAGEL	5	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical foam</i>	2	QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	2	MO; QL (60 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	MO
<i>clindamycin-tretinooin</i>	2	PA; MO
<i>dapsone topical gel</i>	2	MO
DAPSONE TOPICAL GEL WITH PUMP	4	MO
DIFFERIN TOPICAL CREAM	4	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	4	PA; MO
DIFFERIN TOPICAL LOTION	4	PA; MO
EPIDUO FORTE	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
EPIDUO TOPICAL GEL WITH PUMP	4	PA
<i>ery pads</i>	2	MO
<i>erygel</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	2	MO
EVOCLIN	4	QL (100 per 30 days)
FABIOR	4	PA; MO
FINACEA	4	ST; MO
<i>isotretinoin</i>	4	
METROCREAM	4	ST; MO
METROGEL TOPICAL GEL 1 %	4	ST; MO
METROLOTION	4	ST
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
MIRVASO TOPICAL GEL WITH PUMP	4	PA; MO
<i>myorisan</i>	4	
<i>neuac</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NORITATE	5	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	4	MO
RETIN-A	4	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	4	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	PA; MO
RHOFADE	4	PA; MO
SOOLANTRA	4	ST; MO
<i>tazarotene topical cream</i>	4	PA; MO
TAZAROTENE TOPICAL FOAM	4	PA
TAZORAC	4	PA; MO
<i>tretinoin microspheres topical gel</i>	2	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
VELTIN	4	PA
<i>zenatane</i>	4	
ZIANA	4	PA
ZILXI	4	ST; MO

Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIBACTERIALS		
ALTABAX	4	MO; QL (30 per 30 days)
<i>gentamicin topical</i>	2	MO; QL (60 per 30 days)
KLARON	4	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	2	MO; QL (30 per 30 days)
NEO-SYNALAR	4	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLYON TOPICAL CREAM	3	MO
SULFAMYLYON TOPICAL PACKET	5	MO
XEPI	4	QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)

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ciclopirox topical gel	2	MO; QL (45 per 28 days)	ketoconazole topical cream	2	MO; QL (60 per 28 days)
ciclopirox topical shampoo	2	MO; QL (120 per 28 days)	ketoconazole topical foam	2	MO; QL (100 per 28 days)
ciclopirox topical solution	2	MO	ketoconazole topical shampoo	2	MO; QL (120 per 28 days)
ciclopirox topical suspension	2	MO; QL (60 per 28 days)	ketodan	2	MO; QL (100 per 28 days)
clotrimazole topical cream	2	MO; QL (45 per 28 days)	LOPROX (AS OLAMINE) TOPICAL CREAM	4	MO; QL (90 per 28 days)
clotrimazole topical solution	2	MO; QL (30 per 28 days)	LOPROX TOPICAL SHAMPOO	4	MO; QL (120 per 28 days)
clotrimazole- betamethasone topical cream	2	MO; QL (45 per 28 days)	LULICONAZOLE	4	MO; QL (60 per 28 days)
clotrimazole- betamethasone topical lotion	2	MO; QL (60 per 28 days)	LUZU	4	MO; QL (60 per 28 days)
econazole	4	MO; QL (85 per 28 days)	MENTAX	4	MO; QL (30 per 28 days)
ERTACZO	4	MO; QL (60 per 28 days)	naftifine topical cream	4	MO; QL (60 per 28 days)
EXTINA	4	QL (100 per 28 days)	NAFTIN TOPICAL GEL	4	MO; QL (60 per 28 days)
JUBLIA	4	MO			
KERYDIN	4	MO			

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Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc</i>	2	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO; QL (180 per 30 days)
<i>oxiconazole</i>	2	MO; QL (60 per 28 days)
OXISTAT	4	MO; QL (60 per 28 days)
<i>tavaborole</i>	4	MO
XOLEGEL	4	MO; QL (45 per 28 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	2	PA; MO; QL (5 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	5	MO; QL (5 per 30 days)
XERESE	5	MO
ZOVIRAX TOPICAL CREAM	5	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	5	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
ALA-SCALP	4	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	2	MO
<i>amcinonide topical lotion</i>	2	MO
<i>apexicon e</i>	2	MO; QL (120 per 30 days)
<i>beser</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented</i>	2	MO	CLOBEX TOPICAL LOTION	4	QL (118 per 28 days)
BRYHALI	4	MO	CLOBEX TOPICAL SHAMPOO	4	MO; QL (236 per 28 days)
CAPEX	4	MO	CLOBEX TOPICAL SPRAY, NON-AEROSOL	4	MO; QL (125 per 28 days)
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)	CLOCORTOLON E PIVALATE	4	MO
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)	<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)	CLODERM	4	MO
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)	CORDRAN TAPE LARGE ROLL	4	MO
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)	CORDRAN TOPICAL CREAM	4	MO; QL (120 per 30 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)	CORDRAN TOPICAL LOTION	4	MO; QL (120 per 30 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)	CORDRAN TOPICAL OINTMENT	4	MO; QL (120 per 30 days)
<i>clobetasol topical spray, non-aerosol</i>	2	MO; QL (125 per 28 days)	CUTIVATE TOPICAL LOTION	4	MO
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)	DERMA-SMOOTH/FS SCALP OIL	4	MO
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)	DESONATE	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>desonide</i>	4	MO
DESOWEN TOPICAL CREAM	4	
<i>desoximetasone</i>	2	MO
<i>diflorasone</i>	2	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	MO
DUOBRII	4	MO; QL (200 per 30 days)
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	4	MO; QL (120 per 30 days)
<i>flurandrenolide</i>	2	MO; QL (120 per 30 days)
<i>fluticasone propionate topical</i>	2	MO
<i>halcinonide</i>	2	MO
<i>halobetasol propionate topical cream</i>	4	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
HALOG	4	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	2	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyrate topical solution	2	MO; QL (120 per 30 days)
hydrocortisone topical cream 1 %	2	MO
hydrocortisone topical lotion 2.5 %	2	MO
hydrocortisone topical ointment 1 %, 2.5 %	2	MO
hydrocortisone valerate	2	MO
IMPEKLO	4	MO; QL (136 per 28 days)
KENALOG TOPICAL	4	MO; QL (126 per 28 days)
LEXETTE	4	MO
LOCOID LIPOCREAM	4	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	4	MO; QL (118 per 30 days)
LUXIQ	4	MO
mometasone topical	2	MO
nolix	2	MO; QL (120 per 30 days)
OLUX	4	MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OLUX-E	4	MO; QL (100 per 28 days)
PANDEL	4	MO
prednicarbate topical ointment	4	MO
PSORCON	4	QL (120 per 30 days)
SYNALAR TOPICAL CREAM	4	MO
TEMOVATE TOPICAL CREAM	4	MO; QL (120 per 28 days)
TEXACORT	4	MO
TOPICORT	4	MO
tovet emollient	2	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	2	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	2	MO
triamcinolone acetonide topical lotion	2	MO
triamcinolone acetonide topical ointment	2	MO
trianex	2	MO
triderm topical cream	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ULTRAVATE TOPICAL LOTION	5	MO
VANOS	5	MO; QL (120 per 30 days)
VERDESO	4	MO
TOPICAL SCABICIDES / PEDICULICIDE S		
<i>ivermectin topical lotion</i>	4	MO
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	2	MO
NATROBA	4	MO
OVIDE	4	MO
<i>permethrin</i>	2	MO
<i>spinosad</i>	2	MO
DIAGNOSTIC S / MISCELLAN EOUS AGENTS		
MISCELLANEO US AGENTS		
<i>acamprosate</i>	4	MO
AGRYLIN	4	MO
<i>anagrelide</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; MO; LA
AURYXIA	5	PA; MO
BUPHENYL	5	PA
CARBAGLU	5	PA; MO; LA
CARNITOR ORAL	4	MO
<i>cevimeline</i>	4	MO
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	PA
CLINIMIX E 2.75%/D5W SULF FREE	4	PA
<i>clovique</i>	5	PA; MO
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
dextrose 5% in water (d5w)	2	MO
intravenous piggyback		
dextrose 5%-0.2% sod chloride	2	
disulfiram	2	MO
droxidopa	5	PA; MO
ENDARI	5	PA; MO
EVOXAC	4	MO
EXJADE	5	PA; MO; LA
FERRIPROX	5	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	4	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	4	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	4	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	4	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	4	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GLASSIA	5	PA; MO; LA
INCRELEX	5	MO; LA
JADENU	5	PA; MO
JADENU SPRINKLE	5	PA; MO
<i>lanthanum oral tablet, chewable 1,000 mg</i>	2	MO; QL (135 per 30 days)
<i>lanthanum oral tablet, chewable 500 mg</i>	2	MO; QL (270 per 30 days)
<i>lanthanum oral tablet, chewable 750 mg</i>	2	MO; QL (180 per 30 days)
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LITHOSTAT	4	
LOKELMA	3	MO
midodrine	2	MO
nitisinone	5	PA; MO
NITYR	4	PA; MO; LA
NORTHERA	5	PA; MO
ORFADIN	5	PA; LA
OXBRYTA	5	PA; MO; LA; QL (90 per 30 days)
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C	5	PA; LA
RAVICTI	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
RENAGEL ORAL TABLET 800 MG	4	MO
RENEVELA ORAL POWDER IN PACKET 0.8 GRAM	5	MO; QL (180 per 30 days)
RENEVELA ORAL POWDER IN PACKET 2.4 GRAM	5	MO; QL (90 per 30 days)
RENEVELA ORAL TABLET	5	MO; QL (270 per 30 days)
RILUTEK	5	PA; MO
riluzole	2	PA; MO
risedronate oral tablet 30 mg	2	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	4	MO
sevelamer carbonate oral powder in packet 0.8 gram	5	MO; QL (180 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	5	MO; QL (90 per 30 days)
sevelamer carbonate oral tablet	4	MO; QL (270 per 30 days)
sevelamer hcl oral tablet 400 mg	2	MO
sevelamer hcl oral tablet 800 mg	2	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.9 % intravenous piggyback	2	MO
sodium chloride irrigation	2	MO
sodium phenylbutyrate oral powder	5	PA; MO
sodium phenylbutyrate oral tablet	5	PA
sodium polystyrene sulfonate oral powder	2	MO
sps (with sorbitol) oral	2	MO
SYPRINE	5	PA; MO
THIOLA	5	
THIOLA EC	5	
TIGLUTIK	5	PA
tiopronin	5	MO
trientine	5	PA; MO
VELPHORO	5	MO; QL (180 per 30 days)
VELTASSA	3	MO
XURIDEN	5	PA
ZEMAIRA	5	PA; MO; LA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	2	MO

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX	4	MO
CHANTIX CONTINUING MONTH BOX	4	MO
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS US AGENTS		
<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
PATANASE	4	MO; QL (30.5 per 30 days)
<i>periogard</i>	1	MO
<i>triamcinolone acetonide dental</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS US OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
DERMOTIC OIL	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	MO
CIPRODEX	4	MO
<i>ciprofloxacin-dexamethasone</i>	2	MO
CIPROFLOXACIN-N-FLUOCINOLONE	4	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
OTOVEL	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; MO
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	4	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	5	
CORTEF	4	MO
<i>dexabliss</i>	2	
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	2	MO
EMFLAZA	5	PA; MO; LA
<i>fludrocortisone</i>	1	MO
HEMADY	4	MO
<i>hydrocortisone oral</i>	2	MO
MEDROL	4	PA; MO
MEDROL (PAK)	4	MO
<i>methylprednisolone oral tablet</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>millipred oral tablet</i>	2	PA; MO
ORAPRED ODT	4	PA; MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	PA; MO
<i>prednisone intensol</i>	2	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
RAYOS	5	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	4	MO

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Drug Name	Drug Tier	Requirements/Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	4	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
TAPAZOLE	4	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ACTOPLUS MET	4	MO; QL (90 per 30 days)
ACTOS	4	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOU S PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	4	PA; MO; QL (6 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
ADLYXIN SUBCUTANEOU S PEN INJECTOR 20 MCG/0.2 ML	4	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	4	ST; MO
ADMELOG U-100 INSULIN LISPRO	4	ST; MO
AFREZZA	4	MO
ALCOHOL PADS	3	
ALOGIPTIN	4	ST; MO; QL (30 per 30 days)
ALOGIPTIN- METFORMIN	4	ST; MO; QL (60 per 30 days)
ALOGIPTIN- PIOGLITAZONE	4	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	4	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	4	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	4	ST; MO
APIDRA U-100 INSULIN	4	ST; MO

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BAQSIMI	3	MO
BASAGLAR KWIKPEN U-100 INSULIN	4	ST; MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
diazoxide	4	MO
DUETACT	4	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	4	ST; MO

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL U-100 INSULIN	4	ST; MO
FIASP U-100 INSULIN	4	ST; MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	5	ST; MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	5	ST; MO; QL (150 per 30 days)
<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)

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glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	5	ST; MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)	GLYXAMBI	3	MO; QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)	GVOKE HYPOOPEN 2-PACK	3	MO
GLUCAGEN HYPOKIT	4	ST; MO	GVOKE PFS 1-PACK SYRINGE	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	4	ST; MO	HUMALOG JUNIOR KWIKPEN U-100	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	MO; QL (60 per 30 days)	HUMALOG KWIKPEN INSULIN	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	4	MO; QL (240 per 30 days)	HUMALOG MIX 50-50 INSULN U-100	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	MO; QL (120 per 30 days)	HUMALOG MIX 50-50 KWIKPEN	3	MO
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	5	ST; MO; QL (60 per 30 days)	HUMALOG MIX 75-25 KWIKPEN	3	MO
			HUMALOG MIX 75-25(U-100)INSULN	3	MO
			HUMALOG U-100 INSULIN	3	MO
			HUMULIN 70/30 U-100 INSULIN	3	MO
			HUMULIN 70/30 U-100 KWIKPEN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULIN	3	MO
HUMULIN R U- 500 (CONC) INSULIN	3	MO
HUMULIN R U- 500 (CONC) KWIKPEN	3	MO
INSULIN ASP PRT-INSULIN ASPART	4	ST; MO
INSULIN ASPART U-100	4	ST; MO
INSULIN LISPRO	4	ST; MO
INSULIN LISPRO PROTAMIN- LISPRO	4	ST; MO
INVOKAMET	4	ST; MO; QL (60 per 30 days)
INVOKAMET XR	4	ST; MO; QL (60 per 30 days)
INVOKANA	4	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER	3	MO; QL (30 per 30 days)
MULTIPHASE 24 HR 100-1,000 MG		
JANUMET XR ORAL TABLET, ER	3	MO; QL (60 per 30 days)
MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
KAZANO	4	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULIN	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral solution</i>	2	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	2	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	2	ST; MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	5	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	2	ST; MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	4	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	4	ST; MO
NOVOLIN N FLEXPEN	4	ST; MO
NOVOLIN N NPH U-100 INSULIN	4	ST; MO
NOVOLIN R FLEXPEN	4	ST; MO
NOVOLIN R REGULAR U-100 INSULIN	4	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 FLEXPEN U-100	4	ST; MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG	4	ST; MO
PENFILL U-100		
INSULIN		
NOVOLOG U-100	4	ST; MO
INSULIN ASPART		
ONGLYZA	3	MO; QL (30 per 30 days)
OSENI	4	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PROGLYCEM	4	MO
QTERN	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RIOMET	4	MO; QL (765 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SEMLEE PEN U-100 INSULIN	4	ST
SEMLEE U-100 INSULIN	4	ST

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)
STEGLUJAN	4	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRADJENTA	4	ST; MO; QL (30 per 30 days)	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5- 1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
TRESIBA FLEXTOUCH U- 100	4	ST; MO	XULTOPHY 100/3.6	3	MO; QL (15 per 30 days)
TRESIBA FLEXTOUCH U- 200	4	ST; MO	MISCELLANEOUS HORMONES		
TRESIBA U-100 INSULIN	4	ST; MO	ANDRODERM	3	PA; MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25- 5-1,000 MG	3	MO; QL (30 per 30 days)	ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; MO; QL (150 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)	ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	4	PA; MO; QL (300 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)	ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	4	PA; MO; QL (37.5 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)			
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10- 500 MG	3	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	4	PA; MO; QL (150 per 30 days)
AVEED	4	PA; LA
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon) nasal</i>	2	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	2	
CERDELGA	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	4	PA; MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	PA; MO
danazol	4	MO
DDAVP ORAL	4	MO
DEPO- TESTOSTERONE	4	PA; MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol oral</i>	4	MO
FORTESTA	4	PA; MO; QL (120 per 30 days)
GALAFOLD	5	PA; MO; LA; QL (15 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISTURISA ORAL TABLET 1 MG	5	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; LA; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; LA; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	5	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	5	PA; MO; QL (60 per 30 days)
JYNARQUE	5	PA; LA
KORLYM	5	PA
KUVAN	5	PA; MO
METHITEST	4	MO
<i>methyltestosterone oral capsule</i>	5	MO
miglustat	5	PA; MO; LA
MYALEPT	5	PA; MO; LA
NATESTO	4	PA; MO; QL (21.96 per 30 days)
NATPARA	5	PA; MO; LA
NOCDURNA (MEN)	4	PA; MO; QL (30 per 30 days)

