

**Medicare y Mucho Más
MMM Único (HMO POS)
2020 Formulary
(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS ID 20505, Version Number 9

This formulary was updated on October 6, 2019. For more recent information or other questions, please contact MMM Healthcare, LLC Member Services, at 1-866-333-5470 or, for TTY users, 1-866-333-5469, Monday through Sunday from 8:00 a.m. to 8:00 p.m., or visit www.mmmpr.com.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means MMM Healthcare, LLC. When it refers to “plan” or “our plan,” it means MMM Único.

This document includes list of the drugs (formulary) for our plan which is current as of October 6, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Medicare y Mucho Más Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce

coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of January 1, 2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, all affected members will be notified via mail (at least 60 days before the change becomes effective). In addition, an updated version of our printed formulary will be updated the first week of the effective month and posted on our website at www.mmmpr.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 145. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for *glimepiride*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Medicare y Mucho Más formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Medicare y Mucho Más Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, lower cost-sharing drug or utilization restriction exception. **When you request a formulary, lower cost-sharing drug or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s

supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For those members that are released from a hospital, or other care facility to their home, or if your ability to get your drugs is limited, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan.

For more information

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

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

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

MMM Único Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 145.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JENTADUETO) and generic drugs are listed in lower-case italics (e.g., *glipizide*).

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

Tier Level Structure

Before the total yearly drug costs (paid by you and our plan) reach \$4,020.00, you pay the following for prescription drugs:

	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
MMM Único (HMO – POS)	1	Preferred Generic	\$0.00	\$0.00	\$0.00
	2	Generic	\$0.00	\$0.00	\$0.00
	3	Preferred Brand	\$8.00	\$16.00	\$16.00
	4	Non-Preferred Brand	\$10.00	\$20.00	\$20.00
	5	Specialty	25%	Not Covered	Not Covered

After your total yearly drug costs reach \$4,020.00, you receive partial tier coverage (only some drugs on certain tiers) by the plan. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 25% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$6,350.00.

The plan offers additional coverage in the gap for the following tiers:

	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
MMM Único (HMO – POS)	1	Preferred Generic	\$0.00	\$0.00	\$0.00
	2	Generic	\$0.00	\$0.00	\$0.00

After your yearly out-of-pocket drug costs reach \$6,350.00, you pay the greater of:

- 5% coinsurance, or
- \$3.60 for generic drugs (including brand drugs treated as generic) and \$8.95 for all other drugs

For more information on how the tier level is applied, please review your Evidence of Coverage.

Symbols and abbreviations used in the formulary

PA - drugs that need prior authorization

QL (###/###) - drugs with quantity limit; the quantity in parenthesis specifies the quantity limit for the maximum days of supply

ST - step therapy

LA - drugs with limited access (ex. Specialty Drugs)

MT - maintenance drugs (ex. Contracted pharmacies and Mail Order, 90 day supply)

CG – drugs covered during the coverage gap

ED- This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Table of Contents

Analgesics	10
Anesthetics	14
Anti-Addiction/ Substance Abuse Treatment Agents	15
Antibacterials	16
Anticonvulsants	26
Antidementia Agents	31
Antidepressants	31
Antiemetics	36
Antifungals	37
Antigout Agents	39
Anti-Inflammatory Agents	39
Antimigraine Agents	42
Antimyasthenic Agents	44
Antimycobacterials	44
Antineoplastics	45
Antiparasitics	53
Antiparkinson Agents	54
Antipsychotics	56
Antispasticity Agents	61
Antivirals	61
Anxiolytics	68
Bipolar Agents	70
Blood Glucose Regulators	72
Blood Products/ Modifiers/ Volume Expanders	78
Cardiovascular Agents	81
Central Nervous System Agents	93
Dental And Oral Agents	96
Dermatological Agents	96
Electrolytes/Minerals/Metals/Vitamins	99
Gastrointestinal Agents	103
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment	106
Genitourinary Agents	107
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	109
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	113
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	113
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	113

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	120
Hormonal Agents, Suppressant (Adrenal)	121
Hormonal Agents, Suppressant (Pituitary)	121
Hormonal Agents, Suppressant (Thyroid)	122
Immunological Agents	122
Inflammatory Bowel Disease Agents	129
Metabolic Bone Disease Agents	130
Ophthalmic Agents	131
Otic Agents	135
Respiratory Tract/ Pulmonary Agents	135
Skeletal Muscle Relaxants	143
Sleep Disorder Agents	143

Drug	Reference	Status	Requirements/ Limits
Analgesics			
<i>Analgesics</i>			
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	TYLENOL WITH CODEINE #3	2	QL (42 EA per 7 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		2	QL (1167 ML per 7 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		2	QL (42 EA per 7 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	TYLENOL WITH CODEINE #4	2	QL (42 EA per 7 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG		2	QL (42 EA per 7 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		2	QL (1260 ML per 7 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	LORCET HD	2	QL (42 EA per 7 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	LORCET	2	QL (42 EA per 7 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	LORCET PLUS	2	QL (42 EA per 7 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		2	QL (28 EA per 7 days)
LORCET HD ORAL TABLET 10-325 MG		2	QL (42 EA per 7 days)
LORCET ORAL TABLET 5-325 MG		2	QL (42 EA per 7 days)
LORCET PLUS ORAL TABLET 7.5-325 MG		2	QL (42 EA per 7 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	ENDOCET	2	QL (42 EA per 7 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	ULTRACET	2	QL (56 EA per 7 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

LA- This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-333-5470, Monday through Sunday from 8:00 a.m. to 8:00 p.m. TTY users should call 1-866-333-5469.

ED- This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug	Reference	Status	Requirements/ Limits
<i>Nonsteroidal Anti-Inflammatory Drugs</i>			
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	CELEBREX	2	PA; QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	CELEBREX	2	PA; QL (30 EA per 30 days)
<i>diclofenac epolamine transdermal patch 1.3 %</i>	FLECTOR	2	
<i>diclofenac potassium oral tablet 50 mg</i>		2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		2	
<i>diflunisal oral tablet 500 mg</i>		2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		2	
<i>etodolac oral capsule 200 mg, 300 mg</i>		2	
<i>etodolac oral tablet 400 mg</i>	LODINE	2	
<i>etodolac oral tablet 500 mg</i>		2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		2	
IBU ORAL TABLET 600 MG, 800 MG		1	
<i>ibuprofen oral suspension 100 mg/5ml</i>		2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		1	
<i>ketoprofen oral capsule 25 mg</i>		2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	MOBIC	1	QL (30 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		2	
<i>naproxen dr oral tablet delayed release 375 mg</i>	EC-NAPROSYN	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>		2	

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ED- This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug	Reference	Status	Requirements/ Limits
<i>naproxen oral suspension 125 mg/5ml</i>	NAPROSYN	2	
<i>naproxen oral tablet 250 mg</i>	NAPROSYN	1	
<i>naproxen oral tablet 375 mg, 500 mg</i>		1	
<i>naproxen sodium oral tablet 275 mg</i>		2	
<i>naproxen sodium oral tablet 550 mg</i>	ANAPROX DS	2	
<i>oxaprozin oral tablet 600 mg</i>	DAYPRO	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	FELDENE	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>		2	
Opioid Analgesics, Long-Acting			
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>		4	PA
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	ACTIQ	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	FENTORA	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	DURAGESIC-100	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	DURAGESIC-12	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	DURAGESIC-25	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	DURAGESIC-50	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	DURAGESIC-75	2	PA; QL (10 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>		2	PA
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		2	QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	DOLOPHINE	2	QL (180 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		2	QL (42 ML per 7 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		2	QL (14 EA per 7 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	KADIAN	2	QL (14 EA per 7 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	KADIAN	5	QL (14 EA per 7 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg</i>	MS CONTIN	2	QL (21 EA per 7 days)
<i>morphine sulfate er oral tablet extended release 200 mg, 60 mg</i>	MS CONTIN	2	QL (14 EA per 7 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>		2	QL (420 ML per 7 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>		2	QL (210 ML per 7 days)
<i>morphine sulfate oral tablet 15 mg</i>		2	QL (42 EA per 7 days)
<i>morphine sulfate oral tablet 30 mg</i>		2	QL (28 EA per 7 days)
Opioid Analgesics, Short-Acting			
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	ACTIQ	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	DURAGESIC-100	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	DURAGESIC-12	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	DURAGESIC-25	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	DURAGESIC-50	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	DURAGESIC-75	2	PA; QL (10 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	DILAUDID	2	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	DILAUDID	2	QL (42 EA per 7 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	DILAUDID	2	QL (21 EA per 7 days)
<i>meperidine hcl injection solution 25 mg/ml</i>	DEMEROL	2	PA; QL (1440 ML per 30 days)
<i>meperidine hcl injection solution 50 mg/ml</i>	DEMEROL	2	PA; QL (720 ML per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		2	QL (42 ML per 7 days)
<i>morphine sulfate (pf) intravenous solution 8 mg/ml</i>		4	PA
<i>morphine sulfate injection solution 10 mg/ml</i>		4	PA
<i>morphine sulfate oral solution 10 mg/5ml</i>		2	QL (420 ML per 7 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>		2	QL (210 ML per 7 days)
<i>morphine sulfate oral tablet 15 mg</i>		2	QL (42 EA per 7 days)
<i>morphine sulfate oral tablet 30 mg</i>		2	QL (28 EA per 7 days)
<i>oxycodone hcl oral capsule 5 mg</i>		2	QL (42 EA per 7 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		2	
<i>oxycodone hcl oral solution 5 mg/5ml</i>		2	QL (630 ML per 7 days)
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>		2	QL (42 EA per 7 days)
<i>oxycodone hcl oral tablet 15 mg</i>	ROXICODONE	2	QL (28 EA per 7 days)
<i>oxycodone hcl oral tablet 30 mg</i>	ROXICODONE	2	QL (14 EA per 7 days)
<i>oxycodone hcl oral tablet 5 mg</i>	ROXICODONE	2	QL (42 EA per 7 days)
<i>tramadol hcl oral tablet 50 mg</i>	ULTRAM	2	QL (56 EA per 7 days)

Anesthetics

Local Anesthetics

<i>lidocaine external ointment 5 %</i>		2	PA
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Drug	Reference	Status	Requirements/ Limits
<i>lidocaine external patch 5 %</i>	LIDODERM	2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>		2	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>		2	PA
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		2	PA
Anti-Addiction/ Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-Craving			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	ANTABUSE	2	
Opioid Dependence Treatments			
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		1	
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	SUBOXONE	1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		1	QL (120 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>		2	
Opioid Reversal Agents			
<i>naloxone hcl injection solution 0.4 mg/ml</i>		1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		1	

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Drug	Reference	Status	Requirements/ Limits
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		1	
NARCAN NASAL LIQUID 4 MG/0.1ML		3	
Smoking Cessation Agents			
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG		4	PA; QL (56 EA per 28 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG		4	PA; QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42		4	PA
NICOTROL INHALATION INHALER 10 MG		3	
NICOTROL NS NASAL SOLUTION 10 MG/ML		3	
Antibacterials			
Aminoglycosides			
<i>amikacin sulfate injection solution 500 mg/2ml</i>		2	
GENTAK OPHTHALMIC OINTMENT 0.3 %		2	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>		2	
<i>gentamicin sulfate external cream 0.1 %</i>		2	
<i>gentamicin sulfate external ointment 0.1 %</i>		2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>		2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>neomycin sulfate oral tablet 500 mg</i>		2	
<i>paromomycin sulfate oral capsule 250 mg</i>		2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>		5	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		3	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	KITABIS PAK	5	PA; QL (280 ML per 28 days)
<i>tobramycin ophthalmic solution 0.3 %</i>	TOBEX	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>		2	PA
TOBEX OPHTHALMIC OINTMENT 0.3 %		3	
Antibacterials, Other			
<i>acetic acid otic solution 2 %</i>		2	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	CLEOCIN	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	CLEOCIN	2	
<i>clindamycin phosphate external gel 1 %</i>	CLEOCIN-T	2	
<i>clindamycin phosphate external lotion 1 %</i>	CLEOCIN-T	2	
<i>clindamycin phosphate external solution 1 %</i>		2	
<i>clindamycin phosphate external swab 1 %</i>	CLINDACIN ETZ	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>		2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	CLEOCIN PHOSPHATE	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	CLEOCIN	2	

