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Aetna Medicare

2017 Comprehensive Formulary

(List of covered drugs) State of Kansas-GRP A1

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on 10/01/2016.

For more recent information or other questions, please contact Aetna Medicare Member Services at **1-844-233-1939** or for **TTY users: 711**, 8 a.m. to 6 p.m. local time, Monday through Friday, or visit **http://www.aetnaretireeplans.com** choose "Manage your prescription drugs".

Formulary ID Number: 17029 Version 6

Table of contents

Mail-order Pharmacy	3
What is the Aetna Medicare Comprehensive Formulary?	4
Can the Formulary (drug list) change?	4
How do I use the Formulary?	4
What are generic drugs?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the Formulary?	6
How do I request an exception to the Aetna Medicare Formulary?	6
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	6
For more information	7
Aetna Medicare Formulary	**8**
Drug tier copay levels	9
Formulary key	10
Drug list	**10**
Index	**77**

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Members who get "extra help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through our preferred mail-order delivery program, which is called Aetna Rx Home Delivery. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-844-233-1939 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

This information is available for free in other languages. Please call our customer service number at **1-844-233-1939 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al **1-844-233-1939 (TTY: 711)**. Horario de atención: lunes a viernes de 8 a.m. a 6 p.m.

本資訊也有其他語言的免費版本可供選擇。請致電**1-844-233-1939（聽障專線：711）**於會員服務部聯絡，辦公時間為每週7天、當地時間上午8時至晚間8時。

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Aetna Medicare. When it refers to "plan" or "our plan," it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

What is the Aetna Medicare Comprehensive Formulary?

A formulary is a list of covered drugs selected by our plan 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If 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, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. 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. The enclosed formulary is current as of 10/01/2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. 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 Agents". If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

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 77. 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 first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Aetna Medicare formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Aetna Medicare Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction 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 believe 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.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with at least 91 and up to a 98-day transition supply, consistent with dispensing increments, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

For more detailed information about our plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week.
TTY users should call **1-877-486-2048**. Or, visit **http://www.medicare.gov**.

Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEVEMIR) and generic drugs are listed in lowercase italics (e.g., candesartan).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*.

PA: Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: Step Therapy. In some cases, our plan requires you 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.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-844-233-1939 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday.

MO: Mail Order. For certain kinds of drugs, you can use Aetna Rx Home Delivery services.

Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "mail-order" drugs in our Drug List or MO. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-844-233-1939 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug tier copay levels

This 2017 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2017 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty

You may have drug coverage in the Coverage Gap Stage

There are four "drug payment stages" of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the Coverage Gap stage of the plan. Look in the 2017 Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance) that was included in your EOC packet. The Prescription Drug Benefits Chart will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.

Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs *Lowercase italics* = Generic medications	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D

Drug name	Drug Tier	Requirements/Limits
Analgesics		
acetaminophen/codeine 300mg; 30mg	2	QL (180 EA per 30 days) MO
acetaminophen/codeine soln	2	QL (4500 ML per 30 days) MO
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg	2	QL (180 EA per 30 days) MO
ascomp/codeine	2	QL (180 EA per 30 days) PA MO
butalbital compound/codeine	2	QL (180 EA per 30 days) PA
butalbital/acetaminophen/caffeine/codeine	4	QL (180 EA per 30 days) PA
butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg	3	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg	4	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	4	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine	4	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine/codeine	2	QL (180 EA per 30 days) PA MO
capacet	3	QL (180 EA per 30 days) PA
celecoxib caps 400mg	3	QL (30 EA per 30 days) MO
celecoxib caps 100mg, 200mg, 50mg	3	QL (60 EA per 30 days) MO
codeine sulfate tabs	4	QL (180 EA per 30 days) MO
diclofenac potassium	3	MO
diclofenac sodium dr	2	MO
diclofenac sodium er	2	MO
diflunisal tabs	4	MO
duramorph	2	B/D
endocet	3	QL (180 EA per 30 days)
endodan	3	QL (180 EA per 30 days)
esgic caps	3	QL (180 EA per 30 days) PA
etodolac	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
etodolac er	4	MO
fentanyl transdermal patch	4	QL (15 EA per 30 days) MO
fentanyl citrate oral transmucosal	5	QL (120 EA per 30 days) PA MO
flurbiprofen tabs	2	MO
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	3	QL (5550 ML per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg	3	QL (180 EA per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen	3	QL (150 EA per 30 days) MO
hydromorphone hcl immediate release tabs	3	QL (180 EA per 30 days) MO
hydromorphone hcl liqd	3	QL (2400 ML per 30 days) MO
hydromorphone hcl inj 50mg/5ml	4	B/D
hydromorphone hcl inj 10mg/ml	4	B/D MO
ibudone tabs 5mg; 200mg	3	QL (150 EA per 30 days)
ibuprofen susp	2	MO
ibuprofen tabs 400mg, 600mg, 800mg	1	MO
ketoprofen er	4	MO
ketoprofen caps	3	MO
ketorolac tromethamine tabs 10mg	2	QL (20 EA per 30 days) PA MO
lorcet	3	QL (180 EA per 30 days)
lorcet hd	3	QL (180 EA per 30 days)
lorcet plus tabs 325mg; 7.5mg	3	QL (180 EA per 30 days)
margesic	3	QL (180 EA per 30 days) PA MO
meclofenamate sodium caps	4	MO
meloxicam tabs	1	MO
meloxicam susp	2	MO
methadone hcl inj	2	
methadone hcl tabs	3	QL (180 EA per 30 days) MO
methadone hcl oral soln	3	QL (3000 ML per 30 days) MO
methadone hcl conc	3	QL (360 ML per 30 days) MO
methadone hcl tbso	3	QL (90 EA per 30 days)
methadose tbso	3	QL (90 EA per 30 days)
morphine sulfate er cp24 30mg, 60mg	4	MO
morphine sulfate er cp24 120mg, 45mg, 75mg, 90mg	4	QL (30 EA per 30 days) MO
morphine sulfate er cp24 100mg, 10mg, 20mg, 50mg, 80mg	4	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg	4	QL (60 EA per 30 days) MO
morphine sulfate er tbcr 15mg	4	QL (90 EA per 30 days) MO
morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml	4	B/D
morphine sulfate i.v. inj 10mg/ml, 15mg/ml, 1mg/ml	4	B/D MO
morphine sulfate oral soln 20mg/5ml	3	QL (1020 ML per 30 days) MO
morphine sulfate oral soln 100mg/5ml	3	QL (180 ML per 30 days) MO
morphine sulfate oral soln 10mg/5ml	3	QL (1800 ML per 30 days) MO
morphine sulfate tabs 30mg	2	QL (180 EA per 30 days) MO
morphine sulfate tabs 15mg	2	QL (60 EA per 30 days) MO
nabumetone	2	MO
nalbuphine hcl inj	3	MO
naproxen dr	2	MO
naproxen sodium tabs 275mg, 550mg	2	MO
naproxen tabs	1	MO
naproxen susp	2	MO
oxaprozin	4	MO
oxycodone hcl caps	3	QL (180 EA per 30 days) MO
oxycodone hcl soln	3	QL (5400 ML per 30 days) MO
oxycodone hcl conc	4	QL (180 ML per 30 days) MO
oxycodone hcl immediate release tabs 30mg	3	QL (120 EA per 30 days) MO
oxycodone hcl immediate release tabs 10mg, 15mg, 20mg, 5mg	3	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
oxycodone/aspirin	3	QL (180 EA per 30 days) MO
oxycodone/ibuprofen	3	QL (120 EA per 30 days) MO
piroxicam caps	3	MO
reprexain tabs 10mg; 200mg	3	QL (150 EA per 30 days) MO
ROXICET SOLN	3	QL (1800 ML per 30 days) MO
roxicet tabs	3	QL (180 EA per 30 days)
sulindac tabs	2	MO
tolmetin sodium tabs	2	MO
tolmetin sodium caps	4	MO
tramadol immediate release tabs	2	QL (240 EA per 30 days) MO
tramadol hydrochloride/acetaminophen	3	QL (240 EA per 30 days) MO
vicodin es tabs 300mg; 7.5mg	3	QL (180 EA per 30 days)

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
vicodin hp tabs 300mg; 10mg	3	QL (180 EA per 30 days)
vicodin tabs 300mg; 5mg	3	QL (180 EA per 30 days)
VOLTAREN GEL	3	QL (1000 GM per 30 days) MO
xylon	4	QL (150 EA per 30 days)
zamicet	4	QL (5550 ML per 30 days) MO
zebutal caps 325mg; 50mg; 40mg	3	QL (180 EA per 30 days) PA MO
Anesthetics		
glydo	3	MO
lidocaine hcl jelly	3	MO
lidocaine hcl gel 2%	3	MO
lidocaine hcl inj 0.5%, 1.5%	3	
lidocaine hcl inj 1%, 2%, 4%	3	MO
lidocaine hcl external soln 4%	3	MO
lidocaine hcl mouth/throat soln 4%	3	
lidocaine viscous	3	MO
lidocaine/prilocaine crea	4	MO
lidocaine oint	3	MO
lidocaine ptch	3	QL (90 EA per 30 days) PA MO
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium dr	4	MO
buprenorphine hcl/naloxone hcl	4	QL (90 EA per 30 days) PA MO
buprenorphine hcl subl	2	QL (90 EA per 30 days) PA MO
buproban	3	QL (60 EA per 30 days) MO
bupropion hcl sr tb12 150mg	3	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	4	QL (336 EA per 365 days) MO
CHANTIX STARTING MONTH PAK	4	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	4	QL (336 EA per 365 days) MO
disulfiram tabs	4	MO
naloxone hcl inj	2	MO
naltrexone hcl tabs	3	MO
NARCAN	4	MO
NICOTROL NS	4	QL (40 ML per 30 days) MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) PA MO
Antibacterials		