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NOCDURNA (WOMEN)	4	PA; MO; QL (30 per 30 days)	SOMAVERT	5	PA; MO
ORILISSA	5	MO	STRENSIQ	5	PA; LA
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO	SUBCUTANEOU S SOLUTION 28		
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO	MG/0.7 ML, 40		
PALYNZIQ SUBCUTANEOU S SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)	MG/ML, 80		
PALYNZIQ SUBCUTANEOU S SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)	MG/0.8 ML		
PALYNZIQ SUBCUTANEOU S SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)	SYNAREL	5	PA; MO
<i>paricalcitol oral</i>	4	MO	TESTIM	4	PA; MO; QL (300 per 30 days)
RAYALDEE	5	MO	<i>testosterone</i>	2	PA; MO
ROCALTROL ORAL CAPSULE	4	MO	<i>cypionate</i>		
ROCALTROL ORAL SOLUTION	4		<i>intramuscular oil</i>		
SAMSCA	5	PA; MO	100 mg/ml, 200		
<i>sapropterin</i>	5	PA; MO	mg/ml, 200 mg/ml		
SENSIPAR ORAL TABLET 30 MG	4	PA; MO	(1 ml)		
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	PA; MO	<i>testosterone</i>	2	PA; MO
			<i>enanthate</i>		
			<i>testosterone</i>	2	PA; MO;
			<i>transdermal gel in metered-dose pump</i>		QL (120 per 30 days)
			10 mg/0.5 gram		
			/actuation		
			TESTOSTERONE	4	PA; MO;
			TRANSDERMAL		QL (300 per 30 days)
			GEL IN		
			METERED-DOSE		
			PUMP 12.5 MG/		
			1.25 GRAM (1 %)		
			<i>testosterone</i>	2	PA; MO;
			<i>transdermal gel in metered-dose pump</i>		QL (150 per 30 days)
			20.25 mg/1.25 gram		
			(1.62 %)		

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1% (25 mg/2.5 gram), 1% (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
TOLVAPTAN ORAL TABLET 15 MG	5	PA; MO
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO
VOGELXO TRANSDERMAL GEL	4	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; MO; QL (300 per 30 days)
XYOSTED	4	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZAVESCA	5	PA; MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	MO
THYROID HORMONES		
CYTOMEL	4	MO
euthyrox	1	MO
levo-t	1	
LEVOTHYROXINE ORAL CAPSULE	4	MO
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine oral</i>	2	MO
SYNTHROID	4	MO
THYQUIDITY	4	MO
TIROSINT	4	MO

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Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	4	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA	4	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
LOMOTIL	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide oral capsule</i>	2	MO
<i>methscopolamine</i>	2	MO
MOTOFEN	4	MO
MYTESI	4	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	PA; MO
AMITIZA	4	ST; MO; QL (60 per 30 days)
ANUSOL-HC TOPICAL	4	MO
<i>aprepitant</i>	4	PA; MO
APRISO	4	MO
ASACOL HD	4	MO
AZULFIDINE	4	MO
AZULFIDINE EN-TABS	4	MO
<i>balsalazide</i>	2	MO
BONJESTA	4	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and ext. release</i>	5	
CANASA	5	MO
CHENODAL	5	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CIMZIA	5	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)
CLENPIQ	4	ST; MO
COLAZAL	5	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	
DELZICOL	4	MO
DICLEGIS	4	MO
DIPENTUM	5	MO
<i>doxylamine-pyridoxine (vit b6)</i>	2	MO
<i>dronabinol</i>	4	PA; MO
EMEND ORAL CAPSULE 80 MG	4	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA
<i>enulose</i>	2	MO
GASTROCROM	4	MO
GATTEX 30-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
GIMOTI	5	
GOLYTELY ORAL RECON SOLN	4	ST; MO
<i>granisetron hcl oral</i>	2	PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
INFLECTRA	5	PA; MO; QL (20 per 28 days)
KRISTALOSE	4	MO
<i>lactulose oral packet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LIALDA	4	MO
LINZESS	3	MO; QL (30 per 30 days)
LOTRONEX	5	PA; MO
LUBIPROSTONE	4	ST; MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	5	PA; MO
MARINOL ORAL CAPSULE 2.5 MG	4	PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release 24hr</i>	4	
<i>mesalamine oral tablet, delayed release (drlec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet,disintegrating</i>	2	MO
MOTEGRITY	4	ST; MO; QL (30 per 30 days)
MOVANTIK	3	MO; QL (30 per 30 days)
MOVIPREP	4	ST; MO
NULYTELY LEMON-LIME	4	ST; MO
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	PA; MO
<i>ondansetron hcl oral solution</i>	2	PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA; MO
ORTIKOS	5	MO
OSMOPREP	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000- 54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	4	ST; MO	PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	5	ST; MO	PERTZYE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT	5	ST; MO
peg 3350- <i>electrolytes oral</i> <i>recon soln 236-</i> <i>22.74-6.74 -5.86</i> <i>gram</i>	2	MO	PERTZYE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	ST; MO
peg3350-sod sul- nacl-kcl-asb-c	4	MO	PLENU	4	ST; MO
peg-electrolyte	2	MO	<i>prochlorperazine</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO	<i>prochlorperazine</i> <i>maleate oral</i>	2	MO
			<i>procto-med hc</i>	2	MO
			<i>procto-pak</i>	2	MO
			<i>proctosol hc topical</i>	2	MO
			<i>proctozone-hc</i>	2	MO
			RECTIV	3	MO
			REGLAN ORAL	4	MO
			RELISTOR ORAL	5	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
RELTONE	5	
REMICADE	5	PA; MO; QL (20 per 28 days)
RENFLEXIS	5	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	4	MO
SANCUSO	5	MO
<i>scopolamine base</i>	4	MO
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	4	ST; MO
SUTAB	4	ST; MO
SYMPROIC	4	MO; QL (30 per 30 days)
SYNDROS	5	PA; MO
TRANSDERM-SCOP	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>trilyte with flavor packets</i>	2	MO
TRULANCE	3	MO
UCERIS ORAL	5	MO
UCERIS RECTAL	4	MO
URSO 250	4	MO
URSO FORTE	4	MO
<i>ursodiol</i>	2	MO
VARUBI ORAL	3	PA
VIBERZI	5	PA; MO; QL (60 per 30 days)
VIOKACE	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ZUPLENZ	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY		
ACIPHEX	4	MO
amoxicil-clarithromy-lansopraz	2	MO; QL (112 per 30 days)
CARAFATE	4	MO
cimetidine	2	MO
cimetidine hcl oral	2	MO
CYTOTEC	4	MO
DEXILANT ORAL CAPSULE,BIPHASIC RELEASE DELAYED RELEASE 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASIC RELEASE DELAYED RELEASE 60 MG	4	MO
esomeprazole magnesium oral capsule,delayed release(dr/lec) 20 mg	2	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/lec) 40 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/lec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/lec) 30 mg</i>	2	MO
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	4	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	4	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	4	MO
nizatidine oral capsule	2	
nizatidine oral solution	4	MO
OMECLAMOX-PAK	4	MO; QL (80 per 28 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	2	MO
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	5	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	5	MO
pantoprazole oral granules dr for susp in packet	2	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID ORAL TABLET	4	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	4	QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
PREVACID SOLUTAB ORAL TABLET,DISINT EGRAT, DELAY REL 15 MG	4	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINT EGRAT, DELAY REL 30 MG	4	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	4	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	4	MO; QL (480 per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	4	MO
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC) 20 MG	4	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAY ED RELEASE (DR/EC) 40 MG	4	MO
PYLERA	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	2	MO
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO
TALICIA	4	MO; QL (168 per 28 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	5	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	5	MO
ZEGERID ORAL PACKET 20-1,680 MG	5	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	5	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO	AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO	BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO	EGRIFTA SV	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO	EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
ARCALYST	5	PA; MO	EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)	EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
			FULPHILA	5	PA; MO
			GENOTROPIN	5	PA; MO
			GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; MO
GRANIX	5	PA; MO
HUMATROPE INJECTION CARTRIDGE	5	PA; MO
INTRON A INJECTION	5	PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
NEULASTA	5	PA; MO
NEUPOGEN	5	PA; MO
NIVESTYM	5	PA; MO
NORDITROPIN FLEXPRO	5	PA; MO
NUTROPIN AQ NUSPIN	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
SAIZEN	5	PA; MO
SAIZEN SAIZENPREP	5	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; MO
UDENYCA	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA; MO
ZORBTIVE	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BIVIGAM	5	PA; MO
BOOSTRIX TDAP	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	PA; MO
ENGERIX-B PEDIATRIC (PF)	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	PA
GAMMAGARD LIQUID	5	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GAMMAPLEX	5	PA; MO
GAMMAPLEX (WITH SORBITOL)	5	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GARDASIL 9 (PF)	3	MO
GRASTEK	4	PA; MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO

Drug Name	Drug Tier	Requirements/Limits
IPOL	3	
IXIARO (PF)	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
OCTAGAM	5	PA; MO
ODACTRA	4	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PANZYGA	5	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RAGWITEK	4	MO

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	PA
ROTARIX	3	
ROTAQUE VACCINE	3	MO
SHINGRIX (PF)	3	MO
TDVAX	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF)	3	MO
VARIVAX (PF)	3	
VARIZIG	3	MO
YF-VAX (PF)	3	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
1ST TIER UNIFINE PENTIPS	4	ST
1ST TIER UNIFINE PENTIPS PLUS	4	ST
ABOUTTIME PEN NEEDLE	4	ST
ADVOCATE PEN NEEDLE	4	ST; MO
ADVOCATE SYRINGES	4	ST; MO
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	4	ST; MO
ASSURE ID PEN NEEDLE 31 GAUGE X 3/16"	4	ST
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD NANO 2ND GEN PEN NEEDLE	3	MO	CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16"	4	ST
BD SAFETYGLIDE INSULIN SYRINGE	3	MO	CAREFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	4	ST; MO
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"	3	MO	CARETOUCH INSULIN SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	4	ST
BD ULTRA-FINE MICRO PEN NEEDLE	3	MO	CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	4	ST; MO
BD ULTRA-FINE MINI PEN NEEDLE	3	MO	CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	4	ST
BD ULTRA-FINE NANO PEN NEEDLE	3	MO	CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"	4	ST; MO
BD ULTRA-FINE ORIG PEN NEEDLE	3	MO			
BD ULTRA-FINE SHORT PEN NEEDLE	3	MO			
BD VEO INSULIN SYR (HALF UNIT)	3	MO			
BD VEO INSULIN SYRINGE UF	3	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	4	ST	DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	4	ST
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO	DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	4	ST; MO
COMFORT EZ PEN NEEDLES	4	ST; MO	DROPLET MICRON PEN NEEDLE	4	ST; MO
DROPLET INSULIN SYR(HALF UNIT)	4	ST			

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Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO
DROPLET PEN NEEDLE 30 GAUGE X 5/16"	4	ST
DROPSAFE PEN NEEDLE	4	ST; MO
EASY COMFORT INSULIN SYRINGE	4	ST
EASY COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO
EASY COMFORT PEN NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	4	ST

Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE INSULIN SYRINGE	4	ST
EASY GLIDE PEN NEEDLE	4	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	4	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	4	ST; MO
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	4	ST
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"	4	ST
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO
EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"	3	ST

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LUER LOCK INSULIN	4	ST
EASY TOUCH NEEDLE	4	ST; MO
EASY TOUCH PEN NEEDLE	4	ST
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"	3	ST; MO
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 5/16"	3	ST
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"	4	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	4	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH UNI-SLIP SYRINGE 1 ML	4	ST	INSULIN PEN NEEDLE	3	MO
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	4	ST; MO	INSULIN SYRINGE NEEDLELESS	3	
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST	INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	MO
GAUZE PADS 2 X 2	3		INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	3	
HEALTHWISE INSULIN SYRINGE	4	ST	INSULIN SYRINGE (DISP) U-100 1 ML	3	MO
HEALTHWISE PEN NEEDLE	4	ST	INSUPEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	4	ST
HEALTHY ACCENTS UNIFINE PENTIP	4	ST	INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	4	ST; MO
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO	LITE TOUCH INSULIN PEN NEEDLES	4	ST; MO
INCONTROL PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	4	ST			

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LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE X 1/2"	4	ST	MAGELLAN SYRINGE 0.3 ML 30 X 5/16"	4	ST; MO
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	4	ST; MO	MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"	4	ST
MAGELLAN INSULIN SAFETY SYRNG	4	ST; MO	MAXICOMFORT II PEN NEEDLE	4	ST
			MAXICOMFORT INSULIN SYRINGE	4	ST
			MAXI- COMFORT INSULIN SYRINGE	4	ST; MO
			MAXICOMFORT SAFETY PEN NEEDLE	4	ST
			MICRODOT INSULIN PEN NEEDLE	4	ST
			MINI ULTRA- THIN II	4	ST; MO
			MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"	4	ST
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML , 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	4	ST
MONOJECT SYRINGE 1/2 ML 28 GAUGE	4	ST

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN	4	ST; MO
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 32	3	MO
NOVOFINE AUTOCOVER	3	MO
NOVOFINE PLUS	3	MO
NOVOTWIST	3	MO
OMNIPOD DASH 5 PACK POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
PENTIPS	4	ST
PRO COMFORT INSULIN SYRINGE	4	ST
PRO COMFORT PEN NEEDLE	4	ST
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	4	ST

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Drug Name	Drug Tier	Requirements/Limits
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	4	ST; MO
PURE COMFORT PEN NEEDLE	4	ST
RELION PEN NEEDLES	4	ST
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	4	ST; MO
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	4	ST
SAFETY PEN NEEDLE	4	ST
SECURESAFE PEN NEEDLE	4	ST
SURE COMFORT INS. SYR. U-100	4	ST; MO

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	4	ST; MO
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	4	ST
SURE COMFORT PEN NEEDLE	4	ST; MO
SURE-FINE PEN NEEDLES	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	4	ST	TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	4	ST
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16	4	ST; MO	TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16"	4	ST; MO
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	4	ST	TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	4	ST; MO			

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	4	ST
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	4	ST
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	4	ST; MO
<i>thinpro insulin syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"</i>	2	ST
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	4	ST

Drug Name	Drug Tier	Requirements/Limits
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 31 X 3/8"	4	ST; MO
TOPCARE CLICKFINE	4	ST
TOPCARE ULTRA COMFORT	4	ST
TRUE COMFORT INSULIN SYRINGE	4	ST
TRUE COMFORT PEN NEEDLE	4	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	4	ST

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Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO
TRUEPLUS PEN NEEDLE	4	ST; MO
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	4	ST; MO
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"	4	ST
ULTICARE INSULN SYR(HALF UNIT)	4	ST; MO

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO
ULTICARE PEN NEEDLE 32 GAUGE X 1/4"	4	ST
ULTICARE SAFETY PEN NEEDLE	4	ST
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	4	ST; MO
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16"	4	ST
ULTIGUARD SAFEPACK- INSULIN SYR	3	ST
ULTIGUARD SAFEPACK-PEN NEEDLE	4	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST	ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	4	ST
ULTILET PEN NEEDLE 29 GAUGE	4	ST	ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	4	ST; MO
ULTILET PEN NEEDLE 32 GAUGE X 5/32"	4	ST; MO	ULTRA FLO INSUL SYR(HALF UNIT)	4	ST
ULTRA CMFT INS SYR (HALF UNIT)	4	ST			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE	4	ST	ULTRA-THIN II (SHORT) PEN NDL	4	ST; MO
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	4	ST	ULTRA-THIN II INS PEN NEEDLES	4	ST; MO
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"	4	ST; MO	ULTRA-THIN II INSULIN SYRINGE	4	ST; MO
ULTRA THIN PEN NEEDLE	4	ST	UNIFINE PEN NEEDLE	4	ST
ULTRACARE INSULIN SYRINGE	4	ST	UNIFINE PENTIPS MAXFLOW	4	ST
ULTRACARE PEN NEEDLE	4	ST; MO	UNIFINE PENTIPS NEEDLE 29 GAUGE	4	ST
ULTRA-THIN II (SHORT) INS SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	4	ST; MO	UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	4	ST; MO
ULTRA-THIN II (SHORT) INS SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	4	ST	UNIFINE PENTIPS PLUS MAXFLOW	4	ST

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	4	ST; MO
UNIFINE PENTIPS PLUS NEEDLE 33 GAUGE X 5/32"	4	ST
UNIFINE SAFECONTROL	4	ST
VANISHPOINT INSULIN SYRINGE	4	ST
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	4	ST; MO
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO

