EXPRESS SCRIPTS®
Medicare (PDP)

Express Scripts Medicare (PDP)
2016 Formulary (List of Covered Drugs)

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

Formulary ID Number: 16081, v5

This formulary was updated on 08/18/2015. For more recent information or other questions, please contact **Express Scripts Medicare**® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.
You can also visit us on the Web at **www.Express-Scripts.com**.

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

When this drug list (formulary) refers to "we," "us" or "our," it means *Medco Containment Life Insurance Company.* 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 18, 2015. 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, 2017. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

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

What is the Express Scripts Medicare formulary?

The list of drugs covered by the plan is also known as the "formulary." It contains a list of 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 **www.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?

Generally, if you are taking a drug covered by your plan in 2016, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2016 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our plan's coverage, will not affect members who are currently taking the drug. It will remain available at the same copayment or coinsurance amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 102. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the "Drug Name" column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with "QL" next to them in the formulary.

- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. These drugs are noted with "ST" next to them in the formulary.

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

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the formulary?" on the following page for information about how to request an exception.

What if my drug is not 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 Brand 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 102.

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 on the following page explains what types of drugs are included in each tier and shows how costs may change with each tier.

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

Drug Tiers

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

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 http://www.medicare.gov.

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

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

List of abbreviations

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	PA; MO
AMBISOME	2	PA; MO
amphotericin b	1	PA; MO
ANCOBON	3	MO
CANCIDAS	2	PA; MO
clotrimazole mucous membrane	1	MO
CRESEMBA INTRAVENOUS	2	
CRESEMBA ORAL	2	MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	3	MO
fluconazole	1	MO
fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml	1	
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
GRIS-PEG (ULTRAMICROSIZE)	3	MO
itraconazole	1	MO
ketoconazole oral	1	MO
LAMISIL ORAL GRANULES IN PACKET	2	MO
LAMISIL ORAL TABLET	3	MO
MYCAMINE	2	MO
NOXAFIL ORAL	2	MO
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
ONMEL	3	MO; QL (30 per 30 days)
SPORANOX ORAL CAPSULE	3	MO
SPORANOX ORAL SOLUTION	2	MO
SPORANOX PULSEPAK	3	MO
terbinafine hcl oral	1	MO
VFEND	3	MO
VFEND IV	3	MO
voriconazole	1	MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine-zidovudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	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 www.Express-Scripts.com.

Drug Name	Drug Tier	Requirements/Limits
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	PA; MO
adefovir	1	MO
amantadine hcl oral	1	MO
APTIVUS ORAL CAPSULE	2	MO
APTIVUS ORAL SOLUTION	2	
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	3	MO
cidofovir	1	PA; MO
COMBIVIR	3	MO
COMPLERA	2	MO
COPEGUS	3	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
CYTOVENE	3	MO
didanosine	1	MO
EDURANT	2	MO
EMTRIVA	2	MO
entecavir	1	MO
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	2	MO
EVOTAZ	3	MO
famciclovir	1	MO
FAMVIR	3	MO
FLUMADINE ORAL TABLET	3	MO
foscarnet	1	PA; MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
ganciclovir sodium	1	MO
HARVONI	3	PA; MO; QL (28 per 28 days)
HEPSERA	3	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	2	MO
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE	2	MO
ISENTRESS	2	MO
KALETRA	2	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEXIVA	2	MO
moderiba	1	MO
moderiba dose pack oral tablets,dose pack 400 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)	1	MO
nevirapine	1	MO
NORVIR	2	MO

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Drug Name	Drug Tier	Requirements/Limits
OLYSIO	3	PA; MO; QL (28 per 28 days)
PREZCOBIX	3	MO
PREZISTA ORAL SUSPENSION	2	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
REBETOL ORAL CAPSULE	3	MO
REBETOL ORAL SOLUTION	2	MO
RELENZA DISKHALER	2	MO
RESCRIPTOR	2	MO
RETROVIR INTRAVENOUS	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	MO
REYATAZ ORAL POWDER IN PACKET	2	MO
ribasphere	1	MO
ribasphere ribapak oral tablets,dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	1	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
SELZENTRY	2	MO
SOVALDI	2	PA; MO; QL (28 per 28 days)
stavudine	1	MO
STRIBILD	2	MO
SUSTIVA	2	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	2	MO; LA
TAMIFLU	2	MO
TIVICAY	2	MO
TRIUMEQ	2	MO
TRIZIVIR	3	MO
TRUVADA	2	MO
TYBOST	3	MO
TYZEKA	2	MO
valacyclovir	1	MO; QL (30 per 30 days)
VALCYTE ORAL RECON SOLN	2	MO
VALCYTE ORAL TABLET	3	MO
valganciclovir	1	MO
VALTREX	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIDEX 2 GRAM PEDIATRIC	2	MO
VIDEX EC	3	MO
VIEKIRA PAK	2	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIRAZOLE	2	MO
VIREAD	2	MO
VISTIDE	3	PA
VITEKTA	3	MO
ZERIT	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
zidovudine	1	MO
ZOVIRAX ORAL CAPSULE	3	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		

Drug Name	Drug Tier	Requirements/Limits
CEDAX ORAL CAPSULE	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 180 MG/5 ML	3	MO
CEDAX ORAL SUSPENSION FOR RECONSTITUTION 90 MG/5 ML	3	
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	MO
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram	1	
cefdinir	1	MO

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Drug Name	Drug Tier	Requirements/Limits
cefditoren pivoxil oral tablet 200 mg	1	MO
cefepime	1	MO
CEFEPIME IN DEXTROSE 5 %	3	MO
cefixime	1	MO
cefotaxime injection recon soln 1 gram, 2 gram, 500 mg	1	
cefotetan	1	
cefoxitin in dextrose, iso-osm	1	
cefoxitin intravenous recon soln 1 gram	1	MO
cefoxitin intravenous recon soln 10 gram, 2 gram	1	
cefpodoxime	1	MO
cefprozil	1	MO
CEFTAZIDIME IN D5W	3	
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
CEFTIN ORAL TABLET 250 MG, 500 MG	3	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone injection recon soln 250 mg, 500 mg	1	MO
ceftriaxone intravenous recon soln	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	1	MO
cefuroxime sodium intravenous	1	
cephalexin	1	MO
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	MO
CLAFORAN INJECTION RECON SOLN 500 MG	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
FORTAZ INJECTION RECON SOLN 2 GRAM	3	MO
FORTAZ INJECTION RECON SOLN 6 GRAM	3	
FORTAZ INTRAVENOUS	3	

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Drug Name	Drug Tier	Requirements/Limits
KEFLEX ORAL CAPSULE	3	MO
MAXIPIME INJECTION	3	MO
SPECTRACEF ORAL TABLET 400 MG	3	MO
SUPRAX ORAL CAPSULE	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	
SUPRAX ORAL TABLET,CHEWABLE	2	MO
TAZICEF INJECTION RECON SOLN 1 GRAM	3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	3	MO
TEFLARO	3	MO
ZERBAXA	3	
ZINACEF INJECTION RECON SOLN 1.5 GRAM	3	MO
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS RECON SOLN 7.5 GRAM	3	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	MO
azithromycin intravenous recon soln 500 mg (2 mg/ml)	1	
azithromycin oral	1	MO
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	3	MO
BIAXIN ORAL TABLET	3	MO
clarithromycin	1	MO
DIFICID	3	MO
e.e.s. 400 oral tablet	1	MO
E.E.S. GRANULES	2	MO
ERYPED 200	2	MO
ERYPED 400	2	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	MO
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral tablet	1	MO
PCE	3	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZMAX	3	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	MO
ALINIA	2	MO
amikacin injection solution 500 mg/2 ml	1	MO
atovaquone	1	MO
atovaquone-proguanil	1	MO
AZACTAM IN DEXTROSE (ISO-OSM)	2	
AZACTAM INJECTION RECON SOLN 1 GRAM	3	MO
aztreonam injection recon soln 1 gram	1	MO
baciim	1	
bacitracin intramuscular	1	MO
BETHKIS	2	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAPASTAT	2	
CAYSTON	2	MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	1	
chloroquine phosphate oral	1	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML	3	MO
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 900 MG/50 ML	3	
CLEOCIN INJECTION	3	MO
CLEOCIN ORAL	3	MO
clindamycin hcl	1	MO

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Drug Name	Drug Tier	Requirements/Limits
clindamycin in 5 % dextrose	1	MO
clindamycin pediatric	1	
clindamycin phosphate intravenous solution 600 mg/4 ml	1	MO
COARTEM	2	MO
colistin (colistimethate na)	1	MO
CUBICIN	2	MO
DALVANCE	3	
DAPSONE	2	MO
DARAPRIM	2	MO
DORIBAX INTRAVENOUS RECON SOLN 500 MG	2	
ethambutol	1	MO
FLAGYL	3	MO
FLAGYL ER	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1	
gentamicin injection solution 40 mg/ml	1	MO
gentamicin sulfate (pf) intravenous solution 80 mg/8 ml	1	
hydroxychloroquine oral	1	MO
imipenem-cilastatin	1	MO
INVANZ INJECTION	2	MO
isoniazid injection	1	
isoniazid oral	1	MO
ivermectin oral	1	MO
KETEK	3	MO
LINCOCIN	3	MO
linezolid intravenous	1	
linezolid oral	1	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	3	MO
meropenem intravenous recon soln 500 mg	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	MO
metronidazole in nacl (iso-os)	1	MO
metronidazole oral	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	2	PA; MO; QL (6 per 28 days)
neomycin	1	MO
paromomycin	1	MO
PASER	2	MO
PENTAM	3	MO
PLAQUENIL	3	MO
polymyxin b sulfate	1	
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV	3	MO
pyrazinamide	1	MO
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	1	MO
RIFADIN	3	MO
RIFAMATE	3	MO
rifampin intravenous	1	MO
rifampin oral	1	MO
RIFATER	3	MO
SIRTURO	2	MO; LA
SIVEXTRO INTRAVENOUS	3	
SIVEXTRO ORAL	3	MO
STREPTOMYCIN INTRAMUSCULAR	2	MO
STROMECTOL	3	MO
SYNERCID	2	
TINDAMAX ORAL TABLET 500 MG	3	MO
tinidazole	1	MO
TOBI	3	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml	1	MO
tobramycin sulfate injection solution	1	MO
TRECATOR	2	MO
TYGACIL	2	MO
XIFAXAN	2	MO
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	3	MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	2	MO
ZYVOX ORAL TABLET	3	MO
PENICILLINS		

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate	1	MO
ampicillin	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
ampicillin-sulbactam injection recon soln 3 gram	1	MO
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO
dicloxacillin	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	1	
nafcillin injection recon soln 1 gram, 10 gram	1	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	MO
oxacillin injection recon soln 10 gram	1	MO
oxacillin intravenous recon soln 2 gram	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
penicillin g potassium injection recon soln 5 million unit	1	MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	MO
penicillin g sodium	1	MO

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Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium	1	MO
piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram	1	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	
UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	MO
ZOSYN INTRAVENOUS RECON SOLN 3.375 GRAM	3	MO
QUINOLONES		
AVELOX	3	MO
AVELOX ABC PACK	3	MO
AVELOX IN NACL (ISO-OSMOTIC)	3	MO
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
ciprofloxacin	1	
ciprofloxacin (mixture)	1	MO
ciprofloxacin hcl oral	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO
ciprofloxacin lactate intravenous solution 400 mg/40 ml	1	
FACTIVE	3	MO
LEVAQUIN ORAL	3	MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml	1	MO
levofloxacin intravenous	1	MO
levofloxacin oral	1	MO
moxifloxacin	1	MO
ofloxacin oral tablet 400 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine oral	1	MO
sulfamethoxazole-trimethoprim	1	MO
TETRACYCLINES		
ADOXA ORAL CAPSULE	3	ST; MO
demeclocycline oral	1	MO
doxy-100	1	MO
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO
doxycycline hyclate oral tablet 50 mg	1	
doxycycline hyclate oral tablet,delayed release (dr/ec)	1	MO
doxycycline monohydrate oral capsule	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3	ST; MO
minocycline oral	1	MO
ORACEA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
tetracycline	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
FURADANTIN	3	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	3	MO
MACRODANTIN ORAL CAPSULE 25 MG	2	MO
methenamine hippurate	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MONUROL	2	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
nitrofurantoin oral	1	MO
PRIMSOL	2	MO
trimethoprim	1	MO
VANCOMYCIN		
VANCOCIN	3	MO
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg	1	MO
vancomycin oral capsule	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
amifostine crystalline	1	MO
dexrazoxane hcl intravenous recon soln 250 mg	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	2	
FUSILEV	2	MO
KEPIVANCE	2	

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium injection recon soln 100 mg, 350 mg	1	MO
leucovorin calcium oral	1	MO
LEVOLEUCOVORIN CALCIUM	3	
mesna	1	MO
MESNEX INTRAVENOUS	3	
MESNEX ORAL	2	MO
XGEVA	2	MO
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	3	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	2	MO
adrucil intravenous solution 500 mg/10 ml	1	MO
AFINITOR DISPERZ	2	PA; MO
AFINITOR ORAL TABLET 10 MG	2	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	2	PA; MO
ALIMTA INTRAVENOUS RECON SOLN 500 MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ALKERAN INTRAVENOUS	3	
anastrozole	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	2	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	2	PA; MO
ASTAGRAF XL	3	PA; MO
AVASTIN	2	MO
azacitidine	1	MO
AZASAN	2	PA; MO
azathioprine	1	PA; MO
BELEODAQ	2	MO
bicalutamide	1	MO
BICNU	2	MO
bleomycin injection recon soln 30 unit	1	MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO
BOSULIF ORAL TABLET 500 MG	2	PA; MO; QL (30 per 30 days)
BUSULFEX	2	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
CAPRELSA ORAL TABLET 100 MG	2	PA; MO; LA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; MO; LA; QL (30 per 30 days)
carboplatin intravenous solution	1	MO
CASODEX	3	MO
CELLCEPT INTRAVENOUS	2	PA; MO
CELLCEPT ORAL CAPSULE	3	PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	PA; MO
CELLCEPT ORAL TABLET	3	PA; MO
cisplatin	1	MO
cladribine	1	MO
CLOLAR	2	MO
COMETRIQ	2	PA; MO
COSMEGEN	3	MO
CYCLOPHOSPHAMIDE ORAL CAPSULE	2	PA; MO
cyclosporine intravenous	1	PA
cyclosporine modified	1	PA; MO
cyclosporine oral capsule	1	PA; MO
cytarabine	1	MO

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Drug Name	Drug Tier	Requirements/Limits
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)	1	MO
dacarbazine intravenous recon soln 200 mg	1	MO
DACOGEN	3	MO
daunorubicin intravenous solution	1	
DAUNOXOME	2	MO
decitabine	1	MO
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	2	
docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	1	MO
DOXIL	2	MO
doxorubicin intravenous solution 50 mg/25 ml	1	MO
DROXIA	2	MO
ELIGARD	2	PA; MO
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	MO
ELOXATIN INTRAVENOUS SOLUTION 100 MG/20 ML	3	MO
EMCYT	2	MO
epirubicin intravenous solution 50 mg/25 ml	1	MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	2	MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERWINAZE	2	MO
ETOPOPHOS	2	MO
etoposide intravenous	1	MO
exemestane	1	MO
FARESTON	2	MO
FARYDAK ORAL CAPSULE 10 MG	3	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	3	PA; MO; QL (6 per 21 days)
FASLODEX	2	MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE	2	MO
fludarabine intravenous recon soln	1	MO
fluorouracil intravenous solution 2.5 gram/50 ml	1	MO
flutamide	1	MO

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Drug Name	Drug Tier	Requirements/Limits
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	2	MO
gemcitabine intravenous recon soln 1 gram	1	MO
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	3	MO
gengraf	1	PA; MO
GILOTRIF ORAL TABLET 20 MG	2	PA; MO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 30 MG	2	PA; MO; QL (40 per 30 days)
GILOTRIF ORAL TABLET 40 MG	2	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	2	PA; MO
GLEEVEC ORAL TABLET 400 MG	2	PA; MO; QL (60 per 30 days)
GLEOSTINE	3	MO
HALAVEN	2	MO
HERCEPTIN	2	MO
HEXALEN	2	MO
HYCAMTIN INTRAVENOUS	3	MO
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; MO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; MO; QL (30 per 30 days)
IDAMYCIN PFS	3	MO
idarubicin	1	
IFEX INTRAVENOUS RECON SOLN 1 GRAM	3	MO
ifosfamide intravenous recon soln 1 gram	1	MO
IMBRUVICA	2	PA; MO; QL (120 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	MO
ISTODAX	2	MO
IXEMPRA INTRAVENOUS RECON SOLN 45 MG	2	MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA; MO
JAKAFI ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)
JEVTANA	2	MO

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Drug Name	Drug Tier	Requirements/Limits
KADCYLA INTRAVENOUS RECON SOLN 100 MG	2	MO
KEYTRUDA INTRAVENOUS RECON SOLN	2	MO
LENVIMA	2	PA; MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide	1	MO
LOMUSTINE	2	MO
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA; MO
LYNPARZA	2	PA; MO
LYSODREN	2	MO
MATULANE	2	MO
MEGACE	3	MO
MEGACE ES	2	MO
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	MO
megestrol oral tablet	1	MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
melphalan hcl	1	
mercaptopurine	1	MO
methotrexate sodium (pf) injection recon soln	1	PA
methotrexate sodium (pf) injection solution	1	PA; MO
methotrexate sodium oral	1	PA; MO
mitomycin intravenous recon soln 20 mg	1	MO
mitoxantrone	1	MO
MUSTARGEN	2	MO
mycophenolate mofetil	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
NILANDRON	2	MO
NIPENT	3	MO
NULOJIX	2	PA; MO
octreotide acetate injection solution	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ONCASPAR	2	MO
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	2	MO
oxaliplatin intravenous solution 100 mg/20 ml	1	MO
paclitaxel	1	MO
PERJETA	2	MO
POMALYST	2	MO
PROGRAF INTRAVENOUS	2	PA; MO
PROGRAF ORAL	3	PA; MO
PURIXAN	2	MO
RAPAMUNE ORAL SOLUTION	2	PA; MO
RAPAMUNE ORAL TABLET	3	PA; MO
REVLIMID	2	PA; MO; LA
RHEUMATREX ORAL TABLETS,DOSE PACK 2.5 MG	3	PA; MO
RHEUMATREX ORAL TABLETS,DOSE PACK 2.5 MG (DOSE PACK 12), 2.5 MG (DOSE PACK 16), 2.5 MG (DOSE PACK 20), 2.5 MG (DOSE PACK 8)	3	PA
RITUXAN	2	PA; MO
SANDIMMUNE INTRAVENOUS	3	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SANDOSTATIN	3	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	2	MO
SIGNIFOR	2	MO
SIGNIFOR LAR	3	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	PA; MO
sirolimus	1	PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	2	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	2	PA; MO
SPRYCEL ORAL TABLET 140 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	2	PA; MO; QL (60 per 30 days)
SUTENT ORAL CAPSULE 50 MG	2	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	2	MO
SYNRIBO	2	MO
TABLOID	2	MO
tacrolimus oral	1	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	2	PA; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	2	PA; MO; QL (120 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	2	PA; MO
TARCEVA ORAL TABLET 150 MG	2	PA; MO; QL (30 per 30 days)
TARGRETIN	2	MO
TASIGNA ORAL CAPSULE 150 MG	2	PA; MO
TASIGNA ORAL CAPSULE 200 MG	2	PA; MO; QL (112 per 28 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	3	MO
THALOMID	2	PA; MO
toposar	1	MO
topotecan intravenous recon soln	1	MO
TORISEL	2	MO
TREANDA INTRAVENOUS RECON SOLN 100 MG	2	MO
TREANDA INTRAVENOUS SOLUTION 45 MG/0.5 ML	2	MO
TRELSTAR DEPOT	2	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	2	MO
TRELSTAR LA	2	
tretinoin (chemotherapy)	1	MO
TREXALL	2	PA; MO
TRISENOX	2	MO
TYKERB	2	PA; MO; LA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	2	PA; MO
VELCADE	2	MO
VIDAZA	3	MO
vinblastine intravenous solution	1	MO
vincasar pfs intravenous solution 1 mg/ml	1	
vincristine intravenous solution 1 mg/ml	1	MO
vinorelbine intravenous solution 50 mg/5 ml	1	MO
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	2	PA; MO
XALKORI ORAL CAPSULE 250 MG	2	PA; MO; QL (60 per 30 days)
XTANDI	2	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	2	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	2	MO
ZANOSAR	2	MO
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZOLINZA	2	MO
ZORTRESS	2	PA; MO
ZYDELIG	2	PA; MO; QL (90 per 30 days)
ZYKADIA	2	PA; MO; QL (150 per 30 days)
ZYTIGA	2	PA; MO; QL (120 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	3	MO
BANZEL	2	MO
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	3	
clonazepam	1	PA; MO
DEPACON	3	MO
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	PA; MO
DIASTAT ACUDIAL	3	PA; MO
diazepam rectal	1	PA; MO
DILANTIN 30 MG	2	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
divalproex	1	MO
epitol	1	MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL	3	MO
fosphenytoin injection solution 100 mg pe/2 ml	1	MO