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
amikacin sulfate inj	4	MO
amoxicillin	1	MO
amoxicillin/clavulanate potassium	2	MO
amoxicillin/clavulanate potassium er	4	MO
ampicillin sodium inj 10gm i.v., 125mg, 1gm i.v., 250mg, 2gm i.v.	2	
ampicillin sodium inj 1gm, 2gm, 500mg	2	MO
ampicillin-sulbactam	4	
ampicillin caps	1	MO
ampicillin susr 125mg/5ml	2	
ampicillin susr 250mg/5ml	2	MO
azithromycin pack, susr, tabs	2	MO
azithromycin inj	4	MO
aztreonam inj 1gm	4	MO
aztreonam inj 2gm	5	MO
baciim	4	
bacitracin inj 50000unit	4	MO
BICILLIN L-A	4	MO
cefaclor er	4	MO
cefaclor caps	3	MO
cefaclor susr	4	MO
cefadroxil caps, susr	1	MO
cefadroxil tabs	2	MO
cefazolin 2gm/100ml; 4%	4	
cefazolin sodium/dextrose	4	
cefazolin sodium inj 100gm, 1gm i.v., 1gm; 5%, 20gm, 300gm	2	
cefazolin sodium inj 10gm, 1gm, 500mg	2	MO
cefdinir caps	2	MO
cefdinir susr	3	MO
cefepime inj 1gm/50ml, 1gm/50ml; 5%, 2gm/100ml, 2gm/50ml; 5%	4	
cefepime inj 1gm, 2gm	4	MO
cefixime	2	MO
cefotaxime sodium inj 10gm, 2gm, 500mg	4	
cefotaxime sodium inj 1gm	4	MO
cefotetan	4	
cefotetan/dextrose	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%	4	
cefoxitin sodium inj 1gm	4	MO
cefpodoxime proxetil	4	MO
cefprozil	3	MO
ceftazidime/dextrose	2	
ceftazidime inj 6gm	2	
ceftazidime inj 1gm, 2gm	2	MO
ceftriaxone in iso-osmotic dextrose	4	
ceftriaxone sodium inj 100gm, 1gm i.v.	4	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	4	MO
ceftriaxone/dextrose	4	
cefuroxime axetil	3	MO
cefuroxime sodium inj 1.5gm, 7.5gm, 75gm	4	
cefuroxime sodium inj 750mg	4	MO
cefuroxime/dextrose inj 750mg; 4.1%	4	
cephalexin	2	MO
chloramphenicol sodium succinate	4	
ciprofloxacin er	2	MO
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	2	MO
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	4	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	4	MO
ciprofloxacin inj	2	MO
ciprofloxacin otic soln, susr	3	MO
clarithromycin susr, immediate release tabs	3	MO
clindamycin hcl caps	2	MO
clindamycin palmitate hcl	3	MO
clindamycin phosphate add-vantage inj 900mg/6ml	4	
clindamycin phosphate in d5w	4	
clindamycin phosphate crea 2%	4	MO
clindamycin phosphate inj 150mg/ml, 300mg/2ml, 9000mg/60ml	4	
clindamycin phosphate inj 600mg/4ml, 900mg/6ml	4	MO
colistimethate sodium	4	PA MO
CUBICIN	5	
DALVANCE	5	
dicloxacillin sodium	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
DIFICID	5	MO
doxy 100	4	MO
doxycycline hyclate dr	4	MO
doxycycline hyclate caps, tabs	3	MO
doxycycline hyclate inj	4	MO
doxycycline monohydrate caps, tabs	2	MO
doxycycline caps 150mg, 75mg	4	MO
doxycycline susr	3	MO
ERYTHROCIN LACTOBIONATE	4	
erythromycin base	2	MO
erythromycin ethylsuccinate tabs	2	MO
erythromycin stearate tabs	2	MO
erythromycin cpep 250mg	2	MO
gentamicin sulfate pediatric	2	MO
gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%	2	MO
gentamicin sulfate inj 10mg/ml	2	
gentamicin sulfate inj 40mg/ml	2	MO
imipenem/cilastatin	3	MO
INVANZ IV 1GM	4	
INVANZ INJ 1GM	4	MO
isotonic gentamicin inj 0.8mg/ml; 0.9%	2	MO
levofloxacin in d5w	2	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25mg/ml	3	MO
levofloxacin tabs 250mg, 500mg, 750mg	3	MO
linezolid susr	5	QL (1800 ML per 28 days) PA MO
linezolid tabs	5	QL (56 EA per 28 days) PA MO
linezolid inj 600mg/300ml	5	PA
meropenem/sodium chloride 1gm/50ml; 0.9%, 500mg/50ml; 0.9%	4	
meropenem inj 500mg	4	MO
meropenem inj 1gm	5	MO
methenamine hippurate	4	MO
METRO IV	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
metronidazole in nacl 0.79%	4	
metronidazole vaginal	3	MO
metronidazole caps 375mg	3	MO
metronidazole tabs 250mg, 500mg	3	MO
minocycline hcl caps	2	MO
morgidox 1x100mg caps	3	
morgidox 2x100mg caps	3	
NAFCILLIN	4	
neomycin sulfate tabs	2	MO
nitrofurantoin macrocrystals	3	MO
nitrofurantoin monohydrate	3	MO
nitrofurantoin susp	4	MO
ofloxacin tabs 400mg	2	MO
oxacillin sodium inj 10gm, 1gm	4	
oxacillin sodium inj 2gm	4	MO
paromomycin sulfate	4	MO
penicillin g potassium inj 20000000unit, 5000000unit	4	MO
penicillin g procaine	4	MO
penicillin g sodium	4	
penicillin v potassium	1	MO
piperacillin sodium/ tazobactam sodium	4	
piperacillin sodium/tazobactam sodium	4	
piperacillin/tazobactam inj 4gm; 0.5gm	4	
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
streptomycin sulfate inj	4	MO
sulfadiazine tabs	2	MO
sulfamethoxazole/trimethoprim ds	1	MO
sulfamethoxazole/trimethoprim inj, tabs	1	MO
sulfamethoxazole/trimethoprim susp	3	MO
sulfatrim pediatric	3	
SUPRAX CAPS	4	MO
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
SUPRAX SUSR 500MG/5ML	4	
SYNERCID	5	
tazicef inj 1gm, 2gm, 6gm	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
TEFLARO	4	
tetracycline hcl caps	2	MO
tinidazole	3	MO
tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml	2	
tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml	4	
tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml	4	MO
trimethoprim tabs	1	MO
TYGACIL	5	
vancomycin hcl in dextrose	4	
vancomycin hcl caps 125mg	4	QL (120 EA per 30 days) MO
vancomycin hcl caps 250mg	5	MO
vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg	4	
vancomycin hcl inj 500mg	4	MO
vandazole	3	MO
Anticonvulsants		
APTIOM TABS 200MG, 400MG, 800MG	4	QL (30 EA per 30 days) PA MO
APTIOM TABS 600MG	4	QL (60 EA per 30 days) PA MO
BANZEL TABS	4	PA MO
BANZEL SUSP	5	PA MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA
BRIVIACT TABS 10MG, 25MG, 75MG	5	QL (60 EA per 30 days) PA
BRIVIACT TABS 100MG, 50MG	5	QL (60 EA per 30 days) PA MO
carbamazepine er	4	MO
carbamazepine chew, susp, tabs	2	MO
CELONTIN	4	MO
clonazepam odt tbdp 1mg	3	QL (120 EA per 30 days) MO
clonazepam odt tbdp 2mg	3	QL (300 EA per 30 days) MO
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg	3	QL (90 EA per 30 days) MO
clonazepam tabs 1mg	1	QL (120 EA per 30 days) MO
clonazepam tabs 2mg	1	QL (300 EA per 30 days) MO
clonazepam tabs 0.5mg	1	QL (90 EA per 30 days) MO
diazepam gel 10mg, 2.5mg, 20mg	4	MO
DILANTIN CAPS 30MG	4	MO
divalproex sodium	3	MO
divalproex sodium dr	3	MO
divalproex sodium er	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
epitol	4	
ethosuximide	4	MO
felbamate	4	MO
fosphenytoin sodium inj 100mg pe/2ml	4	
fosphenytoin sodium inj 500mg pe/10ml	4	MO
FYCOMPA SUSP	5	QL (1020 ML per 30 days) PA
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
gabapentin caps, tabs	2	MO
gabapentin soln	3	MO
GABITRIL TABS 12MG, 16MG	4	MO
lamotrigine immediate release tabs, chew	2	MO
levetiracetam oral soln, immediate release tabs	2	MO
levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml	4	
levetiracetam inj 500mg/5ml	4	MO
LYRICA SOLN	4	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	4	QL (60 EA per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	4	QL (90 EA per 30 days) PA MO
ONFI SUSP	4	MO
ONFI TABS 10MG, 20MG	4	MO
oxcarbazepine tabs	3	MO
oxcarbazepine susp	4	MO
PEGANONE	4	MO
phenobarbital tabs	4	QL (120 EA per 30 days) PA MO
phenobarbital elix	4	QL (1500 ML per 30 days) PA MO
phenytoin sodium extended	3	MO
phenytoin sodium inj	4	
phenytoin chew, susp	3	MO
POTIGA TABS 50MG	4	QL (270 EA per 30 days) MO
POTIGA TABS 200MG, 300MG, 400MG	4	QL (90 EA per 30 days) MO
primidone tabs	2	MO
roweepra	2	
SABRIL	5	PA LA
SPRITAM TB3D 750MG	4	QL (120 EA per 30 days) PA
SPRITAM TB3D 250MG, 500MG	4	QL (60 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
SPRITAM TB3D 1000MG	4	QL (60 EA per 30 days) PA MO
tiagabine hydrochloride	4	MO
topiramate i.r. tabs, i.r. capsule sprinkles	2	MO
valproate sodium inj	4	
valproic acid caps, syrp	2	MO
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	MO
VIMPAT TABS 50MG	4	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO
zonisamide	2	MO
Antidementia Agents		
donepezil hcl tbdp	2	QL (30 EA per 30 days) MO
donepezil hcl tabs 23mg, 5mg	2	QL (30 EA per 30 days) MO
donepezil hcl tabs 10mg	2	QL (60 EA per 30 days) MO
ergoloid mesylates tabs	3	PA MO
galantamine hydrobromide soln	4	QL (200 ML per 30 days) MO
galantamine hydrobromide cp24	4	QL (30 EA per 30 days) MO
galantamine hydrobromide tabs	4	QL (60 EA per 30 days) MO
memantine hcl	3	QL (60 EA per 30 days) PA MO
memantine hcl titration pak	3	QL (98 EA per 365 days) PA MO
memantine hydrochloride soln	2	QL (360 ML per 30 days) PA MO
NAMENDA XR	3	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	3	QL (56 EA per 365 days) PA MO
rivastigmine tartrate	4	QL (60 EA per 30 days) MO
rivastigmine transdermal system	4	QL (30 EA per 30 days) MO
Antidepressants		
amitriptyline hcl tabs	2	PA MO
amoxapine	2	MO
BRINTELLIX	4	QL (30 EA per 30 days) ST MO
bupropion hcl er	3	QL (60 EA per 30 days) MO
bupropion hcl sr tb12 100mg, 150mg, 200mg	3	QL (60 EA per 30 days) MO
bupropion hcl xl	3	QL (30 EA per 30 days) MO
bupropion hcl tabs	3	QL (180 EA per 30 days) MO
citalopram hydrobromide soln	3	QL (600 ML per 30 days) MO
citalopram hydrobromide tabs 10mg	1	QL (120 EA per 30 days) MO
citalopram hydrobromide tabs 40mg	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
citalopram hydrobromide tabs 20mg	1	QL (60 EA per 30 days) MO
clomipramine hcl caps	4	PA MO
desipramine hcl tabs	4	MO
desvenlafaxine er tb24 100mg, 50mg	4	QL (30 EA per 30 days) ST
doxepin hcl caps, conc	3	PA MO
duloxetine hcl cpep 20mg, 40mg, 60mg	3	QL (60 EA per 30 days) MO
duloxetine hcl cpep 30mg	3	QL (90 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) ST MO
escitalopram oxalate soln	3	QL (600 ML per 30 days) MO
escitalopram oxalate tabs 20mg	3	QL (30 EA per 30 days) MO
escitalopram oxalate tabs 10mg, 5mg	3	QL (45 EA per 30 days) MO
FETZIMA	4	QL (30 EA per 30 days) ST MO
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST MO
fluoxetine dr	3	QL (4 EA per 28 days) MO
fluoxetine hcl caps, soln, tabs	2	MO
fluvoxamine maleate immediate release tabs	3	MO
imipramine hcl tabs	2	PA MO
maprotiline hcl	4	MO
MARPLAN	4	MO
mirtazapine	2	MO
mirtazapine odt	3	QL (30 EA per 30 days) MO
nefazodone hcl	3	MO
nortriptyline hcl caps, soln	2	MO
olanzapine/fluoxetine	4	QL (30 EA per 30 days) MO
paroxetine hcl immediate release tabs	2	MO
PAXIL SUSP	4	MO
perphenazine/amitriptyline	4	MO
phenelzine sulfate	3	MO
PRISTIQ TB24 25MG	4	QL (120 EA per 30 days) ST MO
protriptyline hcl	4	MO
sertraline hcl tabs	1	MO
sertraline hcl conc	3	MO
tranylcypromine sulfate	4	MO
trazodone hcl tabs	2	MO
trimipramine maleate caps	4	PA MO
TRINTELLIX	4	QL (30 EA per 30 days) ST MO
venlafaxine hcl	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
venlafaxine hcl er cp24 37.5mg, 75mg	3	QL (30 EA per 30 days) MO
venlafaxine hcl er cp24 150mg	3	QL (60 EA per 30 days) MO
venlafaxine hcl er tb24 225mg, 37.5mg, 75mg	3	QL (30 EA per 30 days) MO
venlafaxine hcl er tb24 150mg	3	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days) MO
VIIBRYD TABS	4	QL (30 EA per 30 days) MO
VIIBRYD KIT	4	QL (60 EA per 365 days) MO
Antiemetics		
dronabinol	4	QL (60 EA per 30 days) PA MO
EMEND CAPS 40MG	4	QL (1 EA per 30 days) B/D MO
EMEND PAK 125MG, 80MG	4	QL (6 EA per 30 days) B/D MO
granisetron hcl tabs	3	QL (60 EA per 30 days) B/D MO
meclizine hcl tabs	2	MO
ondansetron hcl tabs	2	B/D MO
ondansetron hcl oral soln	3	QL (900 ML per 30 days) B/D MO
ondansetron hcl inj 40mg/20ml, 4mg/2ml	2	MO
ondansetron odt	2	B/D MO
phenadoz supp 25mg	2	PA
phenadoz supp 12.5mg	2	PA MO
phenergan supp	2	PA
promethazine hcl supp 12.5mg, 25mg, 50mg	2	PA MO
promethegan supp 12.5mg, 25mg	2	PA
promethegan supp 50mg	2	PA MO
TRANSDERM-SCOP	4	MO
Antifungals		
ABELCET	5	B/D
AMBISOME	5	B/D
amphotericin b	2	B/D MO
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
ciclodan crea	2	
ciclodan soln	3	
ciclopirox	3	MO
ciclopirox nail lacquer	3	MO
ciclopirox olamine crea	2	MO
clotrimazole/betamethasone dipropionate crea	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
clotrimazole/betamethasone dipropionate lotn	4	MO
clotrimazole crea, soln, troc	3	MO
econazole nitrate crea	4	MO
ERAXIS	5	PA
fluconazole in dextrose	4	
fluconazole in nacl	4	
fluconazole tabs	2	MO
fluconazole susr	3	MO
flucytosine	5	MO
griseofulvin microsize	2	MO
griseofulvin ultramicrosize	2	MO
itraconazole caps	2	PA MO
ketoconazole sham, tabs	2	MO
ketoconazole crea	3	MO
NOXAFIL INJ	5	PA
NOXAFIL SUSP, TBEC	5	PA MO
nyamyc	3	
nystatin crea	2	MO
nystatin oint, powd, susp, tabs	3	MO
nystop	3	MO
SPORANOX SOLN	5	PA MO
terbinafine hcl tabs	2	MO
terconazole crea	3	MO
terconazole supp	4	MO
voriconazole inj	4	
voriconazole susr, tabs	4	MO
zazole crea	3	
zazole supp	4	
Antigout Agents		
allopurinol tabs	1	MO
colchicine caps, tabs	2	MO
probenecid/colchicine	3	MO
probenecid tabs	3	MO
ULORIC	3	ST MO
Antimigraine Agents		
dihydroergotamine mesylate inj	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
MIGERGOT	4	QL (20 EA per 28 days) MO
naratriptan hcl	3	QL (9 EA per 30 days) MO
rizatriptan benzoate	2	QL (12 EA per 30 days) MO
rizatriptan benzoate odt	2	QL (12 EA per 30 days) MO
sumatriptan succinate refill inj 6mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate refill inj 4mg/0.5ml	4	QL (4 ML per 30 days) MO
sumatriptan succinate tabs	2	QL (9 EA per 30 days) MO
sumatriptan succinate prefilled syringe 6mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	4	QL (4 ML per 30 days) MO
sumatriptan soln	2	QL (12 EA per 30 days) MO
Antimyasthenic Agents		
guanidine hcl	4	
MESTINON SYRP	4	MO
pyridostigmine bromide tabs, tbcr	3	MO
Antimycobacterials		
CAPASTAT SULFATE	4	
cycloserine	4	MO
dapsone tabs	3	MO
ethambutol hcl	3	MO
isoniazid tabs	1	MO
isoniazid inj	2	
isoniazid syrp	2	MO
PASER	4	MO
PRIFTIN	4	MO
pyrazinamide tabs	4	MO
rifabutin	4	MO
rifampin caps	3	MO
rifampin inj	4	MO
RIFATER	4	MO
SIRTURO	5	QL (188 EA per 365 days) PA
TRECATOR	4	MO
Antineoplastics		
ABRAXANE	5	
adrucil	3	B/D
AFINITOR	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	5	QL (60 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
ALECENSA	5	QL (240 EA per 30 days) PA
ALIMTA	5	PA
ALKERAN TABS	4	B/D MO
amifostine	5	
anastrozole tabs	2	MO
ARRANON	5	
ARZERRA	5	PA LA
AVASTIN	5	PA
azacitidine	5	PA
BELEODAQ	5	PA LA
BENDEKA	5	
bexarotene	5	PA
bicalutamide	3	MO
BICNU	4	
bleomycin sulfate	4	B/D
BLINCYTO	5	PA LA
BOSULIF	5	PA
BUSULFEX	5	
cabometyx	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
carboplatin	3	
cisplatin	3	
cladribine	2	B/D
CLOLAR	5	
COMETRIQ KIT 0, 20MG	5	PA
COMETRIQ KIT 0	5	PA MO
COSMEGEN	5	
COTELLIC	5	QL (63 EA per 28 days) PA LA
cyclophosphamide caps	3	B/D MO
cyclophosphamide inj	4	
CYRAMZA	5	PA
cytarabine aqueous	3	B/D
dacarbazine	2	
DARZALEX	5	PA LA
daunorubicin hcl	2	
DAUNOXOME	5	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
decitabine	4	
DEPOCYT	4	
dexrazoxane	4	
DOCEFREZ INJ 20MG	5	
docetaxel inj 20mg/ml, 80mg/4ml, 80mg/8ml	4	
docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml	5	
doxorubicin hcl	4	B/D
doxorubicin hcl liposome	4	
DROXIA	4	MO
ELITEK	5	PA
EMCYT	4	MO
EMPLICITI	5	PA
epirubicin hcl inj 200mg/100ml, 50mg/25ml	4	
ERBITUX	5	PA
ERIVEDGE	5	QL (30 EA per 30 days) PA LA
ERWINAZE	5	PA
etoposide inj	3	
exemestane	4	MO
FARESTON	5	MO
FARYDAK	5	QL (6 EA per 21 days) PA LA
FASLODEX	5	PA
fludarabine phosphate	4	
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 5gm/100ml	3	B/D
flutamide	4	MO
FOLOTYN	5	
FUSILEV	5	
GAZYVA	5	PA LA
gemcitabine hcl inj i.v. soln 200mg/5.26ml, 1g/26.3ml, 2gm/52.6ml	5	
gemcitabine hcl inj 1gm, 200mg	4	
gemcitabine hcl inj 2gm	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
GLEOSTINE CAPS 5MG	4	
HALAVEN	5	PA
HERCEPTIN	5	PA
HEXALEN	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
hydroxyurea caps	2	MO
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
idarubicin hcl	2	
ifosfamide	4	
imatinib mesylate tabs 400mg	5	QL (60 EA per 30 days) PA
imatinib mesylate tabs 100mg	5	QL (90 EA per 30 days) PA
IMBRUVICA	5	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (240 EA per 30 days) PA LA
INTRON A W/DILUENT INJ 10MU	5	PA
INTRON A INJ 10MU/ML, 6000000UNIT/ML	5	PA
INTRON A INJ 18MU, 50MU	5	PA LA
IRESSA	5	QL (30 EA per 30 days) PA
irinotecan	4	
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA LA
JEVTANA	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA LA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
letrozole	1	MO
leucovorin calcium tabs	3	MO
leucovorin calcium inj	4	
LEUKERAN	4	MO
levoleucovorin calcium	5	
levoleucovorin inj 250mg/25ml	5	
lomustine	3	
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
LYNPARZA	5	QL (448 EA per 28 days) PA
MARQIBO	5	PA
MATULANE	5	
MEKINIST TABS 0.5MG	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
melphalan hydrochloride	5	
mercaptopurine tabs	4	MO
mesna	4	
MESNEX TABS	4	MO
mitomycin inj 20mg, 5mg	4	
mitomycin inj 40mg	5	
mitoxantrone hcl	3	
MUSTARGEN	4	
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NILANDRON	5	MO
NINLARO	5	QL (3 EA per 28 days) PA
NIPENT	5	
ODOMZO	5	QL (30 EA per 30 days) PA LA
ONCASPAR	5	
OPDIVO	5	PA LA
oxaliplatin inj 100mg/20ml, 50mg/10ml	4	
oxaliplatin inj 100mg, 50mg	5	
paclitaxel	4	
PANRETIN	5	MO
PERJETA	5	PA LA
POMALYST	5	QL (21 EA per 28 days) PA LA
PORTRAZZA	5	PA
PROLEUKIN	5	
PURIXAN	5	PA
REVLIMID	5	QL (30 EA per 30 days) PA LA
RITUXAN	5	PA
SOLTAMOX	4	PA MO
SPRYCEL TABS 100MG, 140MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	5	QL (60 EA per 30 days) PA
STIVARGA	5	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 37.5MG, 50MG	5	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	5	QL (90 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
SYLATRON INJ 200MCG, 300MCG, 600MCG	5	PA
SYLATRON 4-PACK INJ 200MCG, 300MCG	5	PA LA
SYNRIBO	5	PA
TABLOID	4	MO
TAFINLAR CAPS 75MG	5	QL (120 EA per 30 days) PA LA
TAFINLAR CAPS 50MG	5	QL (180 EA per 30 days) PA LA
TAGRISSO	5	QL (30 EA per 30 days) PA LA
tamoxifen citrate tabs	2	MO
TARCEVA TABS 25MG	5	QL (60 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	5	QL (90 EA per 30 days) PA LA
TARGRETIN GEL	5	PA
TASIGNA	5	QL (120 EA per 30 days) PA
TECENTRIQ	5	PA
TEMODAR INJ	5	B/D
THALOMID CAPS 100MG, 150MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	5	QL (56 EA per 28 days) PA
THERACYS	4	
THIOTEPA	5	
TICE BCG	4	
toposar	3	
topotecan hcl	5	
TORISEL	5	
TREANDA	5	
TRETINOIN CAPS 10MG	3	MO
TRISENOX	4	PA
TYKERB	5	QL (180 EA per 30 days) PA LA
UVADEX	4	
VALCHLOR	5	PA
VALSTAR	5	
VECTIBIX	5	PA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (84 EA per 365 days) PA
VENCLEXTA TABS 10MG, 50MG	4	QL (120 EA per 30 days) PA
VENCLEXTA TABS 100MG	5	QL (120 EA per 30 days) PA
vinblastine sulfate inj 1mg/ml	2	B/D
vincasar pfs	3	B/D
vincristine sulfate	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
vinorelbine tartrate	4	
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (60 EA per 30 days) PA LA
XTANDI	5	QL (120 EA per 30 days) PA LA
YERVOY	5	PA
YONDELIS	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA LA
ZANOSAR	4	
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZOLINZA	5	QL (120 EA per 30 days) PA
ZYDELIG	5	QL (60 EA per 30 days) PA
ZYKADIA	5	QL (150 EA per 30 days) PA LA
ZYTIGA	5	QL (120 EA per 30 days) PA
Antiparasitics		
ALBENZA	4	MO
ALINIA	4	MO
atovaquone	4	PA MO
atovaquone/proguanil hcl	4	MO
chloroquine phosphate tabs	2	MO
COARTEM	4	MO
DARAPRIM	4	MO
hydroxychloroquine sulfate tabs	4	MO
ivermectin tabs	3	MO
lindane lotn, sham	2	MO
malathion	4	MO
mefloquine hcl	3	MO
NEBUPENT	4	B/D MO
PENTAM 300	4	MO
permethrin crea	4	MO
primaquine phosphate tabs	3	MO
quinine sulfate	4	PA MO
Antiparkinson Agents		
amantadine hcl caps, syrp, tabs	3	MO
APOKYN	5	PA LA
AZILECT	4	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
benztropine mesylate inj, tabs	2	PA MO
bromocriptine mesylate caps, tabs	4	MO
carbidopa/levodopa	2	MO
carbidopa/levodopa er	3	MO
carbidopa/levodopa odt	3	MO
carbidopa/levodopa/entacapone	4	MO
carbidopa tabs	5	MO
entacapone	4	MO
NEUPRO	4	QL (30 EA per 30 days) MO
pramipexole dihydrochloride i.r. tabs	2	MO
ropinirole hcl immediate release tabs	2	MO
RYTARY	4	MO
selegiline hcl caps, tabs	2	MO
trihexyphenidyl hcl	2	PA MO
Antipsychotics		
ABILIFY MAINTENA	4	MO
ABILIFY INJ	4	MO
aripiprazole odt tbdp 15mg	4	QL (60 EA per 30 days)
aripiprazole odt tbdp 10mg	4	QL (60 EA per 30 days) MO
aripiprazole tabs	4	QL (30 EA per 30 days) MO
aripiprazole soln	4	QL (900 ML per 30 days) MO
ARISTADA	4	
chlorpromazine hcl inj, tabs	4	MO
clozapine	3	
clozapine odt	3	
compazine supp	2	
compro	2	MO
FANAPT	4	QL (60 EA per 30 days) ST MO
FANAPT TITRATION PACK	4	QL (16 EA per 365 days) ST
fluphenazine decanoate inj	4	MO
fluphenazine hcl conc, elix, inj, tabs	2	MO
GEODON INJ	4	MO
haloperidol decanoate	3	MO
haloperidol lactate	3	MO
haloperidol conc, tabs	3	MO
INVEGA SUSTENNA	4	MO
INVEGA TRINZA	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
LATUDA	4	QL (30 EA per 30 days) MO
loxapine succinate	3	MO
MOLINDONE HYDROCHLORIDE TABS 25MG	3	QL (270 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 10MG	3	QL (60 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 5MG	3	QL (90 EA per 30 days) MO
NUPLAZID	5	QL (60 EA per 30 days) PA
olanzapine odt	4	QL (30 EA per 30 days) MO
olanzapine inj	4	MO
olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg	3	QL (30 EA per 30 days) MO
olanzapine tabs 2.5mg	3	QL (60 EA per 30 days) MO
paliperidone er tb24 1.5mg, 3mg, 9mg	4	QL (30 EA per 30 days) MO
paliperidone er tb24 6mg	4	QL (60 EA per 30 days) MO
perphenazine tabs	4	MO
pimozide	4	MO
prochlorperazine supp	2	MO
prochlorperazine edisylate inj	4	MO
prochlorperazine maleate tabs	2	MO
quetiapine fumarate tabs 200mg	3	QL (120 EA per 30 days) MO
quetiapine fumarate tabs 25mg	3	QL (180 EA per 30 days) MO
quetiapine fumarate tabs 300mg, 400mg	3	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 100mg, 50mg	3	QL (90 EA per 30 days) MO
REXULTI	4	QL (30 EA per 30 days) MO
RISPERDAL CONSTA	4	MO
risperidone odt tbdp 4mg	4	QL (120 EA per 30 days) MO
risperidone odt tbdp 1mg, 2mg	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 0.25mg, 0.5mg, 3mg	4	QL (90 EA per 30 days) MO
risperidone soln	2	MO
risperidone tabs 4mg	2	QL (120 EA per 30 days) MO
risperidone tabs 1mg, 2mg	2	QL (60 EA per 30 days) MO
risperidone tabs 0.25mg, 0.5mg, 3mg	2	QL (90 EA per 30 days) MO
SAPHRIS	4	QL (60 EA per 30 days) MO
thioridazine hcl tabs	3	PA MO
thiothixene	4	MO
trifluoperazine hcl tabs	4	MO
VERSACLOZ	5	ST
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST MO
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
ziprasidone hcl	3	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	4	QL (2 EA per 28 days)
Antispasticity Agents		
baclofen tabs	2	MO
dantrolene sodium caps	4	MO
tizanidine hcl tabs	2	MO
Antivirals		
abacavir	3	MO
abacavir sulfate/lamivudine/zidovudine	4	MO
acyclovir sodium inj 50mg/ml	4	B/D
acyclovir sodium inj 500mg	4	B/D MO
acyclovir caps, tabs	1	MO
acyclovir susp	3	MO
acyclovir oint	4	MO
adefovir dipivoxil	4	QL (30 EA per 30 days) MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
ATRIPLA	5	QL (30 EA per 30 days) MO
BARACLUDE SOLN	4	QL (630 ML per 30 days) MO
COMPLERA	5	QL (30 EA per 30 days) MO
CRIXIVAN	3	MO
DENAVIR	4	MO
DESCOVY	5	QL (30 EA per 30 days) MO
didanosine	4	MO
EDURANT	5	QL (30 EA per 30 days) MO
EMTRIVA	4	MO
entecavir	4	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	4	MO
EPIVIR SOLN	4	MO
EPZICOM	5	MO
EVOTAZ	5	QL (30 EA per 30 days) MO
famciclovir tabs 500mg	3	QL (21 EA per 30 days) MO
famciclovir tabs 125mg, 250mg	3	QL (60 EA per 30 days) MO
FUZEON	5	QL (60 EA per 30 days)
ganciclovir inj	2	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
GENVOYA	5	QL (30 EA per 30 days) MO
HARVONI	5	QL (30 EA per 30 days) PA
INTELENCE TABS 25MG	4	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	5	QL (60 EA per 30 days) MO
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO
ISENTRESS PACK	3	QL (300 EA per 30 days)
ISENTRESS TABS	5	QL (120 EA per 30 days) MO
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days) MO
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) MO
KALETRA SOLN	4	QL (390 ML per 30 days) MO
KALETRA TABS 200MG; 50MG	4	QL (120 EA per 30 days) MO
KALETRA TABS 100MG; 25MG	4	QL (240 EA per 30 days) MO
lamivudine/zidovudine	4	MO
lamivudine soln	4	MO
lamivudine tabs 100mg	2	MO
lamivudine tabs 150mg, 300mg	4	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	5	MO
moderiba tabs	3	
nevirapine	3	MO
nevirapine er	3	MO
NORVIR	4	MO
ODEFSEY	5	QL (30 EA per 30 days) MO
PEG-INTRON REDIPEN	5	PA
PEGINTRON	5	PA
PREZCOBIX	5	QL (30 EA per 30 days) MO
PREZISTA SUSP	5	MO
PREZISTA TABS 75MG	4	MO
PREZISTA TABS 150MG, 600MG, 800MG	5	MO
RELENZA DISKHALER	4	QL (120 EA per 365 days) MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	4	
REYATAZ	5	MO
ribasphere caps	3	
ribasphere tabs 200mg	3	
ribavirin	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
rimantadine hcl	2	MO
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) MO
SELZENTRY TABS 150MG	5	QL (60 EA per 30 days) MO
SOVALDI	5	QL (28 EA per 28 days) PA
stavudine	3	MO
STRIBILD	5	QL (30 EA per 30 days) MO
SUSTIVA	4	MO
TAMIFLU SUSR	4	QL (1080 ML per 365 days) MO
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	4	QL (84 EA per 365 days) MO
TIVICAY TABS 10MG	4	QL (30 EA per 30 days)
TIVICAY TABS 25MG	5	QL (30 EA per 30 days)
TIVICAY TABS 50MG	5	QL (60 EA per 30 days) MO
TRIUMEQ	5	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG, 133MG; 200MG	5	QL (30 EA per 30 days)
TRUVADA TABS 167MG; 250MG, 200MG; 300MG	5	QL (30 EA per 30 days) MO
TYBOST	3	QL (30 EA per 30 days) MO
TYZEKA	4	QL (30 EA per 30 days) MO
valacyclovir hcl	2	MO
VALCYTE SOLR	5	MO
valganciclovir	5	MO
VIDEX PEDIATRIC	4	MO
VIRACEPT	5	MO
VIRAMUNE XR TB24 100MG	4	MO
VIRAMUNE SUSP	4	MO
VIRAZOLE	5	
VIREAD	4	MO
VITEKTA	5	QL (30 EA per 30 days)
ZEPATIER	5	QL (30 EA per 30 days) PA
ZIAGEN SOLN	4	MO
zidovudine	3	MO
Anxiolytics		
alprazolam i.r. tabs 0.25mg, 0.5mg	2	QL (120 EA per 30 days) MO
alprazolam i.r. tabs 1mg, 2mg	2	QL (150 EA per 30 days) MO
buspirone hcl tabs	2	MO
clorazepate dipotassium tabs 15mg	3	QL (180 EA per 30 days) MO
clorazepate dipotassium tabs 3.75mg, 7.5mg	3	QL (90 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
diazepam intensol	3	MO
diazepam inj 5mg/ml	4	QL (240 ML per 30 days) MO
diazepam oral soln 1mg/ml	4	QL (1200 ML per 30 days) MO
diazepam tabs 10mg, 2mg, 5mg	3	QL (120 EA per 30 days) MO
lorazepam intensol	2	QL (150 ML per 30 days) MO
lorazepam inj 4mg/ml	2	QL (120 ML per 30 days)
lorazepam inj 2mg/ml	2	QL (120 ML per 30 days) MO
lorazepam tabs 0.5mg	2	QL (120 EA per 30 days) MO
lorazepam tabs 2mg	2	QL (150 EA per 30 days) MO
lorazepam tabs 1mg	2	QL (180 EA per 30 days) MO
Bipolar Agents		
EQUETRO	4	MO
lithium	2	MO
lithium carbonate er	2	MO
lithium carbonate caps, tabs	1	MO
Blood Glucose Regulators		
acarbose	2	MO
BYDUREON	4	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	4	QL (30 EA per 30 days) MO
glimepiride	1	MO
glipizide er	2	MO
glipizide xl	2	MO
glipizide/metformin hcl	2	MO
glipizide tabs	1	MO
GLUCAGEN DIAGNOSTIC	3	QL (4 EA per 30 days) MO
GLUCAGEN HYPOKIT	3	QL (4 EA per 30 days) MO
GLUCAGON EMERGENCY KIT	3	QL (4 EA per 30 days) MO
glyburide micronized	2	PA MO
glyburide/metformin hcl	2	PA MO
glyburide tabs	2	PA MO
INVOKAMET	3	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	3	QL (60 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE	4	QL (30 EA per 30 days) MO
JENTADUETO	3	MO
JENTADUETO XR	3	
KORLYM	5	QL (120 EA per 30 days) PA
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
metformin hcl er (generic Fortamet and Glucophage XR)	2	MO
metformin hcl tabs	1	MO
nateglinide	2	MO
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 RELION	3	MO
NOVOLIN N	3	MO
NOVOLIN N RELION	3	MO
NOVOLIN R	3	MO
NOVOLIN R RELION	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
pioglitazone hcl	1	QL (30 EA per 30 days) MO
pioglitazone hcl-glimepiride	1	QL (30 EA per 30 days) MO
pioglitazone hcl/metformin hcl	3	QL (90 EA per 30 days) MO
PROGLYCEM	4	MO
repaglinide/metformin hydrochloride	2	QL (150 EA per 30 days) MO
repaglinide tabs 0.5mg, 1mg	2	QL (120 EA per 30 days) MO
repaglinide tabs 2mg	2	QL (240 EA per 30 days) MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) MO
SYMLINPEN 60	4	QL (6 ML per 30 days) MO
SYNJARDY	4	QL (60 EA per 30 days) MO
TANZEUM	4	MO
tolazamide	3	MO
tolbutamide	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
TRADJENTA	3	MO
TRESIBA FLEXTOUCH	3	MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR	4	QL (30 EA per 30 days) MO
Blood Products/Modifiers/Volume Expanders		
anagrelide hydrochloride	3	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	3	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	5	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	5	QL (4 ML per 28 days) PA
aspirin/dipyridamole	4	QL (60 EA per 30 days) MO
BRILINTA	3	QL (60 EA per 30 days) MO
cilostazol	1	MO
clopidogrel tabs 300mg	1	QL (2 EA per 365 days)
clopidogrel tabs 75mg	1	QL (30 EA per 30 days) MO
EFFIENT	3	QL (30 EA per 30 days) MO
ELIQUIS TABS 2.5MG	4	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	4	QL (74 EA per 30 days) MO
enoxaparin sodium	4	MO
fondaparinux sodium	4	MO
heparin sodium/d5w	4	
heparin sodium/nacl 0.45%	4	
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	1	MO
jantoven	1	MO
LEUKINE INJ 250MCG	5	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
MOZOBIL	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	PA
PRADAXA	3	QL (60 EA per 30 days) MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	5	QL (8 ML per 28 days) PA
PROMACTA	5	QL (30 EA per 30 days) PA LA
SAVAYSA	4	QL (30 EA per 30 days) MO
ticlopidine hcl	4	PA
tranexamic acid inj	2	
tranexamic acid tabs	4	QL (30 EA per 30 days) MO
warfarin sodium tabs	1	MO
XARELTO STARTER PACK	3	QL (102 EA per 365 days) MO
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	3	QL (60 EA per 30 days) MO
Cardiovascular Agents		
acebutolol hcl caps	2	MO
acetazolamide er	4	MO
acetazolamide tabs	3	MO
amiloride hcl tabs	3	MO
amiloride/hydrochlorothiazide	2	MO
amiodarone hcl tabs	2	MO
amlodipine besylate/atorvastatin calcium	3	MO
amlodipine besylate/benazepril hydrochloride	2	QL (30 EA per 30 days) MO
amlodipine besylate/valsartan	2	QL (30 EA per 30 days) MO
amlodipine besylate tabs	1	MO
amlodipine/valsartan/hctz	2	QL (30 EA per 30 days) MO
atenolol/chlorthalidone	2	MO
atenolol tabs	1	MO
atorvastatin calcium	1	MO
benazepril hcl/hydrochlorothiazide	2	MO
benazepril hcl tabs	1	MO
betaxolol hcl tabs 10mg, 20mg	3	MO
bisoprolol fumarate	2	MO
bisoprolol fumarate/hydrochlorothiazide	1	MO
bumetanide	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
candesartan cilexetil	3	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg	3	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	3	QL (60 EA per 30 days) MO
captopril/hydrochlorothiazide	1	MO
captopril tabs	3	MO
cartia xt	2	
carvedilol	1	MO
chlorothiazide tabs	3	MO
chlorthalidone tabs 25mg, 50mg	1	MO
cholestyramine light	4	MO
cholestyramine pack, powd	4	MO
clonidine hcl tabs	2	MO
clonidine hcl ptwk	3	QL (8 EA per 28 days) MO
colestipol hcl	4	MO
CORLANOR	4	PA MO
digitek	3	
digox	3	
digoxin oral soln	2	MO
digoxin tabs	3	MO
digoxin inj	4	MO
dilt-xr	2	
diltiazem cd cp24 180mg	2	
diltiazem cd cp24 120mg, 240mg, 300mg	2	MO
diltiazem hcl cd	2	MO
diltiazem hcl er	2	MO
diltiazem hcl tabs	2	MO
diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml	4	
disopyramide phosphate	4	PA MO
dofetilide	4	
doxazosin	2	MO
doxazosin mesylate tabs 1mg, 2mg, 8mg	2	MO
EDARBI	3	QL (30 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
enalapril maleate/hydrochlorothiazide	1	MO
enalapril maleate tabs	2	MO
ENTRESTO	3	QL (60 EA per 30 days) PA MO
eplerenone	4	MO
eprosartan mesylate	2	QL (30 EA per 30 days) MO
fenofibrate micronized	3	MO
fenofibrate caps	3	MO
fenofibrate tabs 145mg, 160mg, 48mg, 54mg	3	MO
fenofibric acid	2	MO
fenofibric acid dr	4	MO
flecainide acetate	3	MO
fluvastatin	2	MO
fluvastatin sodium er	2	QL (30 EA per 30 days) MO
fosinopril sodium	1	MO
fosinopril sodium/hydrochlorothiazide	1	MO
furosemide oral soln, tabs	1	MO
furosemide inj	2	MO
gemfibrozil tabs	2	MO
hydralazine hcl tabs	2	MO
hydralazine hcl inj	4	MO
hydrochlorothiazide caps, tabs	1	MO
indapamide	2	MO
irbesartan	1	QL (30 EA per 30 days) MO
irbesartan/hydrochlorothiazide	2	QL (30 EA per 30 days) MO
isosorbide dinitrate er	2	MO
isosorbide dinitrate tabs	3	MO
isosorbide mononitrate	1	MO
isosorbide mononitrate er	2	MO
isradipine	2	MO
KYNAMRO	5	PA LA
labetalol hcl tabs	3	MO
labetalol hcl inj	4	MO
lidocaine hcl inj 10mg/ml, 20mg/ml	4	MO
lisinopril	1	MO
lisinopril/hydrochlorothiazide	1	MO
LIVALO	4	QL (30 EA per 30 days) MO
losartan potassium/hydrochlorothiazide	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
losartan potassium tabs 100mg	1	QL (30 EA per 30 days) MO
losartan potassium tabs 25mg, 50mg	1	QL (60 EA per 30 days) MO
lovastatin	1	MO
matzim la	2	MO
methazolamide	4	MO
methyclothiazide tabs	2	MO
metolazone	3	MO
metoprolol succinate er	2	MO
metoprolol tartrate inj, tabs	1	MO
metoprolol/hydrochlorothiazide	2	MO
mexiletine hcl	3	MO
midodrine hcl	3	MO
minitran	3	
minoxidil tabs	2	MO
moexipril hcl	1	MO
moexipril/hydrochlorothiazide	1	MO
MULTAQ	3	MO
nadolol/bendroflumethiazide	3	MO
nadolol tabs	4	MO
niacin er	2	MO
nicardipine hcl caps	4	MO
nisoldipine er 25.5mg	4	MO
nisoldipine tb24 17mg, 34mg, 8.5mg	2	MO
nisoldipine tb24 20mg, 30mg, 40mg	4	MO
nitroglycerin lingual spray	4	MO
nitroglycerin transdermal	3	MO
nitroglycerin inj	4	
NITROSTAT	4	MO
NORTHERA	5	PA LA
omega-3-acid ethyl esters	4	QL (120 EA per 30 days) MO
pacerone	2	
pentoxifylline cr	2	MO
pentoxifylline er	2	MO
perindopril erbumine	2	MO
pindolol	3	MO
PRALUENT	5	QL (2 ML per 28 days) PA MO
pravastatin sodium	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
prazosin hcl	3	MO
prevalite	4	MO
propafenone hcl	3	MO
propafenone hcl er	4	MO
propranolol hcl er	4	MO
propranolol hcl inj	2	
propranolol hcl oral soln, tabs	2	MO
propranolol/hydrochlorothiazide	2	MO
quinapril hcl	1	MO
quinapril/hydrochlorothiazide	2	MO
quinidine gluconate cr	2	MO
quinidine gluconate er	2	MO
quinidine sulfate	2	MO
quinidine sulfate er	2	MO
ramipril	1	MO
RANEXA	4	QL (60 EA per 30 days) MO
REPATHA	5	QL (3 ML per 28 days) PA
REPATHA SURECLICK	5	QL (3 ML per 28 days) PA MO
rosuvastatin calcium	3	QL (30 EA per 30 days) MO
simvastatin tabs 10mg, 20mg, 40mg, 5mg	1	MO
simvastatin tabs 80mg	1	QL (30 EA per 30 days) MO
sorine	1	
sotalol hcl	1	MO
sotalol hcl (af)	1	MO
spironolactone/hydrochlorothiazide	3	MO
spironolactone tabs	1	MO
taztia xt	2	
TEKAMLO TABS 300MG; 10MG, 300MG; 5MG	3	QL (30 EA per 30 days)
TEKAMLO TABS 150MG; 10MG, 150MG; 5MG	3	QL (30 EA per 30 days) MO
TEKTURNA	3	QL (30 EA per 30 days) MO
TEKTURNA HCT	3	QL (30 EA per 30 days) MO
telmisartan	2	QL (30 EA per 30 days) MO
telmisartan/amlodipine	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide	3	QL (30 EA per 30 days) MO
terazosin hcl	1	MO
timolol maleate tabs 10mg, 20mg, 5mg	1	MO
torsemide tabs	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
trandolapril	1	MO
trandolapril/verapamil hcl	1	MO
trandolapril/verapamil hcl er	1	MO
triamterene/hydrochlorothiazide	1	MO
valsartan	2	MO
valsartan/hydrochlorothiazide	2	QL (30 EA per 30 days) MO
VASCEPA	4	MO
verapamil hcl er	2	MO
verapamil hcl sr cp24	3	MO
verapamil hcl sr tbcr 240mg	2	MO
verapamil hcl tabs	1	MO
verapamil hcl inj	4	MO
ZETIA	4	QL (30 EA per 30 days) MO
Central Nervous System Agents		
amphetamine/dextroamphetamine cp24 30mg	3	QL (60 EA per 30 days) PA MO
AMPYRA	5	QL (60 EA per 30 days) PA LA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
dexedrine tabs	4	QL (180 EA per 30 days) PA
dextroamphetamine sulfate tabs	4	QL (180 EA per 30 days) PA MO
dextroamphetamine sulfate soln	4	QL (1800 ML per 30 days) PA MO
GILENYA	5	QL (30 EA per 30 days) PA
glatopa	5	QL (30 ML per 30 days) PA
guanfacine er	3	QL (30 EA per 30 days) MO
metadate er	2	QL (90 EA per 30 days) PA MO
methylphenidate hcl er cp24 20mg, 40mg	4	QL (30 EA per 30 days) PA MO
methylphenidate hcl er tbcr 20mg	2	QL (90 EA per 30 days) PA MO
methylphenidate hcl er tbcr 10mg	4	QL (90 EA per 30 days) PA MO
methylphenidate hcl SR 20mg tab	2	QL (90 EA per 30 days) PA MO
methylphenidate hcl i.r. tab 5mg, 10mg, 20mg	3	PA MO
NAMZARIC	3	QL (30 EA per 30 days) PA MO
NUEDEXTA	3	QL (60 EA per 30 days) MO
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
riluzole	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
STRATTERA CAPS 100MG, 80MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG	4	QL (60 EA per 30 days) MO
tetrabenazine tabs 25mg	5	QL (120 EA per 30 days) PA
tetrabenazine tabs 12.5mg	5	QL (90 EA per 30 days) PA
TYSABRI	5	QL (15 ML per 28 days) PA LA
zenzedi tabs 10mg, 5mg	4	QL (180 EA per 30 days) PA
Dental and Oral Agents		
chlorhexidine gluconate oral rinse	2	MO
clinpro 5000	1	MO
dentagel	1	MO
fluoridex daily defense	1	MO
oralone	4	
paroex	1	
periogard	1	
phos-flur	1	
pilocarpine hcl tabs 7.5mg	4	MO
pilocarpine hydrochloride	4	MO
sf gel 1.1%	1	MO
triamcinolone acetonide pste 0.1%	4	MO
triamcinolone in orabase	4	MO
Dermatological Agents		
8-MOP	4	
acitretin	4	PA MO
ALTABAX	4	MO
ammonium lactate crea	2	MO
ammonium lactate lotn	3	MO
amnesteem	4	
avita crea	4	PA
avita gel	4	PA MO
calcipotriene	4	MO
calcipotriene/betamethasone dipropionate	4	QL (400 GM per 28 days) MO
calcitrene	4	MO
claravis	4	
clindacin etz pledgets	2	MO
clindacin-p	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
clindamax	3	
clindamycin phosphate foam 1%	3	MO
clindamycin phosphate gel 1%	3	MO
clindamycin phosphate lotn 1%	4	MO
clindamycin phosphate external soln 1%	3	MO
clindamycin phosphate swab 1%	2	MO
clindamycin/benzoyl peroxide	4	MO
doxepin hydrochloride cream	4	MO
ELIDEL	4	QL (60 GM per 30 days) ST MO
ery acne pads	4	MO
erythromycin/benzoyl peroxide	2	MO
erythromycin gel 2%	2	MO
erythromycin pads 2%	4	MO
erythromycin soln 2%	2	MO
fluocinolone acetonide body	4	MO
fluocinolone acetonide scalp	4	MO
fluorouracil crea 0.5%, 5%	3	MO
fluorouracil external soln 2%, 5%	3	MO
gentamicin sulfate crea 0.1%	2	MO
gentamicin sulfate external oint 0.1%	2	MO
imiquimod crea	4	MO
methoxsalen caps	4	MO
metronidazole crea 0.75%	4	MO
metronidazole gel 0.75%	3	MO
metronidazole gel 1%	4	MO
metronidazole lotn 0.75%	4	MO
mupirocin	2	MO
mupirocin calcium	2	MO
myorisan	4	
neuac gel 1.2%; 5%	4	MO
OXSORALEN	4	MO
podofilox soln	3	MO
REGRANEX	5	QL (15 GM per 30 days) PA MO
rosadan gel	3	
rosadan crea	4	
SANTYL	3	MO
selenium sulfide lotn	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
silver sulfadiazine	2	MO
sodium sulfacetamide lotn 10%	2	MO
ssd	2	
sulfacetamide sodium susp 10%	2	MO
SULFAMYLON CREAM	4	MO
TAZORAC	4	MO
tretinoin microsphere	4	PA MO
tretinoin microsphere pump	4	PA MO
tretinoin crea 0.025%, 0.05%, 0.1%	4	PA MO
tretinoin gel 0.01%, 0.025%, 0.05%	4	PA MO
zenatane	4	
Enzyme Replacement/Modifiers		
ADAGEN	5	PA
ALDURAZYME	5	PA LA
BUPHENYL TABS	5	PA
CARBAGLU	4	
CEREZYME	5	PA LA
CREON	3	MO
CYSTADANE	5	
CYSTAGON	4	PA LA
FABRAZYME	5	PA LA
KUVAN TBSO	5	PA LA
KUVAN PACK 500MG	5	PA
KUVAN PACK 100MG	5	PA LA
LUMIZYME	5	LA
NAGLAZYME	5	PA LA
ORFADIN CAPS 10MG, 2MG, 5MG	5	PA
pancrelipase	2	MO
RAVICTI	5	PA LA
sodium phenylbutyrate powd	5	PA
VPRIV	5	PA
ZAVESCA	5	PA
ZENPEP	3	MO
Gastrointestinal Agents		
alosetron hydrochloride	5	QL (60 EA per 30 days) MO
AMITIZA	3	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
cimetidine hcl	3	MO
cimetidine tabs	3	MO
constulose	2	
cromolyn sodium conc 100mg/5ml	4	MO
dicyclomine hcl caps, tabs	1	PA MO
dicyclomine hcl oral soln	3	PA MO
diphenatol	3	
diphenoxylate/atropine liqd	2	MO
diphenoxylate/atropine tabs	3	MO
enulose	2	
famotidine premixed	4	
famotidine susr	3	MO
famotidine inj 200mg/20ml	2	
famotidine inj 20mg/2ml, 40mg/4ml	2	MO
famotidine tabs 20mg, 40mg	1	MO
GATTEX	5	PA LA
gavilyte-c	2	MO
gavilyte-g	2	MO
gavilyte-h	2	MO
gavilyte-n/flavor pack	2	MO
generlac	2	MO
glycopyrrolate tabs	3	MO
glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	4	MO
lactulose soln	2	MO
LINZESS	3	QL (30 EA per 30 days) MO
loperamide hcl caps	3	MO
methscopolamine bromide	4	MO
metoclopramide hcl immediate release tabs	2	MO
metoclopramide hcl inj, oral soln	3	MO
misoprostol	3	MO
MOVIPREP	4	MO
omeprazole cpdr 20mg	1	MO
omeprazole cpdr 10mg	1	QL (30 EA per 30 days) MO
omeprazole cpdr 40mg	1	QL (60 EA per 30 days) MO
pantoprazole sodium inj	1	
pantoprazole sodium tbec 20mg	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
pantoprazole sodium tbec 40mg	1	QL (60 EA per 30 days) MO
peg 3350/electrolytes	2	MO
peg-3350/electrolytes	2	MO
peg-3350/nacl/na bicarbonate/kcl	2	MO
polyethylene glycol 3350 pack, powd	2	MO
PREPOPIK	4	MO
ranitidine hcl caps, syrp	2	MO
ranitidine hcl inj 50mg/2ml	2	MO
ranitidine hcl inj 150mg/6ml	4	
ranitidine hcl tabs 150mg, 300mg	1	MO
RELISTOR KIT 12MG/0.6ML	4	PA
RELISTOR INJ 12MG/0.6ML, 8MG/0.4ML	4	PA MO
sucralfate susp, tabs	2	MO
SUPREP BOWEL PREP	4	MO
trilyte	2	MO
ursodiol caps, tabs	4	MO
Genitourinary Agents		
acetic acid 0.25%	3	MO
AURYXIA	4	MO
bethanechol chloride tabs	3	MO
calcium acetate caps	4	MO
calcium acetate tabs 667mg	4	MO
dutasteride	4	QL (30 EA per 30 days) MO
dutasteride/tamsulosin hydrochloride	4	QL (30 EA per 30 days) MO
finasteride tabs 5mg	1	MO
FOSRENOL CHEW	4	MO
FOSRENOL PACK 750MG	4	
FOSRENOL PACK 1000MG	4	MO
methylergonovine maleate tabs	5	MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 5mg	3	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 10mg, 15mg	3	QL (60 EA per 30 days) MO
oxybutynin chloride tabs	2	QL (120 EA per 30 days) MO
oxybutynin chloride syrp	2	QL (600 ML per 30 days) MO
RAPAFLO	4	QL (30 EA per 30 days) MO
RENVELA	3	MO
sodium chloride 0.9% GU irrigant	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
tamsulosin hcl	2	MO
THIOLA	3	
tolterodine tartrate immediate release tabs	4	QL (60 EA per 30 days) MO
VELPHORO	4	MO
VESICARE	3	QL (30 EA per 30 days) MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
a-hydrocort	2	MO
ala cort	1	
alclometasone dipropionate	4	MO
amcinonide	3	MO
augmented betamethasone dipropionate crea	2	MO
augmented betamethasone dipropionate gel, lotn, oint	4	MO
baycadron	3	
betamethasone dipropionate lotn	3	MO
betamethasone dipropionate crea, oint	4	MO
betamethasone valerate crea, lotn, oint	3	MO
betamethasone valerate foam	4	MO
budesonide cpep 3mg	4	MO
clobetasol propionate e	4	MO
clobetasol propionate emollient foam	4	MO
clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln	4	MO
clodan shampoo	4	
colocort	2	
cormax scalp application	4	
cortisone acetate tabs	2	MO
deltasone	1	
desonide crea, lotn, oint	4	MO
desoximetasone crea 0.05%	3	MO
desoximetasone crea 0.25%	4	MO
desoximetasone gel	4	MO
desoximetasone oint 0.05%	3	MO
desoximetasone oint 0.25%	4	MO
DEXAMETHASONE INTENSOL	3	MO
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate inj 120mg/30ml, 20mg/5ml, 4mg/ml	2	MO
dexamethasone elix, soln, tabs	2	MO
diflorasone diacetate	3	MO
fludrocortisone acetate tabs	2	MO
fluocinolone acetonide crea 0.01%, 0.025%	4	MO
fluocinolone acetonide oint 0.025%	4	MO
fluocinolone acetonide soln 0.01%	4	MO
fluocinonide-e	4	MO
fluocinonide crea, gel, oint, soln	4	MO
fluticasone propionate crea 0.05%	2	MO
fluticasone propionate lotn 0.05%	4	MO
fluticasone propionate oint 0.005%	3	MO
halobetasol propionate	4	MO
hydrocortisone butyrate (lipophilic)	4	MO
hydrocortisone butyrate crea, oint, soln	4	MO
hydrocortisone in absorbase	1	MO
hydrocortisone valerate cream, oint	4	MO
hydrocortisone crea 1%, 2.5%	1	MO
hydrocortisone enem	2	MO
hydrocortisone tabs	3	MO
hydrocortisone lotn 2.5%	2	MO
hydrocortisone oint 1%, 2.5%	1	MO
lokara	4	
methylprednisolone acetate inj	2	MO
methylprednisolone dose pack	2	MO
methylprednisolone sodium succinate inj	3	MO
methylprednisolone tabs	2	MO
MILLIPRED	4	MO
MILLIPRED DP	4	MO
mometasone furoate crea, oint	2	MO
mometasone furoate soln	3	MO
prednicarbate oint	3	MO
prednicarbate crea	4	MO
prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml	2	MO
prednisolone soln, syrp	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL	4	MO
prednisone soln, tabs, tbpk	1	MO
procto-med hc	4	
procto-pak	2	MO
proctosol hc	4	MO
proctozone-hc	4	MO
triamcinolone acetonide aers 0.147mg/gm	4	MO
triamcinolone acetonide crea 0.025%, 0.1%, 0.5%	2	MO
triamcinolone acetonide lotn 0.025%, 0.1%	3	MO
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	2	MO
triderm	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate inj, nasal soln, tabs	2	MO
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA LA
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA LA
INCRELEX	5	PA LA
NORDITROPIN FLEXPRO	5	PA
VASOSTRICT	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
alyacen 1/35	2	
alyacen 7/7/7	2	
amethia	2	
amethia lo	2	
amethyst	2	
ANADROL-50	5	MO
ANDROGEL PUMP GEL 1.62%	3	PA MO
ANDROGEL PUMP GEL 1%	3	QL (300 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	QL (300 GM per 30 days) PA MO
apri	2	
aranelle	2	
ashlyna	2	
aubra	2	
aviane	2	
azurette	2	
balziva	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
bekyree	2	
blisovi 24 fe	2	MO
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila	2	
camrese	2	
camrese lo	2	
caziant	2	
chateal	2	
cryselle-28	2	MO
cyclafem 1/35	2	MO
cyclafem 7/7/7	2	MO
cyred	2	
danazol caps	4	MO
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	MO
deblitane	2	
delyla	2	
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA 400MG/ML	4	MO
desogestrel/ethinyl estradiol	2	MO
drospirenone/ethinyl estradiol	2	MO
elinest	2	
ELLA	3	
emoquette	2	
enpresse-28	2	
enskyce	2	MO
errin	2	
estarylla	2	
ESTRACE CREA	4	MO
estradiol/norethindrone acetate	2	PA MO
estradiol tabs	2	PA MO
estradiol ptwk	3	QL (4 EA per 28 days) PA MO
estradiol pttw	3	QL (8 EA per 28 days) PA MO
falmina	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
fyavolv	2	PA
gianvi	2	
gildagia	2	
gildess 1.5/30	2	MO
gildess 1/20	2	MO
gildess 24 fe	2	
gildess fe 1.5/30	2	
gildess fe 1/20	2	
heather	2	MO
hydroxyprogesterone caproate inj	5	PA
introvale	2	
jencycla	2	
jinteli	2	PA MO
jolessa	2	
jolivette	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	MO
junel fe 1/20	2	MO
junel fe 24	2	
kaitlib fe	4	
kariva	2	
kelnor 1/35	2	MO
kimidess	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
layolis fe	2	
leena	2	MO
lessina	2	
levonest	2	
levonorgestrel	2	
levonorgestrel/ethinyl estradiol	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
levora 0.15/30-28	2	
lomedia 24 fe	2	MO
lopreeza	2	PA
loryna	2	MO
low-ogestrel	2	
lutera	2	
lyza	2	
marlissa	2	MO
medroxyprogesterone acetate tabs	2	MO
medroxyprogesterone acetate inj	4	MO
megestrol acetate tabs	3	PA MO
megestrol acetate susp 40mg/ml	3	PA MO
MENEST	4	PA MO
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	2	
microgestin fe	2	
microgestin fe 1.5/30	2	
mimvey	2	PA MO
mimvey lo	2	PA MO
mono-linyah	2	
mononessa	2	
myzilra	2	MO
necon 0.5/35-28	2	
necon 1/35	2	
necon 1/50-28	2	MO
necon 10/11-28	2	MO
necon 7/7/7	2	
nikki	2	
nora-be	2	
norethindrone & ethinyl estradiol ferrous fumarate	2	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate	2	MO
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	2	MO
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	2	PA MO
norethindrone acetate tabs	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
norethindrone tabs	2	MO
norgestimate/ethinyl estradiol	2	MO
norlyroc	2	
nortrel 0.5/35 (28)	2	MO
nortrel 1/35	2	
nortrel 7/7/7	2	
ocella	2	
ogestrel	2	MO
orsythia	2	
oxandrolone tabs 2.5mg	3	QL (120 EA per 30 days) PA MO
oxandrolone tabs 10mg	5	QL (60 EA per 30 days) PA MO
philith	2	
pimtrea	2	
pirmella 1/35	2	
pirmella 7/7/7	2	
portia-28	2	MO
previfem	2	MO
progesterone caps, inj	4	MO
quasense	2	
raloxifene hydrochloride	2	MO
reclipsen	2	
setlakin	2	
sharobel	2	
sprintec 28	2	
sronyx	2	MO
syeda	2	
tarina fe 1/20	2	
testosterone cypionate inj	4	MO
testosterone enanthate inj	4	MO
testosterone gel 25mg/2.5gm, 50mg/5gm	3	QL (300 GM per 30 days) PA MO
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	MO
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-sprintec	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
tri-previfem	2	
tri-sprintec	2	MO
trinessa	2	
trinessa lo	2	
trivora-28	2	
VAGIFEM	3	MO
velivet	2	MO
vestura	2	
vienva	4	
viorele	2	MO
vyfemla	2	MO
wera	2	
wymzya fe	2	MO
zarah	2	
zenchent	2	
zenchent fe	2	
zovia 1/35e	2	
zovia 1/50e	2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium inj, tabs	1	MO
levoxyl	2	MO
liothyronine sodium tabs	3	MO
SYNTHROID	3	MO
THYROLAR-1	4	MO
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
unithroid	2	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	MO
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABS 30MG	3	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)		