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<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	COLY-MYCIN M	2	PA
<i>daptomycin intravenous solution reconstituted 350 mg</i>		5	PA
<i>daptomycin intravenous solution reconstituted 500 mg</i>	CUBICIN	5	PA
<i>global alcohol prep ease pad 70 %</i>	ALCOH-GLOVE CONTOURED WIPE	3	MT
<i>linezolid intravenous solution 600 mg/300ml</i>	ZYVOX	5	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	ZYVOX	5	PA
<i>linezolid oral tablet 600 mg</i>	ZYVOX	2	PA
<i>methenamine hippurate oral tablet 1 gm</i>	HIPREX	2	
<i>metronidazole external cream 0.75 %</i>	METROCREAM	2	
<i>metronidazole external gel 0.75 %</i>	ROSADAN	2	
<i>metronidazole external gel 1 %</i>	METROGEL	2	
<i>metronidazole external lotion 0.75 %</i>	METROLOTION	2	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>		2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	FLAGYL	2	
<i>metronidazole vaginal gel 0.75 %</i>	METROGEL-VAGINAL	2	
<i>mupirocin calcium external cream 2 %</i>		2	
<i>mupirocin external ointment 2 %</i>	CENTANY	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	MACRODANTIN	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	MACROBID	2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>		2	PA
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		5	PA; QL (6 EA per 15 days)

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Drug	Reference	Status	Requirements/ Limits
SIVEXTRO ORAL TABLET 200 MG		5	PA; QL (6 EA per 15 days)
SULFAMYLN EXTERNAL CREAM 85 MG/GM		4	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	TYGACIL	5	PA
<i>trimethoprim oral tablet 100 mg</i>		2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>		2	PA
<i>vancomycin hcl oral capsule 125 mg</i>	VANCOCIN HCL	2	
<i>vancomycin hcl oral capsule 250 mg</i>	VANCOCIN	5	
<i>vandazole vaginal gel 0.75 %</i>		2	
XIFAXAN ORAL TABLET 200 MG, 550 MG		5	PA
Beta-Lactam, Cephalosporins			
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>		2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>		2	
<i>cefadroxil oral capsule 500 mg</i>		2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		2	
<i>cefadroxil oral tablet 1 gm</i>		2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>		2	
<i>cefdinir oral capsule 300 mg</i>		2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	MAXIPIME	2	

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Drug	Reference	Status	Requirements/ Limits
<i>cefixime oral capsule 400 mg</i>	SUPRAX	2	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	SUPRAX	2	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>		2	PA
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>		2	PA
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>		2	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	TAZICEF	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		2	PA
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>		2	PA
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>		2	PA
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>		2	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	KEFLEX	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML		3	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG		4	

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Drug	Reference	Status	Requirements/ Limits
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		5	PA
<i>Beta-Lactam, Other</i>			
<i>aztreonam injection solution reconstituted 1 gm</i>	AZACTAM	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA; LA
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	INVANZ	2	PA
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>		2	PA
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	PRIMAXIN IV	2	PA
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	MERREM	2	PA
<i>Beta-Lactam, Penicillins</i>			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml</i>		2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	AUGMENTIN	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	AUGMENTIN ES-600	2	

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Drug	Reference	Status	Requirements/ Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>		2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	AUGMENTIN	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		2	
<i>ampicillin oral capsule 500 mg</i>		1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>		2	PA
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>		2	PA
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	UNASYN	2	PA
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>		2	PA
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>		5	PA
<i>oxacillin sodium injection solution reconstituted 1 gm</i>		2	
<i>oxacillin sodium injection solution reconstituted 10 gm</i>		5	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>		2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	PFIZERPEN	2	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>		2	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	ZOSYN	2	
Macrolides			
AZASITE OPHTHALMIC SOLUTION 1 %		4	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	ZITHROMAX	2	
<i>azithromycin oral packet 1 gm</i>	ZITHROMAX	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	ZITHROMAX	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	ZITHROMAX	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		2	
DIFICID ORAL TABLET 200 MG		5	ST
E.E.S. 400 ORAL TABLET 400 MG		2	
<i>ery external pad 2 %</i>		2	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		2	

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Drug	Reference	Status	Requirements/ Limits
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		3	PA
ERYTHROCIN STEARATE ORAL TABLET 250 MG		2	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		2	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		2	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	ERY-TAB	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	2	
<i>erythromycin external gel 2 %</i>	ERYGEL	2	
<i>erythromycin external solution 2 %</i>		2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		2	
Quinolones			
CETRAXAL OTIC SOLUTION 0.2 %		3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %		3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	CILOXAN	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>		2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	CIPRO	2	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	CETRAXAL	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>		2	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	CIPRO	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	ZYMAXID	2	

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Drug	Reference	Status	Requirements/ Limits
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>		2	
<i>levofloxacin intravenous solution 25 mg/ml</i>		2	
<i>levofloxacin oral solution 25 mg/ml</i>		2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	LEVAQUIN	1	
MOXEZA OPHTHALMIC SOLUTION 0.5 %		3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	VIGAMOX	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	OCUFLOX	2	
<i>ofloxacin otic solution 0.3 %</i>	FLOXIN OTIC	2	
Sulfonamides			
<i>silver sulfadiazine external cream 1 %</i>	SILVADENE	2	
<i>ssd external cream 1 %</i>		2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	BLEPH-10	2	
<i>sulfadiazine oral tablet 500 mg</i>		2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	SULFATRIM PEDIATRIC	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	BACTRIM	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	BACTRIM DS	1	
Tetracyclines			
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	MORGIDOX	2	

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Drug	Reference	Status	Requirements/ Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	ACTICLATE	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		2	
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	MINOCIN	2	
<i>minocycline hcl oral capsule 75 mg</i>		2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		2	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT ORAL SOLUTION 10 MG/ML		5	PA; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		5	PA; QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG		3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG		3	
<i>diazepam oral concentrate 5 mg/ml</i>	DIAZEPAM INTENSOL	2	PA
<i>diazepam oral solution 5 mg/5ml</i>		2	PA; CG
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	VALIUM	1	PA; CG
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	KEPPRA XR	2	MT; CG
<i>levetiracetam oral solution 100 mg/ml</i>	KEPPRA	2	MT; CG
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	KEPPRA	2	MT; CG
<i>roweepra oral tablet 1000 mg, 500 mg</i>		2	MT; CG
<i>roweepra oral tablet 750 mg</i>		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg</i>		2	MT; CG
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG		4	
Calcium Channel Modifying Agents			
CELONTIN ORAL CAPSULE 300 MG		4	MT
<i>ethosuximide oral capsule 250 mg</i>	ZARONTIN	2	MT; CG
<i>ethosuximide oral solution 250 mg/5ml</i>	ZARONTIN	2	MT; CG
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG		3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	LYRICA	2	MT
<i>pregabalin oral solution 20 mg/ml</i>	LYRICA	2	MT
<i>zonisamide oral capsule 100 mg, 25 mg</i>	ZONEGRAN	2	MT; CG
<i>zonisamide oral capsule 50 mg</i>		2	MT; CG
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents			
<i>clobazam oral suspension 2.5 mg/ml</i>	ONFI	2	
<i>clobazam oral tablet 10 mg, 20 mg</i>	ONFI	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>		2	PA; CG
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	TRANXENE-T	2	PA; CG
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG		3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG		3	
<i>diazepam oral concentrate 5 mg/ml</i>	DIAZEPAM INTENSOL	2	PA
<i>diazepam oral solution 5 mg/5ml</i>		2	PA; CG

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Drug	Reference	Status	Requirements/ Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	VALIUM	1	PA; CG
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA; LA; QL (600 ML per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	NEURONTIN	1	MT; CG
<i>gabapentin oral solution 250 mg/5ml</i>	NEURONTIN	2	MT; CG
<i>gabapentin oral tablet 600 mg, 800 mg</i>	NEURONTIN	1	MT; CG
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LAMICTAL ODT	2	MT; CG
<i>lorazepam oral concentrate 2 mg/ml</i>	LORAZEPAM INTENSOL	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	ATIVAN	1	CG
<i>phenobarbital oral elixir 20 mg/5ml</i>		2	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		2	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	MYSOLINE	2	MT; CG
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	GABITRIL	2	MT; CG
<i>valproic acid oral capsule 250 mg</i>	DEPAKENE	2	MT; CG
<i>valproic acid oral solution 250 mg/5ml</i>		2	MT; CG
<i>vigabatrin oral packet 500 mg</i>	SABRIL	5	PA
<i>vigabatrin oral tablet 500 mg</i>	SABRIL	5	PA
VIGADRONE ORAL PACKET 500 MG		5	PA
Glutamate Reducing Agents			
<i>felbamate oral suspension 600 mg/5ml</i>	FELBATOL	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	FELBATOL	2	MT; CG
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		5	PA

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Drug	Reference	Status	Requirements/ Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG		5	PA
FYCOMPA ORAL TABLET 2 MG		4	PA
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg</i>	LAMICTAL XR	2	MT; CG
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	LAMICTAL XR	2	MT
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LAMICTAL	2	MT; CG
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LAMICTAL	2	MT; CG
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	LAMICTAL STARTER	2	MT; CG
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	QUDEXY XR	2	MT; CG
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	TOPAMAX SPRINKLE	2	MT; CG
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	TOPAMAX	2	MT; CG
<i>Sodium Channel Agents</i>			
APTOM ORAL TABLET 200 MG, 400 MG, 800 MG		5	PA; QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG		5	PA; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML		5	PA
BANZEL ORAL TABLET 200 MG, 400 MG		5	PA

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Drug	Reference	Status	Requirements/ Limits
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGRETOL-XR	2	MT; CG
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGRETOL	2	MT; CG
<i>carbamazepine oral tablet 200 mg</i>		2	MT; CG
<i>carbamazepine oral tablet chewable 100 mg</i>		2	MT; CG
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG		4	MT
DILANTIN ORAL CAPSULE 100 MG		4	MT
DILANTIN ORAL CAPSULE 30 MG		4	MT
DILANTIN ORAL SUSPENSION 125 MG/5ML		4	MT
<i>epitol oral tablet 200 mg</i>		2	MT; CG
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	TRILEPTAL	2	MT; CG
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	TRILEPTAL	2	MT; CG
PEGANONE ORAL TABLET 250 MG		4	MT
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		4	MT
<i>phenytoin oral suspension 125 mg/5ml</i>	DILANTIN	2	MT; CG
<i>phenytoin oral tablet chewable 50 mg</i>	DILANTIN INFATABS	2	MT; CG
<i>phenytoin sodium extended oral capsule 100 mg</i>	DILANTIN	2	MT; CG
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>		2	MT; CG
TEGRETOL ORAL SUSPENSION 100 MG/5ML		4	MT
TEGRETOL ORAL TABLET 200 MG		4	MT
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		4	MT

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Drug	Reference	Status	Requirements/ Limits
VIMPAT ORAL SOLUTION 10 MG/ML		5	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG		5	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG		4	MT; QL (60 EA per 30 days)

Antidementia Agents

Cholinesterase Inhibitors

<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	ARICEPT	1	MT; CG; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	RAZADYNE ER	2	MT; CG; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		2	MT; CG
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	RAZADYNE	2	MT; CG
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		2	MT; CG
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	EXELON	2	MT; CG; QL (30 EA per 30 days)

N-Methyl-D-Aspartate (Nmda)

Receptor Antagonist

<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	NAMENDA XR	2	MT; CG; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>		2	MT; CG
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	NAMENDA	2	MT; CG
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	NAMENDA TITRATION PAK	2	CG

Antidepressants

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Drug	Reference	Status	Requirements/ Limits
<i>Antidepressants, Other</i>			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		5	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>		2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	ABILIFY	2	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		5	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	WELLBUTRIN SR	2	MT; CG
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	WELLBUTRIN XL	2	MT; CG
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	FORFIVO XL	2	MT; CG
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		2	MT; CG
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>		2	CG
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	REMERON	2	MT; CG
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		2	MT; CG
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	REMERON SOLTAB	2	MT; CG
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		2	MT; CG
<i>perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		2	PA; CG
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (30 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	SEROQUEL	1	MT; CG
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	SEROQUEL	1	PA; MT; CG
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		1	MT; CG
Antidepressants			
<i>fluoxetine hcl oral tablet 60 mg</i>		2	MT; CG
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg</i>		2	MT; CG
<i>olanzapine-fluoxetine hcl oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	SYMBYAX	2	MT; CG
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		2	PA; CG
Monoamine Oxidase Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		5	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG		4	MT
<i>phenelzine sulfate oral tablet 15 mg</i>	NARDIL	2	MT; CG
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PARNATE	2	MT; CG
Ssris/ Snris			
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		1	MT; CG
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	CELEXA	1	MT; CG
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	KHEDEZLA	2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PRISTIQ	2	MT; CG; QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		2	MT; CG; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	LEXAPRO	2	MT; CG; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	LEXAPRO	2	MT; CG; QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	LEXAPRO	2	MT; CG; QL (120 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		3	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		4	ST; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PROZAC	1	MT; CG
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		2	MT; CG; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		2	MT; CG
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		2	MT; CG
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		2	MT; CG
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		2	MT; CG
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PAXIL CR	2	PA; MT; CG
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PAXIL	2	PA; MT; CG
PAXIL ORAL SUSPENSION 10 MG/5ML		4	ST
<i>sertraline hcl oral concentrate 20 mg/ml</i>		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	ZOLOFT	1	MT; CG
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	ST; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	EFFEXOR XR	2	MT; CG; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	EFFEXOR XR	2	MT; CG; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		2	MT; CG
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		4	ST; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG		4	ST; QL (30 EA per 30 days)
Tricyclics			
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	PA; CG
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		2	MT; CG
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	ANAFRANIL	2	PA; CG
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	NORPRAMIN	2	PA; MT; CG
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		2	PA; MT; CG
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	TOFRANIL	2	PA; CG
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		2	PA; CG
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PAMELOR	2	PA; MT; CG
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		2	PA; MT
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		2	PA; MT; CG

