



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 08/23/2021. 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 23, 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.** 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

This drug list was updated in August 2021.

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 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 137. 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.

This drug list was updated in August 2021.

- 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 137.

This drug list was updated in August 2021.

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

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

Your Costs

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

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

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

Drug Tiers

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

If you qualify for Extra Help

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

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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	3	PA; MO
AMBISOME	4	PA; MO
<i>amphotericin b</i>	1	PA; MO
ANCOBON	4	MO
CANCIDAS	4	PA
<i>caspofungin intravenous recon soln 50 mg</i>	4	PA
<i>caspofungin intravenous recon soln 70 mg</i>	1	PA
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMDA ORAL	4	PA
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO
<i>fluconazole</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	4	MO
MYCAMINE	4	MO
NOXAFIL ORAL SUSPENSION	4	PA; MO; QL (630 per 30 days)
<i>NOXAFIL ORAL TABLET,DELAY ED RELEASE (DR/EC)</i>	4	PA; MO; QL (96 per 30 days)
<i>nystatin oral</i>	1	MO
ORAVIG	3	MO
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)

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
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral</i>	1	MO
TOLSURA	4	PA; MO; QL (120 per 30 days)
VFEND IV	3	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTI ON	4	PA; MO
VFEND ORAL TABLET 200 MG	3	PA; MO
VFEND ORAL TABLET 50 MG	4	PA; MO
<i>voriconazole intravenous</i>	4	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	4	PA; MO
<i>voriconazole oral tablet</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir- lamivudine- zidovudine</i>	4	MO
<i>acyclovir oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	4	MO
<i>atazanavir</i>	1	MO
ATRIPLA	4	MO
BARACLUDE	4	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMBIVIR	4	MO
COMPLERA	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
EDURANT	4	MO
<i>efavirenz</i>	1	MO
<i>efavirenz- emtricitabin-tenofov</i>	4	MO
<i>efavirenz-lamivu- tenofov disop</i>	4	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine- tenofovir (tdf)</i>	4	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL TABLET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPIVIR HBV	3	MO
EPZICOM	4	MO
EVOTAZ	4	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
GENVOYA	4	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days)
HEPSERA	4	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	4	MO
ISENTRESS HD	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	4	MO
KALETRA ORAL SOLUTION	4	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	4	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LEXIVA ORAL TABLET	4	MO
<i>lopinavir-ritonavir oral solution</i>	1	MO
MAVYRET	4	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	4	MO
<i>oseltamivir</i>	1	MO
PIFELTRO	4	MO
PREVYMIS ORAL	4	MO; QL (30 per 30 days)
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
RELENZA DISKHALER	3	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	4	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
SITAVIG	3	MO
SOFOSBUVIR-VELPATASVIR	4	PA; MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOVALDI ORAL PELLETS IN PACKET 150 MG	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	4	PA; MO; QL (28 per 28 days)
STRIBILD	4	MO
SUSTIVA ORAL CAPSULE 200 MG	4	MO
SUSTIVA ORAL CAPSULE 50 MG	3	MO
SUSTIVA ORAL TABLET	4	MO
SYMFI	4	MO
SYMFI LO	4	MO
SYMTUZA	4	MO
TAMIFLU	3	MO
TEMIXYS	4	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	2	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO
TIVICAY PD	4	MO
TRIUMEQ	4	MO
TRIZIVIR	4	MO

Drug Name	Drug Tier	Requirements/Limits
TRUVADA	4	MO
TYBOST	3	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
VALCYTE	4	MO
<i>valganciclovir oral recon soln</i>	4	MO
<i>valganciclovir oral tablet</i>	1	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEMLIDY	4	MO
VIEKIRA PAK	4	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	4	MO
VIRAMUNE ORAL SUSPENSION	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIREAD	4	MO

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI	4	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	2	MO
ZEPATIER	4	PA; MO; QL (28 per 28 days)
ZIAGEN	3	MO
<i>zidovudine</i>	1	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
AVYCAZ	4	PA; MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefpeme injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotetan injection</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>ceprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin</i>	1	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
<i>tazicef injection recon soln 1 gram, 2 gram</i>	1	PA
<i>tazicef injection recon soln 6 gram</i>	1	PA; MO
TEFLARO	4	PA; MO
ZERBAXA	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL (136 per 10 days)
DIFICID ORAL TABLET	4	MO; QL (20 per 10 days)
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	MO
ZITHROMAX INTRAVENOUS	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	MO; QL (12 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	PA; MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	1	PA; MO
CUBICIN	4	MO
DALVANCE	4	PA; MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
DARAPRIM	4	PA
EMVERM	4	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	QL (400 per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	3	MO
FLAGYL ORAL TABLET 500 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
HUMATIN	3	
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
IMPAVIDO	4	PA; MO
INVANZ INJECTION	3	PA; MO; QL (14 per 14 days)
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
KITABIS PAK	4	PA; MO; QL (280 per 28 days)
KRINTAFEL	3	MO
LAMPIT	3	
<i>linezolid in dextrose 5%</i>	1	PA
<i>linezolid oral suspension for reconstitution</i>	4	MO
<i>linezolid oral tablet</i>	1	MO
MALARONE	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate</i>	1	PA; MO
<i>praziquantel</i>	1	MO
PRETOMANID	3	PA
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	4	PA; MO
QUALAQUIN	3	MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	4	PA
SIVEXTRO ORAL	4	MO
SOLOSEC	3	MO
STREPTOMYCIN	2	PA; MO
STROMECTOL	3	MO
<i>tigecycline</i>	4	PA; MO
<i>tinidazole</i>	1	MO
TOBI	4	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	4	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection solution</i>	1	PA; MO
TRECATOR	3	MO
TYGACIL	4	PA; MO
VABOMERE	3	PA
VANCOCIN ORAL CAPSULE 125 MG	4	PA; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PA; MO; QL (80 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg, 750 mg</i>	1	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	3	PA; QL (28 per 14 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
<i>vancomycin oral recon soln</i>	1	MO; QL (450 per 10 days)
XENLETA INTRAVENOUS	4	
XENLETA ORAL	4	MO
XIFAXAN ORAL TABLET 200 MG	4	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
ZEMDRI	4	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL	4	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO

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ampicillin oral capsule 500 mg	1	MO	PENICILLIN G POT IN	3	PA
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	PA; MO	DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML		
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO	penicillin g potassium injection recon soln 20 million unit	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA	penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	PA; MO
BICILLIN C-R	2	PA; MO	penicillin g sodium	1	PA; MO
BICILLIN L-A	3	PA; MO	penicillin v potassium	1	MO
dicloxacillin	1	MO	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO	piperacillin-tazobactam intravenous recon soln 40.5 gram	1	
nafcillin injection recon soln 10 gram	4	PA	UNASYN INJECTION RECON SOLN 15 GRAM	3	PA
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	PA			
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	PA; MO			
oxacillin injection recon soln 1 gram, 10 gram	1	PA			
oxacillin injection recon soln 2 gram	1	PA; MO			

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UNASYN INJECTION RECON SOLN 3 GRAM	3	PA; MO
ZOSYN IN DEXTROSE (ISO- OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	3	
QUINOLONES		
BAXDELA INTRAVENOUS	4	PA
BAXDELA ORAL	4	MO
CIPRO ORAL SUSPENSION,MI CROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin hcl oral</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin- sod.chloride(iso)</i>	1	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole- trimethoprim oral</i>	1	MO
TETRACYCLIN ES		
ACTICLATE	3	ST; MO
<i>demeclacycline</i>	1	MO
DORYX MPC	3	ST; MO
DORYX ORAL TABLET,DELAY ED RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	MO

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<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	MO	SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	4	ST; MO	TARGADOX	3	ST; MO
<i>doxycycline monohydrate oral capsule</i>	1	MO	<i>tetracycline</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO	VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
<i>doxycycline monohydrate oral tablet</i>	1	MO	VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>minocycline oral capsule</i>	1	MO	VIBRAMYCIN ORAL SYRUP	2	MO
<i>minocycline oral tablet</i>	1	MO	URINARY TRACT AGENTS		
<i>minocycline oral tablet extended release 24 hr</i>	1	MO	<i>fosfomycin tromethamine</i>	1	MO
MINOLIRA ER	3	ST; MO	HIPREX	3	MO
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	MO	MACROBID	3	MO
NUZYRA INTRAVENOUS	4	PA	MACRODANTIN	3	MO
NUZYRA ORAL	4	ST; MO	<i>methenamine hippurate</i>	1	MO
ORACEA	3	ST; MO	MONUROL	3	MO
SEYSARA	4	ST; MO	<i>nitrofurantoin</i>	1	MO
			<i>nitrofurantoin macrocrystal</i>	1	MO

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<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	MO
MESNEX ORAL	4	MO
XGEVA	4	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
AFINITOR	4	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	4	PA; MO
ALECENSA	4	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 30 days)
<i>anastrozole</i>	1	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ASTAGRAF XL	3	PA; MO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; LA; QL (30 per 30 days)
AZASAN	3	PA; MO
<i>azathioprine</i>	1	PA; MO
BALVERSA	4	PA; LA
<i>bexarotene</i>	4	PA; MO
<i>bicalutamide</i>	1	MO
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	4	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT ORAL CAPSULE	3	PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
CELLCEPT ORAL TABLET	4	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA	4	PA; LA; QL (60 per 30 days)
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	1	PA; MO
CYCLOPHOSPH AMIDE ORAL TABLET	2	PA; MO
<i>cyclosporine modified oral capsule</i>	1	PA; MO
<i>cyclosporine modified oral solution</i>	1	PA
<i>cyclosporine oral capsule</i>	1	PA; MO
DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
DROXIA	2	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
EMCYT	4	MO
ENSPRYNG	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR	3	PA; MO
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERLEADA	4	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet</i> <i>100 mg, 150 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet</i> <i>25 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>everolimus</i> <i>(antineoplastic)</i>	4	PA; MO; QL (30 per 30 days)
<i>everolimus</i> <i>(immunosuppressive</i> <i>)</i>	4	PA; MO
<i>exemestane</i>	1	MO
FARESTON	4	MO
FARYDAK	4	PA; MO; QL (6 per 21 days)
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO
<i>flutamide</i>	1	MO
FOTIVDA	4	PA; LA; QL (21 per 28 days)
GAVRETO	4	PA; MO; LA; QL (120 per 30 days)
<i>genraf</i>	1	PA; MO
GILOTrif	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days)
ICLUSIG	4	PA; QL (30 per 30 days)
IDHIFA	4	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>imatinib oral tablet</i> 100 mg	4	PA; MO; QL (180 per 30 days)	KISQALI FEMARA CO- PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days)
<i>imatinib oral tablet</i> 400 mg	4	PA; MO; QL (60 per 30 days)	KISQALI FEMARA CO- PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days)
IMBRUVIDA ORAL CAPSULE 140 MG	4	PA; QL (120 per 30 days)	KISQALI FEMARA CO- PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days)
IMBRUVIDA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days)	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (21 per 28 days)
IMBRUVIDA ORAL TABLET	4	PA; QL (30 per 30 days)	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; MO; QL (42 per 28 days)
IMURAN	3	PA; MO	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; MO; QL (63 per 28 days)
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)	KLISYRI	4	MO
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)	KOSELUGO	4	PA
INQOVI	4	PA; MO; QL (5 per 28 days)	<i>lapatinib</i>	4	PA; MO; QL (180 per 30 days)
INREBIC	4	PA; MO; LA; QL (120 per 30 days)	LENVIMA	4	PA; MO
IRESSA	4	PA; MO; QL (30 per 30 days)	<i>letrozole</i>	1	MO
JAKAFI	4	PA; MO; QL (60 per 30 days)			
KANJINTI	4	PA; MO			

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Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LONSURF	4	PA; MO
LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days)
LUPKYNIS	4	PA; LA
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LYNPARZA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
LYSODREN	2	
MATULANE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MEKINIST	4	PA; MO;
ORAL TABLET 2 MG		QL (30 per 30 days)
MEKTOVI	4	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	PA; MO
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO
MVASI	4	PA; MO
MYCAPSSA	4	PA; LA
<i>mycophenolate mofetil oral capsule</i>	1	PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NERLYNX	4	PA; MO; LA
NEXAVAR	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON	4	PA; MO
<i>nilutamide</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NINLARO	4	PA; MO; QL (3 per 28 days)	PROGRAF ORAL GRANULES IN PACKET	3	PA; MO
NUBEQA	4	PA; MO; LA; QL (120 per 30 days)	PURIXAN	4	
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA; MO	QINLOCK	4	PA; LA; QL (90 per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO	RAPAMUNE ORAL SOLUTION	4	PA; MO
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)	RAPAMUNE ORAL TABLET 0.5 MG	3	PA; MO
ONUREG	4	PA; MO; QL (14 per 14 days)	RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	PA; MO
ORGOVYX	4	PA; LA; QL (30 per 30 days)	RETEVMO ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (180 per 30 days)
PEMAZYRE	4	PA; LA; QL (14 per 21 days)	RETEVMO ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (120 per 30 days)
PIQRAY	4	PA; MO	REVIMID	4	PA; MO; LA; QL (28 per 28 days)
POMALYST	4	PA; MO; LA	ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO	ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
PROGRAF ORAL CAPSULE 5 MG	4	PA; MO	RUBRACA	4	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUXIENCE	4	PA; MO
RYDAPT	4	PA; MO
SANDIMMUNE ORAL	3	PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	4	PA; MO
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	PA; MO
SIGNIFOR	4	PA
SIKLOS ORAL TABLET 1,000 MG	4	MO
SIKLOS ORAL TABLET 100 MG	3	MO
<i>sirolimus oral solution</i>	4	PA; MO
<i>sirolimus oral tablet</i>	1	PA; MO
SOLTAMOX	4	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
SUTENT	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO	4	PA
TABLOID	3	MO
TABRECTA	4	PA; MO
<i>tacrolimus oral</i>	1	PA; MO
TAFINLAR	4	PA; MO; QL (120 per 30 days)
TAGRISSO	4	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	4	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
TARGETIN	4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
TAZVERIK	4	PA; LA
TEPMETKO	4	PA; LA
THALOMID	4	PA; MO
TIBSOVO	4	PA
<i>toremifene</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
TRAZIMERA	4	PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	4	MO
TREXALL	3	PA; MO
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 per 30 days)
TURALIO	4	PA; LA; QL (120 per 30 days)
TYKERB	4	PA; MO; LA; QL (180 per 30 days)
UKONIQ	4	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)
YONSA	4	PA; MO; QL (120 per 30 days)
ZEJULA	4	PA; LA; QL (90 per 30 days)
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZIRABEV	4	PA; MO
ZOLINZA	4	PA; MO
ZORTRESS	4	PA; MO
ZYDELIG	4	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	4	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL	4	PA; MO
BRIVIACT INTRAVENOUS	3	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT	4	PA; LA
DIASTAT	3	MO
DIASTAT ACUDIAL	3	MO
<i>diazepam rectal</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
DILANTIN 30 MG	2	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	4	PA; MO; LA
<i>epitol</i>	1	MO
EQUETRO	3	MO
<i>ethosuximide</i>	1	MO
<i>felbamate oral suspension</i>	4	MO
<i>felbamate oral tablet</i>	1	MO
FELBATOL	4	MO
FINTEPLA	4	PA; LA; QL (360 per 30 days)
<i>FYCOMPA ORAL SUSPENSION</i>	4	MO; QL (720 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	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>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GABITRIL	3	MO
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	3	MO

Drug Name	Drug Tier	Requirements/Limits
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	1	MO	LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
lamotrigine oral tablet extended release 24hr	1	MO	LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
lamotrigine oral tablet, chewable dispersible	1	MO	LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
lamotrigine oral tablet,disintegrating	1	MO	MYSOLINE	4	MO
lamotrigine oral tablets,dose pack	1	MO	NAYZILAM	4	PA; MO; QL (10 per 30 days)
levetiracetam oral solution 100 mg/ml	1	MO	NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
levetiracetam oral tablet	1	MO	NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
levetiracetam oral tablet extended release 24 hr	1	MO	NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)	NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)	NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
			ONFI ORAL SUSPENSION	4	PA; MO; QL (480 per 30 days)
			ONFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)