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA	2	MO
gabapentin oral capsule	1	MO
gabapentin oral solution 250 mg/5 ml	1	MO
gabapentin oral tablet 600 mg, 800 mg	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
GRALISE	2	PA; MO
GRALISE 30-DAY STARTER PACK	2	PA; MO
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN	3	PA; MO
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet extended release 24hr	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	2	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	MO
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LYRICA	2	PA; MO
MYSOLINE	3	MO
NEURONTIN	3	PA; MO
ONFI ORAL SUSPENSION	2	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; MO
oxcarbazepine	1	MO
OXTELLAR XR	3	MO
PEGANONE	2	MO
phenobarbital oral elixir	1	MO
phenobarbital oral tablet 100 mg	1	
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	MO
PHENYTEK	3	MO
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended	1	MO

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Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium intravenous solution	1	MO
POTIGA	2	MO
primidone	1	MO
QUDEXY XR	3	PA; MO
SABRIL	2	MO; LA
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	2	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	3	MO
tiagabine	1	MO
TOPAMAX	3	PA; MO
topiramate oral capsule, sprinkle	1	PA; MO
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
topiramate oral tablet	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR	3	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
zonisamide	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	MO; LA
AZILECT	2	MO
benztropine	1	MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
COGENTIN	3	MO
COMTAN	3	MO
DUOPA	3	PA; MO
ELDEPRYL	3	MO
entacapone	1	MO
LODOSYN	3	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO	2	MO
pramipexole oral tablet	1	MO
pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg	1	MO
REQUIP	3	MO
REQUIP XL	3	MO
ropinirole	1	MO
RYTARY	3	MO
selegiline hcl	1	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	3	MO
tolcapone	1	MO
ZELAPAR	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
ALSUMA	3	MO; QL (16 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
AXERT ORAL TABLET 12.5 MG	3	MO; QL (24 per 28 days)
AXERT ORAL TABLET 6.25 MG	3	MO; QL (18 per 28 days)
CAFERGOT	3	MO
dihydroergotamine injection	1	MO
dihydroergotamine nasal	1	MO; QL (8 per 28 days)
ERGOMAR	2	MO
FROVA	3	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE KIT REFILL	3	MO; QL (16 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (16 per 28 days)
MAXALT	3	MO; QL (36 per 28 days)
MAXALT-MLT	3	MO; QL (36 per 28 days)
migergot	1	MO
MIGRANAL	3	MO; QL (8 per 28 days)
naratriptan	1	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RELPAX	2	MO; QL (18 per 28 days)
rizatriptan	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (16 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (16 per 28 days)
SUMAVEL DOSEPRO	3	MO; QL (9 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
zolmitriptan	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	2	PA; MO; LA
ARICEPT	3	MO
AUBAGIO	3	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; MO; QL (12 per 28 days)
donepezil	1	MO
EXELON ORAL CAPSULE	3	MO
EXELON TRANSDERMAL	2	MO
galantamine	1	MO
GILENYA	2	PA; MO
glatopa	1	PA; MO; QL (30 per 30 days)
HORIZANT	3	PA; MO
NAMENDA ORAL SOLUTION	2	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	2	PA; MO
NUEDEXTA	2	MO
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO
rivastigmine tartrate	1	MO
TECFIDERA	2	PA; MO
TYSABRI	2	PA; MO; LA
XENAZINE	2	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen	1	MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
dantrolene	1	MO
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	2	PA; MO
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	PA
MESTINON ORAL SYRUP	2	MO
MESTINON ORAL TABLET	3	MO
MESTINON TIMESPAN	2	MO
pyridostigmine bromide oral tablet	1	MO
tizanidine	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG	3	PA; MO; QL (120 per 30 days)
ABSTRAL SUBLINGUAL TABLET 400 MCG	3	PA; MO; QL (116 per 30 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG	3	PA; MO; QL (77 per 30 days)
ABSTRAL SUBLINGUAL TABLET 800 MCG	3	PA; MO; QL (58 per 30 days)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
ACTIQ	3	PA; MO; QL (120 per 30 days)
BUPRENEX	3	MO; QL (267 per 30 days)
buprenorphine hcl injection syringe	1	QL (267 per 30 days)
buprenorphine hcl sublingual tablet 2 mg	1	MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl sublingual tablet 8 mg	1	MO; QL (75 per 30 days)
BUTRANS	2	MO; QL (4 per 28 days)
CAPITAL WITH CODEINE	3	MO; QL (4500 per 30 days)
codeine sulfate oral tablet	1	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 2 MG/ML	3	MO; QL (150 per 30 days)
DILAUDID (PF) INJECTION SOLUTION 4 MG/ML	3	MO; QL (75 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (1500 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DILAUDID-HP (PF) INJECTION SOLUTION	3	QL (30 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	3	MO; QL (9 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	3	MO; QL (10 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO; QL (4000 per 30 days)
duramorph (pf) injection solution 1 mg/ml	1	QL (2000 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG	3	MO; QL (60 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG	3	MO; QL (90 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 80-3.2 MG	3	MO; QL (75 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
endodan	1	MO; QL (360 per 30 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 16 MG, 8 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	3	MO; QL (47 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg	1	PA; MO; QL (39 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,600 mcg	1	PA; MO; QL (29 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 400 mcg	1	PA; MO; QL (116 per 30 days)
fentanyl citrate buccal lozenge on a handle 600 mcg	1	PA; MO; QL (77 per 30 days)
fentanyl citrate buccal lozenge on a handle 800 mcg	1	PA; MO; QL (58 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr	1	MO; QL (9 per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	MO; QL (10 per 30 days)
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR	3	MO; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	3	PA; MO; QL (120 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	3	PA; MO; QL (116 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	3	PA; MO; QL (77 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	3	PA; MO; QL (58 per 30 days)
HYCET	3	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 mg/ml	1	MO; QL (120 per 30 days)
hydromorphone oral liquid	1	MO; QL (1500 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	1	MO; QL (60 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg	1	MO; QL (47 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 120 MG	3	MO; QL (50 per 30 days)
IBUDONE ORAL TABLET 10-200 MG	3	MO; QL (50 per 30 days)
ibuprofen-oxycodone	1	MO; QL (28 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 100 MG	3	MO; QL (60 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	3	MO; QL (30 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 80 MG	3	MO; QL (75 per 30 days)
LAZANDA	3	PA; MO; QL (23 per 30 days)
levorphanol tartrate	1	MO; QL (120 per 30 days)
lorcet (hydrocodone)	1	MO; QL (360 per 30 days)
lorcet hd	1	MO; QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg	1	MO; QL (360 per 30 days)
lortab 10-325	1	MO; QL (360 per 30 days)
lortab 5-325	1	MO; QL (360 per 30 days)
lortab 7.5-325	1	MO; QL (360 per 30 days)
methadone injection	1	QL (160 per 30 days)
methadone oral solution 10 mg/5 ml	1	MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
morphine concentrate oral solution	1	MO; QL (300 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	QL (200 per 30 days)
morphine intravenous syringe 2 mg/ml	1	QL (1000 per 30 days)
morphine intravenous syringe 4 mg/ml	1	QL (500 per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL (250 per 30 days)
morphine oral capsule, er multiphase 24 hr 120 mg	1	MO; QL (50 per 30 days)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	1	MO; QL (90 per 30 days)
morphine oral capsule,extend.release pellets 100 mg	1	MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 80 mg	1	MO; QL (75 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release 100 mg	1	MO; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	1	MO; QL (120 per 30 days)
morphine oral tablet extended release 200 mg	1	MO; QL (30 per 30 days)
morphine oral tablet extended release 60 mg	1	MO; QL (100 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (30 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	MO; QL (100 per 30 days)
NORCO	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	MO; QL (90 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG	3	MO; QL (67 per 30 days)
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG	3	MO; QL (50 per 30 days)
OPANA ORAL TABLET 10 MG	3	MO; QL (200 per 30 days)
OPANA ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 30 mg	1	MO; QL (134 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	3	MO; QL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
oxycodone-aspirin	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	2	MO; QL (67 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	MO; QL (50 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (200 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
oxymorphone oral tablet extended release 12 hr 30 mg	1	MO; QL (67 per 30 days)
oxymorphone oral tablet extended release 12 hr 40 mg	1	MO; QL (50 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)
PERCODAN	3	MO; QL (360 per 30 days)
PRIMLEV	3	MO; QL (360 per 30 days)
reprexain	1	MO; QL (50 per 30 days)
ROXICET ORAL SOLUTION	3	MO; QL (800 per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	MO; QL (134 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	MO; QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	3	PA; MO; LA; QL (120 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	PA; MO; LA; QL (84 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 600 MCG/SPRAY	3	PA; MO; LA; QL (56 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 800 MCG/SPRAY	3	PA; MO; LA; QL (42 per 30 days)
SYNALGOS-DC	3	MO; QL (300 per 30 days)
TREZIX ORAL CAPSULE 16-320.5-30 MG	3	MO; QL (300 per 30 days)
TYLENOL-CODEINE #3	3	MO; QL (360 per 30 days)
TYLENOL-CODEINE #4	3	MO; QL (180 per 30 days)
vicodin es oral tablet 7.5-300 mg	1	MO; QL (360 per 30 days)
vicodin hp oral tablet 10-300 mg	1	MO; QL (360 per 30 days)
vicodin oral tablet 5-300 mg	1	MO; QL (360 per 30 days)
VICOPROFEN	3	MO; QL (50 per 30 days)
XARTEMIS XR	3	MO; QL (120 per 30 days)
XODOL 10/300	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XODOL 5/300	3	MO; QL (360 per 30 days)
XODOL 7.5/300	3	MO; QL (360 per 30 days)
zamicet	1	QL (5550 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ANAPROX	3	MO
ANAPROX DS	3	MO
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	PA; MO; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	PA; MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	PA; MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	PA; MO; QL (90 per 30 days)
butorphanol tartrate injection solution 1 mg/ml	1	MO; QL (720 per 30 days)
butorphanol tartrate injection solution 2 mg/ml	1	MO; QL (360 per 30 days)
butorphanol tartrate nasal	1	MO; QL (5 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
celecoxib	1	MO
CONZIP	3	MO; QL (30 per 30 days)
DAYPRO	3	MO
diclofenac potassium	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO
diclofenac-misoprostol	1	MO
diflunisal	1	MO
DUEXIS	3	ST; MO
EC-NAPROSYN	3	MO
etodolac	1	MO
EVZIO	3	MO; QL (0.8 per 30 days)
FELDENE	3	MO
fenoprofen oral tablet	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
flurbiprofen	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ketoprofen oral capsule	1	MO
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
meclofenamate oral	1	MO
mefenamic acid	1	MO
meloxicam oral suspension	1	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
MOBIC ORAL SUSPENSION	3	MO
MOBIC ORAL TABLET 15 MG	3	MO
MOBIC ORAL TABLET 7.5 MG	3	MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine injection solution 10 mg/ml	1	MO; QL (200 per 30 days)
nalbuphine injection solution 20 mg/ml	1	MO; QL (100 per 30 days)
naloxone injection syringe 1 mg/ml	1	MO
naltrexone oral	1	MO
NAPRELAN CR	3	ST; MO
NAPROSYN ORAL TABLET	3	MO
naproxen	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr	1	MO
NUCYNTA ER	3	MO; QL (60 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)
oxaprozin	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO
piroxicam	1	MO
PONSTEL	3	MO
SPRIX	3	ST; MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	PA; MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	PA; MO; QL (90 per 30 days)
sulindac oral	1	MO
TIVORBEX	3	ST; MO; QL (90 per 30 days)
tolmetin oral capsule	1	MO

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Drug Name	Drug Tier	Requirements/Limits
tolmetin oral tablet 600 mg	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	QL (30 per 30 days)
tramadol oral tablet	1	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg	1	MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	1	MO; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
ULTRAM ER	3	MO; QL (30 per 30 days)
VIMOVO	3	ST; MO
VIVITROL	3	MO
VOLTAREN GEL TOPICAL GEL 1 %	2	MO
VOLTAREN-XR	3	MO
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG	3	PA; MO; QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	PA; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (90 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ABILIFY ORAL TABLET 10 MG	3	MO; QL (90 per 30 days)
ABILIFY ORAL TABLET 15 MG, 20 MG	3	MO; QL (60 per 30 days)
ABILIFY ORAL TABLET 2 MG	3	MO; QL (450 per 30 days)
ABILIFY ORAL TABLET 30 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY ORAL TABLET 5 MG	3	MO; QL (180 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
AMBIEN	3	ST; MO; QL (30 per 30 days)
AMBIEN CR	3	ST; MO; QL (30 per 30 days)
amitriptyline	1	PA; MO
amoxapine	1	MO
amphetamine salt combo	1	MO
ANAFRANIL	3	PA; MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	MO; QL (90 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG	3	MO; QL (60 per 30 days)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	3	MO; QL (30 per 30 days)
APTENSIO XR	3	
aripiprazole oral tablet 10 mg	1	MO; QL (90 per 30 days)
aripiprazole oral tablet 15 mg, 20 mg	1	MO; QL (60 per 30 days)
aripiprazole oral tablet 2 mg	1	MO; QL (450 per 30 days)
aripiprazole oral tablet 30 mg	1	MO; QL (30 per 30 days)
aripiprazole oral tablet 5 mg	1	MO; QL (180 per 30 days)
ATIVAN ORAL	3	PA; MO
BELSOMRA	3	ST; MO; QL (30 per 30 days)
BRINTELLIX ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
BRINTELLIX ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
BRINTELLIX ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 100 mg	1	MO; QL (120 per 30 days)
bupropion hcl oral tablet extended release 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 200 mg	1	MO; QL (60 per 30 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (60 per 30 days)
buspirone	1	MO
CELEXA ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
CELEXA ORAL TABLET 20 MG	3	MO; QL (60 per 30 days)
CELEXA ORAL TABLET 40 MG	3	MO; QL (30 per 30 days)
chlorpromazine	1	MO
citalopram oral solution	1	MO
citalopram oral tablet 10 mg	1	MO; QL (120 per 30 days)
citalopram oral tablet 20 mg	1	MO; QL (60 per 30 days)
citalopram oral tablet 40 mg	1	MO; QL (30 per 30 days)
clomipramine	1	PA; MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium	1	PA; MO
clozapine oral tablet 100 mg, 25 mg, 50 mg	1	MO
clozapine oral tablet 200 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	MO
CONCERTA	3	MO
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	ST; MO; QL (180 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	ST; MO; QL (120 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 MG	3	ST; MO; QL (60 per 30 days)
DAYTRANA	3	MO
desipramine oral	1	MO
DESOXYN	3	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	ST; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
dexedrine	1	MO
DEXEDRINE SPANSULE	3	MO
dexmethylphenidate	1	MO
dextroamphetamine oral capsule, extended release	1	MO
dextroamphetamine oral tablet	1	MO
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO
diazepam intensol	1	PA; MO
diazepam oral solution 5 mg/5 ml	1	PA; MO
diazepam oral tablet	1	PA; MO
doxepin oral	1	PA; MO
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (180 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	ST; MO; QL (60 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	3	ST; MO; QL (180 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	ST; MO; QL (90 per 30 days)
EMSAM	2	MO
ergoloid	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet 10 mg	1	MO; QL (60 per 30 days)
escitalopram oxalate oral tablet 20 mg	1	MO; QL (30 per 30 days)
escitalopram oxalate oral tablet 5 mg	1	MO; QL (120 per 30 days)
eszopiclone	1	ST; MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
FANAPT ORAL TABLET 1 MG	3	MO; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 8 MG	3	MO; QL (90 per 30 days)
FANAPT ORAL TABLET 12 MG	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	3	MO; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 6 MG	3	MO; QL (120 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 25 MG	3	
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	2	ST; MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	2	ST; MO; QL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	2	ST; MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	2	ST; MO; QL (45 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO
FLUOXETINE ORAL TABLET 60 MG	3	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral capsule,extended release 24hr 150 mg	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (360 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (180 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR	2	MO
GEODON ORAL CAPSULE 20 MG	3	MO; QL (240 per 30 days)
GEODON ORAL CAPSULE 40 MG	3	MO; QL (120 per 30 days)
GEODON ORAL CAPSULE 60 MG	3	MO; QL (80 per 30 days)
GEODON ORAL CAPSULE 80 MG	3	MO; QL (60 per 30 days)
guanidine	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
haloperidol	1	MO
haloperidol decanoate	1	MO
haloperidol lactate	1	MO
HETLIOZ	3	PA; MO
imipramine hcl	1	PA; MO
imipramine pamoate	1	PA; MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	3	MO; QL (240 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG	3	MO; QL (120 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	3	MO; QL (41 per 30 days)
INVEGA SUSTENNA	3	MO
IRENKA	3	MO; QL (90 per 30 days)
KAPVAY	3	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; MO; QL (240 per 30 days)
LATUDA ORAL TABLET 120 MG	2	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	2	MO; QL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	2	MO; QL (120 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	2	MO; QL (60 per 30 days)
LEXAPRO ORAL SOLUTION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LEXAPRO ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	MO; QL (30 per 30 days)
LEXAPRO ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	1	MO
LITHOBID	3	MO
lorazepam intensol	1	PA; MO
lorazepam oral tablet	1	PA; MO
loxapine succinate	1	MO
LUNESTA	3	ST; MO; QL (30 per 30 days)
maprotiline	1	MO
MARPLAN	2	MO
METADATE CD	3	MO
metadate er	1	MO
methamphetamine	1	MO
METHYLIN ORAL SOLUTION	3	MO
METHYLIN ORAL TABLET,CHEWABLE	3	MO
methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg	1	MO
methylphenidate oral capsule,er biphasic 50-50	1	MO
methylphenidate oral solution	1	MO
methylphenidate oral tablet	1	MO
methylphenidate oral tablet extended release	1	MO
methylphenidate oral tablet extended release 24hr	1	MO
methylphenidate oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil	1	PA; MO
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN	3	MO
nortriptyline	1	MO
NUVIGIL	3	PA; MO
olanzapine intramuscular	1	MO
olanzapine oral tablet 10 mg	1	MO; QL (60 per 30 days)
olanzapine oral tablet 15 mg, 20 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet 2.5 mg	1	MO; QL (240 per 30 days)
olanzapine oral tablet 5 mg	1	MO; QL (120 per 30 days)
olanzapine oral tablet 7.5 mg	1	MO; QL (81 per 30 days)
olanzapine oral tablet,disintegrating 10 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
olanzapine oral tablet,disintegrating 15 mg, 20 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 5 mg	1	MO; QL (120 per 30 days)
olanzapine-fluoxetine	1	MO
ORAP	2	MO
oxazepam	1	PA; MO
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral tablet 10 mg	1	MO; QL (180 per 30 days)
paroxetine hcl oral tablet 20 mg	1	MO; QL (90 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet 40 mg	1	MO; QL (45 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1	MO; QL (180 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 25 mg	1	MO; QL (90 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 37.5 mg	1	MO; QL (60 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	MO; QL (180 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	MO; QL (90 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PAXIL ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
perphenazine	1	MO
PEXEVA ORAL TABLET 10 MG	3	MO; QL (180 per 30 days)
PEXEVA ORAL TABLET 20 MG	3	MO; QL (90 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
PEXEVA ORAL TABLET 40 MG	3	MO; QL (45 per 30 days)
phenelzine	1	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	ST; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	2	ST; MO; QL (480 per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	ST; MO; QL (240 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL	3	PA; MO
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (240 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
PROZAC WEEKLY	3	MO; QL (4 per 28 days)
quetiapine oral tablet 100 mg	1	MO; QL (240 per 30 days)
quetiapine oral tablet 200 mg	1	MO; QL (120 per 30 days)
quetiapine oral tablet 25 mg	1	MO; QL (902 per 30 days)
quetiapine oral tablet 300 mg	1	MO; QL (81 per 30 days)
quetiapine oral tablet 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet 50 mg	1	MO; QL (480 per 30 days)
QUILLIVANT XR	3	MO
REMERON	3	MO
REMERON SOLTAB	3	MO
RESTORIL	3	PA; MO
RISPERDAL CONSTA	2	MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 2 MG	3	MO; QL (240 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	3	MO; QL (120 per 30 days)
RISPERDAL ORAL SOLUTION	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.25 MG	3	MO; QL (1920 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)
RISPERDAL ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
RISPERDAL ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL ORAL TABLET 3 MG	3	MO; QL (161 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
risperidone oral solution	1	MO; QL (480 per 30 days)
risperidone oral tablet 0.25 mg	1	MO; QL (1920 per 30 days)
risperidone oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
risperidone oral tablet 1 mg	1	MO; QL (480 per 30 days)
risperidone oral tablet 2 mg	1	MO; QL (240 per 30 days)
risperidone oral tablet 3 mg	1	MO; QL (161 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg	1	MO; QL (1920 per 30 days)
risperidone oral tablet,disintegrating 0.5 mg	1	MO; QL (960 per 30 days)
risperidone oral tablet,disintegrating 1 mg	1	MO; QL (480 per 30 days)
risperidone oral tablet,disintegrating 2 mg	1	MO; QL (240 per 30 days)
risperidone oral tablet,disintegrating 3 mg	1	MO; QL (161 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RITALIN	3	MO
RITALIN LA	3	MO
ROZEREM	2	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	2	MO; QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	2	MO; QL (240 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	2	MO; QL (120 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SEROQUEL ORAL TABLET 100 MG	3	MO; QL (240 per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	MO; QL (120 per 30 days)
SEROQUEL ORAL TABLET 25 MG	3	MO; QL (902 per 30 days)
SEROQUEL ORAL TABLET 300 MG	3	MO; QL (81 per 30 days)
SEROQUEL ORAL TABLET 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL ORAL TABLET 50 MG	3	MO; QL (480 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	MO; QL (161 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	2	MO; QL (120 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	MO; QL (81 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	2	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	2	MO; QL (480 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (240 per 30 days)
sertraline oral tablet 50 mg	1	MO; QL (120 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SONATA ORAL CAPSULE 10 MG	3	ST; MO; QL (60 per 30 days)
SONATA ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
STRATTERA	2	MO
SURMONTIL	3	PA; MO
SYMBYAX	3	MO
temazepam	1	PA; MO
thioridazine	1	MO
thiothixene	1	MO
TOFRANIL	3	PA; MO
TOFRANIL-PM	3	PA; MO
TRANXENE T-TAB ORAL TABLET 3.75 MG, 7.5 MG	3	PA; MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
VALIUM	3	PA; MO
venlafaxine oral capsule,extended release 24hr 150 mg	1	MO; QL (60 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg	1	MO; QL (180 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 25 mg	1	MO; QL (270 per 30 days)
venlafaxine oral tablet 37.5 mg	1	MO; QL (180 per 30 days)
venlafaxine oral tablet 50 mg	1	MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 150 MG	3	MO; QL (60 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG	3	MO; QL (30 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 37.5 MG	3	MO; QL (180 per 30 days)
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
VERSACLOZ	2	LA
VIIBRYD ORAL TABLET 10 MG	2	MO; QL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	2	MO; QL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	2	MO; QL (30 per 30 days)
VYVANSE	3	MO
WELLBUTRIN	3	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 100 MG	3	MO; QL (120 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 200 MG	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (60 per 30 days)
XYREM	2	MO; LA
zaleplon oral capsule 10 mg	1	ST; MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	ST; MO; QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	2	MO
ziprasidone hcl oral capsule 20 mg	1	MO; QL (240 per 30 days)
ziprasidone hcl oral capsule 40 mg	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl oral capsule 60 mg	1	MO; QL (80 per 30 days)
ziprasidone hcl oral capsule 80 mg	1	MO; QL (60 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (240 per 30 days)
ZOLOFT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
zolpidem	1	ST; MO; QL (30 per 30 days)
ZOLPIMIST	3	ST; QL (8 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG	3	MO; QL (240 per 30 days)
ZYPREXA ORAL TABLET 5 MG	3	MO; QL (120 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	MO; QL (81 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	LA
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (60 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 5 MG	3	MO; QL (120 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution	1	PA; MO
amiodarone oral tablet 200 mg, 400 mg	1	MO
BETAPACE AF	3	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
NEXTERONE	3	PA
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
procainamide injection solution 100 mg/ml	1	MO
procainamide injection solution 500 mg/ml	1	
propafenone	1	MO
quinidine gluconate	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL ORAL TABLET 150 MG, 225 MG	3	MO
RYTHMOL SR	3	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af oral tablet 120 mg	1	MO
sotalol oral tablet 160 mg, 240 mg, 80 mg	1	MO
SOTYLIZE	2	
TIKOSYN	2	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol oral	1	MO
ADALAT CC	3	MO
afeditab cr	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
ALTACE	3	MO
amiloride oral	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	2	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	2	ST; MO
BENICAR HCT	2	ST; MO
betaxolol oral	1	MO
BIDIL	2	MO
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO

