



## Express Scripts Medicare (PDP) 2020 Formulary (List of Covered Drugs)

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

Formulary ID Number: 20064, v6

This formulary was updated on 08/19/2019. For more recent information or other questions, please contact **Express Scripts Medicare® (PDP)** Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at [express-scripts.com](http://express-scripts.com).

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

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

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 19, 2019. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2021. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

## **What is the Express Scripts Medicare formulary?**

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

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

## **Can my drug coverage change?**

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

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

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

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

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

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

## **How do I use the formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 106. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

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

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

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

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

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

## **What if my drug is not listed on this formulary?**

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

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

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

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

## **How do I request an exception to the formulary?**

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If your drug is contained in our Non-Preferred Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug tier instead. If approved, this would lower the amount you

must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug it will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You should contact us to ask for an initial coverage decision for an exception, utilization restriction exception or to ask the plan to cover a drug that is not currently covered. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

## **How do I request an appeal?**

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

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

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

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

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

For each of your drugs that has restrictions or limitations, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for at least 30 days, or less if your prescription is written for fewer days. In that case, you will be allowed multiple fills to provide up to a total of at least a 30-day supply of the medication.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that has restrictions or limitations but you are

past the first 90 days of membership in our plan, we will cover a 31-day emergency transition supply of that drug (unless you have a prescription written for fewer days) while you pursue an exception.

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

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

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

## **Other coverage that your plan may provide**

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

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

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

## **Formulary**

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 106.

The “Drug Name” column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*). The information

in the “Requirements/Limits” column tells you if there are any special requirements for coverage of that particular drug.

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

## Your Costs

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

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

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

## Drug Tiers

Tier	Includes	Helpful tips
Tier 1: <b>Generic Drugs</b>	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: <b>Preferred Brand Drugs</b>	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.
Tier 3: <b>Non-Preferred Drugs</b>	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.

## If you qualify for Extra Help

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

## For more information

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

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

this formulary.

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

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

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

## List of abbreviations

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>					
<b>ANTIFUNGAL AGENTS</b>					
ABELCET	2	PA; MO	<i>griseofulvin microsize</i>	1	MO
AMBISOME	2	PA; MO	<i>griseofulvin ultramicrosize</i>	1	MO
<i>amphotericin b</i>	1	PA; MO	<i>itraconazole</i>	1	MO
ANCOBON	2	MO	<i>ketoconazole oral</i>	1	MO
CANCIDAS	2	PA; MO	MYCAMINE	2	MO
<i>caspofungin</i>	2	PA	NOXAFIL ORAL	2	MO
<i>clotrimazole mucous membrane</i>	1	MO	<i>nystatin oral suspension</i>	1	MO
CRESEMBIA ORAL	2	MO	<i>nystatin oral tablet</i>	1	MO
DIFLUCAN	3	MO	ORAVIG	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	2	MO	SPORANOX	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO	<i>terbinafine hcl oral</i>	1	MO
<i>fluconazole</i>	1	MO	TOLSURA	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO	VFEND	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA	VFEND IV	3	PA; MO
<i>flucytosine</i>	2	MO	<i>voriconazole intravenous</i>	1	PA; MO
<b>ANTIVIRALS</b>					
<i>abacavir</i>	1	MO	<i>voriconazole oral</i>	2	MO
<i>abacavir-lamivudine</i>	1	MO	<i>acyclovir oral capsule</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	2	MO	<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
			<i>acyclovir oral tablet</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>acyclovir sodium intravenous solution</i>	1	PA; MO	<i>efavirenz oral capsule 200 mg</i>	2	MO
<i>adefovir</i>	2	MO	<i>efavirenz oral capsule 50 mg</i>	1	MO
<i>amantadine hcl</i>	1	MO	<i>efavirenz oral tablet</i>	2	MO
<b>APTIVUS ORAL CAPSULE</b>	2	MO	<b>EMTRIVA</b>	2	MO
<b>APTIVUS ORAL SOLUTION</b>	2		<i>entecavir</i>	1	MO
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	MO	<b>EPCLUSA</b>	2	PA; MO; QL (28 per 28 days)
<i>atazanavir oral capsule 300 mg</i>	2	MO	<b>EPIVIR</b>	3	MO
<b>ATRIPLA</b>	2	MO	<b>EPIVIR HBV ORAL SOLUTION</b>	2	MO
<b>BARACLUDE</b>	2	MO	<b>EPIVIR HBV ORAL TABLET</b>	3	MO
<b>BIKTARVY</b>	2	MO	<b>EPZICOM</b>	2	MO
<b>CIMDUO</b>	2	MO	<b>EVOTAZ</b>	2	MO
<b>COMBIVIR</b>	2	MO	<i>famciclovir</i>	1	MO
<b>COMPLERA</b>	2	MO	<b>FLUMADINE ORAL TABLET</b>	3	MO
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	2	MO	<i>fosamprenavir</i>	2	MO
<b>DAKLINZA ORAL TABLET 30 MG, 60 MG</b>	2	PA; MO; QL (28 per 28 days)	<b>FUZEON SUBCUTANEOUS RECON SOLN</b>	2	MO
<b>DELSTRIGO</b>	2	MO	<b>GENVOYA</b>	2	MO
<b>DESCOVY</b>	2	MO	<b>HARVONI</b>	2	PA; MO; QL (28 per 28 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO	<b>HEPSERA</b>	2	MO
<b>DOVATO</b>	2	MO	<b>INTELENCE</b>	2	MO
<b>EDURANT</b>	2	MO	<b>INVIRASE ORAL TABLET</b>	2	MO
			<b>ISENTRESS</b>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ISENTRESS HD	2	MO	PREZCOBIX	2	MO
JULUCA	2	MO	PREZISTA ORAL SUSPENSION	2	MO
KALETRA	2	MO	PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
<i>lamivudine</i>	1	MO	REBETOL ORAL SOLUTION	2	MO
<i>lamivudine-zidovudine</i>	1	MO	RELENZA DISKHALER	2	MO
LEDIPASVIR-SOFOSBUVIR	2	PA; MO; QL (28 per 28 days)	SCRIPTOR ORAL TABLET	2	MO
LEXIVA	2	MO	RETROVIR ORAL CAPSULE	3	MO
<i>lopinavir-ritonavir</i>	1	MO	RETROVIR ORAL SYRUP	3	MO
MAVYRET	2	PA; MO; QL (84 per 28 days)	REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	MO
<i>nevirapine oral suspension</i>	1		REYATAZ ORAL POWDER IN PACKET	2	MO
<i>nevirapine oral tablet</i>	1	MO	<i>ribasphere oral capsule</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO	<i>ribasphere oral tablet 600 mg</i>	2	MO
NORVIR ORAL POWDER IN PACKET	2	MO	<i>ribasphere ribapak oral tablets, dose pack 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	2	MO
NORVIR ORAL SOLUTION	2	MO	<i>ribavirin oral capsule</i>	1	MO
NORVIR ORAL TABLET	3	MO	<i>ribavirin oral tablet 200 mg</i>	1	MO
ODEFSEY	2	MO			
<i>oseltamivir</i>	1	MO			
PIFELTRO	2	MO			
PREVYMIS ORAL	2	MO; QL (30 per 30 days)			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>rimantadine</i>	1	MO	<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>ritonavir</i>	1	MO	<b>VALCYTE</b>	2	MO
<b>SELZENTRY</b>	2	MO	<i>valganciclovir</i>	2	MO
<b>SOFOSBUVIR-VELPATASVIR</b>	2	PA; MO; QL (28 per 28 days)	<b>VALTREX ORAL TABLET 1 GRAM</b>	3	MO; QL (120 per 30 days)
<b>SOVALDI</b>	2	PA; MO; QL (28 per 28 days)	<b>VALTREX ORAL TABLET 500 MG</b>	3	MO; QL (60 per 30 days)
<i>stavudine oral capsule</i>	1	MO	<b>VEMLIDY</b>	2	MO
<b>STRIBILD</b>	2	MO	<b>VIDEX 4 GRAM PEDIATRIC</b>	2	MO
<b>SUSTIVA ORAL CAPSULE 200 MG</b>	2	MO	<b>VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 125 MG, 250 MG, 400 MG</b>	3	MO
<b>SUSTIVA ORAL CAPSULE 50 MG</b>	3	MO	<b>VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 200 MG</b>	2	MO
<b>SUSTIVA ORAL TABLET</b>	2	MO	<b>VIEKIRA PAK</b>	2	PA; MO; QL (112 per 28 days)
<b>SYMFI</b>	2	MO	<b>VIRACEPT ORAL TABLET</b>	2	MO
<b>SYMFI LO</b>	2	MO	<b>VIRAMUNE</b>	3	MO
<b>SYMTUZA</b>	2	MO	<b>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG</b>	3	MO
<b>TAMIFLU</b>	3	MO	<b>VIREAD</b>	2	MO
<i>tenofovir disoproxil fumarate</i>	1	MO			
<b>TIVICAY</b>	2	MO			
<b>TRIUMEQ</b>	2	MO			
<b>TRIZIVIR</b>	2	MO			
<b>TRUVADA</b>	2	MO			
<b>TYBOST</b>	3	MO			
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)			

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VOSEVI	2	PA; MO; QL (28 per 28 days)	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
XOFLUZA	2	MO	<i>cefadroxil oral tablet</i>	1	MO
ZEPATIER	2	PA; MO; QL (28 per 28 days)	<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
ZIAGEN	3	MO	<i>cefazolin injection recon soln 10 gram</i>	1	
<i>zidovudine</i>	1	MO	<i>cefdinir</i>	1	MO
ZOVIRAX ORAL CAPSULE	3	MO	<i>cefepime injection</i>	1	MO
ZOVIRAX ORAL SUSPENSION	3	MO	<i>cefixime oral suspension for reconstitution</i>	1	MO
ZOVIRAX ORAL TABLET 800 MG	3	MO	<i>cefotetan injection</i>	1	
<b>CEPHALOSPORINS</b>			<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
AVYCAZ	2	MO	<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefaclor oral capsule</i>	1	MO	<i>cefepodoxime</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO	<i>cefprozil</i>	1	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	1		<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO	<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>cefadroxil oral capsule</i>	1	MO	<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
			<i>ceftriaxone injection recon soln 10 gram</i>	1	

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<i>cefuroxime axetil oral tablet</i>	1	MO	<i>tazicef injection recon soln 2 gram, 6 gram</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO	TEFLARO	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO	ZERBAXA	2	
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1		<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>cephalexin</i>	1	MO	<i>azithromycin intravenous</i>	1	MO
MAXIPIME INJECTION RECON SOLN 1 GRAM	3	MO	<i>azithromycin oral packet</i>	1	MO
MAXIPIME INTRAVENOUS RECON SOLN 2 GRAM	3		<i>azithromycin oral suspension for reconstitution</i>	1	MO
SUPRAX ORAL CAPSULE	3	MO	<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	1	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO	<i>azithromycin oral tablet 500 mg (3 pack)</i>	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3		<i>clarithromycin</i>	1	MO
SUPRAX ORAL TABLET,CHEWABLE	3	MO	DIFICID	2	MO
<i>tazicef injection recon soln 1 gram</i>	1		<i>e.e.s. 400 oral tablet</i>	1	MO
			E.E.S. GRANULES	3	MO
			ERYPED 200	3	MO
			ERYPED 400	3	MO
			<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
			ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO

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<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO	<i>albendazole</i>	2	MO
<b>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</b>	2	MO	<b>ALINIA</b>	2	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO	<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO	<b>ARIKAYCE</b>	2	PA; MO; LA
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	MO	<i>atovaquone</i>	2	MO
<i>erythromycin oral tablet</i>	1	MO	<i>atovaquone-proguanil</i>	1	MO
<b>ZITHROMAX INTRAVENOUS</b>	3	MO	<b>AZACTAM</b>	3	MO
<b>ZITHROMAX ORAL PACKET</b>	3	MO	<i>aztreonam injection recon soln 1 gram</i>	1	MO
<b>ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION</b>	3	MO	<b>BENZNIDAZOLE</b>	2	
<b>ZITHROMAX ORAL TABLET 250 MG, 500 MG</b>	3	MO	<b>BETHKIS</b>	2	PA; MO; QL (224 per 28 days)
<b>ZITHROMAX TRI-PAK</b>	3	MO	<b>BILTRICIDE</b>	3	MO
<b>ZITHROMAX Z-PAK</b>	3	MO	<b>CAYSTON</b>	2	PA; MO; LA; QL (84 per 28 days)
<b>MISCELLANEOUS ANTIINFECTIVES</b>			<i>chloroquine phosphate</i>	1	MO
			<b>CLEOCIN HCL</b>	3	MO
			<i>CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 900 MG/50 ML</i>	3	
			<i>CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML</i>	3	MO
			<b>CLEOCIN INJECTION</b>	3	MO

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CLEOCIN PEDIATRIC	3	MO	<i>gentamicin in nacl (iso-osm)</i>	1	MO
<i>clindamycin hcl</i>	1	MO	<i>intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>		
<i>clindamycin in 5 % dextrose</i>	1	MO	<i>gentamicin in nacl (iso-osm)</i>	1	
<i>clindamycin pediatric</i>	1	MO	<i>intravenous piggyback 80 mg/100 ml</i>		
<i>clindamycin phosphate injection</i>	1	MO	<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO	<i>hydroxychloroquine</i>	1	MO
COARTEM	2	MO	<i>imipenem-cilastatin</i>	1	MO
<i>colistin (colistimethate na)</i>	1	MO	INVANZ INJECTION	3	MO
CUBICIN	2	MO	<i>isoniazid oral</i>	1	MO
DALVANCE	3	MO	<i>ivermectin</i>	1	MO
<i>dapsone oral</i>	1	MO	KITABIS PAK	2	MO
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO	KRINTAFEL	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	2	MO	<i>linezolid in dextrose 5%</i>	2	
DARAPRIM	2	PA; MO	<i>linezolid oral suspension for reconstitution</i>	2	MO
EMVERM	2	MO	<i>linezolid oral tablet</i>	1	MO
<i>ertapenem</i>	1	MO	MALARONE	3	MO
<i>ethambutol</i>	1	MO	MALARONE PEDIATRIC	3	MO
FIRVANQ	3	MO	<i>mefloquine</i>	1	MO
FLAGYL	3	MO	MEPRON	2	MO
			<i>meropenem</i>	1	MO

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MERREM INTRAVENOUS RECON SOLN 500 MG	3		RIFAMATE	3	MO
<i>metronidazole in nacl (iso-os)</i>	1	MO	<i>rifampin</i>	1	MO
<i>metronidazole oral</i>	1	MO	RIFATER	3	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO	SIRTURO	2	MO; LA
MYCOBUTIN	3	MO	SIVEXTRO INTRAVENOUS	2	
NEBUPENT	2	PA; MO; QL (1 per 28 days)	SIVEXTRO ORAL	2	MO
<i>neomycin</i>	1	MO	SOLOSEC	3	MO
<i>paromomycin</i>	1	MO	STREPTOMYCIN	2	MO
PASER	2	MO	STROMECTOL	3	MO
PENTAM	3	MO	<i>tigecycline</i>	2	
PLAQUENIL	3	MO	<i>tinidazole</i>	1	MO
<i>polymyxin b sulfate</i>	1	MO	TOBI	2	PA; MO; QL (280 per 28 days)
<i>praziquantel</i>	1	MO	TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
PRIFTIN	2	MO	<i>tobramycin in 0.225 % nacl</i>	2	PA; MO; QL (280 per 28 days)
PRIMAQUINE	2	MO	<i>tobramycin sulfate injection solution</i>	1	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	MO	TRECATOR	2	MO
<i>pyrazinamide</i>	1	MO	TYGACIL	2	MO
QUALAQUIN	3	MO	VABOMERE	3	
<i>quinine sulfate</i>	1	MO	VANCOCIN	2	MO
<i>rifabutin</i>	1	MO			
RIFADIN ORAL CAPSULE 150 MG	3	MO			

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<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	1	MO	<i>ampicillin oral capsule 500 mg</i>	1	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	3		<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	MO
<i>vancomycin oral capsule 125 mg</i>	1	MO	<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>vancomycin oral capsule 250 mg</i>	2	MO	<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (90 per 30 days)	BICILLIN C-R	2	MO
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	2	MO	BICILLIN L-A	2	MO
ZYVOX ORAL	2	MO	<i>dicloxacillin</i>	1	MO
<b>PENICILLINS</b>			<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>amoxicillin oral capsule</i>	1	MO	<i>nafcillin injection recon soln 10 gram</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO	<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	
<i>amoxicillin oral tablet</i>	1	MO	<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO			
<i>amoxicillin-pot clavulanate</i>	1	MO			

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<i>oxacillin injection recon soln 1 gram</i>	1		UNASYN INJECTION RECON SOLN 15 GRAM	3	
<i>oxacillin injection recon soln 10 gram</i>	2		UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
<i>oxacillin injection recon soln 2 gram</i>	1	MO	ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	2		ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	2	MO	ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	3	MO
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO	<b>QUINOLONES</b>		
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO	AVELOX	3	MO
<i>penicillin g sodium</i>	1	MO	BAXDELA INTRAVENOUS	2	
<i>penicillin v potassium</i>	1	MO	BAXDELA ORAL	2	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	MO	CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	MO
			CIPRO ORAL TABLET 250 MG, 500 MG	3	MO

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ciprofloxacin hcl oral	1	MO	DORYX ORAL TABLET,DELAYE D RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO	doxy-100	1	MO
ciprofloxacin oral suspension,microcap sule recon 500 mg/5 ml	1		doxycycline hyclate oral capsule	1	MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	MO
levofloxacin intravenous	1	MO	doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	MO
levofloxacin oral	1	MO	doxycycline monohydrate oral capsule	1	MO
moxifloxacin oral	1	MO	doxycycline monohydrate oral suspension for reconstitution	1	MO
moxifloxacin-sod.chloride(iso)	1		doxycycline monohydrate oral tablet	1	MO
ofloxacin oral tablet 300 mg	1		MINOCIN ORAL CAPSULE 50 MG	3	ST; MO
ofloxacin oral tablet 400 mg	1	MO	minocycline oral capsule	1	MO
<b>SULFA'S / RELATED AGENTS</b>					
BACTRIM	3	MO	minocycline oral tablet	1	MO
BACTRIM DS	3	MO	minocycline oral tablet extended release 24 hr 105 mg, 80 mg	2	MO
sulfadiazine	1	MO			
sulfamethoxazole-trimethoprim oral	1	MO			
<b>TETRACYCLINES</b>					
demeclacycline	1	MO			
DORYX MPC	3	ST; MO			

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<i>minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	1	MO	VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO	
<i>minocycline oral tablet extended release 24 hr 55 mg</i>	2	ST; MO	VIBRAMYCIN ORAL SYRUP	2	MO	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	MO	XIMINO	3	ST; MO	
<i>morgidox oral capsule 50 mg</i>	1	MO	<b>URINARY TRACT AGENTS</b>			
<i>NUZYRA (7 DAY WITH LOAD DOSE)</i>	2	ST	FURADANTIN	3		
<i>NUZYRA (7 DAY)</i>	2	ST	HIPREX	3	MO	
<i>NUZYRA INTRAVENOUS</i>	2		MACROBID	3	MO	
<i>NUZYRA ORAL</i>	2	ST; MO	MACRODANTIN	3	MO	
<i>ORACEA</i>	3	ST; MO	<i>methenamine hippurate</i>	1	MO	
<i>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG</i>	2	ST; MO	MONUROL	3	MO	
<i>soloxide</i>	1		<i>nitrofurantoin</i>	1	MO	
<i>TARGADOX</i>	3	ST; MO	<i>nitrofurantoin macrocrystal</i>	1	MO	
<i>tetracycline</i>	1	MO	<i>nitrofurantoin monohyd/m-cryst</i>	1	MO	
<i>VIBRAMYCIN ORAL CAPSULE 100 MG</i>	3	ST; MO	<i>trimethoprim</i>	1	MO	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>						
<b>ADJUNCTIVE AGENTS</b>						
<i>leucovorin calcium oral</i>	1	MO	MESNEX ORAL	2	MO	
<i>XGEVA</i>	2	PA; MO	<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>			

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<i>abiraterone</i>	2	PA; MO; QL (120 per 30 days)	BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days)
AFINITOR	2	PA; MO; QL (30 per 30 days)	BRAFTOVI ORAL CAPSULE 75 MG	2	PA; MO; LA; QL (180 per 30 days)
AFINITOR DISPERZ	2	PA; MO	CABOMETYX	2	PA; MO; LA
ALECensa	2	PA; MO; QL (240 per 30 days)	CALQUENCE	2	PA; MO; LA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; MO; QL (30 per 30 days)	CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	2	PA; MO; QL (60 per 30 days)	CAPRELSA ORAL TABLET 300 MG	2	PA; MO; LA; QL (30 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	2	PA; MO; QL (30 per 30 days)	CASODEX	3	MO
<i>anastrozole</i>	1	MO	CELLCEPT ORAL CAPSULE	3	PA; MO
ARIMIDEX	3	MO	CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	PA; MO
AROMASIN	3	MO	COMETRIQ	2	PA; MO
ASTAGRAF XL	3	PA; MO	COPIKTRA	2	PA; MO; LA; QL (60 per 30 days)
AZASAN	3	PA; MO	COTELLIC	2	PA; MO; LA; QL (63 per 28 days)
<i>azathioprine</i>	1	PA; MO	cyclophosphamide oral capsule	1	PA; MO
BALVERSA	2	PA; MO; LA	<i>cyclosporine modified</i>	1	PA; MO
<i>bexarotene</i>	2	PA; MO			
<i>bicalutamide</i>	1	MO			
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days)			

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cyclosporine oral capsule	1	PA; MO	FIRMAGON KIT W DILUENT SYRINGE	2	PA; MO
DAURISMO ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)	flutamide	1	MO
DAURISMO ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)	genograf oral capsule 100 mg, 25 mg	1	PA; MO
DROXIA	2	MO	genograf oral solution	1	PA; MO
ELIGARD	3	PA; MO	GILOTRIF	2	PA; MO; QL (30 per 30 days)
ELIGARD (3 MONTH)	3	PA; MO	GLEEVEC ORAL TABLET 100 MG	2	PA; MO; QL (180 per 30 days)
ELIGARD (4 MONTH)	3	PA; MO	GLEEVEC ORAL TABLET 400 MG	2	PA; MO; QL (60 per 30 days)
ELIGARD (6 MONTH)	3	PA; MO	GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	MO
EMCYT	2	MO	HYDREA	3	MO
ENVARSUS XR	3	PA; MO	hydroxyurea	1	MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)	IBRANCE	2	PA; MO; QL (21 per 28 days)
ERLEADA	2	PA; MO	ICLUSIG ORAL TABLET 15 MG	2	PA; MO; QL (60 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	2	PA; MO; QL (30 per 30 days)	ICLUSIG ORAL TABLET 45 MG	2	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	2	PA; MO; QL (60 per 30 days)	IDHIFA	2	PA; MO; LA; QL (30 per 30 days)
exemestane	1	MO			
FARESTON	2	MO			
FARYDAK	2	PA; MO; QL (6 per 21 days)			
FEMARA	3	MO			

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<i>imatinib oral tablet 100 mg</i>	2	PA; MO; QL (180 per 30 days)	<i>leuprolide subcutaneous kit</i>	2	PA; MO
<i>imatinib oral tablet 400 mg</i>	2	PA; MO; QL (60 per 30 days)	LONSURF	2	PA; MO
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; MO; QL (120 per 30 days)	LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; MO; QL (30 per 30 days)	LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days)
IMBRUVICA ORAL TABLET	2	PA; MO; QL (30 per 30 days)	LUPRON DEPOT	2	PA; MO
IMURAN	3	PA; MO	LUPRON DEPOT (3 MONTH)	2	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days)	LUPRON DEPOT (4 MONTH)	2	PA; MO
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)	LUPRON DEPOT (6 MONTH)	2	PA; MO
IRESSA	2	PA; MO; QL (30 per 30 days)	LYNPARZA ORAL TABLET	2	PA; MO; QL (120 per 30 days)
JAKAFI	2	PA; MO; QL (60 per 30 days)	LYSODREN	2	MO
KISQALI	2	PA; MO	MATULANE	2	MO
KISQALI FEMARA CO-PACK	2	PA; MO	<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	PA; MO
LENVIMA	2	PA; MO	<i>megestrol oral tablet</i>	1	PA; MO
<i>letrozole</i>	1	MO	MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days)
LEUKERAN	2	MO	MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
			MEKTOVI	2	PA; MO; LA; QL (180 per 30 days)