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
cabergoline	4	MO
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	5	PA
leuprolide acetate inj	3	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED	5	PA
octreotide acetate	4	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	QL (0.2 ML per 28 days) PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	QL (0.3 ML per 28 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	QL (0.5 ML per 28 days) PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR MIXJECT	5	PA
VANTAS	4	
ZOLADEX	4	
Hormonal Agents, Suppressant (Thyroid)		
methimazole tabs	2	MO
propylthiouracil tabs	3	MO
Immunological Agents		
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTHIB	4	
ACTIMMUNE	5	PA LA
ADACEL	4	
ARCALYST	5	PA LA
ATGAM	5	B/D
azathioprine tabs	3	B/D MO
azathioprine inj	4	B/D
bcg vaccine	2	
BENLYSTA	5	PA
BEXSERO	4	
BOOSTRIX	4	
CELLCEPT INTRAVENOUS	4	B/D
CERVARIX	4	
CINRYZE	5	PA LA
COMVAX	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
cyclosporine modified	4	PA MO
cyclosporine inj	3	PA
cyclosporine caps	4	PA MO
DAPTACEL	4	
diphtheria/tetanus toxoids adsorbed pediatric	2	
ENBREL SURECLICK	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	5	QL (4.08 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG	5	QL (8 EA per 28 days) PA
ENGERIX-B	3	B/D
ENVARSUS XR	4	B/D MO
FIRAZYR	5	QL (270 ML per 30 days) PA LA
GAMASTAN S/D	3	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 2.5GM/50ML, 20GM/400ML, 5GM/100ML	5	PA LA
GARDASIL	4	
GARDASIL 9	4	
gengraf caps 100mg, 25mg	4	PA
gengraf soln	4	PA MO
HAVRIX	4	
hecoria	4	B/D
HIBERIX	4	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	QL (6 EA per 28 days) PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASE STARTER	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ILARIS	5	QL (2 EA per 28 days) PA LA
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	4	
IPOL INACTIVATED IPV	3	
IXIARO	4	
KINRIX	4	
leflunomide	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
M-M-R II	3	
MENACTRA	4	
MENHIBRIX	4	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	4	
methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml	2	
methotrexate tabs	2	MO
mycophenolate mofetil caps, tabs	3	B/D MO
mycophenolate mofetil susr	5	B/D MO
NULOJIX	5	PA
PEDIARIX	4	
PEDVAX HIB	4	
PENTACEL	4	
PROGRAF INJ	4	B/D
PROQUAD	4	
QUADRACEL	4	
RABAVERT	4	B/D
RAPAMUNE SOLN	4	B/D MO
RECOMBIVAX HB	4	B/D
REMICADE	5	PA
ROTARIX	4	
ROTATEQ	3	
SANDIMMUNE SOLN	4	PA MO
SIMULECT	5	B/D
sirolimus tabs	4	B/D MO
SYNAGIS	5	PA
tacrolimus caps	4	B/D MO
TENIVAC	4	
tetanus/diphtheria toxoids-adsorbed	2	
THYMOGLOBULIN	5	B/D
TRUMENBA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	3	
YF-VAX	3	
ZORTRESS TABS 0.25MG	4	PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
ZORTRESS TABS 0.5MG, 0.75MG	5	PA MO
ZOSTAVAX	4	QL (1 EA per 365 days)
Inflammatory Bowel Disease Agents		
APRISO	3	MO
ASACOL HD	4	MO
balsalazide disodium	4	MO
DELZICOL	4	MO
LIALDA	4	MO
mesalamine enem, kit	4	MO
PENTASA	4	MO
sulfasalazine tabs, tbec	3	MO
Metabolic Bone Disease Agents		
alendronate sodium soln	1	MO
alendronate sodium tabs 10mg, 40mg, 5mg	1	QL (30 EA per 30 days) MO
alendronate sodium tabs 35mg, 70mg	1	QL (4 EA per 28 days) MO
calcitonin-salmon	3	MO
calcitriol caps	2	MO
calcitriol inj	3	
calcitriol oral soln	3	MO
doxercalciferol caps	4	MO
etidronate disodium	3	MO
FORTEO	5	QL (2.4 ML per 28 days) PA
ibandronate sodium tabs	3	QL (1 EA per 30 days) MO
MIACALCIN INJ	4	MO
pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml	3	
pamidronate disodium inj 30mg, 90mg	4	
paricalcitol caps	4	MO
paricalcitol inj 2mcg/ml	2	
paricalcitol inj 5mcg/ml	3	
PROLIA	4	QL (1 ML per 180 days)
risedronate sodium dr	2	QL (4 EA per 28 days) MO
risedronate sodium tabs 150mg	2	QL (1 EA per 28 days) MO
risedronate sodium tabs 35mg	2	QL (12 EA per 84 days) MO
risedronate sodium tabs 30mg, 5mg	2	QL (30 EA per 30 days) MO
XGEVA	5	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
zoledronic acid inj 4mg/5ml, 4mg, 5mg/100ml	4	
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2”	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/ 31G X 5/16”	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/ 30G X 1/2”	3	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/ 31G X 5/16”	3	MO
BD PEN NEEDLE/ULTRAFINE/ 29G X 12.7M	3	MO
CURITY GAUZE PADS 2”X2”	3	MO
FERRIPROX SOLN 100MG/ML	5	PA
NATPARA	5	QL (2 EA per 28 days) PA
ORFADIN SUSP 4MG/ML	5	PA
SYLVANT	5	PA
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
Ophthalmic Agents		
ACUVAIL	4	MO
ak-poly-bac	2	
ALPHAGAN P SOLN 0.1%	3	MO
ALREX	3	MO
apraclonidine	3	MO
atropine sulfate soln	3	MO
AZASITE	3	MO
azelastine hcl ophthalmic soln 0.05%	3	MO
AZOPT	4	MO
bacitracin/neomycin/polymyxin	3	MO
bacitracin/polymyxin b	2	MO
bacitracin oint 500unit/gm	2	MO
BESIVANCE	4	MO
betaxolol hcl soln 0.5%	3	MO
BETIMOL	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
BETOPTIC-S	4	MO
brimonidine tartrate	3	MO
carteolol hcl	1	MO
ciprofloxacin hcl soln 0.3%	3	MO
COMBIGAN	3	MO
cromolyn sodium soln 4%	4	MO
CYSTARAN	5	QL (60 ML per 28 days)
dexamethasone sodium phosphate ophthalmic soln 0.1%	2	MO
diclofenac sodium	2	MO
dorzolamide hcl	1	MO
dorzolamide hcl/timolol maleate	1	MO
DUREZOL	4	MO
epinastine hcl	3	MO
erythromycin oint 5mg/gm	2	MO
fluorometholone	3	MO
flurbiprofen sodium	2	MO
gentak	2	MO
gentamicin sulfate ophthalmic oint 0.3%	2	MO
gentamicin sulfate ophthalmic soln 0.3%	2	MO
ILEVRO	4	MO
ilotycin	2	
ISTALOL	3	MO
ketorolac tromethamine soln 0.4%, 0.5%	2	MO
latanoprost	2	MO
levobunolol hcl	2	MO
levofloxacin ophthalmic soln 0.5%	3	MO
LOTEMAX	3	MO
LUMIGAN	3	MO
metipranolol	1	MO
MOXEZA	4	MO
naphazoline hcl	2	MO
neo-polycin	3	
neomycin/bacitracin/polymyxin	3	MO
neomycin/polymyxin/bacitracin/hydrocortisone	4	MO
neomycin/polymyxin/dexamethasone	2	MO
neomycin/polymyxin/gramicidin	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml	2	MO
NEVANAC	4	MO
ofloxacin ophthalmic soln 0.3%	3	MO
olopatadine hcl ophthalmic soln 0.1%	4	MO
PATADAY	4	MO
PAZEO	4	MO
PHOSPHOLINE IODIDE	4	
pilocarpine hcl soln 1%, 2%, 4%	4	MO
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	1	MO
prednisolone acetate	2	MO
prednisolone sodium phosphate ophthalmic soln 1%	2	MO
PROLENSA	4	MO
proparacaine hcl	3	MO
RESTASIS	3	MO
SIMBRINZA	4	MO
sodium sulfacetamide soln 10%	3	MO
sulfacetamide sodium/prednisolone sodium phosphate	2	MO
sulfacetamide sodium oint 10%	4	MO
sulfacetamide sodium soln 10%	3	MO
timolol maleate ophthalmic gel forming	4	MO
timolol maleate soln 0.25%, 0.5%	1	MO
TOBRADEX ST	4	MO
tobramycin sulfate ophthalmic soln 0.3%	2	MO
tobramycin/dexamethasone	4	MO
TOBREX OINTMENT	4	MO
TRAVATAN Z	4	MO
travoprost	3	MO
trifluridine	4	MO
trimethoprim sulfate/polymyxin b sulfate	1	MO
triple antibiotic	3	
VIGAMOX	4	MO
ZIRGAN	4	MO
ZYLET	3	MO
Otic Agents		
acetasol hc	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
acetic acid	3	MO
acetic acid/aluminum acetate	2	MO
antibiotic ear	4	
CIPRODEX	4	MO
fluocinolone acetonide oil 0.01%	4	MO
hydrocortisone/acetic acid	4	MO
neomycin/polymyxin/hc	4	MO
neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml	4	MO
ofloxacin otic soln 0.3%	4	MO
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhalation soln	2	B/D MO
acetylcysteine inj	4	
ADEMPAS	5	QL (90 EA per 30 days) PA LA
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
albuterol sulfate er	4	MO
albuterol sulfate nebu	2	B/D MO
albuterol sulfate syrp	2	MO
albuterol sulfate tabs	3	MO
aminophylline	2	MO
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
ARCAPTA NEOHALER	4	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA	4	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (4 EA per 28 days) MO
azelastine hcl nasal soln 0.15%	3	MO
azelastine hcl nasal soln 0.1%	3	QL (30 ML per 25 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	B/D MO
budesonide nasal susp 32mcg/act	4	QL (17.2 GM per 30 days) MO
CAYSTON	5	QL (84 ML per 56 days)