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Drug	Reference	Status	Requirements/ Limits
SILENOR ORAL TABLET 3 MG, 6 MG		3	QL (30 EA per 30 days)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		2	PA; CG
Antiemetics			
Antiemetics, Other			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		2	
<i>meclizine hcl oral tablet 12.5 mg</i>		2	
<i>meclizine hcl oral tablet 25 mg</i>		2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	REGLAN	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		2	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG		2	PA
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		2	MT; CG
<i>prochlorperazine rectal suppository 25 mg</i>	COMPRO	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		2	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	TRANSDERM SCOP (1.5 MG)	2	PA; QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts			
<i>aprepitant oral capsule 125 mg</i>	EMEND	2	PA; MT; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	EMEND	2	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	EMEND TRI-PACK	2	PA; QL (8 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>aprepitant oral capsule 80 mg</i>	EMEND	2	PA; QL (6 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	MARINOL	2	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG		4	PA; QL (2 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>		2	PA; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>		2	PA; QL (450 ML per 10 days)
<i>ondansetron hcl oral tablet 24 mg</i>		2	PA; QL (18 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	ZOFRAN	2	PA; QL (45 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		2	PA; QL (45 EA per 30 days)

Antifungals

Antifungals

ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		5	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG		5	PA
<i>amphotericin b intravenous solution reconstituted 50 mg</i>		2	PA
<i>casposfungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	CANCIDAS	5	PA
<i>ciclopirox external gel 0.77 %</i>		2	
<i>ciclopirox external shampoo 1 %</i>	LOPROX	2	
<i>ciclopirox external solution 8 %</i>	CICLODAN	2	
<i>ciclopirox olamine external cream 0.77 %</i>	LOPROX	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	LOPROX	2	

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Drug	Reference	Status	Requirements/ Limits
<i>clotrimazole external cream 1 %</i>		2	
<i>clotrimazole external solution 1 %</i>	FUNGICURE INTENSIVE/NAILGUARD	2	
<i>clotrimazole mouth/throat lozenge 10 mg</i>		2	
<i>econazole nitrate external cream 1 %</i>		2	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>		2	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	DIFLUCAN	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	DIFLUCAN	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	ANCOBON	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		2	
<i>griseofulvin microsize oral tablet 500 mg</i>		2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		2	
<i>itraconazole oral capsule 100 mg</i>	SPORANOX	2	QL (120 EA per 30 days)
<i>ketoconazole external cream 2 %</i>		2	
<i>ketoconazole external shampoo 2 %</i>	NIZORAL	2	
<i>ketoconazole oral tablet 200 mg</i>		2	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		5	PA
NATACYN OPHTHALMIC SUSPENSION 5 %		4	
NOXAFIL ORAL SUSPENSION 40 MG/ML		5	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG		5	

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Drug	Reference	Status	Requirements/ Limits
NYAMYC EXTERNAL POWDER 100000 UNIT/GM		2	
<i>nystatin external cream 100000 unit/gm</i>		2	
<i>nystatin external ointment 100000 unit/gm</i>		2	
<i>nystatin external powder 100000 unit/gm</i>	NYAMYC	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		2	
<i>nystatin oral tablet 500000 unit</i>		2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM		2	
<i>terbinafine hcl oral tablet 250 mg</i>	LAMISIL	2	QL (90 EA per 365 days)
<i>terconazole vaginal cream 0.4 %</i>	TERAZOL 7	2	
<i>terconazole vaginal cream 0.8 %</i>		2	
<i>terconazole vaginal suppository 80 mg</i>		2	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	VFEND IV	5	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	VFEND	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	VFEND	5	
ZOLINZA ORAL CAPSULE 100 MG		5	PA
Antigout Agents			
Antigout Agents			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	ZYLOPRIM	1	MT; CG
<i>colchicine oral capsule 0.6 mg</i>	MITIGARE	3	
<i>colchicine oral tablet 0.6 mg</i>	COLCRYS	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		2	MT; CG
<i>febuxostat oral tablet 40 mg, 80 mg</i>	ULORIC	2	MT
<i>probenecid oral tablet 500 mg</i>		2	CG
Anti-Inflammatory Agents			

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Drug	Reference	Status	Requirements/ Limits
Glucocorticoids			
<i>betamethasone dipropionate aug external cream 0.05 %</i>	DIPROLENE AF	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>		2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	DIPROLENE	2	
<i>betamethasone dipropionate external cream 0.05 %</i>		2	
<i>betamethasone dipropionate external lotion 0.05 %</i>		2	
<i>betamethasone dipropionate external ointment 0.05 %</i>		2	
<i>betamethasone valerate external cream 0.1 %</i>		2	
<i>betamethasone valerate external lotion 0.1 %</i>		2	
<i>betamethasone valerate external ointment 0.1 %</i>		2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		4	
<i>cortisone acetate oral tablet 25 mg</i>		2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	DECADRON	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	DECADRON	2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>		2	
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	CORTEF	2	

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Drug	Reference	Status	Requirements/ Limits
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	MEDROL	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PRED FORTE	2	
<i>prednisolone oral solution 15 mg/5ml</i>		2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>		2	
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	PEDIAPRED	2	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML		4	
<i>prednisone oral solution 5 mg/5ml</i>		2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		2	
Nonsteroidal Anti-Inflammatory Drugs			
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	CELEBREX	2	PA; QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	CELEBREX	2	PA; QL (30 EA per 30 days)
<i>diclofenac epolamine transdermal patch 1.3 %</i>	FLECTOR	2	
<i>diclofenac potassium oral tablet 50 mg</i>		2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		2	
<i>diflunisal oral tablet 500 mg</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		2	
<i>etodolac oral capsule 200 mg</i>		2	
<i>etodolac oral tablet 400 mg</i>	LODINE	2	
<i>etodolac oral tablet 500 mg</i>		2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		2	
IBU ORAL TABLET 600 MG, 800 MG		1	
<i>ibuprofen oral suspension 100 mg/5ml</i>		2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	MOBIC	1	QL (30 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		2	
<i>naproxen dr oral tablet delayed release 375 mg</i>	EC-NAPROSYN	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>		2	
<i>naproxen oral suspension 125 mg/5ml</i>	NAPROSYN	2	
<i>naproxen oral tablet 250 mg</i>	NAPROSYN	1	
<i>naproxen oral tablet 375 mg, 500 mg</i>		1	
<i>naproxen sodium oral tablet 275 mg</i>		2	
<i>naproxen sodium oral tablet 550 mg</i>	ANAPROX DS	2	
<i>oxaprozin oral tablet 600 mg</i>	DAYPRO	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	FELDENE	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>		2	
Antimigraine Agents			
Ergot Alkaloids			
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	MIGRANAL	2	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		5	

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Drug	Reference	Status	Requirements/ Limits
<i>Prophylactic</i>			
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	DEPAKOTE ER	2	MT; CG
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	DEPAKOTE SPRINKLES	2	MT; CG
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	DEPAKOTE	2	MT; CG
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		2	MT; CG
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	TOPAMAX SPRINKLE	2	MT; CG
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	TOPAMAX	2	MT; CG
<i>valproic acid oral capsule 250 mg</i>	DEPAKENE	2	MT; CG
<i>valproic acid oral solution 250 mg/5ml</i>		2	MT; CG
<i>Serotonin (5-Ht) 1B/1D Receptor Agonists</i>			
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	RELPAX	2	QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	AMERGE	2	QL (12 EA per 28 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	MAXALT	2	QL (18 EA per 28 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		2	QL (18 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	MAXALT-MLT	2	QL (18 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	IMITREX	2	QL (12 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	IMITREX	2	QL (24 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	IMITREX	2	QL (9 EA per 28 days)

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Drug	Reference	Status	Requirements/ Limits
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	IMITREX STATDOSE REFILL	2	QL (9 ML per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	IMITREX STATDOSE REFILL	2	QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	IMITREX	2	QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	IMITREX STATDOSE SYSTEM	2	QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>		2	QL (6 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	ZOMIG	2	QL (12 EA per 28 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	ZOMIG ZMT	2	QL (12 EA per 28 days)
Antimyasthenic Agents			
<i>Parasympathomimetics</i>			
<i>guanidine hcl oral tablet 125 mg</i>		2	CG
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	MESTINON	2	CG
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	MESTINON	2	CG
<i>pyridostigmine bromide oral tablet 30 mg</i>		2	CG
<i>pyridostigmine bromide oral tablet 60 mg</i>	MESTINON	2	CG
Antimycobacterials			
<i>Antimycobacterials, Other</i>			
<i>dapsone oral tablet 100 mg, 25 mg</i>		2	
PRIFTIN ORAL TABLET 150 MG		4	
<i>rifabutin oral capsule 150 mg</i>	MYCOBUTIN	2	
Antituberculars			
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	MYAMBUTOL	2	

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Drug	Reference	Status	Requirements/ Limits
<i>isoniazid oral syrup 50 mg/5ml</i>		2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>		1	
PASER ORAL PACKET 4 GM		2	
<i>pyrazinamide oral tablet 500 mg</i>		2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	RIFADIN	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	RIFADIN	2	
RIFATER ORAL TABLET 50-120-300 MG		4	
SIRTURO ORAL TABLET 100 MG		5	PA; LA
TRECTOR ORAL TABLET 250 MG		4	
Antineoplastics			
<i>Alkylating Agents</i>			
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		2	PA
LEUKERAN ORAL TABLET 2 MG		5	
MATULANE ORAL CAPSULE 50 MG		5	PA; LA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA; LA
<i>Antiandrogens</i>			
<i>abiraterone acetate oral tablet 250 mg</i>	ZYTIGA	5	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	CASODEX	2	
ERLEADA ORAL TABLET 60 MG		5	PA; LA; QL (120 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>		2	
<i>nilutamide oral tablet 150 mg</i>	NILANDRON	5	
NUBEQA ORAL TABLET 300 MG		5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG		5	PA; LA; QL (120 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
YONSA ORAL TABLET 125 MG		5	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG		5	PA; LA; QL (60 EA per 30 days)
<i>Antiangiogenic Agents</i>			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG		5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA
<i>Antiestrogens/Modifiers</i>			
EMCYT ORAL CAPSULE 140 MG		4	
SOLTAMOX ORAL SOLUTION 10 MG/5ML		5	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		1	MT; CG
<i>toremifene citrate oral tablet 60 mg</i>	FARESTON	5	
<i>Antimetabolites</i>			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		3	
<i>hydroxyurea oral capsule 500 mg</i>	HYDREA	2	CG
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		5	
PURIXAN ORAL SUSPENSION 2000 MG/100ML		5	
TABLOID ORAL TABLET 40 MG		4	
<i>Antineoplastics, Other</i>			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		2	CG
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG		5	PA; LA

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Drug	Reference	Status	Requirements/ Limits
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		5	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG		5	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA; LA; QL (20 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA; LA; QL (12 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA; LA; QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA; LA; QL (32 EA per 28 days)
<i>Antineoplastics</i>			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		4	
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA; LA
MESNEX ORAL TABLET 400 MG		5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA; QL (3 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		5	PA; LA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG		5	PA; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG		5	PA; LA; QL (30 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG		3	PA; LA
VENCLEXTA ORAL TABLET 100 MG		5	PA; LA

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Drug	Reference	Status	Requirements/ Limits
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		5	PA; LA
ZEJULA ORAL CAPSULE 100 MG		5	PA; LA; QL (90 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>			
<i>anastrozole oral tablet 1 mg</i>	ARIMIDEX	2	MT; CG
<i>exemestane oral tablet 25 mg</i>	AROMASIN	2	MT; CG
<i>letrozole oral tablet 2.5 mg</i>	FEMARA	2	MT; CG
<i>Enzyme Inhibitors</i>			
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA; LA; QL (56 EA per 28 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		5	PA; LA; QL (6 EA per 21 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA; LA; QL (21 EA per 28 days)
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA; LA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (63 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (91 EA per 28 days)