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<i>mercaptopurine</i>	1	MO	ODOMZO	2	PA; MO; LA; QL (30 per 30 days)
<i>methotrexate sodium</i>	1	PA; MO	PIQRAY	2	PA; MO
<i>methotrexate sodium (pf) injection solution</i>	1	PA; MO	POMALYST	2	PA; MO; LA
<i>mycophenolate mofetil oral capsule</i>	1	PA; MO	PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	PA; MO	PROGRAF ORAL CAPSULE 5 MG	2	PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	PA; MO	PROGRAF ORAL GRANULES IN PACKET	2	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO	PURIXAN	2	
MYFORTIC	3	PA; MO	RAPAMUNE ORAL SOLUTION	2	PA; MO
NEORAL	3	PA; MO	RAPAMUNE ORAL TABLET 0.5 MG	3	PA; MO
NERLYNX	2	PA; MO; LA	RAPAMUNE ORAL TABLET 1 MG, 2 MG	2	PA; MO
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)	REVLIMID	2	PA; MO; LA; QL (28 per 28 days)
NILANDRON	2	MO	RUBRACA	2	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	2	MO	RYDAPT	2	PA; MO
NINLARO	2	PA; MO; QL (3 per 28 days)	SANDIMMUNE ORAL CAPSULE	3	PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	2	MO	SANDIMMUNE ORAL SOLUTION	2	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO			

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SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	2	MO	TAFINLAR	2	PA; MO; QL (120 per 30 days)
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	3	MO	TAGRISSO	2	PA; MO; LA; QL (30 per 30 days)
SIGNIFOR	2	MO	TALZENNA ORAL CAPSULE 0.25 MG	2	PA; MO; QL (90 per 30 days)
<i>sirolimus oral solution</i>	2	PA; MO	TALZENNA ORAL CAPSULE 1 MG	2	PA; MO; QL (30 per 30 days)
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	PA; MO	<i>tamoxifen</i>	1	MO
<i>sirolimus oral tablet 2 mg</i>	2	PA; MO	TARCEVA ORAL TABLET 100 MG, 150 MG	2	PA; MO; QL (30 per 30 days)
SOLTAMOX	2	MO	TARCEVA ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)
SOMATULINE DEPOT	2	MO	TARGETIN	2	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days)	TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days)	TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)	THALOMID	2	PA; MO
SUTENT	2	PA; MO; QL (30 per 30 days)	TIBSOVO	2	PA; MO
SYNRIBO	2	PA; MO	<i>toremifene</i>	2	MO
TABLOID	3	MO	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
<i>tacrolimus oral</i>	1	PA; MO			

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tretinoin (chemotherapy)	2	MO	XTANDI	2	PA; MO; QL (120 per 30 days)	
TREXALL	3	PA; MO	YONSA	2	PA; MO; QL (120 per 30 days)	
TYKERB	2	PA; MO; LA; QL (180 per 30 days)	ZEJULA	2	PA; MO; LA; QL (90 per 30 days)	
VENCLEXTA	2	PA; MO; LA	ZELBORAF	2	PA; MO; QL (240 per 30 days)	
VENCLEXTA STARTING PACK	2	PA; MO; LA; QL (42 per 30 days)	ZOLINZA	2	MO	
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)	ZORTRESS	2	PA; MO	
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days)	ZYDELIG	2	PA; MO; QL (60 per 30 days)	
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days)	ZYKADIA	2	PA; MO; QL (90 per 30 days)	
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days)	ZYTIGA ORAL TABLET 250 MG	2	PA; MO; QL (120 per 30 days)	
VIZIMPRO	2	PA; MO; QL (30 per 30 days)	ZYTIGA ORAL TABLET 500 MG	2	PA; MO; QL (60 per 30 days)	
VOTRIENT	2	PA; MO; QL (120 per 30 days)	<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>			
XALKORI	2	PA; MO; QL (60 per 30 days)	<b>ANTICONVULSANTS</b>			
XATMEP	3	PA; MO	APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	3	MO	
XERMELO	2	PA; MO; LA; QL (90 per 30 days)	APTIOM ORAL TABLET 600 MG	2	MO	
XOSPATA	2	PA; MO; LA	BANZEL	2	MO	

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BRIVIACT INTRAVENOUS	3		<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
BRIVIACT ORAL	2	MO	DEPAKOTE	3	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO	DEPAKOTE ER	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO	DEPAKOTE SPRINKLES	3	MO
<i>carbamazepine oral tablet</i>	1	MO	DIASTAT	3	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO	DIASSTAT ACUDIAL	3	MO
<i>carbamazepine oral tablet,chewable</i>	1	MO	DILANTIN 30 MG	2	MO
CARBATROL	3	MO	DILANTIN EXTENDED 100 MG	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO	DILANTIN INFATABS 50 MG	3	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)	DILANTIN-125 125 MG/5 ML	3	MO
<i>clobazam oral tablet 10 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>divalproex</i>	1	MO
<i>clobazam oral tablet 20 mg</i>	2	PA; MO; QL (60 per 30 days)	EPIDIOLEX	2	PA; MO; LA
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)	<i>epitol</i>	1	MO
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)	EQUETRO	3	MO
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)	<i>ethosuximide</i>	1	MO
			<i>felbamate oral suspension</i>	2	MO
			<i>felbamate oral tablet</i>	1	MO
			FELBATOL	2	MO
			FYCOMPA ORAL SUSPENSION	2	MO
			FYCOMPA ORAL TABLET	2	MO

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<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)	LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)	LAMICTAL STARTER (BLUE) KIT	3	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)	LAMICTAL STARTER (GREEN) KIT	3	MO
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)	LAMICTAL STARTER (ORANGE) KIT	3	MO
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)	LAMICTAL XR	3	MO
GABITRIL	3	MO	LAMICTAL XR STARTER (BLUE)	3	MO
GRALISE 30-DAY STARTER PACK	2	PA; QL (78 per 30 days)	LAMICTAL XR STARTER (GREEN)	3	MO
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)	LAMICTAL XR STARTER (ORANGE)	3	MO
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)	<i>lamotrigine oral tablet</i>	1	MO
KEPPRA ORAL	3	MO	<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
KEPPRA XR	3	MO	<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)	<i>lamotrigine oral tablet,disintegrating</i>	1	MO
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)	<i>lamotrigine oral tablets,dose pack</i>	1	MO
LAMICTAL ODT	3	MO			
LAMICTAL ORAL TABLET	3	MO			

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<i>levetiracetam oral solution 100 mg/ml</i>	1	MO	NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
<i>levetiracetam oral tablet</i>	1	MO	NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO	ONFI ORAL SUSPENSION	2	PA; MO; QL (480 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)	ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO; QL (60 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)	<i>oxcarbazepine</i>	1	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	MO; QL (90 per 30 days)	OXTELLAR XR	3	MO
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	MO; QL (60 per 30 days)	PEGANONE	2	MO
LYRICA ORAL SOLUTION	2	MO; QL (900 per 30 days)	<i>phenobarbital</i>	1	PA; MO
MYSOLINE	2	MO	PHENYTEK	3	MO
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)	<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)	<i>phenytoin oral tablet, chewable</i>	1	MO
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)	<i>phenytoin sodium extended</i>	1	MO
			<i>primidone</i>	1	MO
			QUDEXY XR	3	PA; MO
			<i>roweepra</i>	1	MO
			<i>roweepra xr</i>	1	MO
			SABRIL	2	MO; LA
			SPRITAM	3	MO
			SYMPAZAN ORAL FILM 10 MG, 20 MG	2	PA; MO; QL (60 per 30 days)

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SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)	vigadroner	2	MO; LA
TEGRETOL ORAL SUSPENSION	3	MO	VIMPAT ORAL SOLUTION	2	MO
TEGRETOL ORAL TABLET	3	MO	VIMPAT ORAL TABLET	2	MO
TEGRETOL XR	3	MO	ZARONTIN	3	MO
<i>tiagabine</i>	1	MO	ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
TOPAMAX	3	PA; MO	<i>zonisamide</i>	1	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO	<b>ANTIPARKINSONISM AGENTS</b>		
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO	APOKYN	2	MO; LA
<i>topiramate oral tablet</i>	1	PA; MO	AZILECT	3	MO
TRILEPTAL	3	MO	<i>benztropine oral</i>	1	PA; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO	<i>bromocriptine</i>	1	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	2	PA; MO	<i>carbidopa</i>	1	MO
<i>valproic acid</i>	1	MO	<i>carbidopa-levodopa</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO	<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>vigabatrin</i>	2	MO; LA	COMTAN	3	MO
			DUOPA	3	PA; MO
			<i>entacapone</i>	1	MO
			GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	2	PA; MO; QL (60 per 30 days)
			GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	2	PA; MO; QL (30 per 30 days)

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INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; MO	XADAGO	3	MO	
LODOSYN	3	MO	ZELAPAR	3	MO	
MIRAPEX	3	MO	<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>			
MIRAPEX ER	3	MO	AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)	
NEUPRO	2	MO	AJOVY	3	PA; MO; QL (1.5 per 30 days)	
OSMOLEX ER	3	PA; MO	<i>almotriptan malate</i> <i>oral tablet 12.5 mg</i>	1	MO; QL (24 per 28 days)	
PARLODEL	3	MO	<i>almotriptan malate</i> <i>oral tablet 6.25 mg</i>	1	MO; QL (18 per 28 days)	
<i>pramipexole</i>	1	MO	AMERGE	3	MO; QL (18 per 28 days)	
<i>rasagiline</i>	1	MO	CAFERGOT	3	MO	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	3	MO	<i>dihydroergotamine</i> <i>nasal</i>	1	MO; QL (8 per 28 days)	
<i>ropinirole</i>	1	MO	<i>eletriptan</i>	1	MO; QL (18 per 28 days)	
RYTARY	3	MO	EMGALITY PEN	2	PA; MO; QL (2 per 30 days)	
<i>selegiline hcl</i>	1	MO	EMGALITY SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; QL (3 per 30 days)	
SINEMET	3	MO	EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)	
SINEMET CR	3	MO	<i>ergotamine-caffeine</i>	1	MO	
STALEVO 100	3	MO	FROVA	3	MO; QL (27 per 28 days)	
STALEVO 125	3	MO	<i>frovatriptan</i>	1	MO; QL (27 per 28 days)	
STALEVO 150	3	MO				
STALEVO 200	3	MO				
STALEVO 50	3	MO				
STALEVO 75	3	MO				
TASMAR ORAL TABLET 100 MG	2	MO				
<i>tolcapone</i>	2	MO				

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IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)	<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)	<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)	<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)	<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)	<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (8 per 28 days)	<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)	<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)	<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>migergot</i>	1	MO	<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)
MIGRANAL	3	MO; QL (8 per 28 days)	TREXIMET ORAL TABLET 10-60 MG	3	MO; QL (9 per 28 days)
<i>naratriptan</i>	1	MO; QL (18 per 28 days)	TREXIMET ORAL TABLET 85-500 MG	3	MO; QL (18 per 28 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)	ZEMBRACE SYMTOUCH	2	MO; QL (8 per 28 days)
RELPAX	3	MO; QL (18 per 28 days)	<i>zolmitriptan</i>	1	MO; QL (18 per 28 days)

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ZOMIG	3	MO; QL (18 per 28 days)	<i>glatiramer subcutaneous syringe 40 mg/ml</i>	2	PA; MO; QL (12 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)	<i>glatopa subcutaneous syringe 20 mg/ml</i>	2	PA; MO; QL (30 per 30 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>					
AMPYRA	2	PA; MO; LA	<i>glatopa subcutaneous</i>	2	PA; MO; QL (12 per 28 days)
ARICEPT	3	MO	<i>EXTENDED RELEASE 300 MG</i>	3	PA; MO; QL (30 per 30 days)
AUBAGIO	2	PA; MO	<i>EXTENDED RELEASE 600 MG</i>	3	PA; MO; QL (60 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	PA; MO; LA; QL (120 per 30 days)	<b>INGREZZA</b>	2	PA; MO; LA; QL (30 per 30 days)
AUSTEDO ORAL TABLET 6 MG	2	PA; MO; LA; QL (60 per 30 days)	<b>INGREZZA INITIATION PACK</b>	2	PA; MO; LA; QL (28 per 28 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; MO; QL (30 per 30 days)	<b>KEVEYIS</b>	2	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; MO; QL (12 per 28 days)	<b>MAVENCLAD (10 TABLET PACK)</b>	2	PA; MO; LA
<i>dalfampridine</i>	2	PA; MO	<b>MAVENCLAD (4 TABLET PACK)</b>	2	PA; MO; LA
<i>donepezil</i>	1	MO	<b>MAVENCLAD (5 TABLET PACK)</b>	2	PA; MO; LA
EXELON TRANSDERMAL	3	MO	<b>MAVENCLAD (6 TABLET PACK)</b>	2	PA; MO; LA
FIRDAPSE	2	PA; MO; LA	<b>MAVENCLAD (7 TABLET PACK)</b>	2	PA; MO; LA
<i>galantamine</i>	1	MO	<b>MAVENCLAD (8 TABLET PACK)</b>	2	PA; MO; LA
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO			
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	2	PA; MO; QL (30 per 30 days)			

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MAVENCLAD (9 TABLET PACK)	2	PA; MO; LA
MAYZENT ORAL TABLET 0.25 MG	2	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	PA; MO
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA	2	PA; MO; LA
TEGSEDI	2	PA; MO; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>tetrabenazine oral tablet 12.5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	2	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	2	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	2	PA; MO; LA; QL (120 per 30 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	MO
BACLOFEN ORAL TABLET 5 MG	3	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
<i>dantrolene</i>	1	MO
FEXMID	3	PA
MESTINON ORAL	2	MO
MESTINON TIMESPAN	2	MO
<i>pyridostigmine bromide oral syrup</i>	2	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	2	

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<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO	<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	PA; MO; QL (4 per 28 days)
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO			
<i>tizanidine</i>	1	MO	BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	PA; MO; QL (4 per 28 days)
ZANAFLEX ORAL CAPSULE	3	MO			
<b>NARCOTIC ANALGESICS</b>			BUTRANS	3	PA; MO; QL (4 per 28 days)
ABSTRAL	2	PA; MO; QL (120 per 30 days)	<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	MO; QL (180 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)	DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)	DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)	DOLOPHINE ORAL TABLET 10 MG	3	PA; MO; QL (120 per 30 days)
ACTIQ	2	PA; MO; QL (120 per 30 days)	DOLOPHINE ORAL TABLET 5 MG	3	PA; MO; QL (240 per 30 days)
ARYMO ER	3	PA; MO; QL (120 per 30 days)	DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 75 MCG/HR	2	PA; MO; QL (10 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)	DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR	3	PA; MO; QL (10 per 30 days)
<i>buprenorphine hcl sublingual</i>	1	MO	<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	MO; QL (4000 per 30 days)

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<i>duramorph (pf) injection solution 1 mg/ml</i>	1	QL (2000 per 30 days)	FENTORA	2	PA; MO; QL (120 per 30 days)
<i>dvorah</i>	1	QL (300 per 30 days)	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<b>EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 60-2.4 MG, 80-3.2 MG</b>	2	PA; MO; QL (90 per 30 days)	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<b>EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG</b>	3	PA; MO; QL (90 per 30 days)	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)	<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	2	PA; MO; QL (120 per 30 days)	<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	MO; QL (240 per 30 days)
<b>FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT</b>	2	PA; QL (120 per 30 days)	<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (150 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)	<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	2	PA; MO; QL (10 per 30 days)	<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
			<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	1	PA; MO; QL (60 per 30 days)
			<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	2	PA; MO; QL (60 per 30 days)

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HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	2	PA; MO; QL (60 per 30 days)	LEVORPHANOL TARTRATE ORAL TABLET 3 MG	2	MO; QL (120 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (60 per 30 days)	<i>loracet (hydrocodone)</i>	1	MO; QL (360 per 30 days)
<i>ibuprofen-oxycodone</i>	1	MO; QL (28 per 30 days)	<i>loracet hd</i>	1	MO; QL (360 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 200 MG	2	PA; MO; QL (90 per 30 days)	<i>loracet plus oral tablet 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
KADIAN ORAL CAPSULE,EXTEN D.RELEASE PELLETS 30 MG, 40 MG, 50 MG	3	PA; MO; QL (90 per 30 days)	<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	2	PA; MO; QL (45 per 30 days)	<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	2	PA; QL (23 per 30 days)	<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	2	PA; MO; QL (30 per 30 days)	<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)	MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 60 MG	2	PA; MO; QL (120 per 30 days)
			MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)
			<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
			<i>morphine injection syringe 10 mg/ml</i>	1	MO; QL (200 per 30 days)

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<i>morphine injection syringe 2 mg/ml</i>	1	MO; QL (1000 per 30 days)	OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO; QL (500 per 30 days)	OXAYDO	2	MO; QL (360 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	1	QL (400 per 30 days)	<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL (250 per 30 days)	<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)	<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>morphine oral capsule, extend.release pellets</i>	1	PA; MO; QL (90 per 30 days)	<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)	<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)	OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; MO; QL (90 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)	OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	3	PA; QL (90 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	2	PA; MO; QL (120 per 30 days)	OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
NORCO	3	MO; QL (360 per 30 days)			
OPANA ORAL TABLET 10 MG	3	MO; QL (360 per 30 days)			

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<i>oxycodone-aspirin</i>	1	MO; QL (360 per 30 days)	ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)	SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	2	PA; MO; QL (120 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days)	TREZIX ORAL CAPSULE 320.5-30-16 MG	3	MO; QL (300 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)	TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)	XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)	ZOHYDRO ER CAPSULE, ORAL ONLY, ER 12HR	3	PA; MO; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	MO; QL (360 per 30 days)	<b>NON-NARCOTIC ANALGESICS</b>		
PRIMLEV	3	MO; QL (390 per 30 days)	ARTHROTEC 50	3	ST; MO
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)	ARTHROTEC 75	3	ST; MO
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)	BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	MO; QL (30 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	3	QL (180 per 30 days)	BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>			<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)

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buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)	DUEXIS	3	ST; MO
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)	etodolac	1	MO
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)	EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	MO; QL (0.8 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)	FELDENE	3	ST; MO
butorphanol tartrate nasal	1	MO; QL (10 per 28 days)	FENOPROFEN ORAL CAPSULE 400 MG	3	ST; MO
CAMBIA	3	ST; MO; QL (9 per 30 days)	<i>fenoprofen oral tablet</i>	1	MO
CELEBREX	3	MO	FLECTOR	3	PA; MO; QL (60 per 30 days)
celecoxib	1	MO	<i>flurbiprofen</i>	1	MO
CONZIP	3	PA; MO; QL (30 per 30 days)	<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
DAYPRO	3	ST; MO	<i>ibuprofen oral suspension</i>	1	MO
DICLOFENAC EPOLAMINE	3	PA; MO; QL (60 per 30 days)	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>diclofenac potassium</i>	1	MO	<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO	<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)	LODINE ORAL TABLET	3	ST
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)	LUCEMYRA	2	PA; MO
<i>diclofenac-misoprostol</i>	1	MO	<i>meclofenamate</i>	1	MO
diflunisal	1	MO	<i>mefenamic acid</i>	1	MO
			<i>meloxicam oral tablet 15 mg</i>	1	MO

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<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)	PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	2	ST; MO; QL (224 per 28 days)
MOBIC ORAL TABLET 15 MG	3	ST; MO	<i>piroxicam</i>	1	MO
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)	QMIIZ ODT ORAL TABLET,DISINTE GRATING 15 MG	3	ST; MO
<i>nabumetone</i>	1	MO	QMIIZ ODT ORAL TABLET,DISINTE GRATING 7.5 MG	3	ST; MO; QL (30 per 30 days)
NALFON ORAL TABLET	3	ST	SPRIX	3	ST
<i>naloxone</i>	1	MO	SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
<i>naltrexone</i>	1	MO	SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
NAPRELAN CR	3	ST; MO	SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>naproxen</i>	1	MO	<i>sulindac</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO	TIVORBEX	3	ST; MO; QL (90 per 30 days)
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO	<i>tolmetin oral capsule</i>	1	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	MO	<i>tolmetin oral tablet 600 mg</i>	1	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)	TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)			
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)			
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)			
<i>oxaprozin</i>	1	MO			

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TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)	ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)	
<i>tramadol oral tablet</i>	1	MO; QL (240 per 30 days)	ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)	
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; MO; QL (30 per 30 days)	<b>PSYCHOTHERAPEUTIC DRUGS</b>			
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; MO; QL (30 per 30 days)	ABILITY MAINTENA	2	MO	
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)	ABILITY ORAL TABLET	2	MO; QL (30 per 30 days)	
ULTRACET	3	MO; QL (240 per 30 days)	ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO	
ULTRAM	3	MO; QL (240 per 30 days)	ADDERALL XR	3	MO	
VIMOVO	2	ST; MO	ADZENYS ER	3	MO	
VIVITROL	2	MO	ADZENYS XR-ODT	3	MO	
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO	AMBIEN	3	MO; QL (30 per 30 days)	
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)	AMBIEN CR	3	MO; QL (30 per 30 days)	
VOLTAREN TOPICAL	3	ST; MO; QL (1000 per 28 days)	<i>amitriptyline</i>	1	MO	
ZIPSOR	3	ST; MO	<i>amoxapine</i>	1	MO	
ZORVOLEX	3	ST; MO	<i>amphetamine sulfate</i>	1	PA; MO	
			ANAFRANIL	3	MO	
			APLENZIN	3	MO; QL (30 per 30 days)	
			APTENSIO XR	3	MO	

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<i>aripiprazole oral solution</i>	2	MO	<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)	<i>buspirone</i>	1	MO
<i>aripiprazole oral tablet,disintegrating</i>	2	MO; QL (60 per 30 days)	<b>CELEXA ORAL TABLET</b>	3	MO; QL (30 per 30 days)
<b>ARISTADA</b>	2	MO	<i>chlorpromazine oral</i>	1	MO
<b>ARISTADA INITIO</b>	2	MO	<i>citalopram oral solution</i>	1	MO
<i>armodafinil</i>	1	PA; MO	<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<b>ATIVAN ORAL TABLET 0.5 MG, 1 MG</b>	3	PA; MO; QL (90 per 30 days)	<i>clomipramine</i>	1	MO
<b>ATIVAN ORAL TABLET 2 MG</b>	3	PA; MO; QL (150 per 30 days)	<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>atomoxetine</i>	1	MO	<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<b>BELSOMRA</b>	3	MO; QL (30 per 30 days)	<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<b>BRISDELLE</b>	3	MO; QL (30 per 30 days)	<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO	<i>clozapine oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)	<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)	<b>CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG</b>	3	
<b>BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG</b>	3	MO; QL (30 per 30 days)	<b>CLOZARIL</b>	3	

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CONCERTA	3	MO	<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
COTEMPLA XR-ODT	3	MO	<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
CYMBALTA	3	MO; QL (60 per 30 days)	<i>doxepin oral</i>	1	MO
DAYTRANA	3	MO	<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>desipramine</i>	1	MO	<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
DESOXYN	3	PA; MO	DYANAVEL XR	3	MO
DESVENLAFAVIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)	EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
DESVENLAFAVIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)	EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)	EMSAM	2	MO
DEXEDRINE SPANSULE	3	MO	<i>ergoloid</i>	1	MO
<i>dexamphetamine</i>	1	MO	<i>escitalopram oxalate oral solution</i>	1	MO
<i>dextroamphetamine oral capsule, extended release</i>	1	MO	<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine oral tablet</i>	1	MO	<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine</i>	1	MO	EVEKEO	3	PA; MO
<i>diazepam oral concentrate</i>	1	PA; MO; QL (240 per 30 days)			

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FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (60 per 30 days)	<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	2	MO; QL (60 per 30 days)	<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	MO
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)	<i>fluphenazine decanoate</i>	1	MO
FAZACLO ORAL TABLET,DISINTE GRATING 100 MG	2		<i>fluphenazine hcl</i>	1	MO
FAZACLO ORAL TABLET,DISINTE GRATING 12.5 MG, 150 MG, 200 MG, 25 MG	3		<i>fluvoxamine oral capsule,extended release 24hr</i>	1	MO; QL (60 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)	<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	2	MO; QL (30 per 30 days)	<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)	<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO	FOCALIN	3	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	FOCALIN XR	3	MO
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)	FORFIVO XL	3	MO; QL (30 per 30 days)
<i>fluoxetine oral solution</i>	1	MO	GEODON INTRAMUSCULAR	3	MO
			GEODON ORAL	2	MO; QL (60 per 30 days)
			<i>guanidine</i>	1	MO
			HALDOL	3	MO
			HALDOL DECANOATE	3	MO
			<i>haloperidol</i>	1	MO
			<i>haloperidol decanoate</i>	1	MO
			<i>haloperidol lactate injection</i>	1	MO

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<i>haloperidol lactate oral</i>	1	MO	KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	MO; QL (30 per 30 days)
HETLIOZ	2	PA; MO; QL (30 per 30 days)	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	MO	LATUDA ORAL TABLET 80 MG	2	MO; QL (60 per 30 days)
<i>imipramine pamoate</i>	1	MO	LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	2	MO; QL (30 per 30 days)	<i>lithium carbonate</i>	1	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	2	MO; QL (60 per 30 days)	<i>lithium citrate oral solution 8 meq/5 ml</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	2	MO	LITHOBID	3	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO	<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
INVEGA TRINZA	2	MO	<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
KAPVAY	3	MO	<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	MO; QL (120 per 30 days)	<i>loxapine succinate</i>	1	MO
			LUNESTA	3	MO; QL (30 per 30 days)
			<i>maprotiline</i>	1	MO
			MARPLAN	2	MO
			<i>metadate er</i>	1	MO
			<i>methamphetamine</i>	1	PA; MO
			METHYLIN ORAL SOLUTION	3	MO