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
clemastine fumarate syrp	4	PA
clemastine fumarate tabs 2.68mg	3	PA MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
cromolyn sodium nebu 20mg/2ml	3	B/D MO
CYPROHEPTADINE HCL TABS	4	PA MO
DALIRESP	4	QL (30 EA per 30 days) MO
diphenhydramine hcl inj	4	PA MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
epoprostenol sodium	3	PA LA
ESBRIET	5	QL (270 EA per 30 days) PA LA
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	4	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL (24 GM per 30 days) MO
flunisolide	3	MO
fluticasone propionate susp 50mcg/act	2	QL (16 GM per 30 days) MO
hydroxyzine hcl inj	4	PA MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
ipratropium bromide/albuterol sulfate	1	B/D MO
ipratropium bromide inhalation soln	2	B/D MO
ipratropium bromide nasal soln 0.03%	2	QL (30 ML per 30 days) MO
ipratropium bromide nasal soln 0.06%	2	QL (45 ML per 30 days) MO
KALYDECO PACK	5	QL (56 EA per 28 days) PA
KALYDECO TABS	5	QL (60 EA per 30 days) PA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
levalbuterol hcl nebu	2	B/D MO
levalbuterol nebu	2	B/D MO
levocetirizine dihydrochloride tabs	1	QL (30 EA per 30 days) MO
levocetirizine dihydrochloride soln	3	QL (300 ML per 30 days) MO
metaproterenol sulfate syrp, tabs	2	MO
montelukast sodium chew, tabs	1	QL (30 EA per 30 days) MO
montelukast sodium pack	3	QL (30 EA per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) MO
OFEV	5	QL (60 EA per 30 days) PA
olopatadine hcl nasal soln 0.6%	4	QL (30.5 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
OPSUMIT	5	QL (30 EA per 30 days) PA LA
ORKAMBI	5	QL (112 EA per 28 days) PA
PERFOROMIST	4	QL (120 ML per 30 days) B/D MO
PROAIR HFA	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
PROLASTIN-C	5	PA MO
promethazine hcl syrp 6.25mg/5ml	2	PA MO
promethazine hcl tabs 12.5mg, 25mg, 50mg	2	PA MO
PULMOZYME	5	B/D
QNASL	4	QL (8.7 GM per 30 days) MO
QNASL CHILDRENS	4	QL (4.9 GM per 30 days) MO
QVAR	3	QL (17.4 GM per 30 days) MO
SEREVENT DISKUS	4	QL (60 EA per 30 days) MO
sildenafil tabs 20mg	3	QL (90 EA per 30 days) PA
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) MO
terbutaline sulfate tabs	4	MO
theophylline cr tb12 100mg, 200mg	3	MO
theophylline er	3	MO
theophylline soln	3	MO
theophylline elix	4	MO
TOBI PODHALER	5	QL (224 EA per 56 days)
tobramycin nebu	3	QL (280 ML per 56 days) B/D
TRACLEER	5	QL (60 EA per 30 days) PA LA
triamcinolone acetonide aero 55mcg/act	4	MO
TYZINE PEDIATRIC NASAL DROPS	4	
VENTAVIS	5	PA LA
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOLAIR	5	QL (6 EA per 28 days) PA LA
zafirlukast	4	QL (60 EA per 30 days) MO
Skeletal Muscle Relaxants		
chlorzoxazone	2	QL (180 EA per 30 days) PA MO
cyclobenzaprine hcl tabs	2	QL (90 EA per 30 days) PA MO
Sleep Disorder Agents		