Drug Name	Drug Tier	Requirements/Limits
COLCHICINE ORAL CAPSULE	4	ST; MO
<i>colchicine oral tablet</i>	2	MO
COLCRYS	4	ST; MO
<i>febuxostat</i>	2	MO
GLOPERBA	4	ST; MO
MITIGARE	4	ST; MO
<i>probencid</i>	2	MO
<i>probencid-colchicine</i>	2	MO
ULORIC	4	MO
ZYLOPRIM	4	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	4	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	4	ST; MO; QL (4 per 28 days)
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA	4	ST; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BINOSTO	4	ST; MO; QL (4 per 28 days)
BONIVA ORAL	4	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	5	PA; MO; QL (2.34 per 30 days)
EVISTA	4	MO
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/rec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
ARAVA	5	MO; QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS	5	PA; MO
CUPRIMINE	5	PA; MO
DEPEN TITRATABS	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	5	PA; MO; QL (8 per 28 days)	HUMIRA(CF) PEDI CROHNS STARTER	5	PA; MO; QL (2 per 180 days)
ENBREL SUBCUTANEOU S RECON SOLN	5	PA; MO; QL (16 per 28 days)	SUBCUTANEOU S SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML		
ENBREL SUBCUTANEOU S SOLUTION	5	PA; MO; QL (8 per 28 days)	HUMIRA(CF) PEN CROHNS- UC-HS	5	PA; MO; QL (3 per 180 days)
ENBREL SUBCUTANEOU S SYRINGE	5	PA; MO; QL (8 per 28 days)	HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)	HUMIRA(CF) PEN PSOR-UV- ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)	HUMIRA(CF) SUBCUTANEOU S PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)	HUMIRA(CF) SUBCUTANEOU S PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOU S SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)	HUMIRA(CF) SUBCUTANEOU S SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOU S SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)	HUMIRA(CF) SUBCUTANEOU S SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEVZARA	5	PA; MO; QL (2.28 per 28 days)	OTEZLA	5	PA; MO; QL (55 per 28 days)
KINERET	5	PA; QL (20.1 per 30 days)	STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)		
<i>leflunomide</i>	2	MO; QL (30 per 30 days)	OTREXUP (PF)	4	MO
OLUMIANT	5	PA; MO; QL (30 per 30 days)	penicillamine	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)	RASUVO (PF)	4	MO
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)	REDITREX (PF)	4	MO
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)	RIDAURA	5	MO
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)	RINVOQ	5	PA; MO; QL (30 per 30 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)	SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
			SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
			SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MO; QL (3 per 28 days)
			SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
			SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	4	PA; MO
ALORA	4	PA; MO; QL (8 per 28 days)
<i>amabelz</i>	2	PA; MO
ANGELIQ	4	PA; MO
AYGESTIN	4	MO
BIJUVA	4	PA; MO
<i>camila</i>	2	MO
CLIMARA	4	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO	4	PA; MO
COMBIPATCH	4	PA; MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	MO
DEPO-SUBQ PROVERA 104	4	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %)	4	PA; MO; QL (30 per 30 days)
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
ELESTRIN	4	PA; MO; QL (52 per 30 days)
<i>errin</i>	2	MO
ESTRACE ORAL	4	PA; MO
ESTRACE VAGINAL	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
ESTROGEL	4	MO; QL (50 per 30 days)
EVAMIST	4	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	4	PA; MO
FEMRING	4	ST; MO
<i>fyavolv</i>	4	PA; MO
IMVEXXY MAINTENANCE PACK	4	ST; MO
IMVEXXY STARTER PACK	4	ST; MO
<i>incassia</i>	2	MO
<i>jinteli</i>	4	PA; MO
<i>lyleq</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lyllana</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO
MENOSTAR	4	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	2	PA; MO
MINIVELLE	4	PA; MO; QL (8 per 28 days)
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone aceteth estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA
<i>norethindrone aceteth estradiol oral tablet 1-5 mg-mcg</i>	4	PA; MO
PREFEST	4	PA; MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i> <i>micronized</i>	2	MO
PROMETRIUM	4	MO
PROVERA	4	MO
<i>sharobel</i>	2	MO
VAGIFEM	4	ST; MO
VIVELLE-DOT	4	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	4	MO
MISCELLANEOUS OB/GYN		
ANNOVERA	4	MO
CLEOCIN VAGINAL	4	MO
<i>clindamycin phosphate vaginal</i>	2	MO
CLINDESSE	4	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethynodiol estradiol</i>	4	
GYZNAZOLE-1	4	MO
INTRAROSA	4	MO
LUPANETA PACK (1 MONTH)	5	PA; MO
LUPANETA PACK (3 MONTH)	5	PA; MO
LYSTEDA	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
NUVARING	4	MO
ORIAHNN	5	PA; MO
OSPHENA	4	MO
<i>terconazole oral</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	4	MO
<i>zafemy</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>amethia</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>ashlynna</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
BALCOLTRA	4	MO
<i>balziva (28)</i>	2	MO
BEYAZ	4	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
briellyn	2	MO
camrese lo	2	MO
caziant (28)	2	MO
cryselle (28)	2	MO
cyclafem 1/35 (28)	2	MO
cyclafem 7/7/7 (28)	2	MO
cyred eq	2	MO
desog-e e.estradiolle.estradiol	2	
desogestrel-ethinyl estradiol	2	
dolishale	2	
drospirenone-e. estradiol-lm.fa oral tablet 3-0.02- 0.451 mg (24) (4)	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	2	
emoquette	2	MO
enpresso	2	MO
enskyce	2	MO
estarylla	2	MO
ethynodiol diac-eth estradiol	2	
falmina (28)	2	MO
fayosim	2	MO
femynor	2	MO

Drug Name	Drug Tier	Requirements/Limits
gemmily	2	MO
GENERESS FE	4	MO
hailey 24 fe	2	MO
iclevia	2	
introvale	2	MO
isibloom	2	MO
jasmiel (28)	2	MO
juleber	2	MO
junel 1.5/30 (21)	2	MO
junel 1/20 (21)	2	MO
junel fe 1.5/30 (28)	2	MO
junel fe 1/20 (28)	2	MO
junel fe 24	2	MO
kaitlib fe	2	MO
kariva (28)	2	MO
kelnor 1/35 (28)	2	MO
kelnor 1-50 (28)	2	MO
kurvelo (28)	2	MO
l norgestle.estradiol- e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	2	
l norgestle.estradiol- e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	2	MO
larin 1.5/30 (21)	2	MO

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<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissa</i>	2	MO
<i>layolis fe</i>	2	MO
<i>leena 28</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
LO LOESTRIN FE	4	MO
LOESTRIN 1.5/30 (21)	4	MO
LOESTRIN 1/20 (21)	4	MO
LOESTRIN FE 1.5/30 (28-DAY)	4	MO
LOESTRIN FE 1/20 (28-DAY)	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>loryna (28)</i>	2	MO
LOSEASONIQUE	4	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>mibelas 24 fe</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
MINASTRIN 24 FE	4	MO
NATAZIA	4	MO
<i>necon 0.5/35 (28)</i>	2	MO
NEXTSTELLIS	4	MO
<i>nikki (28)</i>	2	MO
<i>noreth-ethinyl estradiol-iron</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estrad-ol-iron oral capsule</i>	2	
<i>norethindrone-e.estrad-ol-iron oral tablet, chewable</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>nylia 7/7/7 (28)</i>	2	
<i>nymyo</i>	2	MO
<i>ocella</i>	2	MO
<i>orsythia</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
QUARTETTE	4	MO
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</i>	2	MO
SAFYRAL	4	MO
SEASONIQUE	4	MO
<i>setlakin</i>	2	MO
SLYND	4	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	MO
<i>tri-nymyo</i>	2	
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	2	MO
<i>tydemy</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	
<i>vienna</i>	2	MO
<i>vyfemla (28)</i>	2	MO
<i>vylibra</i>	2	MO
<i>wymzyafe</i>	2	MO
YASMIN (28)	4	MO
YAZ (28)	4	MO
<i>zarah</i>	2	MO
<i>zovia 1-35 (28)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	3	MO
CILOXAN	4	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 30 days)
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	2	MO
MOXEZA	4	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin</i>	2	MO
OCUFLOX	4	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
POLYTRIM	4	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) DROPS	4	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	4	MO; QL (3.5 per 14 days)
VIGAMOX	4	MO
ZYMAXID	4	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
BETIMOL	4	MO
BETOPTIC S	4	MO
<i>carteolol</i>	2	MO
ISTALOL	4	MO

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<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate (pf)</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
TIMOPTIC OCUDOSE (PF)	4	MO
TIMOPTIC-XE	4	MO
MISCELLANEOUS OPHTHALMOL OGICS		
ALOCRIL	4	MO
ALOMIDE	4	MO
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>bepotastine besilate</i>	2	MO
BEPREVE	4	MO
BLEPH-10	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO

Drug Name	Drug Tier	Requirements/Limits
CEQUA	4	ST; MO; QL (60 per 30 days)
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTADROPS	5	PA
CYSTARAN	5	PA
<i>epinastine</i>	2	MO
ISOPTO CARPINE	4	MO
LACRISERT	4	PA; MO
LASTACAFT	4	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
XIIDRA	4	ST; MO; QL (60 per 30 days)
ZERVIATE	4	MO

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Drug Name	Drug Tier	Requirements/Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	4	ST; MO
ACULAR LS	4	ST; MO
ACUVAIL (PF)	4	ST; MO
bromfenac	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	4	ST; MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
NEVANAC	4	ST; MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
<i>bimatoprost ophthalmic (eye)</i>	2	MO
<i>brinzolamide</i>	2	MO
COMBIGAN	3	MO

Drug Name	Drug Tier	Requirements/Limits
COSOPT	4	MO
COSOPT (PF)	4	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	4	ST; MO
<i>travoprost</i>	2	MO
TRUSOPT	4	MO
VYZULTA	4	ST; MO
XALATAN	4	ST; MO
XELPROS	4	ST
ZIOPTAN (PF)	4	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	4	MO
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	MO; QL (10 per 14 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
TOBRADEX ST	4	MO; QL (10 per 14 days)
<i>tobramycin-dexamethasone</i>	2	MO; QL (10 per 14 days)
ZYLET	4	MO; QL (10 per 14 days)
STEROIDS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
DUREZOL	4	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
FLAREX	4	MO
<i>fluorometholone</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
FML FORTE	4	MO
FML LIQUIFILM	4	MO
FML S.O.P.	4	MO
INVELTYS	3	MO
LOTEMAX	4	MO
LOTEMAX SM	4	MO
<i>loteprednol etabonate</i>	2	MO
MAXIDEX	4	MO
PRED FORTE	4	MO
PRED MILD	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	4	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	MO
RESPIRATOR Y AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q	5	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
CLARINEX ORAL TABLET	4	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	4	MO; QL (60 per 30 days)
<i>desloratadine</i>	2	MO; QL (30 per 30 days)
EPINEPHRINE AUTO-Injector 0.15 MG/0.15 ML	4	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)		
EPIPEN 2-PAK	4	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	4	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral</i>	4	PA; MO
SYMJEPI	4	MO; QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE	4	MO
<i>acetylcysteine</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADCIRCA	5	PA; MO; QL (60 per 30 days)	<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	PA; MO
ADEMPAS	5	PA; MO; LA	<i>albuterol sulfate oral syrup</i>	2	MO
ADVAIR DISKUS	3	MO; QL (60 per 30 days)	<i>albuterol sulfate oral tablet</i>	4	MO
ADVAIR HFA	3	MO; QL (12 per 30 days)	ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATIO N	3	MO; QL (12.2 per 30 days)
AIRDUO DIGIHALER	4	ST; MO; QL (1 per 30 days)	ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATIO N	3	MO; QL (6.1 per 30 days)
AIRDUO RESPICLICK	4	ST; MO; QL (1 per 30 days)	<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)	<i>ambrisentan</i>	5	PA; MO; LA
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)	ANORO ELLIPTA	4	ST; MO; QL (60 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATIO N (NDA020983)	4	ST; QL (36 per 30 days)	ARMONAIR DIGIHALER	4	MO; QL (1 per 30 days)
			ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)

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ASMANEX HFA	3	MO; QL (13 per 30 days)	BERINERT INTRAVENOUS KIT	5	PA; MO
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)	BEVESPI AEROSPHERE	4	ST; MO; QL (10.7 per 30 days)
			<i>bosentan</i>	5	PA; MO; LA
			BREO ELLIPTA	3	MO; QL (60 per 30 days)
			BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
			BRONCHITOL	5	PA; MO
			BROVANA	4	PA; MO
			<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	PA; MO; QL (120 per 30 days)
			<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	PA; MO; QL (60 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)	BUDESONIDE-FORMOTEROL	4	ST; MO; QL (10.2 per 30 days)
<i>azelastine-fluticasone</i>	2	MO; QL (23 per 30 days)	CINRYZE	5	PA; MO
BECONASE AQ	4	ST; MO; QL (50 per 30 days)	COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
			<i>cromolyn inhalation</i>	5	PA; MO

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DALIRESP	4	PA; MO; QL (30 per 30 days)	FLOVENT	3	MO; QL (60 per 30 days)
DUAKLIR	5	ST; MO; QL (1 per 30 days)	DISKUS		
PRESSTAIR			INHALATION		
DULERA	3	MO; QL (13 per 30 days)	BLISTER WITH		
DYMISTA	4	MO; QL (23 per 30 days)	DEVICE 100		
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)	MCG/ACTUATIO N, 50		
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)	MCG/ACTUATIO N		
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)	FLOVENT HFA	3	MO; QL (12 per 30 days)
FASENRA	5	PA; MO; QL (1 per 28 days)	AEROSOL		
FASENRA PEN	5	PA; MO; QL (1 per 28 days)	INHALER 110		
FIRAZYR	5	PA; MO	MCG/ACTUATIO N		
			FLOVENT HFA	3	MO; QL (24 per 30 days)
			AEROSOL		
			INHALER 220		
			MCG/ACTUATIO N		
			FLOVENT HFA	3	MO; QL (10.6 per 30 days)
			AEROSOL		
			INHALER 44		
			MCG/ACTUATIO N		
			<i>flunisolide</i>	2	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	4	ST; MO; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	4	ST; QL (60 per 30 days)
HAEGARDA	5	PA; MO; LA
icatibant	5	PA; MO
INCRUSE ELLIPTA	4	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	PA; MO
<i>ipratropium-albuterol</i>	2	PA; MO
KALBITOR	5	PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LETAIRIS	5	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl</i>	4	PA; MO
LEVALBUTERO L TARTRATE	4	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	5	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	5	MO; QL (60 per 30 days)
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
montelukast	2	MO
NASONEX	4	ST; MO; QL (34 per 30 days)
NUCALA	5	PA; MO; LA; QL (3 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OMNARIS	4	ST; MO; QL (12.5 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORLADEYO	5	PA; LA
PERFOROMIST	3	PA; MO
PROAIR DIGIHALER	4	ST; MO; QL (2 per 30 days)
PROAIR HFA	4	ST; MO; QL (17 per 30 days)
PROAIR RESPICLICK	4	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATIO N	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATIO N	3	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	4	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	4	PA; MO; QL (60 per 30 days)
PULMOZYME	5	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATIO N	4	ST; MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATIO N	4	ST; MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATIO N	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATIO N	3	MO; QL (21.2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	5	PA; MO; QL (90 per 30 days)
RUCONEST	5	PA; MO
SEREVENT DISKUS	4	ST; MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SINGULAIR	4	MO
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HAN迪HALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
TAKHZYRO	5	PA; MO; LA
<i>terbutaline oral</i>	4	MO
THEO-24	3	MO
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER	5	PA; MO; LA
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D)/150 MG (N)	5	PA; MO; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	4	ST; MO; QL (1 per 30 days)	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	4	ST; QL (1 per 30 days)	XOPENEX	4	PA; MO
VENTAVIS	5	PA; MO	XOPENEX CONCENTRATE	4	PA; MO
VENTOLIN HFA	4	ST; MO; QL (36 per 30 days)	XOPENEX HFA	4	ST; MO; QL (30 per 30 days)
wixela inhub	4	ST; QL (60 per 30 days)	YUPELRI	5	PA; MO; QL (90 per 30 days)
XHANCE	4	ST; MO; QL (32 per 30 days)	<i>zafirlukast</i>	2	MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)	ZETONNA	4	ST; MO; QL (6.1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)	zileuton	5	MO
UROLOGICALS					
ANTICHOLINE RIGICS / ANTISPASMOD ICS					
<i>darifenacin</i>	2	MO	<i>DETROL</i>	4	MO
<i>DETROL LA</i>	4	MO	<i>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate</i>	2	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	4	MO; QL (30 per 30 days)
GEMTESA	4	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride</i>	2	MO
OXYTROL	4	MO; QL (8 per 28 days)
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
VESICARE	4	MO
VESICARE LS	4	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
AVODART	4	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
FLOMAX	4	ST; MO
JALYN	4	MO
PROSCAR	4	MO

Drug Name	Drug Tier	Requirements/Limits
RAPAFLO	4	ST; MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	4	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	2	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; MO; QL (30 per 30 days)
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>potassium citrate</i>	2	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	5	PA; MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; MO; QL (30 per 30 days)
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS, HEMATINICS / ELECTROLY- TES		
ELECTROLYTE S		
calcium acetate(<i>phosphat bind</i>)	2	MO; QL (360 per 30 days)
klor-con 10	2	MO
klor-con 8	2	MO
klor-con m10	2	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con oral packet 20	4	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	4	MO
k-tab oral tablet extended release 8 meq	2	MO
magnesium sulfate injection solution	2	MO
magnesium sulfate injection syringe	2	
PHOSLYRA	4	MO; QL (1800 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
potassium chloride d5-0.45%nacl	2	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meql, 40 meql	2	
potassium chloride in 5 % dex intravenous parenteral solution 20 meql	2	
potassium chloride in lr-d5 intravenous parenteral solution 20 meql	2	
potassium chloride in water intravenous piggyback 10 meql/100 ml, 20 meql/100 ml, 40 meql/100 ml	2	
potassium chloride intravenous	2	
potassium chloride oral capsule, extended release	2	MO
potassium chloride oral liquid	4	MO
potassium chloride oral packet	4	
potassium chloride oral tablet extended release 10 meq, 8 meq	2	MO

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral tablet extended release 20 meq	2	
potassium chloride oral tablet,er particles/crystals 10 meq	2	MO
potassium chloride oral tablet,er particles/crystals 20 meq	2	
potassium chloride-0.45% nacl	2	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meql	2	
potassium chloride-d5-0.9%nacl	2	
sodium chloride 0.45 % intravenous parenteral solution	2	MO
sodium chloride 3 %	2	
sodium chloride 5 %	2	MO
TPN ELECTROLYTES	4	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15 %	4	PA

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7 % (SULFITE-FREE)	4	PA
CLINIMIX 5%/D15W SULFITE FREE	4	PA
CLINIMIX 4.25%/D10W SULF FREE	4	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	PA
CLINIMIX E 4.25%/D10W SULF FREE	4	PA
CLINIMIX E 4.25%/D5W SULF FREE	4	PA
CLINIMIX E 5%/D15W SULFIT FREE	4	PA
CLINIMIX E 5%/D20W SULFIT FREE	4	PA
CLINISOL SF 15 %	4	PA
DOJOLVI	5	PA; MO; LA
HEPATAMINE 8%	3	PA
intralipid intravenous emulsion 20 %	4	PA

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Drug Name	Drug Tier	Requirements/Limits
INTRALIPID	4	PA
INTRAVENOUS EMULSION 30 %		
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
NUTRILIPID	4	PA
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLENAMINE	4	PA
<i>premasol</i> 10 %	4	PA
PROCALAMINE 3%	4	PA
PROSOL 20 %	4	PA
<i>travasol</i> 10 %	4	PA
TROPHAMINE 10 %	4	PA
VITAMINS / HEMATINICS		
<i>fluoride</i> (sodium) oral tablet	2	
<i>prenatal vitamin</i> oral tablet	2	