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<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	MO	NARDIL	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO	<i>nefazodone</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO	NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
<i>methylphenidate hcl oral tablet</i>	1	MO	<i>nortriptyline</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO	NUPLAZID ORAL CAPSULE	2	PA; MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	1		NUPLAZID ORAL TABLET 10 MG	2	PA; MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO	NUVIGIL	3	PA; MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	MO	<i>olanzapine intramuscular</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO	<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>mirtazapine</i>	1	MO	<i>olanzapine-fluoxetine</i>	1	MO
<i>modafinil</i>	1	PA; MO	<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	1	MO; QL (30 per 30 days)
<i>molindone</i>	1		<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
MYDAYIS	3	MO	<i>paliperidone oral tablet extended release 24hr 9 mg</i>	2	MO; QL (30 per 30 days)
			PAMELOR	3	MO
			PARNATE	3	MO
			<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)

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<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)	PROZAC ORAL CAPSULE 20 MG	3	MO
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)	PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym )</i>	1	MO; QL (30 per 30 days)	<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)	<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)	<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)	QUILLICHEW ER	3	MO
<i>perphenazine</i>	1	MO	QUILLIVANT XR	3	MO
PERSERIS	2	MO	RELEXXII	3	
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)	REMERON ORAL TABLET 15 MG, 30 MG	3	MO
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)	REMERON SOLTAB	3	MO
<i>phenelzine</i>	1	MO	REXULTI	2	MO; QL (30 per 30 days)
<i>pimozide</i>	1	MO	RISPERDAL CONSTA	2	MO
PRISTIQ	3	MO; QL (30 per 30 days)	RISPERDAL ORAL SOLUTION	3	MO
<i>procenta</i>	1	MO	RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
<i>protriptyline</i>	1	MO			
PROVIGIL	2	PA; MO			
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)			

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RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)	SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
<i>risperidone oral solution</i>	1	MO	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 50 MG	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)	<i>sertraline oral concentrate</i>	1	MO
RITALIN	3	MO	<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	MO	<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
ROZEREM	2	MO; QL (30 per 30 days)	SILENOR	3	MO; QL (30 per 30 days)
SAPHRIS	2	MO; QL (60 per 30 days)	STRATTERA	3	MO
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO	SURMONTIL	3	MO
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)	SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	MO
			<i>thioridazine</i>	1	MO
			<i>thiothixene</i>	1	MO
			TOFRANIL	3	MO

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TRANXENE T-TAB ORAL TABLET 7.5 MG	3	PA; MO; QL (360 per 30 days)	VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
<i>tranylcypromine</i>	1	MO	VYVANSE	3	MO
<i>trazodone</i>	1	MO	WELLBUTRIN SR	3	MO; QL (60 per 30 days)
<i>trifluoperazine</i>	1	MO	WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
<i>trimipramine</i>	1	MO	WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
TRINTELLIX	2	MO; QL (30 per 30 days)	XYREM	2	PA; MO; LA; QL (540 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)	<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)	<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)	<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)	ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
VENLAFAKINE ORAL TABLET EXTENDED RELEASE 24HR	3	MO; QL (30 per 30 days)	<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
VERSACLOZ	2		ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)	ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 30 days)			
VRAYLAR ORAL CAPSULE	2	MO; QL (30 per 30 days)			

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<i>zolpidem oral</i>	1	MO; QL (30 per 30 days)	<i>mexiletine</i>	1	MO
ZYPREXA INTRAMUSCULAR	3	MO	MULTAQ	3	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO; QL (30 per 30 days)	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
ZYPREXA ORAL TABLET 15 MG, 20 MG	2	MO; QL (30 per 30 days)	<i>propafenone</i>	1	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO	<i>quinidine gluconate oral</i>	1	MO
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)	<i>quinidine sulfate oral tablet</i>	1	MO
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	2	MO; QL (30 per 30 days)	RYTHMOL SR	3	MO
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>					
<b>ANTIARRHYTHMIC AGENTS</b>					
<i>amiodarone oral</i>	1	MO	<b>ANTIHYPERTENSIVE THERAPY</b>		
BETAPACE AF	3	MO	ACCUPRIL	3	MO
<i>dofetilide</i>	1	MO	ACCURETIC	3	MO
<i>flecainide</i>	1	MO	<i>acebutolol</i>	1	MO
			ADALAT CC	3	MO
			ALDACTAZIDE	3	MO
			ALDACTONE	3	MO
			<i>aliskiren</i>	1	MO
			ALTACE	3	MO
			<i>amiloride</i>	1	MO

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<i>amiloride-hydrochlorothiazide</i>	1	MO	CALAN ORAL TABLET 120 MG	3	MO
<i>amlodipine</i>	1	MO	CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	3	MO
<i>amlodipine-benazepril</i>	1	MO	<i>candesartan</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO	<i>candesartan-hydrochlorothiazide</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO	<i>captopril</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO	<i>captopril-hydrochlorothiazide</i>	1	MO
ATACAND	3	ST; MO	CARDIZEM CD	3	MO
ATACAND HCT	3	ST; MO	CARDIZEM LA	3	MO
<i>atenolol</i>	1	MO	CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
<i>atenolol-chlorthalidone</i>	1	MO	CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
AVALIDE	3	ST; MO	CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
AVAPRO	3	ST; MO	CARDURA XL	3	ST; MO; QL (30 per 30 days)
AZOR	3	ST; MO	CAROSPIR	3	MO
<i>benazepril</i>	1	MO	<i>cartia xt</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO	<i>carvedilol</i>	1	MO
BENICAR	3	ST; MO	<i>carvedilol phosphate</i>	1	MO
BENICAR HCT	3	ST; MO	CATAPRES	3	MO
<i>betaxolol oral</i>	1	MO	CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
BIDIL	2	MO			
<i>bisoprolol fumarate</i>	1	MO			
<i>bisoprolol-hydrochlorothiazide</i>	1	MO			
<i>bumetanide</i>	1	MO			
BYSTOLIC	2	MO			

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CATAPRES-TTS-2	3	MO; QL (4 per 28 days)	DIURIL	3	MO
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)	<i>doxazosin oral tablet</i>	1	MO; QL (30 per 30 days) 1 mg, 2 mg, 4 mg
<i>chlorothiazide</i>	1	MO	<i>doxazosin oral tablet</i>	1	MO; QL (60 per 30 days) 8 mg
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	1	MO	DUTOPROL	3	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)	DYAZIDE	3	MO
<i>clonidine hcl oral tablet</i>	1	MO	DYRENIUM	3	MO
COREG	3	MO	EDARBI	2	MO
COREG CR	3	MO	EDARBYCLOR	2	MO
CORGARD	3	MO	EDECRIN	2	MO
COZAAR	3	ST; MO	<i>enalapril maleate</i>	1	MO
DEMSER	2	PA; MO	<i>enalapril-hydrochlorothiazide</i>	1	MO
DIBENZYLINE	2	PA; MO	<i>eplerenone</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO	<i>eprosartan</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	MO	<i>ethacrynic acid</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO	EXFORGE	3	ST; MO
<i>diltiazem hcl oral tablet</i>	1	MO	EXFORGE HCT	3	ST; MO
<i>dilt-xr</i>	1	MO	<i>felodipine</i>	1	MO
DIOVAN	3	ST; MO	<i>fosinopril</i>	1	MO
DIOVAN HCT	3	ST; MO	<i>fosinopril-hydrochlorothiazide</i>	1	MO
			<i>furosemide injection</i>	1	MO
			<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
			<i>furosemide oral tablet</i>	1	MO
			<i>hydralazine oral</i>	1	MO

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hydrochlorothiazide	1	MO	<i>methyclothiazide</i>	1	MO
HYZAAR	3	ST; MO	<i>methyldopa</i>	1	MO
indapamide	1	MO	<i>metolazone</i>	1	MO
INDERAL LA	3	MO	<i>metoprolol succinate</i>	1	MO
INNOPRAN XL	3	MO	<i>metoprolol tar- hydrochlorothiaz</i>	1	MO
INSPRA	3	MO	<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>irbesartan</i>	1	MO	MICARDIS	3	ST; MO
<i>irbesartan- hydrochlorothiazide</i>	1	MO	MICARDIS HCT	3	ST; MO
<i>isradipine</i>	1	MO	MINIPRESS	3	MO
<i>labetalol oral</i>	1	MO	<i>minoxidil oral</i>	1	MO
LASIX	3	MO	<i>moexipril</i>	1	MO
<i>lisinopril</i>	1	MO	<i>nadolol</i>	1	MO
<i>lisinopril- hydrochlorothiazide</i>	1	MO	<i>nadolol- bendroflumethiazide oral tablet 40-5 mg</i>	1	MO
LOPRESSOR HCT	3		<i>nicardipine oral</i>	1	MO
LOPRESSOR ORAL TABLET 100 MG	3	MO	<i>nifedipine oral tablet extended release</i>	1	MO
<i>losartan</i>	1	MO	<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>losartan- hydrochlorothiazide</i>	1	MO	<i>nimodipine</i>	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO	<i>nisoldipine</i>	1	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO	NORVASC	3	MO
<i>matzim la</i>	1	MO	NYMALIZE ORAL SOLUTION 60 MG/20 ML	2	MO
MAXZIDE	3	MO	<i>olmesartan</i>	1	MO
MAXZIDE-25MG	3	MO			

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<i>olmesartan-amldipin-hctiazid</i>	1	MO	<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO	SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO	TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	2	PA; MO	<i>taztia xt</i>	1	MO
<i>perindopril erbumine</i>	1	MO	TEKTURNA	3	MO
<i>phenoxybenzamine</i>	2	PA; MO	TEKTURNA HCT	2	MO
<i>pindolol</i>	1	MO	<i>telmisartan</i>	1	MO
<i>prazosin</i>	1	MO	<i>telmisartan-amldipine</i>	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO	<i>telmisartan-hydrochlorothiazid</i>	1	MO
PROCARDIA XL	3	MO	TENORETIC 100	3	MO
<i>propranolol oral</i>	1	MO	TENORETIC 50	3	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO	TENORMIN	3	MO
QBRELIS	3	MO	<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>quinapril</i>	1	MO	<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>quinapril-hydrochlorothiazide</i>	1	MO	TIAZAC	3	MO
<i>ramipril</i>	1	MO	<i>timolol maleate oral</i>	1	MO
<i>spironolactone</i>	1	MO	TOPROL XL	3	MO
			<i>torsemide oral</i>	1	MO
			<i>trandolapril</i>	1	MO

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<i>trandolapril-verapamil</i>	1	MO	ARIIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO	aspirin-dipyridamole	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO	BEVYXXA	3	MO
TRIBENZOR	3	ST; MO	BRILINTA	2	MO
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	3	ST; MO	CABLIVI INJECTION KIT	2	PA; MO; LA
UPTRAVI	2	PA; MO; LA	cilostazol	1	MO
<i>valsartan</i>	1	MO	<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	1	MO	COUMADIN ORAL	3	MO
VASERETIC	3	MO	<i>dipyridamole oral</i>	1	MO
VASOTEC	3	MO	DOPTELET (10 TAB PACK)	2	PA; MO; LA
<i>verapamil oral</i>	1	MO	DOPTELET (15 TAB PACK)	2	PA; MO; LA
VERELAN	3	MO	EFFIENT	3	MO
VERELAN PM	3	MO	ELIQUIS	2	MO
ZESTORETIC	3	MO	<i>enoxaparin subcutaneous syringe</i>	1	MO
ZESTRIL	3	MO	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	2	MO
ZIAC	3	MO	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<b>COAGULATION THERAPY</b>					
AGGRENOX	3	MO	FRAGMIN SUBCUTANEOUS SOLUTION	2	MO
ARIIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	2	MO			

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FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	MO	XARELTO	2	MO
YOSPRALA			ZONTIVITY	2	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>					
ALTOPREV	3	ST; MO; QL (30 per 30 days)	<i>amlodipine- atorvastatin</i>	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO	<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10- 40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; MO; QL (30 per 30 days)	<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
MULPLETA	2	PA; MO	<i>cholestyramine light oral powder</i>	1	MO
<i>pentoxifylline</i>	1	MO	<i>colesevelam</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)	COLESTID ORAL PACKET	3	MO
PRADAXA	3	MO	COLESTID ORAL TABLET	3	MO
<i>prasugrel</i>	1	MO	<i>colestipol oral packet</i>	1	MO
PROMACTA	2	PA; MO; LA	<i>colestipol oral tablet</i>	1	MO
SAVAYSA	3	MO			
TAVALISSE	2	PA; MO; LA; QL (60 per 30 days)			
<i>warfarin</i>	1	MO			

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CRESTOR	3	ST; MO; QL (30 per 30 days)	JUXTAPID	2	PA; MO; LA
EZALLOR SPRINKLE	3	ST; QL (30 per 30 days)	LESCOL XL	3	ST; MO; QL (30 per 30 days)
<i>ezetimibe</i>	1	MO	LIPITOR	3	ST; MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)	LIPOFEN	3	MO
<i>fenofibrate micronized</i>	1	MO	LIVALO	2	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO	LOPID	3	MO
FENOFIBRATE ORAL CAPSULE	3	MO	<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet</i>	1	MO	<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fenofibric acid</i>	1	MO	LOVAZA	3	ST; MO
<i>fenofibric acid (choline)</i>	1	MO	<i>niacin oral tablet extended release 24 hr</i>	1	MO
FENOGLIDE	3	MO	NIACOR	3	MO
FIBRICOR	3	MO	NIASPIN EXTENDED-RELEASE	3	MO
FLOLIPID	3	ST; MO; QL (300 per 30 days)	<i>omega-3 acid ethyl esters</i>	3	ST; MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)	PRALUENT PEN	2	PA; MO; QL (2 per 28 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)	<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO	<i>prevalite oral powder in packet</i>	1	MO

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QUESTRAN LIGHT ORAL POWDER	3	MO	ZETIA	3	MO	
QUESTRAN ORAL POWDER IN PACKET	3	MO	ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)	
REPATHA	2	PA; MO; QL (3 per 28 days)	ZYPITAMAG	3	ST; MO; QL (30 per 30 days)	
REPATHA PUSHTRONEX	2	PA; MO; QL (3.5 per 28 days)	<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>			
REPATHA SURECLICK	2	PA; MO; QL (3 per 28 days)	CORLANOR	2	PA; MO	
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)	<i>digitek</i>	1	MO	
<i>simvastatin</i>	1	MO; QL (30 per 30 days)	<i>digox</i>	1	MO	
TRICOR	3	MO	<i>digoxin oral solution 50 mcg/ml</i>	1	MO	
TRIGLIDE ORAL TABLET 160 MG	3	MO	<i>digoxin oral tablet</i>	1	MO	
TRILIPIX	3	MO	ENTRESTO	2	MO; QL (60 per 30 days)	
VASCEPA	2	MO	LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO	
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)	LANOXIN ORAL TABLET 62.5 MCG	2	MO	
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)	RANEXA	3	MO	
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)	<i>ranolazine</i>	1	MO	
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)	VECAMYL	2		
WELCHOL	3	MO	VYNDAQEL	2	PA; MO	
<b>NITRATES</b>						
GONITRO						
ISORDIL						
ISORDIL TITRADOSE ORAL TABLET 5 MG						

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<i>isosorbide dinitrate oral tablet</i>	1	MO	COSENTYX (2 SYRINGES)	2	PA; MO
<i>isosorbide dinitrate oral tablet extended release</i>	1		COSENTYX PEN (2 PENS)	2	PA; MO
<i>isosorbide mononitrate</i>	1	MO	DOVONEX TOPICAL	3	MO; QL (120 per 30 days)
MINITRAN	3	MO	ENSTILAR	2	MO; QL (400 per 30 days)
<i>nitro-bid</i>	1	MO	ILUMYA	2	PA; MO
NITRO-DUR	3	MO	<i>selenium sulfide topical lotion</i>	1	MO
<i>nitroglycerin sublingual</i>	1	MO	SILIQ	2	PA; MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO	SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
<i>nitroglycerin translingual spray, non-aerosol</i>	1	MO	SORIATANE ORAL CAPSULE 10 MG, 25 MG	2	MO
NITROSTAT	3	MO	SORILUX	3	MO; QL (120 per 30 days)
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>					
<b>ANTI-PORIATIC / ANTISEBORRHEIC</b>					
<i>acitretin oral capsule 10 mg, 25 mg</i>	1	MO	TALTZ AUTOINJECTOR	2	PA; MO
<i>acitretin oral capsule 17.5 mg</i>	2	MO	TALTZ SYRINGE	2	PA; MO
<i>calcipotriene</i>	1	MO; QL (120 per 30 days)	TREMFYA	2	PA; MO
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)	VECTICAL	3	MO
<i>calcitriol topical</i>	1	MO	<b>MISCELLANEOUS DERMATOLOGICALS</b>		
			ALDARA	3	ST; MO
			<i>ammonium lactate</i>	1	MO
			CARAC	2	ST; MO

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CONDYLOX TOPICAL GEL	2	MO	<i>lidocaine topical adhesive patch, medicated</i>	1	PA; MO; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)	<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>doxepin topical</i>	2	MO; QL (45 per 30 days)	<i>lidocaine viscous</i>	1	MO
DUPIXENT	2	PA; MO	<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
EFUDEX TOPICAL CREAM	3	ST; MO	LIDODERM	3	PA; MO; QL (90 per 30 days)
ELIDEL	3	PA; MO; QL (100 per 30 days)	<i>methoxsalen</i>	2	MO
EUCRISA	3	PA; MO; QL (120 per 30 days)	OXSORALEN ULTRA	2	MO
FLUOROURACIL TOPICAL CREAM 0.5 %	2	ST; MO	PANRETIN	2	MO
<i>fluorouracil topical cream 5 %</i>	1	MO	PICATO	2	MO
<i>fluorouracil topical solution</i>	1	MO	<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	2	ST; MO	PLIAGLIS	3	MO
<i>imiquimod topical cream in packet</i>	1	MO	<i>podofilox</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)	PROTOPIC	3	PA; MO; QL (100 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO	<i>prodoxin</i>	1	MO; QL (45 per 30 days)
			REGRANEX	2	MO
			SANTYL	2	MO
			SILVADENE	3	MO
			<i>silver sulfadiazine</i>	1	MO
			<i>ssd</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)	<i>amnesteem</i>	1	MO
TOLAK	3	MO	ATRALIN	3	PA; MO
VALCHLOR	2	MO	<i>avita topical cream</i>	1	PA; MO
VEREGEN	3	MO	AVITA TOPICAL GEL	3	PA; MO
ZONALON	3	MO; QL (45 per 30 days)	<i>azelaic acid</i>	1	MO
ZTLIDO	3	PA; MO; QL (90 per 30 days)	AZELEX	3	MO
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	2	ST; MO	BENZACLIN PUMP	3	MO
<b>THERAPY FOR ACNE</b>			BENZAMYCIN	3	MO
ABSORICA	2	MO	<i>claravis</i>	1	MO
ACANYA TOPICAL GEL WITH PUMP	3	MO	CLEOCIN T TOPICAL GEL	3	MO; QL (120 per 30 days)
ACZONE TOPICAL GEL	3	MO	CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
<i>adapalene topical cream</i>	1	PA; MO	CLEOCIN T TOPICAL SWAB	3	MO
<i>adapalene topical gel</i>	1	PA; MO	<i>clindacin p</i>	1	MO
<i>adapalene topical solution</i>	1	PA	CLINDAGEL	3	MO; QL (150 per 30 days)
<i>adapalene topical swab</i>	1	PA	<i>clindamycin phosphate topical foam</i>	1	MO
<i>adapalene-benzoyl peroxide</i>	1	PA; MO	<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
AKTIPAK	3	MO	<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
ALTRENO	3	PA; MO	<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)

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<i>clindamycin phosphate topical swab</i>	1	MO	EVOCLIN	3	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO	FABIOR	3	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	1	MO	FINACEA	3	ST; MO
<i>clindamycin-tretinoin</i>	1	PA; MO	<i>isotretinoin</i>	1	
<i>dapsone topical</i>	1	MO	METROCREAM	3	ST; MO
DIFFERIN TOPICAL CREAM	3	PA; MO	METROGEL TOPICAL GEL 1 %	3	ST; MO
DIFFERIN TOPICAL GEL 0.1 %	3	PA; MO	METROLOTION	3	ST; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO	<i>metronidazole topical cream</i>	1	MO
DIFFERIN TOPICAL LOTION	3	PA; MO	<i>metronidazole topical gel</i>	1	MO
DUAC	3	MO	<i>metronidazole topical lotion</i>	1	MO
EPIDUO FORTE	3	PA; MO	MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO	<i>myorisan</i>	1	MO
<i>ery pads</i>	1	MO	<i>neuac</i>	1	MO
<i>erygel</i>	1	MO	NORITATE	2	ST; MO
<i>erythromycin with ethanol topical gel</i>	1	MO	ONEXTON TOPICAL GEL WITH PUMP	3	MO
<i>erythromycin with ethanol topical solution</i>	1	MO	RETIN-A	3	PA; MO
<i>erythromycin-benzoyl peroxide</i>	1	MO	RETIN-A MICRO	3	PA; MO
			RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
			RHOFADE	3	PA; MO
			SOOLANTRA	3	ST; MO
			<i>tazarotene</i>	1	PA; MO

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TAZORAC TOPICAL CREAM 0.05 %	2	PA; MO	<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)			
TAZORAC TOPICAL CREAM 0.1 %	3	PA; MO	<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)			
TAZORAC TOPICAL GEL	2	PA; MO	<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)			
<i>tretinoin microspheres topical gel</i>	1	PA; MO	<i>ciclopirox topical solution</i>	1	MO			
<i>tretinoin topical</i>	1	PA; MO	<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)			
<i>zenatane</i>	1	MO	<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)			
ZIANA	3	PA; MO	<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)			
<b>TOPICAL ANTIBACTERIALS</b>								
BACTROBAN TOPICAL CREAM	3	QL (30 per 30 days)	<i>clotrimazole- betamethasone topical cream</i>	1	MO; QL (45 per 28 days)			
CORTISPORIN TOPICAL	3	MO	<i>clotrimazole- betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)			
<i>gentamicin topical</i>	1	MO	<i>econazole</i>	1	MO; QL (85 per 28 days)			
KLARON	3	MO	ERTACZO	3	MO; QL (60 per 28 days)			
<i>mafenide acetate</i>	1	MO	EXELDERM	3	MO			
<i>mupirocin</i>	1	MO; QL (30 per 30 days)	EXTINA	3	MO; QL (100 per 28 days)			
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)	JUBLIA	3	MO			
NEO-SYNALAR	3	MO	KERYDIN	3	MO			
<i>sulfacetamide sodium (acne)</i>	1	MO	<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)			
SULFAMYLYON	2	MO	<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)			
XEPI	3	MO; QL (30 per 30 days)	<b>TOPICAL ANTIFUNGALS</b>					

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<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LOTRISONE TOPICAL CREAM	3	MO; QL (45 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MENTAX	3	MO
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL CREAM 2 %	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	2	MO; QL (60 per 28 days)
NIZORAL TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
<i>nyamyc</i>	1	MO
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
OXISTAT	3	MO
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	2	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	2	PA; MO; QL (30 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	3	MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	1	MO
<i>amcinonide topical lotion</i>	1	MO
<i>amcinonide topical ointment</i>	1	
<i>apexicon e</i>	1	MO; QL (120 per 30 days)
<i>beser</i>	1	
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO

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<i>betamethasone, augmented</i>	1	MO	CORDRAN TAPE LARGE ROLL	3	MO
BRYHALI	3	MO	CUTIVATE TOPICAL LOTION	3	MO
CAPEX	2	MO	DESONATE	3	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)	<i>desonide</i>	1	MO
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)	DESOWEN	3	MO
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)	<i>desoximetasone</i>	1	MO
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)	<i>diflorasone</i>	1	MO; QL (120 per 30 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)	DIPROLENE TOPICAL OINTMENT	3	MO
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)	DUOBRII	2	MO; QL (200 per 30 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)	ELOCON TOPICAL CREAM	3	MO
<i>clobetasol topical spray,non-aerosol</i>	1	MO; QL (125 per 28 days)	ELOCON TOPICAL OINTMENT	3	
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)	<i>fluocinolone and shower cap</i>	1	MO
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)	<i>fluocinolone topical cream</i>	1	MO
CLOBEX TOPICAL LOTION	3	MO; QL (118 per 28 days)	<i>fluocinolone topical ointment</i>	1	MO
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)	<i>fluocinolone topical solution</i>	1	MO
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	MO; QL (125 per 28 days)	<i>fluocinonide topical cream 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)	<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
			<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)