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
armodafinil	3	QL (30 EA per 30 days) PA
HETLIOZ	5	QL (30 EA per 30 days) PA
modafinil tabs 100mg	3	QL (30 EA per 30 days) PA MO
modafinil tabs 200mg	3	QL (60 EA per 30 days) PA MO
ROZEREM	4	QL (30 EA per 30 days) MO
SILENOR	4	QL (30 EA per 30 days) MO
XYREM	5	QL (540 ML per 30 days) PA
zaleplon caps 5mg	2	QL (30 EA per 30 days) PA MO
zaleplon caps 10mg	2	QL (60 EA per 30 days) PA MO
zolpidem tartrate immediate release tabs	2	QL (30 EA per 30 days) PA MO
Therapeutic Nutrients/Minerals/Electrolytes		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
aminosyn 8.5%/electrolytes	4	B/D
AMINOSYN II	4	B/D
aminosyn ii 8.5%/electrolytes	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
BAL-CARE DHA	4	MO
CALCIUM PNV	4	MO
CITRANATAL 90 DHA	4	MO
CITRANATAL ASSURE	4	MO
CITRANATAL B-CALM	4	MO
CITRANATAL DHA MISC 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	4	MO
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	4	MO
clinisol sf 15%	2	B/D
COMPLETENATE	4	MO
CONCEPT DHA	4	MO
CONCEPT OB	4	MO
CUPRIMINE	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
DEPEN TITRATABS	4	MO
dextrose 10%/nacl 0.45%	4	
dextrose 5% /electrolyte #48 viaflex	4	
dextrose 10%	2	B/D
dextrose 10% flex container	2	B/D
dextrose 10%/nacl 0.2%	4	
dextrose 2.5%/sodium chloride 0.45%	4	
dextrose 20%	2	B/D
dextrose 25%	2	B/D
dextrose 30%	2	B/D
dextrose 40%	2	B/D
dextrose 5%	2	B/D MO
dextrose 5%/nacl 0.2%	4	
dextrose 5%/nacl 0.225%	4	
dextrose 5%/nacl 0.3%	4	
dextrose 5%/nacl 0.33%	4	
dextrose 5%/nacl 0.45%	4	
dextrose 5%/nacl 0.9%	4	MO
dextrose 5%/potassium chloride 0.15%	4	
dextrose 50%	2	B/D
dextrose 70%	2	B/D
ESCAVITE D	4	
ESCAVITE LQ	4	
EXJADE	5	PA LA
EXTRA-VIRT PLUS DHA	4	MO
FERRIPROX TABS 500MG	5	PA
FLORIVA LIQD	4	MO
floriva chew	4	
fluor-a-day soln	4	
fluoride chew 1.1mg, 2.2mg	1	MO
fluoritab chew 0.5mg, 1mg, 2.2mg	1	
fluoritab soln	4	
FLURA-DROPS SOLN 0.25MG/DROP	4	MO
FOCALGIN 90 DHA	4	MO
FOCALGIN CA	4	MO
FOCALGIN-B	4	
FOLCAL DHA	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
FOLCAPS OMEGA 3	4	MO
FOLET ONE	4	MO
FOLIVANE-OB	4	MO
FOLIVANE-PRX DHA NF	4	MO
fomepizole	5	
HEMENATAL OB	4	MO
HEMENATAL OB + DHA	4	MO
hepatamine	4	B/D
INATAL ADVANCE	4	
INATAL ULTRA	4	
INTRALIPID INJ 30GM/100ML	4	B/D
intralipid inj 20gm/100ml	4	B/D
k-sol	4	MO
KABIVEN	4	B/D
kcl 0.075%/d5w/nacl 0.45%	4	
kcl 0.15%/d5w/lr	4	
kcl 0.15%/d5w/nacl 0.2%	4	
kcl 0.15%/d5w/nacl 0.225%	4	
kcl 0.15%/d5w/nacl 0.45%	4	
kcl 0.15%/d5w/nacl 0.9%	4	
kcl 0.3%/d5w/lr iv lac ring	4	
kcl 0.3%/d5w/nacl 0.45%	4	
kcl 0.3%/d5w/nacl 0.9%	4	
kionex powd	3	
kionex susp	3	MO
klor-con	2	MO
klor-con 10	2	MO
klor-con 8	2	MO
klor-con m10	2	
klor-con m20	2	MO
klor-con sprinkle cpcr 10meq	2	
klor-con sprinkle cpcr 8meq	2	MO
klor-con/ef	3	MO
lactated ringers dextrose 5% viaflex	4	
lactated ringers viaflex	2	
levocarnitine soln, tabs	4	MO
LIPOSYN III	4	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
ludent chew 0.5mg, 1mg	1	MO
magnesium sulfate inj 50%	4	MO
mult-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit	4	MO
multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit	2	MO
multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml	2	MO
multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml	2	MO
multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml	2	MO
multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml; 5unit/ml	4	MO
multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit	2	MO
mvc-fluoride	2	MO
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	4	
NATALVIRT 90 DHA	4	MO
NATALVIRT CA	4	MO
NATELLE ONE	4	MO
NEPHRAMINE	4	B/D
NESTABS	4	MO
NESTABS DHA	4	MO
NEXA PLUS	4	MO
NIVA-PLUS	4	MO
O-CAL PRENATAL	4	MO
OB COMPLETE GOLD	4	MO
OB COMPLETE ONE	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
OB COMPLETE PETITE	4	MO
OB COMPLETE PREMIER	4	MO
OB COMPLETE/DHA	4	MO
PAIRE OB	4	MO
PERIKABIVEN	4	B/D
plenamine	2	B/D
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	4	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	4	MO
PNV OB+DHA	4	
PNV PRENATAL PLUS MULTIVITAMIN	4	MO
PNV TABS 29-1	4	MO
PNV-DHA	4	MO
PNV-SELECT	4	MO
PNV-VP-U	4	MO
poly-vitamin/fluoride chew	4	
poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml	2	
potassium chloride 0.15% /nacl 0.45% viaflex	2	
potassium chloride 0.15% d5w/nacl 0.33%	4	
potassium chloride 0.15% d5w/nacl 0.45%	4	
potassium chloride 0.15%/nacl 0.9%	4	MO
potassium chloride 0.22% d5w/nacl 0.45%	4	
potassium chloride 0.224%d5w/nacl 0.45% viaflex	4	
potassium chloride 0.3%/ nacl 0.9%	4	
potassium chloride 0.3%/d5w	4	
potassium chloride cr tbcr 10meq, 20meq	2	MO
potassium chloride er	2	MO
potassium chloride sr	2	MO
potassium chloride oral soln	4	MO
potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml	4	
potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml	4	MO
potassium citrate er	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	4	MO
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	4	
PREFERAOB ONE	4	MO
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	4	B/D
PRENAISSANCE	4	MO
PRENAISSANCE PLUS	4	MO
PRENATA	4	MO
PRENATABS FA	4	MO
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	4	MO
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	4	MO
PRENATAL PLUS	4	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	4	MO
PRENATE AM	4	MO
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	4	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	4	
PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	4	
PRENATE PIXIE	4	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	4	MO
PREQUE 10	4	MO
PRETAB	4	
PUREFE OB PLUS	4	
QUFLORA PEDIATRIC SOLN 0.5MG/ML	4	
QUFLORA PEDIATRIC SOLN 0.25MG/ML	4	MO
RELNATE DHA	4	MO
ringers injection	2	
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA
SE-NATAL 19	4	MO
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	4	MO
sodium bicarbonate inj 4.2%	4	MO
sodium bicarbonate inj 8.4%	4	MO
sodium chloride 0.45% viaflex	2	
sodium chloride inj 0.9%	2	MO
sodium chloride inj 2.5meq/ml, 3%, 5%	4	MO
sodium fluoride chew 0.5mg, 1.1mg	1	MO
sodium polystyrene sulfonate powd, oral susp	3	MO
sodium polystyrene sulfonate rectal susp	4	
sps	3	
sterile water irrigation	2	MO
SYPRINE	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
TARON-PREX	4	MO
thrivite rx	4	MO
TL FOLATE	4	
TL-CARE DHA	4	MO
TL-SELECT	4	MO
tpn electrolytes	4	
tri-vit/fluoride	4	MO
TRI-VIT/FLUORIDE/IRON	4	MO
tri-vitamin/fluoride	4	MO
TRIADVANCE	4	
TRICARE	4	MO
TRICARE PRENATAL COMPLEAT	4	MO
TRICARE PRENATAL DHA ONE	4	MO
TRINATAL GT	4	MO
TRINATAL RX 1	4	MO
triple-vitamin/fluoride	4	MO
TRISTART DHA	4	MO
TRIVEEN-PRX RNF	4	MO
ULTIMATECARE ONE NF	4	MO
VEMAVITE-PRX 2	4	MO
VENA-BAL DHA	4	MO
VIRT-ADVANCE	4	MO
VIRT-C DHA	4	MO
VIRT-CARE ONE	4	MO
VIRT-PN	4	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	4	MO
VIRT-PN PLUS	4	MO
VIRT-SELECT	4	MO
VITAFOL FE+	4	MO
VITAFOL-ONE	4	MO
VITAMEDMD ONE RX/QUATREFOLIC	4	MO
VITAMEDMD PLUS RX/QUATRE FOLIC	4	MO
vitamins a/d/c/fluoride	4	
VOL-NATE	4	MO
VOL-PLUS	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug Tier	Requirements/Limits
VP CH ULTRA	4	MO
VP-CH-PNV	4	MO
VP-HEME OB	4	MO
VP-HEME ONE	4	MO
VP-PNV-DHA	4	MO
ZATEAN-CH	4	MO
ZATEAN-PN	4	MO
ZATEAN-PN DHA	4	MO
ZATEAN-PN PLUS	4	MO
Unclassified		
ENBRACE HR	4	MO
PREFERAOB +DHA	4	MO
PROVIDA DHA	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Index