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ACTHIB (PF).....	AUTOINJECTOR	31	ALVESCO	135
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ACTIMMUNE	AIRDUO RESPICLICK	135	<i>alyq</i>	135
ACTIQ	AJOVY AUTOINJECTOR ..	31	<i>amabelz</i>	124
ACTIVELLA	AJOVY SYRINGE	31	<i>amantadine hcl</i>	2

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AMARYL	83	ANCOBON	1	ASACOL HD	94
AMBIEN	44	ANDRODERM	90	<i>asenapine maleate</i>	45
AMBIEN CR	44	ANDROGEL	90, 91	<i>ashlyna</i>	126
AMBISOME	1	ANGELIQ	124	ASMANEX HFA	136
<i>ambrisentan</i>	135	ANNOVERA	126	ASMANEX	
<i>amcinonide</i>	74	ANORO ELLIPTA	135	TWISTHALER	136
AMERGE	31	ANTARA	64	<i>aspirin-dipyridamole</i>	62
<i>amethia</i>	126	ANUSOL-HC	94	ASSURE ID PEN NEEDLE	
<i>amikacin</i>	9	<i>apexicon e</i>	74		106
<i>amiloride</i>	57	APIDRA SOLOSTAR U-		ASTAGRAF XL	16
<i>amiloride-hydrochlorothiazide</i>	57	100 INSULIN	83	ATACAND	57
AMINOSYN II 15 %	144	APIDRA U-100 INSULIN	83	ATACAND HCT	57
AMINOSYN-PF 7 %		APLENZIN	44	<i>atazanavir</i>	2
(SULFITE-FREE)	144	APOKYN	30	ATELVIA	120
<i>amiodarone</i>	56	<i>apraclonidine</i>	133	<i>atenolol</i>	57
AMITIZA	94	<i>aprepitant</i>	94	<i>atenolol-chlorthalidone</i>	57
<i>amitriptyline</i>	44	<i>apri</i>	126	ATIVAN	45
<i>amlodipine</i>	57	APRISO	94	<i>atomoxetine</i>	45
<i>amlodipine-atorvastatin</i>	64	APTENSIO XR	44	<i>atorvastatin</i>	64
<i>amlodipine-benazepril</i>	57	APTIOM	25	<i>atovaquone</i>	9
<i>amlodipine-olmesartan</i>	57	APTIVUS	2	<i>atovaquone-proguanil</i>	9
<i>amlodipine-valsartan</i>	57	ARALAST NP	78	ATRALIN	70
<i>amlodipine-valsartan-</i>		<i>aranelle (28)</i>	126	ATRIPLA	2
<i>hcthiazid</i>	57	ARANESP (IN		<i>atropine</i>	131
<i>ammonium lactate</i>	68	POLYSORBATE)	102	ATROVENT HFA	136
<i>annesteem</i>	70	ARAVA	121	AUBAGIO	33
<i>amoxapine</i>	44	ARAZLO	70	<i>aubra eq</i>	126
<i>amoxicil-clarithromy-</i>		ARCALYST	102	AURYXIA	78
<i>lansopraz</i>	99	ARICEPT	33	AUSTEDO	33, 34
<i>amoxicillin</i>	12	ARIKAYCE	9	AUVI-Q	134
<i>amoxicillin-pot clavulanate</i>	12	ARIMIDEX	16	AVALIDE	57
AMPHETAMINE	44	<i>ariPIPRAZOLE</i>	44	AVAPRO	57
<i>amphetamine sulfate</i>	44	ARISTADA	45	AVEED	91
<i>amphotericin b</i>	1	ARISTADA INITIO	44	<i>aviane</i>	126
<i>ampicillin</i>	12	ARIXTRA	62	<i>avita</i>	70
<i>ampicillin sodium</i>	12	<i>armodafinil</i>	45	AVITA	70
<i>ampicillin-sulbactam</i>	12	ARMONAIR DIGIHALER		AVODART	142
AMPYRA	33		135	AVONEX	102
AMZEEQ	70	ARNURITY ELLIPTA	135	AVYCAZ	6
ANAFRANIL	44	AROMASIN	16	AYGESTIN	124
<i>anagrelide</i>	78	ARTHROTEC 50	41	AYVAKIT	16
<i>anastrozole</i>	16	ARTHROTEC 75	41	AZACTAM	9

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AZASAN	16	BD ULTRA-FINE MINI	107	BEXSERO	104
AZASITE	130	PEN NEEDLE	107	BEYAZ	126
<i>azathioprine</i>	16	BD ULTRA-FINE NANO	107	<i>bicalutamide</i>	16
<i>azelaic acid</i>	70	PEN NEEDLE	107	BICILLIN C-R	13
<i>azelastine</i>	81, 131	BD ULTRA-FINE ORIG	107	BICILLIN L-A	13
<i>azelastine-fluticasone</i>	136	PEN NEEDLE	107	BIDIL	57
AZELEX	70	BD ULTRA-FINE SHORT	107	BIJUVA	124
AZILECT	30	PEN NEEDLE	107	BIKTARVY	2
<i>azithromycin</i>	7, 8	BD VEO INSULIN SYR (HALF UNIT)	107	BILTRICIDE	9
AZOPT	132	BD VEO INSULIN	107	<i>bimatoprost</i>	132
AZOR	57	SYRINGE UF	107	BINOSTO	121
<i>aztreonam</i>	9	BECONASE AQ	136	<i>bisoprolol fumarate</i>	57
AZULFIDINE	94	BELBUCA	37	<i>bisoprolol</i> - <i>hydrochlorothiazide</i>	57
AZULFIDINE EN-TABS	94	BELSOMRA	45	BIVIGAM	104
<i>bacitracin</i>	130	<i>benazepril</i>	57	BLEPH-10	131
<i>bacitracin-polymyxin b</i>	130	<i>benazepril</i> - <i>hydrochlorothiazide</i>	57	BLEPHAMIDE	131
<i>baclofen</i>	36	BENICAR	57	BLEPHAMIDE S.O.P.	131
BACTRIM	14	BENICAR HCT	57	<i>blisovi 24 fe</i>	126
BACTRIM DS	14	BENLYSTA	121	<i>blisovi fe 1.5/30 (28)</i>	126
BAFIERTAM	34	BENZACLIN PUMP	70	BONIVA	121
BALCOLTRA	126	BENZAMYCIN	70	BONJESTA	94
<i>balsalazide</i>	94	BENZNIDIAZOLE	9	BOOSTRIX TDAP	104
BALVERSA	16	<i>benztropine</i>	30	<i>bosentan</i>	136
<i>balziva (28)</i>	126	<i>bepotastine besilate</i>	131	BOSULIF	16, 17
BANZEL	25	BEPREVE	131	BRAFTOVI	17
BAQSIMI	84	BERINERT	136	BREO ELLIPTA	136
BARACLUDE	2	<i>beser</i>	74	BREZTRI AEROSPHERE ..	136
BASAGLAR KWIKPEN		BESIVANCE	130	<i>brielllyn</i>	127
U-100 INSULIN	84	<i>betamethasone dipropionate</i>	74	BRILINTA	62
BAXDELA	14	<i>betamethasone valerate</i>	74	<i>brimonidine</i>	133
BCG VACCINE, LIVE (PF)		<i>betamethasone, augmented</i>	75	<i>brinzolamide</i>	132
.....	104	BETAPACE AF	56	BRISDELLE	45
BD ECLIPSE LUER-LOK.	106	BETASERON	102	BRIVIACT	25
BD NANO 2ND GEN PEN		<i>betaxolol</i>	57, 130	<i>bromfenac</i>	132
NEEDLE	107	<i>bethanechol chloride</i>	142	<i>bromocriptine</i>	30
BD SAFETYGLIDE		BETHKIS	9	BROMSITE	132
INSULIN SYRINGE	107	BETIMOL	130	BRONCHITOL	136
BD SAFETYGLIDE		BETOPTIC S	130	BROVANA	136
SYRINGE	107	BEVESPI AEROSPHERE ..	136	BRUKINSA	17
BD ULTRA-FINE MICRO		<i>bexarotene</i>	16	BRYHALI	75
PEN NEEDLE	107			<i>budesonide</i>	94, 136

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BUDESONIDE-	CAPRELSA	17	<i>cefprozil</i>	7
FORMOTEROL.....	<i>captopril</i>	58	<i>ceftazidime</i>	7
<i>bumetanide</i>	CARAC	68	<i>ceftriaxone</i>	7
BUPHENYL.....	CARAFATE	99	<i>cefuroxime axetil</i>	7
<i>buprenorphine hcl</i>	CARBAGLU	78	<i>cefuroxime sodium</i>	7
<i>buprenorphine transdermal patch</i>	<i>carbamazepine</i>	25	CELEBREX.....	41
<i>buprenorphine-naloxone</i>	CARBATROL	25	<i>celecoxib</i>	41
<i>bupropion hcl</i>	<i>carbidopa</i>	30	CELEXA.....	46
BUPROPION HCL.....	<i>carbidopa-levodopa</i>	30	CELLCEPT	17
<i>bupropion hcl (smoking deter)</i>	<i>carbidopa-levodopa-entacapone</i>	30	CELONTIN	25
<i>buspirone</i>	CARDIZEM	58	<i>cephalexin</i>	7
<i>butorphanol</i>	CARDIZEM CD	58	CEQUA	131
BUTRANS.....	CARDIZEM LA	58	CERDELGA	91
BYDUREON BCISE.....	CARDURA	58	<i>cetirizine</i>	134
BYETTA.....	CARDURA XL	58	<i>cevimeline</i>	78
BYSTOLIC.....	CAREFINE PEN NEEDLE	107	CHANTIX	81
<i>cabergoline</i>	CARETOUCH INSULIN SYRINGE	107	CHANTIX CONTINUING MONTH BOX	81
CABLIVI.....	CARETOUCH PEN NEEDLE	107	CHANTIX STARTING MONTH BOX	81
CABOMETYX.....	CARNITOR	78	CHEMET	78
CADUET.....	CAROSPIR	58	CHENODAL	94
CAFERGOT.....	<i>carteolol</i>	130	<i>chlorhexidine gluconate</i>	81
CALAN SR.....	<i>cartia xt</i>	58	<i>chloroquine phosphate</i>	9
<i>calcipotriene</i>	<i>carvedilol</i>	58	<i>chlorpromazine</i>	46
CALCIPOTRIENE.....	<i>carvedilol phosphate</i>	58	<i>chlorthalidone</i>	58
<i>calcipotriene-betamethasone</i>	CASODEX	17	CHOLBAM	95
<i>calcitonin (salmon)</i>	<i>caspofungin</i>	1	<i>cholestyramine (with sugar)</i> ...	64
<i>calcitriol</i>	CATAPRES-TTS-1	58	<i>cholestyramine light</i>	64
<i>calcium acetate(phosphat bind)</i>	CAYSTON	9	CIALIS	142
CALQUENCE.....	<i>caziant (28)</i>	127	<i>ciclopirox</i>	72, 73
CAMBIA.....	<i>cefaclor</i>	6	<i>cilostazol</i>	62
<i>camila</i>	<i>cefadroxil</i>	6	CILOXAN	130
<i>camrese lo</i>	<i>cefazolin</i>	6	CIMDUO	2
CANASA.....	<i>cefdinir</i>	6	<i>cimetidine</i>	99
CANCIDAS.....	<i>cefepime</i>	6	<i>cimetidine hcl</i>	99
<i>candesartan</i>	<i>cefixime</i>	6	CIMZIA	95
<i>candesartan-hydrochlorothiazid</i>	<i>cefotetan</i>	6	CIMZIA POWDER FOR RECONST	95
CAPEX.....	<i>cefoxitin</i>	7	<i>cinacalcet</i>	91
CAPLYTA.....	<i>cefpodoxime</i>	7	CINRYZE	136
			CIPRO	14

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CIPRO HC	81	CLINIMIX E 4.25%/D10W	COMETRIQ	17
CIPRODEX	81	SUL FREE	COMFORT EZ INSULIN	
<i>ciprofloxacin hcl</i>	14, 81, 130	CLINIMIX E 4.25%/D5W	SYRINGE	108
<i>ciprofloxacin in 5 % dextrose</i> ..	14	SULF FREE	COMFORT EZ PEN	
<i>ciprofloxacin-dexamethasone</i> ..	81	CLINIMIX E 5%/D15W	NEEDLES	108
CIPROFLOXACIN-		SULFIT FREE	COMPLERA	2
FLUOCINOLONE	81	CLINIMIX E 5%/D20W	<i>compro</i>	95
<i>citalopram</i>	46	SULFIT FREE	COMTAN	30
<i>claravis</i>	70	CLINISOL SF 15 %.....	CONCERTA	46
CLARINEX	134	<i>clobazam</i>	CONDYLOX	68
CLARINEX-D 12 HOUR ..	134	<i>clobetasol</i>	<i>constulose</i>	95
<i>clarithromycin</i>	8	<i>clobetasol-emollient</i>	CONZIP	41
CLENPIQ	95	CLOBEX	COPAXONE	34
CLEOCIN	126	CLOCORTOLONE	COPIKTRA	17
CLEOCIN HCL	9	PIVALATE	CORDRAN	75
CLEOCIN PEDIATRIC	9	<i>clodan</i>	CORDRAN TAPE LARGE	
CLEOCIN T	70	CLODERM	ROLL	75
CLICKFINE PEN NEEDLE	107	<i>clomipramine</i>	COREG	58
CLIMARA	124	<i>clonazepam</i>	COREG CR	58
CLIMARA PRO	124	<i>clonidine</i>	CORGARD	58
<i>clindacin p</i>	70	<i>clonidine hcl</i>	CORLANOR	66
CLINDAGEL	70	<i>clopidogrel</i>	CORTEF	82
<i>clindamycin hcl</i>	9	<i>clorazepate dipotassium</i>	CORTIFOAM	95
<i>clindamycin in 5 % dextrose</i>	9	<i>clotrimazole</i>	COSENTYX	67
<i>clindamycin pediatric</i>	9	<i>clotrimazole-betamethasone</i>	COSENTYX (2	
<i>clindamycin phosphate</i>	9, 70, 71, 126	<i>clovique</i>	SYRINGES)	67
<i>clindamycin-benzoyl peroxide</i> ..	71	<i>clozapine</i>	COSENTYX PEN (2 PENS)	67
<i>clindamycin-tretinoin</i>	71	CLOZARIL	COSOPT	132
CLINDESSE	126	COARTEM	COSOPT (PF)	132
CLINIMIX 5%/D15W		<i>codeine sulfate</i>	COTELLIC	17
SULFITE FREE	144	COLAZAL	COTEMPLA XR-ODT	46
CLINIMIX 4.25%/D10W		COLCHICINE	COZAAR	58
SULF FREE	144	<i>colchicine</i>	CREON	95
CLINIMIX 4.25%/D5W		COLCRYS	CRESEMBA	1
SULFIT FREE	78	<i>colesevelam</i>	CRESTOR	64
CLINIMIX 5%-D20W(SULFITE-FREE)....	144	COLESTID	CRINONE	124
CLINIMIX E 2.75%/D5W		<i>colestipol</i>	<i>cromolyn</i>	95, 131, 136
SULF FREE	78	<i>colistin (colistimethate na)</i>	<i>cryselle (28)</i>	127
		COMBIGAN	CUBICIN	9
		COMBIPATCH	CUPRIMINE	121
		COMBIVENT RESPIMAT	CUTIVATE	75
		2	CUVPOSA	94

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<i>cyclafem 1/35</i> (28)	127	<i>deferasirox</i>	78	<i>dextroamphetamine</i>	46
<i>cyclafem 7/7/7</i> (28)	127	<i>deferiprone</i>	78	<i>dextroamphetamine-</i>	
<i>cyclobenzaprine</i>	36	DELESTROGEN	124	<i>amphetamine</i>	47
<i>cyclophosphamide</i>	17	DELSTRIGO	2	<i>dextrose 10 % and 0.2 % nacl.</i> 78	
CYCLOPHOSPHAMIDE	17	DELZICOL	95	<i>dextrose 10 % in water</i>	
CYCLOSET	84	<i>demeclacycline</i>	14	<i>(d10w)</i>	78
<i>cyclosporine</i>	17	DEM SER	58	<i>dextrose 5 % in water (d5w)</i> ... 79	
<i>cyclosporine modified</i>	17	DENAVIR	74	<i>dextrose 5%-0.2 % sod</i>	
CYMBALTA	46	DEPAKOTE	25	<i>chloride</i>	79
<i>cyred eq</i>	127	DEPAKOTE ER	25	DIACOMIT	25
CYSTADANE	95	DEPAKOTE SPRINKLES ..	25	DIASTAT	25
CYSTADROPS	131	DEPEN TITRATABS	121	DIASTAT ACUDIAL	26
CYSTAGON	142	DEPO-ESTRADIOL	124	<i>diazepam</i>	26, 47
CYSTARAN	131	DEPO-PROVERA	124	<i>diazoxide</i>	84
CYTOMEL	93	DEPO-SUBQ PROVERA		DIBENZYLINE	58
CYTOTEC	99	104.....	124	DICLEGIS	95
<i>d10 %-0.45 % sodium chloride</i> 78		DEPO-TESTOSTERONE	91	DICLOFENAC	
<i>d2.5 %-0.45 % sodium</i>		DERMA-SMOOTH/EFS		EPOLAMINE	41
<i>chloride</i>	78	SCALP OIL	75	<i>diclofenac potassium</i>	41
<i>d5 % and 0.9 % sodium</i>		DERMOTIC OIL	81	<i>diclofenac sodium</i>	41, 68, 132
<i>chloride</i>	78	DESCOVY	2	<i>diclofenac-misoprostol</i>	41
<i>d5 %-0.45 % sodium chloride</i> .. 78		<i>desipramine</i>	46	<i>dicloxacillin</i>	13
<i>dalfampridine</i>	34	<i>desloratadine</i>	134	<i>dicyclomine</i>	94
DALIRESP	137	<i>desmopressin</i>	91	DIFFERIN	71
DALVANCE	9	<i>desog-e.estradiol/e.estradiol</i> .. 127		DIFCID	8
<i>danazol</i>	91	<i>desogestrel-ethinyl estradiol</i> .. 127		<i>diflorasone</i>	76
DANTRIUM	37	DESONATE	75	DIFLUCAN	1
<i>dantrolene</i>	37	<i>desonide</i>	76	<i>diflunisal</i>	41
<i>dapsone</i>	9, 71	DESOWEN	76	<i>digitek</i>	66
DAPSONE	71	<i>desoximetasone</i>	76	<i>digox</i>	66
DAPTACEL (DTAP		DESOXYN	46	<i>digoxin</i>	66
PEDIATRIC) (PF)	104	DESVENLAFAKINE	46	<i>dihydroergotamine</i>	32
DAPTO MYCIN	9	<i>desvenlafaxine succinate</i>	46	DILANTIN 30 MG	26
<i>daptomycin</i>	9	DETROL	141	DILANTIN EXTENDED	
DARAPRIM	9	DETROL LA	141	100 MG	26
<i>darifenacin</i>	141	<i>dexabliss</i>	82	DILANTIN INFATABS 50	
DAURISMO	18	<i>dexamethasone</i>	82	MG	26
DAYPRO	41	<i>dexamethasone sodium</i>		DILANTIN-125 125 MG/5	
DAYTRANA	46	<i>phosphate</i>	133	ML	26
DAYVIGO	46	DEXEDRINE SPANSULE ..46		DILAUDID	37
DDAVP	91	DEXILANT	99	<i>diltiazem hcl</i>	58
<i>deblitane</i>	124	<i>dexamethylphenidate</i>	46	<i>dilt-xr</i>	58