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Drug	Reference	Status	Requirements/ Limits
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (49 EA per 28 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		5	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		5	PA; QL (56 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG		5	PA; LA; QL (60 EA per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		5	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML		5	PA; LA
XOSPATA ORAL TABLET 40 MG		5	PA; LA; QL (90 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG		5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA; LA; QL (60 EA per 30 days)
<i>Molecular Target Inhibitors</i>			
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG		5	PA
ALECENSA ORAL CAPSULE 150 MG		5	PA; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA; LA; QL (180 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG		5	PA; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		5	PA; LA; QL (180 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		5	PA; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG		5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG		5	LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG		5	PA; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG		5	PA; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		5	PA; LA
COTELLIC ORAL TABLET 20 MG		5	PA; LA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG		5	PA; LA; QL (28 EA per 28 days)
DAURISMO ORAL TABLET 25 MG		5	PA; LA; QL (56 EA per 28 days)
ERIVEDGE ORAL CAPSULE 150 MG		5	PA; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	TARCEVA	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA; LA
ICLUSIG ORAL TABLET 15 MG		5	PA; LA; QL (60 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
ICLUSIG ORAL TABLET 45 MG		5	PA; LA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	GLEEVEC	5	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		5	PA; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG		5	PA; LA
INLYTA ORAL TABLET 1 MG, 5 MG		5	PA; LA
IRESSA ORAL TABLET 250 MG		5	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA; LA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		5	PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		5	PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		5	PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		5	PA; LA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		5	PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		5	PA; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		5	PA; LA; QL (90 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		5	PA; LA; QL (60 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
LORBRENA ORAL TABLET 100 MG		5	PA; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG		5	PA; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG		5	PA; LA
MEKTOVI ORAL TABLET 15 MG		5	PA; LA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG		5	PA; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG		5	PA; LA
ODOMZO ORAL CAPSULE 200 MG		5	PA; LA; QL (30 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG		5	PA; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		5	PA
STIVARGA ORAL TABLET 40 MG		5	PA; LA; QL (120 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG		5	PA; LA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		5	PA
TURALIO ORAL CAPSULE 200 MG		5	PA; LA; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG		5	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		5	PA; LA; QL (30 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
VOTRIENT ORAL TABLET 200 MG		5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA; LA
ZELBORAF ORAL TABLET 240 MG		5	PA; LA
ZYKADIA ORAL CAPSULE 150 MG		5	PA; LA
ZYKADIA ORAL TABLET 150 MG		5	PA
Retinoids			
AVITA EXTERNAL CREAM 0.025 %		4	PA
AVITA EXTERNAL GEL 0.025 %		4	PA
<i>bexarotene oral capsule 75 mg</i>	TARGRETIN	5	PA
PANRETIN EXTERNAL GEL 0.1 %		5	PA
TARGRETIN EXTERNAL GEL 1 %		5	PA
<i>tretinoin external cream 0.025 %</i>		2	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	RETIN-A	2	PA
<i>tretinoin external gel 0.01 %</i>	RETIN-A	2	PA
<i>tretinoin external gel 0.025 %</i>		2	PA
<i>tretinoin oral capsule 10 mg</i>		5	
Treatment Adjuncts			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		2	CG
Antiparasitics			
Anthelmintics			
<i>albendazole oral tablet 200 mg</i>	ALBENZA	2	
ALBENZA ORAL TABLET 200 MG		5	
<i>ivermectin oral tablet 3 mg</i>	STROMEKTOL	2	
<i>praziquantel oral tablet 600 mg</i>	BILTRICIDE	2	
Antiprotozoals			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		5	
ALINIA ORAL TABLET 500 MG		5	

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Drug	Reference	Status	Requirements/ Limits
<i>atovaquone oral suspension 750 mg/5ml</i>	MEPRON	5	PA
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	MALARONE	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		2	
COARTEM ORAL TABLET 20-120 MG		4	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PLAQUENIL	2	
<i>mefloquine hcl oral tablet 250 mg</i>		2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG		4	PA
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG		4	PA
<i>primaquine phosphate oral tablet 26.3 mg</i>		2	
<i>quinine sulfate oral capsule 324 mg</i>	QUALAQUIN	2	
<i>Pediculicides/Scabicides</i>			
EURAX EXTERNAL CREAM 10 %		3	
EURAX EXTERNAL LOTION 10 %		3	
<i>lindane external shampoo 1 %</i>		2	
<i>malathion external lotion 0.5 %</i>	OVIDE	2	
<i>permethrin external cream 5 %</i>	ELIMITE	2	
Antiparkinson Agents			
<i>Anticholinergics</i>			
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		2	PA; CG
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		2	PA; CG
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		2	PA; CG
<i>Antiparkinson Agents, Other</i>			

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Drug	Reference	Status	Requirements/ Limits
<i>amantadine hcl oral capsule 100 mg</i>		2	CG
<i>amantadine hcl oral syrup 50 mg/5ml</i>		2	MT; CG
<i>amantadine hcl oral tablet 100 mg</i>		2	CG
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i>	STALEVO 50	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	STALEVO 75	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	STALEVO 100	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	STALEVO 125	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	STALEVO 150	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	STALEVO 200	2	MT; CG
<i>entacapone oral tablet 200 mg</i>	COMTAN	2	CG
<i>Dopamine Agonists</i>			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		5	LA
<i>bromocriptine mesylate oral capsule 5 mg</i>	PARLODEL	2	MT; CG
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PARLODEL	2	MT; CG
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	MIRAPEX ER	2	MT; CG
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	MIRAPEX	2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 4 mg, 6 mg, 8 mg</i>	REQUIP XL	2	MT; CG
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		2	MT; CG
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		2	MT; CG
<i>Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors</i>			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	SINEMET CR	2	MT; CG
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	SINEMET	2	MT; CG
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		2	MT; CG
<i>Monoamine Oxidase B (Mao-B) Inhibitors</i>			
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	AZILECT	2	MT; CG
<i>selegiline hcl oral capsule 5 mg</i>		2	MT; CG
<i>selegiline hcl oral tablet 5 mg</i>		2	MT; CG
Antipsychotics			
<i>1St Generation/Typical</i>			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		2	MT
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	HALDOL DECANOATE	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	HALDOL	2	CG
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		2	MT; CG
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		2	MT; CG
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		2	MT; CG
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>		2	MT; CG
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		2	
<i>pimozide oral tablet 1 mg, 2 mg</i>		2	CG
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		2	MT; CG
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		2	PA
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		2	PA; MT; CG
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		2	MT; CG
2Nd Generation/Atypical			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		5	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	ABILIFY	2	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		5	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		5	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		5	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		5	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		5	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		5	PA; QL (3.2 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		4	PA
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		5	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		4	PA
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG		4	PA; QL (6 EA per 3 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		5	PA; QL (0.8 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		5	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		5	PA; QL (1.5 ML per 28 days)

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Drug	Reference	Status	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		4	PA; QL (0.3 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		5	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML		5	PA; MT; QL (0.9 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML		5	PA; MT; QL (1.3 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		5	PA; MT; QL (1.8 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML		5	PA; MT; QL (3 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		5	PA
NUPLAZID ORAL CAPSULE 34 MG		5	PA; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG		5	PA; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZYPREXA	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZYPREXA	2	MT; CG
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZYPREXA ZYDIS	2	MT
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	INVEGA	2	
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	INVEGA	5	

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Drug	Reference	Status	Requirements/ Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		5	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	SEROQUEL	1	MT; CG
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	SEROQUEL	1	PA; MT; CG
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG		4	PA; QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG		5	PA; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	RISPERDAL	2	CG
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RISPERDAL	2	MT; CG
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		2	MT; CG
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		4	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG		4	PA; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	GEODON	2	CG
<i>Treatment-Resistant</i>			
<i>clozapine oral tablet 100 mg, 25 mg</i>	CLOZARIL	2	CG

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Drug	Reference	Status	Requirements/ Limits
<i>clozapine oral tablet 200 mg, 50 mg</i>		2	CG
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	FAZACLO	2	CG
<i>clozapine oral tablet dispersible 150 mg</i>	FAZACLO	2	
<i>clozapine oral tablet dispersible 200 mg</i>	FAZACLO	5	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	
Antispasticity Agents			
<i>Antispasticity Agents</i>			
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>		2	
<i>dantrolene sodium oral capsule 100 mg</i>		2	
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	DANTRIUM	2	
Antivirals			
<i>Anti-Cytomegalovirus (Cmv) Agents</i>			
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; QL (30 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	VALCYTE	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	VALCYTE	5	
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
<i>Anti-Hepatitis B (Hbv) Agents</i>			
<i>adefovir dipivoxil oral tablet 10 mg</i>	HEPSERA	5	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	PA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	BARACLUDE	2	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML		4	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML		5	PA

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Drug	Reference	Status	Requirements/ Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT		5	PA
<i>lamivudine oral solution 10 mg/ml</i>	EPIVIR	2	CG
<i>lamivudine oral tablet 100 mg</i>	EPIVIR HBV	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	EPIVIR	2	CG
REBETOL ORAL SOLUTION 40 MG/ML		5	
<i>ribasphere oral capsule 200 mg</i>		2	
<i>ribasphere oral tablet 600 mg</i>		5	
<i>ribavirin oral capsule 200 mg</i>		2	
<i>ribavirin oral tablet 200 mg</i>		2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	VIREAD	2	
VEMLIDY ORAL TABLET 25 MG		5	PA; QL (28 EA per 28 days)
VIREAD ORAL POWDER 40 MG/GM		5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	
<i>Anti-Hepatitis C (Hcv) Agents, Direct Acting</i>			
EPCLUSA ORAL TABLET 400-100 MG		5	PA; QL (84 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG		5	PA; QL (168 EA per 365 days)
MAVYRET ORAL TABLET 100-40 MG		5	PA; QL (336 EA per 365 days)
VOSEVI ORAL TABLET 400-100-100 MG		5	PA; QL (84 EA per 365 days)
ZEPATIER ORAL TABLET 50-100 MG		5	PA; QL (112 EA per 365 days)
<i>Anti-Hepatitis C (Hcv) Agents, Others</i>			

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Drug	Reference	Status	Requirements/ Limits
EPCLUSA ORAL TABLET 400-100 MG		5	PA; QL (84 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG		5	PA; QL (168 EA per 365 days)
INTRON A INJECTION SOLUTION 6000000 UNIT/ML		5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML		5	PA
REBETOL ORAL SOLUTION 40 MG/ML		5	
<i>ribasphere oral capsule 200 mg</i>		2	
<i>ribasphere oral tablet 600 mg</i>		5	
<i>ribavirin oral capsule 200 mg</i>		2	
<i>ribavirin oral tablet 200 mg</i>		2	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		5	PA
ZEPATIER ORAL TABLET 50-100 MG		5	PA; QL (112 EA per 365 days)
<i>Antitherpetic Agents</i>			
<i>acyclovir external ointment 5 %</i>	ZOVIRAX	2	
<i>acyclovir oral capsule 200 mg</i>	ZOVIRAX	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	ZOVIRAX	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	ZOVIRAX	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>		2	PA
<i>famciclovir oral tablet 125 mg, 500 mg</i>		2	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>		2	QL (60 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>trifluridine ophthalmic solution 1 %</i>		2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	VALTREX	2	QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Integrase Inhibitors (Insti)</i>			
BIKTARVY ORAL TABLET 50-200-25 MG		5	
GENVOYA ORAL TABLET 150-150-200-10 MG		5	
ISENTRESS HD ORAL TABLET 600 MG		5	
ISENTRESS ORAL PACKET 100 MG		5	
ISENTRESS ORAL TABLET 400 MG		5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG		3	
STRIBILD ORAL TABLET 150-150-200-300 MG		5	
SYMTUZA ORAL TABLET 800-150-200-10 MG		5	
TIVICAY ORAL TABLET 10 MG		3	
TIVICAY ORAL TABLET 25 MG, 50 MG		5	
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</i>			
COMPLERA ORAL TABLET 200-25-300 MG		5	
EDURANT ORAL TABLET 25 MG		5	
<i>efavirenz oral capsule 200 mg</i>	SUSTIVA	5	
<i>efavirenz oral capsule 50 mg</i>	SUSTIVA	2	