Drug name	Page
8-MOP	45
abacavir	33
abacavir sulfate/ lamivudine/zidovudine	33
ABELCET	22
ABILIFY	31
ABILIFY MAINTENA	31
ABRAXANE	24
acamprosate calcium dr	13
acarbose	36
acebutolol hcl	39
acetaminophen/codeine	10
acetaminophen/codeine #3	10
acetasol hc	64
acetazolamide	39
acetazolamide er	39
acetic acid	65
acetic acid 0.25%	49
acetic acid/aluminum acetate	65
acetylcysteine	65
acitretin	45
ACTEMRA	58
ACTHIB	58
ACTIMMUNE	58
ACUVAIL	62
acyclovir	33
acyclovir sodium	33
ADACEL	58
ADAGEN	47
adefovir dipivoxil	33
ADEMPAS	65
adrucil	24
ADVAIR DISKUS	65
ADVAIR HFA	65
AFINITOR	24
AFINITOR DISPERZ	24

Drug name	Page
a-hydrocort	50
ak-poly-bac	62
ala cort	50
ALBENZA	30
albuterol sulfate	65
albuterol sulfate er	65
alclometasone dipropionate	50
ALCOHOL PREP PADS	62
ALDURAZYME	47
ALECENSA	25
alendronate sodium	61
ALIMTA	25
ALINIA	30
ALKERAN	25
allopurinol	23
alosetron hydrochloride	47
ALPHAGAN P	62
alprazolam	35
ALREX	62
ALTABAX	45
alyacen 1/35	52
alyacen 7/7/7	52
amantadine hcl	30
AMBISOME	22
amcinonide	50
amethia	52
amethia lo	52
amethyst	52
amifostine	25
amikacin sulfate	14
amiloride hcl	39
amiloride/ hydrochlorothiazide	39
aminophylline	65
AMINOSYN	68

Drug name	Page
AMINOSYN 7%/ ELECTROLYTES	68
aminosyn 8.5%/electrolytes	68
AMINOSYN II	68
aminosyn ii 8.5%/ electrolytes	68
AMINOSYN M	68
AMINOSYN-HBC	68
AMINOSYN-PF	68
AMINOSYN-PF 7%	68
AMINOSYN-RF	68
amiodarone hcl	39
AMITIZA	47
amitriptyline hcl	20
amlodipine besylate	39
amlodipine besylate/ atorvastatin calcium	39
amlodipine besylate/ benazepril hydrochloride	39
amlodipine besylate/ valsartan	39
amlodipine/valsartan/hctz	39
ammonium lactate	45
amnesteem	45
amoxapine	20
amoxicillin	14
amoxicillin/clavulanate potassium	14
amoxicillin/clavulanate potassium er	14
amphetamine/ dextroamphetamine	44
amphotericin b	22
ampicillin	14
ampicillin sodium	14
ampicillin-sulbactam	14
AMPYRA	44
ANADROL-50	52

Drug name	Page
anagrelide hydrochloride	38
anastrozole	25
ANDROGEL	52
ANDROGEL PUMP	52
ANORO ELLIPTA	65
antibiotic ear	65
APOKYN	30
apraclonidine	62
apri	52
APRISO	61
APTIOM	18
APTIVUS	33
aranelle	52
ARANESP ALBUMIN FREE	38
ARCALYST	58
ARCAPTA NEOHALER	65
aripiprazole	31
aripiprazole odt	31
ARISTADA	31
armodafinil	68
ARNUITY ELLIPTA	65
ARRANON	25
ARZERRA	25
ASACOL HD	61
ascomp/codeine	10
ashlyna	52
ASMANEX HFA	65
ASMANEX TWISTHALER 120 METERED DOSES	65
ASMANEX TWISTHALER 14 METERED DOSES	65
ASMANEX TWISTHALER 30 METERED DOSES	65
ASMANEX TWISTHALER 60 METERED DOSES	65
ASMANEX TWISTHALER 7 METERED DOSES	65
aspirin/dipyridamole	38
atenolol	39
atenolol/chlorthalidone	39
ATGAM	58

Drug name	Page
atorvastatin calcium	39
atovaquone	30
atovaquone/proguanil hcl	30
ATRIPLA	33
atropine sulfate	62
aubra	52
augmented betamethasone dipropionate	50
AURYXIA	49
AVASTIN	25
aviane	52
avita	45
azacitidine	25
AZASITE	62
azathioprine	58
azelastine hcl	62
azelastine hcl	65
AZILECT	30
azithromycin	14
AZOPT	62
aztreonam	14
azurette	52
baciim	14
bacitracin	14
bacitracin	62
bacitracin/neomycin/polymyxin	62
bacitracin/polymyxin b	62
baclofen	33
BAL-CARE DHA	68
balsalazide disodium	61
balziva	52
BANZEL	18
BARACLUDE	33
baycadron	50
bcg vaccine	58
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2”	62
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16”	62

Drug name	Page
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2”	62
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16”	62
BD PEN NEEDLE/ULTRAFINE/29G X 12.7M	62
bekyree	53
BELEODAQ	25
benazepril hcl	39
benazepril hcl/hydrochlorothiazide	39
BENDEKA	25
BENLYSTA	58
benztropine mesylate	31
BESIVANCE	62
betamethasone dipropionate	50
betamethasone valerate	50
betaxolol hcl	39
betaxolol hcl	62
bethanechol chloride	49
BETIMOL	62
BETOPTIC-S	63
bexarotene	25
BEXSERO	58
bicalutamide	25
BICILLIN L-A	14
BICNU	25
bisoprolol fumarate	39
bisoprolol fumarate/hydrochlorothiazide	39
bleomycin sulfate	25
BLINCYTO	25
blisovi 24 fe	53
blisovi fe 1.5/30	53
blisovi fe 1/20	53
BOOSTRIX	58
BOSULIF	25
BREO ELLIPTA	65

Drug name	Page
briellyn	53
BRILINTA	38
brimonidine tartrate	63
BRINTELLIX	20
BRIVIACT	18
bromocriptine mesylate	31
budesonide	50
budesonide	65
bumetanide	39
BUPHENYL	47
buprenorphine hcl	13
buprenorphine hcl/ naloxone hcl	13
buproban	13
bupropion hcl	20
bupropion hcl er	20
bupropion hcl sr	13
bupropion hcl sr	20
bupropion hcl xl	20
buspirone hcl	35
BUSULFEX	25
butalbital compound/ codeine	10
butalbital/acetaminophen/ caffeine	10
butalbital/acetaminophen/ caffeine/codeine	10
butalbital/aspirin/caffeine	10
butalbital/aspirin/caffeine/ codeine	10
BYDUREON	36
BYETTA	36
BYSTOLIC	40
cabergoline	58
cabometyx	25
calcipotriene	45
calcipotriene/ betamethasone dipropionate	45
calcitonin-salmon	61
calcitrene	45
calcitriol	61
calcium acetate	49
CALCIUM PNV	68
camila	53
camrese	53
camrese lo	53
CANCIDAS	22
candesartan cilexetil	40
candesartan cilexetil/ hydrochlorothiazide	40
capacet	10
CAPASTAT SULFATE	24
CAPRELSA	25
captopril	40
captopril/ hydrochlorothiazide	40
CARBAGLU	47
carbamazepine	18
carbamazepine er	18
carbidopa	31
carbidopa/levodopa	31
carbidopa/levodopa er	31
carbidopa/levodopa odt	31
carbidopa/levodopa/ entacapone	31
carboplatin	25
carteolol hcl	63
cartia xt	40
carvedilol	40
CAYSTON	65
caziant	53
cefaclor	14
cefaclor er	14
cefadroxil	14
cefazolin	14
cefazolin sodium	14
cefazolin sodium/dextrose	14
cefdinir	14
cefepime	14
cefixime	14
cefotaxime sodium	14
cefotetan	14
cefotetan/dextrose	14
cefoxitin sodium	15
cefpodoxime proxetil	15
cefprozil	15
ceftazidime	15
ceftazidime/dextrose	15
ceftriaxone in iso-osmotic dextrose	15
ceftriaxone sodium	15
ceftriaxone/dextrose	15
cefuroxime axetil	15
cefuroxime sodium	15
cefuroxime/dextrose	15
celecoxib	10
CELLCEPT INTRAVENOUS	58
CELONTIN	18
cephalexin	15
CEREZYME	47
CERVARIX	58
CHANTIX	13
CHANTIX CONTINUING MONTH PAK	13
CHANTIX STARTING MONTH PAK	13
chateal	53
chloramphenicol sodium succinate	15
chlorhexidine gluconate oral rinse	45
chloroquine phosphate	30
chlorothiazide	40
chlorpromazine hcl	31
chlorthalidone	40
chlorzoxazone	67
cholestyramine	40
cholestyramine light	40
ciclodan	22
ciclopirox	22
ciclopirox nail lacquer	22
ciclopirox olamine	22
cilostazol	38

Drug name	Page
cimetidine	48
cimetidine hcl	48
CINRYZE	58
CIPRODEX	65
ciprofloxacin	15
ciprofloxacin er	15
ciprofloxacin hcl	15
ciprofloxacin hcl	63
ciprofloxacin i.v.-in d5w	15
cisplatin	25
citalopram hydrobromide	20
CITRANATAL 90 DHA	68
CITRANATAL ASSURE	68
CITRANATAL B-CALM	68
CITRANATAL DHA	68
CITRANATAL RX	68
cladribine	25
claravis	45
clarithromycin	15
clemastine fumarate	66
clindacin etz pledgets	45
clindacin-p	45
clindamax	46
clindamycin hcl	15
clindamycin palmitate hcl	15
clindamycin phosphate	15
clindamycin phosphate	46
clindamycin phosphate add-vantage	15
clindamycin phosphate in d5w	15
clindamycin/benzoyl peroxide	46
clinisol sf 15%	68
clinpro 5000	45
clobetasol propionate	50
clobetasol propionate e	50
clobetasol propionate emollient	50
clodan	50
CLOLAR	25

Drug name	Page
clomipramine hcl	21
clonazepam	18
clonazepam odt	18
clonidine hcl	40
clopidogrel	38
clorazepate dipotassium	35
clotrimazole	23
clotrimazole/ betamethasone dipropionate	22
clozapine	31
clozapine odt	31
COARTEM	30
codeine sulfate	10
colchicine	23
colestipol hcl	40
colistimethate sodium	15
colocort	50
COMBIGAN	63
COMBIVENT RESPIMAT	66
COMETRIQ	25
compazine	31
COMPLERA	33
COMPLETENATE	68
compro	31
COMVAX	58
CONCEPT DHA	68
CONCEPT OB	68
constulose	48
COPAXONE	44
CORLANOR	40
cormax scalp application	50
cortisone acetate	50
COSMEGEN	25
COTELLIC	25
CREON	47
CRIXIVAN	33
cromolyn sodium	48
cromolyn sodium	63
cromolyn sodium	66
cryselle-28	53

Drug name	Page
CUBICIN	15
CUPRIMINE	68
CURITY GAUZE PADS 2”X2”	62
cyclafem 1/35	53
cyclafem 7/7/7	53
cyclobenzaprine hcl	67
cyclophosphamide	25
cycloserine	24
cyclosporine	59
cyclosporine modified	59
CYPROHEPTADINE HCL	66
CYRAMZA	25
cyred	53
CYSTADANE	47
CYSTAGON	47
CYSTARAN	63
cytarabine aqueous	25
dacarbazine	25
DALIRESP	66
DALVANCE	15
danazol	53
dantrolene sodium	33
dapsone	24
DAPTACEL	59
DARAPRIM	30
DARZALEX	25
dasetta 1/35	53
dasetta 7/7/7	53
daunorubicin hcl	25
DAUNOXOME	25
daysee	53
deblitane	53
decitabine	26
deltasone	50
delyla	53
DELZICOL	61
DENAVIR	33
dentagel	45
DEPEN TITRATABS	69
DEPOCYT	26

Drug name	Page
DEPO-ESTRADIOL	53
DEPO-PROVERA	53
DESCOVY	33
desipramine hcl	21
desmopressin acetate	52
desogestrel/ethinyl estradiol	53
desonide	50
desoximetasone	50
desvenlafaxine er	21
dexamethasone	51
DEXAMETHASONE INTENSOL	50
dexamethasone sodium phosphate	51
dexamethasone sodium phosphate	63
dexedrine	44
dexrazoxane	26
dextroamphetamine sulfate	44
dextrose 10%/nacl 0.45%	69
dextrose 5% /electrolyte #48 viaflex	69
dextrose 10%	69
dextrose 10% flex container	69
dextrose 10%/nacl 0.2%	69
dextrose 2.5%/sodium chloride 0.45%	69
dextrose 20%	69
dextrose 25%	69
dextrose 30%	69
dextrose 40%	69
dextrose 5%	69
dextrose 5%/nacl 0.2%	69
dextrose 5%/nacl 0.225%	69
dextrose 5%/nacl 0.3%	69
dextrose 5%/nacl 0.33%	69
dextrose 5%/nacl 0.45%	69
dextrose 5%/nacl 0.9%	69
dextrose 5%/potassium chloride 0.15%	69
dextrose 50%	69
dextrose 70%	69
diazepam	18
diazepam	36
diazepam intensol	36
diclofenac potassium	10
diclofenac sodium	63
diclofenac sodium dr	10
diclofenac sodium er	10
dicloxacillin sodium	15
dicyclomine hcl	48
didanosine	33
DIFICID	16
diflorasone diacetate	51
diflunisal	10
digitek	40
digox	40
digoxin	40
dihydroergotamine mesylate	23
DILANTIN	18
diltiazem cd	40
diltiazem hcl	40
diltiazem hcl cd	40
diltiazem hcl er	40
dilt-xr	40
diphenatol	48
diphenhydramine hcl	66
diphenoxylate/atropine	48
diphtheria/tetanus toxoids adsorbed pediatric	59
disopyramide phosphate	40
disulfiram	13
divalproex sodium	18
divalproex sodium dr	18
divalproex sodium er	18
DOCEFREZ	26
docetaxel	26
dofetilide	40
donepezil hcl	20
dorzolamide hcl	63
dorzolamide hcl/timolol maleate	63
doxazosin	40
doxazosin mesylate	40
doxepin hcl	21
doxepin hydrochloride	46
doxercalciferol	61
doxorubicin hcl	26
doxorubicin hcl liposome	26
doxy 100	16
doxycycline	16
doxycycline hyclate	16
doxycycline hyclate dr	16
doxycycline monohydrate	16
dronabinol	22
drospirenone/ethinyl estradiol	53
DROXIA	26
duloxetine hcl	21
duramorph	10
DUREZOL	63
dutasteride	49
dutasteride/tamsulosin hydrochloride	49
econazole nitrate	23
EDARBI	40
EDARBYCLOR	40
EDURANT	33
EFFIENT	38
EGRIFTA	52
ELIDEL	46
elinest	53
ELIQUIS	38
ELITEK	26
ELLA	53
EMCYT	26
EMEND	22
emoquette	53
EMPLICITI	26
EMSAM	21
EMTRIVA	33