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<i>dimethyl fumarate</i>	34	<i>dronabinol</i>	95	EASY TOUCH FLIPLOCK INSULIN	109
DIOVAN	58	DROPLET INSULIN		EASY TOUCH INSULIN	
DIOVAN HCT	58	SYR(HALF UNIT)	108	SAFETY SYR	109
DIPENTUM	95	DROPLET INSULIN		EASY TOUCH INSULIN	
<i>diphenoxylate-atropine</i>	94	SYRINGE	108	SYRINGE	110
DIPROLENE (AUGMENTED)	76	DROPLET MICRON PEN		EASY TOUCH LUER	
<i>dipyridamole</i>	62	NEEDLE	108	LOCK INSULIN	110
<i>disulfiram</i>	79	DROPLET PEN NEEDLE	109	EASY TOUCH PEN	
DITROPAN XL	141	DROPSAFE PEN NEEDLE		NEEDLE	110
DIURIL	58		109	EASY TOUCH SAFETY	
<i>divalproex</i>	26	<i>drospirenone-e.estradiol-lm.fa</i>	127	PEN NEEDLE	110
DIVIGEL	124	<i>drospirenone-ethinyl estradiol</i>	127	EASY TOUCH	
<i>dofetilide</i>	56	DROXIA	18	SHEATHLOCK INSULIN	110
DOJOLVI	144	<i>droxidopa</i>	79	EASY TOUCH UNI-SLIP	111
<i>dolishale</i>	127	DUAKLIR PRESSAIR	137	econazole	73
<i>donepezil</i>	34	DUAVEE	124	EDARBI	59
DOPTELET (10 TAB PACK)	62	DUETACT	84	EDARBYCLOR	59
DOPTELET (15 TAB PACK)	62	DUEXIS	41	EDECрин	59
DOPTELET (30 TAB PACK)	62	DULEREA	137	EDURANT	2
DORYX	14	<i>duloxetine</i>	47	efavirenz	2
DORYX MPC	14	DUOBRII	76	<i>efavirenz-emtricitabin-tenofovir</i>	2
<i>dorzolamide</i>	132	DUOPA	30	<i>efavirenz-lamivu-tenofovir</i>	
<i>dorzolamide-timolol</i>	132	DUPIXENT PEN	68	disop	3
<i>dorzolamide-timolol (pf)</i>	132	DUPIXENT SYRINGE	68, 69	EFFEXOR XR	47
<i>dotti</i>	124	DUREZOL	133	EFUDEX	69
DOVATO	2	<i>dutasteride</i>	142	EGRIFTA SV	102
DOVONEX	67	<i>dutasteride-tamsulosin</i>	142	ELESTRIN	124
<i>doxazosin</i>	58, 59	DUTOPROL	59	<i>eletriptan</i>	32
<i>doxepin</i>	47, 68	DYANAVEL XR	47	ELIDEL	69
<i>doxercalciferol</i>	91	DYMISTA	137	ELIGARD	18
<i>doxy-100</i>	14	DYRENIUM	59	ELIGARD (3 MONTH)	18
<i>doxycycline hyclate</i>	14, 15	E.E.S. GRANULES	8	ELIGARD (4 MONTH)	18
DOXYCYCLINE HYCLATE	15	EASY COMFORT		ELIGARD (6 MONTH)	18
<i>doxycycline monohydrate</i>	15	INSULIN SYRINGE	109	ELIQUIS	62
<i>doxylamine-pyridoxine (vit b6)</i>	95	EASY COMFORT PEN		ELIQUIS DVT-PE TREAT	
DRIZALMA SPRINKLE	47	NEEDLES	109	30D START	62
		EASY GLIDE INSULIN		ELMIRON	142
		SYRINGE	109	<i>eluryng</i>	126
		EASY GLIDE PEN		EMCYT	18
		NEEDLE	109	EMEND	95
		EASY TOUCH	110	EMFLAZA	82

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EMGALITY PEN	32	EPZICOM	3	EUCRISA	69
EMGALITY SYRINGE	32	EQUETRO	26	euthyrox	93
<i>emoquette</i>	127	ERAXIS(WATER		EVAMIST	125
EMSAM	47	DILUENT)	1	EVEKEO	47
<i>emtricitabine</i>	3	<i>ergoloid</i>	47	EVEKEO ODT	47
<i>emtricitabine-tenofovir (tdf)</i>	3	<i>ergotamine-caffeine</i>	32	EVENITY	121
EMTRIVA	3	ERIVEDGE	18	<i>everolimus (antineoplastic)</i>	18
EMVERM	9	ERLEADA	18	<i>everolimus</i>	
<i>enalapril maleate</i>	59	<i>erlotinib</i>	18	(immunosuppressive)	18
<i>enalapril-hydrochlorothiazide</i>	59	<i>errin</i>	124	EVISTA	121
ENBREL	122	ERTACZO	73	EOCLIN	71
ENBREL MINI	122	<i>ertapenem</i>	9	EVOTAZ	3
ENBREL SURECLICK	122	<i>ery pads</i>	71	EVOXAC	79
ENDARI	79	<i>erygel</i>	71	EVYSDI	34
<i>endocet</i>	37	ERYPED 200	8	EXELON PATCH	34
ENGERIX-B (PF)	104	ERYPED 400	8	<i>exemestane</i>	18
ENGERIX-B PEDIATRIC (PF)	104	ERY-TAB	8	EXFORGE	59
<i>enoxaparin</i>	62	ERYTHROCIN	8	EXFORGE HCT	59
<i>enpresse</i>	127	<i>erythrocin (as stearate)</i>	8	EXJADE	79
<i>enskyce</i>	127	<i>erythromycin</i>	8, 130	EXTAVIA	102
ENSPRYNG	18	<i>erythromycin ethylsuccinate</i>	8	EXTINA	73
ENSTILAR	67	<i>erythromycin with ethanol</i>	71	EYSUVIS	133
<i>entacapone</i>	30	<i>erythromycin-benzoyl</i>		EZALLOR SPRINKLE	64
<i>entecavir</i>	3	<i>peroxide</i>	71	<i>ezetimibe</i>	64
ENTRESTO	66	ESBRIET	137	<i>ezetimibe-simvastatin</i>	64
<i>enulose</i>	95	<i>escitalopram oxalate</i>	47	FABIOR	71
ENVARSUS XR	18	<i>esomeprazole magnesium</i>	99	<i>falmrina (28)</i>	127
EPCLUSA	3	<i>estarrylla</i>	127	famciclovir	3
EPIDIOLEX	26	ESTRACE	124	<i>famotidine</i>	99
EPIDUO	71	<i>estradiol</i>	125	FANAPT	47, 48
EPIDUO FORTE	71	<i>estradiol valerate</i>	125	FARESTON	18
<i>epinastine</i>	131	<i>estradiol-norethindrone acet</i>	125	FARXIGA	84
EPINEPHRINE	134	ESTRING	125	FARYDAK	18
<i>epinephrine</i>	134	ESTROGEL	125	FASENRA	137
EPIPEN 2-PAK	134	<i>eszopiclone</i>	47	FASENRA PEN	137
EPIPEN JR 2-PAK	134	<i>ethacrynic acid</i>	59	<i>fayosim</i>	127
<i>epitol</i>	26	<i>ethambutol</i>	9	febuxostat	120
EPIVIR	3	<i>ethosuximide</i>	26	<i>felbamate</i>	26
EPIVIR HBV	3	<i>ethynodiol diac-eth estradiol</i>	127	FELBATOL	26
<i>eplerenone</i>	59	<i>etodolac</i>	41	FELDENE	41
EPOGEN	102	<i>etonogestrel-ethinyl estradiol</i>	126	<i>felodipine</i>	59
				FEMARA	18

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FEMHRT LOW DOSE	125	fluconazole	1	fosamprenavir	3
FEMRING.....	125	fluconazole in nacl (iso-osm)	1	fosfomycin tromethamine	15
femynor	127	flucytosine.....	1	fosinopril.....	59
FENOFIBRATE	64	fludrocortisone.....	82	fosinopril-hydrochlorothiazide	59
fenofibrate	64	flunisolide	137	FOSRENOL.....	79
fenofibrate micronized.....	64	fluocinolone	76	FOTIVDA.....	18
fenofibrate nanocrystallized....	64	fluocinolone acetonide oil.....	81	FRAGMIN.....	62, 63
fenofibric acid (choline)	64	fluocinolone and shower cap....	76	FREESTYLE PRECISION	111
FENOGLIDE	64	fluocinonide	76	FROVA.....	32
FENOPROFEN	41	fluocinonide-e.....	76	frovatriptan	32
fenoprofen.....	41	fluoride (sodium)	145	FULPHILA	102
fentanyl.....	38	fluorometholone	133	furosemide	59
fentanyl citrate	38	FLUOROPLEX	69	FUZEON	3
FENTANYL CITRATE	38	FLUOROURACIL	69	fyavolv	125
FENTORA	38	fluorouracil	69	FYCOMPA	26
FERRIPROX	79	fluoxetine	48	gabapentin	26
FETZIMA	48	fluoxetine (pmdd)	48	GABITRIL	26
FEXMID	37	fluphenazine decanoate	48	GALAFOLD	91
FIASP FLEXTOUCH U-		fluphenazine hcl	48	galantamine	34
100 INSULIN	84	flurandrenolide	76	GAMMAGARD LIQUID..	105
FIASP PENFILL U-100		flurbiprofen	41	GAMMAGARD S-D (IGA	
INSULIN	84	flurbiprofen sodium	132	< 1 MCG/ML).....	105
FIASP U-100 INSULIN	84	flutamide	18	GAMMAKED	105
FINACEA	71	fluticasone propionate	76, 138	GAMMAPLEX	105
finasteride	142	FLUTICASONE		GAMMAPLEX (WITH	
FINTEPLA	26	PROPION-SALMETEROL	138	SORBITOL).....	105
FIRAZYR	137	fluticasone propion-salmeterol		GAMUNEX-C	105
FIRDAPSE	34	.....	138	GARDASIL 9 (PF).....	105
FIRMAGON KIT W		fluvastatin	64, 65	GASTROCROM	95
DILUENT SYRINGE.....	18	fluvoxamine	48	gatifloxacin	130
FIRVANQ	9	FML FORTE	133	GATTEX 30-VIAL.....	95
flac otic oil	81	FML LIQUIFILM	133	GAUZE PAD	111
FLAGYL	9	FML S.O.P.....	133	gavilyte-c	95
FLAREX	133	FOCALIN	48	gavilyte-g	95
flavoxate	142	FOCALIN XR	48	gavilyte-n	95
FLEBOGAMMA DIF	105	fondaparinux	62	GAVRETO	18
flecainide	56	FORFIVO XL	48	GELNIQUE	142
FLECTOR	41	FORTAMET	84	gemfibrozil	65
FLOLIPID	64	FORTEO	121	gemmily	127
FLOMAX	142	FORTESTA	91	GEMTESA	142
FLOVENT DISKUS	137	FOSAMAX	121	GENERESS FE	127
FLOVENT HFA	137	FOSAMAX PLUS D	121	generlac	95

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gengraf.....	18	HAEGARDA.....	138	HUMALOG U-100
GENOTROPIN.....	102	hailey 24 fe.....	127	INSULIN.....
GENOTROPIN		halcinonide.....	76	10
MINIQUICK.....	102, 103	HALDOL.....	49	HUMATROPE.....
gentak.....	130	HALDOL DECANOATE....	49	HUMIRA.....
gentamicin.....	10, 72, 130	halobetasol propionate.....	76	122
gentamicin in nacl (iso-osm) ..	10	HALOBETASOL		HUMIRA PEN.....
GENVOYA.....	3	PROPIONATE.....	76	122
GEODON.....	48, 49	HALOG.....	76	HUMIRA PEN CROHNS-
GILENYA.....	34	haloperidol.....	49	UC-HS START.....
GILOTRIF.....	18	haloperidol decanoate.....	49	HUMIRA PEN PSOR-
GIMOTI.....	95	haloperidol lactate.....	49	UVEITS-ADOL HS.....
GLASSIA.....	79	HARVONI.....	3	122
glatiramer.....	34	HAVRIX (PF).....	105	HUMIRA(CF).....
glatopa.....	34	HEALTHWISE INSULIN		122
GLEEVEC.....	19	SYRINGE.....	111	HUMIRA(CF) PEDI
glimepiride.....	84	HEALTHWISE PEN		CROHNS STARTER.....
glipizide.....	84, 85	NEEDLE.....	111	122
glipizide-metformin.....	85	HEALTHY ACCENTS		HUMIRA(CF) PEN.....
GLOPERBA.....	120	UNIFINE PENTIP.....	111	CROHNS-UC-HS.....
GLUCAGEN HYPOKIT	85	HEMADY.....	82	122
GLUCAGON		heparin (porcine)	63	HUMIRA(CF) PEN PSOR-
EMERGENCY KIT		HEPATAMINE 8%.....	144	UV-ADOL HS.....
(HUMAN).....	85	HEPSERA.....	3	122
GLUCOTROL XL.....	85	HETLIOZ.....	49	HUMULIN 70/30 U-100
GLUMETZA.....	85	HETLIOZ LQ.....	49	INSULIN.....
glycopyrrolate.....	94	HIBERIX (PF).....	105	85
GLYXAMBI.....	85	HIPREX.....	15	HUMULIN 70/30 U-100
GOCOVRI.....	30	HORIZANT.....	34, 35	KWIKPEN.....
GOLYTELY	95	HUMALOG JUNIOR		85
GONITRO.....	66	KWIKPEN U-100.....	85	HUMULIN N NPH
GRALISE.....	27	HUMALOG KWIKPEN		INSULIN KWIKPEN.....
granisetron hcl.....	95	INSULIN.....	85	86
GRANIX	103	HUMALOG MIX 50-50		HUMULIN N NPH U-100
GRASTEK.....	105	INSULN U-100.....	85	INSULIN.....
griseofulvin microsize.....	1	HUMALOG MIX 50-50		86
griseofulvin ultramicrosize.....	1	KWIKPEN.....	85	HUMULIN R REGULAR
GVOKE HYPOOPEN 2-		HUMALOG MIX 75-25		U-100 INSULN.....
PACK.....	85	KWIKPEN.....	85	86
GVOKE PFS 1-PACK		HUMALOG MIX 75-25(U-		HUMULIN R U-500
SYRINGE.....	85	100)INSULN.....	85	(CONC) INSULIN.....
GYNAZOLE-1.....	126			86
				HUMULIN R U-500
				(CONC) KWIKPEN.....
				86
				hydralazine.....
				59
				HYDREA.....
				19
				hydrochlorothiazide.....
				59
				hydrocodone bitartrate
				38
				hydrocodone-acetaminophen... 38
				hydrocodone-ibuprofen..... 38
				hydrocortisone 77, 82, 95
				hydrocortisone butyrate 76, 77