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<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)	LOCOID LIPOCREAM	3	MO
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)	LOCOID TOPICAL LOTION	3	MO
<i>flurandrenolide</i>	1	MO; QL (120 per 30 days)	LOCOID TOPICAL SOLUTION	3	MO
<i>fluticasone propionate topical</i>	1	MO	LUXIQ	3	MO
<i>halobetasol propionate topical cream</i>	1	MO	<i>mometasone topical</i>	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO	<i>nolix topical cream</i>	1	QL (120 per 30 days)
<i>halobetasol propionate topical ointment</i>	1	MO	<i>nolix topical lotion</i>	1	MO; QL (120 per 30 days)
HALOG	3	MO	OLUX	3	MO; QL (100 per 28 days)
<i>hydrocortisone butyrate</i>	1	MO	OLUX-E	3	MO; QL (100 per 28 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO	PANDEL	3	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO	<i>prednicarbate</i>	1	MO
<i>hydrocortisone topical ointment 2.5 %</i>	1	MO	PSORCON	3	QL (120 per 30 days)
<i>hydrocortisone valerate</i>	1	MO	SYNALAR TOPICAL CREAM	3	MO
IMPOYZ	3	MO; QL (120 per 28 days)	TEXACORT	3	MO
KENALOG TOPICAL	3	MO; QL (126 per 28 days)	TOPICORT	3	MO
LEXETTE	3	MO	<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
			<i>triamcinolone acetonide topical cream</i>	1	MO
			<i>triamcinolone acetonide topical lotion</i>	1	MO

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<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO	AGRYLIN	3	MO
<i>trianex</i>	1	MO	<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days)
<i>triderm topical cream 0.1 %</i>	1	MO	<i>anagrelide</i>	1	MO
TRIDESILON	3	MO	ANTABUSE	3	MO
ULTRAVATE TOPICAL CREAM	3	MO	ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	2	MO; LA
ULTRAVATE TOPICAL LOTION	2	MO	AURYXIA	2	PA; MO
ULTRAVATE TOPICAL OINTMENT	3	MO	BUPHENYL	2	PA; MO
VANOS	2	MO; QL (120 per 30 days)	CARBAGLU	2	PA; MO; LA
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>			CARNITOR ORAL	3	MO
ELIMITE	3		<i>cevimeline</i>	1	MO
EURAX	3	MO	CHEMET	2	PA; MO
<i>lindane topical shampoo</i>	1	MO	CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
<i>malathion</i>	1	MO	CLINIMIX E 2.75%/D5W SULF FREE	3	PA
NATROBA	3	MO	<i>d10 %-0.45 % sodium chloride</i>	1	
OVIDE	3	MO	<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>permethrin topical cream</i>	1	MO	<i>d5 % and 0.9 % sodium chloride</i>	1	MO
SKLICE	2	MO	<i>d5 %-0.45 % sodium chloride</i>	1	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>			<i>deferasirox</i>	2	PA; MO
<b>MISCELLANEOUS AGENTS</b>			<i>dextrose 10 % and 0.2 % nacl</i>	1	
acamprosate	1	MO			

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<i>dextrose 10 % in water (d10w)</i>	1	MO	<i>midodrine</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO	NITYR	3	PA; MO; LA
<i>dextrose 5%-0.2 % sod chloride</i>	1		NORTHERA	2	PA; MO
<i>dextrose 5%-0.3 % sod.chloride</i>	1		ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	PA; LA
<i>dextrose with sodium chloride</i>	1		ORFADIN ORAL CAPSULE 20 MG	2	PA; MO; LA
<i>disulfiram</i>	1	MO	ORFADIN ORAL SUSPENSION	2	PA; MO; LA
ENDARI	2	PA; MO	<i>pilocarpine hcl oral</i>	1	MO
EVOXAC	3	MO	PROLASTIN-C INTRAVENOUS RECON SOLN	2	LA
EXJADE	2	PA; MO; LA	PROLASTIN-C INTRAVENOUS SOLUTION	2	MO; LA
FERRIPROX	2	PA; MO	RAVICTI	2	PA; MO
FOSRENOL	3	MO	RENAGEL ORAL TABLET 800 MG	3	MO
GLASSIA	2	MO; LA	RENELA	2	MO
INCRELEX	2	MO; LA	RILUTEK	2	MO
JADENU	2	PA; MO	<i>riluzole</i>	1	MO
JADENU SPRINKLE	2	PA; MO	<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>kionex (with sorbitol)</i>	1	MO	SALAGEN (PILOCARPINE)	3	MO
<i>lanthanum</i>	1	MO	<i>sevelamer carbonate oral powder in packet</i>	2	MO
<i>levocarnitine (with sugar)</i>	1	MO	<i>sevelamer carbonate oral tablet</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO	<i>sevelamer hcl</i>	1	MO
LITHOSTAT	3	MO			
LOKELMA	2	MO			

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sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	2	PA; MO
sodium polystyrene sulfonate oral	1	MO
sps (with sorbitol) oral	1	MO
SYPRINE	2	PA; MO
THIOLA	2	MO
TIGLUTIK	2	MO
trientine	2	PA; MO
VELPHORO	2	MO
VELTASSA	2	MO
XURIDEN	2	MO
ZEMAIRA	2	MO; LA
<b>SMOKING DETERRENTS</b>		
bupropion hcl (smoking deter)	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
ZYBAN	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	MO; QL (60 per 30 days)
azelastine nasal	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO; QL (30 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
olopatadine nasal	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
triamcinolone acetonide dental	1	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
acetic acid otic (ear)	1	MO
CETRAXAL	3	MO
ciprofloxacin hcl otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO

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<b>OTIC STEROID / ANTIBIOTIC</b>					
CIPRO HC	3	MO	ORAPRED ODT	3	PA; MO
CIPRODEX	2	MO	<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO	<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
OTOVEL	2	MO	<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	PA; MO
<b>ENDOCRINE/DIABETES</b>					
<b>ADRENAL HORMONES</b>					
ACTHAR	2	PA; MO	<i>prednisone intensol</i>	1	PA; MO
CORTEF	3	MO	<i>prednisone oral solution</i>	1	MO
<i>cortisone</i>	1	MO	<i>prednisone oral tablet</i>	1	PA; MO
<i>dexamethasone intensol</i>	1	MO	<i>prednisone oral tablets,dose pack</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO	RAYOS	2	PA; MO
<i>dexamethasone oral tablet</i>	1	MO	TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	3	MO
<i>dexamethasone oral tablets,dose pack</i>	1	MO	TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
DEXPAK 13 DAY	3	MO	<b>ANTITHYROID AGENTS</b>		
EMFLAZA	2	PA; MO; LA	<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>fludrocortisone</i>	1	MO	<i>propylthiouracil</i>	1	MO
<i>hydrocortisone oral</i>	1	MO	TAPAZOLE	3	MO
MEDROL	3	PA; MO			
MEDROL (PAK)	3	MO			
<i>methylprednisolone oral tablet</i>	1	PA; MO			
<i>methylprednisolone oral tablets,dose pack</i>	1	MO			
<i>millipred oral tablet</i>	1	PA; MO			

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<b>DIABETES THERAPY</b>					
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)	ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)	ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)	ALOGLIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)	AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)	AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)	AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)	APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO	APIDRA U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO	AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; QL (60 per 30 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	MO	BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
ALCOHOL PADS	2	MO	BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
			BYDUREON SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (4 per 28 days)
			BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)

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BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)	<i>glipizide oral tablet</i> <i>10 mg</i>	1	MO; QL (120 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)	<i>glipizide oral tablet</i> <i>extended release</i> <i>24hr 10 mg</i>	1	MO; QL (60 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)	<i>glipizide oral tablet</i> <i>extended release</i> <i>24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)	<i>glipizide oral tablet</i> <i>extended release</i> <i>24hr 5 mg</i>	1	MO; QL (120 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)	<i>glipizide-metformin</i> <i>oral tablet 2.5-250</i> <i>mg</i>	1	MO; QL (240 per 30 days)
FIASP FLEXTOUCH U- 100 INSULIN	3	ST; MO	<i>glipizide-metformin</i> <i>oral tablet 2.5-500</i> <i>mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
FIASP U-100 INSULIN	3	ST; MO	GLUCAGEN HYPOKIT	2	MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	2	MO; QL (60 per 30 days)	GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	2	MO; QL (150 per 30 days)	GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GAUZE PADS 2 X 2	2	MO	GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)
<i>glimepiride oral</i> <i>tablet 1 mg</i>	1	MO; QL (240 per 30 days)	GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)
<i>glimepiride oral</i> <i>tablet 2 mg</i>	1	MO; QL (120 per 30 days)			
<i>glimepiride oral</i> <i>tablet 4 mg</i>	1	MO; QL (60 per 30 days)			

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GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)	GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (60 per 30 days)	GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)	GLYXAMBI	3	ST; MO; QL (30 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)	HUMALOG JUNIOR KWIKPEN U-100	2	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)	HUMALOG KWIKPEN INSULIN	2	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)	HUMALOG MIX 50-50 INSULN U-100	2	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)	HUMALOG MIX 50-50 KWIKPEN	2	MO
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	2	MO; QL (60 per 30 days)	HUMALOG MIX 75-25 KWIKPEN	2	MO
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	2	MO; QL (120 per 30 days)	HUMALOG MIX 75-25(U-100)INSULN	2	MO
			HUMALOG U-100 INSULIN	2	MO
			HUMULIN 70/30 U-100 INSULIN	2	MO
			HUMULIN 70/30 U-100 KWIKPEN	2	MO
			HUMULIN N NPH INSULIN KWIKPEN	2	MO
			HUMULIN N NPH U-100 INSULIN	2	MO

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HUMULIN R REGULAR U-100 INSULN	2	MO	JENTADUETO	3	ST; MO; QL (60 per 30 days)
HUMULIN R U-500 (CONC) INSULIN	2	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	2	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (30 per 30 days)
INSULIN LISPRO	3	ST; MO	KAZANO	3	ST; MO; QL (60 per 30 days)
INSULIN PEN NEEDLE	2	MO	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
INVOKAMET	2	MO; QL (60 per 30 days)	LANTUS SOLOSTAR U-100 INSULIN	2	MO
INVOKAMET XR	2	MO; QL (60 per 30 days)	LANTUS U-100 INSULIN	2	MO
INVOKANA	2	MO; QL (30 per 30 days)	LEVEMIR FLEXTOUCH U-100 INSULN	3	ST; MO
JANUMET	2	MO; QL (60 per 30 days)	LEVEMIR U-100 INSULIN	3	ST; MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)			
JARDIANCE	3	ST; MO; QL (30 per 30 days)			

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<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)	NEEDLES, INSULIN DISP.,SAFETY	2	MO
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)	NESINA	3	ST; MO; QL (30 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)	NOVOFINE 32	2	MO
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)	NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	2	MO; QL (60 per 30 days)	NOVOLIN N NPH U-100 INSULIN	3	ST; MO
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	1	MO; QL (150 per 30 days)	NOVOLIN R REGULAR U-100 INSULN	3	ST; MO
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	2	MO; QL (60 per 30 days)	NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	2	MO; QL (120 per 30 days)	NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)	NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)	NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)	NOVOLOG U-100 INSULIN ASPART	3	ST; MO
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)	OMNIPOD INSULIN MANAGEMENT	2	MO
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)	ONGLYZA	2	MO; QL (30 per 30 days)
			OSENI	3	MO; QL (30 per 30 days)

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OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)	<i>repaglinide oral</i> <i>tablet 2 mg</i>	1	MO; QL (240 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; MO; QL (3 per 28 days)	<i>repaglinide-</i> <i>metformin</i>	1	MO; QL (150 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)	RIOMET	2	MO; QL (765 per 30 days)
<i>pioglitazone-</i> <i>glimepiride</i>	1	MO; QL (30 per 30 days)	SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5- 1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
<i>pioglitazone-</i> <i>metformin</i>	1	MO; QL (90 per 30 days)	SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)	SOLIQUA 100/33	2	MO
PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)	STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)	STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)	STEGLATRO	2	MO; QL (30 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)	STEGLUJAN	3	ST; MO; QL (30 per 30 days)
PROGLYCEM	2	MO	SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
QTERN ORAL TABLET 10-5 MG	2	MO; QL (30 per 30 days)	SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
QTERN ORAL TABLET 5-5 MG	2	QL (30 per 30 days)	SYNJARDY	3	ST; MO; QL (60 per 30 days)
<i>repaglinide oral</i> <i>tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)			
<i>repaglinide oral</i> <i>tablet 1 mg</i>	1	MO; QL (480 per 30 days)			

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SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5- 1,000 MG	3	ST; MO; QL (60 per 30 days)	TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	ST; MO; QL (30 per 30 days)	TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	MO
<i>tolazamide oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)			
<i>tolazamide oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)			
<i>tolbutamide</i>	1	MO; QL (180 per 30 days)			
TOUJEO MAX U- 300 SOLOSTAR	2	MO			
TOUJEO SOLOSTAR U-300 INSULIN	2	MO			
TRADJENTA	3	ST; MO; QL (30 per 30 days)	TRUEPLUS PEN NEEDLE	2	MO
TRESIBA FLEXTOUCH U- 100	3	ST; MO	TRULICITY	2	PA; MO; QL (2 per 28 days)
TRESIBA FLEXTOUCH U- 200	3	ST; MO	V-GO 20	2	MO
TRESIBA U-100 INSULIN	3	ST; MO	V-GO 30	2	MO
			V-GO 40	2	MO
			VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
			XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)

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XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	2	MO; QL (60 per 30 days)	<i>cabergoline</i>	1	MO
XULTOPHY 100/3.6	2	MO; QL (15 per 30 days)	<i>calcitonin (salmon)</i>	1	MO
<b>MISCELLANEOUS HORMONES</b>					
ANADROL-50	2	PA; MO	<i>calcitriol oral</i>	1	MO
ANDRODERM	2	PA; MO; QL (30 per 30 days)	CERDELGA	2	MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO; QL (150 per 30 days)	<i>cinacalcet oral tablet 30 mg</i>	1	MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO; QL (300 per 30 days)	<i>cinacalcet oral tablet 60 mg, 90 mg</i>	2	MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)	<i>danazol</i>	1	MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)	DDAVP NASAL SOLUTION	2	MO
AVEED	3	PA; MO; LA	DDAVP NASAL SPRAY WITH PUMP	3	MO
			DDAVP ORAL	3	MO
			DEPO- TESTOSTERONE	3	PA; MO
			<i>desmopressin nasal spray,non-aerosol</i>	1	MO
			<i>desmopressin oral</i>	1	MO
			<i>doxercalciferol oral</i>	1	MO
			FORTESTA	3	PA; MO; QL (120 per 30 days)
			GALAFOLD	2	PA; MO; LA; QL (15 per 30 days)
			JYNARQUE ORAL TABLET	2	PA; LA
			JYNARQUE ORAL TABLETS, SEQUENTIAL	2	PA; MO; LA
			KORLYM	2	PA; MO

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KUVAN	2	PA; MO	ROCALTROL	3	MO
METHITEST	3	MO	SAMSCA	2	PA; MO
<i>methyltestosterone oral capsule</i>	2	MO	SENSIPAR ORAL TABLET 30 MG	3	MO
<i>miglustat</i>	2	MO; LA	SENSIPAR ORAL TABLET 60 MG, 90 MG	2	MO
MYALEPT	2	PA; MO; LA	SOMAVERT	2	MO
NATPARA	2	PA; MO; LA	STIMATE	2	MO
NOCDURNA (MEN)	3	PA; MO; QL (30 per 30 days)	STRIANT	3	PA; MO; QL (60 per 30 days)
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)	SYNAREL	2	MO
NOCTIVA	3	PA; MO; QL (3.8 per 30 days)	TESTIM	3	PA; MO; QL (300 per 30 days)
ORILISSA	2	MO	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>oxandrolone oral tablet 10 mg</i>	2	PA; MO	<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO	<i>testosterone enanthate</i>	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; LA; QL (15 per 30 days)	<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	PA; MO; LA; QL (4 per 30 days)			
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; MO; LA; QL (60 per 30 days)			
<i>paricalcitol oral</i>	1	MO			
RAYALDEE	2	MO			

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TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; MO; QL (300 per 30 days)	ZAVESCA	2	MO; LA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)	ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
<b>THYROID HORMONES</b>					
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)	CYTOMEL	3	MO
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)	LEVO-T	3	
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)	<i>levothyroxine oral</i>	1	MO
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)	<i>levoxyl oral tablet</i> <i>100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)	<i>liothyronine oral</i>	3	MO
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; MO; QL (300 per 30 days)	SYNTHROID	3	MO
XYOSTED	3	PA; MO; QL (2 per 28 days)	THYROLAR-1	3	MO
			THYROLAR-1/2	3	MO
			THYROLAR-1/4	3	MO
			THYROLAR-2	3	MO
			THYROLAR-3	3	MO
			TIROSINT	3	MO
			TIROSINT-SOL	3	MO
			<i>unithroid oral tablet</i> <i>100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
			<b>GASTROENTEROLOGY</b>		
			<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
			CUVPOSA	3	MO

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<i>dicyclomine oral capsule</i>	1	MO	<i>balsalazide</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO	BONJESTA	3	MO
<i>dicyclomine oral tablet</i>	1	MO	<i>budesonide oral capsule,delayed,extended.release</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO	<i>budesonide oral tablet,delayed and ext.release</i>	2	MO
<i>glycopyrrrolate oral tablet 1 mg, 2 mg</i>	1	MO	CANASA	3	MO
LOMOTIL	3	MO	CESAMET	2	PA; MO
<i>loperamide oral capsule</i>	1	MO	CHENODAL	2	PA; LA
<i>methscopolamine</i>	1	MO	CHOLBAM ORAL CAPSULE 250 MG	2	PA; MO
MOTOFEN	3	MO	CHOLBAM ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
MYTESI	3	MO	CIMZIA	2	PA; MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>					
ACTIGALL	3	MO	CIMZIA POWDER FOR RECONST	2	PA; MO
AKYNZEQ (FOSNETUPITANT )	3	MO	CLENPIQ	3	MO
alosetron	2	MO	COLAZAL	2	MO
AMITIZA	3	ST; MO	<i>cocolcort</i>	1	MO
ANUSOL-HC TOPICAL	3	MO	COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	MO
<i>aprepitant</i>	1	PA; MO	compro	1	MO
APRISO	3	MO	<i>constulose</i>	1	MO
ASACOL HD	3	MO	CORTIFOAM	2	MO
AZULFIDINE	3	MO	CREON	2	MO
AZULFIDINE EN-TABS	3	MO	<i>cromolyn oral</i>	1	MO
			CYSTADANE	2	

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DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO	INFLECTRA	2	PA; MO
DICLEGIS	3	MO	KRISTALOSE	3	MO
DIPENTUM	2	MO	<i>lactulose oral packet</i>	1	
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO	<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
dronabinol	1	PA; MO	LIALDA	3	MO
EMEND ORAL CAPSULE	3	PA; MO	LINZESS	3	ST; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO	LOTRONEX	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	PA; MO	MARINOL ORAL CAPSULE 10 MG, 5 MG	2	PA; MO
ENTOCORT EC	2	MO	MARINOL ORAL CAPSULE 2.5 MG	3	PA; MO
<i>enulose</i>	1	MO	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
GASTROCROM	3	MO	<i>mesalamine</i>	1	MO
GATTEX 30-VIAL	2	PA; MO	<i>metoclopramide hcl oral</i>	1	MO
<i>gavilyte-c</i>	1	MO	MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	MO
<i>gavilyte-g</i>	1	MO	MOTEGRITY	3	ST; MO
<i>gavilyte-n</i>	1	MO	MOVANTIK	2	MO
<i>generlac</i>	1	MO	MOVIPREP	3	MO
GOLYTELY	3	MO	NULYTELY WITH FLAVOR PACKS	3	MO
<i>gransetron hcl oral</i>	1	PA; MO	OCALIVA	2	PA; MO; LA; QL (30 per 30 days)
<i>hydrocortisone rectal</i>	1	MO	<i>ondansetron</i>	1	PA; MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO			

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<i>ondansetron hcl oral solution</i>	1	PA; MO	PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT	2	ST; MO
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA	PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 4,000-14,375-15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO	PLENVU	3	MO
OSMOPREP	3	MO	PREPOPIK	3	MO
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600- 6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	3	ST; MO	<i>prochlorperazine</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO	<i>prochlorperazine maleate oral</i>	1	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	1		<i>procto-med hc</i>	1	MO
<i>peg-electrolyte</i>	1		<i>procto-pak</i>	1	MO
PENTASA	2	MO	<i>proctosol hc topical</i>	1	MO
			<i>proctozone-hc</i>	1	MO
			RECTIV	2	MO
			REGLAN ORAL	3	MO
			RELISTOR ORAL	2	MO
			RELISTOR SUBCUTANEOUS SOLUTION	2	MO
			RELISTOR SUBCUTANEOUS SYRINGE	2	MO
			REMICADE	2	PA; MO
			ROWASA RECTAL ENEMA KIT	3	MO

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SANCUSO	2	MO	ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO
<i>scopolamine base</i>	1	MO			
SUCRAID	2	PA; MO			
<i>sulfasalazine</i>	1	MO			
SUPREP BOWEL PREP KIT	2	MO			
SYMPROIC	2	MO			
SYNDROS	2	PA; MO			
TRANSDERM-SCOP	3	MO			
<i>trilyte with flavor packets</i>	1	MO			
TRULANCE	2	MO			
UCERIS ORAL	2	MO	ZOFRAN ORAL TABLET 8 MG	3	PA; MO
UCERIS RECTAL	3	MO	ZUPLENZ	3	PA; MO
URSO 250	3	MO	<b>ULCER THERAPY</b>		
URSO FORTE	3	MO	ACIPHEX	3	MO
<i>ursodiol</i>	1	MO	<i>amoxicil- clarithromy- lansopraz</i>	1	MO; QL (112 per 30 days)
VARUBI INTRAVENOUS	2		CARAFATE	3	MO
VARUBI ORAL	2	PA; MO	<i>cimetidine</i>	1	MO
VIBERZI	2	MO	<i>cimetidine hcl oral</i>	1	MO
VIOKACE	2	MO	CYTOTEC	3	MO
			DEXILANT ORAL CAPSULE,BIPHASIC DELAYED RELEASE 30 MG	3	MO; QL (30 per 30 days)

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DEXILANT ORAL CAPSULE,BIPHASIC DELAYED RELEASE 60 MG	3	MO	NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)	NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO	NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	MO	NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
<i>famotidine oral suspension</i>	1	MO	nizatidine	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO	OMECLAMOX-PAK	3	MO; QL (80 per 28 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)	<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO	<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	MO; QL (30 per 30 days)	<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	MO	<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	MO
<i>misoprostol</i>	1	MO			

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omeprazole-sodium bicarbonate oral packet 20-1,680 mg	2	MO; QL (30 per 30 days)	PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	MO
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	2	MO	PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)	PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO	PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 40 MG	3	MO
PEPCID ORAL TABLET	3	MO	PYLERA	3	MO
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)	rabeprazole oral tablet,delayed release (dr/ec)	1	MO
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 30 MG	3	MO	ranitidine hcl oral capsule	1	MO
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)	ranitidine hcl oral syrup	1	MO
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 30 MG	3	MO	ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
			sucralfate oral tablet	1	MO
			ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	2	MO; QL (30 per 30 days)
			ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	2	MO
			ZEGERID ORAL PACKET 20-1,680 MG	2	MO; QL (30 per 30 days)

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ZEGERID ORAL PACKET 40-1,680 MG	2	MO	ARCALYST	2	PA; MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>			AVONEX (WITH ALBUMIN)	2	PA; MO; QL (4 per 28 days)
<b>BIOTECHNOLOGY DRUGS</b>			AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
ACTIMMUNE	2	PA; MO	AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	2	PA; MO	BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO	EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA; MO	EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	2	PA; MO	EXTAVIA SUBCUTANEOUS KIT	2	PA; MO; QL (15 per 28 days)
			FULPHILA	2	PA; MO
			GENOTROPIN	2	PA; MO
			GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO

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GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; MO	PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	MO; QL (2 per 28 days)
GRANIX	2	PA; MO	PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
HUMATROPE	2	PA; MO	PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
INTRON A INJECTION	2	PA; MO	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
LEUKINE INJECTION RECON SOLN	2	PA; MO	PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
NEULASTA SUBCUTANEOUS SYRINGE	2	PA; MO	PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
NEUPOGEN	2	PA; MO	PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
NIVESTYM INJECTION	2	PA	PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
NIVESTYM SUBCUTANEOUS	2	PA; MO			
NORDITROPIN FLEXPRO	2	PA; MO			
NUTROPIN AQ NUSPIN	2	PA; MO			
OMNITROPE	2	PA; MO			

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REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)	<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)	ACTHIB (PF)	2	MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)	ADACEL(TDAP ADOLESN/ADULT )(PF)	2	MO
REBIF TITRATION PACK	2	PA; MO; QL (4.2 per 180 days)	BCG VACCINE, LIVE (PF)	2	MO
RETACRIT	2	PA; MO	BEXSERO	2	MO
SAIZEN	2	PA; MO	BIVIGAM	2	PA; MO
SAIZEN SAIZENPREP	2	PA; MO	BOOSTRIX TDAP	2	MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; MO	DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
SYLATRON	2	MO	ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
UDENYCA	2	PA; MO	ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ZARXIO	2	PA; MO	FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	2	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	2	PA; MO	GAMMAGARD LIQUID	2	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO	GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PA; MO
ZORBTIVE	2	PA; MO	GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; MO
			GAMMAPLEX	2	PA; MO