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<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>primidone</i>	1	MO
QUDEXY XR	3	PA; MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide</i>	4	PA; MO
SABRIL	4	MO; LA
SPRITAM	3	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
<i>tiagabine</i>	1	MO
TOPAMAX	3	PA; MO
<i>topiramate</i>	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR ORAL CAPSULE, EXTE NDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE, EXTE NDED RELEASE 24HR 200 MG	4	PA; MO
<i>valproic acid</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
VALTOCO	4	PA; MO; QL (10 per 30 days)
vigabatrin	4	MO; LA
vigadroner	4	LA
VIMPAT INTRAVENOUS	2	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	2	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK	4	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	3	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	3	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK	3	MO; QL (56 per 28 days)
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
zonisamide	1	PA; MO
ANTIPARKINS ONISM AGENTS		
APOKYN	4	PA; MO; LA; QL (90 per 30 days)
AZILECT	3	MO
<i>benztropine oral</i>	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
COMTAN	3	MO
DUOPA	4	PA; MO
entacapone	1	MO
GOCOVRI ORAL CAPSULE, EXTE NDED RELEASE 24HR 137 MG	4	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTE NDED RELEASE 24HR 68.5 MG	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; MO; QL (150 per 30 days)
LODOSYN	3	MO
MIRAPEX ER	3	MO
NEUPRO	3	MO
NOURIANZ	4	PA; MO; LA; QL (30 per 30 days)
ONGENTYS	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	3	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	3	PA; QL (60 per 30 days)
PARLODEL	3	MO
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
RYTARY	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	4	PA; MO
<i>tolcapone</i>	4	PA
ZELAPAR	4	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	2	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	2	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	MO; QL (18 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CAFERGOT	3	MO
dihydroergotamine nasal	4	QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; MO; QL (3 per 30 days)
ergotamine-caffeine	1	MO
FROVA	3	MO; QL (27 per 28 days)
frovatriptan	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINT EGRATING 10 MG	3	MO; QL (36 per 28 days)
migergot	1	MO
MIGRANAL	4	QL (8 per 28 days)
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
RELPAX	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)
TOSYMRA	3	MO; QL (24 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	3	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
UBRELVY	2	PA; QL (20 per 30 days)
ZEMBRACE SYMTOUCH	4	MO; QL (8 per 28 days)
<i>zolmitriptan oral</i>	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	4	PA; MO; LA; QL (60 per 30 days)
ARICEPT	3	MO
AUBAGIO	4	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; LA; QL (60 per 30 days)
BAFIERTAM	4	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)	<i>glatiramer</i> <i>subcutaneous</i> <i>syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)	<i>glatiramer</i> <i>subcutaneous</i> <i>syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days)
<i>dalfampridine</i>	4	PA; MO; QL (60 per 30 days)	<i>glatopa</i> <i>subcutaneous</i> <i>syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg</i>	4	PA; MO; QL (14 per 30 days)	<i>glatopa</i> <i>subcutaneous</i> <i>syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days)	HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 240 mg</i>	4	PA; MO; QL (60 per 30 days)	HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
<i>donepezil</i>	1	MO	INGREZZA	4	PA; LA; QL (30 per 30 days)
EVRYSDI	4	PA; MO; LA; QL (240 per 30 days)	INGREZZA INITIATION PACK	4	PA; LA; QL (28 per 28 days)
EXELON PATCH	3	MO	KESIMPTA PEN	4	PA; MO; QL (1.6 per 28 days)
FIRDAPSE	4	PA; LA	KEVEYIS	4	PA
<i>galantamine</i>	1	MO	MAVENCLAD (10 TABLET PACK)	4	PA; MO; LA; QL (10 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (4 TABLET PACK)	4	PA; MO; LA; QL (4 per 28 days)
MAVENCLAD (5 TABLET PACK)	4	PA; MO; LA; QL (5 per 28 days)
MAVENCLAD (6 TABLET PACK)	4	PA; MO; LA; QL (6 per 28 days)
MAVENCLAD (7 TABLET PACK)	4	PA; MO; LA; QL (7 per 28 days)
MAVENCLAD (8 TABLET PACK)	4	PA; MO; LA; QL (8 per 28 days)
MAVENCLAD (9 TABLET PACK)	4	PA; MO; LA; QL (9 per 28 days)
MAYZENT ORAL TABLET 0.25 MG	4	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
MAYZENT STARTER PACK	4	PA; MO; QL (12 per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	4	PA; MO
PONVORY	4	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	4	PA; MO; QL (14 per 180 days)
RAZADYNE ER	3	MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
RUZURGI	4	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; MO; LA; QL (14 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELA YED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELA YED RELEASE(DR/EC) 240 MG	4	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	4	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)
VUMERITY	4	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT	4	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	4	PA; MO; QL (7 per 30 days)
MUSCLE RELAXANTS / ANTISPASMOD IC THERAPY		
<i>baclofen oral</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
<i>dantrolene oral</i>	1	MO
FEXMID	3	PA
MESTINON ORAL	4	MO
MESTINON TIMESPAN	4	MO
<i>pyridostigmine bromide oral syrup</i>	4	MO
PYRIDOSTIGMI NE BROMIDE ORAL TABLET 30 MG	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>tizanidine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	1	MO; QL (300 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
ACTIQ	4	PA; MO; QL (120 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
codeine sulfate	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	4	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	4	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr	1	PA; MO; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 87.5 mcg/hour	4	PA; MO; QL (10 per 30 days)
FENTORA	4	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate, oral only, er 12hr	1	PA; MO; QL (90 per 30 days)	hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
hydrocodone bitartrate, oral only, ext.rel.24 hr 100 mg, 120 mg	4	PA; MO; QL (60 per 30 days)	HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 100 MG, 120 MG, 80 MG	4	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	1	PA; MO; QL (60 per 30 days)	HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)	LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY	4	PA; QL (45 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)	LAZANDA NASAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	4	PA; MO; QL (30 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)	levorphanol tartrate	4	MO; QL (120 per 30 days)
hydrocodone-ibuprofen	1	MO; QL (50 per 30 days)	methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	QL (240 per 30 days)	methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)	methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)	<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)	<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)	<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>morphine oral capsule, extend.release pellets</i>	1	PA; MO; QL (90 per 30 days)	<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)	<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)	OXYCODONE, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; QL (90 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)	OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG	4	PA; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; MO; QL (120 per 30 days)	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)	OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXAYDO	4	MO; QL (360 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)
PERCOSET	3	MO; QL (360 per 30 days)
<i>prolate oral tablet</i>	1	QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)
SUBSYS	4	PA; MO; QL (120 per 30 days)
TREZIX	3	MO; QL (300 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DUEXIS	3	ST; MO
<i>etodolac</i>	1	MO
FELDENE	3	ST; MO
FENOPROFEN ORAL CAPSULE 400 MG	3	ST; MO
<i>fenoprofen oral tablet</i>	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
INDOCIN RECTAL	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
KETOROLAC NASAL	3	ST
KLOXXADO	2	
LICART	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
LUCEMYRA	4	PA; MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized oral capsule 10 mg</i>	1	MO
<i>meloxicam submicronized oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG	3	ST; MO
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
nabumetone	1	MO
NALFON ORAL CAPSULE 400 MG	3	ST; MO
NALFON ORAL TABLET	3	ST; MO
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naltrexone	1	MO
NAPRELAN CR	3	ST; MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet, delayed release (dr/ec) 375 mg	1	MO
naproxen oral tablet, delayed release (dr/ec) 500 mg	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg	1	MO
naproxen-esomeprazole	4	MO
NARCAN	2	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
oxaprozin	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; MO; QL (224 per 28 days)
piroxicam	1	MO
RELAFEN DS	4	ST; MO
SPRIX	4	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
sulindac	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
VIMOVO	4	ST; MO
VIVITROL	4	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
ZIPSOR	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
ZORVOLEX	3	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	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO; QL (1 per 28 days)
ABILIFY MYCITE	4	QL (30 per 30 days)
ABILIFY ORAL TABLET	4	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	ST; MO
ADZENYS ER	3	ST; MO
ADZENYS XR-ODT	3	ST; MO
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline</i>	1	MO	ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 662 MG/2.4 ML	4	MO; QL (2.4 per 28 days)
<i>amoxapine</i>	1	MO	ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 882 MG/3.2 ML	4	MO; QL (3.2 per 28 days)
AMPHETAMINE	3	ST			
<i>amphetamine sulfate</i>	1	PA; MO			
ANAFRANIL	3	MO			
APLENZIN	3	MO; QL (30 per 30 days)	armodafnil	1	PA; MO; QL (30 per 30 days)
APTENSIO XR	3	ST; MO	asenapine maleate	1	MO; QL (60 per 30 days)
<i>aripiprazole oral solution</i>	1	MO	ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)	ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)	<i>atomoxetine oral capsule</i> 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
ARISTADA INITIO	4	MO; QL (4.8 per 365 days)	<i>atomoxetine oral capsule</i> 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 1,064 MG/3.9 ML	4	MO; QL (3.9 per 56 days)	BELSOMRA	3	MO; QL (30 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 441 MG/1.6 ML	4	MO; QL (1.6 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits
BRISDELLE	3	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>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO
CAPLYTA	4	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>chlorpromazine oral tablet</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG	4	
CLOZARIL ORAL TABLET 25 MG, 50 MG	3	
CONCERTA	3	ST; MO
COTEMPLA XR-ODT	3	ST; MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	ST; MO
DAYVIGO	3	MO; QL (30 per 30 days)
<i>desipramine</i>	1	MO
DESOXYN	3	PA; MO

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DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)	DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)	DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)	<i>duloxetine oral capsule, delayed release(dr/lec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
DEXEDRINE SPANSULE	3	ST; MO	<i>duloxetine oral capsule, delayed release(dr/lec) 40 mg</i>	1	MO; QL (90 per 30 days)
<i>dexamphetamine</i>	1	MO	DYANAVEL XR	3	ST; MO
<i>dextroamphetamine</i>	1	MO	EFFEXOR XR	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine</i>	1	MO	EFFEXOR XR	3	MO; QL (90 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; MO; QL (240 per 30 days)	EMSAM	4	MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)	<i>ergoloid</i>	1	MO
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)	<i>escitalopram oxalate oral solution</i>	1	MO
<i>doxepin oral capsule</i>	1	MO			
<i>doxepin oral concentrate</i>	1	MO			
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)			

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR	3	MO	INVEGA ORAL TABLET EXTENDED RELEASE 24HR	4	MO; QL (30 per 30 days)
GEODON ORAL CAPSULE 20 MG	3	MO; QL (60 per 30 days)	1.5 MG, 3 MG, 9 MG		
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	MO; QL (60 per 30 days)	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	MO; QL (60 per 30 days)
HALDOL	3	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
HALDOL DECANOATE	3	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
<i>haloperidol</i>	1	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	1		INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	1		INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
<i>haloperidol lactate injection</i>	1	MO			
<i>haloperidol lactate oral</i>	1	MO			
HETLIOZ	4	PA; MO; QL (30 per 30 days)			
HETLIOZ LQ	4	PA; MO; QL (158 per 30 days)			
<i>imipramine hcl</i>	1	MO			
<i>imipramine pamoate</i>	1	MO			

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; QL (2.63 per 90 days)
JORNAY PM	3	ST; MO
KAPVAY	3	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
LITHOBID	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
LUNESTA	3	MO; QL (30 per 30 days)
MARPLAN	3	MO
<i>methamphetamine</i>	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST; MO
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone</i>	1	MO
MYDAYIS	3	ST; MO
NARDIL	3	MO
<i>nefazodone</i>	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
<i>nortriptyline</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine mesylate(menop.sy m)</i>	1	MO; QL (30 per 30 days)	PROZAC ORAL CAPSULE 10 MG, 20 MG	3	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)	PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO	QELBREE ORAL CAPSULE,EXTE NDDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; QL (30 per 30 days)
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)	QELBREE ORAL CAPSULE,EXTE NDDED RELEASE 24HR 200 MG	3	ST; MO; QL (60 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)	<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>perphenazine</i>	1	MO	<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
PERSERIS	4	MO; QL (1 per 30 days)	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)	<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)	QUILLICHEW ER	3	ST; MO
<i>phenelzine</i>	1	MO	QUILLIVANT XR	3	ST; MO
<i>pimozide</i>	1	MO	ramelteon	1	MO; QL (30 per 30 days)
PRISTIQ	3	MO; QL (30 per 30 days)	RELEXXII	3	ST; MO
<i>procentra</i>	1	MO			
<i>protriptyline</i>	1	MO			
PROVIGIL ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)			
PROVIGIL ORAL TABLET 200 MG	4	PA; MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	ST; MO
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	3	MO; QL (60 per 30 days)
SECUADO	4	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	MO; QL (30 per 30 days)
SUNOSI	3	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO
<i>thioridazine</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene</i>	1	MO
TRANXENE T-TAB	3	PA; MO; QL (360 per 30 days)
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
VERSACLOZ	4	
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 30 days)

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VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)	<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)	ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
VYVANSE	3	ST; MO	<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
WAKIX	4	PA; MO; LA; QL (60 per 30 days)	<i>ziprasidone mesylate</i>	1	
WELLBUTRIN SR	3	MO; QL (60 per 30 days)	ZOLOFT ORAL CONCENTRATE	3	MO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)	ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)	ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
XYREM	4	PA; LA; QL (540 per 30 days)	<i>zolpidem oral</i>	1	MO; QL (30 per 30 days)
XYWAV	4	PA; LA; QL (540 per 30 days)	ZOLPIMIST	3	MO; QL (7.7 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)	ZYPREXA INTRAMUSCULAR	3	MO
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)	ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO; QL (30 per 30 days)
			ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)
ZYPREXA ZYDIS ORAL TABLET, DISINT EGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET, DISINT EGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	1	
amiodarone oral tablet 200 mg	1	MO
BETAPACE AF	3	MO
dofetilide	1	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO

Drug Name	Drug Tier	Requirements/Limits
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
propafenone	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL SR	3	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af	1	
sotalol oral	1	MO
SOTYLIZE	3	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
aliskiren	1	MO
ALTACE	3	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO

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Drug Name	Drug Tier	Requirements/Limits
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hctiazid	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	3	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
betaxolol oral	1	MO
BIDIL	2	MO; QL (180 per 30 days)
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	2	MO
CALAN SR	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO

Drug Name	Drug Tier	Requirements/Limits
captopril	1	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CAROSPIR	3	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	1	
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO
COREG	3	MO
COREG CR	3	MO
CORGARD	3	MO
COZAAR	3	ST; MO
DEMSER	4	PA; MO
DIBENZYLINE	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	1	
dilt-xr	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DUTOPROL	3	MO
DYRENIUM	3	MO
EDARBI	2	MO
EDARBYCLOR	2	MO
EDECRIN	4	MO
enalapril maleate	1	MO

Drug Name	Drug Tier	Requirements/Limits
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
ethacrynic acid	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine oral	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; MO
indapamide	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
KAPSPARGO SPRINKLE	3	MO
KATERZIA	3	MO
labetalol oral	1	MO
LASIX	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR ORAL	3	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
<i>matzim la</i>	1	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tar-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	4	PA; MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS	3	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
NORVASC	3	MO
NYMALIZE ORAL SYRINGE 60 MG/10 ML	4	
<i>olmesartan</i>	1	MO
<i>olmesartanamlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	4	PA; MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PRINIVIL ORAL TABLET 20 MG	3	MO
PROCARDIA XL	3	MO
<i>propranolol oral</i>	1	MO
QBRELIS	3	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
<i>taztia xt</i>	1	MO
TEKTURN A	3	MO
TEKTURN A HCT	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	1	MO
TIAZAC	3	MO
<i>timolol maleate oral</i>	1	MO
TOPROL XL	3	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	4	PA; MO; LA
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR	3	ST; MO
UPTRAVI	4	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
<i>verapamil oral</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	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>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO

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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	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>jantoven</i>	1	MO
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
MULPLETA	4	PA; MO
<i>pentoxifylline</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA	3	PA; MO
<i>prasugrel</i>	1	MO
PROMACTA	4	PA; MO; LA
SAVAYSA	3	PA; MO
TAVALISSE	4	PA; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO
XARELTO	2	MO
XARELTO DVT-PE TREAT 30D START	2	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	4	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	3	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam</i>	1	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
<i>colestipol oral packet</i>	1	MO
<i>colestipol oral tablet</i>	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; MO; QL (30 per 30 days)
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO
FENOGLIDE	3	MO
FLOLIPID	3	ST; MO; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; MO; LA
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LIVALO	2	MO; QL (30 per 30 days)
LOPID	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO
<i>omega-3 acid ethyl esters</i>	1	MO
PRALUENT PEN	3	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder in packet</i>	1	MO
QUESTRAN LIGHT	3	MO
QUESTRAN ORAL POWDER	3	MO
REPATHA	2	PA; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
REPATHA	2	PA; QL (3.5 per 28 days)
PUSHTRONEX		
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
ROSZET	3	ST; MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRILIPIX	3	MO
VASCEPA ORAL CAPSULE 0.5 GRAM	2	ST; MO
VASCEPA ORAL CAPSULE 1 GRAM	3	ST; MO
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin oral</i>	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	MO
RANEXA	3	MO
<i>ranolazine</i>	1	MO
VECAMYL	4	

Drug Name	Drug Tier	Requirements/Limits
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	4	PA; MO
VYNDAQEL	4	PA; MO
NITRATES		
GONITRO	3	MO
ISORDIL	4	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
MINITRAN	3	MO
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO
NITROLINGUAL	3	MO
NITROSTAT	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATICS / ANTISEBORRH EICS		
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	1	
COSENTYX (2 SYRINGES)	4	PA; MO; QL (10 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; QL (2.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
DOVONEX TOPICAL	3	MO; QL (120 per 30 days)
ENSTILAR	4	MO; QL (400 per 30 days)
ILUMYA	4	PA; MO; QL (2 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	4	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	4	MO
SORILUX	3	MO; QL (120 per 30 days)
STELARA INTRAVENOUS	4	PA; MO; QL (104 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)

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STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)	DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)	DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
TACLONEX	4	MO; QL (400 per 30 days)	DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
TALTZ AUTOINJECTOR	4	PA; MO; QL (1 per 28 days)	EFUDEX TOPICAL CREAM	3	MO
TALTZ SYRINGE	4	PA; MO; QL (1 per 28 days)	ELIDEL	3	PA; MO; QL (100 per 30 days)
TREMFYA	4	PA; MO; QL (2 per 28 days)	EUCRISA	3	PA; MO; QL (120 per 30 days)
VECTICAL	3		FLUOROPLEX	3	MO
MISCELLANEOUS DERMATOLOGICALS			FLUOROURACIL TOPICAL CREAM 0.5 %	4	MO
ALDARA	3	MO	<i>fluorouracil topical cream 5 %</i>	1	MO
<i>ammonium lactate</i>	1	MO	<i>fluorouracil topical solution</i>	1	MO
CARAC	4	MO	<i>imiquimod topical cream in packet 3.75 %</i>	4	MO
CONDYLOX TOPICAL GEL	3	MO	<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)			
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
LIDODERM	3	PA; MO; QL (90 per 30 days)
<i>methoxsalen</i>	4	MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	PA; QL (30 per 30 days)
<i>podofilox</i>	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)
<i>prodoxin</i>	1	MO; QL (45 per 30 days)
QBREXZA	3	MO
REGRANEX	4	MO
SANTYL	2	MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
VALCHLOR	4	PA; MO
VEREGEN	3	MO; QL (30 per 30 days)
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	4	MO
ZYCLARA TOPICAL CREAM IN PACKET	4	MO
THERAPY FOR ACNE		
ABSORICA	4	
ABSORICA LD	4	
ACANYA TOPICAL GEL WITH PUMP	3	MO
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	1	
ACZONE	3	MO

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adapalene topical cream	1	PA; MO	<i>clindamycin phosphate topical foam</i>	1	QL (100 per 30 days)
adapalene topical gel	1	PA; MO	<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
adapalene topical solution	1	PA	<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
adapalene topical swab	1	PA	<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
adapalene-benzoyl peroxide	1	PA; MO	<i>clindamycin phosphate topical swab</i>	1	MO; QL (60 per 30 days)
AKLIEF	3	PA; MO	<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
ALTRENO	3	PA; MO	<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	1	MO
amnesteem	1		<i>clindamycin-tretinoin</i>	1	PA; MO
AMZEEQ	3	MO	<i>dapsone topical gel</i>	1	MO
ARAZLO	3	PA; MO	DAPSONE TOPICAL GEL WITH PUMP	3	MO
ATRALIN	3	PA; MO	DIFFERIN TOPICAL CREAM	3	PA; MO
avita topical cream	1	PA; MO	DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
AVITA TOPICAL GEL	3	PA; MO	DIFFERIN TOPICAL LOTION	3	PA; MO
azelaic acid	1	MO	EPIDUO FORTE	3	PA; MO
AZELEX	3	MO			
BENZACLIN PUMP	3	MO			
BENZAMYCIN	3	MO			
claravis	1				
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)			
<i>clindacin p</i>	1	MO; QL (69 per 30 days)			
CLINDAGEL	4	MO; QL (150 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPIDUO TOPICAL GEL WITH PUMP	3	PA	ONEXTON TOPICAL GEL WITH PUMP	3	MO
<i>ery pads</i>	1	MO	RETIN-A	3	PA; MO
<i>erygel</i>	1	MO	RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
<i>erythromycin with ethanol topical gel</i>	1	MO	RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
<i>erythromycin with ethanol topical solution</i>	1	MO	RHOFADE	3	PA; MO
<i>erythromycin- benzoyl peroxide</i>	1	MO	SOOLANTRA	3	ST; MO
EVOCLIN	3	QL (100 per 30 days)	<i>tazarotene topical cream</i>	1	PA; MO
FABIOR	3	PA; MO	TAZAROTENE TOPICAL FOAM	3	PA
FINACEA	3	ST; MO	TAZORAC	3	PA; MO
<i>isotretinoin</i>	1		<i>tretinoin</i> <i>microspheres topical gel</i>	1	PA; MO
METROCREAM	3	ST; MO	<i>tretinoin topical</i>	1	PA; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO	VELTIN	3	PA
METROLOTION	3	ST	<i>zenatane</i>	1	
<i>metronidazole topical cream</i>	1	MO	ZIANA	3	PA
<i>metronidazole topical gel</i>	1	MO	ZILXI	3	ST; MO
<i>metronidazole topical lotion</i>	1	MO	TOPICAL ANTIBACTERIA LS		
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO	ALTABAX	3	MO; QL (30 per 30 days)
<i>myorisan</i>	1		<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
<i>neuac</i>	1	MO			
NORITATE	4	ST; MO			

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Drug Name	Drug Tier	Requirements/Limits
KLARON	3	MO
<i>mafénide acetate</i>	1	MO
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLYON TOPICAL CREAM	2	MO
SULFAMYLYON TOPICAL PACKET	4	MO
XEPI	3	QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
ERTACZO	3	MO; QL (60 per 28 days)
EXTINA	3	QL (100 per 28 days)
JUBLIA	3	MO
KERYDIN	3	MO
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	1	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MENTAX	3	MO; QL (30 per 28 days)
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i>	1	MO; QL (180 per 30 days)
<i>oxiconazole</i>	1	MO; QL (60 per 28 days)
OXISTAT	3	MO; QL (60 per 28 days)
<i>tavaborole</i>	1	MO
XOLEGEL	3	MO; QL (45 per 28 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	4	MO; QL (5 per 30 days)
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	4	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	4	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1%</i>	1	MO

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ala-cort topical cream 2.5 %	1	
ALA-SCALP	3	MO
alclometasone	1	MO
amcinonide topical cream	1	MO
amcinonide topical lotion	1	MO
apexicon e	1	MO; QL (120 per 30 days)
beser	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
BRYHALI	3	MO
CAPEX	3	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	1	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	MO; QL (125 per 28 days)
CLOCORTOLON E PIVALATE	3	MO
clodan	1	MO; QL (236 per 28 days)
CLODERM	3	MO
CORDRAN TAPE LARGE ROLL	3	MO
CORDRAN TOPICAL CREAM	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CORDRAN TOPICAL LOTION	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL OINTMENT	3	MO; QL (120 per 30 days)
CUTIVATE TOPICAL LOTION	3	MO
DERMA-SMOOTH/E/FS SCALP OIL	3	MO
DESONATE	3	MO
<i>desonide</i>	1	MO
DESOWEN TOPICAL CREAM	3	
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	MO
DUOBRII	3	MO; QL (200 per 30 days)
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinolone topical cream</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO
<i>fluocinolone topical solution</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)
<i>flurandrenolide</i>	1	MO; QL (120 per 30 days)
<i>fluticasone propionate topical</i>	1	MO
<i>halcinonide</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
<i>halobetasol propionate topical ointment</i>	1	MO
HALOG	3	MO
<i>hydrocortisone butyrate topical cream</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	1	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1%</i>	1	MO