Drug name	Page
enalapril maleate	41
enalapril maleate/ hydrochlorothiazide	41
ENBRACE HR	76
ENBREL	59
ENBREL SURECLICK	59
endocet	10
endodan	10
ENGERIX-B	59
enoxaparin sodium	38
enpresse-28	53
enskyce	53
entacapone	31
entecavir	33
ENTRESTO	41
enulose	48
ENVARSUS XR	59
epinastine hcl	63
EPIPEN 2-PAK	66
EPIPEN-JR 2-PAK	66
epirubicin hcl	26
epitol	19
EPIVIR	33
EPIVIR HBV	33
eplerenone	41
epoprostenol sodium	66
eprosartan mesylate	41
EPZICOM	33
EQUETRO	36
ERAXIS	23
ERBITUX	26
ergoloid mesylates	20
ERIVEDGE	26
errin	53
ERWINAZE	26
ery	46
ERYTHROCIN LACTOBIONATE	16
erythromycin	16
erythromycin	46
erythromycin	63
erythromycin base	16
erythromycin ethylsuccinate	16
erythromycin stearate	16
erythromycin/benzoyl peroxide	46
ESBRIET	66
ESCAVITE D	69
ESCAVITE LQ	69
escitalopram oxalate	21
esgic	10
estarylla	53
ESTRACE	53
estradiol	53
estradiol/norethindrone acetate	53
ethambutol hcl	24
ethosuximide	19
etidronate disodium	61
etodolac	10
etodolac er	11
etoposide	26
EVOTAZ	33
exemestane	26
EXJADE	69
EXTRA-VIRT PLUS DHA	69
FABRAZYME	47
falmina	53
famciclovir	33
famotidine	48
famotidine premixed	48
FANAPT	31
FANAPT TITRATION PACK	31
FARESTON	26
FARXIGA	36
FARYDAK	26
FASLODEX	26
felbamate	19
fenofibrate	41
fenofibrate micronized	41
fenofibric acid	41
fenofibric acid dr	41
fentanyl	11
fentanyl citrate oral transmucosal	11
FERRIPROX	62
FERRIPROX	69
FETZIMA	21
FETZIMA TITRATION PACK	21
finasteride	49
FIRAZYR	59
FIRMAGON	58
flecainide acetate	41
FLORIVA	69
FLOVENT DISKUS	66
FLOVENT HFA	66
fluconazole	23
fluconazole in dextrose	23
fluconazole in nacl	23
flucytosine	23
fludarabine phosphate	26
fludrocortisone acetate	51
flunisolide	66
fluocinolone acetonide	51
fluocinolone acetonide	65
fluocinolone acetonide body	46
fluocinolone acetonide scalp	46
fluocinonide	51
fluocinonide-e	51
fluor-a-day	69
fluoride	69
fluoridex daily defense	45
fluoritab	69
fluorometholone	63
fluorouracil	26
fluorouracil	46
fluoxetine dr	21
fluoxetine hcl	21

Drug name	Page
fluphenazine decanoate	31
fluphenazine hcl	31
FLURA-DROPS	69
flurbiprofen	11
flurbiprofen sodium	63
flutamide	26
fluticasone propionate	51
fluticasone propionate	66
fluvastatin	41
fluvastatin sodium er	41
fluvoxamine maleate	21
FOCALGIN 90 DHA	69
FOCALGIN CA	69
FOCALGIN-B	69
FOLCAL DHA	69
FOLCAPS OMEGA 3	70
FOLET ONE	70
FOLIVANE-OB	70
FOLIVANE-PRX DHA NF	70
FOLOTYN	26
fomepizole	70
fondaparinux sodium	38
FORTEO	61
fosinopril sodium	41
fosinopril sodium/ hydrochlorothiazide	41
fosphenytoin sodium	19
FOSRENOL	49
furosemide	41
FUSILEV	26
FUZEON	33
fyavolv	54
FYCOMPA	19
gabapentin	19
GABITRIL	19
galantamine hydrobromide	20
GAMASTAN S/D	59
GAMMAPLEX	59
ganciclovir	33
GARDASIL	59
GARDASIL 9	59

Drug name	Page
GATTEX	48
gavilyte-c	48
gavilyte-g	48
gavilyte-h	48
gavilyte-n/flavor pack	48
GAZYVA	26
gemcitabine	26
gemcitabine hcl	26
gemfibrozil	41
generlac	48
gengraf	59
gentak	63
gentamicin sulfate	16
gentamicin sulfate	46
gentamicin sulfate	63
gentamicin sulfate pediatric	16
gentamicin sulfate/0.9% sodium chloride	16
GENVOYA	34
GEODON	31
gianvi	54
gildagia	54
gildess 1.5/30	54
gildess 1/20	54
gildess 24 fe	54
gildess fe 1.5/30	54
gildess fe 1/20	54
GILENYA	44
GILOTRIF	26
glatopa	44
GLEOSTINE	26
glimepiride	36
glipizide	36
glipizide er	36
glipizide xl	36
glipizide/metformin hcl	36
GLUCAGEN DIAGNOSTIC	36
GLUCAGEN HYPOKIT	36
GLUCAGON EMERGENCY KIT	36
glyburide	36

Drug name	Page
glyburide micronized	36
glyburide/metformin hcl	36
glycopyrrolate	48
glydo	13
granisetron hcl	22
griseofulvin microsize	23
griseofulvin ultramicrosize	23
guanfacine er	44
guanidine hcl	24
HALAVEN	26
halobetasol propionate	51
haloperidol	31
haloperidol decanoate	31
haloperidol lactate	31
HARVONI	34
HAVRIX	59
heather	54
hecoria	59
HEMENATAL OB	70
HEMENATAL OB + DHA	70
heparin sodium	38
heparin sodium/d5w	38
heparin sodium/nacl 0.45%	38
hepatamine	70
HERCEPTIN	26
HETLIOZ	68
HEXALEN	26
HIBERIX	59
HUMIRA	59
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	59
HUMIRA PEN	59
HUMIRA PEN-CROHNS DISEASESTARTER	59
HUMIRA PEN-PSORIASIS STARTER	59
hydralazine hcl	41
hydrochlorothiazide	41
hydrocodone bitartrate/ acetaminophen	11

Drug name	Page
hydrocodone/ acetaminophen	11
hydrocodone/ibuprofen	11
hydrocortisone	51
hydrocortisone butyrate	51
hydrocortisone butyrate (lipophilic)	51
hydrocortisone in absorbase	51
hydrocortisone valerate	51
hydrocortisone/acetic acid	65
hydromorphone hcl	11
hydroxychloroquine sulfate	30
hydroxyprogesterone caproate	54
hydroxyurea	27
hydroxyzine hcl	66
ibandronate sodium	61
IBRANCE	27
ibudone	11
ibuprofen	11
ICLUSIG	27
idarubicin hcl	27
ifosfamide	27
ILARIS	59
ILEVRO	63
ilotycin	63
imatinib mesylate	27
IMBRUVICA	27
imipenem/cilastatin	16
imipramine hcl	21
imiquimod	46
IMOVAX RABIES (H.D.C.V.)	59
INATAL ADVANCE	70
INATAL ULTRA	70
INCRELEX	52
INCRUSE ELLIPTA	66
indapamide	41
INFANRIX	59
INLYTA	27
INTELENCE	34

Drug name	Page
INTRALIPID	70
INTRON A	27
INTRON A W/DILUENT	27
introvale	54
INVANZ	16
INVEGA SUSTENNA	31
INVEGA TRINZA	31
INVIRASE	34
INVOKAMET	36
INVOKANA	36
IPOL INACTIVATED IPV	59
ipratropium bromide	66
ipratropium bromide/ albuterol sulfate	66
irbesartan	41
irbesartan/ hydrochlorothiazide	41
IRESSA	27
irinotecan	27
ISENTRESS	34
isoniazid	24
isosorbide dinitrate	41
isosorbide dinitrate er	41
isosorbide mononitrate	41
isosorbide mononitrate er	41
isotonic gentamicin	16
isradipine	41
ISTALOL	63
ISTODAX	27
itraconazole	23
ivermectin	30
IXEMPRA KIT	27
IXIARO	59
JAKAFI	27
jantoven	38
JANUMET	36
JANUMET XR	37
JANUVIA	37
JARDIANCE	37
jencycla	54
JENTADUETO	37

Drug name	Page
JENTADUETO XR	37
JEVTANA	27
jinteli	54
jolessa	54
jolivette	54
juleber	54
junel 1.5/30	54
junel 1/20	54
junel fe 1.5/30	54
junel fe 1/20	54
junel fe 24	54
KABIVEN	70
KADCYLA	27
kaitlib fe	54
KALETRA	34
KALYDECO	66
kariva	54
kcl 0.075%/d5w/nacl 0.45%	70
kcl 0.15%/d5w/lr	70
kcl 0.15%/d5w/nacl 0.2%	70
kcl 0.15%/d5w/nacl 0.225%	70
kcl 0.15%/d5w/nacl 0.45%	70
kcl 0.15%/d5w/nacl 0.9%	70
kcl 0.3%/d5w/lr iv lac ring	70
kcl 0.3%/d5w/nacl 0.45%	70
kcl 0.3%/d5w/nacl 0.9%	70
kelnor 1/35	54
ketoconazole	23
ketoprofen	11
ketoprofen er	11
ketorolac tromethamine	11
ketorolac tromethamine	63
KEYTRUDA	27
kimidess	54
KINRIX	59
kionex	70
klor-con	70
klor-con 10	70
klor-con 8	70

Drug name	Page
klor-con m10	70
klor-con m20	70
klor-con sprinkle	70
klor-con/ef	70
KORLYM	37
k-sol	70
kurvelo	54
KUVAN	47
KYNAMRO	41
labetalol hcl	41
lactated ringers dextrose 5% viaflex	70
lactated ringers viaflex	70
lactulose	48
lamivudine	34
lamivudine/zidovudine	34
lamotrigine	19
larin 1.5/30	54
larin 1/20	54
larin 24 fe	54
larin fe 1.5/30	54
larin fe 1/20	54
latanoprost	63
LATUDA	32
layolis fe	54
leena	54
leflunomide	59
LENVIMA 10 MG DAILY DOSE	27
LENVIMA 14 MG DAILY DOSE	27
LENVIMA 18 MG DAILY DOSE	27
LENVIMA 20 MG DAILY DOSE	27
LENVIMA 24 MG DAILY DOSE	27
LENVIMA 8 MG DAILY DOSE	27
lessina	54
LETAIRIS	66
letrozole	27

Drug name	Page
leucovorin calcium	27
LEUKERAN	27
LEUKINE	38
leuprolide acetate	58
levalbuterol	66
levalbuterol hcl	66
LEVEMIR	37
LEVEMIR FLEXTOUCH	37
levetiracetam	19
levobunolol hcl	63
levocarnitine	70
levocetirizine dihydrochloride	66
levofloxacin	16
levofloxacin	63
levofloxacin in d5w	16
levoleucovorin	27
levoleucovorin calcium	27
levonest	54
levonorgestrel	54
levonorgestrel/ethinyl estradiol	54
levora 0.15/30-28	55
levothyroxine sodium	57
levoxyl	57
LEXIVA	34
LIALDA	61
lidocaine	13
lidocaine hcl	13
lidocaine hcl	41
lidocaine hcl jelly	13
lidocaine viscous	13
lidocaine/prilocaine	13
lindane	30
linezolid	16
LINZESS	48
liothyronine sodium	57
LIPOSYN III	70
lisinopril	41
lisinopril/ hydrochlorothiazide	41

Drug name	Page
lithium	36
lithium carbonate	36
lithium carbonate er	36
LIVALO	41
lokara	51
lomedia 24 fe	55
lomustine	27
LONSURF	27
loperamide hcl	48
lopreeza	55
lorazepam	36
lorazepam intensol	36
lorcet	11
lorcet hd	11
lorcet plus	11
loryna	55
losartan potassium	42
losartan potassium/ hydrochlorothiazide	41
LOTEMAX	63
lovastatin	42
low-ogestrel	55
loxapine succinate	32
ludent	71
LUMIGAN	63
LUMIZYME	47
LUPRON DEPOT	58
LUPRON DEPOT-PED	58
lutera	55
LYNPARZA	28
LYRICA	19
LYSODREN	57
lyza	55
magnesium sulfate	71
malathion	30
maprotiline hcl	21
margesic	11
marlissa	55
MARPLAN	21
MARQIBO	28
MATULANE	28

Drug name	Page
matzim la	42
meclizine hcl	22
meclofenamate sodium	11
medroxyprogesterone acetate	55
mefloquine hcl	30
megestrol acetate	55
MEKINIST	28
meloxicam	11
melphalan hydrochloride	28
memantine hcl	20
memantine hcl titration pak	20
memantine hydrochloride	20
MENACTRA	60
MENEST	55
MENHIBRIX	60
MENOMUNE-A/C/Y/W-135	60
MENVEO	60
mercaptopurine	28
meropenem	16
meropenem/sodium chloride	16
mesalamine	61
mesna	28
MESNEX	28
MESTINON	24
metadate er	44
metaproterenol sulfate	66
metformin hcl	37
metformin hcl er	37
methadone hcl	11
methadose	11
methazolamide	42
methenamine hippurate	16
methimazole	58
methotrexate	60
methotrexate sodium	60
methoxsalen	46
methscopolamine bromide	48
methyclothiazide	42

Drug name	Page
methylergonovine maleate	49
methylphenidate hcl	44
methylphenidate hcl er	44
methylphenidate hcl sr	44
methylprednisolone	51
methylprednisolone acetate	51
methylprednisolone dose pack	51
methylprednisolone sodiumsuccinate	51
metipranolol	63
metoclopramide hcl	48
metolazone	42
metoprolol succinate er	42
metoprolol tartrate	42
metoprolol/hydrochlorothiazide	42
METRO IV	16
metronidazole	17
metronidazole	46
metronidazole in nacl 0.79%	17
metronidazole vaginal	17
mexiletine hcl	42
MIACALCIN	61
microgestin 1.5/30	55
microgestin 1/20	55
microgestin 24 fe	55
microgestin fe	55
microgestin fe 1.5/30	55
midodrine hcl	42
MIGERGOT	24
MILLIPRED	51
MILLIPRED DP	51
mimvey	55
mimvey lo	55
minitran	42
minocycline hcl	17
minoxidil	42
mirtazapine	21
mirtazapine odt	21

Drug name	Page
misoprostol	48
mitomycin	28
mitoxantrone hcl	28
M-M-R II	60
modafinil	68
moderiba	34
moexipril hcl	42
moexipril/hydrochlorothiazide	42
MOLINDONE HYDROCHLORIDE	32
mometasone furoate	51
mono-linyah	55
mononessa	55
montelukast sodium	66
morgidox 1x100mg	17
morgidox 2x100mg	17
morphine sulfate	12
morphine sulfate er	11
MOVIPREP	48
MOXEZA	63
MOZOBIL	39
MULTAQ	42
multi vitamin/fluoride	71
multi-vit/fluoride	71
multi-vit/iron/fluoride	71
multivitamin with fluoride	71
multi-vitamin/fluoride	71
multi-vitamin/fluoride/iron	71
mult-vitamin/fluoride	71
mupirocin	46
mupirocin calcium	46
MUSTARGEN	28
mvc-fluoride	71
mycophenolate mofetil	60
myorisan	46
MYRBETRIQ	49
myzilra	55
nabumetone	12
nadolol	42

Drug name	Page
nadolol/ bendroflumethiazide	42
NAFCILLIN	17
NAGLAZYME	47
nalbuphine hcl	12
naloxone hcl	13
naltrexone hcl	13
NAMENDA XR	20
NAMENDA XR TITRATION PACK	20
NAMZARIC	44
naphazoline hcl	63
naproxen	12
naproxen dr	12
naproxen sodium	12
naratriptan hcl	24
NARCAN	13
NASONEX	66
NATACHEW	71
NATALVIRT 90 DHA	71
NATALVIRT CA	71
nateglinide	37
NATELLE ONE	71
NATPARA	62
NEBUPENT	30
necon 0.5/35-28	55
necon 1/35	55
necon 1/50-28	55
necon 10/11-28	55
necon 7/7/7	55
nefazodone hcl	21
neomycin sulfate	17
neomycin/bacitracin/ polymyxin	63
neomycin/polymyxin/ bacitracin/hydrocortisone	63
neomycin/polymyxin/ dexamethasone	63
neomycin/polymyxin/ gramicidin	63
neomycin/polymyxin/hc	65
neomycin/polymyxin/ hydrocortisone	64
neomycin/polymyxin/ hydrocortisone	65
neo-polycin	63
NEPHRAMINE	71
NESTABS	71
NESTABS DHA	71
neuac	46
NEUMEGA	39
NEUPOGEN	39
NEUPRO	31
NEVANAC	64
nevirapine	34
nevirapine er	34
NEXA PLUS	71
NEXAVAR	28
niacin er	42
nicardipine hcl	42
NICOTROL NS	13
nikki	55
NILANDRON	28
NINLARO	28
NIPENT	28
nisoldipine	42
nisoldipine er	42
nitrofurantoin	17
nitrofurantoin macrocrystals	17
nitrofurantoin monohydrate	17
nitroglycerin	42
nitroglycerin lingual	42
nitroglycerin transdermal	42
NITROSTAT	42
NIVA-PLUS	71
nora-be	55
NORDITROPIN FLEXPRO	52
norethindrone	56
norethindrone & ethinyl estradiol ferrous fumarate	55
norethindrone acetate	55
norethindrone acetate/ ethinyl estradiol	55
norethindrone acetate/ ethinyl estradiol/ferrous fumarate	55
norgestimate/ethinyl estradiol	56
norlyroc	56
NORTHERA	42
nortrel 0.5/35 (28)	56
nortrel 1/35	56
nortrel 7/7/7	56
nortriptyline hcl	21
NORVIR	34
NOVOLIN 70/30	37
NOVOLIN 70/30 RELION	37
NOVOLIN N	37
NOVOLIN N RELION	37
NOVOLIN R	37
NOVOLIN R RELION	37
NOVOLOG	37
NOVOLOG FLEXPEN	37
NOVOLOG MIX 70/30	37
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	37
NOVOLOG PENFILL	37
NOXAFIL	23
NUEDEXTA	44
NULOJIX	60
NUPLAZID	32
nyamyc	23
nystatin	23
nystop	23
OB COMPLETE GOLD	71
OB COMPLETE ONE	71
OB COMPLETE PETITE	72
OB COMPLETE PREMIER	72
OB COMPLETE/DHA	72
O-CAL PRENATAL	71
ocella	56
octreotide acetate	58
ODEFSEY	34