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Drug	Reference	Status	Requirements/ Limits
<i>efavirenz oral tablet 600 mg</i>	SUSTIVA	5	
INTELENCE ORAL TABLET 100 MG, 200 MG		5	
INTELENCE ORAL TABLET 25 MG		4	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>		2	CG
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	VIRAMUNE XR	2	CG
<i>nevirapine oral suspension 50 mg/5ml</i>	VIRAMUNE	2	CG
<i>nevirapine oral tablet 200 mg</i>	VIRAMUNE	2	CG
PIFELTRO ORAL TABLET 100 MG		5	
RESCRIPTOR ORAL TABLET 200 MG		4	
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</i>			
<i>abacavir sulfate oral solution 20 mg/ml</i>	ZIAGEN	2	
<i>abacavir sulfate oral tablet 300 mg</i>	ZIAGEN	2	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	EPZICOM	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	TRIZIVIR	5	
ATRIPLA ORAL TABLET 600-200-300 MG		5	
CIMDUO ORAL TABLET 300-300 MG		5	
DELSTRIGO ORAL TABLET 100-300- 300 MG		5	
DESCOVY ORAL TABLET 200-25 MG		5	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	VIDEX EC	2	
DOVATO ORAL TABLET 50-300 MG		5	
EMTRIVA ORAL CAPSULE 200 MG		3	

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Drug	Reference	Status	Requirements/ Limits
EMTRIVA ORAL SOLUTION 10 MG/ML		3	
JULUCA ORAL TABLET 50-25 MG		5	
<i>lamivudine oral solution 10 mg/ml</i>	EPIVIR	2	CG
<i>lamivudine oral tablet 100 mg</i>	EPIVIR HBV	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	EPIVIR	2	CG
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	COMBIVIR	2	
ODEFSEY ORAL TABLET 200-25-25 MG		5	
<i>stavudine oral capsule 15 mg, 20 mg</i>		2	
<i>stavudine oral capsule 30 mg, 40 mg</i>	ZERIT	2	
SYMFI LO ORAL TABLET 400-300-300 MG		5	
SYMFI ORAL TABLET 600-300-300 MG		5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	VIREAD	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		5	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG		4	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM		4	
VIREAD ORAL POWDER 40 MG/GM		5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	
<i>zidovudine oral capsule 100 mg</i>	RETROVIR	2	CG
<i>zidovudine oral syrup 50 mg/5ml</i>	RETROVIR	2	CG
<i>zidovudine oral tablet 300 mg</i>		2	CG
<i>Anti-Hiv Agents, Other</i>			

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Drug	Reference	Status	Requirements/ Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		5	
SELZENTRY ORAL SOLUTION 20 MG/ML		5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG		5	
SELZENTRY ORAL TABLET 25 MG		4	
TRIUMEQ ORAL TABLET 600-50-300 MG		5	
TYBOST ORAL TABLET 150 MG		3	
<i>Anti-Hiv Agents, Protease Inhibitors</i>			
APTIVUS ORAL CAPSULE 250 MG		5	
APTIVUS ORAL SOLUTION 100 MG/ML		5	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	REYATAZ	2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG		4	
EVOTAZ ORAL TABLET 300-150 MG		5	
<i>fosamprenavir calcium oral tablet 700 mg</i>	LEXIVA	5	
INVIRASE ORAL TABLET 500 MG		5	
KALETRA ORAL TABLET 100-25 MG		4	
KALETRA ORAL TABLET 200-50 MG		5	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	KALETRA	5	
NORVIR ORAL PACKET 100 MG		3	
NORVIR ORAL SOLUTION 80 MG/ML		3	
PREZCOBIX ORAL TABLET 800-150 MG		5	

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Drug	Reference	Status	Requirements/ Limits
PREZISTA ORAL SUSPENSION 100 MG/ML		5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG		5	
PREZISTA ORAL TABLET 75 MG		3	
REYATAZ ORAL PACKET 50 MG		5	
<i>ritonavir oral tablet 100 mg</i>	NORVIR	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	
Anti-Influenza Agents			
<i>amantadine hcl oral capsule 100 mg</i>		2	CG
<i>amantadine hcl oral syrup 50 mg/5ml</i>		2	MT; CG
<i>amantadine hcl oral tablet 100 mg</i>		2	CG
<i>oseltamivir phosphate oral capsule 30 mg</i>	TAMIFLU	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	TAMIFLU	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	TAMIFLU	2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER		3	QL (120 EA per 365 days)
<i>rimantadine hcl oral tablet 100 mg</i>	FLUMADINE	2	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML		3	QL (1080 ML per 365 days)
Anxiolytics			
Anxiolytics, Other			
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>		2	CG
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	PA; CG
<i>doxepin hcl oral concentrate 10 mg/ml</i>		2	PA; CG

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Drug	Reference	Status	Requirements/ Limits
SILENOR ORAL TABLET 3 MG, 6 MG		3	QL (30 EA per 30 days)
<i>Benzodiazepines</i>			
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	XANAX	1	CG
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KLONOPIN	1	CG
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		2	CG
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>		2	PA; CG
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	TRANXENE-T	2	PA; CG
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG		3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG		3	
<i>diazepam oral concentrate 5 mg/ml</i>	DIAZEPAM INTENSOL	2	PA
<i>diazepam oral solution 5 mg/5ml</i>		2	PA; CG
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	VALIUM	1	PA; CG
<i>lorazepam oral concentrate 2 mg/ml</i>	LORAZEPAM INTENSOL	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	ATIVAN	1	CG
<i>Ssris/ Snris</i>			
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		2	MT; CG; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	LEXAPRO	2	MT; CG; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	LEXAPRO	2	MT; CG; QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	LEXAPRO	2	MT; CG; QL (120 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PAXIL CR	2	PA; MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PAXIL	2	PA; MT; CG
PAXIL ORAL SUSPENSION 10 MG/5ML		4	ST
<i>sertraline hcl oral concentrate 20 mg/ml</i>		2	MT; CG
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	ZOLOFT	1	MT; CG
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	EFFEXOR XR	2	MT; CG; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	EFFEXOR XR	2	MT; CG; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		2	MT; CG
Bipolar Agents			
<i>Bipolar Agents, Other</i>			
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG		4	PA; QL (6 EA per 3 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZYPREXA	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZYPREXA	2	MT; CG
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZYPREXA ZYDIS	2	MT
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		5	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	SEROQUEL	1	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	SEROQUEL	1	PA; MT; CG
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG		4	PA; QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG		5	PA; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	RISPERDAL	2	CG
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RISPERDAL	2	MT; CG
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		2	MT; CG
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		4	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG		4	PA; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	GEODON	2	CG
<i>Mood Stabilizers</i>			
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	CARBATROL	2	MT; CG
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGRETOL-XR	2	MT; CG
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGRETOL	2	MT; CG
<i>carbamazepine oral tablet 200 mg</i>		2	MT; CG
<i>carbamazepine oral tablet chewable 100 mg</i>		2	MT; CG
<i>epitol oral tablet 200 mg</i>		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	LAMICTAL XR	2	MT
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LAMICTAL	2	MT; CG
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LAMICTAL	2	MT; CG
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LAMICTAL ODT	2	MT; CG
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lithium carbonate er oral tablet extended release 300 mg</i>	LITHOBID	2	MT; CG
<i>lithium carbonate er oral tablet extended release 450 mg</i>		2	MT; CG
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		1	MT; CG
<i>lithium carbonate oral tablet 300 mg</i>		2	MT; CG
<i>lithium oral solution 8 meq/5ml</i>		2	MT
TEGRETOL ORAL SUSPENSION 100 MG/5ML		4	MT
TEGRETOL ORAL TABLET 200 MG		4	MT
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		4	MT
<i>valproic acid oral capsule 250 mg</i>	DEPAKENE	2	MT; CG
<i>valproic acid oral solution 250 mg/5ml</i>		2	MT; CG
Blood Glucose Regulators			
<i>Antidiabetic Agents</i>			

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Drug	Reference	Status	Requirements/ Limits
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PRECOSE	2	MT; CG; QL (90 EA per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML		3	MT; QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG		3	MT; QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML		4	MT; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML		4	MT; QL (1.2 ML per 30 days)
<i>colesevelam hcl oral packet 3.75 gm</i>	WELCHOL	2	MT
<i>colesevelam hcl oral tablet 625 mg</i>	WELCHOL	2	MT
FARXIGA ORAL TABLET 10 MG, 5 MG		3	ST; MT; QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	AMARYL	1	MT; CG; QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	GLUCOTROL XL	1	MT; CG; QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg, 5 mg</i>	GLUCOTROL	1	MT; CG; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	ST; MT; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		3	ST; MT; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	ST; MT; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	ST; MT; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		3	ST; MT; QL (60 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		3	ST; MT; QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	GLUCOPHAGE XR	1	MT; CG; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	GLUCOPHAGE XR	1	MT; CG; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	GLUCOPHAGE	1	MT; CG; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg, 850 mg</i>	GLUCOPHAGE	1	MT; CG; QL (90 EA per 30 days)
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	GLYSET	2	MT; CG; QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	STARLIX	1	MT; CG; QL (90 EA per 30 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	ACTOS	1	MT; CG; QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		1	MT; CG; QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	PRANDIN	1	MT; CG; QL (240 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML		5	PA; QL (11 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML		5	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		3	ST; MT; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG		3	ST; MT; QL (60 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25- 1000 MG		3	ST; MT; QL (30 EA per 30 days)
<i>tolbutamide oral tablet 500 mg</i>		1	MT; CG; QL (180 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG		3	ST; MT; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML		3	MT; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		3	MT; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 10-500 MG		3	ST; MT; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG, 5-500 MG		3	ST; MT; QL (60 EA per 30 days)
<i>Blood Glucose Regulators</i>			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		1	MT; CG; QL (120 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		3	ST; MT; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG		3	ST; MT; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50- 1000 MG, 50-500 MG		3	ST; MT; QL (60 EA per 30 days)
JENTADUETO ORAL TABLET 2.5- 1000 MG, 2.5-500 MG, 2.5-850 MG		3	ST; MT; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG		3	ST; MT; QL (60 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5- 1000 MG		3	ST; MT; QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet</i> 30-2 mg, 30-4 mg	DUETACT	1	MT; CG; QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet</i> 15-500 mg, 15-850 mg	ACTOPLUS MET	1	MT; CG; QL (90 EA per 30 days)
<i>repaglinide-metformin hcl oral tablet 1- 500 mg, 2-500 mg</i>		1	MT; CG; QL (150 EA per 30 days)
<i>Glycemic Agents</i>			
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		3	
GLUCAGON EMERGENCY INJECTION KIT 1 MG		3	
KORLYM ORAL TABLET 300 MG		5	PA; LA; QL (120 EA per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML		4	
<i>Insulins</i>			
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		3	MT
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		3	MT
<i>gauze sterile pad 2"x2"</i>	BAND-AID GAUZE SMALL	3	MT
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		3	MT
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 UNIT/ML		3	MT; QL (30 ML per 30 days)

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Drug	Reference	Status	Requirements/ Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (50-50) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50- 50) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (75-25) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75- 25) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		5	PA; QL (30 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 500 UNIT/ML		5	PA; QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	MT; QL (30 ML per 30 days)

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Drug	Reference	Status	Requirements/ Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	BD INSULIN SYRINGE MICROFINE	3	MT
RELI-ON INSULIN SYRINGE 29G 0.3 ML		3	MT
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	MT; QL (30 ML per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	MT; QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		3	MT; QL (30 ML per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
Blood Products/ Modifiers/ Volume Expanders			
<i>Anticoagulants</i>			
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		3	MT
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		3	MT
ELIQUIS STARTER PACK ORAL TABLET 5 MG		3	MT
<i>enoxaparin sodium subcutaneous solution 100 mg/ml</i>	LOVENOX	2	QL (30 ML per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	LOVENOX	2	QL (24 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 150 mg/ml</i>	LOVENOX	2	MT; QL (30 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	LOVENOX	2	QL (9 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	LOVENOX	2	QL (12 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	LOVENOX	2	QL (18 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	ARIXTRA	5	PA; QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	ARIXTRA	2	PA; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	ARIXTRA	5	PA; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	ARIXTRA	5	PA; QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		2	PA
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>		1	MT; CG
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		4	MT
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	COUMADIN	1	MT; CG
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG		3	MT
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		3	
<i>Blood Formation Modifiers</i>			
<i>anagrelide hcl oral capsule 0.5 mg</i>	AGRYLIN	2	CG

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Drug	Reference	Status	Requirements/ Limits
<i>anagrelide hcl oral capsule 1 mg</i>		2	CG
NEUPOGEN INJECTION SOLUTION 300 MCG/ML		5	PA; QL (16 ML per 30 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML		5	PA; QL (26 ML per 30 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML		5	PA; QL (5 ML per 30 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML		5	PA; QL (8 ML per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML		5	PA; QL (16 ML per 30 days)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML		5	PA; QL (26 ML per 30 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	PA
PROMACTA ORAL PACKET 12.5 MG		5	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG		5	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 25 MG		5	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 50 MG		5	PA; LA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 75 MG		5	PA; LA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML		5	PA
<i>Hemostasis Agents</i>			