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Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC	2	MO
CALAN	3	MO
CALAN SR	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	MO
CARDENE IV IN SODIUM CHLORIDE	3	
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
cartia xt	1	MO
carvedilol	1	MO
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
chlorothiazide	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1	MO
CLORPRES ORAL TABLET 0.3-15 MG	2	MO
COREG	3	MO
COREG CR	2	MO
CORGARD	3	MO
CORZIDE	3	MO
COZAAR	3	ST; MO
DEMADEX	3	MO
DEMSER	2	MO
diltiazem hcl intravenous	1	
diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet	1	MO
dilt-xr	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
DIURIL IV	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DUTOPROL	2	MO
DYAZIDE	3	MO
EDARBI	3	ST; MO
EDARBYCLOR	3	ST; MO
EDECRIN	3	MO
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	1	MO
EPANED	3	MO
eplerenone	1	MO
eprosartan	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml	1	MO
furosemide oral tablet	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; MO
indapamide	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
labetalol intravenous solution	1	MO
labetalol oral	1	MO
LASIX	3	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR HCT ORAL TABLET 50-25 MG	3	MO
LOPRESSOR INTRAVENOUS	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR ORAL TABLET 100 MG	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	MO
LOTREL	3	MO
matzim la	1	MO
MAVIK	3	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
methyclothiazide	1	MO
methyldopa	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous solution	1	MO
metoprolol tartrate oral	1	MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MICROZIDE	3	MO
MINIPRESS	3	MO
minoxidil oral	1	MO
moexipril	1	MO
moexipril-hydrochlorothiazide	1	MO
nadolol	1	MO
nadolol-bendroflumethiazide	1	MO
nicardipine	1	MO
nifedical xl	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
NORVASC	3	MO
ORENITRAM	3	PA; MO
perindopril erbumine	1	MO
pindolol	1	MO
prazosin oral	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
PROCARDIA XL	3	MO
propranolol intravenous	1	
propranolol oral	1	MO
propranolol-hydrochlorothiazid	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
REMODULIN	2	PA; MO; LA
SECTRAL	3	MO
spironolactone	1	MO

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Drug Name	Drug Tier	Requirements/Limits
spironolacton-hydrochlorothiaz	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
TARKA	3	MO
taztia xt	1	MO
TEKAMLO	3	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
TEVETEN HCT	3	ST; MO
TEVETEN ORAL TABLET 600 MG	3	ST; MO
TIAZAC	3	MO
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
triamterene-hydrochlorothiazid	1	MO
TRIBENZOR	2	ST; MO
TWYNSTA	3	ST; MO
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
verapamil intravenous solution	1	MO
verapamil oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZEBETA	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
CARDIAC GLYCOSIDES		
digitek	1	MO
digoxin oral solution 50 mcg/ml	1	MO
digoxin oral tablet	1	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
COAGULATION THERAPY		
AGGRENOX	3	MO
ARGATROBAN	3	MO
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	3	
ARIXTRA	3	MO
BRILINTA	2	MO
cilostazol	1	MO
clopidogrel	1	MO
COUMADIN ORAL	3	MO
CYKLOKAPRON	3	MO
dipyridamole oral	1	MO
EFFIENT	2	MO
ELIQUIS	2	MO
enoxaparin	1	MO
fondaparinux	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE	3	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) injection solution	1	MO
jantoven	1	MO
LOVENOX	3	MO
pentoxifylline	1	MO
PERSANTINE	3	MO
PLAVIX	3	MO
PLETAL	3	MO
PRADAXA	2	MO
PROMACTA	2	PA; MO; LA
SAVAYSA	3	MO
ticlopidine	1	MO
tranexamic acid intravenous	1	MO
warfarin	1	MO
XARELTO	2	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	2	MO; QL (60 per 30 days)
ADVICOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALTOPREV	3	MO; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
atorvastatin	1	MO; QL (30 per 30 days)
CADUET	3	MO; QL (30 per 30 days)
cholestyramine light oral powder in packet	1	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral granules	1	MO
colestipol oral tablet	1	MO
CRESTOR	2	MO; QL (30 per 30 days)
fenofibrate micronized	1	MO
fenofibrate nanocrystallized	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO
FIBRICOR	3	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil oral	1	MO
JUXTAPID	2	MO; LA
KYNAMRO	3	MO; LA
LESCOL ORAL CAPSULE 20 MG	3	MO; QL (30 per 30 days)
LESCOL ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
LESCOL XL	3	MO; QL (30 per 30 days)
LIPITOR	3	MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIPTRUZET	3	MO; QL (30 per 30 days)
LIVALO	3	MO; QL (30 per 30 days)
LOFIBRA	3	MO
LOPID	3	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	3	MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NIASPAN EXTENDED-RELEASE	3	MO
omega-3 acid ethyl esters	1	MO
PRAVACHOL	3	MO; QL (30 per 30 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite oral powder	1	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-20 MG, 750-20 MG	3	MO; QL (60 per 30 days)
SIMCOR ORAL TABLET, ER MULTIPHASE 24 HR 1,000-40 MG, 500-20 MG, 500-40 MG	3	MO; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRIGLIDE ORAL TABLET 160 MG	3	MO
TRILIPIX	3	MO
VASCEPA	2	MO
VYTORIN 10-10	3	MO; QL (30 per 30 days)
VYTORIN 10-20	3	MO; QL (30 per 30 days)
VYTORIN 10-40	3	MO; QL (30 per 30 days)
VYTORIN 10-80	3	MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	2	MO
ZOCOR	3	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA; MO
RANEXA	2	MO
VECAMYL	3	
NITRATES		
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
isosorbide dinitrate oral	1	MO
isosorbide mononitrate	1	MO
MINITRAN	3	MO
nitro-bid	1	MO
NITRO-DUR	3	MO
nitroglycerin intravenous	1	PA
nitroglycerin transdermal patch 24 hour	1	MO

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Drug Name	Drug Tier	Requirements/Limits
nitroglycerin translingual spray,non-aerosol	1	MO
NITROLINGUAL	3	MO
NITROMIST	3	MO
NITROSTAT	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene	1	MO
calcipotriene-betamethasone	1	MO
calcitriol topical	1	MO
COSENTYX PEN	2	PA; MO
COSENTYX PEN (2 PENS)	2	PA; MO
DOVONEX TOPICAL CREAM	3	MO
selenium sulfide topical suspension	1	MO
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	MO
SORILUX	3	MO
STELARA SUBCUTANEOUS SYRINGE	2	PA; MO
TACLONEX	3	MO
VECTICAL	3	MO
BURN THERAPY		
SILVADENE	3	MO
silver sulfadiazine	1	MO
ssd	1	MO
MISCELLANEOUS DERMATOLOGICALS		
8-MOP	2	MO
ALDARA	3	ST; MO
ammonium lactate topical	1	MO
CARAC	2	MO
CONDYLOX TOPICAL GEL	2	MO
diclofenac sodium topical gel	1	PA; MO
EFUDEX TOPICAL CREAM	3	ST; MO
ELIDEL	3	PA; MO
FLUOROURACIL TOPICAL CREAM 0.5 %	3	ST; MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
imiquimod	1	MO
methoxsalen rapid	1	MO
OXSORALEN ULTRA	3	MO
PANRETIN	2	MO
PICATO	3	ST; MO
podofilox	1	MO
PROTOPIC	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
prudoxin	1	MO
REGRANEX	2	MO
SOLARAZE	3	PA; MO
tacrolimus topical	1	PA; MO
UVADEX	2	
VALCHLOR	2	MO
VEREGEN	3	MO
ZONALON	3	MO
ZYCLARA	3	ST; MO
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	MO
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	
ACANYA	3	MO
ACZONE	3	MO
adapalene topical cream	1	PA; MO
adapalene topical gel	1	PA; MO
amnesteem	1	MO
ATRALIN	3	PA; MO
avita topical cream	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
AZELEX	3	MO
BENZACLIN	3	MO
BENZAMYCIN	3	MO

Drug Name	Drug Tier	Requirements/Limits
claravis	1	MO
CLEOCIN T	3	MO
CLINDACIN PAC	3	MO
CLINDAGEL	3	MO
clindamycin phosphate topical	1	MO
clindamycin-benzoyl peroxide topical gel 1-5 %	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
DUAC	3	MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
ery pads	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
EVOCLIN	3	MO
FABIOR	3	MO
FINACEA	3	MO
METROCREAM	3	MO
METROGEL TOPICAL GEL 1 %	3	MO
METROLOTION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
metronidazole topical cream	1	MO
metronidazole topical gel	1	MO
metronidazole topical lotion	1	MO
MIRVASO	3	MO
myorisan	1	MO
neuac	1	MO
NORITATE	3	MO
ONEXTON	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO	3	PA; MO
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	PA; MO
SOOLANTRA	3	MO
TAZORAC	2	PA; MO
tretinoin microspheres topical gel with pump	1	PA; MO
tretinoin topical	1	PA; MO
TRETIN-X TOPICAL CREAM 0.0375 %	3	PA; MO
VELTIN	3	PA; MO
zenatane	1	MO
ZIANA	3	PA; MO
TOPICAL ANESTHETICS		
EMLA	3	MO
lidocaine (pf) injection solution 5 mg/ml (0.5 %)	1	MO
lidocaine hcl injection solution 20 mg/ml (2 %)	1	MO
lidocaine hcl mucous membrane gel	1	MO
lidocaine hcl mucous membrane jelly in applicator	1	MO
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine hcl urethral	1	
lidocaine topical adhesive patch,medicated	1	PA; MO
lidocaine topical ointment	1	MO
lidocaine-prilocaine topical cream	1	MO
LIDODERM	3	PA; MO
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	3	
XYLOCAINE MUCOUS MEMBRANE SOLUTION	3	
TOPICAL ANTIBACTERIALS		

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Drug Name	Drug Tier	Requirements/Limits
ALTABAX	3	MO
BACTROBAN	3	MO
CORTISPORIN TOPICAL	3	MO
gentamicin topical	1	MO
KLARON	3	MO
mupirocin	1	MO
mupirocin calcium	1	MO
NEO-SYNALAR	3	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	3	MO
TOPICAL ANTIFUNGALS		
ciclopirox	1	MO
clotrimazole topical	1	MO
clotrimazole-betamethasone	1	MO
econazole topical	1	MO
ERTACZO	3	MO
EXELDERM	3	MO
EXTINA	3	MO
JUBLIA	3	MO
KERYDIN	2	MO
ketoconazole topical cream	1	MO
ketoconazole topical shampoo	1	MO
LOPROX TOPICAL SHAMPOO	3	MO
LOTRISONE TOPICAL CREAM	3	MO
LUZU	3	MO
MENTAX	3	MO
NAFTIFINE	3	
NAFTIN	3	MO
NIZORAL TOPICAL SHAMPOO	3	MO
nyamyc	1	MO
nystatin topical	1	MO
nystatin-triamcinolone	1	MO
nystop	1	MO
OXISTAT	3	MO
TOPICAL ANTIVIRALS		
acyclovir topical	1	MO
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	2	MO
ZOVIRAX TOPICAL OINTMENT	3	MO
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream	1	MO
ALA-SCALP	3	ST; MO
alclometasone	1	MO
amcinonide	1	MO

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Drug Name	Drug Tier	Requirements/Limits
APEXICON	3	ST
apexicon e	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
CAPEX	3	ST; MO
clobetasol topical foam	1	MO
clobetasol topical gel	1	MO
clobetasol topical lotion	1	MO
clobetasol topical ointment	1	MO
clobetasol topical shampoo	1	MO
clobetasol topical solution	1	MO
clobetasol topical spray,non-aerosol	1	MO
clobetasol-emollient topical cream	1	MO
CLOBEX	3	ST; MO
clodan	1	MO
CLODERM	3	ST; MO
CORDRAN TAPE LARGE ROLL	3	ST; MO
cormax topical solution	1	MO

Drug Name	Drug Tier	Requirements/Limits
CUTIVATE TOPICAL LOTION	3	ST; MO
DERMATOP TOPICAL CREAM	3	ST; MO
DESONATE	3	ST; MO
desonide	1	MO
DESOWEN	3	ST; MO
desoximetasone	1	MO
diflorasone	1	MO
DIPROLENE	3	ST; MO
DIPROLENE AF	3	ST; MO
ELOCON	3	ST; MO
fluocinolone	1	MO
fluocinonide topical cream 0.1 %	1	MO
fluocinonide topical gel	1	MO
fluocinonide topical ointment	1	MO
fluocinonide topical solution	1	MO
fluocinonide-e	1	MO
fluticasone topical	1	MO
halobetasol propionate	1	MO
HALOG	3	ST; MO
hydrocortisone butyrate topical ointment	1	MO
hydrocortisone butyrate topical solution	1	MO

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyr-emollient	1	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
KENALOG TOPICAL	3	ST; MO
LOCOID	3	ST; MO
mometasone	1	MO
OLUX	3	ST; MO
PANDEL	3	ST; MO
prednicarbate	1	MO
SYNALAR CREAM KIT	3	ST; MO
TEMOVATE TOPICAL CREAM	3	ST; MO
TEMOVATE TOPICAL OINTMENT	3	ST; MO
TOPICORT	3	ST; MO
triamcinolone acetonide topical aerosol	1	MO
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
trianex	1	MO
triderm topical cream	1	MO
ULTRAVATE	3	ST; MO
VANOS	3	ST; MO
TOPICAL ENZYMES		
SANTYL	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX	3	MO
lindane	1	MO
malathion	1	MO
OVIDE	3	MO
permethrin topical cream	1	MO
SKLICE	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	MO
neomycin-polymyxin b gu	1	MO
PHYSIOLYTE	3	