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GAMMAPLEX (WITH SORBITOL)	2	PA; MO	MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; MO	MENVEO A-C-Y- W-135-DIP (PF)	2	MO
GARDASIL 9 (PF)	2	MO	M-M-R II (PF)	2	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO	OCTAGAM	2	PA; MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	MO	ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2		PANZYGA INTRAVENOUS SOLUTION 10 %	2	PA; MO
HIBERIX (PF)	2	MO	PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	2	PA
IMOVAX RABIES VACCINE (PF)	2	MO	PEDIARIX (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO	PEDVAX HIB (PF)	2	MO
IPOL	2	MO	PRIVIGEN	2	PA; MO
IXIARO (PF)	2	MO	PROQUAD (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2		QUADRACEL (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO	RABAVERT (PF)	2	MO
			RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO

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RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO	YF-VAX (PF)	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA	ZOSTAVAX (PF)	2	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>					
<b>GOUT THERAPY</b>					
			<i>allopurinol</i>	1	MO
			COLCHICINE	3	ST; MO
			COLCRYS	2	MO
			MITIGARE	2	MO
			<i>probenecid</i>	1	MO
			<i>probenecid-colchicine</i>	1	MO
			ULORIC	2	ST; MO
			ZYLOPRIM	3	MO
<b>OSTEOPOROSIS THERAPY</b>					
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO	ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
TRUMENBA	2	MO	ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO	ACTONEL ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
TYPHIM VI INTRAMUSCULAR SOLUTION	2		<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO	<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
VAQTA (PF)	2	MO	<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
VARIVAX (PF)	2	MO	ATELVIA	3	ST; MO; QL (4 per 28 days)
VARIZIG INTRAMUSCULAR SOLUTION	2	MO	BINOSTO	3	ST; MO; QL (4 per 28 days)

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BONIVA ORAL	3	ST; MO; QL (1 per 30 days)	ACTEMRA	2	PA; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	2	PA; MO; QL (2.34 per 30 days)	ARAVA	2	MO; QL (30 per 30 days)
EVISTA	3	MO	BENLYSTA SUBCUTANEOUS	2	PA; MO
FORTEO	2	PA; MO; QL (2.4 per 28 days)	CUPRIMINE	2	MO
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)	DEPEN TITRATABS	2	MO
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)	ENBREL MINI	2	PA; MO; QL (8 per 28 days)
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)	ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (16 per 28 days)
PROLIA	2	PA; MO	ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days)
<i>raloxifene</i>	1	MO	ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	2	PA; MO; QL (6 per 180 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)	HUMIRA PEN	2	PA; MO; QL (4 per 28 days)
<i>risedronate oral tablet,delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)	HUMIRA PEN CROHNS-UC-HS START	2	PA; MO; QL (6 per 180 days)
TYMLOS	2	PA; MO; QL (1.56 per 30 days)			
<b>OTHER RHEUMATOLOGICALS</b>					
ACTEMRA	2	PA; MO			

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HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; MO; QL (4 per 180 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)	KEVZARA	2	PA; MO; QL (2.28 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)	KINERET	2	PA; MO
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; MO; QL (2 per 180 days)	<i>leflunomide</i>	1	MO; QL (30 per 30 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days)	OLUMIANT	2	PA; MO; QL (30 per 30 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days)	ORENCIA	2	PA; MO
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)	ORENCIA (WITH MALTOSE)	2	PA; MO
			ORENCIA CLICKJECT	2	PA; MO
			OTEZLA	2	PA; MO
			OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	2	PA; MO
			OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG(19)	2	PA

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OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	MO	<b>ESTROGENS / PROGESTINS</b>		
<i>penicillamine</i>	2	MO	ACTIVELLA ORAL TABLET 1- 0.5 MG	3	PA; MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	MO	ALORA	3	PA; MO; QL (8 per 28 days)
RIDAURA	2	MO	<i>amabelz</i>	1	PA; MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)	ANGELIQ	3	PA; MO
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)	AYGESTIN	3	MO
SIMPONI	2	PA; MO	BIJUVA	3	PA; MO
XELJANZ	2	PA; MO; QL (60 per 30 days)	<i>camila</i>	1	MO
XELJANZ XR	2	PA; MO; QL (30 per 30 days)	CLIMARA	3	PA; MO; QL (4 per 28 days)
			CLIMARA PRO	3	PA; MO
			COMBIPATCH	3	PA; MO
			CRINONE VAGINAL GEL 4 %	3	MO
			CRINONE VAGINAL GEL 8 %	3	PA; MO
			<i>deblitane</i>	1	MO
			DELESTROGEN	3	MO
			DEPO-ESTRADIOL	3	MO
			DEPO-PROVERA INTRAMUSCULA R SUSPENSION 150 MG/ML	3	MO
			DEPO-PROVERA INTRAMUSCULA R SUSPENSION 400 MG/ML	2	MO
			DEPO-SUBQ PROVERA 104	3	MO

## OBSTETRICS / GYNECOLOGY

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DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)	IMVEXXY MAINTENANCE PACK	3	MO
<i>dotti</i>	1	PA; QL (8 per 28 days)	IMVEXXY STARTER PACK	3	MO
DUAVEE	2	MO	<i>incassia</i>	1	MO
ELESTRIN	3	PA; MO	<i>jinteli</i>	1	PA; MO
<i>errin</i>	1	MO	<i>jolivette</i>	1	MO
ESTRACE ORAL	3	PA; MO	<i>lopreeza oral tablet 1-0.5 mg</i>	1	PA; MO
ESTRACE VAGINAL	3	MO	<i>lyza</i>	1	MO
<i>estradiol oral</i>	1	PA; MO	<i>medroxyprogesterone acetate</i>	1	MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)	MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)	MENOSTAR	3	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO	<i>mimvey</i>	1	PA; MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO	<i>mimvey lo</i>	1	PA; MO
<i>estradiol-norethindrone acetate</i>	1	PA; MO	MINIVELLE	3	PA; MO; QL (8 per 28 days)
ESTRING	2	MO	<i>nora-be</i>	1	MO
EVAMIST	3	PA; MO; QL (16.2 per 30 days)	<i>norethindrone (contraceptive)</i>	1	MO
FEMHRT LOW DOSE	3	PA; MO	<i>norethindrone acetate</i>	1	MO
FEMRING	3	MO	<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO	<i>norlyroc</i>	1	
			ORTHO MICRONOR	3	MO

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PREFEST	3	PA; MO	METROGEL VAGINAL	3	MO
PREMARIN ORAL	2	MO	<i>metronidazole vaginal</i>	1	MO
PREMARIN VAGINAL	2	MO	<i>miconazole-3 vaginal suppository</i>	1	MO
PREMPHASE	3	PA; MO	NUVARING	3	MO
PREMPRO	3	PA; MO	OSPHENA	3	MO
<i>progesterone micronized</i>	1	MO	<i>terconazole</i>	1	MO
PROMETRIUM	3	MO	<i>tranexamic acid oral</i>	1	MO
PROVERA	3	MO	<i>vandazole</i>	1	MO
<i>sharobel</i>	1	MO	<i>xulane</i>	1	MO
VAGIFEM	3	MO	<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)	<i>altavera (28)</i>	1	MO
<i>yuvafem</i>	1	MO	<i>alyacen 1/35 (28)</i>	1	MO
<b>MISCELLANEOUS OB/GYN</b>			<i>amethia</i>	1	MO
AVC	3	MO	<i>amethia lo</i>	1	MO
CLEOCIN VAGINAL CREAM	3	MO	<i>apri</i>	1	MO
CLEOCIN VAGINAL SUPPOSITORY	2	MO	<i>aranelle (28)</i>	1	MO
<i>clindamycin phosphate vaginal</i>	1	MO	<i>ashlyna</i>	1	MO
CLINDESSE	3	MO	<i>aubra</i>	1	MO
GYNAZOLE-1	3	MO	<i>aviane</i>	1	MO
INTRAROSA	3	MO	<i>balziva (28)</i>	1	MO
LUPANETA PACK (1 MONTH)	2	PA; MO	<i>BEYAZ</i>	3	MO
LUPANETA PACK (3 MONTH)	2	PA; MO	<i>blisovi 24 fe</i>	1	MO
LYSTEDA	3	MO	<i>blisovi fe 1.5/30 (28)</i>	1	MO
			<i>brielllyn</i>	1	MO
			<i>camrese lo</i>	1	MO
			<i>caziant (28)</i>	1	MO

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cryselle (28)	1	MO	juleber	1	MO
cyclafem 1/35 (28)	1	MO	junel 1.5/30 (21)	1	MO
cyclafem 7/7/7 (28)	1	MO	junel 1/20 (21)	1	MO
cyred	1	MO	junel fe 1.5/30 (28)	1	MO
delyla (28)	1		junel fe 1/20 (28)	1	MO
desog-e.estriadiol/e.estriadiol	1	MO	junel fe 24	1	MO
desogestrel-ethinylestradiol	1	MO	kaitlib fe	1	MO
drospirenone-e.estriadiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	MO	kariva (28)	1	MO
drospirenone-ethinylestradiol	1	MO	kelnor 1/35 (28)	1	MO
emoquette	1	MO	kelnor 1-50	1	MO
enpresse	1	MO	kurvelo (28)	1	MO
enskyce	1	MO	l norgest/e.estriadiol-e.estrad	1	MO
estarrylla	1	MO	larin 1.5/30 (21)	1	MO
ethynodiol diac-eth estradiol	1		larin 1/20 (21)	1	MO
falmina (28)	1	MO	larin fe 1.5/30 (28)	1	MO
fayosim	1	MO	larin fe 1/20 (28)	1	MO
femynor	1	MO	larissia	1	MO
GENERESS FE	3	MO	layolis fe	1	MO
gianvi (28)	1	MO	leena 28	1	MO
hailey 24 fe	1	MO	lessina	1	MO
introvale	1	MO	levonest (28)	1	MO
isibloom	1	MO	levonorgestrel-ethinyl estrad	1	MO
jasmiel (28)	1		levonorg-eth estrad triphasic	1	MO
			levora-28	1	MO
			LO LOESTRIN FE	3	MO
			LOESTRIN 1.5/30 (21)	3	MO

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LOESTRIN 1/20 (21)	3	MO	<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO	<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	1	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO	<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>loryna (28)</i>	1	MO	<i>nortrel 0.5/35 (28)</i>	1	MO
LOSEASONIQUE	3	MO	<i>nortrel 1/35 (21)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO	<i>nortrel 1/35 (28)</i>	1	MO
<i>lutera (28)</i>	1	MO	<i>nortrel 7/7/7 (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO	<i>ocella</i>	1	MO
<i>melodetta 24 fe</i>	1	MO	<i>orsythia</i>	1	MO
<i>mibelas 24 fe</i>	1	MO	ORTHO TRI-CYCLEN LO (28)	3	MO
<i>microgestin 1.5/30 (21)</i>	1	MO	ORTHO-NOVUM 1/35 (28)	3	MO
<i>microgestin 1/20 (21)</i>	1	MO	ORTHO-NOVUM 7/7/7 (28)	3	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO	<i>pimtrea (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO	<i>pirmella oral tablet 1-35 mg-mcg</i>	1	MO
<i>milu</i>	1	MO	<i>portia 28</i>	1	MO
MINASTRIN 24 FE	3	MO	<i>previfem</i>	1	MO
NATAZIA	3	MO	QUARTETTE	3	MO
<i>necon 0.5/35 (28)</i>	1	MO	<i>reclipsen (28)</i>	1	MO
<i>nikki (28)</i>	1	MO	<i>rivelsa</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	MO	SAFYRAL	3	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO	SEASONIQUE	3	MO
			<i>setlakin</i>	1	MO

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sprintec (28)	1	MO	bacitracin ophthalmic (eye)	1	MO
sronyx	1	MO	bacitracin-polymyxin b ophthalmic (eye)	1	MO
syeda	1	MO	BESIVANCE	2	MO
tarina 24 fe	1		CILOXAN	3	MO
tarina fe 1/20 (28)	1	MO	ciprofloxacin hcl ophthalmic (eye)	1	MO
tri-estarrylla	1	MO	erythromycin ophthalmic (eye)	1	MO
tri-legest fe	1	MO	gatifloxacin	1	MO
tri-lo-estarrylla	1	MO	gentak ophthalmic (eye) ointment	1	MO
tri-lo-sprintec	1	MO	gentamicin ophthalmic (eye) drops	1	MO
tri-mili	1	MO	levofloxacin ophthalmic (eye)	1	MO
tri-previfem (28)	1	MO	MOXEZA	3	MO
tri-sprintec (28)	1	MO	moxifloxacin ophthalmic (eye)	1	MO
trivora (28)	1	MO	NATACYN	2	MO
tri-vylibra	1	MO	neomycin-bacitracin-polymyxin	1	MO
tri-vylibra lo	1	MO	neomycin-polymyxin-gramicidin	1	MO
tydemy	1	MO	OCUFLOX	3	MO
velivet triphasic regimen (28)	1	MO	ofloxacin ophthalmic (eye)	1	MO
vienna	1	MO	polymyxin b sulf-trimethoprim	1	MO
vyfemla (28)	1	MO			
vylibra	1	MO			
wymzya fe	1	MO			
YASMIN (28)	3	MO			
YAZ (28)	3	MO			
zarah	1	MO			
zovia 1/35e (28)	1	MO			
<b>OPHTHALMOLOGY</b>					
<b>ANTIBIOTICS</b>					
AZASITE	2	MO			

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POLYTRIM	3	MO	BEPREVE	3	MO
<i>tobramycin</i>	1	MO	BLEPH-10	3	MO
TOBREX	3	MO	BLEPHAMIDE	3	MO
VIGAMOX	3	MO	BLEPHAMIDE S.O.P.	3	MO
ZYMAXID	3	MO	CEQUA	3	MO; QL (60 per 30 days)
<b>ANTIVIRALS</b>			<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>trifluridine</i>	1	MO	CYSTARAN	2	PA; MO
ZIRGAN	3	MO	<i>epinastine</i>	1	MO
<b>BETA-BLOCKERS</b>			ISOPTO CARPINE	3	MO
<i>betaxolol ophthalmic (eye)</i>	1	MO	LACRISERT	3	MO
BETIMOL	3	MO	LASTACAFT	3	MO
BETOPTIC S	3	MO	<i>olopatadine ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO	OXERVATE	2	PA; MO
ISTALOL	3	MO	PATADAY	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO	PATANOL	3	MO
<i>timolol maleate ophthalmic (eye)</i>	1	MO	PAZEO	2	MO
TIMOPTIC OCUDOSE (PF)	3	MO	PHOSPHOLINE IODIDE	2	MO
TIMOPTIC-XE	3	MO	<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>			RESTASIS	2	MO; QL (60 per 30 days)
ALOCRIL	3	MO	RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
ALOMIDE	3	MO	<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>atropine ophthalmic (eye) drops</i>	1	MO			
<i>azelastine ophthalmic (eye)</i>	1	MO			

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<i>sulfacetamide-prednisolone</i>	1	MO	<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO	
XIIDRA	3	MO; QL (60 per 30 days)	<i>latanoprost</i>	1	MO	
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>						
ACULAR	3	MO	LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO	
ACULAR LS	3	MO	RHOPRESSA	2	MO	
ACUVAIL (PF)	3	MO	ROCKLATAN	3	MO	
<i>bromfenac</i>	1	MO	SIMBRINZA	3	MO	
BROMSITE	2	MO	TRAVATAN Z	2	MO	
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO	TRUSOPT	3	MO	
<i>flurbiprofen sodium</i>	1	MO	VYZULTA	3	MO	
ILEVRO	2	MO	XALATAN	3	ST; MO	
<i>ketorolac ophthalmic (eye)</i>	1	MO	XELPROS	3	ST; MO	
NEVANAC	3	MO	ZIOPTAN (PF)	3	ST; MO	
PROLENSA	2	MO	<b>STEROID-ANTIBIOTIC COMBINATIONS</b>			
<b>ORAL DRUGS FOR GLAUCOMA</b>						
<i>acetazolamide</i>	1	MO	MAXITROL	3	MO	
<i>methazolamide</i>	1	MO	<i>neomycin-bacitracin-poly-hc</i>	1	MO	
<b>OTHER GLAUCOMA DRUGS</b>						
AZOPT	3	MO	<i>neomycin-polymyxin b-dexameth</i>	1	MO	
<i>bimatoprost ophthalmic (eye)</i>	1	MO	<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO	
COMBIGAN	2	MO	PRED-G	3	MO	
COSOPT	3	MO	PRED-G S.O.P.	3	MO	
COSOPT (PF)	3	MO	TOBRADEX	3	MO	
<i>dorzolamide</i>	1	MO	TOBRADEX ST	3	MO	
<i>dorzolamide-timolol</i>	1	MO				

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<i>tobramycin-dexamethasone</i>	1	MO	<i>prednisolone acetate</i>	1	MO
ZYLET	2	MO	<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
<b>STEROIDS</b>					
ALREX	3	MO	<b>SYMPATHOMIMETICS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
DUREZOL	3	MO	ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
FLAREX	3	MO	<i>apraclonidine</i>	1	MO
<i>fluorometholone</i>	1	MO	<i>brimonidine</i>	1	MO
FML FORTE	3	MO	IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
FML LIQUIFILM	3	MO	<b>RESPIRATORY AND ALLERGY</b>		
FML S.O.P.	3	MO	<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
INVELTYS	3	MO	AUVI-Q	2	ST; MO; QL (2 per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	MO	<i>cetirizine oral solution 1 mg/ml</i>	1	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO	CLARINEX ORAL SYRUP	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	MO	CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
LOTEMAX SM	2	MO	CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
<i>loteprednol etabonate</i>	1	MO	<i>desloratadine</i>	1	MO; QL (30 per 30 days)
MAXIDEX	3	MO			
OMNIPRED	3	MO			
PRED FORTE	3	MO			
PRED MILD	3	MO			

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EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	3	ST; MO; QL (2 per 30 days)	ADEMPAS	2	PA; MO; LA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (MANUFACTURE D BY MYLAN SPECIALTY)	2	MO; QL (2 per 30 days)	ADVAIR DISKUS	2	MO; QL (60 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)	ADVAIR HFA	2	MO; QL (12 per 30 days)
EPIPEN 2-PAK	2	MO; QL (2 per 30 days)	AIRDUO RESPICLICK	3	MO; QL (60 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (2 per 30 days)	ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	ST; MO; QL (17 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO	ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	3	ST; MO; QL (13.4 per 30 days)
<i>levocetirizine oral solution</i>	1	MO	ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; MO; QL (36 per 30 days)
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)	<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PA; MO
<i>promethazine oral</i>	1	PA; MO	<i>albuterol sulfate oral</i>	1	MO
SEMPREX-D	3	MO			
<b>PULMONARY AGENTS</b>					
ACCOLATE	3	MO			
<i>acetylcysteine</i>	1	PA; MO			
ADCIRCA	2	PA; MO; QL (60 per 30 days)			

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ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)	ATROVENT HFA	2	MO; QL (25.8 per 30 days)
<i>alyq</i>	2	PA; MO; QL (60 per 30 days)	BECONASE AQ	3	MO; QL (50 per 30 days)
<i>ambrisentan</i>	2	PA; MO; LA	BERINERT INTRAVENOUS KIT	2	PA; MO
ANORO ELLIPTA	2	MO; QL (60 per 30 days)	BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)	<i>bosentan</i>	2	PA; MO; LA
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)	BREO ELLIPTA	2	MO; QL (60 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)	BROVANA	3	PA; MO
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)	<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	PA; MO; QL (120 per 30 days)
			<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	PA; MO; QL (60 per 30 days)
			CINRYZE	2	PA; MO
			COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
			<i>cromolyn inhalation</i>	1	PA; MO

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DALIRESP ORAL TABLET 250 MCG	3	PA; MO; QL (30 per 30 days)	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
DALIRESP ORAL TABLET 500 MCG	3	PA; MO	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
DULERA	2	MO; QL (13 per 30 days)	<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)	<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
ESBRIET ORAL CAPSULE	2	PA; MO; QL (270 per 30 days)	FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (60 per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; MO; QL (270 per 30 days)	<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	ST; MO; QL (60 per 30 days)
ESBRIET ORAL TABLET 801 MG	2	PA; MO; QL (90 per 30 days)	HAEGARDA	2	PA; MO; LA
FASENRA	2	PA; MO	INCRUSE ELLIPTA	2	MO; QL (30 per 30 days)
FIRAZYR	2	PA; MO	<i>ipratropium bromide inhalation</i>	1	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)	<i>ipratropium-albuterol</i>	1	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)	KALYDECO ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)	KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)

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LETAIRIS	2	PA; MO; LA	PROVENTIL HFA	3	ST; MO; QL (13.4 per 30 days)
<i>levalbuterol hcl</i>	1	PA; MO	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
LONHALA MAGNAIR REFILL	2	MO; QL (60 per 30 days)	PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)
<i>metaproterenol</i>	1	MO	PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)	PULMOZYME	2	PA; MO
<i>montelukast</i>	1	MO	QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	MO; QL (4.9 per 30 days)
NASONEX	3	MO; QL (34 per 30 days)	QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
NUCALA	2	PA; MO; LA; QL (3 per 28 days)			
OFEV	2	PA; MO; QL (60 per 30 days)			
OMNARIS	3	MO; QL (12.5 per 30 days)			
OPSUMIT	2	PA; MO; LA			
ORKAMBI ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)			
ORKAMBI ORAL TABLET	2	PA; MO; QL (112 per 28 days)			
PERFOROMIST	2	PA; MO			
PROAIR HFA	2	MO; QL (17 per 30 days)			
PROAIR RESPICLICK	2	MO; QL (2 per 30 days)			

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QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)	SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)	SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	2	PA; MO; QL (224 per 30 days)	STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
REVATIO ORAL TABLET	2	PA; MO; QL (90 per 30 days)	STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
RUCONEST	2	PA; MO	SYMBICORT	2	MO; QL (10.2 per 30 days)
SEEBRI NEOHALER	3	ST; MO; QL (60 per 30 days)	SYMDEKO ORAL TABLETS, SEQUENTIAL 100- 150 MG (D)/ 150 MG (N)	2	PA; MO; QL (56 per 28 days)
SEREVENT DISKUS	2	MO; QL (60 per 30 days)	<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	2	PA; MO; QL (224 per 30 days)	TAKHZYRO	2	PA; MO; LA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)	<i>terbutaline oral</i>	1	MO
SINGULAIR	3	MO	THEO-24	2	MO
			<i>theophylline oral solution</i>	1	MO
			<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO
			<i>theophylline oral tablet extended release 24 hr</i>	1	MO
			TRACLEER	2	PA; MO; LA
			TRELEGY ELLIPTA	3	PA; MO; QL (60 per 30 days)

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TUDORZA PRESSAIR	3	ST; MO; QL (1 per 30 days)
UTIBRON NEOHALER	3	MO; QL (60 per 30 days)
VENTAVIS	2	PA; MO
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
wixela inhub	3	ST; MO; QL (60 per 30 days)
XHANCE	3	MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; LA; QL (4 per 28 days)
XOPENEX	2	PA; MO; LA; QL (1 per 28 days)
XOPENEX CONCENTRATE	3	PA; MO
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	2	PA; MO; QL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>zileuton</i>	2	MO
ZYFLO	2	MO
ZYFLO CR	2	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin</i>	1	MO
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	MO
ENABLEX	3	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
<i>oxybutynin chloride</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	2	MO
<i>trospium</i>	1	MO
VESICARE	3	MO

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<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	1	MO
AVODART	3	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO
PROSCAR	3	MO
RAPAFLO	3	ST; MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	3	ST; MO
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	2	PA; MO; LA
ELMIRON	2	MO
<i>potassium citrate</i>	1	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
URECHOLINE	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO

Drug Name	Drug Tier	Requirements /Limits
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate oral capsule</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>klor-con</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLYRA	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1		<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	MO	<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride</i>	1	MO	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1		<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1		<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	MO	<i>sodium chloride 3 %</i>	1	MO
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	1	MO	<i>sodium chloride 5 %</i>	1	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	1		<i>sodium lactate intravenous</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1		TPN	3	ELECTROLYTES
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>					
AMINOSYN II 10 %					
AMINOSYN II 15 %					
AMINOSYN-PF 10 %					