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<i>hydrocortisone valerate</i>	77	<i>incassia</i>	125	INVIRASE	3
<i>hydrocortisone-acetic acid</i>	81	INCONTROL PEN		INVOKAMET	86
<i>hydrocortisone-pramoxine</i>	95	NEEDLE	111	INVOKAMET XR	86
<i>hydromorphone</i>	38, 39	INCRELEX	79	INVOKANA	86
<i>hydromorphone (pf)</i>	38	INCRUSE ELLIPTA	138	IOPIDINE	134
<i>hydroxychloroquine</i>	10	<i>indapamide</i>	59	IPOL	105
<i>hydroxyurea</i>	19	INDERAL LA	59	<i>ipratropium bromide</i>	81, 138
<i>hydroxyzine hcl</i>	134	INDOCIN	42	<i>ipratropium-albuterol</i>	138
HYSINGLA ER	39	INFANRIX (DTAP) (PF)	105	<i>irbesartan</i>	59
HYZAAR	59	INFLECTRA	95	<i>irbesartan-</i>	
<i>ibandronate</i>	121	INGREZZA	35	<i>hydrochlorothiazide</i>	59
IBRANCE	19	INGREZZA INITIATION		IRESSA	19
<i>ibu</i>	41	PACK	35	ISENTRESS	3
<i>ibuprofen</i>	41	INLYTA	19	ISENTRESS HD	3
<i>icatibant</i>	138	INNOPRAN XL	59	<i>isibloom</i>	127
<i>iclevia</i>	127	INQOVI	19	ISOLYTE S PH 7.4	145
ICLUSIG	19	INREBIC	19	ISOLYTE-P IN 5 %	
<i>icosapent ethyl</i>	65	INSPRA	59	DEXTROSE	145
IDHIFA	19	INSULIN ASP PRT-		<i>isoniazid</i>	10
ILEVRO	132	INSULIN ASPART	86	ISOPTO CARPINE	131
ILUMYA	67	INSULIN ASPART U-100	86	ISORDIL	66
<i>imatinib</i>	19	INSULIN LISPRO	86	ISORDIL TITRADOSE	66
IMBRUVICA	19	INSULIN LISPRO		<i>isosorbide dinitrate</i>	67
<i>imipenem-cilastatin</i>	10	PROTAMIN-LISPRO	86	<i>isosorbide mononitrate</i>	67
<i>imipramine hcl</i>	49	INSULIN PEN NEEDLE	111	<i>isotretinoin</i>	71
<i>imipramine pamoate</i>	49	INSULIN SYRINGE	111	<i>isradipine</i>	59
<i>imiquimod</i>	69	INSULIN SYRINGE		ISTALOL	130
IMITREX	32	NEEDLELESS	111	ISTURISA	91
IMITREX STATDOSE		INSULIN SYRINGE-		<i>itraconazole</i>	1
PEN	32	NEEDLE U-100	111	<i>ivermectin</i>	10, 78
IMITREX STATDOSE		INSUPEN	111	IXIARO (PF)	105
REFILL	32	INTELENCE	3	JADENU	79
IMOVAX RABIES		<i>intralipid</i>	144	JADENU SPRINKLE	79
VACCINE (PF)	105	INTRALIPID	145	JAKAFI	19
IMPAVIDO	10	INTRAROSA	126	JALYN	142
IMPEKLO	77	INTRON A	103	<i>jantoven</i>	63
IMURAN	19	<i>introvale</i>	127	JANUMET	86
IMVEXXY		INVANZ	10	JANUMET XR	86
MAINTENANCE PACK	125	INVEGA	49	JANUVIA	86
IMVEXXY STARTER		INVEGA SUSTENNA	49	JARDIANCE	86
PACK	125	INVEGA TRINZA	50	<i>jasmiel (28)</i>	127
INBRIJA	30	INVELTYS	133	JATENZO	91

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JENTADUETO	86	KISQALI FEMARA CO-	
JENTADUETO XR	86	PACK	19
<i>jinteli</i>	125	KITABIS PAK	10
JORNAY PM	50	KLARON	72
JUBLIA	73	KLISYRI	20
<i>juleber</i>	127	KLONOPIN	27
JULUCA	3	<i>klor-con 10</i>	143
<i>junel 1.5/30 (21)</i>	127	<i>klor-con 8</i>	143
<i>junel 1/20 (21)</i>	127	<i>klor-con m10</i>	143
<i>junel fe 1.5/30 (28)</i>	127	<i>klor-con m15</i>	143
<i>junel fe 1/20 (28)</i>	127	<i>klor-con m20</i>	143
<i>junel fe 24</i>	127	<i>klor-con oral packet 20</i>	143
JUXTAPID	65	KLOXXADO	42
JYNARQUE	91	KOMBIGLYZE XR	87
<i>kaitlib fe</i>	127	KORLYM	91
KALBITOR	138	KOSELUGO	20
KALETRA	4	KRINTAFEL	10
KALYDECO	138	KRISTALOSE	95
KANJINTI	19	K-TAB	143
KAPSPARGO SPRINKLE..	59	<i>k-tab</i>	143
KAPVAY	50	<i>kurvelo (28)</i>	127
<i>kariva (28)</i>	127	KUVAN	91
KATERZIA	59	KYNMOBI	30
KAZANO	86	<i>l norgest/e.estradiol-e.estrad.</i>	127
<i>kelnor 1/35 (28)</i>	127	<i>labetalol</i>	59
<i>kelnor 1-50 (28)</i>	127	LACRISERT	131
KENALOG	77	<i>lactulose</i>	95, 96
KEPPRA	27	LAMICTAL	27
KEPPRA XR	27	LAMICTAL ODT	27
KERYDIN	73	LAMICTAL STARTER	
KESIMPTA PEN	35	(BLUE) KIT	27
<i>ketoconazole</i>	1, 73	LAMICTAL STARTER	
<i>ketodan</i>	73	(GREEN) KIT	27
<i>ketoprofen</i>	42	LAMICTAL STARTER	
KETOROLAC	42	(ORANGE) KIT	27
<i>ketorolac</i>	132	LAMICTAL XR	27
KEVEYIS	35	LAMICTAL XR STARTER	
KEVZARA	123	(BLUE)	27
KINERET	123	LAMICTAL XR STARTER	
KINRIX (PF).....	105	(GREEN)	27
KISQALI	20	LAMICTAL XR STARTER	
		(ORANGE)	27
		<i>lamivudine</i>	4
		<i>lamivudine-zidovudine</i>	4
		<i>lamotrigine</i>	27
		LAMPIT	10
		LANOXIN	66
		<i>lansoprazole</i>	99
		<i>lanthanum</i>	79
		LANTUS SOLOSTAR U-	
		100 INSULIN	87
		LANTUS U-100 INSULIN ..	87
		<i>lapatinib</i>	20
		<i>larin 1.5/30 (21)</i>	127
		<i>larin 1/20 (21)</i>	128
		<i>larin fe 1.5/30 (28)</i>	128
		<i>larin fe 1/20 (28)</i>	128
		<i>larissia</i>	128
		LASIX	59
		LASTACAFT	131
		<i>latanoprost</i>	132
		LATUDA	50
		<i>layolis fe</i>	128
		LAZANDA	39
		LEDIPASVIR-	
		SOFOSBUVIR	4
		<i>leena 28</i>	128
		<i>leflunomide</i>	123
		LENVIMA	20
		LESCOL XL	65
		<i>lessina</i>	128
		LETAIRIS	138
		<i>letrozole</i>	20
		<i>leucovorin calcium</i>	16
		LEUKERAN	20
		LEUKINE	103
		<i>leuprolide</i>	20
		<i>levalbuterol hcl</i>	138
		LEVALBUTEROL	
		TARTRATE	138
		LEVEMIR FLEXTOUCH	
		U-100 INSULN	87
		LEVEMIR U-100 INSULIN	87
		<i>levetiracetam</i>	27

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<i>levobunolol</i>	131	LIVALO	65	<i>lozapine succinate</i>	50
<i>levocarnitine</i>	79	LO LOESTRIN FE	128	LUBIPROSTONE	96
<i>levocarnitine (with sugar)</i>	79	LOCOID	77	LUCEMYRA	42
<i>levocetirizine</i>	134	LOCOID LIPOCREAM	77	LULICONAZOLE	73
<i>levofloxacin</i>	14, 130	LODINE	42	LUMIGAN	132
<i>levofloxacin in d5w</i>	14	LODOSYN	31	LUNESTA	50
<i>levonest (28)</i>	128	LOESTRIN 1.5/30 (21)	128	LUPANETA PACK (1 MONTH)	126
<i>levonorgestrel-ethinyl estrad.</i>	128	LOESTRIN 1/20 (21)	128	LUPANETA PACK (3 MONTH)	126
<i>levonorg-eth estrad triphasic.</i>	128	LOESTRIN FE 1.5/30 (28- DAY)	128	LUPKYNIS	20
<i>levora-28</i>	128	LOESTRIN FE 1/20 (28- DAY)	128	LUPRON DEPOT	20
<i>levorphanol tartrate</i>	39	LOKELMA	79	LUPRON DEPOT (3 MONTH)	20
<i>levo-t</i>	93	LOMOTIL	94	LUPRON DEPOT (4 MONTH)	20
LEVOTHYROXINE	93	LONHALA MAGNAIR		LUPRON DEPOT (6 MONTH)	20
<i>levothyroxine</i>	93	REFILL	138	LUXIQ	77
<i>levoxyl</i>	93	LONHALA MAGNAIR		LUZU	73
LEXAPRO	50	STARTER	138	<i>lutea (28)</i>	128
LEXETTE	77	LONSURF	20	<i>lyeq</i>	125
LEXIVA	4	<i>loperamide</i>	94	<i>lyllana</i>	125
LIALDA	96	LOPID	65	LYNPARZA	20
LICART	42	<i>lopinavir-ritonavir</i>	4	LYRICA	28
<i>lidocaine</i>	69	LOPRESSOR	59	LYRICA CR	28
<i>lidocaine hcl</i>	69	LOPROX	73	LYSODREN	20
<i>lidocaine viscous</i>	69	LOPROX (AS OLAMINE)	73	LYSTEDA	126
<i>lidocaine-prilocaine</i>	69	<i>lorazepam</i>	50	LYUMJEV KWIKPEN U- 100 INSULIN	87
LIDODERM	69	<i>lorazepam intensol</i>	50	LYUMJEV KWIKPEN U- 200 INSULIN	87
<i>lindane</i>	78	LORBRENA	20	LYUMJEV U-100	
<i>linezolid</i>	10	<i>loryna (28)</i>	128	INSULIN	87
<i>linezolid in dextrose 5%</i>	10	<i>losartan</i>	59	<i>lyza</i>	125
LINZESS	96	<i>losartan-hydrochlorothiazide</i>	59	MACROBID	15
<i>liothyronine</i>	93	LOSEASONIQUE	128	MACRODANTIN	15
LIPITOR	65	LOTEMAX	133	<i>mafenide acetate</i>	72
LIPOFEN	65	LOTEMAX SM	133	MAGELLAN INSULIN	
<i>lisinopril</i>	59	LOTENSIN	59	SAFETY SYRNG	112
<i>lisinopril-hydrochlorothiazide</i>	59	<i>loteprednol etabonate</i>	133	MAGELLAN SYRINGE	112
LITE TOUCH INSULIN PEN NEEDLES	111	LOTREL	59	<i>magnesium sulfate</i>	143
LITE TOUCH INSULIN SYRINGE	112	LOTRONEX	96		
<i>lithium carbonate</i>	50	<i>lovastatin</i>	65		
<i>lithium citrate</i>	50	LOVAZA	65		
LITHOBID	50	LOVENOX	63		
LITHOSTAT	79	<i>low-ogestrel (28)</i>	128		

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MALARONE	10	MEDROL	82	METHYLPHENIDATE	
MALARONE PEDIATRIC	10	MEDROL (PAK)	82	HCL	51
<i>malathion</i>	78	<i>medroxyprogesterone</i>	125	<i>methylprednisolone</i>	82
MARINOL	96	<i>mefenamic acid</i>	42	<i>methyltestosterone</i>	91
<i>marlissa (28)</i>	128	<i>mefloquine</i>	10	<i>metoclopramide hcl</i>	96
MARPLAN	50	<i>megestrol</i>	20	<i>metolazone</i>	59
MATULANE	20	MEKINIST	20	<i>metoprolol succinate</i>	59
<i>matzim la</i>	59	MEKTOVI	20	<i>metoprolol tar-</i>	
MAVENCLAD (10 TABLET PACK)	35	<i>meloxicam</i>	42	<i>hydrochlorothiaz</i>	60
MAVENCLAD (4 TABLET PACK)	35	<i>meloxicam submicronized</i>	42	<i>metoprolol tartrate</i>	60
MAVENCLAD (5 TABLET PACK)	35	<i>memantine</i>	35	METROCREAM	71
MAVENCLAD (6 TABLET PACK)	35	MEMANTINE	35	METROGEL	71
MAVENCLAD (7 TABLET PACK)	35	MENACTRA (PF)	105	METROLOTION	71
MAVENCLAD (8 TABLET PACK)	35	MENEST	125	<i>metronidazole</i>	10, 71, 126
MAVENCLAD (9 TABLET PACK)	35	MENOSTAR	125	<i>metronidazole in nacl (iso-os)</i>	10
MAVYRET	4	MENQUADFI (PF)	105	<i>metyrosine</i>	60
MAXALT	32	MENTAX	73	<i>mexiletine</i>	56
MAXALT-MLT	32	MENVEO A-C-Y-W-135-DIP (PF)	105	<i>mibelas 24 fe</i>	128
MAXICOMFORT II PEN NEEDLE	112	MEPRON	10	<i>micafungin</i>	1
MAXICOMFORT INSULIN SYRINGE	112	<i>mercaptopurine</i>	20	MICARDIS	60
MAXI-COMFORT INSULIN SYRINGE	112	<i>meropenem</i>	10	MICARDIS HCT	60
MAXICOMFORT SAFETY PEN NEEDLE	112	MERREM	10	<i>miconazole-3</i>	126
MAXIDEX	133	<i>mesalamine</i>	96	MICRODOT INSULIN PEN NEEDLE	112
MAXITROL	132	MESNEX	16	<i>microgestin 1.5/30 (21)</i>	128
MAXZIDE	59	MESTINON	37	<i>microgestin 1/20 (21)</i>	128
MAXZIDE-25MG	59	MESTINON TIMESPAN	37	<i>microgestin fe 1.5/30 (28)</i>	128
MAYZENT	35	<i>metformin</i>	87	<i>microgestin fe 1/20 (28)</i>	128
MAYZENT STARTER PACK	35	<i>methadone</i>	39	<i>midodrine</i>	79
<i>meclizine</i>	96	<i>methamphetamine</i>	50	<i>migergot</i>	32
<i>meclofenamate</i>	42	<i>methazolamide</i>	132	<i>miglitol</i>	87, 88
		<i>methenamine hippurate</i>	16	<i>miglustat</i>	91
		<i>methimazole</i>	83	MIGRALAN	32
		METHITEST	91	<i>mili</i>	128
		<i>methotrexate sodium</i>	20	<i>millipred</i>	82
		<i>methotrexate sodium (pf)</i>	20	<i>mimvey</i>	125
		<i>methoxsalen</i>	69	MINASTRIN 24 FE	128
		<i>methscopolamine</i>	94	MINI ULTRA-THIN II	112
		<i>methyldopa</i>	59	MINIPRESS	60
		METHYLIN	50	MINITRAN	67
		<i>methylphenidate hcl</i>	50, 51	MINIVELLE	125
				<i>minocycline</i>	15

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MINOLIRA ER	15	MYCAPSSA	21	nefazodone	51
<i>minoxidil</i>	60	MYCOBUTIN	10	<i>neomycin</i>	10
MIRAPEX ER.....	31	<i>mycophenolate mofetil</i>	21	<i>neomycin-bacitracin-poly-hc.</i> ..	132
<i>mirtazapine</i>	51	<i>mycophenolate sodium</i>	21	<i>neomycin-bacitracin-</i> <i>polymyxin</i>	130
MIRVASO.....	71	MYDAYIS	51	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	132
<i>misoprostol</i>	99	MYFORTIC	21	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	130
MITIGARE.....	120	<i>myorisan</i>	71	<i>neomycin-polymyxin-hc..</i> ..	81, 133
M-M-R II (PF).....	105	MYRBETRIQ	142	NEORAL	21
MOBIC	42	MYSOLINE	28	NEO-SYNALAR	72
<i>modafinil</i>	51	MYTESI	94	NERLYNX	21
<i>moexipril</i>	60	<i>nabumetone</i>	42	NESINA	88
<i>molindone</i>	51	<i>nadolol</i>	60	<i>neuac</i>	71
<i>mometasone</i>	77, 138	<i>nafcillin</i>	13	NEULASTA	103
<i>monodoxyne nl</i>	15	<i>naftifine</i>	73	NEUPOGEN	103
MONOJECT INSULIN		NAFTIN	73	NEUPRO	31
SAFETY SYRING.....	112, 113	NALFON	42	NEURONTIN	28
MONOJECT INSULIN		<i>naloxone</i>	42	NEVANAC	132
SYRINGE.....	113	<i>naltrexone</i>	42	<i>nevirapine</i>	4
MONOJECT SYRINGE....	113	NAMENDA	35	NEXAVAR	21
MONOJECT ULTRA		NAMENDA TITRATION		NEXIUM	99, 100
COMFORT INSULIN	113	PAK	35	NEXIUM PACKET	100
<i>montelukast</i>	138	NAMENDA XR	35	NEXLETOL	65
MONUROL	16	NAMZARIC	35	NEXLIZET	65
<i>morphine</i>	39	NAPRELAN CR	42	NEXTSTELLIS	128
<i>morphine concentrate</i>	39	<i>naproxen</i>	42	<i>niacin</i>	65
MOTEGRITY	96	<i>naproxen sodium</i>	42	NIACOR	65
MOTOFEN	94	<i>naproxen-esomeprazole</i>	43	NIASPAN EXTENDED-	
MOVANTIK	96	<i>naratriptan</i>	32	RELEASE	65
MOVIPREP	96	NARCAN	43	<i>nicardipine</i>	60
MOXEZA	130	NARDIL	51	NICOTROL	81
<i>moxifloxacin</i>	14, 130	NASONEX	138	NICOTROL NS	81
<i>moxifloxacin-</i> <i>sod.chloride(iso)</i>	14	NATACYN	130	<i>nifedipine</i>	60
MS CONTIN	39	NATAZIA	128	<i>nikki (28)</i>	128
MULPLETA	63	<i>nateglinide</i>	88	NILANDRON	21
MULTAQ	56	NATESTO	91	<i>nilutamide</i>	21
<i>mupirocin</i>	72	NATPARA	91	<i>nimodipine</i>	60
<i>mupirocin calcium</i>	72	NATROBA	78	NINLARO	21
MVASI	21	NAYZILAM	28	<i>nisoldipine</i>	60
MYALEPT	91	NEBUPENT	10	<i>nitazoxanide</i>	10
MYAMBUTOL	10	<i>necon 0.5/35 (28)</i>	128		
MYCAMINE	1	NEEDLES, INSULIN			
		DISP.,SAFETY	113		