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Drug	Reference	Status	Requirements/ Limits
<i>tranexamic acid oral tablet 650 mg</i>	LYSTEDA	2	
Platelet Modifying Agents			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	AGGRENOX	2	MT
BRILINTA ORAL TABLET 60 MG, 90 MG		3	MT
<i>cilostazol oral tablet 100 mg, 50 mg</i>		1	MT; CG
<i>clopidogrel bisulfate oral tablet 75 mg</i>	PLAVIX	1	MT; CG
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	EFFIENT	2	MT; CG
Cardiovascular Agents			
Alpha-Adrenergic Agonists			
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	CATAPRES	1	MT; CG
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	CATAPRES-TTS-1	1	MT; CG
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	CATAPRES-TTS-2	1	MT; CG
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	CATAPRES-TTS-3	1	MT; CG
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		2	PA; MT
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		5	PA; LA
Alpha-Adrenergic Blocking Agents			
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	CARDURA	1	MT; CG; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	CARDURA	1	MT; CG
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	MINIPRESS	2	MT; CG
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	MT; CG

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Drug	Reference	Status	Requirements/ Limits
Angiotensin II Receptor Antagonists			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	ATACAND	1	MT; CG; QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		4	PA; MT; QL (60 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	AVAPRO	1	MT; CG; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	COZAAR	1	MT; CG; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	COZAAR	1	MT; CG; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	BENICAR	1	MT; CG; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	BENICAR	1	MT; CG; QL (60 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	BENICAR HCT	1	MT; CG; QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	MICARDIS	1	MT; CG; QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	DIOVAN	1	MT; CG; QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	DIOVAN	1	MT; CG; QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors			
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	LOTENSIN	1	MT; CG
<i>benazepril hcl oral tablet 5 mg</i>		1	MT; CG
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		1	MT; CG
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	VASOTEC	1	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		1	MT; CG
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i>	PRINIVIL	1	MT; CG
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i>	ZESTRIL	1	MT; CG
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		1	MT; CG
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		1	MT; CG
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	ACCUPRIL	1	MT; CG
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	ALTACE	1	MT; CG
<i>trandolapril oral tablet 1 mg, 2 mg</i>		1	MT; CG
<i>trandolapril oral tablet 4 mg</i>	MAVIK	1	MT; CG
Antiarrhythmics			
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PACERONE	2	MT; CG
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	TIKOSYN	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		2	MT; CG
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		2	MT; CG
MULTAQ ORAL TABLET 400 MG		4	MT; QL (60 EA per 30 days)
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	RYTHMOL SR	2	MT; CG
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		2	MT; CG
<i>quinidine gluconate er oral tablet extended release 324 mg</i>		2	MT; CG
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>		2	MT; CG
<i>sotalol hcl (af) oral tablet 120 mg</i>	BETAPACE AF	2	MT; CG
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	BETAPACE	2	MT; CG
<i>sotalol hcl oral tablet 240 mg</i>		2	MT; CG
<i>Beta-Adrenergic Blocking Agents</i>			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		1	MT; CG
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	TENORMIN	1	MT; CG
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		1	MT; CG
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		1	MT; CG
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	COREG	1	MT; CG
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg</i>	COREG CR	2	MT; CG
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		1	MT; CG
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg</i>	TOPROL XL	1	MT; CG; QL (120 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg, 25 mg, 50 mg</i>	TOPROL XL	1	MT; CG; QL (60 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	LOPRESSOR	1	MT; CG
<i>metoprolol tartrate oral tablet 25 mg</i>		1	MT; CG
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	CORGARD	2	MT; CG
<i>pindolol oral tablet 10 mg, 5 mg</i>		2	MT; CG
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	INDERAL LA	2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		2	MT; CG
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		1	MT; CG
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		2	MT; CG
<i>Calcium Channel Blocking Agents</i>			
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	NORVASC	1	MT; CG
<i>cartia xt oral capsule extended release 24 hour 120 mg</i>		2	MT; CG
<i>cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg</i>		2	MT; CG
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg</i>		1	MT; CG
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>		1	MT; CG
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	CARDIZEM CD	2	MT; CG
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		1	MT; CG
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	CARDIZEM	1	MT; CG
<i>diltiazem hcl oral tablet 90 mg</i>		1	MT; CG
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		1	MT; CG
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		1	MT; CG
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		1	MT; CG
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		1	MT; CG
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		1	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	PROCARDIA XL	1	MT; CG
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>		1	MT; CG
<i>nimodipine oral capsule 30 mg</i>		5	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	SULAR	1	MT; CG
<i>taztia xt oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg</i>		1	MT; CG
<i>taztia xt oral capsule extended release 24 hour 180 mg</i>		1	MT; CG
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	VERELAN PM	2	MT; CG
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	VERELAN	2	MT; CG
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	CALAN SR	1	MT; CG
<i>verapamil hcl oral tablet 120 mg</i>	CALAN	1	MT; CG
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>		1	MT; CG
Cardiovascular Agents, Other			
CORLANOR ORAL TABLET 5 MG, 7.5 MG		4	PA; QL (60 EA per 30 days)
<i>digitek oral tablet 125 mcg</i>		2	QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>		2	PA
<i>digox oral tablet 125 mcg</i>		2	QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg</i>		2	PA
<i>digoxin oral solution 0.05 mg/ml</i>		2	PA
<i>digoxin oral tablet 125 mcg</i>		2	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>		2	PA

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Drug	Reference	Status	Requirements/ Limits
<i>pentoxifylline er oral tablet extended release 400 mg</i>		2	MT; CG
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	RANEXA	2	PA; MT; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG		5	PA; QL (200 EA per 30 days)
Cardiovascular Agents			
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	TEKTURNA	2	MT; CG; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		1	MT; CG
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	LOTREL	1	MT; CG
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		1	MT; CG
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	EXFORGE	1	MT; CG; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	AZOR	1	MT; CG; QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	EXFORGE HCT	1	MT; CG; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	TENORETIC 100	2	MT; CG
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	TENORETIC 50	2	MT; CG
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	LOTENSIN HCT	1	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		1	MT; CG
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	ZIAC	1	MT; CG
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	ATACAND HCT	1	MT; CG; QL (30 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>		1	MT; CG
DEMSER ORAL CAPSULE 250 MG		5	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	VASERETIC	1	MT; CG
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		1	MT; CG
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	VYTORIN	2	MT; CG; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		1	MT; CG
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	AVALIDE	1	MT; CG; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	ZESTORETIC	1	MT; CG
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	HYZAAR	1	MT; CG; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	HYZAAR	1	MT; CG; QL (60 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg</i>		1	MT; CG
<i>metoprolol-hydrochlorothiazide oral tablet 50-25 mg</i>	LOPRESSOR HCT	1	MT; CG
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	BENICAR HCT	1	MT; CG; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	TRIBENZOR	1	MT; CG; QL (30 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>		2	MT; CG
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	ACCURETIC	1	MT; CG
<i>spironolactone-hctz oral tablet 25-25 mg</i>	ALDACTAZIDE	2	MT; CG
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	MICARDIS HCT	1	MT; CG; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	DYAZIDE	1	MT; CG
<i>triamterene-hctz oral tablet 37.5-25 mg</i>	MAXZIDE-25	1	MT; CG
<i>triamterene-hctz oral tablet 75-50 mg</i>	MAXZIDE	1	MT; CG
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	DIOVAN HCT	1	MT; CG; QL (30 EA per 30 days)
Diuretics, Carbonic Anhydrase Inhibitors			
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		2	MT; CG
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		2	MT; CG
<i>methazolamide oral tablet 25 mg, 50 mg</i>		2	MT; CG
Diuretics, Loop			
<i>bumetanide injection solution 0.25 mg/ml</i>		2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	BUMEX	2	MT; CG
<i>furosemide injection solution 10 mg/ml</i>		1	MT; CG
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		1	MT; CG
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	LASIX	1	MT; CG
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>		1	MT; CG
Diuretics, Potassium-Sparing			
<i>amiloride hcl oral tablet 5 mg</i>		2	MT; CG
<i>eplerenone oral tablet 25 mg, 50 mg</i>	INSPRA	2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	ALDACTONE	1	MT; CG
<i>Diuretics, Thiazide</i>			
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>		2	MT; CG
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		2	MT; CG
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		1	MT; CG
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	MT; CG
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		1	MT; CG
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	AVALIDE	1	MT; CG; QL (30 EA per 30 days)
<i>methyclothiazide oral tablet 5 mg</i>		2	MT; CG
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		2	MT; CG
<i>Dyslipidemics, Fibric Acid Derivatives</i>			
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		1	MT; CG
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	TRICOR	1	MT; CG; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	TRIGLIDE	1	MT; CG; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 54 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	TRILIPIX	2	MT; CG; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	LOPID	1	MT; CG
<i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i>			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LIPITOR	1	MT; CG; QL (30 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>fluvastatin sodium oral capsule 20 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 40 mg</i>		1	MT; CG; QL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>		1	MT; CG; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 20 mg, 40 mg, 80 mg</i>	PRAVACHOL	1	MT; CG; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CRESTOR	2	MT; CG; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	ZOCOR	1	MT; CG; QL (30 EA per 30 days)
<i>Dyslipidemics, Other</i>			
<i>cholestyramine light oral powder 4 gm/dose</i>	PREVALITE	2	MT; CG
<i>colesevelam hcl oral packet 3.75 gm</i>	WELCHOL	2	MT
<i>colesevelam hcl oral tablet 625 mg</i>	WELCHOL	2	MT
<i>colestipol hcl oral packet 5 gm</i>	COLESTID	2	MT; CG
<i>colestipol hcl oral tablet 1 gm</i>	COLESTID	2	MT; CG
<i>ezetimibe oral tablet 10 mg</i>	ZETIA	1	ST; MT; CG; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 5 MG, 60 MG		5	PA; LA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		5	PA; LA; QL (90 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	NIASPAN	2	MT; QL (60 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	NIASPAN	2	MT; QL (90 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
NIACOR ORAL TABLET 500 MG		2	CG
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	LOVAZA	2	MT; CG; QL (120 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML		4	PA; QL (2 ML per 28 days)
PREVALITE ORAL PACKET 4 GM		2	MT; CG
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		4	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		4	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		4	PA; QL (2 ML per 28 days)
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM		4	MT; QL (120 EA per 30 days)
<i>Vasodilators, Direct-Acting Arterial/ Venous</i>			
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>		2	MT; CG
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		2	MT; CG
<i>isosorbide dinitrate oral tablet 5 mg</i>	ISORDIL TITRADOSE	2	MT; CG
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		1	MT; CG
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		1	MT; CG
NITRO-BID TRANSDERMAL OINTMENT 2 %		3	MT
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		4	MT

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Drug	Reference	Status	Requirements/ Limits
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	NITROSTAT	2	MT; CG
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	MINITRAN	2	MT; CG
RECTIV RECTAL OINTMENT 0.4 %		4	PA; QL (30 GM per 30 days)
Vasodilators, Direct-Acting Arterial			
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		2	MT; CG
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		2	CG
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	ADDERALL XR	2	PA; CG; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	ADDERALL XR	2	PA; CG; QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	ADDERALL	2	PA; CG; QL (180 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	ADDERALL	2	PA; CG; QL (144 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	ADDERALL	2	PA; CG; QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	ADDERALL	2	PA; CG; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	ADDERALL	2	PA; CG; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 5 mg</i>	ADDERALL	2	PA; CG; QL (360 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	ADDERALL	2	PA; CG; QL (240 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	ZENZEDI	2	PA; CG
<i>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</i>			
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	STRATTERA	2	CG; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	STRATTERA	2	CG; QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	INTUNIV	2	PA
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG		2	CG; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		2	CG; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	METADATE ER	2	CG; QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	METHYLIN	2	CG; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	METHYLIN	2	CG; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	RITALIN	2	CG; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	RITALIN	2	CG; QL (90 EA per 30 days)
<i>Central Nervous System, Other</i>			
<i>estazolam oral tablet 1 mg, 2 mg</i>		1	CG; QL (30 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		4	PA
<i>riluzole oral tablet 50 mg</i>	RILUTEK	2	PA; CG

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Drug	Reference	Status	Requirements/ Limits
<i>tetrabenazine oral tablet 12.5 mg</i>	XENAZINE	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	XENAZINE	5	PA; QL (120 EA per 30 days)
<i>Fibromyalgia Agents</i>			
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	CYMBALTA	2	MT; CG
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		2	MT; CG
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG		3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	LYRICA	2	MT
<i>pregabalin oral solution 20 mg/ml</i>	LYRICA	2	MT
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	PA
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		3	PA
<i>Multiple Sclerosis Agents</i>			
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	PA; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	AMPYRA	5	PA; QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG		5	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	COPAXONE	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	COPAXONE	5	PA; QL (12 ML per 28 days)