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA	ISOLYTE-P IN 5 % DEXTROSE	2	
CLINIMIX 5%/D15W SULFITE FREE	2	PA	ISOLYTE-S	2	
CLINIMIX 4.25%/D10W SULF FREE	2	PA	NEPHRAMINE 5.4 %	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA	NORMOSOL-M IN 5 % DEXTROSE	3	
CLINIMIX E 4.25%/D10W SUL FREE	3	PA	NORMOSOL-R PH 7.4	2	
CLINIMIX E 4.25%/D5W SULF FREE	3	PA	NUTRILIPID	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA	PLASMA-LYTE 148	2	
CLINIMIX E 5%/D20W SULFIT FREE	3	PA	PLASMA-LYTE A	2	
CLINISOL SF 15 %	3	PA; MO	<i>plenamine</i>	1	PA
FREAMINE HBC 6.9 %	3	PA	<i>premasol</i> 10 %	1	PA; MO
HEPATAMINE 8%	2	PA	PREMASOL 6 %	2	PA
<i>intralipid</i> <i>intravenous</i> <i>emulsion</i> 20 %	1	PA	PROCALAMINE 3%	3	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA	PROSOL 20 %	3	PA; MO
IONOSOL-MB IN D5W	2		<i>travasol</i> 10 %	1	PA; MO
			TROPHAMINE 10 %	2	PA; MO
			TROPHAMINE 6%	2	PA
			<b>VITAMINS / HEMATINICS</b>		
			<i>fluoride (sodium)</i> <i>oral tablet</i>	1	MO
			<i>prenatal vitamin</i> <i>oral tablet</i>	1	MO

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AMINOSYN-PF 10 %	104	aprepitant	75	ATRIPLA	2
AMINOSYN-PF 7 %		apri	90	atropine	94
(SULFITE-FREE)	105	APRISO	75	ATROVENT HFA	98
amiodarone	44	APTENSIO XR	35	AUBAGIO	26
AMITIZA	75	APTIOM	19	aubra	90
amitriptyline	35	APTIVUS	2	AUGMENTIN	10
amlodipine	45	ARALAST NP	61	AURYXIA	61
amlodipine-atorvastatin	50	aranelle (28)	90	AUSTEDO	26
amlodipine-benazepril	45	ARANESP (IN POLYSORBATE)	81	AUVI-Q	96
amlodipine-olmesartan	45	ARAVA	86	AVALIDE	45
amlodipine-valsartan	45	ARCALYST	81	AVANDIA	65
amlodipine-valsartan-hctiazid	45	ARCAPTA NEOHALER	98	AVAPRO	45
	45	ARICEPT	26	AVC	90
ammonium lactate	53	ARIKAYCE	7	AVEED	72
amnesteem	55	ARIMIDEX	14	AVELOX	11
amoxapine	35	aripiprazole	36	aviane	90
amoxicil-clarithromy-lansopraz	78	ARISTADA	36	avita	55
amoxicillin	10	ARISTADA INITIO	36	AVITA	55
amoxicillin-pot clavulanate	10	ARIIXTRA	49	AVODART	103
amphetamine sulfate	35	armodafinil	36	AVONEX	81
amphotericin b	1	ARNUITY ELLIPTA	98	AVONEX (WITH ALBUMIN)	81
ampicillin	10	AROMASIN	14	AVYCAZ	5
ampicillin sodium	10	ARTHROTEC 50	32	AYGESTIN	88
ampicillin-sulbactam	10	ARTHROTEC 75	32	AZACTAM	7
AMPYRA	26	ARYMO ER	28	AZASAN	14
ANADROL-50	72	ASACOL HD	75	AZASITE	93
ANAFRANIL	35	ashlyna	90	azathioprine	14
anagrelide	61	ASMANEX HFA	98	azelaic acid	55
anastrozole	14	ASMANEX TWISTHALER	98	azelastine	63, 94
ANCOBON	1	aspirin-dipyridamole	49	AZELEX	55
ANDRODERM	72	ASTAGRAF XL	14	AZILECT	23
ANDROGEL	72	ASTEPRO	63	azithromycin	6
ANGELIQ	88	ATACAND	45	AZOPT	95
ANORO ELLIPTA	98	ATACAND HCT	45	AZOR	45
ANTABUSE	61	atazanavir	2	aztreonam	7
ANTARA	50	ATELVIA	85	AZULFIDINE	75
ANUSOL-HC	75	atenolol	45	AZULFIDINE EN-TABS	75
apexicon e	58	atenolol-chlorthalidone	45	<b>B</b>	
APIDRA SOLOSTAR U-100		ATIVAN	36	bacitracin	93
INSULIN	65	atomoxetine	36	bacitracin-polymyxin b	93
APIDRA U-100 INSULIN	65	atorvastatin	50	baclofen	27
APLENZIN	35	atovaquone	7	BACLOFEN	27
APOKYN	23	atovaquone-proguanil	7	BACTRIM	12
apraclonidine	96	ATRALIN	55	BACTRIM DS	12

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BACTROBAN .....	57	BICILLIN L-A .....	10	buspirone .....	36
BACTROBAN NASAL.....	63	BIDIL .....	45	butorphanol tartrate .....	33
balsalazide .....	75	BIJUVA.....	88	BUTRANS .....	28
BALVERSA.....	14	BIKTARVY .....	2	BYDUREON .....	65
balziva (28).....	90	BILTRICIDE.....	7	BYDUREON BCISE.....	65
BANZEL .....	19	bimatoprost .....	95	BYETTA .....	65, 66
BARACLUE .....	2	BINOSTO.....	85	BYSTOLIC.....	45
BASAGLAR KWIKPEN U- 100 INSULIN.....	65	bisoprolol fumarate.....	45	C	
BAXDELA.....	11	bisoprolol-hydrochlorothiazide .....	45	cabergoline .....	72
BCG VACCINE, LIVE (PF)	83	BIVIGAM .....	83	CABLIVI .....	49
BECONASE AQ .....	98	BLEPH-10 .....	94	CABOMETYX .....	14
BELBUCA .....	28	BLEPHAMIDE .....	94	CADUET .....	50
BELSOMRA .....	36	BLEPHAMIDE S.O.P. ....	94	CAFERGOT .....	24
benazepril .....	45	blisovi 24 fe .....	90	CALAN .....	45
benazepril-hydrochlorothiazide .....	45	blisovi fe 1.5/30 (28) .....	90	CALAN SR .....	45
BENICAR .....	45	BONIVA .....	86	calcipotriene .....	53
BENICAR HCT .....	45	BONJESTA .....	75	calcipotriene-betamethasone	53
BENLYSTA .....	86	BOOSTRIX TDAP.....	83	calcitonin (salmon) .....	72
BENZA CLIN PUMP .....	55	bosentan.....	98	calcitriol .....	53, 72
BENZAMYCIN .....	55	BOSULIF .....	14	calcium acetate .....	103
BENZNIDAZOLE .....	7	BRAFTOVI .....	14	CALQUENCE .....	14
benztropine .....	23	BREO ELLIPTA .....	98	CAMBIA .....	33
BEPREVE .....	94	briellyn.....	90	camila .....	88
BERINERT .....	98	BRILINTA .....	49	camrese lo .....	90
beser .....	58	BRISDELLE .....	36	CANASA .....	75
BESIVANCE .....	93	BRIVIACT .....	20	CANCIDAS .....	1
betamethasone dipropionate	58	bromfenac .....	95	candesartan .....	45
betamethasone valerate .....	58	bromocriptine .....	23	candesartan-hydrochlorothiazid .....	45
betamethasone, augmented...	59	BROMSITE .....	95	CAPEX .....	59
BETAPACE AF .....	44	BROVANA .....	98	CAPRELSA .....	14
BETASERON .....	81	BRYHALI .....	59	captopril .....	45
betaxolol .....	45, 94	budesonide.....	75, 98	captopril-hydrochlorothiazide .....	45
bethanechol chloride .....	103	bumetanide .....	45	CARAC .....	53
BETHKIS .....	7	BUNAVAIL .....	32	CARAFATE .....	78
BETIMOL .....	94	BUPHENYL.....	61	CARBAGLU .....	61
BETOPTIC S .....	94	buprenorphine .....	28	carbamazepine .....	20
BEVESPI AEROSPHERE .....	98	BUPRENORPHINE .....	28	CARBATROL .....	20
BEVYXXA .....	49	buprenorphine hcl .....	28	carbidopa .....	23
bexarotene .....	14	buprenorphine-naloxone	32, 33	carbidopa-levodopa .....	23
BEXSERO .....	83	bupropion hcl .....	36	carbidopa-levodopa- entacapone .....	23
BEYAZ .....	90	BUPROPION HCL .....	36	CARDIZEM .....	45
bicalutamide .....	14	bupropion hcl (smoking deter) .....	63	CARDIZEM CD .....	45
BICILLIN C-R .....	10				

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CARDIZEM LA.....	45	CHANTIX CONTINUING MONTH BOX.....	63	CLIMARA.....	88
CARDURA .....	45	CHANTIX STARTING MONTH BOX.....	63	CLIMARA PRO.....	88
CARDURA XL.....	45	CHEMET.....	61	clindacin p .....	55
CARNITOR .....	61	CHENODAL .....	75	CLINDAGEL .....	55
CAROSPIR .....	45	chlorhexidine gluconate .....	63	clindamycin hcl .....	8
carteolol.....	94	chloroquine phosphate.....	7	clindamycin in 5 % dextrose ..	8
cartia xt.....	45	chlorothiazide .....	46	clindamycin pediatric .....	8
carvedilol.....	45	chlorpromazine.....	36	clindamycin phosphate .....	8, 55,
carvedilol phosphate.....	45	chlorthalidone .....	46	56, 90	
CASODEX .....	14	CHOLBAM .....	75	clindamycin-benzoyl peroxide .....	56
caspofungin .....	1	cholestyramine (with sugar) .....	50	clindamycin-tretinooin .....	56
CATAPRES .....	45	cholestyramine light .....	50	CLINDESSE.....	90
CATAPRES-TTS-1.....	45	CIALIS .....	103	CLINIMIX 5%/D15W SULFITE FREE .....	105
CATAPRES-TTS-2.....	46	ciclopirox.....	57	CLINIMIX 4.25%/D10W SULF FREE.....	105
CATAPRES-TTS-3.....	46	cilostazol.....	49	CLINIMIX 4.25%/D5W SULFIT FREE.....	61
CAYSTON .....	7	CILOXAN .....	93	CLINIMIX 5%- D20W(SULFITE-FREE).....	105
caziant (28).....	90	CIMDUO .....	2	CLINIMIX E 2.75%/D5W SULF FREE.....	61
cefaclor.....	5	cimetidine .....	78	CLINIMIX E 4.25%/D10W SUL FREE.....	105
cefadroxil.....	5	cimetidine hcl .....	78	CLINIMIX E 4.25%/D5W SULF FREE.....	105
cefazolin .....	5	CIMZIA .....	75	CLINIMIX E 5%/D15W SULFIT FREE.....	105
cefdinir .....	5	CIMZIA POWDER FOR RECONST .....	75	CLINIMIX E 5%/D20W SULFIT FREE.....	105
cefepime .....	5	cinacalcet .....	72	CLINISOL SF 15 % .....	105
cefixime .....	5	CINRYZE.....	98	clobazam.....	20
cefotetan .....	5	CIPRO .....	11	clobetasol .....	59
cefoxitin.....	5	CIPRO HC.....	64	clobetasol-emollient .....	59
cefpodoxime .....	5	CIPRODEX .....	64	CLOBEX .....	59
cefprozil .....	5	ciprofloxacin .....	12	clodan .....	59
ceftazidime .....	5	ciprofloxacin hcl.....	12, 63, 93	clomipramine .....	36
ceftriaxone .....	5	ciprofloxacin in 5 % dextrose .....	12	clonazepam .....	20
cefuroxime axetil .....	6	citalopram .....	36	clonidine .....	46
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CELEXA .....	36	clarithromycin .....	6	clotrimazole .....	1, 57
CELLCEPT .....	14	CLENPIQ .....	75	clotrimazole-betamethasone ..	57
CELONTIN .....	20	CLEOCIN .....	7, 90		
cephalexin.....	6	CLEOCIN HCL.....	7		
CEQUA .....	94	CLEOCIN IN 5 % DEXTROSE .....	7		
CERDELGA.....	72	CLEOCIN PEDIATRIC .....	8		
CESAMET .....	75	CLEOCIN T .....	55		
cetirizine .....	96				
CETRAXAL.....	63				
cevimeline .....	61				
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clozapine.....	36	COTEMPLA XR-ODT .....	37
CLOZAPINE.....	36	COUMADIN .....	49
CLOZARIL .....	36	COZAAR.....	46
COARTEM .....	8	CREON .....	75
codeine sulfate.....	28	CRESEMDBA .....	1
COLAZAL .....	75	CRESTOR .....	51
COLCHICINE.....	85	CRINONE .....	88
COLCRY'S .....	85	CRIXIVAN .....	2
colesevelam .....	50	cromolyn.....	75, 94, 98
COLESTID .....	50	cryselle (28).....	91
colestipol .....	50	CUBICIN.....	8
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colocort.....	75	CUTIVATE .....	59
COLYTE WITH FLAVOR PACKS .....	75	CUVPOSA .....	74
COMBIGAN .....	95	cyclafem 1/35 (28).....	91
COMBIPATCH.....	88	cyclafem 7/7/7 (28) .....	91
COMBIVENT RESPIMAT .	98	cyclobenzaprine.....	27
COMBIVIR.....	2	cyclophosphamide .....	14
COMETRIQ .....	14	CYCLOSET .....	66
COMPLERA .....	2	cyclosporine.....	15
compro.....	75	cyclosporine modified .....	14
COMTAN .....	23	CYMBALTA.....	37
CONCERTA .....	37	cyred .....	91
CONDYLOX .....	54	CYSTADANE .....	75
constulose.....	75	CYSTAGON .....	103
CONZIP .....	33	CYSTARAN .....	94
COPAXONE .....	26	CYTOMEL.....	74
COPIKTRA .....	14	CYTOTEC.....	78
CORDRAN TAPE LARGE ROLL .....	59	<b>D</b>	
COREG .....	46	d10 %-0.45 % sodium chloride .....	61
COREG CR .....	46	d2.5 %-0.45 % sodium	
CORGARD .....	46	chloride .....	61
CORLANOR.....	52	d5 % and 0.9 % sodium	
CORTEF .....	64	chloride .....	61
CORTIFOAM .....	75	d5 %-0.45 % sodium chloride .....	61
cortisone .....	64	DAKLINZA .....	2
CORTISPORIN.....	57	dalfampridine.....	26
COSENTYX (2 SYRINGES) .....	53	DALIRESP .....	99
COSENTYX PEN (2 PENS)	53	DALVANCE .....	8
COSOPT .....	95	danazol.....	72
COSOPT (PF) .....	95	DANTRIUM .....	27
COTELLIC.....	14	dantrolene .....	27
		dapsone .....	8, 56
		DAPTACEL (DTAP PEDIATRIC) (PF).....	83
		daptomycin .....	8
		DAPTONMYCIN .....	8
		DARAPRIM .....	8
		darifenacin .....	102
		DAURISMO .....	15
		DAYPRO .....	33
		DAYTRANA .....	37
		DDAVP .....	72
		deblitane .....	88
		deferasirox .....	61
		DELESTROGEN .....	88
		DELSTRIGO .....	2
		delyla (28).....	91
		DELZICOL.....	76
		demeclocycline .....	12
		DEM SER .....	46
		DENAVIR .....	58
		DEPAKOTE .....	20
		DEPAKOTE ER .....	20
		DEPAKOTE SPRINKLES ..	20
		DEPEN TITRATABS .....	86
		DEPO-ESTRADIOL .....	88
		DEPO-PROVERA .....	88
		DEPO-SUBQ PROVERA 104 .....	88
		DEPO-TESTOSTERONE ..	72
		DESCOVY .....	2
		desipramine .....	37
		desloratadine .....	96
		desmopressin .....	72
		desog-e.estradiol/e.estradiol	.91
		desogestrel-ethinyl estradiol	.91
		DESONATE .....	59
		desonide .....	59
		DESOWEN .....	59
		desoximetasone .....	59
		DESOXYN .....	37
		DESVENLAFAKINE .....	37
		desvenlafaxine succinate ..	.37
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dexamethasone sodium phosphate	96	DILANTIN INFATABS 50 MG	20	drospirenone-ethinyl estradiol	91
DEXEDRINE SPANSULE	37	DILANTIN-125 125 MG/5 ML	20	DROXIA	15
DEXILANT	78, 79	DILAUDID	28	DUAC	56
dexmethylphenidate	37	diltiazem hcl	46	DUAVEE	89
DEXPAK 13 DAY	64	dilt-xr	46	DUETACT	66
dextroamphetamine	37	DIOVAN	46	DUEXIS	33
dextroamphetamine-amphetamine	37	DIOVAN HCT	46	DULERA	99
dextrose 10 % and 0.2 % nacl	61	DIPENTUM	76	duloxetine	37
dextrose 10 % in water (d10w)	62	diphenoxylate-atropine	75	DUOBRII	59
dextrose 5 % in water (d5w)	62	DIPROLENE	59	DUOPA	23
dextrose 5%-0.2 % sod chloride	62	dipyridamole	49	DUPIXENT	54
dextrose 5%-0.3 % sod.chloride	62	disulfiram	62	DURAGESIC	28
dextrose with sodium chloride	62	DITROPAN XL	102	duramorph (pf)	28, 29
DIASTAT	20	DIURIL	46	DUREZOL	96
DIASTAT ACUDIAL	20	divalproex	20	dutasteride	103
diazepam	37	DIVIGEL	89	dutasteride-tamsulosin	103
DIBENZYLINE	46	dofetilide	44	DUTOPROL	46
DICLEGIS	76	DOLOPHINE	28	dvorah	29
DICLOFENAC EPOLAMINE	33	donepezil	26	DYANAVEL XR	37
diclofenac potassium	33	DOPTELET (10 TAB PACK)	49	DYAZIDE	46
diclofenac sodium	33, 54, 95	DOPTELET (15 TAB PACK)	49	DYMISTA	99
diclofenac-misoprostol	33	DORYX	12	DYRENIUM	46
dicloxacillin	10	DORYX MPC	12	E	
dicyclomine	75	dorzolamide	95	e.e.s. 400	6
didanosine	2	dorzolamide-timolol	95	E.E.S. GRANULES	6
DIFFERIN	56	dorzolamide-timolol (pf)	95	econazole	57
DIFCID	6	dotti	89	EDARBI	46
diflorasone	59	DOVATO	2	EDARBYCLOR	46
DIFLUCAN	1	DOVONEX	53	EDECRIN	46
diflunisal	33	doxazosin	46	EDURANT	2
digitek	52	doxepin	37, 54	efavirenz	2
digox	52	doxercalciferol	72	EFFEXOR XR	37
digoxin	52	doxy-100	12	EFFIENT	49
dihydroergotamine	24	doxycycline hyclate	12	EFUDEX	54
DILANTIN 30 MG	20	doxycycline monohydrate	12	ELESTRIN	89
DILANTIN EXTENDED 100 MG	20	doxylamine-pyridoxine (vit b6)	76	eletriptan	24
		dronabinol	76	ELIDEL	54
		drospirenone-e.estriadiol-lm.fa	91	ELIGARD	15
				ELIGARD (3 MONTH)	15
				ELIGARD (4 MONTH)	15
				ELIGARD (6 MONTH)	15
				ELIMITE	61
				ELIQUIS	49
				ELMIRON	103

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ELOCON	59	eplerenone	46	EUCRISA	54
EMBEDA	29	EPOGEN	81	EURAX	61
EMCYT	15	eprosartan	46	EVAMIST	89
EMEND	76	EPZICOM	2	EVEKEO	37
EMFLAZA	64	EQUETRO	20	EVENITY	86
EMGALITY PEN	24	ERAXIS(WATER DILUENT)	1	EVISTA	86
EMGALITY SYRINGE	24	ergoloid	37	EVOCLIN	56
emoquette	91	ergotamine-caffeine	24	EVOTAZ	2
EMSAM	37	ERIVEDGE	15	EVOXAC	62
EMTRIVA	2	ERLEADA	15	EVZIO	33
EMVERM	8	erlotinib	15	EXELDERM	57
ENABLEX	102	errin	89	EXELON	26
enalapril maleate	46	ERTACZO	57	exemestane	15
enalapril-hydrochlorothiazide	46	ertapenem	8	EXFORGE	46
ENBREL	86	ery pads	56	EXFORGE HCT	46
ENBREL MINI	86	erygel	56	EXJADE	62
ENBREL SURECLICK	86	ERYPED 200	6	EXTAVIA	81
ENDARI	62	ERYPED 400	6	EXTINA	57
endocet	29	ery-tab	6	EZALLOR SPRINKLE	51
ENGERIX-B (PF)	83	ERY-TAB	6	ezetimibe	51
ENGERIX-B PEDIATRIC (PF)	83	ERYTHROCIN	7	ezetimibe-simvastatin	51
enoxaparin	49	erythrocin (as stearate)	7	<b>F</b>	
enpresse	91	erythromycin	7, 93	FABIOR	56
enskyce	91	erythromycin ethylsuccinate	7	falmina (28)	91
ENSTILAR	53	erythromycin with ethanol	56	famciclovir	2
entacapone	23	erythromycin-benzoyl peroxide	56	famotidine	79
entecavir	2	ESBRIET	99	FANAPT	38
ENTOCORT EC	76	escitalopram oxalate	37	FARESTON	15
ENTRESTO	52	esomeprazole magnesium	79	FARXIGA	66
enulose	76	<b>ESOMEPRAZOLE</b>		FARYDAK	15
ENVARSUS XR	15	STRONTIUM	79	FASENRA	99
EPCLUSIA	2	estarrylla	91	fayosim	91
EPIDIOLEX	20	ESTRACE	89	FAZACLO	38
EPIDUO	56	estradiol	89	felbamate	20
EPIDUO FORTE	56	estradiol valerate	89	FELBATOL	20
epinastine	94	estradiol-norethindrone acet.	89	FELDENE	33
epinephrine	97	ESTRING	89	felodipine	46
EPINEPHRINE	97	eszopiclone	37	FEMARA	15
EPIPEN 2-PAK	97	ethacrynic acid	46	FEMHRT LOW DOSE	89
EPIPEN JR 2-PAK	97	ethambutol	8	FEMRING	89
epitol	20	ethosuximide	20	femynor	91
EPIVIR	2	ethynodiol diac-eth estradiol	91	fenofibrate	51
EPIVIR HBV	2	etodolac	33	FENOFIBRATE	51
				fenofibrate micronized	51
				fenofibrate nanocrystallized	.51

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fenofibric acid .....	51	fluoride (sodium) .....	105	G
fenofibric acid (choline).....	51	fluorometholone .....	96	gabapentin.....
FENOGLIDE .....	51	fluorouracil .....	54	GABITRIL .....
fenoprofen .....	33	FLUOROURACIL .....	54	GALAFOLD.....
FENOPROFEN .....	33	fluoxetine.....	38	galantamine.....
fentanyl.....	29	fluphenazine decanoate .....	38	GAMMAGARD LIQUID ..
fentanyl citrate.....	29	fluphenazine hcl .....	38	GAMMAGARD S-D (IGA < 1
FENTANYL CITRATE .....	29	flurandrenolide .....	60	MCG/ML).....
FENTORA .....	29	flurbiprofen.....	33	GAMMAKED .....
FERRIPROX .....	62	flurbiprofen sodium.....	95	GAMMAPLEX .....
FETZIMA .....	38	flutamide.....	15	GAMMAPLEX (WITH
FEXMID .....	27	fluticasone propionate .....	60, 99	SORBITOL) .....
FIASP FLEXTOUCH U-100 INSULIN .....	66	fluticasone propion-salmeterol	99	GAMUNEX-C.....
FIASP U-100 INSULIN.....	66	FLUTICASONE PROPION-	99	GARDASIL 9 (PF).....
FIBRICOR .....	51	SALMETEROL.....	99	GASTROCROM .....
FINACEA .....	56	fluvastatin .....	51	gatifloxacin .....
finasteride .....	103	fluvoxamine .....	38	GATTEX 30-VIAL .....
FIRAZYR.....	99	FML FORTE .....	96	GAUZE PAD.....
FIRDAPSE .....	26	FML LIQUIFILM .....	96	gavilyte-c .....
FIRMAGON KIT W DILUENT SYRINGE .....	15	FML S.O.P. .....	96	gavilyte-g .....
FIRVANQ .....	8	FOCALIN.....	38	gavilyte-n .....
flac otic oil.....	63	FOCALIN XR .....	38	GELNIQUE .....
FLAGYL .....	8	fondaparinux .....	49	gemfibrozil .....
FLAREX .....	96	FORFIVO XL.....	38	GENERESS FE .....
flavoxate .....	102	FORTAMET .....	66	generlac .....
FLEBOGAMMA DIF .....	83	FORTEO .....	86	gengraf .....
flecainide .....	44	FORTESTA.....	72	GENOTROPIN .....
FLECTOR .....	33	FOSAMAX .....	86	GENOTROPIN MINIQUICK
FLOLIPID .....	51	FOSAMAX PLUS D .....	86	.....
FLOMAX .....	103	fosamprenavir .....	2	81, 82
FLOVENT DISKUS .....	99	fosinopril .....	46	
FLOVENT HFA.....	99	fosinopril-hydrochlorothiazide	46	
fluconazole .....	1	FOSRENOL .....	62	
fluconazole in nacl (iso-osm) .1		FRAGMIN.....	49, 50	
flucytosine .....	1	FREAMINE HBC 6.9 % .....	105	
fludrocortisone .....	64	FROVA .....	24	
FLUMADINE .....	2	frovatriptan .....	24	
flunisolide .....	99	FULPHILA.....	81	
fluocinolone .....	59	FURADANTIN .....	13	
fluocinolone acetonide oil ....	63	furosemide .....	46	
fluocinolone and shower cap	59	FUZEON .....	2	
fluocinonide.....	59, 60	fyavolv .....	89	
fluocinonide-e.....	60	FYCOMPA.....	20	