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Drug Name	Drug Tier	Requirements/Limits
PHYSIOSOL IRRIGATION	3	
ringers irrigation	1	MO
MISCELLANEOUS AGENTS		
acamprosate	1	MO
ACTONEL ORAL TABLET 30 MG	3	ST; MO; QL (30 per 30 days)
ADAGEN	2	MO
AGRYLIN	3	MO
alendronate oral tablet 40 mg	1	MO; QL (30 per 30 days)
anagrelide	1	MO
ANTABUSE	3	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	2	MO; LA
AURYXIA	3	MO
CARBAGLU	2	MO; LA
CARNITOR	3	MO
cevimeline	1	MO
CHEMET	2	MO
CLINIMIX 4.25%/D5W SULFIT FREE	2	PA
CLINIMIX E 2.75%/D10W SUL FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
d10 % & 0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w) intravenous parenteral solution	1	MO
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose with sodium chloride	1	
disulfiram	1	MO
etidronate disodium	1	MO
EVOXAC	3	MO
EXJADE	2	MO; LA
FERRIPROX	2	MO
FOSRENOL ORAL POWDER IN PACKET	3	
FOSRENOL ORAL TABLET,CHEWABLE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
GLASSIA	3	MO; LA
INCRELEX	2	MO; LA
JADENU	2	MO
KAYEXALATE	3	MO
kionex oral powder	1	MO
levocarnitine (with sugar)	1	MO
levocarnitine intravenous	1	MO
levocarnitine oral tablet	1	MO
LITHOSTAT	3	MO
midodrine	1	MO
NORTHERA	3	MO
NUTRESTORE	3	MO
ORFADIN	2	LA
pilocarpine hcl oral	1	MO
PROLASTIN-C	2	MO; LA
RAVICTI	2	MO
RECLAST	3	PA; MO
RENAGEL	3	MO
RENVELA	2	MO
RILUTEK	3	MO
riluzole	1	MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN	3	MO
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	1	MO
sodium polystyrene (sorb free)	1	
SYPRINE	2	MO
THIOLA	2	MO
VELPHORO	3	MO
water for irrigation, sterile	1	MO
ZEMAIRA	2	MO; LA
zoledronic acid-mannitol-water intravenous solution	1	PA; MO
SMOKING DETERRENTS		
buproban	1	MO
CHANTIX	2	MO
CHANTIX CONTINUING MONTH BOX	2	MO
CHANTIX STARTING MONTH BOX	2	MO
NICOTROL	2	MO
NICOTROL NS	2	MO
ZYBAN	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ASTEPRO NASAL SPRAY,NON-AEROSOL	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT	3	MO; QL (30 per 30 days)
azelastine nasal	1	MO; QL (60 per 30 days)
BACTROBAN NASAL	2	MO
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
olopatadine	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
periogard	1	MO
triamcinolone acetonide dental	1	MO
TYZINE NASAL DROPS 0.05 %	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetasol hc	1	MO
acetic acid otic	1	MO
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	2	MO
COLY-MYCIN S	3	MO
CORTISPORIN OTIC SOLUTION	3	MO
CORTISPORIN-TC	3	MO
neomycin-polymyxin-hc otic	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	3	PA; MO
a-hydrocort	1	MO
CORTEF	3	MO
cortisone	1	MO
DEPO-MEDROL	3	MO
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral tablet	1	MO
dexamethasone sodium phosphate injection	1	MO
DEXPAK 13 DAY	3	MO
FLO-PRED	3	
fludrocortisone	1	MO
hydrocortisone oral	1	MO
KENALOG INJECTION	3	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
methylprednisolone acetate	1	MO

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Drug Name	Drug Tier	Requirements/Limits
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
MILLIPRED ORAL SOLUTION	3	MO
millipred oral tablet	1	PA; MO
ORAPRED ODT	3	PA; MO
prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral tablet,disintegrating	1	PA; MO
prednisone intensol	1	PA; MO
prednisone oral solution	1	MO
prednisone oral tablet	1	PA; MO
RAYOS	3	PA; MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	3	MO
SOLU-MEDROL (PF) INJECTION	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO
veripred 20	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
TAPAZOLE	3	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	MO; QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	3	MO; QL (30 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AFREZZA INHALATION CARTRIDGE, W/INHALATION DEVICE 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30)	3	MO
ALCOHOL PADS	2	MO
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA	3	ST; MO
APIDRA SOLOSTAR	3	ST; MO
AVANDAMET ORAL TABLET 2-1,000 MG	3	MO; LA; QL (60 per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; LA; QL (60 per 30 days)
AVANDIA ORAL TABLET 8 MG	3	MO; LA; QL (30 per 30 days)
BYDUREON	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	MO; QL (75 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	MO; QL (150 per 30 days)
GAUZE PADS 2X2	2	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT (HUMAN)	2	MO
GLUCOPHAGE ORAL TABLET 1,000 MG	3	MO; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; QL (75 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
GLYXAMBI	3	ST; MO; QL (30 per 30 days)
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50-50	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG SUBCUTANEOUS CARTRIDGE	2	MO
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	MO
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (PREFILLED SYRINGE)	2	
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 "CONCENTRATED"	2	MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	MO
INVOKAMET	2	MO; QL (60 per 30 days)
INVOKANA	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (75 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg	1	MO; QL (75 per 30 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	ST; MO
NOVOLOG FLEXPEN	3	ST; MO
NOVOLOG MIX 70-30	3	ST; MO
NOVOLOG MIX 70-30 FLEXPEN	3	ST; MO
NOVOLOG PENFILL	3	ST; MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PRANDIMET	3	MO; QL (150 per 30 days)
PRANDIN ORAL TABLET 0.5 MG	3	MO; QL (960 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRANDIN ORAL TABLET 1 MG	3	MO; QL (480 per 30 days)
PRANDIN ORAL TABLET 2 MG	3	MO; QL (240 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM	2	MO
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RIOMET	2	MO; QL (765 per 30 days)
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STARLIX ORAL TABLET 60 MG	3	MO; QL (180 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (18.9 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (10.5 per 30 days)
TANZEUM	3	PA; MO; QL (2 per 28 days)
tolazamide oral tablet 250 mg	1	MO; QL (120 per 30 days)
tolazamide oral tablet 500 mg	1	MO; QL (60 per 30 days)
tolbutamide	1	MO; QL (180 per 30 days)
TOUJEO SOLOSTAR	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
VGO 20	2	MO
VGO 30	2	MO
VGO 40	2	MO
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR & ER, BIPHASIC 24HR 10-1,000 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR & ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	MO
ANADROL-50	2	PA; MO
ANDRODERM	2	PA; MO
ANDROGEL	2	PA; MO
ANDROID	3	MO
AVEED	3	MO
AXIRON	3	PA; MO
cabergoline	1	MO
calcitonin (salmon)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
calcitriol intravenous solution 1 mcg/ml	1	MO
calcitriol oral	1	MO
CERDELGA	2	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	MO
chorionic gonadotropin, human	1	PA; MO
danazol oral	1	MO
DDAVP	3	MO
DEPO-TESTOSTERONE	3	MO
desmopressin injection	1	MO
desmopressin nasal solution	1	MO
desmopressin nasal spray,non-aerosol	1	MO
desmopressin oral	1	MO
doxercalciferol intravenous	1	
doxercalciferol oral	1	MO
ELAPRASE	2	MO
ELELYSO	2	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	2	MO
FORTESTA	3	PA; MO
fortical	1	MO
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
HECTOROL ORAL	3	MO
KORLYM	3	MO
KUVAN ORAL POWDER IN PACKET 500 MG	2	MO
KUVAN ORAL TABLET,SOLUBLE	2	MO; LA
LUMIZYME	2	MO
METHITEST	2	MO
MIACALCIN INJECTION	2	MO
MIACALCIN NASAL	3	MO
MYALEPT	2	PA; MO; LA
MYOZYME	2	MO
NAGLAZYME	2	MO; LA
NATESTO	3	PA; MO
NATPARA	2	PA; MO; LA
novarel	1	PA; MO
oxandrolone	1	PA; MO
pamidronate intravenous solution	1	MO
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
paricalcitol oral	1	MO
PREGNYL	3	PA; MO
ROCALTROL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SAMSCA	2	PA; MO
SENSIPAR	2	MO
SOMAVERT	2	MO
STIMATE	3	MO
STRIANT	3	PA; MO
SYNAREL	2	MO
TESTIM	3	PA; MO
testosterone cypionate	1	MO
testosterone enanthate	1	MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
TESTOSTERONE TRANSDERMAL GEL IN PACKET	3	PA; MO
TESTRED	3	MO
VOGELXO TRANSDERMAL GEL	3	PA; MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO
VPRIV	2	MO
ZAVESCA	2	MO; LA
ZEMPLAR INTRAVENOUS	2	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
zoledronic acid intravenous solution	1	MO
ZOMETA	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	MO
levothyroxine oral	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine	1	MO
SYNTHROID	3	MO
THYROLAR-1	2	MO
THYROLAR-1/2	2	MO
THYROLAR-1/4	2	MO
THYROLAR-2	2	MO
THYROLAR-3	2	MO
TIROSINT	3	MO
TRIOSTAT	3	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1	
CANTIL	3	MO
CUVPOSA	3	MO
diphenoxylate-atropine	1	MO
FULYZAQ	3	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral	1	MO
LOMOTIL	3	MO
loperamide oral capsule	1	MO
methscopolamine oral	1	MO
ROBINUL FORTE	3	MO
ROBINUL ORAL	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	MO
AKYNZEO	2	PA; MO
alosetron	1	MO
ALOXI	2	MO
AMITIZA	2	MO
ANUSOL-HC RECTAL CREAM	3	MO
ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML	3	MO
ANZEMET ORAL	3	PA; MO
APRISO	3	MO
ASACOL HD	2	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
budesonide oral	1	MO
CANASA	3	MO
CESAMET	2	PA; MO
CHENODAL	2	PA; MO; LA
CIMZIA	3	PA; MO
CIMZIA POWDER FOR RECONST	3	PA; MO
COLAZAL	3	MO
colocort	1	MO
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	MO
compro	1	MO
constulose	1	MO
CREON	2	MO
cromolyn oral	1	MO
CYSTADANE	2	MO
DELZICOL	2	MO
DIPENTUM	3	MO

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Drug Name	Drug Tier	Requirements/Limits
dronabinol	1	PA; MO
EMEND INTRAVENOUS RECON SOLN 150 MG	2	MO
EMEND ORAL	2	PA; MO
ENTOCORT EC	3	MO
enulose	1	MO
GASTROCROM	3	MO
GATTEX ONE-VIAL	3	MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
GIAZO	3	MO
GOLYTELY	3	MO
granisetron (pf) intravenous solution 100 mcg/ml	1	MO
granisetron hcl intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl oral	1	PA; MO
hydrocortisone rectal enema	1	MO
KRISTALOSE	3	MO
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	2	MO
LINZESS	2	MO
LOTRONEX	3	MO
MARINOL	3	PA; MO
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl oral	1	MO
METOZOLV ODT ORAL TABLET,DISINTEGRATING 5 MG	3	MO
MOVANTIK	2	MO
MOVIPREP	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
ondansetron	1	PA; MO
ondansetron hcl (pf) injection solution	1	MO
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl oral solution	1	PA; MO
ondansetron hcl oral tablet 24 mg	1	PA
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO
OSMOPREP	3	MO
PANCREAZE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
PENTASA	2	MO
PERTZYE	3	MO
polyethylene glycol 3350 oral powder	1	MO
PREPOPIK	3	MO
prochlorperazine	1	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO
procto-pak	1	MO
proctosol hc	1	MO
proctozone-hc	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO
RELISTOR SUBCUTANEOUS SYRINGE	2	MO
REMICADE	2	PA; MO
SANCUSO	2	MO
SFROWASA	3	MO
SUCLEAR	2	MO
SUCRAID	2	MO
sulfasalazine oral tablet	1	MO
sulfazine ec	1	MO
SUPREP BOWEL PREP KIT	2	MO
TRANSDERM-SCOP	3	MO
trilyte with flavor packets	1	MO
UCERIS ORAL	2	MO
UCERIS RECTAL	3	MO
ULTRESA	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	MO
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT, 40,000-136,000-218,000 UNIT	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5,000-17,000 - 27,000 UNIT	3	MO
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	3	MO
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	PA; MO
ZOFRAN ODT	3	PA; MO
ZUPLENZ	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
ACIPHEX SPRINKLE	3	MO; QL (30 per 30 days)
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 30 days)
carafate oral suspension	1	MO
CARAFATE ORAL TABLET	3	MO
cimetidine	1	MO
cimetidine hcl oral	1	MO
CYTOTEC	3	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
esomeprazole sodium	1	
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol	1	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	MO
nizatidine	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID ORAL SUSPENSION	3	MO
PEPCID ORAL TABLET 20 MG	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO
PREVPAC	3	MO; QL (112 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 MG, 20 MG	3	MO; QL (30 per 30 days)
PRILOSEC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (900 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (300 per 30 days)
PROTONIX INTRAVENOUS	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	2	MO
rabeprazole	1	MO
ranitidine hcl injection solution 25 mg/ml	1	MO
ranitidine hcl oral capsule	1	MO
ranitidine hcl oral syrup	1	MO
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
sucralfate oral tablet	1	MO
ZANTAC INJECTION SOLUTION 25 MG/ML	3	MO
ZANTAC ORAL TABLET	3	MO
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	MO
ARANESP (IN POLYSORBATE)	3	PA; MO
ARCALYST	2	PA; MO
AVONEX (WITH ALBUMIN)	2	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (15 per 28 days)
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	2	PA
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; QL (15 per 28 days)
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	3	PA; MO
HUMATROPE	3	PA; MO
ILARIS (PF)	2	PA; MO; LA
INTRON A INJECTION RECON SOLN	2	MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	2	MO
LEUKINE INJECTION RECON SOLN	2	MO
MIRCERA	3	MO
MOZOBIL	2	MO
NEULASTA SUBCUTANEOUS SYRINGE	2	PA; MO
NEUMEGA	2	MO
NEUPOGEN	2	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; MO
NORDITROPIN NORDIFLEX	2	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	3	PA; MO
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	3	PA; MO
OMNITROPE	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS	2	MO; QL (4 per 28 days)
PEGASYS PROCLICK	2	MO; QL (4 per 28 days)
PEGINTRON	2	MO; QL (4 per 28 days)
PEGINTRON REDIPEN	2	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
PROLEUKIN	2	MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA; MO; QL (12 per 28 days)
SAIZEN	3	PA; MO
SAIZEN CLICK.EASY	3	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; MO
SYLATRON	2	MO
ZOMACTON	3	PA; MO
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	MO
ATGAM	2	PA
BCG VACCINE, LIVE (PF)	2	
BEXSERO (PF)	2	
BIVIGAM	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	2	PA; MO
CERVARIX VACCINE (PF)	2	MO
COMVAX (PF)	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	2	PA; MO
fomepizole	1	MO
GAMASTAN S/D	2	MO
GAMMAGARD LIQUID	2	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMMAPLEX	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; MO
GARDASIL (PF)	2	MO
GARDASIL 9 (PF)	2	MO
GRASTEK	2	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HYPERRAB S/D (PF)	3	
IMOVAX RABIES VACCINE (PF)	2	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO

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Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENOMUNE - A/C/Y/W-135 (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	3	PA; MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	2	MO
THYMOGLOBULIN	3	PA
TRUMENBA	2	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	3	PA; MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO

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Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
aloprim	1	
COLCHICINE ORAL	3	MO
colchicine-probenecid	1	MO
COLCRYS	2	MO
probenecid	1	MO
ULORIC	2	ST; MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
ACTONEL ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
alendronate oral solution	1	MO; QL (1286 per 30 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONIVA INTRAVENOUS	3	PA; MO
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVISTA	3	MO
FORTEO	2	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
ibandronate intravenous solution	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg	1	MO; QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack)	1	QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	2	PA; MO
ARAVA	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	2	MO
CUPRIMINE	2	MO
DEPEN TITRATABS	3	MO
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	2	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (4 per 28 days)
HUMIRA CROHN'S DIS START PCK	2	PA; MO; QL (4.8 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	2	PA; MO; QL (0.4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (3.2 per 28 days)
KINERET	3	PA; MO
leflunomide	1	MO; QL (30 per 30 days)
ORENCIA	2	PA; MO
ORENCIA (WITH MALTOSE)	2	PA; MO
OTEZLA	2	PA; MO
OTEZLA STARTER	2	PA; MO
OTREXUP (PF)	3	MO
RASUVO (PF)	3	MO
RIDAURA	2	MO
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI	3	PA; MO
SIMPONI ARIA	3	PA; MO
XELJANZ	3	PA; MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	3	MO
ALORA	3	MO; QL (8 per 28 days)
ANGELIQ ORAL TABLET 0.5-1 MG	3	MO
AYGESTIN	3	MO
camila	1	MO
CLIMARA	3	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
deblitane	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL	3	MO; QL (30 per 30 days)
DUAVEE	2	MO
ELESTRIN	3	MO; QL (52 per 30 days)
ENJUVIA	3	MO
errin	1	MO
ESTRACE ORAL	3	MO
ESTRACE VAGINAL	2	MO
estradiol oral	1	MO
estradiol transdermal patch semiweekly	1	MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	MO; QL (4 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet	1	MO
ESTRING	2	MO
estropipate	1	MO
EVAMIST	3	MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	MO
FEMRING	3	MO
jolivette	1	MO
LOPREEZA	3	MO
lyza	1	MO
medroxyprogesterone intramuscular suspension	1	MO
medroxyprogesterone oral	1	MO
MENEST	3	MO
MENOSTAR	3	MO; QL (4 per 28 days)
mimvey	1	MO
mimvey lo	1	MO
MINIVELLE	3	MO; QL (8 per 28 days)
nora-be	1	MO
norethindrone (contraceptive)	1	MO
norethindrone acetate	1	MO

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Drug Name	Drug Tier	Requirements/Limits
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
norlyroc	1	
NOR-QD	3	MO
ORTHO MICRONOR	3	MO
PREMARIN INJECTION	2	MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	3	MO
progesterone micronized	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
sharobel	1	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	MO; QL (8 per 28 days)
MISCELLANEOUS OB/GYN		
AVC VAGINAL	3	MO
CLEOCIN VAGINAL	3	MO
clindamycin phosphate vaginal	1	MO
GYNAZOLE-1 VAGINAL CREAM	3	MO
LUPANETA PACK (1 MONTH)	3	MO
LUPANETA PACK (3 MONTH)	3	MO
LYSTEDA	3	MO
METROGEL VAGINAL	3	MO
metronidazole vaginal	1	MO
miconazole-3 vaginal suppository	1	MO
NUVARING	3	MO
NUVESSA	3	MO
TERAZOL 3 VAGINAL CREAM	3	MO
TERAZOL 7	3	MO
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
xulane	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
amethia	1	MO
amethyst	1	MO
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra	1	MO
aviane	1	MO
balziva (28)	1	MO
BEYAZ	3	MO
BREVICON (28)	3	MO
briellyn	1	MO
cryselle (28)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
CYCLESSA (28)	3	MO
delyla (28)	1	
desog-e.estradiol/e.estradiol	1	
DESOGEN	3	MO
drospirenone-ethinyl estradiol	1	MO
emoquette	1	MO
enpresse	1	MO
falmina (28)	1	MO
FEMCON FE	3	MO
GENERESS FE	3	MO
gianvi (28)	1	MO
gildagia	1	MO
gildess 24 fe	1	MO
gildess oral tablet 1.5-30 mg-mcg	1	MO
introvale	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
l norgest&e estradiol-e estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21)	1	
larin 1/20 (21)	1	MO
larin fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	MO
levora-28	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
lomedia 24 fe	1	MO