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hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
IMPEKLO	3	MO; QL (136 per 28 days)
KENALOG TOPICAL	3	MO; QL (126 per 28 days)
LEXETTE	3	MO
LOCOID LIPOCREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
LUXIQ	3	MO
mometasone topical nolix	1	MO
nolix	1	MO; QL (120 per 30 days)
OLUX	3	MO; QL (100 per 28 days)
OLUX-E	3	MO; QL (100 per 28 days)
PANDEL	3	MO
prednicarbate topical ointment	1	MO
PSORCON	3	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNALAR TOPICAL CREAM	3	MO
TEMOVATE TOPICAL CREAM	3	MO; QL (120 per 28 days)
TEXACORT	3	MO
TOPICORT	3	MO
<i>tovet emollient</i>	1	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment</i>	1	MO
trianex	1	MO
<i>triderm topical cream</i>	1	MO
ULTRAVATE TOPICAL LOTION	4	MO
VANOS	4	MO; QL (120 per 30 days)
VERDESO	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL SCABICIDES / PEDICULICIDES		
<i>ivermectin topical lotion</i>	1	MO
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
NATROBA	3	MO
OVIDE	3	MO
<i>permethrin</i>	1	MO
<i>spinosad</i>	1	MO
DIAGNOSTIC S / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
AGRYLIN	3	MO
<i>anagrelide</i>	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO; LA
AURYXIA	4	PA; MO
BUPHENYL	4	PA
CARBAGLU	4	PA; MO; LA
CARNITOR ORAL	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cevimeline</i>	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
<i>clovique</i>	4	PA; MO
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox</i>	4	PA; MO
<i>deferiprone</i>	4	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>intravenous piggyback</i>		
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>disulfiram</i>	1	MO
<i>droxidopa</i>	4	PA; MO
ENDARI	4	PA; MO
EVOXAC	3	MO
EXJADE	4	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX	4	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	3	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	3	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	3	MO; QL (180 per 30 days)
GLASSIA	4	PA; MO; LA
INCRELEX	4	MO; LA
JADENU	4	PA; MO
JADENU SPRINKLE	4	PA; MO
<i>lanthanum oral tablet, chewable 1,000 mg</i>	1	MO; QL (135 per 30 days)
<i>lanthanum oral tablet, chewable 500 mg</i>	1	MO; QL (270 per 30 days)
<i>lanthanum oral tablet, chewable 750 mg</i>	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LITHOSTAT	3	
LOKELMA	2	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	4	PA; MO
NITYR	3	PA; MO; LA
NORTHERA	4	PA; MO
ORFADIN	4	PA; LA
OXBRYTA	4	PA; MO; LA; QL (90 per 30 days)
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C	4	PA; LA
RAVICTI	4	PA; MO
RENAGEL ORAL TABLET 800 MG	3	MO
RENELA ORAL POWDER IN PACKET 0.8 GRAM	4	MO; QL (180 per 30 days)
RENELA ORAL POWDER IN PACKET 2.4 GRAM	4	MO; QL (90 per 30 days)
RENELA ORAL TABLET	4	MO; QL (270 per 30 days)
RILUTEK	4	PA; MO
<i>riluzole</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
sevelamer carbonate oral powder in packet 0.8 gram	4	MO; QL (180 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	4	MO; QL (90 per 30 days)
sevelamer carbonate oral tablet	1	MO; QL (270 per 30 days)
sevelamer hcl oral tablet 400 mg	1	MO
sevelamer hcl oral tablet 800 mg	1	
sodium chloride 0.9 % intravenous piggyback	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	4	PA; MO
sodium phenylbutyrate oral tablet	4	PA
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
SYPRINE	4	PA; MO
THIOLA	4	

Drug Name	Drug Tier	Requirements/Limits
THIOLA EC	4	
TIGLUTIK	4	PA
tiopronin	4	MO
trientine	4	PA; MO
VELPHORO	4	MO; QL (180 per 30 days)
VELTASSA	2	MO
XURIDEN	4	PA
ZEMAIRA	4	PA; MO; LA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
<i>periogard</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hc otic (ear)</i>	1	MO
DERMOTIC OIL	3	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone</i>	1	MO
CIPROFLOXACIN-N-FLUOCINOLONE	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; MO
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	4	
CORTEF	3	MO
<i>dexabliss</i>	1	
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets, dose pack</i>	1	MO
EMFLAZA	4	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone</i>	1	MO
HEMADY	3	MO
<i>hydrocortisone oral</i>	1	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
<i>methylprednisolone oral tablet</i>	1	PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>millipred oral tablet</i>	1	PA; MO
ORAPRED ODT	3	PA; MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	PA; MO
<i>prednisone</i>	1	MO
<i>prednisone intensol</i>	1	MO
RAYOS	4	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	3	MO

Drug Name	Drug Tier	Requirements/Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
TAPAZOLE	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML-20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)	BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO	BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
ADMELOG U-100 INSULIN LISPRO	3	ST; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
AFREZZA	3	MO	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
ALCOHOL PADS	2		CYCLOSET	3	MO; QL (180 per 30 days)
ALOGIPTIN	3	ST; MO; QL (30 per 30 days)	<i>diazoxide</i>	1	MO
ALOGIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)	DUETACT	3	MO; QL (30 per 30 days)
ALOGIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)	FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)	FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)	FIASP FLEXTOUCH U- 100 INSULIN	3	ST; MO
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)	FIASP PENFILL U-100 INSULIN	3	ST; MO
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO	FIASP U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO			
BAQSIMI	2	MO			

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FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	4	ST; MO; QL (60 per 30 days)	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	4	ST; MO; QL (150 per 30 days)	GLUCAGEN HYPOKIT	3	ST; MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)	GLUCAGON EMERGENCY KIT (HUMAN)	3	ST; MO
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	ST; MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	ST; MO; QL (120 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)	GLYXAMBI	2	MO; QL (30 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)			
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)			

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GVOKE HYPOOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INSULIN ASPR PRT-INSULIN ASPART	3	ST; MO
INSULIN ASPART U-100	3	ST; MO
INSULIN LISPRO	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO	3	ST; MO
INVOKAMET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR	3	ST; MO; QL (60 per 30 days)
INVOKANA	3	ST; MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)

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JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5- 500 MG	2	MO; QL (30 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)	LANTUS SOLOSTAR U-100 INSULIN	2	MO
JARDIANCE	2	MO; QL (30 per 30 days)	LANTUS U-100 INSULIN	2	MO
JENTADUETO	3	ST; MO; QL (60 per 30 days)	LEVEMIR FLEXTOUCH U- 100 INSULN	3	ST; MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)	LEVEMIR U-100 INSULIN	3	ST; MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (30 per 30 days)	LYUMJEV KWIKPEN U-100 INSULIN	2	MO
KAZANO	3	ST; MO; QL (60 per 30 days)	LYUMJEV KWIKPEN U-200 INSULIN	2	MO
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)	metformin oral solution	1	MO; QL (765 per 30 days)
			metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
			metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
			metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)

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metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)
metformin oral tablet,er release (osm) 24 hr 500 mg	1	ST; MO; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	4	ST; MO; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	ST; MO; QL (120 per 30 days)
miglitol oral tablet 100 mg	1	MO; QL (90 per 30 days)
miglitol oral tablet 25 mg	1	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; QL (180 per 30 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
ONGLYZA	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OSENI	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
QTERN	2	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SEMLEE PEN U-100 INSULIN	3	ST
SEMLEE U-100 INSULIN	3	ST
SOLIQUA 100/33	2	MO; QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	4	PA; MO; QL (6 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYNJARDY	2	MO; QL (60 per 30 days)	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	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	2	MO; QL (60 per 30 days)	TRULICITY	2	PA; MO; QL (2 per 28 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QL (30 per 30 days)	VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	2	MO	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
TRADJENTA	3	ST; MO; QL (30 per 30 days)	XULTOPHY	2	MO; QL (15 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO	MISCELLANEOUS HORMONES		
TRESIBA FLEXTOUCH U-200	3	ST; MO	ANDRODERM	2	PA; MO; QL (30 per 30 days)
TRESIBA U-100 INSULIN	3	ST; MO			
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
AVEED	3	PA; LA
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
CERDELGA	4	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	1	PA; MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	4	PA; MO
<i>danazol</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
DDAVP ORAL	3	MO
DEPO- TESTOSTERONE	3	PA; MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol oral</i>	1	MO
FORTESTA	3	PA; MO; QL (120 per 30 days)
GALAFOLD	4	PA; MO; LA; QL (15 per 30 days)
ISTURISA ORAL TABLET 1 MG	4	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	4	PA; LA; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	4	PA; LA; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	4	PA; MO; QL (60 per 30 days)
JYNARQUE	4	PA; LA
KORLYM	4	PA
KUVAN	4	PA; MO
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	4	PA; MO; LA	SAMSCA	4	PA; MO
MYALEPT	4	PA; MO; LA	sapropterin	4	PA; MO
NATESTO	3	PA; MO; QL (21.96 per 30 days)	SENSIPAR ORAL TABLET 30 MG	3	PA; MO
NATPARA	4	PA; MO; LA	SENSIPAR ORAL TABLET 60 MG, 90 MG	4	PA; MO
NOCDURNA (MEN)	3	PA; MO; QL (30 per 30 days)	SOMAVERT	4	PA; MO
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)	STRENSIQ SUBCUTANEOU S SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; LA
ORILISSA	4	MO	SYNAREL	4	PA; MO
<i>oxandrolone</i>	1	PA; MO	TESTIM	3	PA; MO; QL (300 per 30 days)
PALYNZIQ SUBCUTANEOU S SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days)	<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	PA; MO
PALYNZIQ SUBCUTANEOU S SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days)	<i>testosterone</i> <i>enanthate</i>	1	PA; MO
PALYNZIQ SUBCUTANEOU S SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days)	<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> 10 mg/0.5 gram <i>/lactuation</i>	1	PA; MO; QL (120 per 30 days)
<i>paricalcitol oral</i>	1	MO	TESTOSTERONE TRANSDERMAL GEL IN	3	PA; MO;
RAYALDEE	4	MO	METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)		QL (300 per 30 days)
ROCALTROL ORAL CAPSULE	3	MO			
ROCALTROL ORAL SOLUTION	3				

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
TOLVAPTAN ORAL TABLET 15 MG	4	PA; MO
<i>tolvaptan oral tablet 30 mg</i>	4	PA; MO
VOGELXO TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XYOSTED	3	PA; MO; QL (2 per 28 days)
ZAVESCA	4	PA; MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
LEVOTHYROXINE ORAL CAPSULE	3	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>	1	MO
SYNTHROID	3	MO
THYQUIDITY	3	MO
TIROSINT	3	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	3	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA	3	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
LOMOTIL	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MOTOFEN	3	MO
MYTESI	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	4	PA; MO
AMITIZA	3	ST; MO; QL (60 per 30 days)
ANUSOL-HC TOPICAL	3	MO
<i>aprepitant</i>	1	PA; MO
APRISO	3	MO
ASACOL HD	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide</i>	1	MO
BONJESTA	3	MO
<i>budesonide oral capsule, delayed, extended release</i>	1	MO
<i>budesonide oral tablet, delayed and ext. release</i>	4	
CANASA	4	MO
CHENODAL	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
CIMZIA	4	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; MO; QL (2 per 28 days)
CLENPIQ	3	ST; MO
COLAZAL	4	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	4	
DELZICOL	3	MO
DICLEGIS	3	MO
DIPENTUM	4	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	PA; MO
EMEND ORAL CAPSULE 80 MG	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA
<i>enulose</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
GASTROCROM	3	MO
GATTEX 30-VIAL	4	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
GIMOTI	4	
GOLYTELY ORAL RECON SOLN	3	ST; MO
<i>granisetron hcl oral</i>	1	PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
INFLECTRA	4	PA; MO; QL (20 per 28 days)
KRISTALOSE	3	MO
<i>lactulose oral packet</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
LIALDA	3	MO
LINZESS	2	MO; QL (30 per 30 days)
LOTRONEX	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
LUBIPROSTONE	3	ST; MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	PA; MO
MARINOL ORAL CAPSULE 2.5 MG	3	PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule,extended release 24hr</i>	1	
<i>mesalamine oral tablet,delayed release (drlec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>metoclopramide hcl oral</i>	1	MO
MOTEGRITY	3	ST; MO; QL (30 per 30 days)
MOVANTIK	2	MO; QL (30 per 30 days)
MOVIPREP	3	ST; MO
NULYTELY LEMON-LIME	3	ST; MO
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral solution</i>	1	PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO
ORTIKOS	4	MO
OSMOPREP	3	ST; MO
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	3	ST; MO
PANCREAZE ORAL CAPSULE,DELA YED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	4	ST; MO
<i>peg 3350- electrolytes oral recon soln 236- 22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT	4	ST; MO
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4,000-14,375-15,125 UNIT, 8,000-28,750-30,250 UNIT	3	ST; MO
PLENVU	3	ST; MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO

Drug Name	Drug Tier	Requirements/Limits
RELISTOR ORAL	4	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	MO; QL (12 per 30 days)
RELTONE	4	
REMICADE	4	PA; MO; QL (20 per 28 days)
RENFLEXIS	4	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	4	MO
<i>scopolamine base</i>	1	MO
SUCRAID	4	PA
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	3	ST; MO
SUTAB	3	ST; MO
SYMPROIC	3	MO; QL (30 per 30 days)
SYNDROS	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP	3	MO
<i>trilyte with flavor packets</i>	1	MO
TRULANCE	2	MO
UCERIS ORAL	4	MO
UCERIS RECTAL	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol</i>	1	MO
VARUBI ORAL	2	PA
VIBERZI	4	PA; MO; QL (60 per 30 days)
VIOKACE	2	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	2	MO
ZUPLENZ	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY		
ACIPHEX	3	MO
<i>amoxicil- clarithromy- lansopraz</i>	1	MO; QL (112 per 30 days)
CARAFATE	3	MO
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
CYTOTEC	3	MO
DEXILANT ORAL CAPSULE,BIPHA SE DELAYED RELEASE 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHA SE DELAYED RELEASE 60 MG	3	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/lec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/lec) 40 mg</i>	1	MO
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/lec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/lec) 30 mg</i>	1	MO
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine oral capsule</i>	1	
<i>nizatidine oral solution</i>	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 28 days)
<i>omeprazole oral capsule, delayed release(dr/lec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/lec) 40 mg</i>	1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	MO
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	4	MO; QL (30 per 30 days)

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omeprazole-sodium bicarbonate oral packet 40-1,680 mg	4	MO
pantoprazole oral granules dr for susp in packet	1	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	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	3	QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINT EGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREVACID SOLUTAB ORAL TABLET,DISINT EGRAT, DELAY REL 30 MG	3	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	3	MO; QL (120 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec)	1	MO
sucralfate	1	MO

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TALICIA	3	MO; QL (168 per 28 days)	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	4	MO; QL (30 per 30 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	4	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	4	PA; MO
ZEGERID ORAL PACKET 20-1,680 MG	4	MO; QL (30 per 30 days)	ARCALYST	4	PA; MO
ZEGERID ORAL PACKET 40-1,680 MG	4	MO	AVONEX INTRAMUSCUL AR PEN INJECTOR KIT	4	PA; MO; QL (1 per 28 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY			AVONEX INTRAMUSCUL AR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
BIOTECHNOLOGY DRUGS			BETASERON SUBCUTANEOU S KIT	4	PA; MO; QL (14 per 28 days)
ACTIMMUNE	4	PA; MO	EGRIFTA SV	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA; MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO	HUMATROPE INJECTION CARTRIDGE	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO	INTRON A INJECTION	4	PA; MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)	LEUKINE INJECTION RECON SOLN	4	PA; MO
FULPHILA	4	PA; MO	NEULASTA	4	PA; MO
GENOTROPIN	4	PA; MO	NEUPOGEN	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO	NIVESTYM	4	PA; MO
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	4	PA; MO	NORDITROPIN FLEXPRO	4	PA; MO
GRANIX	4	PA; MO	NUTROPIN AQ NUSPIN	4	PA; MO
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	MO; QL (2 per 28 days)	NYVEPRIA	4	PA; MO
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)	OMNITROPE	4	PA; MO
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)	PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
			PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
			PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
			PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
SAIZEN	4	PA; MO
SAIZEN SAIZENPREP	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
UDENYCA	4	PA; MO
ZARXIO	4	PA; MO
ZIEXTENZO	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO
ZORBTIVE	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BIVIGAM	4	PA; MO
BOOSTRIX TDAP	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF)	2	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	4	PA
GAMMAGARD LIQUID	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GAMMAPLEX	4	PA; MO
GAMMAPLEX (WITH SORBITOL)	4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GARDASIL 9 (PF)	2	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOL	2	
IXIARO (PF)	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF)	2	MO
INTRAMUSCULAR SOLUTION		
MENQUADFI (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	4	PA; MO
ODACTRA	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA
PANZYGA	4	PA; MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	2	MO
TDVAX	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPH THERIA TOX PED(PF)	2	MO
TRUMENBA	2	MO
TWINRIX (PF)	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF)	2	MO
VARIVAX (PF)	2	
VARIZIG	2	MO
YF-VAX (PF)	2	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
1ST TIER UNIFINE PENTIPS	3	ST
1ST TIER UNIFINE PENTIPS PLUS	3	ST
ABOUTTIME PEN NEEDLE	3	ST
ADVOCATE PEN NEEDLE	3	ST; MO
ADVOCATE SYRINGES	3	ST; MO
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	3	ST; MO
ASSURE ID PEN NEEDLE 31 GAUGE X 3/16"	3	ST
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	MO
BD NANO 2ND GEN PEN NEEDLE	2	MO

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

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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"	3	ST; MO	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"	3	ST
CARETOUCH INSULIN SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	3	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"	3	ST; 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"	3	ST; MO	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"	3	ST; MO
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST	COMFORT EZ PEN NEEDLES	3	ST; MO
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO	DROPLET INSULIN SYR(HALF UNIT)	3	ST

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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"	3	ST	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"	3	ST; MO
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	3	ST; MO	DROPLET PEN NEEDLE 30 GAUGE X 5/16"	3	ST
DROPLET MICRON PEN NEEDLE	3	ST; MO	DROPSAFE PEN NEEDLE	3	ST; MO
			EASY COMFORT INSULIN SYRINGE	3	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"	3	ST; MO
			EASY COMFORT PEN NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
			EASY GLIDE INSULIN SYRINGE	3	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE PEN NEEDLE	3	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	3	ST; MO
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	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"	2	ST; MO
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST	EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"	2	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"	3	ST; MO	EASY TOUCH LUER LOCK INSULIN	3	ST
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"	3	ST	EASY TOUCH NEEDLE	3	ST; MO
			EASY TOUCH PEN NEEDLE	3	ST

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"	2	ST; MO
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 5/16"	2	ST
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"	3	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"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	ST
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	3	ST
GAUZE PADS 2 X 2	2	
HEALTHWISE INSULIN SYRINGE	3	ST
HEALTHWISE PEN NEEDLE	3	ST
HEALTHY ACCENTS UNIFINE PENTIP	3	ST
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
INCONTROL PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	3	ST
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE NEEDLELESS	2	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	2		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"	3	ST
INSUPEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	2	MO			
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"	3	ST; MO			
LITE TOUCH INSULIN PEN NEEDLES	3	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	3	ST; MO
			MAGELLAN INSULIN SAFETY SYRNG	3	ST; MO
			MAGELLAN SYRINGE 0.3 ML 30 X 5/16"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"	3	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	3	ST; MO
MAXICOMFORT II PEN NEEDLE	3	ST			
MAXICOMFORT INSULIN SYRINGE	3	ST			
MAXI-COMFORT INSULIN SYRINGE	3	ST; MO			
MAXICOMFORT SAFETY PEN NEEDLE	3	ST	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"	3	ST
MICRODOT INSULIN PEN NEEDLE	3	ST			
MINI ULTRA-THIN II	3	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"	3	ST; MO	MONOJECT SYRINGE 1/2 ML 28 GAUGE	3	ST
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"	3	ST	MONOJECT ULTRA COMFORT INSULIN	3	ST; MO
			NEEDLES, INSULIN DISP.,SAFETY	2	MO
			NOVOFINE 32	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOFINE AUTOCOVER	2	MO
NOVOFINE PLUS	2	MO
NOVOTWIST	2	MO
OMNIPOD DASH 5 PACK POD	2	MO
OMNIPOD INSULIN MANAGEMENT	2	MO
OMNIPOD INSULIN REFILL	2	MO
PENTIPS	3	ST
PRO COMFORT INSULIN SYRINGE	3	ST
PRO COMFORT PEN NEEDLE	3	ST
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	3	ST; MO
PURE COMFORT PEN NEEDLE	3	ST
RELION PEN NEEDLES	3	ST