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<i>nitisinone</i>	79	NOVOFINE		<i>nymyo</i>	129
<i>nitro-bid</i>	67	AUTOCOVER	113	<i>nystatin</i>	1, 74
NITRO-DUR	67	NOVOFINE PLUS	113	<i>nystatin-triamcinolone</i>	74
<i>nitrofurantoin</i>	16	NOVOLIN 70/30 U-100		<i>nystop</i>	74
<i>nitrofurantoin macrocrystal</i>	16	INSULIN	88	NYVEPRIA	103
<i>nitrofurantoin monohyd/m-cryst</i>	16	NOVOLIN 70-30		OCALIVA	96
<i>nitroglycerin</i>	67	FLEXPEN U-100	88	<i>ocella</i>	129
NITROLINGUAL	67	NOVOLIN N FLEXPEN	88	OCTAGAM	105
NITROSTAT	67	NOVOLIN N NPH U-100		<i>octreotide acetate</i>	21
NITYR	79	INSULIN	88	OCUFLOX	130
NIVESTYM	103	NOVOLIN R FLEXPEN	88	ODACTRA	105
<i>nizatidine</i>	100	NOVOLIN R REGULAR		ODEFSEY	4
NOCDURNA (MEN)	91	U-100 INSULN	88	ODOMZO	21
NOCDURNA (WOMEN)	92	NOVOLOG FLEXPEN U-		OFEV	138
<i>nolix</i>	77	100 INSULIN	88	<i>ofloxacin</i>	14, 81, 130
<i>nora-be</i>	125	NOVOLOG MIX 70-30 U-		<i>olanzapine</i>	51
NORDITROPIN		100 INSULN	88	<i>olanzapine-fluoxetine</i>	51
FLEXPRO	103	NOVOLOG MIX 70-30		<i>olmesartan</i>	60
<i>noreth-ethinyl estradiol-iron</i>	128	FLEXPEN U-100	88	<i>olmesartan-amlodipin-hcthiazid</i>	60
<i>norethindrone (contraceptive)</i>		NOVOLOG PENFILL U-		<i>olmesartan-hydrochlorothiazide</i>	60
	125	100 INSULIN	88	<i>olopatadine</i>	81, 131
<i>norethindrone acetate</i>	125	NOVOTWIST	113	OLUMIANT	123
<i>norethindrone ac-eth estradiol</i>		NOXAFL	1	OLUX	77
	125, 128	NUBEQA	21	OLUX-E	77
<i>norethindrone-e.estradiol-iron</i>		NUCALA	138	OMECLAMOX-PAK	100
	128	NUCYNTA	43	<i>omega-3 acid ethyl esters</i>	65
<i>norgestimate-ethinyl estradiol</i>		NUCYNTA ER	43	<i>omeprazole</i>	100
	129	NUEDEXTA	35	<i>omeprazole-sodium bicarbonate</i>	100
NORITATE	72	NULYTLY LEMON-LIME	96	OMNARIS	138
NORPRAMIN	51	NUPLAZID	51	OMNIPOD DASH 5 PACK	
NORTHERA	79	NURTEC ODT	32	POD	113
<i>nortrel 0.5/35 (28)</i>	129	NUTRILIPID	145	OMNIPOD INSULIN MANAGEMENT	113
<i>nortrel 1/35 (21)</i>	129	NUTROPIN AQ NUSPIN	103	OMNIPOD INSULIN REFILL	113
<i>nortrel 1/35 (28)</i>	129	NUVARING	126	OMNITROPE	103
<i>nortrel 7/7/7 (28)</i>	129	NUVIGIL	51	<i>ondansetron</i>	96
<i>nortriptyline</i>	51	NUZYRA	15	<i>ondansetron hcl</i>	96
NORVASC	60	<i>nyamyc</i>	74	ONEXTON	72
NORVIR	4	<i>nylia 7/7/7 (28)</i>	129		
NOURIANZ	31	NYMALIZE	60		
NOVOFINE 32	113				

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ONFI	28	<i>oxybutynin chloride</i>	142	PENNSAID	43
ONGENTYS	31	<i>oxycodone</i>	40	PENTAM	10
ONGLYZA	88	OXYCODONE	40	<i>pentamidine</i>	10, 11
ONUREG	21	<i>oxycodone-acetaminophen</i>	40	PENTASA	97
ONZETRA XSAIL	32	OXYCONTIN	40	PENTIPS	113
OPSUMIT	138	<i>oxymorphone</i>	40	<i>pentoxifylline</i>	63
ORACEA	15	OXYTROL	142	PEPCID	100
ORALAIR	105	OZEMPIC	88	PERCOCET	40
ORAPRED ODT	82	<i>pacerone</i>	57	PERFOROMIST	139
ORAVIG	1	<i>paliperidone</i>	51	<i>perindopril erbumine</i>	60
ORENCIA	123	PALYNZIQ	92	<i>periogard</i>	81
ORENCIA CLICKJECT	123	PAMELOR	51	<i>permethrin</i>	78
ORENITRAM	60	PANCREAZE	97	<i>perphenazine</i>	52
ORFADIN	79	PANDEL	77	PERSERIS	52
ORGOVYX	21	<i>pantoprazole</i>	100	PERTZYE	97
ORIAHNN	126	PANZYGA	105	PEXEVA	52
ORILISSA	92	<i>paricalcitol</i>	92	<i>phenelzine</i>	52
ORKAMBI	138	PARLODEL	31	<i>phenobarbital</i>	28
ORLADEYO	139	PARNATE	51	<i>phenoxybenzamine</i>	60
orsythia	129	<i>paramomycin</i>	10	PHENYTEK	28
ORTIKOS	96	<i>paroxetine hcl</i>	51, 52	<i>phenytoin</i>	28
oseltamivir	4	<i>paroxetine</i>		<i>phenytoin sodium extended</i>	28
OSENI	88	<i>mesylate(menop.sym)</i>	52	PHOSLYRA	143
OSMOLEX ER	31	PASER	10	PIFELTRO	4
OSMOPREP	96	PATANASE	81	<i>pilocarpine hcl</i>	79, 131
OSPHENA	126	PAXIL	52	<i>pimecrolimus</i>	69
OTEZLA	123	PAXIL CR	52	<i>pimozide</i>	52
OTEZLA STARTER	123	PEDIARIX (PF)	105	<i>pimtrea (28)</i>	129
OTOVEL	81	PEDVAX HIB (PF)	105	<i>pindolol</i>	60
OTREXUP (PF)	123	<i>peg 3350-electrolytes</i>	97	<i>pioglitazone</i>	88
OVIDE	78	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	97	<i>pioglitazone-glimepiride</i>	88
oxacillin	13	PEGASYS	103	<i>pioglitazone-metformin</i>	89
oxacillin in dextrose(iso-osm)	13	<i>peg-electrolyte</i>	97	<i>piperacillin-tazobactam</i>	13
oxandrolone	92	PEMAZYRE	21	PIQRAY	21
oxaprozin	43	<i>penicillamine</i>	123	<i>pirmella</i>	129
OXAYDO	39	PENICILLIN G POT IN		<i>piroxicam</i>	43
OXBRYTA	79	DEXTROSE	13	PLAQUENIL	11
oxcarbazepine	28	<i>penicillin g potassium</i>	13	PLASMA-LYTE 148	145
OXERVATE	131	<i>penicillin g procaine</i>	13	PLASMA-LYTE A	145
oxiconazole	74	<i>penicillin g sodium</i>	13	PLAVIX	63
OXISTAT	74	<i>penicillin v potassium</i>	13	PLEGRIDY	103
OXTELLAR XR	28			PLENAMINE	145

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PLENVU	97	<i>prednisolone sodium</i>	
PLIAGLIS	69	<i>phosphate</i>	82, 133
<i>podofilox</i>	69	<i>prednisone</i>	82
<i>polymyxin b sulfate</i>	11	<i>prednisone intensol</i>	82
<i>polymyxin b sulf-</i>		PREFEST	125
<i>trimethoprim</i>	130	<i>pregabalin</i>	29
POLYTRIM	130	PREMARIN	125
POMALYST	21	<i>premasol 10 %</i>	145
PONVORY	36	PREMPHASE	126
PONVORY 14-DAY		PREMPRO	126
STARTER PACK	36	<i>prenatal vitamin oral tablet</i>	145
<i>portia 28</i>	129	PRETOMANID	11
<i>posaconazole</i>	2	PREVACID	100
<i>potassium chlorid-d5-</i>		PREVACID SOLUTAB	101
<i>0.45%nacl</i>	143	<i>prevalite</i>	65
<i>potassium chloride</i>	143, 144	previfem	129
<i>potassium chloride in</i>		PREVYMIS	4
<i>0.9%nacl</i>	143	PREZCOBIX	4
<i>potassium chloride in 5 % dex</i>	143	PREZISTA	4
<i>potassium chloride in lr-d5</i>	143	PRIFTIN	11
<i>potassium chloride in water</i>	143	PRILOSEC	101
<i>potassium chloride-0.45 %</i>		PRIMAQUINE	11
<i>nacl</i>	144	PRIMAXIN IV	11
<i>potassium chloride-d5-</i>		<i>primidone</i>	29
<i>0.2%nacl</i>	144	PRINIVIL	60
<i>potassium chloride-d5-</i>		PRISTIQ	52
<i>0.9%nacl</i>	144	PRIVIGEN	105
<i>potassium citrate</i>	142	PRO COMFORT INSULIN	
PRADAXA	63	SYRINGE	113
PRALUENT PEN	65	PRO COMFORT PEN	
<i>pramipexole</i>	31	NEEDLE	113
<i>prasugrel</i>	63	PROAIR DIGIHALER	139
<i>pravastatin</i>	65	PROAIR HFA	139
<i>praziquantel</i>	11	PROAIR RESPICLICK	139
<i>prazosin</i>	60	<i>probenecid</i>	120
PRED FORTE	133	<i>probenecid-colchicine</i>	120
PRED MILD	133	PROCALAMINE 3%	145
PRED-G	133	PROCARDIA XL	60
PRED-G S.O.P.	133	<i>procentra</i>	52
<i>prednicarbate</i>	77	<i>prochlorperazine</i>	97
<i>prednisolone</i>	82	<i>prochlorperazine maleate oral</i>	97
<i>prednisolone acetate</i>	133	PROCRIT	103
		<i>procto-med hc</i>	97
		<i>procto-pak</i>	97
		<i>proctosol hc</i>	97
		<i>proctozone-hc</i>	97
		PROCYSB	142
		PRODIGY INSULIN	
		SYRINGE	113, 114
		<i>progesterone micronized</i>	126
		PROGLYCEM	89
		PROGRAF	21
		PROLASTIN-C	79
		<i>prolate</i>	40
		PROLENSA	132
		PROLIA	121
		PROMACTA	63
		<i>promethazine</i>	134
		PROMETRIUM	126
		<i>propafenone</i>	57
		<i>propranolol</i>	60
		<i>propylthiouracil</i>	83
		PROQUAD (PF)	105
		PROSCAR	142
		PROSOL 20 %	145
		PROTONIX	101
		PROTOPIC	69
		<i>protriptyline</i>	52
		PROVERA	126
		PROVIGIL	52
		PROZAC	52
		<i>prudoxin</i>	69
		PSORCON	77
		PULMICORT	139
		PULMICORT	
		FLEXHALER	139
		PULMOZYME	139
		PURE COMFORT PEN	
		NEEDLE	114
		PURIXAN	21
		PYLERA	101
		<i>pyrazinamide</i>	11
		<i>pyridostigmine bromide</i>	37

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PYRIDOSTIGMINE		REBIF (WITH ALBUMIN)		RHOPRESSA	132
BROMIDE.....	37	103	<i>ribavirin</i>	4, 5
<i>pyrimethamine</i>	11	REBIF REBIDOSE.....	104	RIDAURA.....	123
QBRELIS.....	60	REBIF TITRATION PACK	.....	<i>rifabutin</i>	11
QBREXZA.....	69	.....	104	<i>rifampin</i>	11
QELBREE.....	52	<i>reclipsen</i> (28).....	129	RILUTEK.....	80
QINLOCK.....	21	RECOMBIVAX HB (PF)...	106	<i>riluzole</i>	80
QNDSL.....	139	RECTIV.....	97	<i>rimantadine</i>	5
QTERN.....	89	REDITREX (PF).....	123	RINVOQ.....	123
QUADRACEL (PF).....	105	REGLAN.....	97	RIOMET.....	89
QUALAQUIN.....	11	REGRANEX.....	69	<i>risedronate</i>	80, 121
QUARTETTE.....	129	RELAFEN DS.....	43	RISPERDAL.....	53
QUDEXY XR.....	29	RELENZA DISKHALER ..	4	RISPERDAL CONSTA.....	53
QUESTRAN.....	65	RELEXXII.....	53	<i>risperidone</i>	53
QUESTRAN LIGHT.....	65	RELION PEN NEEDLES..	114	RITALIN.....	54
<i>quetiapine</i>	52, 53	RELISTOR.....	97, 98	RITALIN LA.....	54
QUILLICHEW ER.....	53	RELPAX.....	33	<i>ritonavir</i>	5
QUILLIVANT XR.....	53	RELTONE.....	98	<i>rivastigmine</i>	36
<i>quinapril</i>	60	REMERON.....	53	<i>rivastigmine tartrate</i>	36
<i>quinapril-hydrochlorothiazide</i> ..	60	REMERON SOLTAB.....	53	<i>rivelsa</i>	129
<i>quinidine gluconate</i> ..	57	REMICADE.....	98	<i>rizatriptan</i>	33
<i>quinidine sulfate</i> ..	57	RENAGEL.....	80	ROCALTROL.....	92
<i>quinine sulfate</i> ..	11	RENFLEXIS.....	98	ROCKLATAN.....	132
QVAR REDIHALER.....	139	RENVELA.....	80	<i>ropinirole</i>	31
RABAVERT (PF).....	105	<i>repaglinide</i>	89	<i>rosuvastatin</i>	65
rabeprazole.....	101	REPATHA.....	65	ROSZET	65
RAGWHITEK.....	105	REPATHA		ROTARIX.....	106
<i>raloxifene</i>	121	PUSHTRONEX.....	65	ROTATEQ VACCINE.....	106
ramelteon.....	53	REPATHA SURECLICK....	65	ROWASA.....	98
<i>ramipril</i>	60	RESTASIS.....	131	<i>roweepra</i>	29
RANEXA.....	66	RESTASIS MULTIDOSE..	131	ROXICODONE.....	40
<i>ranolazine</i>	66	RETACRIT.....	104	ROZEREM	54
RAPAFLO.....	142	RETEVMO.....	22	ROZLYTREK.....	22
RAPAMUNE.....	21, 22	RETIN-A.....	72	RUBRACA.....	22
<i>rasagiline</i>	31	RETIN-A MICRO.....	72	RUCONEST	140
RASUVO (PF).....	123	RETROVIR.....	4	<i>rufinamide</i>	29
RAVICTI.....	79	REVATIO.....	140	RUKOBIA	5
RAYALDEE.....	92	REVLIMID.....	22	RUXIENCE.....	22
RAYOS.....	82	REXULTI.....	53	RUZURGI.....	36
RAZADYNE ER.....	36	REYATAZ.....	4	RYBELSUS	89
		REYVOW.....	33	RYDAPT	22
		RHOFADE.....	72	RYTARY	31

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RYTHMOL SR	57	sharobel.....	126	sotalol af.....	57
SABRIL	29	SHINGRIX (PF).....	106	SOTYLIZE	57
SAFESNAP INSULIN		SIGNIFOR.....	22	SOVALDI.....	5
SYRINGE	114	SIKLOS.....	22	spinosad.....	78
SAFETY PEN NEEDLE	114	<i>sildenafil (pulmonary arterial hypertension)</i>	140	SPIRIVA RESPIMAT	140
SAFYRAL	129	SILENOR	54	SPIRIVA WITH	
SAIZEN	104	SILIQ.....	67	HANDIHALER	140
SAIZEN SAIZENPREP	104	silodosin.....	142	<i>spironolactone</i>	60
SALAGEN		SILVADENE.....	69	<i>spironolacton-</i>	
(PILOCARPINE)	80	<i>silver sulfadiazine</i>	69	<i>hydrochlorothiaz</i>	60
SAMSCA	92	SIMBRINZA.....	132	SPORANOX	2
SANCUSO	98	SIMPONI.....	123, 124	sprintec (28)	129
SANDIMMUNE	22	<i>simvastatin</i>	65	SPRITAM	29
SANDOSTATIN	22	SINEMET	31	SPRIX	43
SANTYL	69	SINGULAIR	140	SPRYCEL	22
SAPHRIS	54	<i>sirolimus</i>	22	<i>sps (with sorbitol)</i>	80
sapropterin	92	SIRTURO	11	<i>sronyx</i>	129
SAVAYSA	63	SITAVIG	5	<i>ssd</i>	69
SAVELLA	123	SIVEXTRO	11	STALEVO 100	31
scopolamine base	98	SKYRIZI	68	STALEVO 125	31
SEASONIQUE	129	SLYND	129	STALEVO 150	31
SECUADO	54	<i>sodium chloride</i>	80	STALEVO 200	31
SECURESAFE PEN		<i>sodium chloride 0.45 %</i>	144	STALEVO 75	31
NEEDLE	114	<i>sodium chloride 0.9 %</i>	80	STEGLATRO	89
SEGLUROMET	89	<i>sodium chloride 3 %</i>	144	STEGLUJAN	89
selegiline hcl	31	<i>sodium chloride 5 %</i>	144	STELARA	68
selenium sulfide	67	<i>sodium phenylbutyrate</i>	80	STIOLTO RESPIMAT	140
SELZENTRY	5	<i>sodium polystyrene sulfonate</i> ..	80	STIVARGA	22
SEMGLEE PEN U-100		SOFOBUVIR-		STRATTERA	54
INSULIN	89	VELPATASVIR	5	STRENSIQ	92
SEMGLEE U-100		<i>solifenacin</i>	142	STREPTOMYCIN	11
INSULIN	89	SOLIQUA 100/33	89	STRIBILD	5
SENSIPAR	92	SOLODYNE	15	STRIVERDI RESPIMAT ..	140
SEREVENT DISKUS	140	SOLOSEC	11	STROMECTOL	11
SEROQUEL	54	SOLTAMOX	22	SUBOXONE	43
SEROQUEL XR	54	SOMAVERT	92	SUBSYS	40
SEROSTIM	104	SOOLANTRA	72	SUCRAID	98
sertraline	54	SORIATANE	68	<i>sucralfate</i>	101
setlakin	129	SORILUX	68	SULAR	61
sevelamer carbonate	80	<i>sorine</i>	57	<i>sulfacetamide sodium</i>	131
sevelamer hcl	80	<i>sotalol</i>	57	<i>sulfacetamide sodium (acne)</i> ..	72
SEYSARA	15			<i>sulfacetamide-prednisolone</i> ...	131