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Drug	Reference	Status	Requirements/ Limits
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML		5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML		5	PA; QL (12 ML per 28 days)
TECFIDERA ORAL 120 & 240 MG		5	PA; LA; QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		5	PA; LA; QL (60 EA per 30 days)
Dental And Oral Agents			
<i>Dental And Oral Agents</i>			
<i>cevimeline hcl oral capsule 30 mg</i>	EVOXAC	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PAROEX	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	MORGIDOX	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	ACTICLATE	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>		2	
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	MINOCIN	2	
<i>minocycline hcl oral capsule 75 mg</i>		2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	SALAGEN	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	ORALONE	2	
Dermatological Agents			
<i>Dermatological Agents</i>			
<i>acitretin oral capsule 10 mg, 25 mg</i>	SORIATANE	2	PA

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Drug	Reference	Status	Requirements/ Limits
<i>acitretin oral capsule 17.5 mg</i>		5	PA
<i>adapalene external cream 0.1 %</i>	DIFFERIN	2	PA
<i>adapalene external gel 0.1 %, 0.3 %</i>	DIFFERIN	2	PA
<i>adapalene external solution 0.1 %</i>		2	PA
<i>ammonium lactate external cream 12 %</i>	GERI-HYDROLAC 12	2	
<i>ammonium lactate external lotion 12 %</i>	AL12	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG		2	
AVITA EXTERNAL CREAM 0.025 %		4	PA
AVITA EXTERNAL GEL 0.025 %		4	PA
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	BENZAMYCIN	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>		2	
<i>calcipotriene external cream 0.005 %</i>	DOVONEX	2	
<i>calcipotriene external ointment 0.005 %</i>	CALCITRENE	2	
<i>calcipotriene external solution 0.005 %</i>		2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		2	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	LOTRISONE	1	
<i>diclofenac sodium transdermal gel 1 %</i>	VOLTAREN	2	
<i>doxepin hcl external cream 5 %</i>	PRUDOXIN	2	
<i>doxycycline hyclate oral capsule 50 mg</i>	MORGIDOX	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>		2	
<i>fluocinonide external cream 0.1 %</i>	VANOS	2	
<i>fluorouracil external cream 0.5 %</i>	CARAC	3	
<i>fluorouracil external cream 5 %</i>	EFUDEX	2	
<i>fluorouracil external solution 2 %, 5 %</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>fluticasone propionate external cream 0.05 %</i>		2	
<i>fluticasone propionate external lotion 0.05 %</i>	BESER	2	
<i>fluticasone propionate external ointment 0.005 %</i>		2	
<i>imiquimod external cream 5 %</i>	ALDARA	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	ABSORICA	2	
<i>methoxsalen rapid oral capsule 10 mg</i>	OXSORALEN ULTRA	5	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		2	
<i>podofilox external solution 0.5 %</i>		2	
REGRANEX EXTERNAL GEL 0.01 %		5	PA; QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		4	
<i>selenium sulfide external lotion 2.5 %</i>		2	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		5	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	PROTOPIC	2	PA
<i>tazarotene external cream 0.1 %</i>	TAZORAC	2	PA
TAZORAC EXTERNAL CREAM 0.05 %		4	PA
<i>tretinoin external cream 0.025 %</i>		2	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	RETIN-A	2	PA

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Drug	Reference	Status	Requirements/ Limits
<i>tretinoin external gel 0.01 %</i>	RETIN-A	2	PA
<i>tretinoin external gel 0.025 %</i>		2	PA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA; LA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		2	
Electrolytes/Minerals/Metals/Vitamins			
<i>Electrolyte/ Mineral Replacement</i>			
CARBAGLU ORAL TABLET 200 MG		5	PA; LA
ISOLYTE-S INTRAVENOUS SOLUTION		4	
<i>klor-con 10 oral tablet extended release 10 meq</i>		2	MT; CG
<i>klor-con m10 oral tablet extended release 10 meq</i>		2	MT; CG
<i>klor-con m15 oral tablet extended release 15 meq</i>		2	MT; CG
<i>klor-con m20 oral tablet extended release 20 meq</i>		2	MT; CG
<i>klor-con oral tablet extended release 8 meq</i>		2	MT; CG
<i>klor-con sprinkle oral capsule extended release 8 meq</i>		2	MT; CG
<i>magnesium sulfate injection solution 50 %</i>		2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE A INTRAVENOUS SOLUTION		4	
<i>potassium chloride crys er oral tablet extended release 10 meq</i>		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>potassium chloride crys er oral tablet extended release 20 meq</i>		2	MT; CG
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		2	MT; CG
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	K-TAB	2	MT; CG
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>		2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml</i>		2	
<i>potassium chloride oral packet 20 meq</i>		2	MT; CG
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		2	MT; CG
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>		2	
<i>sodium chloride irrigation solution 0.9 %</i>	ARGYLE STERILE SALINE	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>		2	MT
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		4	
<i>Electrolyte/Mineral/Metal Modifiers</i>			
CHEMET ORAL CAPSULE 100 MG		4	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	EXJADE	5	PA
DEPEN TITRATABS ORAL TABLET 250 MG		5	
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA
FERRIPROX ORAL TABLET 500 MG		5	PA
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %		4	PA

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Drug	Reference	Status	Requirements/ Limits
KIONEX ORAL SUSPENSION 15 GM/60ML		2	
<i>klor-con oral packet 20 meq</i>		2	MT; CG
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	KIONEX	2	CG
SPS ORAL SUSPENSION 15 GM/60ML		2	CG
<i>trientine hcl oral capsule 250 mg</i>	SYPRINE	5	
<i>Electrolytes/Minerals/Metals/Vitamins</i>			
AMINOSYN II INTRAVENOUS SOLUTION 10 %		4	PA
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %		3	PA
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %		4	PA
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		4	PA
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %		4	PA
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %		4	PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %		4	PA
<i>dextrose intravenous solution 10 %, 5 %</i>		2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>		2	
HEPATAMINE INTRAVENOUS SOLUTION 8 %		2	PA
INTRALIPID INTRAVENOUS EMULSION 20 %		2	PA
INTRALIPID INTRAVENOUS EMULSION 30 %		4	PA

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Drug	Reference	Status	Requirements/ Limits
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION		4	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%- %, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5- 0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>		2	
<i>levocarnitine oral solution 1 gm/10ml</i>	CARNITOR	2	PA; MT
<i>levocarnitine oral tablet 330 mg</i>	CARNITOR	2	MT
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %		4	PA
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION		3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION		4	
<i>nutrilipid intravenous emulsion 20 %</i>	CLINOLIPID	4	PA
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>		2	
PREMASOL INTRAVENOUS SOLUTION 10 %		2	PA
PREMASOL INTRAVENOUS SOLUTION 6 %		2	PA
<i>prenatal oral tablet 27-1 mg</i>		2	MT
PROCALAMINE INTRAVENOUS SOLUTION 3 %		4	PA
PROSOL INTRAVENOUS SOLUTION 20 %		4	PA
TPN ELECTROLYTES INTRAVENOUS SOLUTION		3	PA

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Drug	Reference	Status	Requirements/ Limits
TRAVASOL INTRAVENOUS SOLUTION 10 %		4	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %		4	PA
Vitamins			
<i>klor-con 10 oral tablet extended release 10 meq</i>		2	MT; CG
<i>klor-con m10 oral tablet extended release 10 meq</i>		2	MT; CG
<i>klor-con m15 oral tablet extended release 15 meq</i>		2	MT; CG
<i>klor-con m20 oral tablet extended release 20 meq</i>		2	MT; CG
<i>klor-con oral tablet extended release 8 meq</i>		2	MT; CG
<i>klor-con sprinkle oral capsule extended release 8 meq</i>		2	MT; CG
Gastrointestinal Agents			
Antispasmodics, Gastrointestinal			
<i>dicyclomine hcl oral capsule 10 mg</i>		2	PA
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		2	PA
<i>dicyclomine hcl oral tablet 20 mg</i>		2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		2	
Gastrointestinal Agents, Other			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		5	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		2	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	LOMOTIL	2	PA
GATTEX SUBCUTANEOUS KIT 5 MG		5	PA; LA
<i>loperamide hcl oral capsule 2 mg</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	REGLAN	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	
PROCTOZONE-HC RECTAL CREAM 2.5 %		2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML		5	PA
<i>ursodiol oral capsule 300 mg</i>	ACTIGALL	2	MT
<i>ursodiol oral tablet 250 mg</i>	URSO 250	2	MT
<i>ursodiol oral tablet 500 mg</i>	URSO FORTE	2	MT
XIFAXAN ORAL TABLET 200 MG		5	PA
<i>Histamine2 (H2) Receptor Antagonists</i>			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		2	
<i>cimetidine oral tablet 200 mg</i>	TAGAMET HB	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	PEPCID	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		2	
<i>nizatidine oral solution 15 mg/ml</i>		2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>		1	
<i>ranitidine hcl oral tablet 150 mg</i>		1	
<i>ranitidine hcl oral tablet 300 mg</i>		1	
<i>Irritable Bowel Syndrome Agents</i>			

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Drug	Reference	Status	Requirements/ Limits
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	LOTRONEX	5	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		3	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		4	PA; MT; QL (30 EA per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	DELZICOL	2	
<i>Laxatives</i>			
<i>constulose oral solution 10 gm/15ml</i>		2	
<i>enulose oral solution 10 gm/15ml</i>		2	
<i>gavilyte-c oral solution reconstituted 240 gm</i>		1	
<i>gavilyte-g oral solution reconstituted 236 gm</i>		1	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>		1	
<i>generlac oral solution 10 gm/15ml</i>		2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM		3	
<i>lactulose oral solution 10 gm/15ml</i>		2	
<i>nulytely with flavor packs oral solution reconstituted 420 gm</i>		3	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	COLYTE WITH FLAVOR PACKS	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>		1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>		1	
<i>trilyte oral solution reconstituted 420 gm</i>		1	
<i>Protectants</i>			
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	CYTOTEC	2	CG
<i>sucrafate oral tablet 1 gm</i>	CARAFATE	2	CG

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Drug	Reference	Status	Requirements/ Limits
<i>Proton Pump Inhibitors</i>			
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		2	CG; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NEXIUM	2	CG; QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	PREVACID	1	CG; QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>		1	CG; QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 20 mg</i>		1	CG; QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PROTONIX	2	CG; QL (30 EA per 30 days)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment			
<i>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</i>			
CERDELGA ORAL CAPSULE 84 MG		5	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT		3	MT
CYSTADANE ORAL POWDER		5	LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		3	LA
KUVAN ORAL PACKET 100 MG, 500 MG		5	PA; LA
KUVAN ORAL TABLET SOLUBLE 100 MG		5	PA; LA
<i>miglustat oral capsule 100 mg</i>	ZAVESCA	5	PA; LA; QL (90 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG		5	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA; LA
RAVICTI ORAL LIQUID 1.1 GM/ML		5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	BUPHENYL	5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		5	
XURIDEN ORAL PACKET 2 GM		5	PA; QL (120 EA per 30 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT		4	MT
Genitourinary Agents			
<i>Antispasmodics, Urinary</i>			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		4	ST; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	DITROPAN XL	2	MT; CG; QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>		2	MT; CG; QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	DITROPAN XL	2	MT; CG; QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		1	MT; CG
<i>oxybutynin chloride oral tablet 5 mg</i>		1	MT; CG
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESICARE	2	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	DETROL LA	2	QL (30 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	DETROL	2	
<i>trospium chloride oral tablet 20 mg</i>		2	CG; QL (60 EA per 30 days)
<i>Benign Prostatic Hypertrophy Agents</i>			
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	UROXATRAL	2	MT; CG; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	CARDURA	1	MT; CG; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	CARDURA	1	MT; CG
<i>dutasteride oral capsule 0.5 mg</i>	AVODART	2	MT; CG
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	JALYN	2	MT; CG
<i>finasteride oral tablet 5 mg</i>	PROSCAR	2	MT; CG
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	MINIPRESS	2	MT; CG
<i>tamsulosin hcl oral capsule 0.4 mg</i>	FLOMAX	1	MT; CG
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	MT; CG
<i>Genitourinary Agents, Other</i>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	URECHOLINE	2	CG
CIALIS ORAL TABLET 10 MG, 20 MG		3	ED; QL (3 EA per 30 days)
DEPEN TITRATABS ORAL TABLET 250 MG		5	
ELMIRON ORAL CAPSULE 100 MG		3	
LEVITRA ORAL TABLET 5 MG, 10 MG, 20 MG		3	ED; QL (3 EA per 30 days)
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	UROCIT-K 10	2	