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GLUCAGEN HYPOKIT .....	66
GLUCAGON EMERGENCY KIT (HUMAN) .....	66
GLUCOPHAGE.....	66
GLUCOPHAGE XR .....	67
GLUCOTROL.....	67
GLUCOTROL XL .....	67
GLUMETZA.....	67
glycopyrrolate.....	75
GLYSET .....	67
GLYXAMBI .....	67
GOCOVRI.....	23
GOLYTELY.....	76
GONITRO .....	52
GRALISE .....	21
GRALISE 30-DAY STARTER PACK .....	21
granisetron hcl.....	76
GRANIX .....	82
griseofulvin microsize .....	1
griseofulvin ultramicrosize.....	1
guanidine .....	38
GYNAZOLE-1.....	90
<b>H</b>	
HAEGARDA .....	99
hailey 24 fe .....	91
HALDOL .....	38
HALDOL DECANOATE .....	38
halobetasol propionate.....	60
HALOBETASOL PROPIONATE .....	60
HALOG .....	60
haloperidol.....	38
haloperidol decanoate .....	38
haloperidol lactate .....	38, 39
HARVONI .....	2
HAVRIX (PF) .....	84
heparin (porcine) .....	50
HEPATAMINE 8% .....	105
HEPSERA .....	2
HETLIOZ .....	39
HIBERIX (PF) .....	84
HIPREX .....	13
HORIZANT .....	26
HUMALOG JUNIOR KWIKPEN U-100 .....	67
HUMALOG KWIKPEN INSULIN .....	67
HUMALOG MIX 50-50 INSULN U-100 .....	67
HUMALOG MIX 50-50 KWIKPEN.....	67
HUMALOG MIX 75-25 KWIKPEN.....	67
HUMALOG MIX 75-25(U- 100)INSULN .....	67
HUMALOG U-100 INSULIN .....	67
HUMATROPE .....	82
HUMIRA .....	87
HUMIRA PEDIATRIC CROHNS START .....	86
HUMIRA PEN .....	86
HUMIRA PEN CROHNS-UC- HS START .....	86
HUMIRA PEN PSOR- UVEITS-ADOL HS .....	87
HUMIRA(CF) .....	87
HUMIRA(CF) PEDI CROHNS STARTER .....	87
HUMIRA(CF) PEN .....	87
HUMIRA(CF) PEN CROHNS-UC-HS .....	87
HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	87
HUMULIN 70/30 U-100 INSULIN .....	67
HUMULIN 70/30 U-100 KWIKPEN.....	67
HUMULIN N NPH INSULIN KWIKPEN.....	67
HUMULIN N NPH U-100 INSULIN .....	67
HUMULIN R REGULAR U- 100 INSULN .....	68
HUMULIN R U-500 (CONC) INSULIN .....	68
HUMULIN R U-500 (CONC) KWIKPEN.....	68
hydralazine .....	46
HYDREA .....	15
hydrochlorothiazide .....	47
hydrocodone-acetaminophen	29
hydrocodone-ibuprofen .....	29
hydrocortisone .....	60, 64, 76
hydrocortisone butyrate .....	60
hydrocortisone valerate .....	60
hydrocortisone-acetic acid....	63
hydrocortisone-pramoxine....	76
hydromorphone.....	29
hydromorphone (pf).....	29
hydroxychloroquine.....	8
hydroxyurea .....	15
hydroxyzine hcl .....	97
HYSINGLA ER.....	30
HYZAAR .....	47
<b>I</b>	
ibandronate .....	86
IBRANCE.....	15
ibu .....	33
ibuprofen.....	33
ibuprofen-oxycodone.....	30
ICLUSIG .....	15
IDHIFA.....	15
ILEVRO .....	95
ILUMYA .....	53
imatinib.....	16
IMBRUVICA .....	16
imipenem-cilastatin .....	8
imipramine hcl.....	39
imipramine pamoate .....	39
imiquimod.....	54
IMIQUIMOD .....	54
IMITREX .....	25
IMITREX STATDOSE PEN	25
IMITREX STATDOSE REFILL.....	25
IMOVAX RABIES VACCINE (PF) .....	84
IMPOYZ .....	60
IMURAN .....	16
IMVEXXY MAINTENANCE PACK .....	89

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IMVEXXY STARTER PACK .....	89	ISENTRESS HD .....	3	KALETRA .....	3
INBRIJA .....	24	isibloom .....	91	KALYDECO .....	99
incassia .....	89	ISOLYTE-P IN 5 %		KAPVAY .....	39
INCRELEX .....	62	DEXTROSE .....	105	kariva (28) .....	91
INCRUSE ELLIPTA .....	99	ISOLYTE-S .....	105	KAZANO .....	68
indapamide .....	47	isoniazid.....	8	kelnor 1/35 (28) .....	91
INDERAL LA .....	47	ISOPTO CARPINE .....	94	kelnor 1-50.....	91
INFANRIX (DTAP) (PF) .....	84	ISORDIL .....	52	KENALOG .....	60
INFLECTRA .....	76	ISORDIL TITRADOSE .....	52	KEPPRA .....	21
INGREZZA .....	26	isosorbide dinitrate .....	53	KEPPRA XR .....	21
INGREZZA INITIATION PACK .....	26	isosorbide mononitrate .....	53	KERYDIN .....	57
INLYTA .....	16	isotretinoin.....	56	ketoconazole .....	1, 57, 58
INNOPRAN XL.....	47	isradipine .....	47	ketoprofen.....	33
INSPRA.....	47	ISTALOL .....	94	ketorolac .....	95
INSULIN LISPRO .....	68	itraconazole .....	1	KEVEYIS .....	26
INSULIN PEN NEEDLE....	68	ivermectin.....	8	KEVZARA .....	87
INSULIN SYRINGE- NEEDLE U-100 .....	68	IXIARO (PF).....	84	KHEDEZLA .....	39
INTELENCE .....	2	<b>J</b>		KINERET .....	87
intralipid .....	105	JADENU .....	62	KINRIX (PF) .....	84
INTRALIPID .....	105	JADENU SPRINKLE .....	62	kionex (with sorbitol) .....	62
INTRAROSA .....	90	JAKAFI .....	16	KISQALI .....	16
INTRON A .....	82	JALYN .....	103	KISQALI FEMARA CO- PACK .....	16
introvale.....	91	jantoven .....	50	KITABIS PAK .....	8
INVANZ.....	8	JANUMET .....	68	KLARON .....	57
INVEGA.....	39	JANUMET XR.....	68	KLONOPIN.....	21
INVEGA SUSTENNA.....	39	JANUVIA.....	68	klor-con.....	103
INVEGA TRINZA .....	39	JARDIANC.....	68	klor-con 10.....	103
INVELTYS .....	96	jasmiel (28).....	91	klor-con 8.....	103
INVIRASE .....	2	JENTADUETO .....	68	klor-con m10 .....	103
INVOKAMET .....	68	JENTADUETO XR.....	68	klor-con m15 .....	103
INVOKAMET XR .....	68	jinteli.....	89	klor-con m20 .....	103
INVOKANA .....	68	jolivette.....	89	klor-con sprinkle.....	103
IONOSOL-MB IN D5W ...	105	JUBLIA .....	57	KOMBIGLYZE XR .....	68
IOPIDINE.....	96	juleber.....	91	KORLYM .....	72
IPOL .....	84	JULUCA.....	3	KRINTAFEL .....	8
ipratropium bromide.....	63, 99	junel 1.5/30 (21) .....	91	KRISTALOSE .....	76
ipratropium-albuterol .....	99	junel 1/20 (21) .....	91	k-tab .....	103
irbesartan .....	47	junel fe 1.5/30 (28) .....	91	K-TAB .....	103
irbesartan-hydrochlorothiazide .....	47	junel fe 1/20 (28) .....	91	kurvelo (28) .....	91
IRESSA .....	16	junel fe 24 .....	91	KUVAN .....	73
ISENTRESS .....	2	JUXTAPID .....	51	<b>L</b>	
		JYNARQUE .....	72	l norgest/e.estradiol-e.estrad.	91
		<b>K</b>		labetalol .....	47
		KADIAN .....	30	LACRISERT .....	94
		kaitlib fe.....	91		

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lactulose	76	leucovorin calcium	13	lisinopril-hydrochlorothiazide	47
LAMICTAL	21	LEUKERAN	16	lithium carbonate	39
LAMICTAL ODT	21	LEUKINE	82	lithium citrate	39
LAMICTAL STARTER (BLUE) KIT	21	leuprolide	16	LITHOBID	39
LAMICTAL STARTER (GREEN) KIT	21	levalbuterol hcl	100	LITHOSTAT	62
LAMICTAL STARTER (ORANGE) KIT	21	LEVALBUTEROL TARTRATE	100	LIVALO	51
LAMICTAL XR	21	LEVEMIR FLEXTOUCH U- 100 INSULN	68	LO LOESTRIN FE	91
LAMICTAL XR STARTER (BLUE)	21	LEVEMIR U-100 INSULIN	68	LOCOID	60
LAMICTAL XR STARTER (GREEN)	21	levetiracetam	22	LOCOID LIPOCREAM	60
LAMICTAL XR STARTER (ORANGE)	21	levobunolol	94	LODINE	33
lamivudine	3	levocarnitine	62	LODOSYN	24
lamivudine-zidovudine	3	levocarnitine (with sugar)	62	LOESTRIN 1.5/30 (21)	91
lamotrigine	21	levocetirizine	97	LOESTRIN 1/20 (21)	92
LANOXIN	52	levofloxacin	12, 93	LOESTRIN FE 1.5/30 (28- DAY)	92
lansoprazole	79	levofloxacin in d5w	12	LOESTRIN FE 1/20 (28-DAY)	92
lanthanum	62	levonest (28)	91	LOKELMA	62
LANTUS SOLOSTAR U-100 INSULIN	68	levonorgestrel-ethinyl estrad	91	LOMOTIL	75
LANTUS U-100 INSULIN	68	levonorg-eth estrad triphasic	91	LONHALA MAGNAIR REFILL	100
larin 1.5/30 (21)	91	levora-28	91	LONSURF	16
larin 1/20 (21)	91	levorphanol tartrate	30	loperamide	75
larin fe 1.5/30 (28)	91	LEVORPHANOL TARTRATE	30	LOPID	51
larin fe 1/20 (28)	91	LEVO-T	74	lopinavir-ritonavir	3
larissa	91	levothyroxine	74	lopreeza	89
LASIX	47	levoxyl	74	LOPRESSOR	47
LASTACRAFT	94	LEXAPRO	39	LOPRESSOR HCT	47
latanoprost	95	LEXETTE	60	LOPROX	58
LATUDA	39	LEXIVA	3	LOPROX (AS OLAMINE)	58
layolis fe	91	LIALDA	76	lorazepam	39
LAZANDA	30	lidocaine	54	LORBRENA	16
LEDIPASVIR-SOFOSBUVIR	3	lidocaine hcl	54	lorcet (hydrocodone)	30
leena 28	91	lidocaine viscous	54	lorcet hd	30
leflunomide	87	lidocaine-prilocaine	54	lorcet plus	30
LENVIMA	16	LIDODERM	54	loryna (28)	92
LESCOL XL	51	lindane	61	losartan	47
lessina	91	linezolid	8	losartan-hydrochlorothiazide	47
LETAIRIS	100	linezolid in dextrose 5%	8	LOSEASONIQUE	92
letrozole	16	LINZESS	76	LOTEMAX	96
		liothyronine	74	LOTEMAX SM	96
		LIPITOR	51	LOTENSIN	47
		LIPOFEN	51	loteprednol etabonate	96
		lisinopril	47	LOTREL	47

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LOTRISONE	58	MAVENCLAD (10 TABLET PACK)	26	meropenem	8
LOTRONEX	76	MAVENCLAD (4 TABLET PACK)	26	MERREM	9
lovastatin	51	MAVENCLAD (5 TABLET PACK)	26	mesalamine	76
LOVAZA	51	MAVENCLAD (6 TABLET PACK)	26	MESNEX	13
LOVENOX	50	MAVENCLAD (7 TABLET PACK)	26	MESTINON	27
low-ogestrel (28)	92	MAVENCLAD (8 TABLET PACK)	26	MESTINON TIMESPAN	27
loxapine succinate	39	MAVENCLAD (9 TABLET PACK)	27	metadate er	39
LUCEMYRA	33	MAVYRET	3	metaproterenol	100
LULICONAZOLE	58	MAXALT	25	metformin	68, 69
LUMIGAN	95	MAXALT-MLT	25	methadone	30
LUNESTA	39	MAXIDEX	96	methamphetamine	39
LUPANETA PACK (1 MONTH)	90	MAXIPIME	6	methazolamide	95
LUPANETA PACK (3 MONTH)	90	MAXITROL	95	methenamine hippurate	13
LUPRON DEPOT	16	MAXZIDE	47	methimazole	64
LUPRON DEPOT (3 MONTH)	16	MAXZIDE-25MG	47	METHITEST	73
LUPRON DEPOT (4 MONTH)	16	MAYZENT	27	methotrexate sodium	17
LUPRON DEPOT (6 MONTH)	16	meclizine	76	methotrexate sodium (pf)	17
lutera (28)	92	meclofenamate	33	methoxsalen	54
LUXIQ	60	MEDROL	64	methscopolamine	75
LUZU	58	MEDROL (PAK)	64	methyclothiazide	47
LYNPARZA	16	medroxyprogesterone	89	methyldopa	47
LYRICA	22	mefenamic acid	33	METHYLIN	39
LYRICA CR	22	mefloquine	8	methylphenidate hcl	40
LYSODREN	16	megestrol	16	METHYLPHENIDATE HCL	40
LYSTEDA	90	MEKINIST	16	methylprednisolone	64
lyza	89	MEKTOVI	16	methyltestosterone	73
<b>M</b>		melodetta 24 fe	92	metoclopramide hcl	76
MACROBID	13	meloxicam	33, 34	metolazone	47
MACRODANTIN	13	memantine	27	metoprolol succinate	47
mafенide acetate	57	MEMANTINE	27	metoprolol ta-hydrochlorothiaz	47
magnesium sulfate	103	MENACTRA (PF)	84	metoprolol tartrate	47
MALARONE	8	MENEST	89	METROCREAM	56
MALARONE PEDIATRIC	8	MENOSTAR	89	METROGEL	56
malathion	61	MENTAX	58	METROGEL VAGINAL	90
maprotiline	39	MENVEO A-C-Y-W-135-DIP (PF)	84	METROLOTION	56
MARINOL	76	MEPRON	8	metronidazole	9, 56, 90
marlissa (28)	92	mercaptopurine	17	metronidazole in nacl (iso-os)	9
MARPLAN	39			mexiletine	44
MATULANE	16			mibelas 24 fe	92
matzim la	47			MICARDIS	47
				MICARDIS HCT	47
				miconazole-3	90
				MICORT-HC	76

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microgestin 1.5/30 (21) .....	92	moxifloxacin.....	12, 93	NATPARA .....	73
microgestin 1/20 (21) .....	92	moxifloxacin-sod.chloride(iso)	.....	NATROBA .....	61
microgestin fe 1.5/30 (28) .....	92	MS CONTIN .....	31	NEBUPENT .....	9
microgestin fe 1/20 (28) .....	92	MULPLETA.....	50	necon 0.5/35 (28).....	92
midodrine .....	62	MULTAQ.....	44	NEEDLES, INSULIN	
migergot .....	25	mupirocin.....	57	DISP.,SAFETY .....	69
miglitol .....	69	mupirocin calcium.....	57	nefazodone .....	40
miglustat .....	73	MYALEPT .....	73	neomycin .....	9
MIGRANAL .....	25	MYAMBUTOL.....	9	neomycin-bacitracin-poly-hc	95
milu .....	92	MYCAMINE .....	1	neomycin-bacitracin-	
millipred .....	64	MYCOBUTIN.....	9	polymyxin .....	93
mimvey .....	89	mycophenolate mofetil .....	17	neomycin-polymyxin b-	
mimvey lo.....	89	mycophenolate sodium .....	17	dexameth.....	95
MINASTRIN 24 FE .....	92	MYDAYIS .....	40	neomycin-polymyxin-	
MINIPRESS .....	47	MYFORTIC .....	17	gramicidin.....	93
MINITRAN .....	53	myorisan .....	56	neomycin-polymyxin-hc.	64, 95
MINIVELLE .....	89	MYRBETRIQ .....	102	NEORAL .....	17
MINOCIN .....	12	mysoline .....	22	NEO-SYNALAR.....	57
minocycline .....	12, 13	MYTESI .....	75	NEPHRAMINE 5.4 %.....	105
minoxidil .....	47	<b>N</b>		NERLYNX .....	17
MIRAPEX .....	24	nabumetone .....	34	NESINA .....	69
MIRAPEX ER.....	24	nadolol .....	47	neuac .....	56
mirtazapine .....	40	nadolol-bendroflumethiazide	47	NEULASTA .....	82
MIRVASO .....	56	nafcillin.....	10	NEUPOGEN.....	82
misoprostol .....	79	naftifine .....	58	NEUPRO .....	24
MITIGARE .....	85	NAFTIN .....	58	NEURONTIN .....	22
M-M-R II (PF).....	84	NALFON .....	34	NEVANAC .....	95
MOBIC .....	34	naloxone .....	34	nevirapine .....	3
modafinil .....	40	naltrexone .....	34	NEXAVAR .....	17
moexipril .....	47	NAMENDA.....	27	NEXIUM .....	79
molindone.....	40	NAMENDA TITRATION		NEXIUM PACKET .....	79
mometasone.....	60, 100	PAK .....	27	niacin .....	51
monodoxyne nl.....	13	NAMENDA XR .....	27	NIACOR .....	51
montelukast .....	100	NAMZARIC.....	27	NIASPAN EXTENDED-	
MONUROL.....	13	NAPRELAN CR .....	34	RELEASE.....	51
morgidox .....	13	naproxen .....	34	nicardipine .....	47
MORPHABOND ER .....	30	naproxen sodium .....	34	NICOTROL .....	63
morphine.....	30, 31	naratriptan.....	25	NICOTROL NS .....	63
MORPHINE .....	31	NARCAN .....	34	nifedipine .....	47
morphine concentrate .....	30	NARDIL .....	40	nikki (28) .....	92
MOTEGRITY .....	76	NASONEX .....	100	NILANDRON .....	17
MOTOFEN .....	75	NATACYN .....	93	nilutamide .....	17
MOVANTIK .....	76	NATAZIA .....	92	nimodipine .....	47
MOVIPREP .....	76	nateglinide .....	69	NINLARO .....	17
MOXEZA .....	93			nisoldipine .....	47

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nitro-bid .....	53	NOVOFINE 32 .....	69	ODOMZO .....	17
NITRO-DUR .....	53	NOVOLIN 70/30 U-100 INSULIN .....	69	OFEV .....	100
nitrofurantoin .....	13	NOVOLIN N NPH U-100 INSULIN .....	69	ofloxacin .....	12, 63, 93
nitrofurantoin macrocrystal ..	13	NOVOLIN R REGULAR U- 100 INSULN .....	69	olanzapine .....	40
nitrofurantoin monohyd/m- cryst .....	13	NOVOLOG FLEXPEN U-100 INSULIN .....	69	olanzapine-fluoxetine .....	40
nitroglycerin .....	53	NOVOLOG MIX 70-30 U-100 INSULN .....	69	olmesartan .....	47
NITROSTAT .....	53	NOVOLOG MIX 70- 30FLEXPEN U-100 .....	69	olmesartan-amlodipin- hcthiazid .....	48
NITYR .....	62	NOVOLOG PENFILL U-100 INSULIN .....	69	olmesartan- hydrochlorothiazide .....	48
NIVESTYM .....	82	NOVOLOG U-100 INSULIN ASPART .....	69	olopatadine .....	63, 94
nizatidine .....	79	NOXAFIL .....	1	OLUMIANT .....	87
NIZORAL .....	58	NUCALA .....	100	OLUX .....	60
NOCDURNA (MEN).....	73	NUCYNTA .....	34	OLUX-E .....	60
NOCDURNA (WOMEN)....	73	NUCYNTA ER .....	34	OMECLAMOX-PAK .....	79
NOCTIVA .....	73	NUEDEXTA .....	27	omega-3 acid ethyl esters .....	51
nolix .....	60	NULYTELY WITH FLAVOR PACKS .....	76	omeprazole .....	79
nora-be .....	89	NUPLAZID .....	40	omeprazole-sodium bicarbonate .....	79, 80
NORCO .....	31	NUTRILIPID .....	105	OMNARIS .....	100
NORDITROPIN FLEXPRO	82	NUTROPIN AQ NUSPIN .....	82	OMNIPOD INSULIN MANAGEMENT .....	69
noreth-ethinyl estradiol-iron.	92	NUVARING .....	90	OMNIPRED .....	96
norethindrone (contraceptive) .....	89	NUVIGIL .....	40	OMNITROPE .....	82
norethindrone acetate .....	89	NUZYRA .....	13	ondansetron .....	76
norethindrone ac-eth estradiol .....	89, 92	NUZYRA (7 DAY WITH LOAD DOSE) .....	13	ondansetron hcl .....	77
norethindrone-e.estriadiol-iron .....	92	NUZYRA (7 DAY) .....	13	ONEXTON .....	56
norgestimate-ethinyl estradiol .....	92	nyamyc .....	58	ONFI .....	22
NORITATE .....	56	NYMALIZE .....	47	ONGLYZA .....	69
norlyroc .....	89	nystatin .....	1, 58	ONZETRA XSAIL .....	25
NORMOSOL-M IN 5 % DEXTROSE .....	105	nystatin-triamcinolone .....	58	OPANA .....	31
NORMOSOL-R IN 5 % DEXTROSE .....	103	nystop .....	58	OPSUMIT .....	100
NORMOSOL-R PH 7.4 ....	105	<b>O</b>		ORACEA .....	13
NORPRAMIN .....	40	OCALIVA .....	76	ORALAIR .....	84
NORTHERA .....	62	ocella .....	92	ORAPRED ODT .....	64
nortrel 0.5/35 (28) .....	92	OCTAGAM .....	84	ORAVIG .....	1
nortrel 1/35 (21) .....	92	octreotide acetate .....	17	ORENCIA .....	87
nortrel 1/35 (28) .....	92	OCUFLOX .....	93	ORENCIA (WITH MALTPOSE) .....	87
nortrel 7/7/7 (28) .....	92	ODEFSEY .....	3	ORENCIA CLICKJECT .....	87
nortriptyline .....	40			ORENITRAM .....	48
NORVASC .....	47			ORFADIN .....	62
NORVIR .....	3			ORILISSA .....	73
				ORKAMBI .....	100
				orsythia .....	92

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ORTHO MICRONOR.....	89	pantoprazole .....	80	phenoxybenzamine .....	48
ORTHO TRI-CYCLEN LO (28).....	92	PANZYGA.....	84	PHENYTEK .....	22
ORTHO-NOVUM 1/35 (28)	92	paricalcitol .....	73	phenytoin .....	22
ORTHO-NOVUM 7/7/7 (28) .....	92	PARLODEL.....	24	phenytoin sodium extended..	22
oseltamivir.....	3	PARNATE.....	40	PHOSLYRA .....	103
OSENI.....	69	paromomycin.....	9	PHOSPHOLINE IODIDE ...	94
OSMOLEX ER .....	24	paroxetine hcl .....	40, 41	PICATO.....	54
OSMOPREP.....	77	paroxetine mesylate(menop.sym).....	41	PIFELTRO .....	3
OSPHENA .....	90	PASER.....	9	pilocarpine hcl .....	62, 94
OTEZLA .....	87	PATADAY.....	94	pimecrolimus .....	54
OTEZLA STARTER .....	87	PATANASE.....	63	pimozide .....	41
OTOVEL.....	64	PATANOL.....	94	pimtrex (28) .....	92
OTREXUP (PF).....	88	PAXIL .....	41	pindolol.....	48
OVIDE .....	61	PAXIL CR.....	41	pioglitazone .....	70
oxacillin.....	11	PAZEO .....	94	pioglitazone-glimepiride.....	70
oxacillin in dextrose(iso-osm) .....	10	PEDIARIX (PF) .....	84	pioglitazone-metformin .....	70
oxandrolone.....	73	PEDVAX HIB (PF).....	84	piperacillin-tazobactam .....	11
oxaprozin.....	34	peg 3350-electrolytes .....	77	PIQRAY .....	17
OXAYDO .....	31	PEGANONE .....	22	pirmella.....	92
oxcarbazepine.....	22	PEGASYS .....	82	piroxicam.....	34
OXERVATE .....	94	PEGASYS PROCLICK .....	82	PLAQUENIL.....	9
oxiconazole.....	58	peg-electrolyte .....	77	PLASMA-LYTE 148 .....	105
OXISTAT .....	58	penicillamine .....	88	PLASMA-LYTE A .....	105
OXSORALEN ULTRA .....	54	PENICILLIN G POT IN DEXTROSE .....	11	PLAVIX .....	50
OXTELLAR XR .....	22	penicillin g potassium.....	11	PLEGRIDY .....	82
oxybutynin chloride.....	102	penicillin g procaine .....	11	plenamine .....	105
oxycodone .....	31	penicillin g sodium .....	11	PLENU .....	77
OXYCODONE .....	31	penicillin v potassium.....	11	PLIAGLIS .....	54
oxycodone-acetaminophen...31		PENNNSAID .....	34	podofilox.....	54
oxycodone-aspirin .....	32	PENTAM.....	9	polymyxin b sulfate .....	9
OXYCONTIN .....	32	PENTASA .....	77	polymyxin b sulf-trimethoprim .....	93
oxymorphone.....	32	pentoxifylline.....	50	POLYTRIM.....	94
OXYTROL.....	102	PEPCID .....	80	POMALYST .....	17
OZEMPIC .....	70	PERCOCET .....	32	portia 28 .....	92
<b>P</b>		PERFOROMIST .....	100	potassium chlorid-d5- 0.45%nacl .....	104
pacerone .....	44	perindopril erbumine .....	48	potassium chloride .....	104
paliperidone.....	40	permethrin .....	61	potassium chloride in 0.9%nacl .....	104
PALYNZIQ.....	73	perphenazine .....	41	potassium chloride in 5 % dex .....	104
PAMELOR.....	40	PERSERIS.....	41	potassium chloride in lr-d5.104	
PANCREAZE .....	77	PERTZYE .....	77	potassium chloride in water104	
PANDEL .....	60	PEXEVA .....	41		
PANRETIN .....	54	phenelzine.....	41		
		phenobarbital .....	22		