Drug Name	Drug Tier	Requirements/Limits
SAFESNAP	3	ST; MO
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"	3	ST
SAFETY PEN NEEDLE	3	ST
SECURESAFE PEN NEEDLE	3	ST
SURE COMFORT INS. SYR. U-100	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	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"	3	ST; MO	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"	3	ST
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"	3	ST	SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16	3	ST; MO
SURE COMFORT PEN NEEDLE	3	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	3	ST
SURE-FINE PEN NEEDLES	3	ST; MO	TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	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"	3	ST
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 15/64"	3	ST; MO	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"	3	ST; MO
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"	3	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>	1	ST
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	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"	3	ST
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 31 X 3/8"	3	ST; MO			

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

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	3	ST; MO
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"	3	ST
ULTICARE INSULN SYR(HALF UNIT)	3	ST; MO
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"	3	ST; MO
ULTICARE PEN NEEDLE 32 GAUGE X 1/4"	3	ST
ULTICARE SAFETY PEN NEEDLE	3	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	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
ULTIGUARD SAFEPACK- INSULIN SYR	2	ST
ULTIGUARD SAFEPACK-PEN NEEDLE	3	ST
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	3	ST
ULTILET PEN NEEDLE 29 GAUGE	3	ST
ULTILET PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO
ULTRA CMFT INS SYR (HALF UNIT)	3	ST

Drug Name	Drug Tier	Requirements/Limits
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	3	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	3	ST; MO
ULTRA FLO INSUL SYR(HALF UNIT)	3	ST
ULTRA FLO INSULIN SYRINGE	3	ST

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

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INS PEN NEEDLES	3	ST; MO
ULTRA-THIN II INSULIN SYRINGE	3	ST; MO
UNIFINE PEN NEEDLE	3	ST
UNIFINE PENTIPS MAXFLOW	3	ST
UNIFINE PENTIPS NEEDLE 29 GAUGE	3	ST
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"	3	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW	3	ST
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"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS NEEDLE 33 GAUGE X 5/32"	3	ST
UNIFINE SAFECONTROL	3	ST
VANISHPOINT INSULIN SYRINGE	3	ST
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
COLCHICINE ORAL CAPSULE	3	ST; MO
colchicine oral tablet	1	MO
COLCRYS	3	ST; MO
febuxostat	1	MO
GLOPERBA	3	ST; MO
MITIGARE	3	ST; MO
probenecid	1	MO

Drug Name	Drug Tier	Requirements/Limits
probenecid-colchicine	1	MO
ULORIC	3	MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
<i>alendronate oral solution</i>	1	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	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TERIPARATIDE	4	PA; MO; QL (2.48 per 28 days)
TYMLOS	4	PA; MO; QL (1.56 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; MO; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; MO; QL (3.6 per 28 days)
ARAVA	4	MO; QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS	4	PA; MO
CUPRIMINE	4	PA; MO
DEPEN TITRATABS	4	PA; MO
ENBREL MINI	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	4	PA; MO; QL (8 per 28 days)
HUMIRA PEN	4	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN CROHNS-UC-HS START	4	PA; MO; QL (6 per 180 days)	HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA; MO; QL (4 per 180 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; MO; QL (3 per 180 days)	KEVZARA	4	PA; MO; QL (2.28 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; MO; QL (2 per 180 days)	KINERET	4	PA; QL (20.1 per 30 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; MO; QL (3 per 180 days)	<i>leflunomide</i>	1	MO; QL (30 per 30 days)
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; MO; QL (4 per 28 days)	OLUMIANT	4	PA; MO; QL (30 per 30 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; MO; QL (3 per 180 days)	ORENCIA CLICKJECT	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; MO; QL (4 per 28 days)
			ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; MO; QL (2.8 per 28 days)
OTEZLA	4	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 28 days)
OTREXUP (PF)	3	MO
penicillamine	4	PA; MO
RASUVO (PF)	3	MO
REDITREX (PF)	3	MO
RIDAURA	4	MO
RINVOQ	4	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR	4	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
ALORA	3	PA; MO; QL (8 per 28 days)
amabelz	1	PA; MO
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; MO
camila	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane</i>	1	MO
DELESTROGEN	3	MO
DEPO- ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR AR SUSPENSION 150 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO; QL (52 per 30 days)
<i>errin</i>	1	MO
ESTRACE ORAL	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ESTRACE VAGINAL	3	ST; MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	2	MO
ESTROGEL	3	MO; QL (50 per 30 days)
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	PA; MO
FEMRING	3	ST; MO
<i>fyavolv</i>	1	PA; MO
IMVEXXY MAINTENANCE PACK	3	ST; MO
IMVEXXY STARTER PACK	3	ST; MO
<i>incassia</i>	1	MO
<i>jintel</i>	1	PA; MO
<i>lyleq</i>	1	MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>desog-e.estradiolle.estriol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-e.estriol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarrylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
<i>gemmily</i>	1	MO
GENERESS FE	3	MO
<i>hailey 24 fe</i>	1	MO
<i>iclevia</i>	1	
<i>introvale</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
isibloom	1	MO
jasmiel (28)	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	MO
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50 (28)	1	MO
kurvelo (28)	1	MO
l norgestrel estradiol- e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
l norgestrel estradiol- e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
larissa	1	MO
layolis fe	1	MO
leena 28	1	MO

Drug Name	Drug Tier	Requirements/Limits
lessina	1	MO
levonest (28)	1	MO
levonorgestrel- ethinyl estrad oral tablet 0.1-20 mg- mcg	1	MO
levonorgestrel- ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel- ethinyl estrad oral tablets,dose pack,3 month	1	MO
levonorg-eth estrad triphasic	1	MO
levora-28	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
loryna (28)	1	MO
LOSEASONIQUE	3	MO
low-ogestrel (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
mibelas 24 fe	1	MO
microgestin 1.5/30 (21)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
MINASTRIN 24 FE	3	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
NEXTSTELLIS	3	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone aceth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	1	
<i>norethindrone-e.estriadiol-iron oral tablet, chewable</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>nylia 7/7/7 (28)</i>	1	
<i>nymyo</i>	1	MO
<i>ocella</i>	1	MO
<i>orsythia</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO
<i>portia 28</i>	1	MO
<i>previfem</i>	1	MO
QUARTETTE	3	MO
<i>reclipsen (28)</i>	1	MO
<i>rivilsa</i>	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	MO
SLYND	3	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarrylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lo-estarrylla</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	
<i>tri-previfem (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	
<i>vienva</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	MO
<i>wymzyafe</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zarah</i>	1	MO
<i>zovia 1-35 (28)</i>	1	

OPHTHALM OLOGY

ANTIBIOTICS

AZASITE	2	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO; QL (3.5 per 30 days)
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	1	MO
MOXEZA	3	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
POLYTRIM	3	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) DROPS	3	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
<i>carteolol</i>	1	MO
ISTALOL	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf)</i>	1	MO
<i>timolol maleate ophthalmic (eye)</i>	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
MISCELLANEOUS OPHTHALMOL OGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>bepotastine besilate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
BEPREVE	3	MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
CEQUA	3	ST; MO; QL (60 per 30 days)
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTADROPS	4	PA
CYSTARAN	4	PA
<i>epinastine</i>	1	MO
ISOPTO CARPINE	3	MO
LACRISERT	3	PA; MO
LASTACAFT	3	MO
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	4	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
XIIDRA	3	ST; MO; QL (60 per 30 days)
ZERVIATE	3	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST; MO
ACULAR LS	3	ST; MO
ACUVAIL (PF)	3	ST; MO
<i>bromfenac</i>	1	MO
BROMSITE	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	3	ST; MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
NEVANAC	3	ST; MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
<i>bimatoprost ophthalmic (eye)</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST	3	MO; QL (10 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
ZYLET	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
DUREZOL	3	MO
EYSUVIS	2	PA; MO; QL (8.3 per 14 days)
FLAREX	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
INVELTYS	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATOR Y AND ALLERGY		
ANTIHISTAMI NE / ANTIALLERGE NIC AGENTS		
AUVI-Q	4	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
<i>desloratadine</i>	1	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO- INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJECTION AUTO- INJECTOR 0.3 MG/0.3 ML (MANUFACTUR ED BY MYLAN SPECIALTY)	3	QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine oral</i>	1	PA; MO
SYMJEPI	3	MO; QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE	3	MO
<i>acetylcysteine</i>	1	PA; MO
ADCIRCA	4	PA; MO; QL (60 per 30 days)
ADEMPAS	4	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)

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ADVAIR HFA	2	MO; QL (12 per 30 days)	ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATOR	2	MO; QL (12.2 per 30 days)
AIRDUO DIGIHALER	3	ST; MO; QL (1 per 30 days)	ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATOR	2	MO; QL (6.1 per 30 days)
AIRDUO RESPICLICK	3	ST; MO; QL (1 per 30 days)	alyq	4	PA; QL (60 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 per 30 days)	ambrisentan	4	PA; MO; LA
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)	ANORO ELLIPTA	3	ST; MO; QL (60 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATOR (NDA020983)	3	ST; QL (36 per 30 days)	ARMONAIR DIGIHALER	3	MO; QL (1 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PA; MO	ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO	ASMANEX HFA	2	MO; QL (13 per 30 days)
<i>albuterol sulfate oral tablet</i>	1	MO			

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BECONASE AQ	3	ST; MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO
BEVESPI AEROSPHERE	3	ST; MO; QL (10.7 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
bosentan	4	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
BRONCHITOL	4	PA; MO
BROVANA	3	PA; MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	PA; MO; QL (60 per 30 days)
BUDESONIDE-FORMOTEROL	3	ST; MO; QL (10.2 per 30 days)
CINRYZE	4	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	4	PA; MO
DALIRESP	3	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR	4	ST; MO; QL (1 per 30 days)

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DULERA	2	MO; QL (13 per 30 days)	FLOVENT	2	MO; QL (240 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)	DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATOR		
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)	FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATOR	2	MO; QL (12 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATOR	2	MO; QL (24 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATOR	2	MO; QL (10.6 per 30 days)
FASENRA	4	PA; MO; QL (1 per 28 days)	<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FASENRA PEN	4	PA; MO; QL (1 per 28 days)	<i>fluticasone</i> <i>propionate nasal</i>	1	MO; QL (16 per 30 days)
FIRAZYR	4	PA; MO	FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATOR, N, 50 MCG/ACTUATOR N	2	MO; QL (60 per 30 days)			

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<i>fluticasone propionate-salmeterol inhalation blister with device</i>	3	ST; QL (60 per 30 days)
HAEGARDA	4	PA; MO; LA
<i>icatibant</i>	4	PA; MO
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA; MO
<i>ipratropium-albuterol</i>	1	PA; MO
KALBITOR	4	PA; MO
KALYDECO ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (60 per 30 days)
LETAIRIS	4	PA; MO; LA
<i>levalbuterol hcl</i>	1	PA; MO
LEVALBUTERO L TARTRATE	3	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	4	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
montelukast	1	MO
NASONEX	3	ST; MO; QL (34 per 30 days)
NUCALA	4	PA; MO; LA; QL (3 per 28 days)
OFEV	4	PA; MO; QL (60 per 30 days)
OMNARIS	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days)
ORLADEYO	4	PA; LA
PERFOROMIST	2	PA; MO
PROAIR DIGIHALER	3	ST; MO; QL (2 per 30 days)
PROAIR HFA	3	ST; MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)	QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QL (8.7 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)	REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)
PULMOZYME	4	PA; MO	REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QL (4.9 per 30 days)	RUCONEST	4	PA; MO
N			SEREVENT DISKUS	3	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	4	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO	4	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	4	PA; QL (60 per 30 days)
TAKHZYRO	4	PA; MO; LA
terbutaline oral	1	MO
THEO-24	2	MO
theophylline oral solution	1	MO

Drug Name	Drug Tier	Requirements/Limits
theophylline oral tablet extended release 12 hr 300 mg	1	MO
theophylline oral tablet extended release 24 hr	1	MO
TRACLEER	4	PA; MO; LA
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	4	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATOR	3	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATOR (30 ACTUATOR)	3	ST; QL (1 per 30 days)
VENTAVIS	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
wixela inhub	3	ST; QL (60 per 30 days)
XHANCE	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOU S RECON SOLN	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOU S SYRINGE 150 MG/ML	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOU S SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
XOPENEX	3	PA; MO
XOPENEX CONCENTRATE	3	PA; MO
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	4	PA; MO; QL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	3	ST; MO; QL (6.1 per 30 days)
zileuton	4	MO
ZYFLO	4	MO

Drug Name	Drug Tier	Requirements/Limits
UROLOGICA LS		
ANTICHOLINE RGICS / ANTISPASMOD ICS		
<i>darifenacin</i>	1	MO
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
GEMTESA	3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>trospium</i>	1	MO
VESICARE	3	MO
VESICARE LS	3	MO

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Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
AVODART	3	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO
PROSCAR	3	MO
RAPAFLO	3	ST; MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	PA; LA
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	MO; QL (360 per 30 days)
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate injection syringe	1		potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
PHOSLYRA	3	MO; QL (1800 per 30 days)	potassium chloride oral tablet extended release 20 meq	1	
potassium chloride-d5-0.45%nacl	1		potassium chloride oral tablet,er particles/crystals 10 meq	1	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meqll, 40 meqll	1		potassium chloride oral tablet,er particles/crystals 20 meq	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meqll	1		potassium chloride-0.45 % nacl	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meqll	1		potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meqll	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1		potassium chloride-d5-0.9%nacl	1	
potassium chloride intravenous	1		sodium chloride 0.45 % intravenous parenteral solution	1	MO
potassium chloride oral capsule, extended release	1	MO	sodium chloride 3 %	1	
potassium chloride oral liquid	1	MO	sodium chloride 5 %	1	MO
potassium chloride oral packet	1		TPN	3	
ELECTROLYTES					
MISCELLANEOUS NUTRITION PRODUCTS					
AMINOSYN II 15 %	3	PA			

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7 % (SULFITE-FREE)	3	PA
CLINIMIX 5%/D15W SULFITE FREE	3	PA
CLINIMIX 4.25%/D10W SULF FREE	3	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	PA
CLINIMIX E 4.25%/D10W SULF FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA
DOJOLVI	4	PA; MO; LA
HEPATAMINE 8%	2	PA
<i>intralipid intravenous emulsion 20 %</i>	1	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLENAMINE	3	PA
<i>premasol 10 %</i>	1	PA
PROCALAMINE 3%	3	PA
PROSOL 20 %	3	PA
<i>travasol 10 %</i>	1	PA
TROPHAMINE 10 %	3	PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	
<i>prenatal vitamin oral tablet</i>	1	

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PENTIPS	ACTOS	77	<i>albendazole</i>	8
1ST TIER UNIFINE	ACULAR	124	ALBENZA	8
PENTIPS PLUS	ACULAR LS	124	<i>albuterol sulfate</i>	127
<i>abacavir</i>	ACUVAIL (PF)	124	ALBUTEROL SULFATE ..	127
<i>abacavir-lamivudine</i>	<i>acyclovir</i>	2, 69	<i>alclometasone</i>	70
<i>abacavir-lamivudine-</i>	<i>acyclovir sodium</i>	2	ALCOHOL PADS	78
<i>zidovudine</i>	ACZONE	65	ALDACTAZIDE	53
ABELCET	ADACEL(TDAP		ALDACTONE	53
ABILIFY	ADOLESN/ADULT)(PF) ...	98	ALDARA	64
ABILIFY MAINTENA	<i>adapalene</i>	66	ALECENSA	15
ABILIFY MYCITE	<i>adapalene-benzoyl peroxide</i> ...	66	<i>alendronate</i>	113
<i>abiraterone</i>	ADCIRCA	126	<i>alfuzosin</i>	134
ABOUTTIME PEN	ADDERALL	41	<i>aliskiren</i>	53
NEEDLE	ADDERALL XR	41	ALKINDI SPRINKLE	76
ABSORICA	<i>adefovir</i>	2	<i>allopurinol</i>	113
ABSORICA LD	ADEMPAS	126	<i>almotriptan malate</i>	29
<i>acamprosate</i>	ADLYXIN	77, 78	ALOCRIL	123
ACANYA	ADMELOG SOLOSTAR		ALOGLIPTIN	78
<i>acarbose</i>	U-100 INSULIN	78	ALOGLIPTIN- METFORMIN	78
ACCOLATE	ADMELOG U-100		ALOGLIPTIN- PIOGLITAZONE	78
ACCUPRIL	INSULIN LISPRO	78	ALOMIDE	123
ACCURETIC	ADVAIR DISKUS	126	ALORA	116
<i>accutane</i>	ADVAIR HFA	127	<i>alosetron</i>	88
acebutolol	ADVOCATE PEN		ALPHAGAN P	125
<i>acetaminophen-caff-</i>	NEEDLE	100	ALREX	125
<i>dihydrocod</i>	ADVOCATE SYRINGES ..	100	ALTABAX	67
<i>acetaminophen-codeine</i>	ADZENYS ER	41	ALTACE	53
<i>acetazolamide</i>	ADZENYS XR-ODT	41	<i>altavera (28)</i>	119
<i>acetic acid</i>	AEMCOLO	8	ALTOPREV	59
<i>acetylcysteine</i>	AFINITOR	15	ALTRENO	66
ACIPHEX	AFINITOR DISPERZ	15	ALUNBRIG	15
<i>acitretin</i>	AFREZZA	78	ALVESCO	127
ACTEMRA	AGRYLIN	73	<i>alyacen 1/35 (28)</i>	119
ACTEMRA ACTPEN	AIMOVIG		<i>alyq</i>	127
ACTHAR	AUTOINJECTOR	29	<i>amabelz</i>	116
ACTHIB (PF)	AIRDUO DIGIHALER	127	<i>amantadine hcl</i>	2
ACTICLATE	AIRDUO RESPICLICK	127	AMARYL	78
ACTIMMUNE	AJOVY AUTOINJECTOR ..	29	AMBIEN	41
ACTIQ	AJOVY SYRINGE	29	AMBIEN CR	41
ACTIVELLA	AKLIEF	66		
ACTONEL	<i>ala-cort</i>	69, 70		

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AMBISOME	1	ANNOVERA	118	ASMANEX
<i>ambrisentan</i>	127	ANORO ELLIPTA	127	TWISTHALER
<i>amcinonide</i>	70	ANTARA	60	<i>aspirin-dipyridamole</i>
AMERGE	29	ANUSOL-HC	88	ASSURE ID PEN NEEDLE
<i>amethia</i>	119	<i>apexicon e</i>	70	
<i>amikacin</i>	8	APIDRA SOLOSTAR U-		100
<i>amiloride</i>	53	100 INSULIN	78	ASTAGRAF XL
<i>amiloride-hydrochlorothiazide</i>	53	APIDRA U-100 INSULIN	78	ATACAND
AMINOSYN II 15 %	135	APLENZIN	42	ATACAND HCT
AMINOSYN-PF 7 %		APOKYN	28	<i>atazanavir</i>
(SULFITE-FREE)	136	<i>apraclonidine</i>	125	ATELVIA
<i>amiodarone</i>	53	<i>aprepitant</i>	88	<i>atenolol</i>
AMITIZA	88	<i>apri</i>	119	atenolol-chlorthalidone
<i>amitriptyline</i>	42	APRISO	88	ATIVAN
<i>amlodipine</i>	53	APTENSIO XR	42	atomoxetine
<i>amlodipine-atorvastatin</i>	59	APTIOM	23	atorvastatin
<i>amlodipine-benazepril</i>	54	APTIVUS	2	atovaquone
<i>amlodipine-olmesartan</i>	54	ARALAST NP	73	atovaquone-proguanil
<i>amlodipine-valsartan</i>	54	<i>aranelle (28)</i>	119	ATRALIN
<i>amlodipine-valsartan-hctiazid</i>	54	ARANESP (IN		ATRIPLA
<i>ammonium lactate</i>	64	POLYSORBATE)	95	<i>atropine</i>
<i>amnesteem</i>	66	ARAVA	114	ATROVENT HFA
<i>amoxapine</i>	42	ARAZLO	66	AUBAGIO
<i>amoxicil-clarithromy-lansopraz</i>	92	ARCALYST	95	<i>aubra eq</i>
<i>amoxicillin</i>	11	ARICEPT	31	AURYXIA
<i>amoxicillin-pot clavulanate</i>	11	ARIKAYCE	8	AUSTEDO
AMPHETAMINE	42	ARIMIDEX	15	AUVI-Q
<i>amphetamine sulfate</i>	42	<i>aripiprazole</i>	42	AVALIDE
<i>amphotericin b</i>	1	ARISTADA	42	AVAPRO
<i>ampicillin</i>	12	ARISTADA INITIO	42	AVEED
<i>ampicillin sodium</i>	12	ARIIXTRA	58	<i>aviane</i>
<i>ampicillin-sulbactam</i>	12	<i>armodafinil</i>	42	avita
AMPYRA	31	ARMONAIR DIGIHALER		AVITA
AMZEEQ	66		127	AVODART
ANAFRANIL	42	ARNURITY ELLIPTA	127	AVONEX
<i>anagrelide</i>	73	AROMASIN	15	AVYCAZ
<i>anastrozole</i>	15	ARTHROTEC 50	38	AYGESTIN
ANCOBON	1	ARTHROTEC 75	38	AYVAKIT
ANDRODERM	84	ASACOL HD	88	AZACTAM
ANDROGEL	85	<i>asenapine maleate</i>	42	AZASAN
ANGELIQ	116	<i>ashlyna</i>	119	AZASITE
		ASMANEX HFA	127	<i>azathioprine</i>
				<i>azelaic acid</i>
				<i>azelastine</i>