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Drug Name	Drug Tier	Requirements/Limits
loryna (28)	1	MO
LOSEASONIQUE	3	MO
lutera (28)	1	MO
marlissa	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
MINASTRIN 24 FE	3	MO
MODICON (28)	3	MO
mononessa (28)	1	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
necon 1/35 (28)	1	MO
necon 1/50 (28)	1	MO
necon 10/11 (28)	1	MO
necon 7/7/7 (28)	1	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO
NORINYL 1+35 (28)	3	MO
NORINYL 1+50 (28)	3	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
ocella	1	MO
ogestrel (28)	1	MO
orsythia	1	MO
ORTHO TRI-CYCLEN (28)	3	MO
ORTHO TRI-CYCLEN LO (28)	3	MO
ORTHO-CEPT (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OVCON-35 (28)	3	MO
pimtrea (28)	1	MO
pirmella oral tablet 1-35 mg-mcg	1	MO
portia	1	MO
previfem	1	MO
QUARTETTE	3	MO
quasense	1	MO
reclipsen (28)	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
sprintec (28)	1	MO
sronyx	1	MO
tarina fe	1	MO
tri-legest fe	1	MO
trinessa (28)	1	MO
TRI-NORINYL (28)	3	MO
tri-previfem (28)	1	MO
tri-sprintec (28)	1	MO
trivora (28)	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vyfemla (28)	1	MO
wymzya fe	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
zenchent (28)	1	MO
zenchent fe	1	MO
zovia 1/35e (28)	1	MO
zovia 1/50e (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	MO
bacitracin ophthalmic	1	MO
bacitracin-polymyxin b ophthalmic	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
ciprofloxacin hcl ophthalmic	1	MO
erythromycin ophthalmic	1	MO
garamycin ophthalmic drops	1	
gatifloxacin	1	MO
gentak ophthalmic ointment	1	MO
gentamicin ophthalmic	1	MO
ILOTYCIN	3	MO
levofloxacin ophthalmic	1	MO
MOXEZA	3	MO
NATACYN	2	MO
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
NEOSPORIN (NEO-POLYM-GRAMICID)	3	MO
OCUFLOX	3	MO
ofloxacin ophthalmic	1	MO
polymyxin b sulf-trimethoprim	1	MO

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Drug Name	Drug Tier	Requirements/Limits
POLYTRIM	3	MO
tobramycin	1	MO
TOBREX	3	MO
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
VIROPTIC	3	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
BETAGAN OPHTHALMIC DROPS 0.5 %	3	MO
betaxolol ophthalmic	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
carteolol	1	MO
ISTALOL	3	MO
levobunolol ophthalmic drops 0.5 %	1	MO
metipranolol	1	MO
timolol maleate ophthalmic	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	MO

Drug Name	Drug Tier	Requirements/Limits
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic drops	1	MO
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	MO
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
azelastine ophthalmic	1	MO
BEPREVE	2	MO
cromolyn ophthalmic	1	MO
CYSTARAN	2	MO
ELESTAT	3	MO
EMADINE	3	MO
epinastine	1	MO
LACRISERT	3	MO
LASTACAFT	2	MO
PATADAY	2	MO
PATANOL	3	MO
PAZEO	2	MO
RESTASIS	2	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
bromfenac	1	MO
diclofenac sodium ophthalmic	1	MO
flurbiprofen sodium	1	MO
ILEVRO	2	MO
ketorolac ophthalmic	1	MO
NEVANAC	2	MO
OCUFEN	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral	1	MO
acetazolamide sodium	1	MO
DIAMOX SEQUELS	3	MO
methazolamide oral	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
bimatoprost	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	2	MO
SIMBRINZA	3	MO
TRAVATAN Z	2	MO
travoprost (benzalkonium)	1	MO
TRUSOPT	3	MO
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic	1	MO
PRED-G	2	MO
PRED-G S.O.P.	2	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
tobramycin-dexamethasone	1	MO
ZYLET	2	MO
STEROIDS		
ALREX	2	MO
dexamethasone sodium phosphate ophthalmic	1	MO
DUREZOL	3	MO
FLAREX	3	MO
fluorometholone	1	MO
FML FORTE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
FML LIQUIFILM	3	MO
FML S.O.P.	2	MO
LOTEMAX	2	MO
MAXIDEX	3	MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	2	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic	1	MO
VEXOL	3	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
sulfacetamide-prednisolone	1	MO
SULFONAMIDES		
BLEPH-10	3	MO
sulfacetamide sodium ophthalmic	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	MO
apraclonidine	1	MO
brimonidine	1	MO
IOPIDINE	3	MO
VASOCONSTRICTOR DECONGESTANTS		
naphazoline	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml (1:1,000) (1ml)	1	
AUVI-Q	3	MO; QL (4 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL SYRUP	3	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
desloratadine	1	MO; QL (30 per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl oral elixir	1	PA
epinephrine injection auto-injector	1	MO; QL (4 per 30 days)
EPIPEN 2-PAK	2	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	2	MO; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	3	MO
promethazine injection solution	1	MO
promethazine oral	1	PA; MO
SEMPREX-D	3	MO
XYZAL ORAL SOLUTION	3	MO
XYZAL ORAL TABLET	3	MO; QL (30 per 30 days)
PULMONARY AGENTS		
ACCOLATE	3	MO
acetylcysteine solution	1	PA; MO
ADCIRCA	2	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AEROSPAN	2	MO; QL (17.8 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	1	PA; MO
albuterol sulfate oral	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
aminophylline intravenous solution 250 mg/10 ml	1	
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	2	MO; QL (30 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	2	MO; QL (240 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	2	MO; QL (60 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	3	PA; MO
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	PA; MO
budesonide inhalation	1	PA; MO
budesonide nasal	1	MO; QL (17.2 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
cromolyn inhalation	1	PA; MO
DALIRESP	2	PA; MO
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	2	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	MO
ESBRIET	2	PA; MO; QL (270 per 30 days)
FIRAZYR	2	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluticasone nasal	1	MO; QL (16 per 30 days)
FORADIL AEROLIZER	2	MO; QL (60 per 30 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALBITOR	2	MO
KALYDECO ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
LETAIRIS	2	PA; MO; LA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml	1	PA; MO
metaproterenol oral	1	MO
montelukast	1	MO
NASONEX	2	MO; QL (34 per 30 days)
OFEV	2	PA; MO; QL (60 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA
PERFOROMIST	2	PA; MO
PROAIR HFA	2	MO; QL (17 per 30 days)
PROAIR RESPICLICK	2	MO; QL (17 per 30 days)
PROVENTIL HFA	3	MO; QL (13.4 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	2	PA; MO
PULMOZYME	2	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
QVAR	2	MO; QL (17.4 per 30 days)
REVATIO INTRAVENOUS	3	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	3	PA; MO; QL (90 per 30 days)
RHINOCORT AQUA	3	MO; QL (17.2 per 30 days)
RUCONEST	3	PA; MO
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
sildenafil intravenous	1	PA
sildenafil oral	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (60 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
terbutaline oral	1	MO
terbutaline subcutaneous	1	MO
THEO-24	3	MO
theophylline oral solution	1	
theophylline oral tablet extended release	1	MO
theophylline oral tablet extended release 12 hr	1	MO
TRACLEER	2	PA; MO; LA
triamcinolone acetonide nasal	1	MO; QL (16.5 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	2	QL (1 per 30 days)
TYVASO	2	PA; MO
VENTAVIS	3	PA; MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)
VERAMYST	3	MO; QL (10 per 30 days)
VOSPIRE ER	3	MO
XOLAIR	2	PA; MO; LA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XOPENEX	3	PA; MO
XOPENEX HFA	3	MO; QL (30 per 30 days)
zafirlukast	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
ZYFLO	3	MO
ZYFLO CR	3	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL	3	MO
ENABLEX	2	MO
flavoxate	1	MO
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP	3	MO; QL (92 per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
oxybutynin chloride oral	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
tolterodine	1	MO
TOVIAZ	2	MO
trospium	1	MO
VESICARE	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
AVODART	2	MO
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	ST; MO
JALYN	2	MO
PROSCAR	3	MO
RAPAFLO	2	ST; MO
tamsulosin	1	MO
UROXATRAL	3	ST; MO
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	MO
URECHOLINE	3	MO
MISCELLANEOUS UROLOGICALS		
AMMONIUM CHLORIDE	2	
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; MO; QL (30 per 30 days)
CYSTAGON	2	MO; LA
ELMIRON	2	MO
potassium citrate	1	MO
PROCYSBI	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate oral capsule	1	MO
dextrose-kcl-nacl	1	
eliphos	1	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
k-tab oral tablet extended release 8 meq	1	
lactated ringers intravenous	1	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
NORMOSOL-R IN 5 % DEXTROSE	2	
PHOSLO	3	MO
PHOSLYRA	3	MO

Drug Name	Drug Tier	Requirements/Limits
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	MO
potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	
potassium chloride intravenous solution	1	MO
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral tablet extended release 8 meq	1	MO
potassium chloride oral tablet,er particles/crystals	1	MO
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	1	
ringers intravenous	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 %	1	MO
sodium chloride 5 %	1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride intravenous parenteral solution 2.5 meq/ml	1	MO
sodium lactate intravenous solution	1	
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 7 % WITH ELECTROLYTES	2	PA
AMINOSYN 8.5 %-ELECTROLYTES	2	PA
AMINOSYN II 10 %	2	PA
AMINOSYN II 15 %	2	PA
AMINOSYN II 7 %	2	PA
AMINOSYN II 8.5 %	2	PA
AMINOSYN II 8.5 %-ELECTROLYTES	2	PA
AMINOSYN M 3.5 %	2	PA
AMINOSYN-HBC 7%	2	PA
AMINOSYN-PF 10 %	2	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	2	PA

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-RF 5.2 %	2	PA
CLINIMIX 5%/D15W SULFITE FREE	2	PA
CLINIMIX 5%/D25W SULFITE-FREE	2	PA
CLINIMIX 2.75%/D5W SULFIT FREE	2	PA
CLINIMIX 4.25%/D10W SULF FREE	2	PA
CLINIMIX 4.25%-D20W SULF-FREE	2	PA
CLINIMIX 4.25%-D25W SULF-FREE	2	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	PA
CLINIMIX E 4.25%/D10W SUL FREE	3	PA
CLINIMIX E 4.25%/D25W SUL FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINIMIX E 5%/D25W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA; MO
FREAMINE HBC 6.9 %	3	PA
HEPATAMINE 8%	2	PA
intralipid intravenous emulsion 20 %	1	PA; MO
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
IONOSOL-B IN D5W	2	
IONOSOL-MB IN D5W	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
NEPHRAMINE 5.4 %	2	PA
NORMOSOL-M IN 5 % DEXTROSE	2	
NORMOSOL-R PH 7.4	2	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56 IN 5 % DEXTROSE	2	
premasol 10 %	1	PA; MO
PREMASOL 6 %	2	PA

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Drug Name	Drug Tier	Requirements/Limits
PROCALAMINE 3%	2	PA
PROSOL 20 %	3	PA; MO
travasol 10 %	1	PA; MO
TROPHAMINE 10 %	2	PA; MO
TROPHAMINE 6%	2	PA
VITAMINS / HEMATINICS		
PRENATAL VITAMIN ORAL TABLET	3	
SODIUM FLUORIDE ORAL TABLET	3	MO

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Index

8
8-MOP 56
A
abacavir 1
abacavir-lamivudine-zidovudine 1
ABELCET 1
ABILIFY 35, 36
ABILIFY DISCMELT 35
ABILIFY MAINTENA 35
ABRAXANE 13
ABSORICA 57
ABSTRAL 26
acamprosate 62
ACANYA 57
acarbose 65
ACCOLATE 93
ACCUPRIL 48
ACCURETIC 48
acebutolol 48
acetaminophen-codeine 26
acetasol hc 64
acetazolamide 91
acetazolamide sodium 91
acetic acid 64
acetylcysteine 93
ACIPHEX 76
ACIPHEX SPRINKLE 76
acitretin 56
ACTEMRA 83
ACTHAR H.P. 64
ACTHIB (PF) 80
ACTIGALL 73
ACTIMMUNE 78
ACTIQ 26
ACTIVELLA 84
ACTONEL 62, 83
ACTOPLUS MET 65
ACTOPLUS MET XR 65
ACTOS 65
ACULAR 90
ACULAR LS 91
ACUVAIL (PF) 91
acyclovir 1, 2, 59
acyclovir sodium 2
ACZONE 57
ADACEL(TDAP ADOLESN/ADULT)(PF) 80
ADAGEN 62
ADALAT CC 48
adapalene 57
ADCIRCA 93
ADDERALL 36
ADDERALL XR 36
adefovir 2
ADEMPAS 93
ADOXA 12
adrenalin 92
adrucil 13
ADVAIR DISKUS 93
ADVAIR HFA 93
ADVICOR 53
AEROSPAN 93
afeditab cr 48
AFINITOR 13
AFINITOR DISPERZ 13
AFREZZA 66
AGGRENOX 53
AGRYLIN 62
a-hydrocort 64
AKYNZEO 73
ala-cort 59
ALA-SCALP 59
ALBENZA 7
albuterol sulfate 93
alclometasone 59
ALCOHOL PADS 66
ALDACTAZIDE 48
ALDACTONE 48
ALDARA 56
ALDURAZYME 70
alendronate 62, 83
alfuzosin 97
ALIMTA 13
ALINIA 7
ALKERAN 14
allopurinol 83
ALOCRIL 90
ALOMIDE 90
aloprim 83
ALORA 84
alosetron 73
ALOXI 73
ALPHAGAN P 92
ALREX 91
ALSUMA 24
ALTABAX 59
ALTACE 48
ALTOPREV 54
ALVESCO 93
amantadine hcl 2
AMARYL 66
AMBIEN 36
AMBIEN CR 36
AMBISOME 1
amcinonide 59
AMERGE 24
amethia 86
amethyst 86
amifostine crystalline 13
amikacin 7
amiloride 48
amiloride-hydrochlorothiazide 48
aminophylline 93
AMINOSYN 7 % WITH ELECTROLYTES 99
AMINOSYN 8.5 %-ELECTROLYTES 99
AMINOSYN II 10 % 99
AMINOSYN II 15 % 99
AMINOSYN II 7 % 99
AMINOSYN II 8.5 % 99
AMINOSYN II 8.5 %-ELECTROLYTES 99
AMINOSYN M 3.5 % 99
AMINOSYN-HBC 7% 99
AMINOSYN-PF 10 % 99

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AMINOSYN-PF 7 % (SULFITE-FREE) 99
AMINOSYN-RF 5.2 % 100
amiodarone 47
AMITIZA 73
amitriptyline 36
amlodipine 48
amlodipine-atorvastatin 54
amlodipine-benazepril 48
amlodipine-valsartan 48
amlodipine-valsartan-hcthiazid 48
AMMONIUM CHLORIDE . 97
ammonium lactate 56
amnesteem 57
amoxapine 36
amoxicil-clarithromy-lansopraz 76
amoxicillin 10
amoxicillin-pot clavulanate .. 10
amphetamine salt combo 36
amphotericin b 1
ampicillin 10
ampicillin sodium 10
ampicillin-sulbactam 10
AMPYRA 25
ANADROL-50 70
ANAFRANIL 36
anagrelide 62
ANAPROX 33
ANAPROX DS 33
anastrozole 14
ANCOBON 1
ANDRODERM 70
ANDROGEL 70
ANDROID 70
ANGELIQ 84
ANORO ELLIPTA 93
ANTABUSE 62
ANTARA 54
ANUSOL-HC 73
ANZEMET 73
APEXICON 60
apexicon e 60
APIDRA 66
APIDRA SOLOSTAR 66
APLENZIN 36
APOKYN 23
apraclonidine 92
apri 86
APRISO 73
APTENSIO XR 36
APTIOM 20
APTIVUS 2
ARALAST NP 62
aranelle (28) 86
ARANESP (IN POLYSORBATE) 78
ARAVA 83
ARCALYST 78
ARCAPTA NEOHALER 93
ARGATROBAN 53
ARGATROBAN IN 0.9 % SOD CHLOR 53
ARICEPT 25
ARIMIDEX 14
aripiprazole 36
ARIXTRA 53
ARNUITY ELLIPTA 93
AROMASIN 14
ARRANON 14
ARTHROTEC 50 33
ARTHROTEC 75 33
ARZERRA 14
ASACOL HD 73
ashlyna 86
ASMANEX HFA 93
ASMANEX TWISTHALER 93, 94
ASTAGRAF XL 14
ASTEPRO 63
ATACAND 48
ATACAND HCT 48
ATELVIA 83
atenolol 48
atenolol-chlorthalidone 48
ATGAM 80
ATIVAN 36
atorvastatin 54
atovaquone 7
atovaquone-proguanil 7
ATRALIN 57
ATRIPLA 2
atropine 73, 90
ATROVENT 64
ATROVENT HFA 94
AUBAGIO 25
aubra 86
AUGMENTIN 10
AURYXIA 62
AUVI-Q 92
AVALIDE 48
AVANDAMET 66
AVANDIA 66
AVAPRO 48
AVASTIN 14
AVC VAGINAL 86
AVEED 70
AVELOX 11
AVELOX ABC PACK 11
AVELOX IN NACL (ISO-OSMOTIC) 11
aviane 86
avita 57
AVITA 57
AVODART 97
AVONEX 79
AVONEX (WITH ALBUMIN) 78
AXERT 24
AXIRON 70
AYGESTIN 84
azacitidine 14
AZACTAM 7
AZACTAM IN DEXTROSE (ISO-OSM) 7
AZASAN 14
AZASITE 89
azathioprine 14
azelastine 64, 90
AZELEX 57
AZILECT 23
azithromycin 6
AZOPT 91
AZOR 48

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

aztreonam 7
AZULFIDINE 73
AZULFIDINE EN-TABS 73
B
baciim 7
bacitracin 7, 89
bacitracin-polymyxin b 89
baclofen 26
BACTRIM 12
BACTRIM DS 12
BACTROBAN 59
BACTROBAN NASAL 64
balsalazide 73
balziva (28) 86
BANZEL 20
BARACLUDE 2
BCG VACCINE, LIVE (PF) 80
BECONASE AQ 94
BELEODAQ 14
BELSOMRA 36
benazepril 48
benazepril-hydrochlorothiazide 48
BENICAR 48
BENICAR HCT 48
BENLYSTA 84
BENZACLIN 57
BENZAMYCIN 57
benztropine 23
BEPREVE 90
BERINERT 94
BESIVANCE 89
BETAGAN 90
betamethasone dipropionate . 60
betamethasone valerate 60
betamethasone, augmented... 60
BETAPACE AF 47
BETASERON 79
betaxolol 48, 90
bethanechol chloride 97
BETHKIS 7
BETIMOL 90
BETOPTIC S 90
BEXSERO (PF) 80
BEYAZ 86
BIAXIN 6
bicalutamide 14
BICILLIN C-R 10
BICILLIN L-A 10
BICNU 14
BIDIL 48
BILTRICIDE 7
bimatoprost 91
BINOSTO 83
bisoprolol fumarate 48
bisoprolol-hydrochlorothiazide 48
BIVIGAM 80
bleomycin 14
BLEPH-10 92
BLEPHAMIDE 92
BLEPHAMIDE S.O.P. 92
BONIVA 83
BOOSTRIX TDAP 81
BOSULIF 14
BOTOX 81
BREO ELLIPTA 94
BREVICON (28) 86
briellyn 86
BRILINTA 53
brimonidine 92
BRINTELLIX 36
BRISDELLE 36
bromfenac 91
bromocriptine 23
BROVANA 94
budesonide 73, 94
bumetanide 48
BUNAVAIL 33
BUPRENEX 26
buprenorphine hcl 26, 27
buprenorphine-naloxone 33
buproban 63
bupropion hcl 36, 37
buspirone 37
BUSULFEX 14
butorphanol tartrate 33
BUTRANS 27
BYDUREON 66
BYETTA 66
BYSTOLIC 49
C
cabergoline 70
CADUET 54
CAFERGOT 24
CALAN 49
CALAN SR 49
calcipotriene 56
calcipotriene-betamethasone 56
calcitonin (salmon) 70
calcitriol 56, 71
calcium acetate 98
CAMBIA 33
camila 84
CAMPTOSAR 14
CANASA 73
CANCIDAS 1
candesartan 49
candesartan-hydrochlorothiazid 49
CANTIL 73
CAPASTAT 7
CAPEX 60
CAPITAL WITH CODEINE 27
CAPRELSA 14
captopril 49
captopril-hydrochlorothiazide 49
CARAC 56
carafate 76
CARAFATE 76
CARBAGLU 62
carbamazepine 20
CARBATROL 20
carbidopa 23
carbidopa-levodopa 23
carbidopa-levodopa-entacapone 23
carboplatin 14
CARDENE IV IN SODIUM CHLORIDE 49
CARDIZEM 49
CARDIZEM CD 49
CARDIZEM LA 49