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potassium chloride-0.45 % nacl		PRIFTIN .....	9	PROVERA .....	90
.....104		PRILOSEC .....	80	PROVIGIL .....	41
potassium chloride-d5-		PRIMAQUINE .....	9	PROZAC .....	41
0.2%nacl.....104		PRIMAXIN IV .....	9	prudoxin.....	54
potassium chloride-d5-		primidone.....	22	PSORCON .....	60
0.3%nacl.....104		PRIMLEV .....	32	PULMICORT .....	100
potassium chloride-d5-		PRINVIL .....	48	PULMICORT FLEXHALER	
0.9%nacl.....104		PRISTIQ .....	41	.....100	
potassium citrate.....103		PRIVIGEN .....	84	PULMOZYME .....	100
PRADAXA .....	50	PROAIR HFA .....	100	PURIXAN .....	17
PRALUENT PEN .....	51	PROAIR RESPICLICK .....	100	PYLERA.....	80
pramipexole.....24		probenecid .....	85	pyrazinamide .....	9
PRANDIN .....	70	probenecid-colchicine .....	85	pyridostigmine bromide..27, 28	
prasugrel.....50		PROCALAMINE 3%.....105		PYRIDOSTIGMINE	
PRAVACHOL .....	51	PROCARDIA XL.....48		BROMIDE.....27	
pravastatin .....	51	procenutra.....41		<b>Q</b>	
praziquantel .....	9	prochlorperazine .....	77	QBRELIS .....	48
prazosin .....	48	prochlorperazine maleate oral		QMIIZ ODT .....	34
PRECOSE .....	70	.....77		QNDSL.....	100
PRED FORTE .....	96	PROCRIT .....	82	QTERN .....	70
PRED MILD .....	96	procto-med hc .....	77	QUADRACEL (PF) .....	84
PRED-G .....	95	procto-pak.....	77	QUALAQUIN .....	9
PRED-G S.O.P. ....	95	proctosol hc .....	77	QUARTETTE.....	92
prednicarbate .....	60	proctozone-hc .....	77	QUDEXY XR.....	22
prednisolone .....	64	progesterone micronized .....	90	QUESTRAN.....	52
prednisolone acetate .....	96	PROGLYCEM .....	70	QUESTRAN LIGHT .....	52
prednisolone sodium phosphate		PROGRAF.....	17	quetiapine .....	41
.....64, 96		PROLASTIN-C .....	62	QUILLICHEW ER .....	41
prednisone .....	64	PROLENSA .....	95	QUILLIVANT XR .....	41
prednisone intensol.....64		PROLIA.....	86	quinapril.....	48
PREFEST .....	90	PROMACTA.....	50	quinapril-hydrochlorothiazide	
PREMARIN .....	90	promethazine .....	97	.....48	
premasol 10 %.....105		PROMETRIUM .....	90	quinidine gluconate .....	44
PREMASOL 6 % .....	105	propafenone .....	44	quinidine sulfate .....	44
PREMPHASE .....	90	propranolol .....	48	quinine sulfate .....	9
PREMPRO .....	90	propranolol-hydrochlorothiazid		QVAR REDIHALER .....	101
prenatal vitamin oral tablet.	105	.....48		<b>R</b>	
PREPOPIK .....	77	propylthiouracil .....	64	RABAVERT (PF) .....	84
PREVACID .....	80	PROQUAD (PF).....	84	rabeprazole .....	80
PREVACID SOLUTAB .....	80	PROSCAR.....	103	raloxifene .....	86
prevalte .....	51	PROSOL 20 % .....	105	ramipril .....	48
previfem .....	92	PROTONIX.....	80	RANEXA .....	52
PREVYMIS.....	3	PROTOPIC.....	54	ranitidine hcl.....	80
PREZCOBIX.....	3	protriptyline .....	41	ranolazine .....	52
PREZISTA .....	3	PROVENTIL HFA.....100		RAPAFLO .....	103

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RAPAMUNE .....	17	RHOPRESSA .....	95	SAIZEN .....	83
rasagiline .....	24	ribasphere .....	3	SAIZEN SAIZENPREP .....	83
RASUVO (PF) .....	88	ribasphere ribapak .....	3	SALAGEN (PILOCARPINE) .....	62
RAVICTI .....	62	ribavirin .....	3	SAMSCA .....	73
RAYALDEE .....	73	RIDAURA .....	88	SANCUSO .....	78
RAYOS .....	64	rifabutin .....	9	SANDIMMUNE .....	17
RAZADYNE .....	27	RIFADIN .....	9	SANDOSTATIN .....	18
RAZADYNE ER .....	27	RIFAMATE .....	9	SANTYL .....	54
REBETOL .....	3	rifampin .....	9	SAPHRIS .....	42
REBIF (WITH ALBUMIN) ..	83	RIFATER .....	9	SARAFEM .....	42
REBIF REBIDOSE .....	83	RILUTEK .....	62	SAVAYSA .....	50
REBIF TITRATION PACK	83	riluzole .....	62	SAVELLA .....	88
reclipsen (28) .....	92	rimantadine .....	4	scopolamine base .....	78
RECOMBIVAX HB (PF) ...	84,	RIOMET .....	70	SEASONIQUE .....	92
85		risedronate .....	62, 86	SEEBRI NEOHALER .....	101
RECTIV .....	77	RISPERDAL .....	41, 42	SEGLUROMET .....	70
REGLAN .....	77	RISPERDAL CONSTA .....	41	selegiline hcl .....	24
REGRANEX .....	54	risperidone .....	42	selenium sulfide .....	53
RELENZA DISKHALER ..	3	RITALIN .....	42	SELZENTRY .....	4
RELEXXII .....	41	RITALIN LA .....	42	SEMPREX-D .....	97
RELISTOR .....	77	ritonavir .....	4	SENSIPAR .....	73
RELPAX .....	25	rivastigmine .....	27	SEREVENT DISKUS .....	101
REMERON .....	41	rivastigmine tartrate .....	27	SEROQUEL .....	42
REMERON SOLTAB .....	41	rivelsa .....	92	SEROQUEL XR .....	42
REMICADE .....	77	rizatriptan .....	25	SEROSTIM .....	83
RENAGEL .....	62	ROCALTROL .....	73	sertraline .....	42
RENVELA .....	62	ROCKLATAN .....	95	setlakin .....	92
repaglinide .....	70	ropinirole .....	24	sevelamer carbonate .....	62
repaglinide-metformin .....	70	rosuvastatin .....	52	sevelamer hcl .....	62
REPATHA .....	52	ROTARIX .....	85	sharobel .....	90
REPATHA PUSHTRONEX	52	ROTATEQ VACCINE .....	85	SHINGRIX (PF) .....	85
REPATHA SURECLICK ..	52	ROWASA .....	77	SIGNIFOR .....	18
REQUIP XL .....	24	roweepra .....	22	sildenafil (pulmonary arterial	
SCRIPTOR .....	3	roweepra xr .....	22	hypertension) .....	101
RESTASIS .....	94	ROXICODONE .....	32	SILENOR .....	42
RESTASIS MULTIDOSE ..	94	ROXYBOND .....	32	SILIQ .....	53
RETACRIT .....	83	ROZEREM .....	42	silodosin .....	103
RETIN-A .....	56	RUBRACA .....	17	SILVADENE .....	54
RETIN-A MICRO .....	56	RUCONEST .....	101	silver sulfadiazine .....	54
RETROVIR .....	3	RYDAPT .....	17	SIMBRINZA .....	95
REVATIO .....	101	RYTARY .....	24	SIMPONI .....	88
REVLIMID .....	17	RYTHMOL SR .....	44	simvastatin .....	52
REXULTI .....	41	S		SINEMET .....	24
REYATAZ .....	3	SABRIL .....	22	SINEMET CR .....	24
RHOFADE .....	56	SAFYRAL .....	92		

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SINGLAIR .....	101	sronyx .....	93	syeda .....	93
sirolimus .....	18	ssd .....	54	SYLATRON .....	83
SIRTURO .....	9	STALEVO 100 .....	24	SYMBICORT .....	101
SIVEXTRO .....	9	STALEVO 125 .....	24	SYMBYAX .....	42
SKLICE .....	61	STALEVO 150 .....	24	SYMDEKO .....	101
SKYRIZI .....	53	STALEVO 200 .....	24	SYMFI .....	4
sodium chloride .....	63	STALEVO 50 .....	24	SYMFI LO .....	4
sodium chloride 0.45 %.....	104	STALEVO 75 .....	24	SYMLINPEN 120 .....	70
sodium chloride 0.9 %.....	63	STARLIX .....	70	SYMLINPEN 60 .....	70
sodium chloride 3 %.....	104	stavudine .....	4	SYMPAZAN .....	22, 23
sodium chloride 5 %.....	104	STEGLATRO .....	70	SYMPROIC .....	78
sodium lactate intravenous .....	104	STEGLUJAN .....	70	SYMTUZA .....	4
sodium phenylbutyrate .....	63	STELARA .....	53	SYNALAR .....	60
sodium polystyrene sulfonate .....	63	STIMATE .....	73	SYNAREL .....	73
SOFOBUVIR- VELPATASVIR.....	4	STIOLTO RESPIMAT .....	101	SYNDROS .....	78
solifenacin .....	102	STIVARGA .....	18	SYNJARDY .....	70
SOLIQUA 100/33 .....	70	STRATTERA .....	42	SYNJARDY XR .....	71
SOLODYN .....	13	STREPTOMYCIN .....	9	SYNRIBO .....	18
SOLOSEC .....	9	STRIANT .....	73	SYNTROID .....	74
soloxide .....	13	STRIBILD .....	4	SYPRINE .....	63
SOLTAMOX .....	18	STRIVERDI RESPIMAT .....	101	T	
SOMATULINE DEPOT .....	18	STROMECTOL .....	9	TABLOID .....	18
SOMAVERT .....	73	SUBOXONE .....	34	TACLONEX .....	53
SOOLANTRA .....	56	SUBSYS .....	32	tacrolimus .....	18, 55
SORIATANE .....	53	SUCRAID .....	78	tadalafil .....	103
SORILUX .....	53	sucralfate .....	80	tadalafil (pulmonary arterial	
sorine .....	44	SULAR .....	48	hypertension) oral tablet 20	
sotalol .....	44	sulfacetamide sodium .....	94	mg .....	101
sotalol af .....	44	sulfacetamide sodium (acne) .....	57	TAFINLAR .....	18
SOTYLIZE .....	44	sulfacetamide-prednisolone .....	95	TAGRISSO .....	18
SOVALDI .....	4	sulfadiazine .....	12	TAKHYRO .....	101
SPIRIVA RESPIMAT .....	101	sulfamethoxazole-trimethoprim .....	12	TALTZ AUTOINJECTOR .....	53
SPIRIVA WITH HANDIHALER .....	101	SULFAMYLYON .....	57	TALTZ SYRINGE .....	53
spironolactone .....	48	sulfasalazine .....	78	TALZENNA .....	18
spironolacton-hydrochlorothiaz .....	48	sulindac .....	34	TAMIFLU .....	4
SPORANOX .....	1	sumatriptan .....	25	tamoxifen .....	18
sprintec (28).....	93	sumatriptan succinate .....	25	tamsulosin .....	103
SPRITAM .....	22	sumatriptan-naproxen .....	25	TAPAZOLE .....	64
SPRIX .....	34	SUPRAX .....	6	TAPERDEX .....	64
SPRYCEL .....	18	SUPREP BOWEL PREP KIT .....	78	TARCEVA .....	18
sps (with sorbitol) .....	63	SURMONTIL .....	42	TARGADOX .....	13
		SUSTIVA .....	4	TARGETIN .....	18
		SUTENT .....	18	tarina 24 fe .....	93
				tarina fe 1/20 (28) .....	93
				TARKA .....	48

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TASIGNA .....	18	THYROLAR-1/2 .....	74	TOUJEO MAX U-300 .....
TASMAR .....	24	THYROLAR-1/4 .....	74	SOLOSTAR .....
TAVALISSE .....	50	THYROLAR-2 .....	74	71 TOUJEO SOLOSTAR U-300 .....
tazarotene .....	56	THYROLAR-3 .....	74	INSULIN .....
tazicef .....	6	tiagabine .....	23	71 TOVIAZ .....
TAZORAC .....	57	TIAZAC .....	48	102 TPN ELECTROLYTES .....
taztia xt .....	48	TIBSOVO .....	18	104 TRACLEER .....
TDVAX .....	85	tigecycline .....	9	101 TRADJENTA .....
TECFIDERA .....	27	TIGLUTIK .....	63	71 tramadol .....
TEFLARO .....	6	TIKOSYN .....	44	35 TRAMADOL .....
TEGRETOL .....	23	timolol maleate .....	48, 94	34, 35 tramadol-acetaminophen .....
TEGRETOL XR .....	23	TIMOPTIC OCUDOSE (PF) .....	94	48 trandolapril .....
TEGSEDI .....	27	TIMOPTIC-XE .....	94	49 trandolapril-verapamil .....
TEKTURNA .....	48	tinidazole .....	9	90 tranexamic acid .....
TEKTURNA HCT .....	48	TIROSINT .....	74	78 TRANSDERM-SCOP .....
telmisartan .....	48	TIROSINT-SOL .....	74	43 TRANXENE T-TAB .....
telmisartan-amlodipine .....	48	TIVICAY .....	4	43 tranylcyprromine .....
telmisartan-hydrochlorothiazid .....	48	TIVORBEX .....	34	105 travasol 10 % .....
TENIVAC (PF) .....	85	tizanidine .....	28	95 TRAVATAN Z .....
tenofovir disoproxil fumarate .....	4	TOBI .....	9	43 trazodone .....
TENORETIC 100 .....	48	TOBI PODHALER .....	9	9 TRECATOR .....
TENORETIC 50 .....	48	TOBRADEX .....	95	101 TRELEGY ELLIPTA .....
TENORMIN .....	48	TOBRADEX ST .....	95	18 TRELSTAR .....
terazosin .....	48	tobramycin .....	94	53 TREMFYA .....
terbinafine hcl .....	1	tobramycin in 0.225 % nacl .....	9	TRESIBA FLEXTOUCH U-100 .....
terbutaline .....	101	tobramycin sulfate .....	9	71 TRESIBA FLEXTOUCH U-200 .....
terconazole .....	90	tobramycin-dexamethasone .....	96	71 TRESIBA U-100 INSULIN .....
TESTIM .....	73	TOBREX .....	94	19 tretinoin (chemotherapy) .....
testosterone .....	73, 74	TOFRANIL .....	42	57 tretinoin microspheres .....
TESTOSTERONE .....	74	TOLAK .....	55	57 tretinoin topical .....
testosterone cypionate .....	73	tolazamide .....	71	19 TREXALL .....
testosterone enanthate .....	73	tolbutamide .....	71	25 TREXIMET .....
TETANUS,DIPHTHERIA TOX PED(PF) .....	85	tolcapone .....	24	32 TREZIX .....
tetrabenazine .....	27	tolmetin .....	34	60, 61, 63 triamicinolone acetonide .....
tetracycline .....	13	TOLSURA .....	1	49 triamterene-hydrochlorothiazid .....
TEXACORT .....	60	tolterodine .....	102	49 trianex .....
THALOMID .....	18	TOPAMAX .....	23	49 TRIBENZOR .....
THEO-24 .....	101	TOPICORT .....	60	52 TRICOR .....
theophylline .....	101	topiramate .....	23	61 triderm .....
THIOLA .....	63	TOPIRAMATE .....	23	61 TRIDESILON .....
thioridazine .....	42	TOPROL XL .....	48	63 trientine .....
thiothixene .....	42	toremifene .....	18	
THYROLAR-1 .....	74	torsemide .....	48	

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tri-estarrylla .....	93	ULORIC .....	85	velvet triphasic regimen (28) .....	93
trifluoperazine .....	43	ULTRACET .....	35	VELPHORO .....	63
trifluridine.....	94	ULTRAM .....	35	VELTASSA .....	63
TRIGLIDE .....	52	ULTRAVATE .....	61	VEMLIDY .....	4
tri-legest fe.....	93	UNASYN .....	11	VENCLEXTA .....	19
TRILEPTAL.....	23	unithroid .....	74	VENCLEXTA STARTING	
TRILIPIX .....	52	UPTRAVI.....	49	PACK .....	19
tri-lo-estarrylla .....	93	URECHOLINE .....	103	venlafaxine .....	43
tri-lo-sprintec .....	93	UROCIT-K 10.....	103	VENLAFAKINE .....	43
trilyte with flavor packets....	78	UROCIT-K 15.....	103	VENTAVIS .....	102
trimethoprim.....	13	UROCIT-K 5.....	103	VENTOLIN HFA .....	102
tri-mili .....	93	UROXATRAL .....	103	verapamil .....	49
trimipramine .....	43	URSO 250 .....	78	VEREGEN .....	55
TRINTELLIX.....	43	URSO FORTE.....	78	VERELAN .....	49
tri-previfem (28).....	93	ursodiol.....	78	VERELAN PM.....	49
tri-sprintec (28).....	93	UTIBRON NEOHALER....	102	VERSACLOZ.....	43
TRIUMEQ.....	4	V		VERZENIO .....	19
trivora (28).....	93	VABOMERE.....	9	VESICARE.....	102
tri-vylibra.....	93	VAGIFEM.....	90	VFEND .....	1
tri-vylibra lo.....	93	valacyclovir .....	4	VFEND IV .....	1
TRIZIVIR.....	4	VALCHLOR .....	55	V-GO 20 .....	71
TROKENDI XR.....	23	VALCYTE .....	4	V-GO 30 .....	71
TROPHAMINE 10 % .....	105	valganciclovir .....	4	V-GO 40 .....	71
TROPHAMINE 6% .....	105	VALIUM .....	43	VIBERZI .....	78
trospium.....	102	valproic acid .....	23	VIBRAMYCIN .....	13
TRUEPLUS INSULIN.....	71	valproic acid (as sodium salt)		VICTOZA 3-PAK .....	71
TRUEPLUS PEN NEEDLE	71	.....	23	VIDEX 4 GRAM PEDIATRIC .....	4
TRULANCE.....	78	valsartan.....	49	VIDEX EC .....	4
TRULICITY .....	71	valsartan-hydrochlorothiazide		VIEKIRA PAK.....	4
TRUMENBA .....	85	.....	49	vienna .....	93
TRUSOPT .....	95	VALTREX .....	4	vigabatrin.....	23
TRUVADA .....	4	VANCOCIN .....	9	vigadrone .....	23
TUDORZA PRESSAIR ....	102	vancomycin .....	10	VIGAMOX .....	94
TWINRIX (PF) .....	85	VANCOMYCIN .....	10	VIIBRYD .....	43
TWYNSTA .....	49	vandazole.....	90	VIMOVO .....	35
TYBOST .....	4	VANOS .....	61	VIMPAT .....	23
tydemy .....	93	VAQTA (PF).....	85	VIOKACE .....	78
TYGACIL .....	9	VARIVAX (PF) .....	85	VIRACEPT .....	4
TYKERB .....	19	VARIZIG.....	85	VIRAMUNE .....	4
TYLENOL-CODEINE #3 ..	32	VARUBI.....	78	VIRAMUNE XR .....	4
TYMLOS .....	86	VASCEPA.....	52	VIREAD .....	4
TYPHIM VI .....	85	VASERETIC .....	49	VITRAKVI .....	19
<b>U</b>		VASOTEC.....	49	VIVELLE-DOT .....	90
UCERIS.....	78	VECAMYL .....	52		
UDENYCA .....	83	VECTICAL .....	53		

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VIVITROL	35	XOLAIR	102	ZETONNA	102
VIVLODEX	35	XOPENEX	102	ZIAC	49
VIZIMPRO	19	XOPENEX CONCENTRATE	102	ZIAGEN	5
VOGELXO	74		102	ZIANA	57
VOLTAREN	35	XOPENEX HFA	102	zidovudine	5
voriconazole	1	XOSPATA	19	zileuton	102
VOSEVI	5	XTAMPZA ER	32	ZIOPTAN (PF)	95
VOTRIENT	19	XTANDI	19	ziprasidone hcl	43
VRAYLAR	43	xulane	90	ZIPSOR	35
vyfemla (28)	93	XULTOPHY 100/3.6	72	ZIRGAN	94
vylibra	93	XURIDEN	63	ZITHROMAX	7
VYNDAQEL	52	XYOSTED	74	ZITHROMAX TRI-PAK	7
VYTORIN 10-10	52	XYREM	43	ZITHROMAX Z-PAK	7
VYTORIN 10-20	52	<b>Y</b>		ZOCOR	52
VYTORIN 10-40	52	YASMIN (28)	93	ZOFRAN	78
VYTORIN 10-80	52	YAZ (28)	93	ZOHYDRO ER	32
VYVANSE	43	YF-VAX (PF)	85	ZOLINZA	19
VYZULTA	95	YONSA	19	zolmitriptan	25
<b>W</b>		YOSPRALA	50	ZOLOFT	43
warfarin	50	YUPELRI	102	zolpidem	44
WELCHOL	52	yuvafem	90	ZOMACTON	83
WELLBUTRIN SR	43	<b>Z</b>		ZOMIG	26
WELLBUTRIN XL	43	zafirlukast	102	ZOMIG ZMT	26
wixela inhuh	102	zaleplon	43	ZONALON	55
wymzya fe	93	ZANAFLEX	28	ZONEGRAN	23
<b>X</b>		zarah	93	zonisamide	23
XADAGO	24	ZARONTIN	23	ZONTIVITY	50
XALATAN	95	ZARXIO	83	ZORBTIVE	83
XALKORI	19	ZAVESCA	74	ZORTRESS	19
XARELTO	50	ZEGERID	80, 81	ZORVOLEX	35
XATMEP	19	ZEJULA	19	ZOSTAVAX (PF)	85
XELJANZ	88	ZELAPAR	24	ZOSYN	11
XELJANZ XR	88	ZELBORAF	19	ZOSYN IN DEXTROSE (ISO- OSM)	11
XELPROS	95	ZEMAIRA	63	zovia 1/35e (28)	93
XENAZINE	27	ZEMBRACE SYMTOUCH	25	ZOVIRAX	5, 58
XEPI	57	ZEMPLAR	74	ZTLIDO	55
XERESE	58	zenatane	57	ZUBSOLV	35
XERMELO	19	ZENPEP	78	ZUPLENZ	78
XGEVA	13	zenzedi	43	ZYBAN	63
XHANCE	102	ZENZEDI	43	ZYCLARA	55
XIFAXAN	10	ZEPATIER	5	ZYDELIG	19
XIGDUO XR	71, 72	ZERBAXA	6	ZYFLO	102
XiIDRA	95	ZESTORETIC	49	ZYFLO CR	102
XIMINO	13	ZESTRIL	49	ZYKADIA	19
XOFLUZA	5	ZETIA	52		

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ZYLET .....	96	ZYPITAMAG .....	52	ZYPREXA ZYDIS .....	44
ZYLOPRIM .....	85	ZYPREXA.....	44	ZYTIGA .....	19
ZYMAXID .....	94	ZYPREXA RELPREVV .....	44	ZYVOX .....	10

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

This formulary was updated on 08/19/2019. For more recent information or other questions, please contact Express Scripts Medicare Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week. You can also visit us on the Web at [express-scripts.com](http://express-scripts.com).

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