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<i>azelastine-fluticasone</i>	128	BD VEO INSULIN SYR (HALF UNIT)	100	<i>bimatoprost</i>	124
AZELEX	66	BD VEO INSULIN		BINOSTO	113
AZILECT	28	SYRINGE UF	100	<i>bisoprolol fumarate</i>	54
<i>azithromycin</i>	7	BECONASE AQ	128	<i>bisoprolol-</i>	
AZOPT	124	BELBUCA	35	<i>hydrochlorothiazide</i>	54
AZOR	54	BELSOMRA	42	BIVIGAM	98
<i>aztreonam</i>	8	<i>benazepril</i>	54	BLEPH-10	123
AZULFIDINE	88	<i>benazepril-</i>		BLEPHAMIDE	123
AZULFIDINE EN-TABS	88	<i>hydrochlorothiazide</i>	54	BLEPHAMIDE S.O.P.	123
<i>bacitracin</i>	122	BENICAR	54	<i>blisovi 24 fe</i>	119
<i>bacitracin-polymyxin b</i>	122	BENICAR HCT	54	<i>blisovi fe 1.5/30 (28)</i>	119
<i>baclofen</i>	34	BENLYSTA	114	BONIVA	113
BACTRIM	13	BENZACLIN PUMP	66	BONJESTA	88
BACTRIM DS	13	BENZAMYCIN	66	BOOSTRIX TDAP	98
BAFIERTAM	31	BENZNIDAZOLE	8	<i>bosentan</i>	128
BALCOLTRA	119	<i>benztropine</i>	28	BOSULIF	15
<i>balsalazide</i>	88	<i>bepotastine besilate</i>	123	BRAFTOVI	15
BALVERSA	15	BEPREVE	123	BREO ELLIPTA	128
<i>balziva (28)</i>	119	BERINERT	128	BREZTRI AEROSPHERE	128
BANZEL	23	<i>beser</i>	70	<i>brielllyn</i>	119
BAQSIMI	78	BESIVANCE	122	BRILINTA	58
BARACLUDÉ	2	<i>betamethasone dipropionate</i>	70	<i>brimonidine</i>	125
BASAGLAR KWIKPEN		<i>betamethasone valerate</i>	70	<i>brinzolamide</i>	124
U-100 INSULIN	78	<i>betamethasone, augmented</i>	70	BRISDELLE	43
BAXDELA	13	BETAPACE AF	53	BRIVIACT	23
BCG VACCINE, LIVE (PF)	98	BETASERON	95	<i>bromfenac</i>	124
BD ECLIPSE LUER-LOK	100	<i>betaxolol</i>	54, 123	<i>bromocriptine</i>	28
BD NANO 2ND GEN PEN		<i>bethanechol chloride</i>	134	BROMBSITE	124
NEEDLE	100	BETHKIS	8	BRONCHITOL	128
BD SAFETYGLIDE		BETIMOL	123	BROVANA	128
INSULIN SYRINGE	100	BETOPTIC S	123	BRUKINSA	15
BD SAFETYGLIDE		BEVESPI AEROSPHERE	128	BRYHALI	70
SYRINGE	100	<i>bexarotene</i>	15	<i>budesonide</i>	88, 128
BD ULTRA-FINE MICRO		BEXZERO	98	BUDESONIDE-	
PEN NEEDLE	100	BEYAZ	119	FORMOTEROL	128
BD ULTRA-FINE MINI		<i>bicalutamide</i>	15	<i>bumetanide</i>	54
PEN NEEDLE	100	BICILLIN C-R	12	BUPHENYL	73
BD ULTRA-FINE NANO		BICILLIN L-A	12	<i>buprenorphine hcl</i>	35
PEN NEEDLE	100	BIDIL	54	<i>buprenorphine transdermal</i>	
BD ULTRA-FINE ORIG		BIJUVA	116	<i>patch</i>	35
PEN NEEDLE	100	BIKTARVY	2	<i>buprenorphine-naloxone</i>	38
BD ULTRA-FINE SHORT		BILTRICIDE	8	<i>bupropion hcl</i>	43
PEN NEEDLE	100			BUPROPION HCL	43

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<i>bupropion hcl (smoking deter)</i>	75	CARDIZEM	54	CERDELGA	85
<i>buspirone</i>	43	CARDIZEM CD	54	cetirizine	126
<i>butorphanol</i>	38	CARDIZEM LA	54	cevimeline	73
<i>BUTRANS</i>	35	CARDURA	54	CHANTIX	75
<i>BYDUREON BCISE</i>	78	CARDURA XL	54	CHANTIX CONTINUING	
<i>BYETTA</i>	78	CAREFINE PEN NEEDLE	100, 101	MONTH BOX	75
<i>BYSTOLIC</i>	54	CARETOUCH INSULIN		CHANTIX STARTING	
<i>cabergoline</i>	85	SYRINGE	101	MONTH BOX	75
<i>CABLIVI</i>	58	CARETOUCH PEN		CHEMET	73
<i>CABOMETYX</i>	16	NEEDLE	101	CHENODAL	88
<i>CADUET</i>	60	CARNITOR	73	<i>chlorhexidine gluconate</i>	76
<i>CAFERGOT</i>	30	CAROSPIR	54	<i>chloroquine phosphate</i>	8
<i>CALAN SR</i>	54	<i>carteolol</i>	123	<i>chlorpromazine</i>	43
<i>calcipotriene</i>	63	<i>cartia xt</i>	54	<i>chlorthalidone</i>	54
<i>CALCIPOTRIENE</i>	63	<i>carvedilol</i>	54	<i>CHOLBAM</i>	88, 89
<i>calcipotriene-betamethasone</i>	63	<i>carvedilol phosphate</i>	54	<i>cholestyramine (with sugar)</i>	60
<i>calcitonin (salmon)</i>	85	CASODEX	16	<i>cholestyramine light</i>	60
<i>calcitriol</i>	63, 85	<i>caspofungin</i>	1	<i>CIALIS</i>	134
<i>calcium acetate(phosphat bind)</i>	134	CATAPRES-TTS-1	54	<i>ciclopirox</i>	68
<i>CALQUENCE</i>	16	CAYSTON	8	<i>cilostazol</i>	58
<i>CAMBIA</i>	38	<i>caziant (28)</i>	119	<i>CILOXAN</i>	122
<i>camila</i>	116	<i>cefaclor</i>	6	<i>CIMDUO</i>	2
<i>camrese lo</i>	119	<i>cefadroxil</i>	6	<i>cimetidine</i>	92
<i>CANASA</i>	88	<i>cefazolin</i>	6	<i>cimetidine hcl</i>	92
<i>CANCIDAS</i>	1	<i>cefdinir</i>	6	<i>CIMZIA</i>	89
<i>candesartan</i>	54	<i>cefepime</i>	6	<i>CIMZIA POWDER FOR RECONST</i>	89
<i>candesartan-hydrochlorothiazid</i>	54	<i>cefixime</i>	6	<i>cinacalcet</i>	85
<i>CAPEX</i>	70	<i>cefotetan</i>	6	<i>CINRYZE</i>	128
<i>CAPLYTA</i>	43	<i>cefoxitin</i>	6	<i>CIPRO</i>	13
<i>CAPRELSA</i>	16	<i>cefpodoxime</i>	6	<i>CIPRO HC</i>	76
<i>captopril</i>	54	<i>cefprozil</i>	6	<i>CIPRODEX</i>	76
<i>CARAC</i>	64	<i>ceftazidime</i>	6	<i>ciprofloxacin hcl</i>	13, 76, 122
<i>CARAFATE</i>	92	<i>ceftriaxone</i>	6	<i>ciprofloxacin in 5 % dextrose</i>	13
<i>CARBAGLU</i>	73	<i>cefuroxime axetil</i>	6	<i>ciprofloxacin-dexamethasone</i>	76
<i>carbamazepine</i>	23, 24	<i>cefuroxime sodium</i>	6, 7	<i>CIPROFLOXACIN-FLUOCINOLONE</i>	76
<i>CARBATROL</i>	24	CELEBREX	38	<i>citalopram</i>	43
<i>carbidopa</i>	28	<i>celecoxib</i>	38	<i>claravis</i>	66
<i>carbidopa-levodopa</i>	28	CELEXA	43	<i>CLARINEX</i>	126
<i>carbidopa-levodopa-entacapone</i>	28	CELLCEPT	16	<i>CLARINEX-D 12 HOUR</i>	126
		CELONTIN	24	<i>clarithromycin</i>	7
		<i>cephalexin</i>	7	<i>CLENPIQ</i>	89
		CEQUA	123		

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CLEOCIN	118	clodan	70	CORDRAN TAPE LARGE
CLEOCIN HCL.....	8	CLODERM.....	70	ROLL.....
CLEOCIN PEDIATRIC.....	8	clomipramine.....	43	COREG.....
CLEOCIN T.....	66	clonazepam.....	24	COREG CR.....
CLICKFINE PEN		clonidine.....	54	CORGARD.....
NEEDLE.....	101	clonidine hcl.....	43, 54	CORLANOR.....
CLIMARA.....	117	clopidogrel.....	58	CORTEF.....
CLIMARA PRO.....	117	clorazepate dipotassium	43	CORTIFOAM.....
clindacin p.....	66	clotrimazole	1, 68	COSENTYX.....
CLINDAGEL.....	66	clotrimazole-betamethasone	68	COSENTYX (2
clindamycin hcl.....	8	clovique	73	SYRINGES).....
clindamycin in 5 % dextrose.....	8	clozapine	43	COSENTYX PEN (2 PENS)
clindamycin pediatric.....	8	CLOZARIL.....	43	.63
clindamycin phosphate		COARTEM.....	9	COSOPT.....
....., 8, 9, 66, 118		codeine sulfate	35	COSOPT (PF).....
clindamycin-benzoyl peroxide.	66	COLAZAL.....	89	COTELLIC.....
clindamycin-tretinoin.....	66	COLCHICINE.....	113	COTEMPLA XR-ODT
CLINDESSE.....	118	colchicine	113	COZAAR.....
CLINIMIX 5%/D15W		COLCRYS.....	113	CREON.....
SULFITE FREE.....	136	colesevelam.....	60	CRESEMBA.....
CLINIMIX 4.25%/D10W		COLESTID.....	60	CRESTOR.....
SULF FREE.....	136	colestipol.....	60	CRINONE.....
CLINIMIX 4.25%/D5W		colistin (<i>colistimethate na</i>)	9	cromolyn.....
SULFIT FREE.....	73	COMBIGAN.....	124	123, 128
CLINIMIX 5%-		COMBIPATCH.....	117	cryselle (28).....
D20W(SULFITE-FREE)....	136	COMBIVENT RESPIMAT	128	119
CLINIMIX E 2.75%/D5W		COMBIVIR.....	2	CUBICIN.....
SULF FREE.....	73	COMETRIQ.....	16	CUPRIMINE.....
CLINIMIX E 4.25%/D10W		COMFORT EZ INSULIN		CUTIVATE.....
SUL FREE.....	136	SYRINGE	101	CUVPOSA.....
CLINIMIX E 4.25%/D5W		COMFORT EZ PEN		cyclafem 1/35 (28).....
SULF FREE.....	136	NEEDLES.....	101	119
CLINIMIX E 5%/D15W		COMPLERA.....	2	cyclafem 7/7/7 (28).....
SULFIT FREE.....	136	compro	89	34
CLINIMIX E 5%/D20W		COMTAN.....	28	cyclophosphamide
SULFIT FREE.....	136	CONCERTA.....	43	16
CLINISOL SF 15 %.....	136	CONDYLOX.....	64	CYCLOPHOSPHAMIDE....
clobazam.....	24	constulose	89	CYCLOSET.....
clobetasol.....	70	CONZIP	38	cyclosporine
clobetasol-emollient	70	COPAXONE.....	32	16
CLOBEX.....	70	COPIKTRA.....	16	cyclosporine modified.....
CLOCORTOLONE		CORDRAN.....	70, 71	CYMBALTA.....
PIVALATE.....	70			43
				cyred eq.....
				119
				CYSTADANE.....
				89
				CYSTADROPS.....
				123
				CYSTAGON.....
				134
				CYSTARAN.....
				123
				CYTOMEL.....
				87
				CYTOTEC.....
				92

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<i>d10 %-0.45 % sodium chloride</i>	73	DERMA-SMOOTH/FS	
<i>d2.5 %-0.45 % sodium chloride</i>	73	SCALP OIL	71
<i>d5 % and 0.9 % sodium chloride</i>	73	DERMOTIC OIL	76
<i>d5 %-0.45 % sodium chloride</i>	73	DESCOVY	2
<i>dalfampridine</i>	32	<i>desipramine</i>	43
DALIRESP	128	<i>desloratadine</i>	126
DALVANCE	9	<i>desmopressin</i>	85
<i>danazol</i>	85	<i>desog-e.estradiol/e.estradiol..</i>	119
DANTRIUM	34	<i>desogestrel-ethinyl estradiol..</i>	119
<i>dantrolene</i>	34	DESONATE	71
<i>dapsone</i>	9, 66	<i>desonide</i>	71
DAPSONE	66	DESOWEN	71
DAPTACEL (DTAP PEDIATRIC) (PF)	98	<i>desoximetasone</i>	71
DAPTOMYCIN	9	DESOXYN	43
<i>daptomycin</i>	9	DESVENLAFAKINE	44
DARAPRIM	9	<i>desvenlafaxine succinate</i>	44
<i>darifenacin</i>	133	DETROL	133
DAURISMO	16	DETROL LA	133
DAYPRO	38	<i>dexabliSS</i>	76
DAYTRANA	43	<i>dexamethasone</i>	76
DAYVIGO	43	<i>dexamethasone sodium phosphate</i>	125
DDAVP	85	DEXEDRINE SPANSULE	44
<i>deblitane</i>	117	DEXILANT	92
<i>deferasirox</i>	73	<i>dexamethylphenidate</i>	44
<i>deferiprone</i>	73	<i>dextroamphetamine</i>	44
DELESTROGEN	117	<i>dextroamphetamine-amphetamine</i>	44
DELSTRIGO	2	<i>dextrose 10 % and 0.2 % nacl.</i>	73
DELZICOL	89	<i>dextrose 10 % in water</i>	
<i>demeclocycline</i>	13	(<i>d10w</i>)	73
DEMSER	54	<i>dextrose 5 % in water (<i>d5w</i>)</i>	73
DENAVIR	69	<i>dextrose 5%-0.2 % sod chloride</i>	73
DEPAKOTE	24	DIACOMIT	24
DEPAKOTE ER	24	DIASTAT	24
DEPAKOTE SPRINKLES..	24	DIASTAT ACUDIAL	24
DEPEN TITRATABS	114	<i>diazepam</i>	24, 44
DEPO-ESTRADIOL	117	<i>diazoxide</i>	78
DEPO-PROVERA	117	DIBENZYLINE	54
DEPO-SUBQ PROVERA 104	117	DICLEGIS	89
DEPO-TESTOSTERONE	85	DICLOFENAC	
		EPOLAMINE	38

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DOPTELET (15 TAB PACK).....	58	duloxetine	44	efavirenz-emtricitabin-tenofovir ..	2
DOPTELET (30 TAB PACK).....	58	DUOBRII.....	71	efavirenz-lamivu-tenofovir ..	
DORYX	13	DUOPA	28	disop	2
DORYX MPC	13	DUPIXENT PEN	64	EFFEXOR XR	44
dorzolamide	124	DUPIXENT SYRINGE	64	EFUDEX	64
dorzolamide-timolol	124	DUREZOL.....	125	EGRIFTA SV	95
dorzolamide-timolol (pf)	124	dutasteride	134	ELESTRIN	117
dotti	117	dutasteride-tamsulosin	134	eletriptan	30
DOVATO	2	DUTOPROL	55	ELIDEL	64
DOVONEX	63	DYANAVEL XR	44	ELIGARD	16
doxazosin	55	DYMISTA	129	ELIGARD (3 MONTH)	16
doxepin	44, 64	DYRENium	55	ELIGARD (4 MONTH)	16
doxercalciferol	85	E.E.S. GRANULES	7	ELIGARD (6 MONTH)	16
doxy-100	13	EASY COMFORT		ELIQUIS	58
doxycycline hydiate	13, 14	INSULIN SYRINGE	102	ELIQUIS DVT-PE TREAT	
DOXYCYCLINE HYCLATE	14	EASY COMFORT PEN		30D START	58
doxycycline monohydrate	14	NEEDLES	102	ELMIRON	134
doxylamine-pyridoxine (vit b6)	89	EASY GLIDE INSULIN SYRINGE	102	eluryng	118
DRIZALMA SPRINKLE	44	EASY GLIDE PEN		EMCYT	16
dronabinol	89	NEEDLE	103	EMEND	89
DROPLET INSULIN SYR(HALF UNIT)	101	EASY TOUCH	103	EMFLAZA	76
DROPLET INSULIN SYRINGE	102	EASY TOUCH FLIPLOCK		EMGALITY PEN	30
DROPLET MICRON PEN NEEDLE	102	INSULIN	103	EMGALITY SYRINGE	30
DROPLET PEN NEEDLE	102	EASY TOUCH INSULIN SAFETY SYR	103	emoquette	119
DROPSAFE PEN NEEDLE	102	EASY TOUCH INSULIN SYRINGE	103	EMSAM	44
drospirenone-e.estradiol-lm.fa	119	EASY TOUCH LUER LOCK INSULIN	103	emtricitabine	2
drospirenone-ethinyl estradiol	119	EASY TOUCH PEN NEEDLE	103	emtricitabine-tenofovir (tdf)	2
DROXIA	16	EASY TOUCH SAFETY PEN NEEDLE	104	EMTRIVA	2
droxidopa	73	EASY TOUCH UNI-SLIP	104	EMVERM	9
DUAKLIR PRESSAIR	128	econazole	68	enalapril maleate	55
DUAVEE	117	EDARBI	55	enalapril-hydrochlorothiazide	55
DUETACT	78	EDARBYCLOR	55	ENBREL	114
DUEXIS	39	EDECrin	55	ENBREL MINI	114
DULERA	129	EDURANT	2	ENBREL SURECLICK	114
		efavirenz	2	ENDARI	73