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CARDURA 49
CARDURA XL 49
CARIMUNE NF NANOFILTERED 81
CARNITOR 62
carteolol 90
cartia xt 49
carvedilol 49
CASODEX 14
CATAPRES 49
CATAPRES-TTS-1 49
CATAPRES-TTS-2 49
CATAPRES-TTS-3 49
CAYSTON 7
CEDAX 4
cefaclor 4
cefadroxil 4
cefazolin 4
cefazolin in dextrose (iso-os) .4
cefdinir 4
cefditoren pivoxil 5
cefepime 5
CEFEPIME IN DEXTROSE 5 %.....5
cefixime 5
cefotaxime 5
cefotetan 5
cefoxitin 5
cefoxitin in dextrose, iso-osm 5
cefpodoxime 5
cefprozil 5
ceftazidime 5
CEFTAZIDIME IN D5W 5
CEFTIN 5
ceftriaxone 5
cefuroxime axetil 5
cefuroxime sodium 5
CELEBREX 33
celecoxib 33
CELEXA 37
CELLCEPT 14
CELLCEPT INTRAVENOUS 14
CELONTIN 20
cephalexin 5
CERDELGA 71
CEREBYX 21
CEREZYME 71
CERVARIX VACCINE (PF) 81
CESAMET 73
cetirizine 92
cevimeline 62
CHANTIX 63
CHANTIX CONTINUING MONTH BOX 63
CHANTIX STARTING MONTH BOX 63
CHEMET 62
CHENODAL 73
chloramphenicol sod succinate 7
chlorhexidine gluconate 64
chloroquine phosphate 7
chlorothiazide 49
chlorothiazide sodium 49
chlorpromazine 37
chlorthalidone 49
cholestyramine light 54
chorionic gonadotropin, human 71
CIALIS 97
ciclopirox 59
cidofovir 2
cilostazol 53
CILOXAN 89
cimetidine 76
cimetidine hcl 76
CIMZIA 73
CIMZIA POWDER FOR RECONST 73
CINRYZE 94
CIPRO 11
CIPRO HC 64
CIPRO IN D5W 11
CIPRODEX 64
ciprofloxacin 11
ciprofloxacin (mixture) 11
ciprofloxacin hcl 11, 89
ciprofloxacin in 5 % dextrose 11
ciprofloxacin lactate 11
cisplatin 14
citalopram 37
cladribine 14
CLAFORAN 5
claravis 57
CLARINEX 92
CLARINEX-D 12 HOUR 92
clarithromycin 6
CLEOCIN 7, 86
CLEOCIN IN 5 % DEXTROSE 7
CLEOCIN T 57
CLIMARA 84
CLINDACIN PAC 57
CLINDAGEL 57
clindamycin hcl 7
clindamycin in 5 % dextrose ..8
clindamycin pediatric 8
clindamycin phosphate 8, 57, 86
clindamycin-benzoyl peroxide 57
CLINIMIX 5%/D15W SULFITE FREE 100
CLINIMIX 5%/D25W SULFITE-FREE 100
CLINIMIX 2.75%/D5W SULFIT FREE 100
CLINIMIX 4.25%/D10W SULF FREE 100
CLINIMIX 4.25%/D5W SULFIT FREE 62
CLINIMIX 4.25%-D20W SULF-FREE 100
CLINIMIX 4.25%-D25W SULF-FREE 100
CLINIMIX 5%-D20W(SULFITE-FREE) 100
CLINIMIX E 2.75%/D10W SUL FREE 62
CLINIMIX E 2.75%/D5W SULF FREE 62

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CLINIMIX E 4.25%/D10W SUL FREE....100
CLINIMIX E 4.25%/D25W SUL FREE....100
CLINIMIX E 4.25%/D5W SULF FREE....100
CLINIMIX E 5%/D15W SULFIT FREE....100
CLINIMIX E 5%/D20W SULFIT FREE....100
CLINIMIX E 5%/D25W SULFIT FREE....100
CLINISOL SF 15 %....100
clobetasol....60
clobetasol-emollient....60
CLOBEX....60
clodan....60
CLODERM....60
CLOLAR....14
clomipramine....37
clonazepam....21
clonidine....49
clonidine hcl....37, 49
clopidogrel....53
clorazepate dipotassium....37
clorpres....49
CLORPRES....49
clotrimazole....1, 59
clotrimazole-betamethasone.59
clozapine....37
CLOZAPINE....37
CLOZARIL....37
COARTEM....8
codeine sulfate....27
COGENTIN....23
COLAZAL....73
COLCHICINE....83
colchicine-probenecid....83
COLCRYS....83
COLESTID....54
colestipol....54
colistin (colistimethate na)....8
colocort....73
COLY-MYCIN S....64
COLYTE WITH FLAVOR PACKS....73
COMBIGAN....91
COMBIVENT RESPIMAT.94
COMBIVIR....2
COMETRIQ....14
COMPLERA....2
compro....73
COMTAN....23
COMVAX (PF)....81
CONCERTA....37
CONDYLOX....56
constulose....73
CONZIP....33
COPAXONE....25
COPEGUS....2
CORDRAN TAPE LARGE ROLL....60
COREG....49
COREG CR....49
CORGARD....49
CORLANOR....55
cormax....60
CORTEF....64
cortisone....64
CORTISPORIN....59, 64
CORTISPORIN-TC....64
CORZIDE....49
COSENTYX PEN....56
COSENTYX PEN (2 PENS)56
COSMEGEN....14
COSOPT....91
COUMADIN....53
COZAAR....49
CREON....73
CRESEMBA....1
CRESTOR....54
CRINONE....85
CRIXIVAN....2
cromolyn....73, 90, 94
cryselle (28)....86
CUBICIN....8
CUPRIMINE....84
CUTIVATE....60
CUVPOSA....73
cyclafem 1/35 (28)....87
cyclafem 7/7/7 (28)....87
CYCLESSA (28)....87
CYCLOPHOSPHAMIDE....14
CYCLOSET....66
cyclosporine....14
cyclosporine modified....14
CYKLOKAPRON....53
CYMBALTA....37
CYSTADANE....73
CYSTAGON....97
CYSTARAN....90
cytarabine....14
cytarabine (pf)....15
CYTOMEL....72
CYTOTEC....76
CYTOVENE....2

D

d10 % & 0.45 % sodium chloride....62
d2.5 %-0.45 % sodium chloride....62
d5 % and 0.9 % sodium chloride....62
d5 %-0.45 % sodium chloride....62
dacarbazine....15
DACOGEN....15
DALIRESP....94
DALVANCE....8
danazol....71
DANTRIUM....26
dantrolene....26
DAPSONE....8
DAPTACEL (DTAP PEDIATRIC) (PF)....81
DARAPRIM....8
daunorubicin....15
DAUNOXOME....15
DAYPRO....33
DAYTRANA....37
DDAVP....71
deblitane....85
decitabine....15
DELESTROGEN....85

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delyla (28) 87
DELZICOL 73
DEMADEX 49
demeclocycline 12
DEMSER 49
DENAVIR 59
DEPACON 21
DEPAKENE 21
DEPAKOTE 21
DEPAKOTE ER 21
DEPAKOTE SPRINKLES .. 21
DEPEN TITRATABS 84
DEPO-ESTRADIOL 85
DEPO-MEDROL 64
DEPO-PROVERA 85
DEPO-SUBQ PROVERA 104 85
DEPO-TESTOSTERONE 71
DERMATOP 60
desipramine 37
desloratadine 92
desmopressin 71
desog-e.estradiol/e.estradiol . 87
DESOGEN 87
DESONATE 60
desonide 60
DESOWEN 60
desoximetasone 60
DESOXYN 37
DESVENLAFAXINE 37
DETROL 97
DETROL LA 97
dexamethasone 64
dexamethasone intensol 64
dexamethasone sodium phosphate 64, 91
dexedrine 38
DEXEDRINE SPANSULE .. 38
DEXILANT 76
dexmethylphenidate 38
DEXPAK 13 DAY 64
dexrazoxane hcl 13
dextroamphetamine 38
dextroamphetamine-amphetamine 38
dextrose 10 % and 0.2 % nacl 62
dextrose 10 % in water (d10w) 62
dextrose 5 % in water (d5w). 62
dextrose 5 %-lactated ringers 62
dextrose 5%-0.2 % sod chloride 62
dextrose 5%-0.3 % sod.chloride 62
dextrose with sodium chloride 62
dextrose-kcl-nacl 98
DIAMOX SEQUELS 91
DIASTAT 21
DIASTAT ACUDIAL 21
diazepam 21, 38
diazepam intensol 38
diclofenac potassium 33
diclofenac sodium 33, 56, 91
diclofenac-misoprostol 33
dicloxacillin 10
didanosine 2
DIFFERIN 57
DIFICID 6
diflorasone 60
DIFLUCAN 1
diflunisal 33
digitek 52
digoxin 52
dihydroergotamine 24
DILANTIN 30 MG 21
DILANTIN EXTENDED 100 MG 21
DILANTIN INFATABS 50 MG 21
DILANTIN-125 125 MG/5 ML 21
DILAUDID 27
DILAUDID (PF) 27
DILAUDID-HP (PF) 27
diltiazem hcl 49, 50
dilt-xr 50
DIOVAN 50
DIOVAN HCT 50
DIPENTUM 73
diphenhydramine hcl 92
diphenoxylate-atropine 73
DIPROLENE 60
DIPROLENE AF 60
dipyridamole 53
disulfiram 62
DITROPAN XL 97
DIURIL 50
DIURIL IV 50
divalproex 21
DIVIGEL 85
DOCEFREZ 15
docetaxel 15
DOLOPHINE 27
donepezil 25
DORIBAX 8
dorzolamide 91
dorzolamide-timolol 91
DOVONEX 56
doxazosin 50
doxepin 38
doxercalciferol 71
DOXIL 15
doxorubicin 15
doxy-100 12
doxycycline hyclate 12
doxycycline monohydrate 12
dronabinol 74
drospirenone-ethinyl estradiol 87
DROXIA 15
DUAC 57
DUAVEE 85
DUETACT 66
DUEXIS 33
DULERA 94
duloxetine 38
DUOPA 23
DURAGESIC 27
duramorph (pf) 27
DUREZOL 91
DUTOPROL 50
DYAZIDE 50
DYMISTA 94

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DYSPORT 81
E
e.e.s. 400 6
E.E.S. GRANULES 6
EC-NAPROSYN 33
econazole 59
EDARBI 50
EDARBYCLOR 50
EDECRIN 50
EDURANT 2
EFFEXOR XR 38
EFFIENT 53
EFUDEX 56
EGRIFTA 79
ELAPRASE 71
ELDEPRYL 23
ELELYSO 71
ELESTAT 90
ELESTRIN 85
ELIDEL 56
ELIGARD 15
eliphos 98
ELIQUIS 53
ELITEK 13
ELIXOPHYLLIN 94
ELLENCE 15
ELMIRON 97
ELOCON 60
ELOXATIN 15
EMADINE 90
EMBEDA 27
EMCYT 15
EMEND 74
EMLA 58
emoquette 87
EMSAM 38
EMTRIVA 2
ENABLEX 97
enalapril maleate 50
enalapril-hydrochlorothiazide 50
ENBREL 84
ENBREL SURECLICK 84
endocet 27
endodan 27
ENGERIX-B (PF) 81
ENGERIX-B PEDIATRIC (PF) 81
ENJUVIA 85
enoxaparin 53
enpresse 87
entacapone 23
entecavir 2
ENTOCORT EC 74
enulose 74
EPANED 50
EPIDUO 57
epinastine 90
epinephrine 92
EPIPEN 2-PAK 92
EPIPEN JR 2-PAK 92
epirubicin 15
epitol 21
EPIVIR 2
EPIVIR HBV 2
eplerenone 50
EPOGEN 79
eprosartan 50
EPZICOM 2
EQUETRO 21
ERAXIS(WATER DILUENT) 1
ERBITUX 15
ergoloid 38
ERGOMAR 24
ERIVEDGE 15
errin 85
ERTACZO 59
ERWINAZE 15
ery pads 57
ERYPED 200 6
ERYPED 400 6
ery-tab 6
ERY-TAB 7
ERYTHROCIN 7
erythrocin (as stearate) 7
erythromycin 7, 89
erythromycin ethylsuccinate ... 7
erythromycin with ethanol 57
erythromycin-benzoyl peroxide 57
ESBRIET 94
escitalopram oxalate 38
esomeprazole magnesium 76
ESOMEPRAZOLE MAGNESIUM 76
esomeprazole sodium 76
ESTRACE 85
estradiol 85
estradiol valerate 85
estradiol-norethindrone acet . 85
ESTRING 85
estropipate 85
eszopiclone 38
ethambutol 8
ethosuximide 21
etidronate disodium 62
etodolac 33
ETOPOPHOS 15
etoposide 15
EURAX 61
EVAMIST 85
EVEKEO 38
EVISTA 83
EVOCLIN 57
EVOTAZ 2
EVOXAC 62
EVZIO 33
EXALGO ER 27, 28
EXELDERM 59
EXELON 25
exemestane 15
EXFORGE 50
EXFORGE HCT 50
EXJADE 62
EXTAVIA 79
EXTINA 59
F
FABIOR 57
FABRAZYME 71
FACTIVE 11
falmina (28) 87
famciclovir 2
famotidine 76

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famotidine (pf).....76
famotidine (pf)-nacl (iso-os)76
FAMVIR 2
FANAPT 38, 39
FARESTON 15
FARXIGA 66
FARYDAK.....15
FASLODEX 15
FAZACLO 39
felbamate 21
FELBATOL 21
FELDENE 33
felodipine.....50
FEMARA 15
FEMCON FE.....87
FEMHRT LOW DOSE 85
FEMRING.....85
fenofibrate 54
FENOFIBRATE.....54
fenofibrate micronized 54
fenofibrate nanocrystallized .54
fenofibric acid (choline).....54
FENOGLIDE 54
fenoprofen 33
fentanyl.....28
FENTANYL.....28
fentanyl citrate.....28
FENTORA 28
FERRIPROX.....62
FETZIMA.....39
FIBRICOR 54
FINACEA.....57
finasteride.....97
FIRAZYR.....94
FIRMAGON KIT W DILUENT SYRINGE 15
FLAGYL 8
FLAGYL ER 8
FLAREX 91
flavoxate.....97
FLEBOGAMMA DIF 81
flecainide 47
FLECTOR 33
FLOMAX 97
FLO-PRED.....64
FLOVENT DISKUS 94
FLOVENT HFA.....94
fluconazole 1
fluconazole in dextrose(iso-o) 1
flucytosine 1
fludarabine.....15
fludrocortisone.....64
FLUMADINE 2
flunisolide.....94
fluocinolone.....60
fluocinolone acetonide oil 64
fluocinonide.....60
fluocinonide-e.....60
fluorometholone 91
fluorouracil 15, 56
FLUOROURACIL 56
fluoxetine.....39
FLUOXETINE 39
fluphenazine decanoate 39
fluphenazine hcl 39
flurbiprofen.....33
flurbiprofen sodium.....91
flutamide.....15
fluticasone 60, 95
fluvastatin 54
fluvoxamine.....39
FML FORTE 91
FML LIQUIFILM 92
FML S.O.P. 92
FOCALIN.....39
FOCALIN XR 39
FOLOTYN 16
fomepizole.....81
fondaparinux.....53
FORADIL AEROLIZER 95
FORFIVO XL.....39
FORTAMET 66
FORTAZ 5
FORTEO 83
FORTESTA.....71
fortical 71
FOSAMAX 83
FOSAMAX PLUS D.....83
foscarnet 2
fosinopril 50
fosinopril-hydrochlorothiazide 50
fosphenytoin 21
FOSRENOL 62
FRAGMIN.....53
FREAMINE HBC 6.9 % 100
FROVA.....24
FULYZAQ 73
FURADANTIN 12
furosemide 50
FUSILEV.....13
FUZEON 2
FYCOMPA.....21

G

gabapentin.....21
GABITRIL 21
GABLOFEN.....26
galantamine.....25
GAMASTAN S/D 81
GAMMAGARD LIQUID 81
GAMMAKED 81
GAMMAPLEX 81
GAMUNEX-C.....81
ganciclovir sodium 2
garamycin 89
GARDASIL (PF).....81
GARDASIL 9 (PF).....81
GASTROCROM 74
gatifloxacin 89
GATTEX ONE-VIAL 74
GAUZE PAD.....66
gavilyte-c 74
gavilyte-g 74
gavilyte-n 74
GELNIQUE 97
gemcitabine.....16
gemfibrozil 54
GEMZAR 16
GENERESS FE 87
generlac.....74
gengraf.....16
GENOTROPIN.....79
GENOTROPIN MINIQUICK 79
gentak 89

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

gentamicin 8, 59, 89
gentamicin in nacl (iso-osm) .. 8
gentamicin sulfate (pf) 8
GEODON 40
gianvi (28) 87
GIAZO 74
gildagia 87
gildess 87
gildess 24 fe 87
GILENYA 25
GILOTRIF 16
GLASSIA 63
glatopa 25
GLEEVEC 16
GLEOSTINE 16
glimepiride 66
glipizide 66, 67
glipizide-metformin 67
GLUCAGEN HYPOKIT 67
GLUCAGON EMERGENCY KIT (HUMAN) 67
GLUCOPHAGE 67
GLUCOPHAGE XR 67
GLUCOTROL 67
GLUCOTROL XL 67
GLUMETZA 67
glycopyrrolate 73
GLYSET 67, 68
GLYXAMBI 68
GOLYTELY 74
GRALISE 21
GRALISE 30-DAY STARTER PACK 21
granisetron (pf) 74
granisetron hcl 74
GRANIX 79
GRASTEK 81
griseofulvin microsize 1
griseofulvin ultramicrosize 1
GRIS-PEG (ULTRAMICROSIZE) 1
guanidine 40
GYNAZOLE-1 86
H
HALAVEN 16
HALDOL 40
HALDOL DECANOATE 40
halobetasol propionate 60
HALOG 60
haloperidol 40
haloperidol decanoate 40
haloperidol lactate 40
HARVONI 2
HAVRIX (PF) 81
HECTOROL 71
heparin (porcine) 53
heparin (porcine) in 5 % dex 53
HEPATAMINE 8% 100
HEPSERA 2
HERCEPTIN 16
HETLIOZ 40
HEXALEN 16
HIPREX 12
HORIZANT 25
HUMALOG 68
HUMALOG KWIKPEN 68
HUMALOG MIX 50-50 68
HUMALOG MIX 50-50 KWIKPEN 68
HUMALOG MIX 75-25 68
HUMALOG MIX 75-25 KWIKPEN 68
HUMATROPE 79
HUMIRA 84
HUMIRA CROHN'S DIS START PCK 84
HUMULIN 70/30 68
HUMULIN 70/30 KWIKPEN 68
HUMULIN N 68
HUMULIN N KWIKPEN 68
HUMULIN R 68
HUMULIN R U-500 68
HYCAMTIN 16
HYCET 28
hydralazine 50
HYDREA 16
hydrochlorothiazide 50
hydrocodone-acetaminophen 28
hydrocodone-ibuprofen 28
hydrocortisone 61, 64, 74
hydrocortisone butyrate 60
hydrocortisone butyr-emollient 61
hydrocortisone valerate 61
hydrocortisone-acetic acid 64
hydromorphone 28, 29
hydromorphone (pf) 28
hydroxychloroquine 8
hydroxyurea 16
hydroxyzine hcl 93
HYPERRAB S/D (PF) 81
HYSINGLA ER 29
HYZAAR 50
I
ibandronate 83
IBRANCE 16
IBUDONE 29
ibuprofen 33
ibuprofen-oxycodone 29
ICLUSIG 16
IDAMYCIN PFS 16
idarubicin 16
IFEX 16
ifosfamide 16
ILARIS (PF) 79
ILEVRO 91
ILOTYCIN 89
IMBRUVICA 16
imipenem-cilastatin 8
imipramine hcl 40
imipramine pamoate 40
imiquimod 56
IMITREX 24
IMITREX STATDOSE KIT REFILL 24
IMOVAX RABIES VACCINE (PF) 81
IMURAN 16
INCRELEX 63
INCRUSE ELLIPTA 95
indapamide 50
INDERAL LA 50
INFANRIX (DTAP) (PF) 81
INLYTA 16