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<i>sulfadiazine</i>	14	SYNJARDY XR	89	TECHLITE INSULIN
<i>sulfamethoxazole-</i>		SYNRIBO	22	SYRINGE.....115
<i>trimethoprim</i>	14	SYNTHROID	93	TECHLITE INSULN
SULFAMYLYON	72	SYPRINE	80	SYR(HALF UNIT).....115
<i>sulfasalazine</i>	98	TABLOID	22	TECHLITE PEN NEEDLE
<i>sulindac</i>	43	TABRECTA	22	.....115, 116
<i>sumatriptan</i>	33	TACLONEX	68	TEFLARO.....7
<i>sumatriptan succinate</i>	33	tacrolimus	22, 69	TEGRETOL.....29
<i>sumatriptan-naproxen</i>	33	tadalafil	142	TEGRETOL XR.....29
SUNOSI	54	<i>tadalafil (pulmonary arterial hypertension)</i> oral tablet 20		TEGSEDI.....36
SUPRAX	7	mg	140	TEKTURNA.....61
SUPREP BOWEL PREP KIT	98	TAFINLAR	23	TEKTURNA HCT.....61
SURE COMFORT INS.		TAGRISSO	23	telmisartan.....61
SYR. U-100	114	TAKHYRO	140	telmisartan-amlodipine.....61
SURE COMFORT INSULIN SYRINGE	114	TALICIA	101	telmisartan-
SURE COMFORT PEN NEEDLE	114	TALTZ AUTOINJECTOR	68	<i>hydrochlorothiazid</i>.....61
SURE-FINE PEN NEEDLES	114	TALTZ SYRINGE	68	TEMIXYS.....5
SURE-JECT INSULIN SYRINGE	115	TALZENNA	23	TEMOVATE.....77
SUSTIVA	5	TAMIFLU	5	TENIVAC (PF).....106
SUTAB	98	<i>tamoxifen</i>	23	<i>tenofovir disoproxil fumarate</i>....5
SUTENT	22	tamsulosin	142	TENORETIC 100.....61
<i>syeda</i>	129	TAPAZOLE	83	TENORETIC 50.....61
SYMBICORT	140	TAPERDEX	82, 83	TENORMIN.....61
SYMBYAX	54	TARCEVA	23	TEPMETKO.....23
SYMDEKO	140	TARGADOX	15	terazosin.....61
SYMFI	5	TARGETIN	23	terbinafine hcl.....2
SYMFI LO	5	<i>tarina 24 fe</i>	129	terbutaline.....140
SYMJEPI	134	<i>tarina fe 1-20 eq (28)</i>	129	terconazole.....126
SYMLINPEN 120	89	TASIGNA	23	TERIPARATIDE.....121
SYMLINPEN 60	89	TASMAR	31	TERUMO INSULIN
SYMPAZAN	29	<i>tavaborole</i>	74	SYRINGE.....116
SYMPROIC	98	TAVALISSE	63	TESTIM.....92
SYMTUZA	5	<i>tazarotene</i>	72	<i>testosterone</i>.....92, 93
SYNALAR	77	TAZAROTENE	72	TESTOSTERONE.....92
SYNAREL	92	<i>tazicef</i>	7	<i>testosterone cypionate</i>.....92
SYNDROS	98	TAZORAC	72	<i>testosterone enanthate</i>.....92
SYNJARDY	89	<i>taztia xt</i>	61	TETANUS,DIPHTHERIA
		TAZVERIK	23	TOX PED(PF).....106
		TDVAX	106	tetrabenazine.....36
		TECFIDERA	36	tetracycline.....15
				TEXACORT.....77
				THALOMID.....23

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THEO-24	140	TOLVAPTAN	93	TRESIBA FLEXTOUCH	
<i>theophylline</i>	140	<i>tolvaptan</i>	93	U-200	90
<i>thinpro insulin syringe</i>	116	TOPAMAX	29	TRESIBA U-100 INSULIN	90
THINPRO INSULIN SYRINGE	116	TOPCARE CLICKFINE	116	<i>tretinoin (antineoplastic)</i>	23
THIOLA	80	TOPCARE ULTRA		<i>tretinoin microspheres</i>	72
THIOLA EC	80	COMFORT	116	<i>tretinoin topical</i>	72
<i>thioridazine</i>	54	TOPICORT	77	TREXALL	23
<i>thiothixene</i>	54	<i>topiramate</i>	29	TREXIMET	33
THYQUIDITY	93	TOPROL XL	61	TREZIX	40
<i>tiadylt er</i>	61	<i>toremifene</i>	23	<i>triamcinolone acetonide</i>	77, 81
<i>tiagabine</i>	29	<i>torsemide</i>	61	<i>triamterene</i>	61
TIAZAC	61	TOSYMRA	33	<i>triamterene-</i> <i>hydrochlorothiazid</i>	61
TIBSOVO	23	TOUJEON MAX U-300		<i>trianex</i>	77
<i>tigecycline</i>	11	SOLOSTAR	89	TRIBENZOR	61
TIGLUTIK	80	TOUJEON SOLOSTAR U- 300 INSULIN	89	TRICOR	65
TIKOSYN	57	<i>tovet emollient</i>	77	<i>triderm</i>	77
<i>tilia fe</i>	129	TOVIAZ	142	<i>trientine</i>	80
<i>timolol maleate</i>	61, 131	TPN ELECTROLYTES	144	<i>tri-estarrylla</i>	129
<i>timolol maleate (pf)</i>	131	TRACLEER	140	<i>trifluoperazine</i>	54
TIMOPTIC OCUDOSE (PF)	131	TRADJENTA	90	<i>trifluridine</i>	130
TIMOPTIC-XE	131	TRAMADOL	43	TRIJARDY XR	90
<i>tinidazole</i>	11	<i>tramadol</i>	43	TRIKAFTA	140
<i>tiopronin</i>	80	<i>tramadol-acetaminophen</i>	43	<i>tri-legest fe</i>	129
TIROSINT	93	<i>trandolapril</i>	61	TRILEPTAL	29
TIROSINT-SOL	94	<i>trandolapril-verapamil</i>	61	TRILIPIX	65
TIVICAY	5	<i>tranexamic acid</i>	126	<i>tri-lo-estarrylla</i>	129
TIVICAY PD	5	TRANSDERM-SCOP	98	<i>tri-lo-sprintec</i>	129
<i>tizanidine</i>	37	TRANXENE T-TAB	54	<i>trilyte with flavor packets</i>	98
TOBI	11	<i>tranylcypromine</i>	54	<i>trimethoprim</i>	16
TOBI PODHALER	11	<i>travasol 10 %</i>	145	<i>tri-mili</i>	129
TOBRADEX	133	TRAVATAN Z	132	<i>trimipramine</i>	54
TOBRADEX ST	133	<i>travoprost</i>	132	TRINTELLIX	54
<i>tobramycin</i>	11, 130	TRAZIMERA	23	<i>tri-nymyo</i>	129
<i>tobramycin in 0.225 % nacl</i>	11	<i>trazodone</i>	54	<i>tri-previfem (28)</i>	129
<i>tobramycin sulfate</i>	11	TRECATOR	11	<i>tri-sprintec (28)</i>	129
<i>tobramycin-dexamethasone</i> ..	133	TRELEGY ELLIPTA	140	TRIUMEQ	5
TOBREX	130	TRELSTAR	23	<i>trivora (28)</i>	129
<i>tolcapone</i>	31	TREMFYA	68	<i>tri-vylibra</i>	129
TOLSURA	2	<i>treprostinil sodium</i>	61	<i>tri-vylibra lo</i>	129
<i>tolterodine</i>	142	TRESIBA FLEXTOUCH		TRIZIVIR	5
		U-100	90	TROKENDI XR	29

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TROPHAMINE 10 %.....	145	ULTIGUARD	UNIFINE
<i>trospium</i>	142	SAFEPACK-PEN	SAFECONTROL.....
TRUE COMFORT		NEEDLE.....	120 <i>unithroid</i> 94
INSULIN SYRINGE.....	116	ULTILET INSULIN	UPTRAVI..... 61
TRUE COMFORT PEN		SYRINGE.....	UROCIT-K 10..... 142
NEEDLE.....	116	ULTILET PEN NEEDLE..	UROCIT-K 15..... 142
TRUEPLUS INSULIN		ULTRA CMFT INS SYR	UROCIT-K 5..... 142
.....	116, 117	(HALF UNIT).....	UROXATRAL..... 142
TRUEPLUS PEN NEEDLE		ULTRA COMFORT	URSO 250..... 98
.....	117	INSULIN SYRINGE.....	URSO FORTE..... 98
TRULANCE.....	98	ULTRA FLO INSUL	<i>ursodiol</i> 98
TRULICITY.....	90	SYR(HALF UNIT).....	VABOMERE..... 11
TRUMENBA.....	106	ULTRA FLO INSULIN	VAGIFEM..... 126
TRUSOPT.....	132	SYRINGE.....	<i>valacyclovir</i> 5
TRUVADA.....	5	ULTRA FLO PEN	VALCHLOR..... 69
TUDORZA PRESSAIR.....	141	NEEDLE.....	VALCYTE..... 5
TUKYSA.....	23	ULTRA THIN PEN	<i>valganciclovir</i> 5
TURALIO.....	23	NEEDLE.....	VALIUM..... 55
TWINRIX (PF).....	106	ULTRACARE INSULIN	<i>valproic acid</i> 29
TYBOST.....	5	SYRINGE.....	<i>valproic acid (as sodium salt)</i> 29
<i>tydemy</i>	129	ULTRACARE PEN	<i>valsartan</i> 61
TYGACIL.....	11	NEEDLE.....	<i>valsartan-hydrochlorothiazide</i> 61
TYKERB.....	23	ULTRACET.....	VALTOCO..... 29
TYMLOS.....	121	ULTRAM.....	VALTREX..... 6
TYPHIM VI.....	106	ULTRA-THIN II (SHORT)	VANCOCIN..... 11
UBRELVY.....	33	INS SYR.....	<i>vancomycin</i> 11, 12
UCERIS.....	98	ULTRA-THIN II (SHORT)	VANCOMYCIN..... 12
UDENYCA.....	104	PEN NDL.....	<i>vandazole</i> 126
UKONIQ.....	23	ULTRA-THIN II INS PEN	VANISHPOINT INSULIN
ULORIC.....	120	NEEDLES.....	SYRINGE..... 120
ULTICARE.....	117	ULTRA-THIN II INSULIN	VANISHPOINT SYRINGE
ULTICARE INSULIN		SYRINGE.....	..... 120
SYRINGE.....	117	ULTRAVATE.....	VANOS..... 78
ULTICARE INSULN		UNASYN.....	VAQTA (PF)..... 106
SYR(HALF UNIT).....	117	UNIFINE PEN NEEDLE..	VARIVAX (PF)..... 106
ULTICARE PEN NEEDLE		UNIFINE PENTIPS.....	VARIZIG..... 106
.....	117	UNIFINE PENTIPS	VARUBI..... 98
ULTICARE SAFETY PEN		MAXFLOW.....	VASCEPA..... 66
NEEDLE.....	117	UNIFINE PENTIPS PLUS	VASERETIC..... 61
ULTIGUARD		120	VASOTEC..... 61
SAFEPACK-INSULIN		UNIFINE PENTIPS PLUS	VECAMYL..... 66
SYR.....	117	MAXFLOW.....	VECTICAL..... 68

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<i>velivet triphasic regimen</i> (28)	129	VIREAD	6	XELPROS.....	132
VELPHORO.....	80	VITRAKVI.....	24	XENAZINE.....	36
VELTASSA.....	80	VIVELLE-DOT.....	126	XENLETA.....	12
VELTIN.....	72	VIVITROL.....	43	XEPI.....	72
VEMLIDY.....	6	VIVLODEX.....	44	XERESE.....	74
VENCLEXTA.....	23	VIZIMPRO.....	24	XERMELO.....	24
VENCLEXTA STARTING PACK.....	24	VOGELXO.....	93	XGEVA.....	16
<i>venlafaxine</i>	55	<i>voriconazole</i>	2	XHANCE.....	141
VENTAVIS.....	141	VOSEVI.....	6	XIFAXAN.....	12
VENTOLIN HFA.....	141	VOTRIENT.....	24	XIGDUO XR.....	90
<i>verapamil</i>	61	VRAYLAR.....	55	XiIDRA.....	131
VERDESO.....	78	VUMERITY.....	36	XOFLUZA.....	6
VEREGEN.....	70	<i>vyfemla</i> (28).....	129	XOLAIR.....	141
VERELAN.....	61	<i>vylibra</i>	129	XOLEGEL.....	74
VERELAN PM.....	61	VYNDAMAX.....	66	XOPENEX.....	141
VERQUVO.....	66	VYNDAQEL.....	66	XOPENEX.....	141
VERSACLOZ.....	55	VYTORIN 10-10.....	66	CONCENTRATE.....	141
VERZENIO.....	24	VYTORIN 10-20.....	66	XOPENEX HFA.....	141
VESICARE.....	142	VYTORIN 10-40.....	66	XOSPATA.....	24
VESICARE LS.....	142	VYTORIN 10-80.....	66	XPOVIO.....	24
<i>vestura</i> (28).....	129	VYVANSE.....	55	XTAMPZA ER.....	40
VFEND.....	2	VYZULTA.....	132	XTANDI.....	24
VFEND IV.....	2	WAKIX.....	55	<i>xulane</i>	126
V-GO 20.....	120	<i>warfarin</i>	63	XULTOPHY 100/3.6.....	90
V-GO 30.....	120	WELCHOL.....	66	XURIDEN.....	80
V-GO 40.....	120	WELLBUTRIN SR.....	55	XYOSTED.....	93
VIBERZI.....	98	WELLBUTRIN XL.....	55	XYREM.....	55
VIBRAMYCIN.....	15	<i>wixela inhub</i>	141	XYWAV.....	55
VICTOZA 3-PAK.....	90	<i>wymzya fe</i>	129	YASMIN (28).....	129
VIEKIRA PAK.....	6	XALATAN.....	132	YAZ (28).....	129
<i>vienna</i>	129	XALKORI.....	24	YF-VAX (PF).....	106
<i>vigabatrin</i>	29	XARELTO.....	63	YONSA.....	24
<i>vigadron</i> e.....	29	XARELTO DVT-PE		YUPELRI.....	141
VIGAMOX.....	130	TREAT 30D START.....	63	<i>yuvafem</i>	126
VIIBRYD.....	55	XATMEP.....	24	<i>zafemy</i>	126
VIMOVO.....	43	XCOPRI.....	30	<i>zafirlukast</i>	141
VIMPAT.....	30	XCOPRI MAINTENANCE PACK.....	30	<i>zaleplon</i>	55
VIOKACE.....	98	XCOPRI TITRATION PACK.....	30	ZANAFLEX.....	37
VIRACEPT.....	6	XELJANZ.....	124	<i>zarah</i>	129
VIRAMUNE.....	6	XELJANZ XR.....	124	ZARONTIN.....	30
VIRAMUNE XR.....	6			ZARXIO.....	104
				ZAVESCA.....	93

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ZEGERID	101	ZOLOFT	56
ZEJULA	24	<i>zolpidem</i>	56
ZELAPAR	31	ZOLPIMIST	56
ZELBORAF	24	ZOMACTON	104
ZEMAIRA	80	ZOMIG	33
ZEMBRACE SYMTOUCH	33	ZOMIG ZMT	33
ZEMDRI	12	ZONALON	70
ZEMPLAR	93	ZONEGRAN	30
<i>zenatane</i>	72	<i>zonisamide</i>	30
ZENPEP	98	ZONTIVITY	63
<i>zenzedi</i>	55	ZORBTIVE	104
ZENZEDI	55	ZORTRESS	24
ZEPATIER	6	ZORVOLEX	44
ZEPOSIA	36	ZOSYN IN DEXTROSE (ISO-OSM)	14
ZEPOSIA STARTER KIT	36	<i>zovia 1-35 (28)</i>	129
ZEPOSIA STARTER PACK	36	ZOVIRAX	6, 74
ZERBAXA	7	ZTLIDO	70
ZERVIASTE	131	ZUBSOLV	44
ZESTORETIC	61	ZUPLENZ	98
ZESTRIL	61	ZYCLARA	70
ZETIA	66	ZYDELIG	24
ZETONNA	141	ZYFLO	141
ZIAC	61	ZYKADIA	24
ZIAGEN	6	ZYLET	133
ZIANA	72	ZYLOPRIM	120
<i>zidovudine</i>	6	ZYMAXID	130
ZIEXTENZO	104	ZYPITAMAG	66
<i>zileuton</i>	141	ZYPREXA	56
ZILXI	72	ZYPREXA RELPREVV	56
ZIOPTAN (PF)	132	ZYPREXA ZYDIS	56
<i>ziprasidone hcl</i>	56	ZYTIGA	24
<i>ziprasidone mesylate</i>	56	ZYVOX	12
ZIPSOR	44		
ZIRABEV	24		
ZIRGAN	130		
ZITHROMAX	8		
ZITHROMAX TRI-PAK	8		
ZITHROMAX Z-PAK	8		
ZOCOR	66		
ZOLINZA	24		
<i>zolmitriptan</i>	33		

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