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ENSTILAR	63	erythromycin-benzoyl	ezetimibe-simvastatin	60
entacapone	28	peroxide	FABIOR	67
entecavir	2	ESBRIET	falmina (28)	119
ENTRESTO	62	escitalopram oxalate	famciclovir	3
enulose	89	esomeprazole magnesium ..	famotidine	93
ENVARSUS XR	17	estarrylla	FANAPT	45
EPCLUSA	3	ESTRACE	FARESTON	17
EPIDIOLEX	24	estradiol	FARXIGA	78
EPIDUO	67	estradiol valerate	FARYDAK	17
EPIDUO FORTE	66	estradiol-norethindrone acet ..	FASENRA	129
epinastine	123	ESTRING	FASENRA PEN	129
EPINEPHRINE	126	ESTROGEL	fayosim	119
epinephrine	126	eszopiclone	febuxostat	113
EPIPEN 2-PAK	126	ethacrynic acid	felbamate	24
EPIPEN JR 2-PAK	126	ethambutol	FELBATOL	24
epitol	24	ethosuximide	FELDENE	39
EPIVIR	3	ethynodiol diac-eth estradiol ..	felodipine	55
EPIVIR HBV	3	etodolac	FEMARA	17
eplerenone	55	etonogestrel-ethynodiol ..	FEMHRT LOW DOSE	117
EPOGEN	96	EUCRISA	FEMRING	117
EPZICOM	3	euthyrox	femynor	119
EQUETRO	24	EVAMIST	FENOFIBRATE	60
ERAXIS(WATER DILUENT)	1	EVEKEO	fenofibrate	60
ergoloid	44	EVEKEO ODT	fenofibrate micronized	60
ergotamine-caffeine	30	EVENITY	fenofibrate nanocrystallized	60
ERIVEDGE	17	everolimus (antineoplastic) ..	fenofibric acid (choline)	60
ERLEADA	17	everolimus (immunosuppressive)	FENOGLIDE	60
erlotinib	17	EVISTA	FENOPROFEN	39
errin	117	EVOCLIN	fenoprofen	39
ERTACZO	68	EVOTAZ	fentanyl	35
ertapenem	9	EVOXAC	fentanyl citrate	35
ery pads	67	EVRYSDI	FENTANYL CITRATE	35
erygel	67	EXELON PATCH	FENTORA	35
ERYPED 200	7	exemestane	FERRIPROX	74
ERYPED 400	7	EXFORGE	FETZIMA	45
ery-tab	7	EXFORGE HCT	FEXMID	34
ERY-TAB	7	EXJADE	FIASP FLEXTOUCH U- 100 INSULIN	78
ERYTHROCIN	8	EXTAVIA	FIASP PENFILL U-100 INSULIN	78
erythrocin (as stearate)	7	EXTINA	FIASP U-100 INSULIN	78
erythromycin	8, 122	EYSUVIS	FINACEA	67
erythromycin ethylsuccinate	8	EZALLOR SPRINKLE	finasteride	134
erythromycin with ethanol	67	ezetimibe		

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FINTEPLA	24	<i>fluticasone propion-salmeterol</i>	GARDASIL 9 (PF)	98
FIRAZYR	129	GASTROCROM	89
FIRDAPSE	32	<i>fluvastatin</i>	<i>gatifloxacin</i>	122
FIRMAGON KIT W		<i>fluvoxamine</i>	GATTEX 30-VIAL	89
DILUENT SYRINGE	17	FML FORTE	GAUZE PAD	104
FIRVANQ	9	FML LIQUIFILM	<i>gavilyte-c</i>	89
<i>flac otic oil</i>	76	FML S.O.P.	<i>gavilyte-g</i>	89
FLAGYL	9	FOCALIN	<i>gavilyte-n</i>	89
FLAREX	125	FOCALIN XR	GAVRETO	17
<i>flavoxate</i>	133	<i>fondaparinux</i>	GELNIQUE	133
FLEBOGAMMA DIF	98	FORFIVO XL	<i>gemfibrozil</i>	60
<i>flecainide</i>	53	FORTAMET	<i>gemmily</i>	119
FLECTOR	39	FORTEO	GEMTESA	133
FLOLIPID	60	FORTESTA	GENERESS FE	119
FLOMAX	134	FOSAMAX	<i>generlac</i>	89
FLOVENT DISKUS	129	FOSAMAX PLUS D	<i>gengraf</i>	17
FLOVENT HFA	129	<i>fosamprenavir</i>	GENOTROPIN	96
<i>fluconazole</i>	1	<i>fosfomycin tromethamine</i>	GENOTROPIN	
<i>fluconazole in nacl (iso-osm)</i>	1	<i>fosinopril</i>	MINIQUICK	96
<i>flucytosine</i>	1	<i>fosinopril-hydrochlorothiazide</i>	gentak	122
<i>fludrocortisone</i>	77	FOSRENOL	<i>gentamicin</i>	9, 67, 122
<i>flunisolide</i>	129	FOTIVDA	<i>gentamicin in nacl (iso-osm)</i>	9
<i>fluocinolone</i>	71	FRAGMIN	GENVOYA	3
<i>fluocinolone acetonide oil</i>	76	FREESTYLE PRECISION	GEODON	46
<i>fluocinolone and shower cap</i>	71	FROVA	GILENYA	32
<i>fluocinonide</i>	71	<i>frovatriptan</i>	GILOTrif	17
<i>fluocinonide-e</i>	71	FULPHILA	GIMOTI	89
<i>fluoride (sodium)</i>	136	<i>furosemide</i>	GLASSIA	74
<i>fluorometholone</i>	125	FUZEON	<i>glatiramer</i>	32
FLUOROPLEX	64	<i>fyavolv</i>	<i>glatopa</i>	32
FLUOROURACIL	64	FYCOMPA	GLEEVEC	17
<i>fluorouracil</i>	64	<i>gabapentin</i>	<i>glimepiride</i>	79
<i>fluoxetine</i>	45	GABITRIL	<i>glipizide</i>	79
<i>fluoxetine (pmdd)</i>	45	GALAFOLD	<i>glipizide-metformin</i>	79
<i>fluphenazine decanoate</i>	45	<i>galantamine</i>	GLOPERBA	113
<i>fluphenazine hcl</i>	45	GAMMAGARD LIQUID	GLUCAGEN HYPOKIT	79
<i>flurandrenolide</i>	71	GAMMAGARD S-D (IGA	GLUCAGON	
<i>flurbiprofen</i>	39	< 1 MCG/ML)	EMERGENCY KIT	
<i>flurbiprofen sodium</i>	124	GAMMAKED	(HUMAN)	79
<i>flutamide</i>	17	GAMMAPLEX	GLUCOTROL XL	79
<i>fluticasone propionate</i>	71, 129	GAMMAPLEX (WITH	GLUMETZA	79
FLUTICASONE		SORBITOL)	<i>glycopyrrolate</i>	88
PROPION-SALMETEROL	129	GAMUNEX-C	GLYXAMBI	79

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GOCOVRI	28	HUMALOG JUNIOR		HUMULIN R U-500
GOLYTELY	89	KWIKPEN U-100	80	(CONC) INSULIN
GONITRO	62	HUMALOG KWIKPEN		U-500
GRALISE	25	INSULIN	80	(CONC) KWIKPEN
<i>granisetron hcl</i>	89	HUMALOG MIX 50-50		55
GRANIX	96	INSULN U-100	80	HYDREA
GRASTEK	98	HUMALOG MIX 50-50		17
<i>griseofulvin microsize</i>	1	KWIKPEN	80	hydrochlorothiazide
<i>griseofulvin ultramicrosize</i>	1	HUMALOG MIX 75-25		55
GVOKE HYPOOPEN 2-PACK	80	KWIKPEN	80	hydrocodone bitartrate
GVOKE PFS 1-PACK SYRINGE	80	HUMALOG MIX 75-25(U-100)INSULN	80	36
GYNAZOLE-1	118	HUMALOG U-100		hydrocodone-acetaminophen
HAEGARDA	130	INSULIN	80	36
<i>hailey 24 fe</i>	119	HUMATIN	9	hydrocodone-ibuprofen
<i>halcinonide</i>	71	HUMATROPE	96	71
HALDOL	46	HUMIRA	115	hydrocortisone
HALDOL DECANOATE	46	HUMIRA PEN	114	72, 77, 89
<i>halobetasol propionate</i>	71	HUMIRA PEN CROHNS-UC-HS START	115	hydrocortisone butyrate
HALOBETASOL PROPIONATE	71	HUMIRA PEN PSOR-UVEITS-ADOL HS	115	72
HALOG	71	HUMIRA(CF)	115	hydrocortisone-acetic acid
<i>haloperidol</i>	46	HUMIRA(CF) PEDI		76
<i>haloperidol decanoate</i>	46	CROHNS STARTER	115	hydrocortisone-pramoxine
<i>haloperidol lactate</i>	46	HUMIRA(CF) PEN	115	89
HARVONI	3	CROHNS-UC-HS	115	hydromorphone
HAVRIX (PF)	98	HUMIRA(CF) PEN		36
HEALTHWISE INSULIN SYRINGE	104	PEDIATRIC UC	115	hydromorphone (pf)
HEALTHWISE PEN NEEDLE	104	HUMIRA(CF) PEN PSOR-UV-ADOL HS	115	9
HEALTHY ACCENTS UNIFINE PENTIP	104	HUMULIN 70/30 U-100		hydroxychloroquine
HEMADY	77	INSULIN	80	17
<i>heparin (porcine)</i>	59	HUMULIN 70/30 U-100		hydroxyurea
HEPATAMINE 8%	136	KWIKPEN	80	17
HEPSERA	3	HUMULIN N NPH		hydroxyzine hcl
HETLIOZ	46	INSULIN KWIKPEN	80	126
HETLIOZ LQ	46	HUMULIN N NPH U-100		HYSSINGLA ER
HIBERIX (PF)	98	INSULIN	80	55
HIPREX	14	HUMULIN R REGULAR		ibandronate
HORIZANT	32	U-100 INSULN	80	114

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IMITREX STATDOSE		INTELENCE	3	JADENU SPRINKLE	74
REFILL	30	<i>intralipid</i>	136	JAKAFI	18
IMOVAX RABIES		INTRALIPID	136	JALYN	134
VACCINE (PF)	98	INTRAROSA	118	<i>jantoven</i>	59
IMPAVIDO	9	INTRON A	96	JANUMET	80
IMPEKLO	72	<i>introvale</i>	119	JANUMET XR	80, 81
IMURAN	18	INVANZ	9	JANUVIA	81
IMVEXXY		INVEGA	46	JARDIANC	81
MAINTENANCE PACK ...	117	INVEGA SUSTENNA	46	<i>jasmiel</i> (28)	120
IMVEXXY STARTER		INVEGA TRINZA	47	JATENZO	85
PACK	117	INVELTYS	125	JENTADUETO	81
INBRIJA	29	INVIRASE	3	JENTADUETO XR	81
<i>incassia</i>	117	INVOKAMET	80	<i>jinteli</i>	117
INCONTROL PEN		INVOKAMET XR	80	JORNAY PM	47
NEEDLE	104	INVOKANA	80	JUBLIA	68
INCRELEX	74	IOPIDINE	126	<i>juleber</i>	120
INCRUSE ELLIPTA	130	IPOL	98	JULUCA	3
<i>indapamide</i>	55	<i>ipratropium bromide</i>	76, 130	<i>junel</i> 1.5/30 (21)	120
INDERAL LA	55	<i>ipratropium-albuterol</i>	130	<i>junel</i> 1/20 (21)	120
INDOCIN	39	<i>irbesartan</i>	55	<i>junel fe</i> 1.5/30 (28)	120
INFANRIX (DTAP) (PF) ...	98	<i>irbesartan-</i>		<i>junel fe</i> 1/20 (28)	120
INFLECTRA	89	<i>hydrochlorothiazide</i>	55	<i>junel fe</i> 24	120
INGREZZA	32	IRESSA	18	JUXTAPIID	60
INGREZZA INITIATION		ISENTRESS	3	JYNARQUE	85
PACK	32	ISENTRESS HD	3	<i>kaitlib fe</i>	120
INLYTA	18	<i>isibloom</i>	120	KALBITOR	130
INNOPRAN XL	55	ISOLYTE S PH 7.4	136	KALETTRA	3
INQOVI	18	ISOLYTE-P IN 5 %		KALYDECO	130
INREBIC	18	DEXTROSE	136	KANJINTI	18
INSPRA	55	<i>isoniazid</i>	9	KAPSPARGO SPRINKLE ..	55
INSULIN ASP PRT-		ISOPTO CARPINE	123	KAPVAY	47
INSULIN ASPART	80	ISORDIL	62	<i>kariva</i> (28)	120
INSULIN ASPART U-100 ...	80	ISORDIL TITRADOSE	62	KATERZIA	55
INSULIN LISPRO	80	<i>isosorbide dinitrate</i>	62	KAZANO	81
INSULIN LISPRO		<i>isosorbide mononitrate</i>	62	<i>kelnor</i> 1/35 (28)	120
PROTAMIN-LISPRO	80	<i>isotretinoin</i>	67	<i>kelnor</i> 1-50 (28)	120
INSULIN PEN NEEDLE ...	104	<i>isradipine</i>	55	KENALOG	72
INSULIN SYRINGE	104	ISTALOL	123	KEPPRA	25
INSULIN SYRINGE		ISTURISA	85	KEPPRA XR	25
NEEDLELESS	104	<i>itraconazole</i>	1	KERYDIN	68
INSULIN SYRINGE-		<i>ivermectin</i>	9, 73	KESIMPTA PEN	32
NEEDLE U-100	105	IXIARO (PF)	98	<i>ketoconazole</i>	1, 68
INSUPEN	105	JADENU	74	<i>ketodan</i>	68

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<i>ketoprofen</i>	39	LAMICTAL XR	25	LEVALBUTEROL
KETOROLAC	39	LAMICTAL XR STARTER		TARTRATE.....130
<i>ketorolac</i>	124	(BLUE).....25		LEVEMIR FLEXTOUCH
KEVEYIS	32	LAMICTAL XR STARTER		U-100 INSULN.....81
KEVZARA	115	(GREEN).....25		LEVEMIR U-100 INSULIN 81
KINERET	115	LAMICTAL XR STARTER		<i>levetiracetam</i>26
KINRIX (PF)	98	(ORANGE).....25		<i>levobunolol</i>123
KISQALI	18	<i>lamivudine</i>	3	<i>levocarnitine</i>74
KISQALI FEMARA CO- PACK	18	<i>lamivudine-zidovudine</i>	3	<i>levocarnitine (with sugar)</i>74
KITABIS PAK	9	<i>lamotrigine</i>	25, 26	<i>levocetirizine</i>126
KLARON	68	LAMPIT	9	<i>levofloxacin</i>13, 122
KLISYRI	18	LANOXIN	62	<i>levofloxacin in d5w</i>13
KLONOPIN	25	<i>lansoprazole</i>	93	<i>levonest (28)</i>120
<i>klor-con 10</i>	134	<i>lanthanum</i>	74	<i>levonorgestrel-ethinyl estrad.</i> 120
<i>klor-con 8</i>	134	LANTUS SOLOSTAR U- 100 INSULIN	81	<i>levonorg-eth estrad triphasic</i> . 120
<i>klor-con m10</i>	134	LANTUS U-100 INSULIN..	81	<i>levora-28</i>120
<i>klor-con m15</i>	134	<i>lapatinib</i>	18	<i>levorphanol tartrate</i>36
<i>klor-con m20</i>	134	<i>larin 1.5/30 (21)</i>	120	<i>levo-t</i>87
<i>klor-con oral packet 20</i>	134	<i>larin 1/20 (21)</i>	120	LEVOHYROXINE.....87
KLOXXADO	39	<i>larin fe 1.5/30 (28)</i>	120	<i>levothyroxine</i>87
KOMBIGLYZE XR	81	<i>larin fe 1/20 (28)</i>	120	<i>levoxyl</i>87
KORLYM	85	<i>larissia</i>	120	LEXAPRO.....47
KOSELUGO	18	LASIX	55	LEXETTE.....72
KRINTAFEL	9	LASTACAFT	123	LEXIVA.....3, 4
KRISTALOSE	89	<i>latanoprost</i>	124	LIALDA.....89
K-TAB	134	LATUDA	47	LICART.....39
<i>k-tab</i>	134	<i>layolis fe</i>	120	<i>lidocaine</i>65
<i>kurvelo (28)</i>	120	LAZANDA	36	<i>lidocaine hcl</i>65
KUVAN	85	LEDIPASVIR- SOFOSBUVIR	3	<i>lidocaine viscous</i>65
KYNMOBI	29	<i>leena 28</i>	120	<i>lidocaine-prilocaine</i>65
<i>l norgestrel-estradiol-e.estrad.</i>	120	<i>leflunomide</i>	115	LIDODERM.....65
labetalol	55	LENVIMA	18	<i>lindane</i>73
LACRISERT	123	LESCOL XL	60	<i>linezolid</i>9
<i>lactulose</i>	89	<i>lessina</i>	120	<i>linezolid in dextrose 5%</i>9
LAMICTAL	25	LETAIRIS	130	LINZESS.....89
LAMICTAL ODT	25	<i>letrozole</i>	18	<i>liothyronine</i>87
LAMICTAL STARTER (BLUE) KIT	25	<i>leucovorin calcium</i>	15	LIPITOR.....60
LAMICTAL STARTER (GREEN) KIT	25	LEUKERAN	19	LIPOFEN.....60
LAMICTAL STARTER (ORANGE) KIT	25	<i>LEUKINE</i>	96	<i>lisinopril</i>56
		<i>leuprolide</i>	19	<i>lisinopril-hydrochlorothiazide</i> . 56
		<i>levalbuterol hcl</i>	130	LITE TOUCH INSULIN PEN NEEDLES.....105

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LITE TOUCH INSULIN SYRINGE	105	LOTRONEX	89	MAGELLAN INSULIN SAFETY SYRNG	105
<i>lithium carbonate</i>	47	<i>lovastatin</i>	61	MAGELLAN SYRINGE	
<i>lithium citrate</i>	47	LOVAZA	61		105, 106
LITHOBID	47	LOVENOX	59	<i>magnesium sulfate</i>	134, 135
LITHOSTAT	74	<i>low-ogestrel (28)</i>	120	MALARONE	9
LIVALO	61	<i>loxapine succinate</i>	47	MALARONE PEDIATRIC	10
LO LOESTRIN FE	120	LUBIPROSTONE	90	<i>malathion</i>	73
LOCOID	72	LUCEMYRA	39	MARINOL	90
LOCOID LIPOCREAM	72	LULICONAZOLE	69	<i>marlissa (28)</i>	120
LODINE	39	LUMIGAN	124	MARPLAN	47
LODOSYN	29	LUNESTA	47	MATULANE	19
LOESTRIN 1.5/30 (21)	120	LUPANETA PACK (1 MONTH)	118	<i>matzim la</i>	56
LOESTRIN 1/20 (21)	120	LUPANETA PACK (3 MONTH)	118	MAVENCLAD (10 TABLET PACK)	32
LOESTRIN FE 1.5/30 (28-DAY)	120	LUPKYNIS	19	MAVENCLAD (4 TABLET PACK)	33
LOESTRIN FE 1/20 (28-DAY)	120	LUPRON DEPOT	19	MAVENCLAD (5 TABLET PACK)	33
LOKELMA	74	LUPRON DEPOT (3 MONTH)	19	MAVENCLAD (6 TABLET PACK)	33
LOMOTIL	88	LUPRON DEPOT (4 MONTH)	19	MAVENCLAD (7 TABLET PACK)	33
LONHALA MAGNAIR REFILL	130	LUPRON DEPOT (6 MONTH)	19	MAVENCLAD (8 TABLET PACK)	33
LONHALA MAGNAIR STARTER	130	<i>lутера (28)</i>	120	MAVENCLAD (9 TABLET PACK)	33
LONSURF	19	LUXIQ	72	MAVYRET	4
<i>loperamide</i>	88	LUZU	69	MAXALT	30
LOPID	61	<i>lyleq</i>	117	MAXALT-MLT	30
<i>lopinavir-ritonavir</i>	4	<i>lyllana</i>	118	MAXICOMFORT II PEN NEEDLE	106
LOPRESSOR	56	LYNPARZA	19	MAXICOMFORT	
LOPROX	69	LYRICA	26	INSULIN SYRINGE	106
LOPROX (AS OLAMINE)	69	LYRICA CR	26	MAXI-COMFORT	
<i>lorazepam</i>	47	LYSODREN	19	INSULIN SYRINGE	106
<i>lorazepam intensol</i>	47	LYSTEDA	118	MAXICOMFORT	
LORBRENA	19	LYUMJEV KWIKPEN U-100 INSULIN	81	SAFETY PEN NEEDLE	106
<i>loryna (28)</i>	120	LYUMJEV KWIKPEN U-200 INSULIN	81	MAXIDEX	125
<i>losartan</i>	56	LYUMJEV U-100 INSULIN	81	MAXITROL	124
<i>losartan-hydrochlorothiazide</i>	56	<i>lyza</i>	118	MAXZIDE	56
LOSEASONIQUE	120	MACROBID	14	MAXZIDE-25MG	56
LOTEMAX	125	MACRODANTIN	14	MAYZENT	33
LOTEMAX SM	125	<i>mafenide acetate</i>	68		
LOTENSIN	56				
<i>loteprednol etabonate</i>	125				
LOTREL	56				