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

INNOPRAN XL 50
INSPRA 50
INSULIN PEN NEEDLE 68
INSULIN SYRINGE (DISP) U-100 0.3 ML 68
INSULIN SYRINGE (DISP) U-100 1 ML 68
INSULIN SYRINGE (DISP) U-100 1/2 ML 68
INTELENCE 2
intralipid 100
INTRALIPID 100
INTRON A 79
introvale 87
INVANZ 8
INVEGA 40
INVEGA SUSTENNA 40
INVIRASE 2
INVOKAMET 68
INVOKANA 68
IONOSOL-B IN D5W 100
IONOSOL-MB IN D5W 100
IOPIDINE 92
IPOL 81
ipratropium bromide 64, 95
ipratropium-albuterol 95
irbesartan 50
irbesartan-hydrochlorothiazide 50
IRENKA 40
irinotecan 16
ISENTRESS 2
ISOLYTE-P IN 5 % DEXTROSE 100
ISOLYTE-S 100
isoniazid 8
ISOPTO CARPINE 90
ISORDIL 55
ISORDIL TITRADOSE 55
isosorbide dinitrate 55
isosorbide mononitrate 55
isradipine 50
ISTALOL 90
ISTODAX 16
itraconazole 1
ivermectin 8
IXEMPRA 16
IXIARO (PF) 81
J
JADENU 63
JAKAFI 16
JALYN 97
jantoven 53
JANUMET 68
JANUMET XR 68
JANUVIA 68
JARDIANCE 68
JENTADUETO 68
JEVTANA 16
jolivette 85
JUBLIA 59
junel 1.5/30 (21) 87
junel 1/20 (21) 87
junel fe 1.5/30 (28) 87
junel fe 1/20 (28) 87
junel fe 24 87
JUXTAPID 54
K
KADCYLA 17
KADIAN 29
KALBITOR 95
KALETRA 2
KALYDECO 95
KAPVAY 40
kariva (28) 87
KAYEXALATE 63
KAZANO 69
KEFLEX 6
kelnor 1/35 (28) 87
KENALOG 61, 64
KEPIVANCE 13
KEPPRA 21
KEPPRA XR 21
KERYDIN 59
KETEK 8
ketoconazole 1, 59
ketoprofen 34
ketorolac 91
KEYTRUDA 17
KHEDEZLA 40
KINERET 84
kionex 63
KLARON 59
KLONOPIN 21
klor-con 10 98
klor-con 8 98
klor-con m15 98
klor-con m20 98
KOMBIGLYZE XR 69
KORLYM 71
KRISTALOSE 74
k-tab 98
K-TAB 98
KUVAN 71
KYNAMRO 54
L
l norgest&e estradiol-e estrad 87
labetalol 50
LACRISERT 90
lactated ringers 61, 98
lactulose 74
LAMICTAL 21
LAMICTAL ODT 21
LAMICTAL STARTER (BLUE) KIT 21
LAMICTAL STARTER (GREEN) KIT 21
LAMICTAL STARTER (ORANGE) KIT 22
LAMICTAL XR 22
LAMICTAL XR STARTER (BLUE) 22
LAMICTAL XR STARTER (GREEN) 22
LAMICTAL XR STARTER (ORANGE) 22
LAMISIL 1
lamivudine 2
lamivudine-zidovudine 2
lamotrigine 22
LANOXIN 52
lansoprazole 76
LANTUS 69
LANTUS SOLOSTAR 69

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larin 1.5/30 (21) 87
larin 1/20 (21) 87
larin fe 87
LASIX 50
LASTACAFT 90
latanoprost 91
LATUDA 40
LAZANDA 29
leena 28 87
leflunomide 84
LENVIMA 17
LESCOL 54
LESCOL XL 54
lessina 87
LETAIRIS 95
letrozole 17
leucovorin calcium 13
LEUKERAN 17
LEUKINE 79
leuprolide 17
levalbuterol hcl 95
LEVAQUIN 11
LEVEMIR 69
LEVEMIR FLEXTOUCH 69
levetiracetam 22
LEVETIRACETAM IN NACL (ISO-OS) 22
levobunolol 90
levocarnitine 63
levocarnitine (with sugar) 63
levocetirizine 93
levofloxacin 11, 89
levofloxacin in d5w 11
LEVOLEUCOVORIN CALCIUM 13
levonest (28) 87
levonorgestrel-ethinyl estrad 87
levora-28 87
levorphanol tartrate 29
levothyroxine 72
LEVOTHYROXINE 72
levoxyl 72
LEXAPRO 40, 41
LEXIVA 2
LIALDA 74
lidocaine 58
lidocaine (pf) 58
lidocaine hcl 58
lidocaine-prilocaine 58
LIDODERM 58
LINCOCIN 8
lindane 61
linezolid 8
LINZESS 74
LIORESAL 26
liothyronine 72
LIPITOR 54
LIPOFEN 54
LIPTRUZET 54
lisinopril 50
lisinopril-hydrochlorothiazide 50
lithium carbonate 41
lithium citrate 41
LITHOBID 41
LITHOSTAT 63
LIVALO 54
LO LOESTRIN FE 87
LOCOID 61
LODOSYN 23
LOESTRIN 1.5/30 (21) 87
LOESTRIN 1/20 (21) 87
LOESTRIN FE 1.5/30 (28-DAY) 87
LOESTRIN FE 1/20 (28-DAY) 87
LOFIBRA 54
lomedia 24 fe 87
LOMOTIL 73
LOMUSTINE 17
loperamide 73
LOPID 54
LOPREEZA 85
LOPRESSOR 50, 51
LOPRESSOR HCT 50
LOPROX 59
lorazepam 41
lorazepam intensol 41
lorcet (hydrocodone) 29
lorcet hd 29
lorcet plus 29
lortab 10-325 29
lortab 5-325 29
lortab 7.5-325 29
loryna (28) 88
losartan 51
losartan-hydrochlorothiazide 51
LOSEASONIQUE 88
LOTEMAX 92
LOTENSIN 51
LOTREL 51
LOTRISONE 59
LOTRONEX 74
lovastatin 54
LOVAZA 54
LOVENOX 53
loxapine succinate 41
LUMIGAN 91
LUMIZYME 71
LUNESTA 41
LUPANETA PACK (1 MONTH) 86
LUPANETA PACK (3 MONTH) 86
LUPRON DEPOT 17
LUPRON DEPOT (3 MONTH) 17
LUPRON DEPOT (4 MONTH) 17
LUPRON DEPOT (6 MONTH) 17
LUPRON DEPOT-PED 17
lutera (28) 88
LUZU 59
LYNPARZA 17
LYRICA 22
LYSODREN 17
LYSTEDA 86
lyza 85
M
MACROBID 12
MACRODANTIN 12
magnesium sulfate 98
MALARONE 8
MALARONE PEDIATRIC 8

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malathion 61
maprotiline 41
MARINOL 74
marlissa..... 88
MARPLAN 41
MATULANE 17
matzim la 51
MAVIK 51
MAXALT 24
MAXALT-MLT 24
MAXIDEX 92
MAXIPIME..... 6
MAXITROL..... 91
MAXZIDE 51
MAXZIDE-25MG..... 51
meclizine 74
meclofenamate 34
MEDROL 64
MEDROL (PAK) 64
medroxyprogesterone 85
mefenamic acid 34
mefloquine..... 8
MEGACE 17
MEGACE ES 17
megestrol 17
MEKINIST 17
meloxicam 34
melphalan hcl 17
MENACTRA (PF) 82
MENEST 85
MENOMUNE - A/C/Y/W-135 (PF)..... 82
MENOSTAR..... 85
MENTAX..... 59
MENVEO A-C-Y-W-135-DIP (PF)..... 82
MEPRON 8
mercaptopurine..... 17
meropenem 8
MERREM..... 8
mesalamine with cleansing wipe 74
mesna..... 13
MESNEX 13
MESTINON 26
MESTINON TIMESPAN 26
METADATE CD 41
metadate er 41
metaproterenol..... 95
metformin 69
methadone 29
methamphetamine 41
methazolamide..... 91
methenamine hippurate 12
methimazole 65
METHITEST..... 71
methotrexate sodium 17
methotrexate sodium (pf) 17
methoxsalen rapid..... 56
methscopolamine..... 73
methyclothiazide 51
methyldopa 51
methylergonovine..... 89
METHYLIN 41
methylphenidate 41
methylprednisolone 65
methylprednisolone acetate .. 64
methylprednisolone sodium succ 65
metipranolol..... 90
metoclopramide hcl 74
metolazone..... 51
metoprolol succinate..... 51
metoprolol ta-hydrochlorothiaz 51
metoprolol tartrate 51
METOZOLV ODT 74
METROCREAM..... 57
METROGEL 57
METROGEL VAGINAL 86
METROLOTION 57
metronidazole 8, 58, 86
metronidazole in nacl (iso-os) 8
mexiletine 47
MIACALCIN 71
MICARDIS 51
MICARDIS HCT 51
miconazole-3 86
microgestin 1.5/30 (21) 88
microgestin 1/20 (21) 88
microgestin fe 1.5/30 (28) 88
microgestin fe 1/20 (28) 88
MICROZIDE..... 51
midodrine..... 63
migergot..... 24
MIGRANAL..... 24
millipred 65
MILLIPRED..... 65
mimvey 85
mimvey lo 85
MINASTRIN 24 FE 88
MINIPRESS 51
MINITRAN 55
MINIVELLE 85
MINOCIN..... 12
minocycline 12
minoxidil..... 51
MIRAPEX 23
MIRAPEX ER 23
MIRCERA 79
mirtazapine 41
MIRVASO..... 58
misoprostol 76
mitomycin..... 17
mitoxantrone..... 17
M-M-R II (PF) 82
MOBIC 34
modafinil..... 41
moderiba 2
moderiba dose pack 2
MODICON (28) 88
moexipril..... 51
moexipril-hydrochlorothiazide 51
mometasone..... 61
mononessa (28)..... 88
montelukast..... 95
MONUROL..... 13
morphine..... 30
MORPHINE 30
morphine concentrate 30
MOVANTIK 74
MOVIPREP 74
MOXEZA 89
moxifloxacin..... 11

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MOZOBIL....79
MS CONTIN....30
MULTAQ....47
mupirocin....59
mupirocin calcium....59
MUSTARGEN....17
MYALEPT....71
MYAMBUTOL....9
MYCAMINE....1
MYCOBUTIN....9
mycophenolate mofetil....17
mycophenolate sodium....17
MYFORTIC....17
myorisan....58
MYOZYME....71
MYRBETRIQ....97
MYSOLINE....22
N
nabumetone....34
nadolol....51
nadolol-bendroflumethiazide 51
nafcillin....10
nafcillin in dextrose iso-osm 10
NAFTIFINE....59
NAFTIN....59
NAGLAZYME....71
nalbuphine....34
naloxone....34
naltrexone....34
NAMENDA....25
NAMENDA TITRATION PAK....25
NAMENDA XR....25
naphazoline....92
NAPRELAN CR....34
NAPROSYN....34
naproxen....34
naproxen sodium....34
naratriptan....24
NARDIL....41
NASONEX....95
NATACYN....89
NATAZIA....88
nateglinide....69
NATESTO....71
NATPARA....71
NEBUPENT....9
necon 0.5/35 (28)....88
necon 1/35 (28)....88
necon 1/50 (28)....88
necon 10/11 (28)....88
necon 7/7/7 (28)....88
NEEDLES, INSULIN DISP.,SAFETY....69
nefazodone....41
neomycin....9
neomycin-bacitracin-poly-hc 91
neomycin-bacitracin-polymyxin....89
neomycin-polymyxin b gu....61
neomycin-polymyxin b-dexameth....91
neomycin-polymyxin-gramicidin....89
neomycin-polymyxin-hc 64, 91
NEORAL....17
NEOSPORIN (NEO-POLYM-GRAMICID)....89
NEO-SYNALAR....59
NEPHRAMINE 5.4 %....100
NESINA....69
neuac....58
NEULASTA....79
NEUMEGA....79
NEUPOGEN....79
NEUPRO....24
NEURONTIN....22
NEVANAC....91
nevirapine....2
NEXAVAR....17
NEXIUM....77
NEXIUM IV....76
NEXIUM PACKET....77
NEXTERONE....47
niacin....54
NIACOR....54
NIASPAN EXTENDED-RELEASE....55
nicardipine....51
NICOTROL....63
NICOTROL NS....63
nifedical xl....51
nifedipine....51
nikki (28)....88
NILANDRON....17
nimodipine....51
NIPENT....17
nisoldipine....51
nitro-bid....55
NITRO-DUR....55
nitrofurantoin....13
nitrofurantoin macrocrystal ..13
nitrofurantoin monohyd/m-cryst....13
nitroglycerin....55, 56
NITROLINGUAL....56
NITROMIST....56
NITROSTAT....56
nizatidine....77
NIZORAL....59
nora-be....85
NORCO....30
NORDITROPIN FLEXPRO 79
NORDITROPIN NORDIFLEX....79
noreth-ethinyl estradiol-iron.88
norethindrone (contraceptive)....85
norethindrone acetate....85
norethindrone ac-eth estradiol....86
norethindrone-e.estradiol-iron....88
NORINYL 1+35 (28)....88
NORINYL 1+50 (28)....88
NORITATE....58
norlyroc....86
NORMOSOL-M IN 5 % DEXTROSE....100
NORMOSOL-R IN 5 % DEXTROSE....98
NORMOSOL-R PH 7.4....100
NORPRAMIN....41
NOR-QD....86
NORTHERA....63

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

nortrel 0.5/35 (28) 88
nortrel 1/35 (21) 88
nortrel 1/35 (28) 88
nortrel 7/7/7 (28) 88
nortriptyline 41
NORVASC 51
NORVIR 2
novarel 71
NOVOFINE 32 69
NOVOLIN 70/30 69
NOVOLIN N 69
NOVOLIN R 69
NOVOLOG 69
NOVOLOG FLEXPEN 69
NOVOLOG MIX 70-30 69
NOVOLOG MIX 70-30 FLEXPEN 69
NOVOLOG PENFILL 69
NOXAFIL 1
NUCYNTA 34
NUCYNTA ER 34
NUEDEXTA 25
NULOJIX 17
NULYTELY WITH FLAVOR PACKS 74
NUTRESTORE 63
NUTRILIPID 100
NUTROPIN AQ 79
NUTROPIN AQ NUSPIN ... 79
NUVARING 86
NUVESSA 86
NUVIGIL 41
nyamyc 59
nystatin 1, 59
nystatin-triamcinolone 59
nystop 59
O
ocella 88
OCTAGAM 82
octreotide acetate 17
OCUFEN 91
OCUFLOX 89
OFEV 95
ofloxacin 11, 64, 89
ogestrel (28) 88
olanzapine 41, 42
olanzapine-fluoxetine 42
olopatadine 64
OLUX 61
OLYSIO 3
OMECLAMOX-PAK 77
omega-3 acid ethyl esters 55
omeprazole 77
omeprazole-sodium bicarbonate 77
OMNARIS 95
OMNIPRED 92
OMNITROPE 79
ONCASPAR 18
ondansetron 74
ondansetron hcl 74
ondansetron hcl (pf) 74
ONEXTON 58
ONFI 22
ONGLYZA 69
ONMEL 1
OPANA 31
OPANA ER 31
OPDIVO 18
OPSUMIT 95
ORACEA 12
ORAP 42
ORAPRED ODT 65
ORENCIA 84
ORENCIA (WITH MALTOSE) 84
ORENITRAM 51
ORFADIN 63
orsythia 88
ORTHO MICRONOR 86
ORTHO TRI-CYCLEN (28) 88
ORTHO TRI-CYCLEN LO (28) 88
ORTHO-CEPT (28) 88
ORTHO-CYCLEN (28) 88
ORTHO-NOVUM 1/35 (28) 88
ORTHO-NOVUM 7/7/7 (28) 88
OSENI 69
OSMOPREP 74
OTEZLA 84
OTEZLA STARTER 84
OTREXUP (PF) 84
OVCON-35 (28) 88
OVIDE 61
oxacillin 10
oxacillin in dextrose(iso-osm) 10
oxaliplatin 18
oxandrolone 71
oxaprozin 34
oxazepam 42
oxcarbazepine 22
OXISTAT 59
OXSORALEN ULTRA 56
OXTELLAR XR 22
oxybutynin chloride 97
oxycodone 31
OXYCODONE 31
oxycodone-acetaminophen ... 31
oxycodone-aspirin 31
OXYCONTIN 31
oxymorphone 31, 32
OXYTROL 97
P
pacerone 47
paclitaxel 18
PAMELOR 42
pamidronate 71
PANCREAZE 74
PANDEL 61
PANRETIN 56
pantoprazole 77
paricalcitol 71
PARICALCITOL 71
PARNATE 42
paromomycin 9
paroxetine hcl 42
PASER 9
PATADAY 90
PATANASE 64
PATANOL 90
PAXIL 42
PAXIL CR 42
PAZEO 90