Drug name	Page
ODOMZO	28
OFEV	66
ofloxacin	17
ofloxacin	64
ofloxacin	65
ogestrel	56
olanzapine	32
olanzapine odt	32
olanzapine/fluoxetine	21
olopatadine hcl	64
olopatadine hcl	66
omega-3-acid ethyl esters	42
omeprazole	48
ONCASPAR	28
ondansetron hcl	22
ondansetron odt	22
ONFI	19
OPDIVO	28
OPSUMIT	67
oralone	45
ORFADIN	47
ORFADIN	62
ORKAMBI	67
orsythia	56
oxacillin sodium	17
oxaliplatin	28
oxandrolone	56
oxaprozin	12
oxcarbazepine	19
OXSORALEN	46
oxybutynin chloride	49
oxybutynin chloride er	49
oxycodone hcl	12
oxycodone/acetaminophen	12
oxycodone/aspirin	12
oxycodone/ibuprofen	12
pacerone	42
paclitaxel	28
PAIRE OB	72
paliperidone er	32
pamidronate disodium	61

Drug name	Page
pancrelipase	47
PANRETIN	28
pantoprazole sodium	48
paricalcitol	61
paroex	45
paromomycin sulfate	17
paroxetine hcl	21
PASER	24
PATADAY	64
PAXIL	21
PAZEO	64
PEDIARIX	60
PEDVAX HIB	60
peg 3350/electrolytes	49
peg-3350/electrolytes	49
peg-3350/nacl/na bicarbonate/kcl	49
PEGANONE	19
PEGINTRON	34
PEG-INTRON REDIPEN	34
penicillin g potassium	17
penicillin g procaine	17
penicillin g sodium	17
penicillin v potassium	17
PENTACEL	60
PENTAM 300	30
PENTASA	61
pentoxifylline cr	42
pentoxifylline er	42
PERFOROMIST	67
PERIKABIVEN	72
perindopril erbumine	42
periogard	45
PERJETA	28
permethrin	30
perphenazine	32
perphenazine/amitriptyline	21
phenadoz	22
phenelzine sulfate	21
phenergan	22
phenobarbital	19

Drug name	Page
phenytoin	19
phenytoin sodium	19
phenytoin sodium extended	19
philith	56
phos-flur	45
PHOSPHOLINE IODIDE	64
pilocarpine hcl	45
pilocarpine hcl	64
pilocarpine hydrochloride	45
pimozide	32
pimtrea	56
pindolol	42
pioglitazone hcl	37
pioglitazone hcl/metformin hcl	37
pioglitazone hcl-glimepiride	37
piperacillin sodium/tazobactam sodium	17
piperacillin sodium/tazobactam sodium	17
piperacillin/tazobactam	17
pirmella 1/35	56
pirmella 7/7/7	56
piroxicam	12
plenamine	72
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	72
PNV FOLIC ACID + IRON MULTIVITAMIN	72
PNV OB+DHA	72
PNV PRENATAL PLUS MULTIVITAMIN	72
PNV TABS 29-1	72
PNV-DHA	72
PNV-SELECT	72
PNV-VP-U	72
podofilox	46
polycin	64
polyethylene glycol 3350	49

Drug name	Page
polymyxin b sulfate/ trimethoprim sulfate	64
poly-vitamin/fluoride	72
POMALYST	28
portia-28	56
PORTRAZZA	28
potassium chloride	72
potassium chloride 0.15% / nacl 0.45% viaflex	72
potassium chloride 0.15% d5w/nacl 0.33%	72
potassium chloride 0.15% d5w/nacl 0.45%	72
potassium chloride 0.15%/ nacl 0.9%	72
potassium chloride 0.22% d5w/nacl 0.45%	72
potassium chloride 0.224%d5w/nacl 0.45% viaflex	72
potassium chloride 0.3%/ nacl 0.9%	72
potassium chloride 0.3%/ d5w	72
potassium chloride cr	72
potassium chloride er	72
potassium chloride sr	72
potassium citrate er	72
POTIGA	19
PRADAXA	39
PRALUENT	42
pramipexole dihydrochloride	31
pravastatin sodium	42
prazosin hcl	43
prednicarbate	51
prednisolone	51
prednisolone acetate	64
prednisolone sodium phosphate	51
prednisolone sodium phosphate	64
prednisone	52

Drug name	Page
PREDNISONE INTENSOL	52
PREFERA OB	73
PREFERA OB + DHA	73
PREFERAOB +DHA	76
PREFERAOB ONE	73
PREMASOL	73
PRENAISSANCE	73
PRENAISSANCE PLUS	73
PRENATA	73
PRENATABS FA	73
PRENATAL 19	73
PRENATAL PLUS	73
PRENATAL PLUS IRON	73
PRENATE AM	73
PRENATE DHA	73
PRENATE ELITE	74
PRENATE ESSENTIAL	74
PRENATE MINI	74
PRENATE PIXIE	74
PREPLUS	74
PREPOPIK	49
PREQUE 10	74
PRETAB	74
prevalite	43
previfem	56
PREZCOBIX	34
PREZISTA	34
PRIFTIN	24
primaquine phosphate	30
primidone	19
PRISTIQ	21
PROAIR HFA	67
PROAIR RESPICLICK	67
probenecid	23
probenecid/colchicine	23
prochlorperazine	32
prochlorperazine edisylate	32
prochlorperazine maleate	32
PROCRIT	39
procto-med hc	52
procto-pak	52

Drug name	Page
proctosol hc	52
proctozone-hc	52
progesterone	56
PROGLYCEM	37
PROGRAF	60
PROLASTIN-C	67
PROLENSA	64
PROLEUKIN	28
PROLIA	61
PROMACTA	39
promethazine hcl	22
promethazine hcl	67
promethegan	22
propafenone hcl	43
propafenone hcl er	43
proparacaine hcl	64
propranolol hcl	43
propranolol hcl er	43
propranolol/ hydrochlorothiazide	43
propylthiouracil	58
PROQUAD	60
protriptyline hcl	21
PROVIDA DHA	76
PULMOZYME	67
PUREFE OB PLUS	74
PURIXAN	28
pyrazinamide	24
pyridostigmine bromide	24
QNASL	67
QNASL CHILDRENS	67
QUADRACEL	60
quasense	56
quetiapine fumarate	32
QUFLORA PEDIATRIC	74
quinapril hcl	43
quinapril/ hydrochlorothiazide	43
quinidine gluconate cr	43
quinidine gluconate er	43
quinidine sulfate	43

Drug name	Page
quinidine sulfate er	43
quinine sulfate	30
QVAR	67
RABAVERT	60
raloxifene hydrochloride	56
ramipril	43
RANEXA	43
ranitidine hcl	49
RAPAFLO	49
RAPAMUNE	60
RAVICTI	47
REBIF	44
REBIF REBIDOSE	44
REBIF REBIDOSE TITRATION PACK	44
REBIF TITRATION PACK	44
reclipsen	56
RECOMBIVAX HB	60
REGRANEX	46
RELENZA DISKHALER	34
RELISTOR	49
RELNATE DHA	74
REMICADE	60
RENVELA	49
repaglinide	37
repaglinide/metformin hydrochloride	37
REPATHA	43
REPATHA SURECLICK	43
reprexain	12
RESCRIPTOR	34
RESTASIS	64
RETROVIR IV INFUSION	34
REVLIMID	28
REXULTI	32
REYATAZ	34
ribasphere	34
ribavirin	34
rifabutin	24
rifampin	24
RIFATER	24

Drug name	Page
riluzole	44
rimantadine hcl	35
ringers injection	74
risedronate sodium	61
risedronate sodium dr	61
RISPERDAL CONSTA	32
risperidone	32
risperidone odt	32
RITUXAN	28
rivastigmine tartrate	20
rivastigmine transdermal system	20
rizatriptan benzoate	24
rizatriptan benzoate odt	24
ropinirole hcl	31
rosadan	46
rosuvastatin calcium	43
ROTARIX	60
ROTATEQ	60
roweepra	19
ROXICET	12
ROZEREM	68
RYTARY	31
SABRIL	19
SAMSCA	74
SANDIMMUNE	60
SANTYL	46
SAPHRIS	32
SAVAYSA	39
SELECT-OB	74
selegiline hcl	31
selenium sulfide	46
SELZENTRY	35
SE-NATAL 19	74
SENSIPAR	57
SEREVENT DISKUS	67
sertraline hcl	21
setlakin	56
sf	45
sharobel	56
SIGNIFOR	58

Drug name	Page
sildenafil	67
SILENOR	68
silver sulfadiazine	47
SIMBRINZA	64
SIMULECT	60
simvastatin	43
sirolimus	60
SIRTURO	24
SIVEXTRO	17
sodium bicarbonate	74
sodium bicarbonate partial fill	74
sodium chloride	74
sodium chloride 0.45% viaflex	74
sodium chloride 0.9%	49
sodium fluoride	74
sodium phenylbutyrate	47
sodium polystyrene sulfonate	74
sodium sulfacetamide	47
sodium sulfacetamide	64
SOLTAMOX	28
SOMATULINE DEPOT	58
SOMAVERT	58
sorine	43
sotalol hcl	43
sotalol hcl (af)	43
SOVALDI	35
SPIRIVA HANDIHALER	67
SPIRIVA RESPIMAT	67
spironolactone	43
spironolactone/ hydrochlorothiazide	43
SPORANOX	23
sprintec 28	56
SPRITAM	19
SPRYCEL	28
sps	74
sronyx	56
ssd	47

Drug name	Page
stavudine	35
sterile water irrigation	74
STIOLTO RESPIMAT	67
STIVARGA	28
STRATTERA	45
streptomycin sulfate	17
STRIBILD	35
STRIVERDI RESPIMAT	67
SUBOXONE	13
sucralfate	49
sulfacetamide sodium	47
sulfacetamide sodium	64
sulfacetamide sodium/ prednisolone sodium phosphate	64
sulfadiazine	17
sulfamethoxazole/ trimethoprim	17
sulfamethoxazole/ trimethoprim ds	17
SULFAMYLON	47
sulfasalazine	61
sulfatrim pediatric	17
sulindac	12
sumatriptan	24
sumatriptan succinate	24
sumatriptan succinate refill	24
SUPRAX	17
SUPREP BOWEL PREP	49
SUSTIVA	35
SUTENT	28
syeda	56
SYLATRON	29
SYLVANT	62
SYMLINPEN 120	37
SYMLINPEN 60	37
SYNAGIS	60
SYNAREL	58
SYNERCID	17
SYNJARDY	37
SYNRIBO	29

Drug name	Page
SYNTHROID	57
SYPRINE	74
TABLOID	29
tacrolimus	60
TAFINLAR	29
TAGRISSO	29
TAMIFLU	35
tamoxifen citrate	29
tamsulosin hcl	50
TANZEUM	37
TARCEVA	29
TARGRETIN	29
tarina fe 1/20	56
TARON-PREX	75
TASIGNA	29
tazicef	17
TAZORAC	47
taztia xt	43
TECENTRIQ	29
TEFLARO	18
TEKAMLO	43
TEKTURNA	43
TEKTURNA HCT	43
telmisartan	43
telmisartan/amlodipine	43
telmisartan/ hydrochlorothiazide	43
TEMODAR	29
TENIVAC	60
terazosin hcl	43
terbinafine hcl	23
terbutaline sulfate	67
terconazole	23
testosterone	56
testosterone cypionate	56
testosterone enanthate	56
tetanus/diphtheria toxoids-adsorbed	60
tetrabenazine	45
tetracycline hcl	18
THALOMID	29

Drug name	Page
theophylline	67
theophylline cr	67
theophylline er	67
THERACYS	29
THIOLA	50
thioridazine hcl	32
THIOTEPA	29
thiothixene	32
thrivite rx	75
THYMOGLOBULIN	60
THYROLAR-1	57
THYROLAR-1/2	57
THYROLAR-1/4	57
THYROLAR-2	57
THYROLAR-3	57
tiagabine hydrochloride	20
TICE BCG	29
ticlopidine hcl	39
tilia fe	56
timolol maleate	43
timolol maleate	64
timolol maleate ophthalmic gel forming	64
tinidazole	18
TIVICAY	35
tizanidine hcl	33
TL FOLATE	75
TL-CARE DHA	75
TL-SELECT	75
TOBI PODHALER	67
TOBRADEX ST	64
tobramycin	67
tobramycin sulfate	18
tobramycin sulfate	64
tobramycin sulfate/sodium chloride	18
tobramycin/ dexamethasone	64
TOBREX	64
tolazamide	37
tolbutamide	37

Drug name	Page
tolmetin sodium	12
tolterodine tartrate	50
topiramate	20
toposar	29
topotecan hcl	29
TORISEL	29
torsemide	43
tpn electrolytes	75
TRACLEER	67
TRADJENTA	38
tramadol hcl	12
tramadol hydrochloride/ acetaminophen	12
trandolapril	44
trandolapril/verapamil hcl	44
trandolapril/verapamil hcl er	44
tranexamic acid	39
TRANSDERM-SCOP	22
tranylcypromine sulfate	21
TRAVATAN Z	64
travoprost	64
trazodone hcl	21
TREANDA	29
TRECATOR	24
TRELSTAR MIXJECT	58
TRESIBA FLEXTOUCH	38
TRETINOIN	29
tretinoin	47
tretinoin microsphere	47
tretinoin microsphere pump	47
TRIADVANCE	75
triamcinolone acetonide	45
triamcinolone acetonide	52
triamcinolone acetonide	67
triamcinolone in orabase	45
triamterene/ hydrochlorothiazide	44
TRICARE	75
TRICARE PRENATAL COMPLEAT	75
TRICARE PRENATAL DHA ONE	75
triderm	52
tri-estarylla	56
trifluoperazine hcl	32
trifluridine	64
trihexyphenidyl hcl	31
tri-legest fe	56
tri-linyah	56
tri-lo-estarylla	56
tri-lo-marzia	56
tri-lo-sprintec	56
trilyte	49
trimethoprim	18
trimethoprim sulfate/ polymyxin b sulfate	64
trimipramine maleate	21
TRINATAL GT	75
TRINATAL RX 1	75
trinessa	57
trinessa lo	57
TRINTELLIX	21
triple antibiotic	64
triple-vitamin/fluoride	75
tri-previfem	57
TRISENOX	29
tri-sprintec	57
TRISTART DHA	75
TRIUMEQ	35
TRIVEEN-PRX RNF	75
tri-vit/fluoride	75
TRI-VIT/FLUORIDE/IRON	75
tri-vitamin/fluoride	75
trivora-28	57
TRULICITY	38
TRUMENBA	60
TRUVADA	35
TWINRIX	60
TYBOST	35
TYGACIL	18
TYKERB	29
TYPHIM VI	60
TYSABRI	45
TYZEKA	35
TYZINE PEDIATRIC NASAL DROPS	67
ULORIC	23
ULTIMATECARE ONE NF	75
unithroid	57
ursodiol	49
UVADEX	29
VAGIFEM	57
valacyclovir hcl	35
VALCHLOR	29
VALCYTE	35
valganciclovir	35
valproate sodium	20
valproic acid	20
valsartan	44
valsartan/ hydrochlorothiazide	44
VALSTAR	29
vancomycin hcl	18
vancomycin hcl in dextrose	18
vandazole	18
VANTAS	58
VAQTA	60
VARIVAX	60
VASCEPA	44
VASOSTRICT	52
VECTIBIX	29
VELCADE	29
velivet	57
VELPHORO	50
VEMAVITE-PRX 2	75
VENA-BAL DHA	75
VENCLEXTA	29
VENCLEXTA STARTING PACK	29
venlafaxine hcl	21
venlafaxine hcl er	22
VENTAVIS	67

Drug name	Page
VENTOLIN HFA	67
verapamil hcl	44
verapamil hcl er	44
verapamil hcl sr	44
VERSACLOZ	32
VESICARE	50
vestura	57
V-GO 20	62
V-GO 30	62
V-GO 40	62
vicodin	13
vicodin es	12
vicodin hp	13
VICTOZA	38
VIDEX PEDIATRIC	35
vienva	57
VIGAMOX	64
VIIBRYD	22
VIIBRYD STARTER PACK	22
VIMPAT	20
vinblastine sulfate	29
vincasar pfs	29
vincristine sulfate	29
vinorelbine tartrate	30
viorele	57
VIRACEPT	35
VIRAMUNE	35
VIRAMUNE XR	35
VIRAZOLE	35
VIREAD	35
VIRT-ADVANCE	75
VIRT-C DHA	75
VIRT-CARE ONE	75
VIRT-PN	75
VIRT-PN DHA	75
VIRT-PN PLUS	75
VIRT-SELECT	75
VITAFOL FE+	75
VITAFOL-ONE	75
VITAMEDMD ONE RX/ QUATREFOLIC	75
VITAMEDMD PLUS RX/ QUATRE FOLIC	75
vitamins a/d/c/fluoride	75
VITEKTA	35
VOL-NATE	75
VOL-PLUS	75
VOLTAREN	13
voriconazole	23
VOTRIENT	30
VP CH ULTRA	76
VP-CH-PNV	76
VP-HEME OB	76
VP-HEME ONE	76
VP-PNV-DHA	76
VPRIV	47
VRAYLAR	32
vyfemla	57
warfarin sodium	39
wera	57
wymzya fe	57
XALKORI	30
XARELTO	39
XARELTO STARTER PACK	39
XGEVA	61
XIGDUO XR	38
XOLAIR	67
XTANDI	30
xylon	13
XYREM	68
YERVOY	30
YF-VAX	60
YONDELIS	30
zafirlukast	67
zaleplon	68
ZALTRAP	30
zamicet	13
ZANOSAR	30
zarah	57
ZATEAN-CH	76
ZATEAN-PN	76
ZATEAN-PN DHA	76
ZATEAN-PN PLUS	76
ZAVESCA	47
zazole	23
zebutal	13
ZELBORAF	30
zenatane	47
zenchent	57
zenchent fe	57
ZENPEP	47
zenzedi	45
ZEPATIER	35
ZETIA	44
ZIAGEN	35
zidovudine	35
ziprasidone hcl	33
ZIRGAN	64
ZOLADEX	58
zoledronic acid	62
ZOLINZA	30
zolpidem tartrate	68
zonisamide	20
ZORTRESS	60
ZOSTAVAX	61
zovia 1/35e	57
zovia 1/50e	57
ZYDELIG	30
ZYKADIA	30
ZYLET	64
ZYPREXA RELPREVV	33
ZYTIGA	30

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TTY: 711

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