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MAYZENT STARTER		METHYLIN.....	47	<i>minocycline</i>	14
PACK.....	33	<i>methylphenidate hcl</i>	47, 48	MINOLIRA ER.....	14
<i>meclizine</i>	90	METHYLPHENIDATE		<i>minoxidil</i>	56
<i>meclofenamate</i>	39	HCL.....	48	MIRAPEX ER.....	29
MEDROL.....	77	<i>methylprednisolone</i>	77	<i>mirtazapine</i>	48
MEDROL (PAK).....	77	<i>methyltestosterone</i>	85	MIRVASO.....	67
<i>medroxyprogesterone</i>	118	<i>metoclopramide hcl</i>	90	<i>misoprostol</i>	93
<i>mefenamic acid</i>	39	<i>metolazone</i>	56	MITIGARE.....	113
<i>mefloquine</i>	10	<i>metoprolol succinate</i>	56	M-M-R II (PF).....	99
<i>megestrol</i>	19	<i>metoprolol ta-</i>		MOBIC.....	39
MEKINIST.....	19	<i>hydrochlorothiaz</i>	56	<i>modafinil</i>	48
MEKTOVI.....	19	<i>metoprolol tartrate</i>	56	<i>moexipril</i>	56
<i>meloxicam</i>	39	METROCREAM.....	67	<i>molindone</i>	48
<i>meloxicam submicronized</i>	39	METROGEL.....	67	<i>mometasone</i>	72, 130
<i>memantine</i>	33	METROLOTION.....	67	<i>monodoxyne nl</i>	14
MEMANTINE.....	33	<i>metronidazole</i>	10, 67, 118	MONOJECT INSULIN	
MENACTRA (PF).....	99	<i>metronidazole in nacl (iso-os)</i>	10	SAFETY SYRING.....	106
MENEST.....	118	<i>metyrosine</i>	56	MONOJECT INSULIN	
MENOSTAR.....	118	<i>mexiletine</i>	53	SYRINGE.....	106
MENQUADFI (PF).....	99	<i>mibelas 24 fe</i>	120	MONOJECT SYRINGE....	106
MENTAX.....	69	<i>micafungin</i>	1	MONOJECT ULTRA	
MENVEO A-C-Y-W-135-		MICARDIS.....	56	COMFORT INSULIN.....	106
DIP (PF).....	99	MICARDIS HCT.....	56	<i>montelukast</i>	130
MEPRON.....	10	<i>miconazole-3</i>	119	MONUROL.....	14
<i>mercaptopurine</i>	19	MICRODOT INSULIN		<i>morphine</i>	37
<i>meropenem</i>	10	PEN NEEDLE.....	106	<i>morphine concentrate</i>	37
MERREM.....	10	<i>microgestin 1.5/30 (21)</i>	120	MOTEGRITY.....	90
<i>mesalamine</i>	90	<i>microgestin 1/20 (21)</i>	121	MOTOFEN.....	88
MESNEX.....	15	<i>microgestin fe 1.5/30 (28)</i> ...	121	MOVANTIK.....	90
MESTINON.....	34	<i>microgestin fe 1/20 (28)</i>	121	MOVIPREP.....	90
MESTINON TIMESPAN....	34	<i>midodrine</i>	74	MOXEZA.....	122
<i>metformin</i>	81, 82	<i>migergot</i>	30	<i>moxifloxacin</i>	13, 122
<i>methadone</i>	36, 37	<i>miglitol</i>	82	<i>moxifloxacin-</i>	
<i>methamphetamine</i>	47	<i>miglustat</i>	86	<i>sod.chloride(iso)</i>	13
<i>methazolamide</i>	124	MIGRAL.....	30	MS CONTIN.....	37
<i>methenamine hippurate</i>	14	<i>mili</i>	121	MULPLETA.....	59
<i>methimazole</i>	77	<i>millipred</i>	77	MULTAQ.....	53
METHITEST.....	85	<i>mimvey</i>	118	<i>mupirocin</i>	68
<i>methotrexate sodium</i>	19	MINASTRIN 24 FE.....	121	<i>mupirocin calcium</i>	68
<i>methotrexate sodium (pf)</i>	19	MINI ULTRA-THIN II....	106	MVASI.....	19
<i>methoxsalen</i>	65	MINIPRESS.....	56	MYALEPT.....	86
<i>methscopolamine</i>	88	MINITRAN.....	62	MYAMBUTOL.....	10
<i>methyldopa</i>	56	MINIVELLE.....	118	MYCAMINE.....	1

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MYCAPSSA	19	neomycin	10	NITRO-DUR	62
MYCOBUTIN	10	neomycin-bacitracin-poly-hc	124	nitrofurantoin	14
<i>mycophenolate mofetil</i>	19	neomycin-bacitracin-		nitrofurantoin macrocrystal	14
<i>mycophenolate sodium</i>	19	polymyxin	122	nitrofurantoin monohyd/m-	
MYDAYIS	48	neomycin-polymyxin b-		cryst	15
MYFORTIC	19	dexameth	125	nitroglycerin	62
<i>myorisan</i>	67	neomycin-polymyxin-		NITROLINGUAL	62
MYRBETRIQ	133	gramicidin	122	NITROSTAT	62
MYSOLINE	26	neomycin-polymyxin-hc	76, 125	NITYR	74
MYTESI	88	NEORAL	19	NIVESTYM	96
<i>nabumetone</i>	40	NEO-SYNALAR	68	<i>nizatidine</i>	93
<i>nadolol</i>	56	NERLYNX	19	NOCDURNA (MEN)	86
<i>nafcillin</i>	12	NESINA	82	NOCDURNA (WOMEN)	86
<i>naftifine</i>	69	neuac	67	<i>nolix</i>	72
NAFTIN	69	NEULASTA	96	<i>nora-be</i>	118
NALFON	40	NEUPOGEN	96	NORDITROPIN	
<i>naloxone</i>	40	NEUPRO	29	FLEXPRO	96
<i>naltrexone</i>	40	NEURONTIN	26	<i>noreth-ethinyl estradiol-iron</i>	121
NAMENDA	33	NEVANAC	124	<i>norethindrone (contraceptive)</i>	
NAMENDA TITRATION		<i>nevirapine</i>	4		118
PAK	33	NEXAVAR	19	<i>norethindrone acetate</i>	118
NAMENDA XR	33	NEXIUM	93	<i>norethindrone ac-eth estradiol</i>	
NAMZARIC	33	NEXIUM PACKET	93		118, 121
NAPRELAN CR	40	NEXLETOL	61	<i>norethindrone-e.estradiol-iron</i>	
<i>naproxen</i>	40	NEXLIZET	61		121
<i>naproxen sodium</i>	40	NEXTSTELLIS	121	<i>norgestimate-ethinyl estradiol</i>	
<i>naproxen-esomeprazole</i>	40	niacin	61		121
<i>naratriptan</i>	30	NIACOR	61	NORITATE	67
NARCAN	40	NIASPAN EXTENDED-		NORPRAMIN	48
NARDIL	48	RELEASE	61	NORTHERA	74
NASONEX	130	<i>nicardipine</i>	56	<i>nortrel 0.5/35 (28)</i>	121
NATACYN	122	NICOTROL	75	<i>nortrel 1/35 (21)</i>	121
NATAZIA	121	NICOTROL NS	75	<i>nortrel 1/35 (28)</i>	121
<i>nateglinide</i>	82	<i>nifedipine</i>	56	<i>nortrel 7/7/7 (28)</i>	121
NATESTO	86	nikki (28)	121	<i>nortriptyline</i>	48
NATPARA	86	NILANDRON	19	NORVASC	56
NATROBA	73	<i>nilutamide</i>	19	NORVIR	4
NAYZILAM	26	<i>nimodipine</i>	56	NOURIANZ	29
NEBUPENT	10	NINLARO	20	NOVOFINE 32	106
<i>necon 0.5/35 (28)</i>	121	<i>nisoldipine</i>	56	NOVOFINE	
NEEDLES, INSULIN		<i>nitazoxanide</i>	10	AUTOCOVER	107
DISP.,SAFETY	106	<i>nitisinone</i>	74	NOVOFINE PLUS	107
<i>nefazodone</i>	48	<i>nitro-bid</i>	62		

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NOVOLIN 70/30 U-100	96	NYVEPRIA	96	OPSUMIT	130
INSULIN	82	OCALIVA	90	ORACEA	14
NOVOLIN 70-30		<i>ocella</i>	121	ORALAIR	99
FLEXPEN U-100	82	OCTAGAM	99	ORAPRED ODT	77
NOVOLIN N FLEXPEN	82	<i>octreotide acetate</i>	20	ORAVIG	1
NOVOLIN N NPH U-100		OCUFLOX	122	ORENCIA	115, 116
INSULIN	82	ODACTRA	99	ORENCIA CLICKJECT	115
NOVOLIN R FLEXPEN	82	ODEFSEY	4	ORENITRAM	56
NOVOLIN R REGULAR		ODOMZO	20	ORFADIN	74
U-100 INSULN	82	OFEV	130	ORGOVYX	20
NOVOLOG FLEXPEN U-		<i>ofloxacin</i>	13, 76, 122	ORIAHNN	119
100 INSULIN	82	<i>olanzapine</i>	48	ORILISSA	86
NOVOLOG MIX 70-30 U-		<i>olanzapine-fluoxetine</i>	48	ORKAMBI	130
100 INSULN	82	<i>olmesartan</i>	56	ORLADEYO	130
NOVOLOG MIX 70-		<i>olmesartan-amldipin-</i>		<i>orsythia</i>	121
30FLEXPEN U-100	82	<i>hcثiazid</i>	56	ORTIKOS	90
NOVOLOG PENFILL U-		<i>olmesartan-</i>		<i>oseltamivir</i>	4
100 INSULIN	82	<i>hydrochlorothiazide</i>	56	OSENI	83
NOVOLOG U-100		<i>olopatadine</i>	76, 123	OSMOLEX ER	29
INSULIN ASPART	82	OLUMIANT	115	OSMOPREP	90
NOVOTWIST	107	OLUX	72	OSPHENA	119
NOXAFIL	1	OLUX-E	72	OTEZLA	116
NUBEQA	20	OMECLAMOX-PAK	93	OTEZLA STARTER	116
NUCALA	130	<i>omega-3 acid ethyl esters</i>	61	OTOVEL	76
NUCYNTA	40	omeprazole	93	OTREXUP (PF)	116
NUCYNTA ER	40	<i>omeprazole-sodium</i>		OVIDE	73
NUEDEXTA	33	bicarbonate	93, 94	oxacillin	12
NULYTELY LEMON-		OMNARIS	130	<i>oxacillin in dextrose(iso-osm)</i>	12
LIME	90	OMNIPOD DASH 5 PACK		oxandrolone	86
NUPLAZID	48	POD	107	oxaprozin	40
NURTEC ODT	30	OMNIPOD INSULIN		OXAYDO	37
NUTRILIPID	136	MANAGEMENT	107	OXBRYTA	74
NUTROPIN AQ NUSPIN	96	OMNIPOD INSULIN		oxcarbazepine	27
NUVARING	119	REFILL	107	OXERVATE	123
NUVIGIL	48	OMNITROPE	96	<i>oxiconazole</i>	69
NUZYRA	14	<i>ondansetron</i>	90	OXISTAT	69
nyamyc	69	<i>ondansetron hcl</i>	90	OXTELLAR XR	27
nylia 7/7/7 (28)	121	ONEXTON	67	<i>oxybutynin chloride</i>	133
NYMALIZE	56	ONFI	26	<i>oxycodone</i>	37
nymyo	121	ONGENTYS	29	OXYCODONE	37
nystatin	1, 69	ONGLYZA	82	<i>oxycodone-acetaminophen</i>	37
nystatin-triamcinolone	69	ONUREG	20	OXYCONTIN	37, 38
nystop	69	ONZETRA XSAIL	30	<i>oxymorphone</i>	38

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OXYTROL	133	PERCOCET	38	PONVORY	33
OZEMPIC	83	PERFOROMIST	130	PONVORY 14-DAY	
pacerone	53	<i>perindopril erbumine</i>	56	STARTER PACK	33
paliperidone	48	<i>periogard</i>	76	<i>portia</i> 28	121
PALYNZIQ	86	<i>permethrin</i>	73	<i>posaconazole</i>	1
PAMELOR	48	<i>perphenazine</i>	49	<i>potassium chlorid-d5-</i>	
PANCREAZE	90	PERSERIS	49	<i>0.45%nacl</i>	135
PANDEL	72	PERTZYE	91	<i>potassium chloride</i>	135
pantoprazole	94	PEXEVA	49	<i>potassium chloride in</i>	
PANZYGA	99	<i>phenelzine</i>	49	<i>0.9%nacl</i>	135
paricalcitol	86	<i>phenobarbital</i>	27	<i>potassium chloride in 5 % dex</i>	135
PARLODEL	29	<i>phenoxybenzamine</i>	56	<i>potassium chloride in lr-d5</i>	135
PARNATE	48	PHENYTEK	27	<i>potassium chloride in water</i>	135
paramomycin	10	<i>phenytoin</i>	27	<i>potassium chloride-0.45 %</i>	
paroxetine hcl	48	<i>phenytoin sodium extended</i>	27	<i>nacl</i>	135
paroxetine		PHOSLYRA	135	<i>potassium chloride-d5-</i>	
<i>mesylate(menop.sym)</i>	49	PIFELTRO	4	<i>0.2%nacl</i>	135
PASER	10	<i>pilocarpine hcl</i>	74, 123	<i>potassium chloride-d5-</i>	
PATANASE	76	<i>pimecrolimus</i>	65	<i>0.9%nacl</i>	135
PAXIL	49	<i>pimozide</i>	49	<i>potassium citrate</i>	134
PAXIL CR	49	<i>pimtrea (28)</i>	121	PRADAXA	59
PEDIARIX (PF)	99	<i>pindolol</i>	56	PRALUENT PEN	61
PEDVAX HIB (PF)	99	<i>pioglitazone</i>	83	<i>pramipexole</i>	29
peg 3350-electrolytes	90	<i>pioglitazone-glimepiride</i>	83	<i>prasugrel</i>	59
peg3350-sod sul-nacl-kcl-asb-		<i>pioglitazone-metformin</i>	83	<i>pravastatin</i>	61
<i>c</i>	90	<i>piperacillin-tazobactam</i>	12	<i>praziquantel</i>	10
PEGASYS	96	PIQRAY	20	<i>prazosin</i>	56
peg-electrolyte	90	<i>pirmella</i>	121	PRED FORTE	125
PEMAZYRE	20	<i>piroxicam</i>	40	PRED MILD	125
penicillamine	116	PLAQUENIL	10	PRED-G	125
PENICILLIN G POT IN		PLASMA-LYTE 148	136	PRED-G S.O.P.	125
DEXTROSE	12	PLASMA-LYTE A	136	<i>prednicarbate</i>	72
penicillin g potassium	12	PLAVIX	59	<i>prednisolone</i>	77
penicillin g procaine	12	PLEGRIDY	96, 97	<i>prednisolone acetate</i>	125
penicillin g sodium	12	PLENAMINE	136	<i>prednisolone sodium</i>	
penicillin v potassium	12	PLENVU	91	<i>phosphate</i>	77, 125
PENNSAID	40	PLIAGLIS	65	<i>prednisone</i>	77
PENTAM	10	<i>podofilox</i>	65	<i>prednisone intensol</i>	77
pentamidine	10	<i>polymyxin b sulfate</i>	10	PREFEST	118
PENTASA	91	<i>polymyxin b sulf-</i>		<i>pregabalin</i>	27
PENTIPS	107	<i>trimethoprim</i>	122	PREMARIN	118
pentoxifylline	59	POLYTRIM	122	<i>emasol 10 %</i>	136
PEPCID	94	POMALYST	20	PREMPHASE	118

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PREMPRO	118	PROLASTIN-C	74	QUDEXY XR	27
<i>prenatal vitamin oral tablet</i>	136	<i>prolate</i>	38	QUESTRAN	61
PRETOMANID	10	PROLENSA	124	QUESTRAN LIGHT	61
PREVACID	94	PROLIA	114	<i>quetiapine</i>	49
PREVACID SOLUTAB	94	PROMACTA	59	QUILLICHEW ER	49
<i>prevalte</i>	61	<i>promethazine</i>	126	QUILLIVANT XR	49
<i>previfem</i>	121	PROMETRIUM	118	<i>quinapril</i>	57
PREVYMIS	4	<i>propafenone</i>	53	<i>quinapril-hydrochlorothiazide</i>	57
PREZCOBIX	4	<i>propranolol</i>	57	<i>quinidine gluconate</i>	53
PREZISTA	4	<i>propylthiouracil</i>	77	<i>quinidine sulfate</i>	53
PRIFTIN	10	PROQUAD (PF)	99	<i>quinine sulfate</i>	10
PRILOSEC	94	PROSCAR	134	QVAR REDIHALER	131
PRIMAQUINE	10	PROSOL 20 %	136	RABAVERT (PF)	99
PRIMAXIN IV	10	PROTONIX	94	<i>rabeprazole</i>	94
<i>primidone</i>	27	PROTOPIC	65	RAGWITEK	99
PRINVIL	57	<i>protriptyline</i>	49	<i>raloxifene</i>	114
PRISTIQ	49	PROVERA	118	<i>ramelteon</i>	49
PRIVIGEN	99	PROVIGIL	49	<i>ramipril</i>	57
PRO COMFORT INSULIN		PROZAC	49	RANEXA	62
SYRINGE	107	<i>prodoxin</i>	65	<i>ranolazine</i>	62
PRO COMFORT PEN		PSORCON	72	RAPAFLO	134
NEEDLE	107	PULMICORT	131	RAPAMUNE	20
PROAIR DIGIHALER	130	PULMICORT		<i>rasagiline</i>	29
PROAIR HFA	130	FLEXHALER	131	RASUVO (PF)	116
PROAIR RESPICLICK	130	PULMOZYME	131	RAVICTI	74
<i>probencid</i>	113	PURE COMFORT PEN		RAYALDEE	86
<i>probencid-colchicine</i>	113	NEEDLE	107	RAYOS	77
PROCALAMINE 3%	136	PURIXAN	20	RAZADYNE ER	33
PROCARDIA XL	57	PYLERA	94	REBIF (WITH ALBUMIN)	97
<i>procenutra</i>	49	<i>pyrazinamide</i>	10	REBIF REBIDOSE	97
<i>prochlorperazine</i>	91	<i>pyridostigmine bromide</i>	34	REBIF TITRATION PACK	97
<i>prochlorperazine maleate oral</i>	91	PYRIDOSTIGMINE		<i>reclipsen (28)</i>	121
PROCRT	97	BROMIDE	34	RECOMBIVAX HB (PF)	99
<i>procto-med hc</i>	91	<i>pyrimethamine</i>	10	RECTIV	91
<i>procto-pak</i>	91	QBRELIS	57	RREDITREX (PF)	116
<i>proctosol hc</i>	91	QBREXA	65	REGLAN	91
<i>protozone-hc</i>	91	QELBREE	49	REGRANEX	65
PROCYSBI	134	QINLOCK	20	RELAFEN DS	40
PRODIGY INSULIN		QNDSL	131	RELENZA DISKHALER	4
SYRINGE	107	QTERN	83	RELEXXII	49
<i>progesterone micronized</i>	118	QUADRACEL (PF)	99	RELION PEN NEEDLES	107
PROGLYCEM	83	QUALAQUIN	10	RELISTOR	91
PROGRAF	20	QUARTETTE	121	RELPAX	30