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PCE....7
PEDVAX HIB (PF)....82
peg 3350-electrolytes....75
PEGANONE....22
PEGASYS....80
PEGASYS PROCLICK....80
PEGINTRON....80
PEGINTRON REDIPEN....80
PENICILLIN G POT IN DEXTROSE....10
penicillin g potassium....10
penicillin g procaine....10
penicillin g sodium....10
penicillin v potassium....11
PENNSAID....34
PENTAM....9
PENTASA....75
pentoxifylline....53
PEPCID....77
PERCOCET....32
PERCODAN....32
PERFOROMIST....95
perindopril erbumine....51
periogard....64
PERJETA....18
permethrin....61
perphenazine....42
PERSANTINE....53
PERTZYE....75
PEXEVA....42
phenelzine....42
PHENERGAN....93
phenobarbital....22
PHENYTEK....22
phenytoin....22
phenytoin sodium....23
phenytoin sodium extended..22
PHOSLO....98
PHOSLYRA....98
PHOSPHOLINE IODIDE....90
PHYSIOLYTE....61
PHYSIOSOL IRRIGATION 62
PICATO....56
pilocarpine hcl....63, 90
pimtrea (28)....88
pindolol....51
pioglitazone....69
pioglitazone-glimepiride....69
pioglitazone-metformin....69
piperacillin-tazobactam....11
pirmella....88
piroxicam....34
PLAQUENIL....9
PLASMA-LYTE 148....100
PLASMA-LYTE A....100
PLASMA-LYTE-56 IN 5 % DEXTROSE....100
PLAVIX....53
PLEGRIDY....80
PLETAL....53
podofilox....56
polyethylene glycol 3350....75
polymyxin b sulfate....9
polymyxin b sulf-trimethoprim....89
POLYTRIM....90
POMALYST....18
PONSTEL....34
portia....88
potassium chlorid-d5-0.45%nacl....98
potassium chloride....98, 99
potassium chloride in 0.9%nacl....98
potassium chloride in 5 % dex....98
potassium chloride in lr-d5...98
potassium chloride-0.45 % nacl....99
potassium chloride-d5-0.2%nacl....99
potassium chloride-d5-0.3%nacl....99
potassium chloride-d5-0.9%nacl....99
potassium citrate....97
POTIGA....23
PRADAXA....53
pramipexole....24
PRANDIMET....69
PRANDIN....69, 70
PRAVACHOL....55
pravastatin....55
prazosin....51
PRECOSE....70
PRED FORTE....92
PRED MILD....92
PRED-G....91
PRED-G S.O.P.....91
prednicarbate....61
prednisolone acetate....92
prednisolone sodium phosphate....65, 92
prednisone....65
prednisone intensol....65
PREGNYL....71
PREMARIN....86
premasol 10 %....100
PREMASOL 6 %....100
PRENATAL VITAMIN ORAL TABLET....101
PREPOPIK....75
PREVACID....77
PREVACID SOLUTAB....77
prevalite....55
previfem....88
PREVPAC....77
PREZCOBIX....3
PREZISTA....3
PRIFTIN....9
PRILOSEC....78
PRIMAQUINE....9
PRIMAXIN IV....9
primidone....23
PRIMLEV....32
PRIMSOL....13
PRINIVIL....51
PRISTIQ....42, 43
PRIVIGEN....82
PROAIR HFA....95
PROAIR RESPICLICK....95
probenecid....83
procainamide....48
PROCALAMINE 3%....101
PROCARDIA XL....51

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

procentra....43
prochlorperazine....75
prochlorperazine edisylate....75
prochlorperazine maleate....75
PROCRIT....80
procto-pak....75
proctosol hc....75
proctozone-hc....75
PROCYSBI....97
progesterone micronized....86
PROGLYCEM....70
PROGRAF....18
PROLASTIN-C....63
PROLENSA....91
PROLEUKIN....80
PROLIA....83
PROMACTA....53
promethazine....93
PROMETRIUM....86
propafenone....48
propranolol....51
propranolol-hydrochlorothiazid....51
propylthiouracil....65
PROQUAD (PF)....82
PROSCAR....97
PROSOL 20 %....101
PROTONIX....78
PROTOPIC....56
protriptyline....43
PROVENTIL HFA....95
PROVERA....86
PROVIGIL....43
PROZAC....43
PROZAC WEEKLY....43
prudoxin....57
PULMICORT....95
PULMICORT FLEXHALER....95
PULMOZYME....95
PURIXAN....18
PYLERA....78
pyrazinamide....9
pyridostigmine bromide....26

Q

QNASL....95
QUADRACEL (PF)....82
QUALAQUIN....9
QUARTETTE....88
quasense....88
QUDEXY XR....23
QUESTRAN....55
quetiapine....43
QUILLIVANT XR....43
quinapril....51
quinapril-hydrochlorothiazide....51
quinidine gluconate....48
quinidine sulfate....48
quinine sulfate....9
QVAR....96

R

RABAVERT (PF)....82
rabeprazole....78
RAGWITEK....82
raloxifene....83
ramipril....51
RANEXA....55
ranitidine hcl....78
RAPAFLO....97
RAPAMUNE....18
RASUVO (PF)....84
RAVICTI....63
RAYOS....65
RAZADYNE....25
RAZADYNE ER....25
REBETOL....3
REBIF (WITH ALBUMIN)....80
REBIF REBIDOSE....80
REBIF TITRATION PACK....80
RECLAST....63
reclipsen (28)....88
RECOMBIVAX HB (PF)....82
RECTIV....75
REGLAN....75
REGRANEX....57
RELENZA DISKHALER....3
RELISTOR....75
RELPAX....25
REMERON....43
REMERON SOLTAB....43
REMICADE....75
REMODULIN....51
RENAGEL....63
RENVELA....63
repaglinide....70
reprexain....32
REQUIP....24
REQUIP XL....24
RESCRIPTOR....3
RESTASIS....90
RESTORIL....43
RETIN-A....58
RETIN-A MICRO....58
RETIN-A MICRO PUMP....58
RETROVIR....3
REVATIO....96
REVLIMID....18
REYATAZ....3
RHEUMATREX....18
RHINOCORT AQUA....96
ribasphere....3
ribasphere ribapak....3
ribavirin....3
RIDAURA....84
rifabutin....9
RIFADIN....9
RIFAMATE....9
rifampin....9
RIFATER....9
RILUTEK....63
riluzole....63
rimantadine....3
ringers....62, 99
RIOMET....70
risedronate....63, 83
RISPERDAL....43, 44
RISPERDAL CONSTA....43
RISPERDAL M-TAB....43
risperidone....44
RITALIN....44
RITALIN LA....44
RITUXAN....18
rivastigmine tartrate....25

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

rizatriptan 25
ROBINUL 73
ROBINUL FORTE 73
ROCALTROL 71
ropinirole 24
ROTARIX 82
ROTATEQ VACCINE 82
ROXICET 32
ROXICODONE 32
ROZEREM 44
RUCONEST 96
RYTARY 24
RYTHMOL 48
RYTHMOL SR 48
S
SABRIL 23
SAFYRAL 88
SAIZEN 80
SAIZEN CLICK.EASY 80
SALAGEN 63
SAMSCA 72
SANCUSO 75
SANDIMMUNE 18
SANDOSTATIN 18
SANDOSTATIN LAR DEPOT 18
SANTYL 61
SAPHRIS (BLACK CHERRY) 44
SARAFEM 44
SAVAYSA 53
SAVELLA 84
SEASONIQUE 88
SECTRAL 51
selegiline hcl 24
selenium sulfide 56
SELZENTRY 3
SEMPREX-D 93
SENSIPAR 72
SEREVENT DISKUS 96
SEROQUEL 44
SEROQUEL XR 44, 45
SEROSTIM 80
sertraline 45
SFROWASA 75
sharobel 86
SIGNIFOR 18
SIGNIFOR LAR 18
sildenafil 96
SILENOR 45
SILVADENE 56
silver sulfadiazine 56
SIMBRINZA 91
SIMCOR 55
SIMPONI 84
SIMPONI ARIA 84
SIMULECT 18
simvastatin 55
SINEMET 24
SINEMET CR 24
SINGULAIR 96
sirolimus 18
SIRTURO 9
SIVEXTRO 9
SKLICE 61
sodium chloride 63, 99
sodium chloride 0.45 % 99
sodium chloride 0.9 % 63
sodium chloride 3 % 99
sodium chloride 5 % 99
SODIUM FLUORIDE 101
sodium lactate 99
sodium phenylbutyrate 63
sodium polystyrene (sorb free) 63
SOLARAZE 57
SOLODYN 12
SOLTAMOX 18
SOLU-CORTEF (PF) 65
SOLU-MEDROL 65
SOLU-MEDROL (PF) 65
SOMATULINE DEPOT 18
SOMAVERT 72
SONATA 45
SOOLANTRA 58
SORIATANE 56
SORILUX 56
sorine 48
sotalol 48
sotalol af 48
SOTYLIZE 48
SOVALDI 3
SPECTRACEF 6
SPIRIVA RESPIMAT 96
SPIRIVA WITH HANDIHALER 96
spironolactone 51
spironolacton-hydrochlorothiaz 52
SPORANOX 1
SPORANOX PULSEPAK 1
sprintec (28) 89
SPRIX 34
SPRYCEL 18
sronyx 89
ssd 56
STALEVO 100 24
STALEVO 125 24
STALEVO 150 24
STALEVO 200 24
STALEVO 50 24
STALEVO 75 24
STARLIX 70
stavudine 3
STELARA 56
STIMATE 72
STIOLTO RESPIMAT 96
STIVARGA 18
STRATTERA 45
STREPTOMYCIN 9
STRIANT 72
STRIBILD 3
STRIVERDI RESPIMAT 96
STROMECTOL 9
SUBOXONE 34
SUBSYS 32
SUCLEAR 75
SUCRAID 75
sucralfate 78
SULAR 52
sulfacetamide sodium 92
sulfacetamide sodium (acne) 59
sulfacetamide-prednisolone 92
sulfadiazine 12

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

sulfamethoxazole-trimethoprim 12
SULFAMYLON..... 59
sulfasalazine 75
sulfazine ec 75
sulindac..... 34
sumatriptan 25
sumatriptan succinate 25
SUMAVEL DOSEPRO 25
SUPRAX 6
SUPREP BOWEL PREP KIT 75
SURMONTIL..... 45
SUSTIVA 3
SUTENT..... 18, 19
SYLATRON..... 80
SYLVANT 19
SYMBICORT..... 96
SYMBYAX..... 45
SYMLINPEN 120 70
SYMLINPEN 60 70
SYNAGIS..... 3
SYNALAR CREAM KIT 61
SYNALGOS-DC..... 32
SYNAREL 72
SYNERCID..... 9
SYNRIBO 19
SYNTHROID..... 72
SYPRINE 63
T
TABLOID 19
TACLONEX 56
tacrolimus 19, 57
TAFINLAR 19
TAMIFLU 3
tamoxifen..... 19
tamsulosin..... 97
TANZEUM 70
TAPAZOLE 65
TARCEVA 19
TARGRETIN 19
tarina fe..... 89
TARKA 52
TASIGNA 19
TASMAR 24
TAXOTERE 19
TAZICEF..... 6
TAZORAC 58
taztia xt 52
TECFIDERA 25
TEFLARO 6
TEGRETOL 23
TEGRETOL XR..... 23
TEKAMLO 52
TEKTURNA 52
TEKTURNA HCT 52
telmisartan 52
telmisartan-amlodipine..... 52
telmisartan-hydrochlorothiazid 52
temazepam..... 45
TEMOVATE 61
TENIVAC (PF) 82
TENORETIC 100..... 52
TENORETIC 50..... 52
TENORMIN 52
TERAZOL 3 86
TERAZOL 7 86
terazosin..... 52
terbinafine hcl..... 1
terbutaline 96
terconazole..... 86
TESTIM..... 72
TESTOSTERONE..... 72
testosterone cypionate 72
testosterone enanthate..... 72
TESTRED 72
TETANUS,DIPHTHERIA TOX PED(PF) 82
TETANUS-DIPHTHERIA TOXOIDS-TD..... 82
tetracycline 12
TEVETEN 52
TEVETEN HCT 52
THALOMID..... 19
THEO-24 96
theophylline 96
THIOLA 63
thioridazine..... 45
thiothixene 45
THYMOGLOBULIN 82
THYROLAR-1 72
THYROLAR-1/2 72
THYROLAR-1/4 72
THYROLAR-2 72
THYROLAR-3 72
tiagabine 23
TIAZAC 52
ticlopidine 53
TIKOSYN..... 48
timolol maleate 52, 90
TIMOPTIC OCUDOSE (PF) 90
TIMOPTIC-XE..... 90
TINDAMAX 9
tinidazole 9
TIROSINT 72
TIVICAY 3
TIVORBEX 34
tizanidine 26
TOBI 9
TOBI PODHALER 9
TOBRADEX 91
TOBRADEX ST..... 91
tobramycin 90
tobramycin in 0.225 % nacl 9
tobramycin in 0.9 % nacl 9
tobramycin sulfate 9
tobramycin-dexamethasone .. 91
TOBREX 90
TOFRANIL 45
TOFRANIL-PM 45
tolazamide..... 70
tolbutamide 70
tolcapone..... 24
tolmetin..... 34, 35
tolterodine..... 97
TOPAMAX 23
TOPICORT..... 61
topiramate 23
TOPIRAMATE 23
toposar 19
topotecan..... 19
TOPROL XL 52
TORISEL..... 19

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

torsemide 52
TOUJEO SOLOSTAR 70
TOVIAZ 97
TPN ELECTROLYTES 99
TRACLEER 96
TRADJENTA 70
tramadol 35
TRAMADOL 35
tramadol-acetaminophen 35
trandolapril 52
trandolapril-verapamil 52
tranexamic acid 53, 86
TRANSDERM-SCOP 75
TRANXENE T-TAB 45
tranylcypromine 45
travasol 10 % 101
TRAVATAN Z 91
travoprost (benzalkonium) ... 91
trazodone 45
TREANDA 19
TRECATOR 9
TRELSTAR 19
TRELSTAR DEPOT 19
TRELSTAR LA 19
tretinoin 58
tretinoin (chemotherapy) 19
tretinoin microspheres 58
TRETIN-X 58
TREXALL 19
TREXIMET 25
TREZIX 32
triamcinolone acetonide 61, 64, 96
triamterene-hydrochlorothiazid 52
trianex 61
TRIBENZOR 52
TRICOR 55
triderm 61
trifluoperazine 45
trifluridine 90
TRIGLIDE 55
tri-legest fe 89
TRILEPTAL 23
TRILIPIX 55
trilyte with flavor packets 75
trimethoprim 13
trinessa (28) 89
TRI-NORINYL (28) 89
TRIOSTAT 72
tri-previfem (28) 89
TRISENOX 19
tri-sprintec (28) 89
TRIUMEQ 3
trivora (28) 89
TRIZIVIR 3
TROKENDI XR 23
TROPHAMINE 10 % 101
TROPHAMINE 6% 101
trospium 97
TRULICITY 70
TRUMENBA 82
TRUSOPT 91
TRUVADA 3
TUDORZA PRESSAIR 96
TWINRIX (PF) 82
TWYNSTA 52
TYBOST 3
TYGACIL 9
TYKERB 19
TYLENOL-CODEINE #3 32
TYLENOL-CODEINE #4 32
TYPHIM VI 82
TYSABRI 25
TYVASO 96
TYZEKA 3
TYZINE 64
U
UCERIS 75
ULORIC 83
ULTRACET 35
ULTRAM 35
ULTRAM ER 35
ULTRAVATE 61
ULTRESA 75
UNASYN 11
unithroid 72
URECHOLINE 97
UROCIT-K 10 97
UROCIT-K 15 97
UROCIT-K 5 97
UROXATRAL 97
URSO 250 75
URSO FORTE 75
ursodiol 75
UVADEX 57
V
VAGIFEM 86
valacyclovir 3
VALCHLOR 57
VALCYTE 3
valganciclovir 3
VALIUM 45
valproate sodium 23
valproic acid 23
valproic acid (as sodium salt) 23
valsartan 52
valsartan-hydrochlorothiazide 52
VALTREX 3
VANCOCIN 13
vancomycin 13
vandazole 86
VANOS 61
VAQTA (PF) 82
VARIVAX (PF) 82
VARIZIG 82
VASCEPA 55
VASERETIC 52
VASOTEC 52
VECAMYL 55
VECTIBIX 20
VECTICAL 56
VELCADE 20
velivet triphasic regimen (28) 89
VELPHORO 63
VELTIN 58
venlafaxine 45
VENLAFAXINE 46
VENTAVIS 96
VENTOLIN HFA 96
VERAMYST 96
verapamil 52

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

VEREGEN 57
VERELAN 52
VERELAN PM 52
veripred 20..... 65
VERSACLOZ 46
VESICARE 97
vestura (28)..... 89
VEXOL 92
VFEND..... 1
VFEND IV 1
VGO 20 70
VGO 30 70
VGO 40 70
VIBRAMYCIN 12
vicodin..... 32
vicodin es..... 32
vicodin hp..... 32
VICOPROFEN..... 32
VICTOZA 3-PAK 70
VIDAZA..... 20
VIDEX 2 GRAM PEDIATRIC
..... 4
VIDEX EC 4
VIEKIRA PAK 4
VIGAMOX..... 90
VIIBRYD 46
VIMOVO 35
VIMPAT..... 23
vinblastine 20
vincasar pfs..... 20
vincristine 20
vinorelbine..... 20
VIOKACE..... 75
VIRACEPT 4
VIRAMUNE 4
VIRAMUNE XR..... 4
VIRAZOLE..... 4
VIREAD..... 4
VIROPTIC 90
VISTIDE 4
VITEKTA..... 4
VIVELLE-DOT 86
VIVITROL 35
VOGELXO..... 72
VOLTAREN GEL..... 35
VOLTAREN-XR..... 35
voriconazole 1
VOSPIRE ER 96
VOTRIENT 20
VPRIV 72
vyfemla (28) 89
VYTORIN 10-10..... 55
VYTORIN 10-20..... 55
VYTORIN 10-40..... 55
VYTORIN 10-80..... 55
VYVANSE..... 46
W
warfarin 53
water for irrigation, sterile.... 63
WELCHOL 55
WELLBUTRIN 46
WELLBUTRIN SR 46
WELLBUTRIN XL..... 46
wymzya fe 89
X
XALATAN..... 91
XALKORI 20
XARELTO 53
XARTEMIS XR 32
XELJANZ 84
XENAZINE..... 25
XEOMIN 82
XERESE..... 59
XGEVA 13
XIFAXAN 9
XIGDUO XR..... 70
XODOL 10/300 32
XODOL 5/300 33
XODOL 7.5/300 33
XOLAIR..... 96
XOPENEX 97
XOPENEX HFA 97
XTANDI..... 20
xulane 86
XYLOCAINE..... 58
XYREM..... 46
XYZAL 93
Y
YASMIN (28)..... 89
YAZ (28) 89
YERVOY 20
YF-VAX (PF)..... 82
Z
zafirlukast 97
zaleplon..... 46
ZALTRAP 20
zamicet..... 33
ZANAFLEX 26
ZANOSAR 20
ZANTAC 78
ZARONTIN..... 23
ZAVESCA..... 72
ZEBETA..... 52
ZEGERID 78
ZELAPAR 24
ZELBORAF 20
ZEMAIRA 63
ZEMPLAR 72
zenatane 58
zenchent (28) 89
zenchent fe..... 89
ZENPEP 75, 76
zenzedi 46
ZENZEDI 46
ZERBAXA 6
ZERIT..... 4
ZESTORETIC 52
ZESTRIL 52
ZETIA..... 55
ZETONNA 97
ZIAC..... 52
ZIAGEN 4
ZIANA..... 58
zidovudine 4
ZINACEF 6
ZINECARD (AS HCL) 13
ZIOPTAN (PF)..... 91
ziprasidone hcl..... 46, 47
ZIPSOR 35
ZIRGAN 90
ZITHROMAX 7
ZITHROMAX TRI-PAK 7
ZITHROMAX Z-PAK 7
ZMAX 7
ZOCOR..... 55

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

ZOFRAN (AS HYDROCHLORIDE) 76
ZOFRAN ODT 76
ZOHYDRO ER 33
zoledronic acid 72
zoledronic acid-mannitol-water 63
ZOLINZA 20
zolmitriptan 25
ZOLOFT 47
zolpidem 47
ZOLPIMIST 47
ZOMACTON 80
ZOMETA 72
ZOMIG 25
ZOMIG ZMT 25
ZONALON 57
ZONEGRAN 23
zonisamide 23
ZONTIVITY 53
ZORBTIVE 80
ZORTRESS 20
ZORVOLEX 35
ZOSTAVAX (PF) 82
ZOSYN 11
ZOSYN IN DEXTROSE (ISO-OSM) 11
zovia 1/35e (28) 89
zovia 1/50e (28) 89
ZOVIRAX 4, 59
ZUBSOLV 35
ZUPLENZ 76
ZYBAN 63
ZYCLARA 57
ZYDELIG 20
ZYFLO 97
ZYFLO CR 97
ZYKADIA 20
ZYLET 91
ZYLOPRIM 83
ZYMAXID 90
ZYPREXA 47
ZYPREXA RELPREVV 47
ZYPREXA ZYDIS 47
ZYTIGA 20
ZYVOX 9

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

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