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RELTONE	91	rivastigmine tartrate	33	scopolamine base	91
REMERON	50	rivilsa	121	SEASONIQUE	121
REMERON SOLTAB	50	rizatriptan	31	SECUADO	50
REMICADE	91	ROCALTROL	86	SECURESAFE PEN	
RENAGEL	74	ROCKLATAN	124	NEEDLE	107
RENFLEXIS	91	ropinirole	29	SEGLUROMET	83
RENVELA	74	rosuvastatin	61	selegiline hcl	29
repaglinide	83	ROSZET	61	selenium sulfide	63
REPATHA	61	ROTARIX	99	SELZENTRY	4
REPATHA		ROTATEQ VACCINE	99	SEMGLEE PEN U-100	
PUSHTRONEX	61	ROWASA	91	INSULIN	83
REPATHA SURECLICK	61	roweepra	27	SEMGLEE U-100	
RESTASIS	123	ROXICODONE	38	INSULIN	83
RESTASIS MULTIDOSE	123	ROZEREM	50	SENSIPAR	86
RETACRIT	97	ROZLYTREK	20	SEREVENT DISKUS	131
RETEVMO	20	RUBRACA	20	SEROQUEL	50
RETIN-A	67	RUCONEST	131	SEROQUEL XR	51
RETIN-A MICRO	67	rufinamide	27	SEROSTIM	97
RETROVIR	4	RUKOBIA	4	sertraline	51
REVATIO	131	RUXIENCE	21	setlakin	121
REVLIMID	20	RUZURGI	33	sevelamer carbonate	75
REXULTI	50	RYBELSUS	83	sevelamer hcl	75
REYATAZ	4	RYDAPT	21	SEYSARA	14
REYVOW	31	RYTARY	29	sharobel	118
RHOFADE	67	RYTHMOL SR	53	SHINGRIX (PF)	99
RHOPRESSA	124	SABRIL	27	SIGNIFOR	21
ribavirin	4	SAFESNAP INSULIN		SIKLOS	21
RIDAURA	116	SYRINGE	107	sildenafil (pulmonary arterial	
rifabutin	10	SAFETY PEN NEEDLE	107	hypertension)	132
rifampin	10	SAFYRAL	121	SILENOR	51
RILUTEK	74	SAIZEN	97	SILIQ	63
riluzole	74	SAIZEN SAIZENPREP	97	silodosin	134
rimantadine	4	SALAGEN		SILVADENE	65
RINVOQ	116	(PILOCARPINE)	75	silver sulfadiazine	65
RIOMET	83	SAMSCA	86	SIMBRINZA	124
risedronate	75, 114	SANCUSO	91	SIMPONI	116
RISPERDAL	50	SANDIMMUNE	21	simvastatin	61
RISPERDAL CONSTA	50	SANDOSTATIN	21	SINEMET	29
risperidone	50	SANTYL	65	SINGULAIR	132
RITALIN	50	SAPHRIS	50	sirolimus	21
RITALIN LA	50	sapropterin	86	SIRTURO	10
ritonavir	4	SAVAYSA	59	SITAVIG	4
rivastigmine	33	SAVELLA	116	SIVEXTRO	10

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SKYRIZI	63	STALEVO 200	29	SURE-JECT INSULIN	
SLYND	121	STALEVO 75	29	SYRINGE	108
<i>sodium chloride</i>	75	STEGLATRO	83	SUSTIVA	5
<i>sodium chloride 0.45 %</i>	135	STEGLUJAN	83	SUTAB	91
<i>sodium chloride 0.9 %</i>	75	STELARA	63, 64	SUTENT	21
<i>sodium chloride 3 %</i>	135	STIOLTO RESPIMAT	132	<i>syeda</i>	121
<i>sodium chloride 5 %</i>	135	STIVARGA	21	SYMBICORT	132
<i>sodium phenylbutyrate</i>	75	STRATTERA	51	SYMBYAX	51
<i>sodium polystyrene sulfonate</i>	75	STRENSIQ	86	SYMDEKO	132
SOFOSBUVIR-		STREPTOMYCIN	10	SYMFI	5
VELPATASVIR	4	STRIBILD	5	SYMFI LO	5
<i>solifenacin</i>	133	STRIVERDI RESPIMAT	132	SYMJEPI	126
SOLIQUA 100/33	83	STROMECTOL	10	SYMLINPEN 120	83
SOLODYN	14	SUBOXONE	40	SYMLINPEN 60	83
SOLOSEC	10	SUBSYS	38	SYMPAZAN	27
SOLTAMOX	21	SUCRAID	91	SYMPROIC	91
SOMAVERT	86	<i>sucralfate</i>	94	SYMTUZA	5
SOOLANTRA	67	SULAR	57	SYNALAR	72
SORIATANE	63	<i>sulfacetamide sodium</i>	123	SYNAREL	86
SORILUX	63	<i>sulfacetamide sodium (acne)</i>	68	SYNDROS	91
<i>sorine</i>	53	<i>sulfacetamide-prednisolone</i>	123	SYNJARDY	84
<i>sotalol</i>	53	<i>sulfadiazine</i>	13	SYNJARDY XR	84
<i>sotalol af</i>	53	<i>sulfamethoxazole-trimethoprim</i>	13	SYNRIBO	21
SOTYLIZE	53	SULFAMYLYON	68	SYNTROID	87
SOVALDI	5	<i>sulfasalazine</i>	91	SYPRINE	75
<i>spinosal</i>	73	<i>sulindac</i>	40	TABLOID	21
SPIRIVA RESPIMAT	132	<i>sumatriptan</i>	31	TABRECTA	21
SPIRIVA WITH HANDIHALER	132	<i>sumatriptan succinate</i>	31	TACLONEX	64
<i>spironolactone</i>	57	<i>sumatriptan-naproxen</i>	31	<i>tacrolimus</i>	21, 65
<i>spironolacton-hydrochlorothiaz</i>	57	SUNOSI	51	<i>tadalafil</i>	134
SPORANOX	2	SUPRAX	7	<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	132
<i>sprintec (28)</i>	121	SUPREP BOWEL PREP KIT	91	TAFINLAR	21
SPRITAM	27	SURE COMFORT INS.		TAGRISSO	21
SPRIX	40	SYR. U-100	107	TAKHZYRO	132
SPRYCEL	21	SURE COMFORT		TALICIA	95
<i>sps (with sorbitol)</i>	75	INSULIN SYRINGE	108	TALTZ AUTOINJECTOR	64
<i>sronyx</i>	121	SURE COMFORT PEN		TALTZ SYRINGE	64
<i>ssd</i>	65	NEEDLE	108	TALZENNA	21
STALEVO 100	29	SURE-FINE PEN		TAMIFLU	5
STALEVO 125	29	NEEDLES	108	<i>tamoxifen</i>	21
STALEVO 150	29			<i>tamsulosin</i>	134

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TAPAZOLE	77	<i>terbinafine hcl</i>	2	TIROSINT-SOL	88
TAPERDEX	77	<i>terbutaline</i>	132	TIVICAY	5
TARCEVA	21	<i>terconazole</i>	119	TIVICAY PD	5
TARGADOX	14	TERIPARATIDE	114	<i>tizanidine</i>	34
TARGRETIN	21	TERUMO INSULIN		TOBI	10
<i>tarina 24 fe</i>	121	SYRINGE	109	TOBI PODHALER	10
<i>tarina fe 1-20 eq (28)</i>	121	TESTIM	86	TOBRADEX	125
TASIGNA	21	<i>testosterone</i>	86, 87	TOBRADEX ST	125
TASMAR	29	TESTOSTERONE	86	<i>tobramycin</i>	11, 122
<i>tavaborole</i>	69	<i>testosterone cypionate</i>	86	<i>tobramycin in 0.225 % nacl</i>	11
TAVALISSE	59	<i>testosterone enanthate</i>	86	<i>tobramycin sulfate</i>	11
<i>tazarotene</i>	67	TETANUS,DIPHTHERIA		<i>tobramycin-dexamethasone</i>	125
TAZAROTENE	67	TOX PED(PF)	99	TOBREX	122
<i>tazicef</i>	7	<i>tetrabenazine</i>	34	<i>tolcapone</i>	29
TAZORAC	67	<i>tetracycline</i>	14	TOLSURA	2
<i>taztia xt</i>	57	TEXACORT	72	<i>tolterodine</i>	133
TAZVERIK	21	THALOMID	21	TOLVAPTAN	87
TDVAX	99	THEO-24	132	<i>tolvaptan</i>	87
TECFIDERA	33, 34	<i>theophylline</i>	132	TOPAMAX	27
TECHLITE INSULIN		<i>thinpro insulin syringe</i>	109	TOPCARE CLICKFINE	110
SYRINGE	108	THINPRO INSULIN		TOPCARE ULTRA	
TECHLITE INSULN		SYRINGE	109	COMFORT	110
SYR(HALF UNIT)	109	THIOLA	75	TOPICORT	72
TECHLITE PEN NEEDLE	109	THIOLA EC	75	<i>topiramate</i>	27
TEFLARO	7	<i>thioridazine</i>	51	TOPROL XL	57
TEGRETOL	27	<i>thiothixene</i>	51	<i>toremifene</i>	21
TEGRETOL XR	27	THYQUIDITY	87	<i>torsemide</i>	57
TEGSEDI	34	<i>tiadylt er</i>	57	TOSYMRA	31
TEKTURNA	57	<i>tiagabine</i>	27	TOUJEO MAX U-300	
TEKTURNA HCT	57	TIAZAC	57	SOLOSTAR	84
<i>telmisartan</i>	57	TIBSOVO	21	TOUJEO SOLOSTAR U-	
<i>telmisartan-amlodipine</i>	57	<i>tigecycline</i>	10	300 INSULIN	84
<i>telmisartan-</i> <i>hydrochlorothiazid</i>	57	TIGLUTIK	75	<i>tovet emollient</i>	72
TEMIXYS	5	TIKOSYN	53	TOVIAZ	133
TEMOVATE	72	<i>tilia fe</i>	121	TPN ELECTROLYTES	135
TENIVAC (PF)	99	<i>timolol maleate</i>	57, 123	TRACLEER	132
<i>tenofovir disoproxil fumarate</i>	5	<i>timolol maleate (pf)</i>	123	TRADJENTA	84
TENORETIC 100	57	TIMOPTIC OCUDOSE		TRAMADOL	40, 41
TENORETIC 50	57	(PF)	123	<i>tramadol</i>	41
TENORMIN	57	TIMOPTIC-XE	123	<i>tramadol-acetaminophen</i>	41
TEPMETKO	21	<i>tinidazole</i>	10	<i>trandolapril</i>	57
<i>terazosin</i>	57	<i>tiopronin</i>	75	<i>trandolapril-verapamil</i>	57
		TIROSINT	87	<i>tranexamic acid</i>	119

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TRANSDERM-SCOP	92	trilyte with flavor packets	92	ULTICARE	110, 111
TRANXENE T-TAB	51	trimethoprim	15	ULTICARE INSULIN	
<i>tranylcypromine</i>	51	tri-mili	121	SYRINGE	110
<i>travasol 10 %</i>	136	trimipramine	51	ULTICARE INSULN	
TRAVATAN Z	124	TRINTELLIX	51	SYR(HALF UNIT)	110
<i>travoprost</i>	124	tri-nymyo	121	ULTICARE PEN NEEDLE	
TRAZIMERA	22	tri-previfem (28)	121	ULTICARE SAFETY PEN	
<i>trazodone</i>	51	tri-sprintec (28)	122	NEEDLE	110
TRECATOR	11	TRIUMEQ	5	ULTIGUARD	
TRELEGY ELLIPTA	132	trivora (28)	122	SAFEPACK-INSULIN	
TRELSTAR	22	tri-vylbra	122	SYR	111
TREMFYA	64	tri-vylbra lo	122	ULTIGUARD	
<i>treprostinil sodium</i>	57	TRIZIVIR	5	SAFEPACK-PEN	
TRESIBA FLEXTOUCH		TROKENDI XR	27	NEEDLE	111
U-100	84	TROPHAMINE 10 %	136	ULTILET INSULIN	
TRESIBA FLEXTOUCH		<i>trospium</i>	133	SYRINGE	111
U-200	84	TRUE COMFORT		ULTILET PEN NEEDLE..	111
TRESIBA U-100 INSULIN	84	INSULIN SYRINGE	110	ULTRA CMFT INS SYR	
<i>tretinoi</i> n (antineoplastic)	22	TRUE COMFORT PEN		(HALF UNIT)	111
<i>tretinoi</i> n microspheres	67	NEEDLE	110	ULTRA COMFORT	
<i>tretinoi</i> n topical	67	TRUEPLUS INSULIN	110	INSULIN SYRINGE	111
TREXALL	22	TRUEPLUS PEN NEEDLE	110	ULTRA FLO INSUL	
TREXIMET	31	TRULANCE	92	SYR(HALF UNIT)	111
TREZIX	38	TRULICITY	84	ULTRA FLO INSULIN	
<i>triamcinolone acetonide</i>	72, 76	TRUMENBA	99	SYRINGE	111
<i>triamterene</i>	57	TRUSOPT	124	ULTRA FLO PEN	
<i>triamterene-</i>		TRUVADA	5	NEEDLE	112
<i>hydrochlorothiazid</i>	57	TUDORZA PRESSAIR	132	ULTRA THIN PEN	
<i>trianex</i>	72	TUKYSA	22	NEEDLE	112
TRIBENZOR	57	TURALIO	22	ULTRACARE INSULIN	
TRICOR	61	TWINRIX (PF)	99	SYRINGE	112
<i>triderm</i>	72	TYBOST	5	ULTRACARE PEN	
<i>trientine</i>	75	<i>tydemy</i>	122	NEEDLE	112
<i>tri-estarrylla</i>	121	TYGACIL	11	ULTRACET	41
<i>trifluoperazine</i>	51	TYKERB	22	ULTRAM	41
<i>trifluridine</i>	123	TYMLOS	114	ULTRA-THIN II (SHORT)	
TRIJARDY XR	84	TYPHIM VI	99	INS SYR	112
TRIKAFTA	132	UBRELVY	31	ULTRA-THIN II (SHORT)	
<i>tri-legest fe</i>	121	UCERIS	92	PEN NDL	112
TRILEPTAL	27	UDENYCA	97	ULTRA-THIN II INS PEN	
TRILIPIX	61	UKONIQ	22	NEEDLES	112
<i>tri-lo-estarrylla</i>	121	ULORIC	113		
<i>tri-lo-sprintec</i>	121				

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ULTRAVATE	72	VANOS	72	vigabatrin.....	28
UNASYN	12, 13	VAQTA (PF)	99	vigadrone.....	28
UNIFINE PEN NEEDLE..	112	VARIVAX (PF)	99	VIGAMOX.....	123
UNIFINE PENTIPS.....	112	VARIZIG	99	VIIBRYD.....	51
UNIFINE PENTIPS MAXFLOW.....	112	VARUBI	92	VIMOVO.....	41
UNIFINE PENTIPS PLUS.....	112, 113	VASCEPA	61	VIMPAT.....	28
UNIFINE PENTIPS PLUS MAXFLOW.....	112	VASERETIC	57	VIOKACE.....	92
UNIFINE SAFECONTROL.....	113	VASOTEC	57	VIRACEPT.....	5
unithroid.....	88	VECAMYL	62	VIRAMUNE.....	5
UPTRAVI.....	57	VECTICAL	64	VIRAMUNE XR.....	5
UROCIT-K 10.....	134	<i>velivet triphasic regimen (28)</i>	122	VIREAD.....	5
UROCIT-K 15.....	134	VELPHORO	75	VITRAKVI.....	22
UROCIT-K 5.....	134	VELTASSA	75	VIVELLE-DOT.....	118
UROXATRAL.....	134	VELTIN	67	VIVITROL.....	41
URSO 250.....	92	VEMLIDY	5	VIVLODEX.....	41
URSO FORTE.....	92	VENCLEXTA	22	VIZIMPRO.....	22
ursodiol.....	92	VENCLEXTA STARTING PACK	22	VOGELXO.....	87
VABOMERE.....	11	<i>venlafaxine</i>	51	voriconazole.....	2
VAGIFEM.....	118	VENTAVIS	132	VOSEVI.....	6
valacyclovir.....	5	VENTOLIN HFA	133	VOTRIENT.....	22
VALCHLOR.....	65	verapamil.....	57	VRAYLAR.....	52
VALCYTE.....	5	VERDESO	72	VUMERITY.....	34
valganciclovir.....	5	VEREGEN	65	<i>vyfemla (28)</i>	122
VALIUM.....	51	VERELAN	57	<i>vylibra</i>	122
valproic acid.....	27	VERELAN PM	57	VYNDAMAX.....	62
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valsartan.....	57	VERSACLOZ	51	VYTORIN 10-10.....	61
valsartan-hydrochlorothiazide	57	VERZENIO	22	VYTORIN 10-20.....	61
VALTOCO.....	28	VESICARE	133	VYTORIN 10-40.....	61
VALTREX.....	5	VESICARE LS	133	VYTORIN 10-80.....	61
VANCOCIN.....	11	<i>vestura (28)</i>	122	VYVANSE.....	52
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		VIBERZI	92	WELLBUTRIN XL.....	52
		VIBRAMYCIN	14	<i>wixela inh</i>	133
		VICTOZA 3-PAK	84	<i>wymzya fe</i>	122
		VIEKIRA PAK	5	XALATAN.....	124
				XALKORI.....	22
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TREAT 30D START	<i>zafemy</i>	119	ZIRGAN	123
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XCOPRI	<i>zaleplon</i>	52	ZITHROMAX TRI-PAK	8
XCOPRI MAINTENANCE	<i>ZANAFLEX</i>	35	ZITHROMAX Z-PAK	8
PACK	<i>zarah</i>	122	ZOCOR	62
XCOPRI TITRATION	<i>ZARONTIN</i>	28	ZOLINZA	23
PACK	<i>ZARXIO</i>	97	<i>zolmitriptan</i>	31
XELJANZ	<i>ZAVESCA</i>	87	ZOLOFT	52
XELJANZ XR	<i>ZEGERID</i>	95	<i>zolpidem</i>	52
XELPROS	<i>ZEJULA</i>	23	ZOLPIMIST	52
XENAZINE	<i>ZELAPAR</i>	29	ZOMACTON	97
XENLETA	<i>ZELBORAF</i>	23	ZOMIG	31
XEPI	<i>ZEMAIRA</i>	75	ZOMIG ZMT	31
XERESE	<i>ZEMBRACE SYMTOUCH</i>	31	ZONALON	65
XERMELO	<i>ZEMDRI</i>	11	ZONEGRAN	28
XGEVA	<i>ZEMPLAR</i>	87	<i>zonisamide</i>	28
XHANCE	<i>zenatane</i>	67	ZONTIVITY	59
XIFAXAN	<i>ZENPEP</i>	92	ZORBTIVE	97
XIGDUO XR	<i>zenzedi</i>	52	ZORTRESS	23
XiIDRA	<i>ZENZEDI</i>	52	ZORVOLEX	41
XOFLUZA	<i>ZEPATIER</i>	6	ZOSYN IN DEXTROSE	
XOLAIR	<i>ZEPOSIA</i>	34	(ISO-OSM)	13
XOLEGEL	<i>ZEPOSIA STARTER KIT</i>	34	<i>zovia 1-35 (28)</i>	122
XOPENEX	<i>ZEPOSIA STARTER</i>		ZOVIRAX	6, 69
XOPENEX	<i>PACK</i>	34	ZTLIDO	65
CONCENTRATE	<i>ZERBAXA</i>	7	ZUBSOLV	41
XOPENEX HFA	<i>ZERVIASTE</i>	124	ZUPLENZ	92
XOSPATA	<i>ZESTORETIC</i>	57	ZYCLARA	65
XPOVIO	<i>ZESTRIL</i>	57	ZYDELIG	23
XTAMPZA ER	<i>ZETIA</i>	61	ZYFLO	133
XTANDI	<i>ZETONNA</i>	133	ZYKADIA	23
xulane	<i>ZIAC</i>	58	ZYLET	125
XULTOPHY 100/3.6	<i>ZIAGEN</i>	6	ZYLOPRIM	113
XURIDEN	<i>ZIANA</i>	67	ZYMAXID	123
XYOSTED	<i>zidovudine</i>	6	ZYPITAMAG	62
XYREM	<i>ZIEXTENZO</i>	97	ZYPREXA	52
XYWAV	<i>zileuton</i>	133	ZYPREXA RELPREVV	53
YASMIN (28)	<i>ZILXI</i>	67	ZYPREXA ZYDIS	53
YAZ (28)	<i>ZIOPTAN (PF)</i>	124	ZYTIGA	23
YF-VAX (PF)	<i>ziprasidone hcl</i>	52	ZYVOX	11
YONSA	<i>ziprasidone mesylate</i>	52		
YUPELRI	<i>ZIPSOR</i>	41		

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You must use network pharmacies to fill your prescriptions to get the most out of your benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Limitations, copayments and restrictions may apply.

This formulary was updated on 08/23/2021. 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.

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