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Drug	Reference	Status	Requirements/ Limits
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	UROCIT-K 15	2	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	UROCIT-K 5	2	
<i>sildenafil oral tablet 25 mg, 50 mg, 100 mg</i>	VIAGRA	1	ED; QL (3 EA per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	BUPHENYL	5	PA
<i>tadalafil oral tablet 10 mg, 20mg</i>	CIALIS	1	ED; QL (3 EA per 30 days)
<i>varденаfil hcl oral tablet 2.5 mg, 5 mg, 10 mg, 20 mg</i>	LEVITRA	1	ED; QL (3 EA per 30 days)
VIAGRA ORAL TABLET 25 MG, 50 MG, 100 MG		3	ED; QL (3 EA per 30 days)
<i>Phosphate Binders</i>			
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PHOSLO	2	CG
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	CALPHRON	2	CG; QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	FOSRENOL	2	CG
<i>sevelamer carbonate oral packet 0.8 gm</i>	REVELA	5	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	REVELA	5	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	REVELA	2	QL (540 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</i>			

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Drug	Reference	Status	Requirements/ Limits
<i>alclometasone dipropionate external cream 0.05 %</i>		2	
<i>alclometasone dipropionate external ointment 0.05 %</i>		2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	DIPROLENE AF	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>		2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	DIPROLENE	2	
<i>betamethasone dipropionate external cream 0.05 %</i>		2	
<i>betamethasone dipropionate external ointment 0.05 %</i>		2	
<i>betamethasone valerate external cream 0.1 %</i>		2	
<i>betamethasone valerate external lotion 0.1 %</i>		2	
<i>betamethasone valerate external ointment 0.1 %</i>		2	
<i>cortisone acetate oral tablet 25 mg</i>		2	
<i>desonide external cream 0.05 %</i>	DESOWEN	2	
<i>desonide external lotion 0.05 %</i>		2	
<i>desonide external ointment 0.05 %</i>		2	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	TOPICORT	2	
<i>desoximetasone external gel 0.05 %</i>	TOPICORT	2	
<i>desoximetasone external liquid 0.25 %</i>	TOPICORT SPRAY	2	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	TOPICORT	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>fluocinolone acetonide external cream 0.01 %</i>		2	
<i>fluocinolone acetonide external cream 0.025 %</i>	SYNALAR	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	SYNALAR	2	
<i>fluocinolone acetonide external solution 0.01 %</i>	SYNALAR	2	
<i>fluocinolone acetonide otic oil 0.01 %</i>	DERMOTIC	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	DERMA-SMOOTHIE/FS SCALP	2	
<i>fluocinonide emulsified base external cream 0.05 %</i>		2	
<i>fluocinonide external cream 0.1 %</i>	VANOS	2	
<i>fluocinonide external gel 0.05 %</i>		2	
<i>fluocinonide external ointment 0.05 %</i>		2	
<i>fluocinonide external solution 0.05 %</i>		2	
<i>fluticasone propionate external cream 0.05 %</i>		2	
<i>fluticasone propionate external lotion 0.05 %</i>	BESER	2	
<i>fluticasone propionate external ointment 0.005 %</i>		2	
<i>halobetasol propionate external cream 0.05 %</i>		2	
<i>halobetasol propionate external ointment 0.05 %</i>		2	
<i>hydrocortisone butyrate external cream 0.1 %</i>	LOCOID	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>		2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	LOCOID	2	

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Drug	Reference	Status	Requirements/ Limits
<i>hydrocortisone external cream 1 %</i>		1	
<i>hydrocortisone external cream 2.5 %</i>		1	
<i>hydrocortisone external lotion 2.5 %</i>		2	
<i>hydrocortisone external ointment 2.5 %</i>		1	
<i>hydrocortisone oral tablet 10 mg</i>	CORTEF	2	
<i>hydrocortisone valerate external cream 0.2 %</i>		2	
<i>hydrocortisone valerate external ointment 0.2 %</i>		2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	MEDROL	2	
<i>mometasone furoate external cream 0.1 %</i>	ELOCON	2	
<i>mometasone furoate external ointment 0.1 %</i>		2	
<i>mometasone furoate external solution 0.1 %</i>		2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>		2	
PROCTO-PAK RECTAL CREAM 1 %		2	
PROCTOZONE-HC RECTAL CREAM 2.5 %		2	
<i>triamcinolone acetonide external cream 0.025 %</i>		2	
<i>triamcinolone acetonide external cream 0.1 %, 0.5 %</i>		2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		2	
<i>triderm external cream 0.1 %</i>		2	

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Drug	Reference	Status	Requirements/ Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>			
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	2	MT; CG
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML		5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)			
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</i>			
<i>misoprostol oral tablet 200 mcg</i>	CYTOTEC	2	CG
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			
<i>Anabolic Steroids</i>			
ANADROL-50 ORAL TABLET 50 MG		5	PA
<i>oxandrolone oral tablet 10 mg</i>		5	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>		2	PA; QL (60 EA per 30 days)
<i>Androgens</i>			

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Drug	Reference	Status	Requirements/ Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR		4	PA; QL (30 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	DEPO-TESTOSTERONE	2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		2	
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	VOGELXO PUMP	2	PA; MT; QL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	ANDROGEL	2	PA; MT; QL (300 GM per 30 days)
<i>Estrogens</i>			
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	ESTRACE	2	PA
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	CLIMARA	2	PA
<i>estradiol vaginal cream 0.1 mg/gm</i>	ESTRACE	2	
<i>estradiol vaginal tablet 10 mcg</i>	VAGIFEM	2	
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	DELESTROGEN	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG		2	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		3	PA
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>			

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Drug	Reference	Status	Requirements/ Limits
ALTAVERA ORAL TABLET 0.15-30 MG-MCG		2	MT; CG
APRI ORAL TABLET 0.15-30 MG-MCG		2	MT; CG
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		2	MT; CG
AUBRA ORAL TABLET 0.1-20 MG-MCG		2	MT; CG
AVIANE ORAL TABLET 0.1-20 MG-MCG		2	MT; CG
BALZIVA ORAL TABLET 0.4-35 MG-MCG		2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG		2	MT; CG
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG		2	MT; CG
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		2	MT; CG
DEBLITANE ORAL TABLET 0.35 MG		2	MT; CG
DELYLA ORAL TABLET 0.1-20 MG-MCG		2	MT; CG
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	AZURETTE	2	MT; CG
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	APRI	2	MT; CG
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	OCELLA	2	MT; CG
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG		2	MT; CG
ENPRESSE-28 ORAL TABLET		2	MT; CG
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	DELESTROGEN	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	KELNOR 1/35	2	MT; CG
FALMINA ORAL TABLET 0.1-20 MG-MCG		2	MT; CG
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG		2	PA
GIANVI ORAL TABLET 3-0.02 MG		2	MT; CG
INCASSIA ORAL TABLET 0.35 MG		2	MT; CG
INTROVALE ORAL TABLET 0.15-0.03 MG		2	MT
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		2	MT; CG
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG		2	MT; CG
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG		2	MT; CG
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		2	MT; CG
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG		2	MT; CG
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		2	MT; CG
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG		2	MT; CG
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG		2	MT; CG
KURVELO ORAL TABLET 0.15-30 MG-MCG		2	MT; CG
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		2	MT; CG
LARIN 1/20 ORAL TABLET 1-20 MG-MCG		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		2	MT; CG
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG		2	MT; CG
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		2	MT; CG
LESSINA ORAL TABLET 0.1-20 MG-MCG		2	MT; CG
LEVONEST ORAL TABLET		2	MT; CG
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>		2	MT
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG		2	MT; CG
LORYNA ORAL TABLET 3-0.02 MG		2	MT; CG
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		2	MT; CG
LUTERA ORAL TABLET 0.1-20 MG-MCG		2	MT; CG
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		2	MT; CG
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG		2	MT; CG
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		2	MT; CG
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG		2	MT; CG
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		2	MT; CG
NIKKI ORAL TABLET 3-0.02 MG		2	MT; CG
NORA-BE ORAL TABLET 0.35 MG		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
NORLYROC ORAL TABLET 0.35 MG		2	MT; CG
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		2	MT; CG
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG		2	MT; CG
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG		2	MT; CG
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		2	MT; CG
NUVARING VAGINAL RING 0.12-0.015 MG/24HR		4	
OCELLA ORAL TABLET 3-0.03 MG		2	MT; CG
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG		2	MT; CG
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		2	MT; CG
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG		2	MT; CG
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG		2	MT; CG
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA
PREVIFEM ORAL TABLET 0.25-35 MG-MCG		2	MT; CG
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		2	MT; CG
SHAROBEL ORAL TABLET 0.35 MG		2	MT; CG
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG		2	MT; CG
SRONYX ORAL TABLET 0.1-20 MG-MCG		2	MT; CG
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		2	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		2	MT; CG
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		2	MT; CG
TRIVORA (28) ORAL TABLET		2	MT; CG
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG		2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG		2	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG		2	MT; CG
Progestins			
CAMILA ORAL TABLET 0.35 MG		2	MT; CG
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML		4	PA
ERRIN ORAL TABLET 0.35 MG		2	MT; CG
LYZA ORAL TABLET 0.35 MG		2	MT; CG
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	DEPO-PROVERA	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	DEPO-PROVERA	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PROVERA	1	MT; CG
<i>megestrol acetate oral suspension 40 mg/ml</i>		2	PA
<i>megestrol acetate oral suspension 625 mg/5ml</i>	MEGACE ES	2	PA; MT
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		2	PA

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Drug	Reference	Status	Requirements/ Limits
<i>norethindrone acetate oral tablet 5 mg</i>	AYGESTIN	2	MT; CG
<i>norethindrone oral tablet 0.35 mg</i>		2	MT; CG
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	PROMETRIUM	1	MT; CG
<i>Selective Estrogen Receptor Modifying Agents</i>			
OSPHENA ORAL TABLET 60 MG		4	
<i>raloxifene hcl oral tablet 60 mg</i>	EVISTA	2	MT; CG
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>			
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>		1	MT; CG
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>		1	MT; CG
<i>levothyroxine sodium oral tablet 300 mcg</i>		1	MT; CG
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		2	MT; CG
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	CYTOMEL	2	MT; CG
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		3	MT

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Drug	Reference	Status	Requirements/ Limits
<i>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</i>		2	MT; CG
Hormonal Agents, Suppressant (Adrenal)			
<i>Hormonal Agents, Suppressant (Adrenal)</i>			
LYSODREN ORAL TABLET 500 MG		3	
Hormonal Agents, Suppressant (Pituitary)			
<i>Hormonal Agents, Suppressant (Pituitary)</i>			
<i>bromocriptine mesylate oral capsule 5 mg</i>	PARLODEL	2	MT; CG
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PARLODEL	2	MT; CG
<i>cabergoline oral tablet 0.5 mg</i>		2	QL (20 EA per 30 days)
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		4	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		2	PA
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG		5	PA; QL (1 EA per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG		5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG		5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG		5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		5	PA

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Drug	Reference	Status	Requirements/ Limits
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	SANDOSTATIN	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml</i>		5	PA
<i>octreotide acetate injection solution 200 mcg/ml</i>		2	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	SANDOSTATIN	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA; LA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML		5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; LA
SYNAREL NASAL SOLUTION 2 MG/ML		5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		5	PA
Hormonal Agents, Suppressant (Thyroid)			
<i>Antithyroid Agents</i>			
<i>methimazole oral tablet 10 mg, 5 mg</i>	TAPAZOLE	2	MT; CG
<i>propylthiouracil oral tablet 50 mg</i>		2	MT; CG
Immunological Agents			
<i>Angioedema Agents</i>			

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Drug	Reference	Status	Requirements/ Limits
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		5	PA
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	FIRAZYR	5	PA; QL (18 ML per 30 days)
<i>Immune Suppressants</i>			
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG		5	PA
AFINITOR ORAL TABLET 2.5 MG		5	PA
<i>azathioprine oral tablet 50 mg</i>	IMURAN	2	PA; MT
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	GENGRAF	2	PA; MT; CG
<i>cyclosporine modified oral capsule 50 mg</i>		2	PA; MT; CG
<i>cyclosporine modified oral solution 100 mg/ml</i>	GENGRAF	2	PA; MT; CG
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SANDIMMUNE	2	PA; MT; CG
DEPEN TITRATABS ORAL TABLET 250 MG		5	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG		5	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; QL (8 ML per 28 days)

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Drug	Reference	Status	Requirements/ Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG		2	PA; MT; CG
GENGRAF ORAL SOLUTION 100 MG/ML		2	PA; MT; CG
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (6 PACK)		5	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML		5	PA; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		5	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		5	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		5	PA; QL (6 EA per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		5	PA; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		5	PA; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML		5	PA; QL (6 EA per 28 days)

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Drug	Reference	Status	Requirements/ Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML		5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		5	PA; QL (12 EA per 28 days)
<i>mercaptapurine oral tablet 50 mg</i>		2	CG
<i>methotrexate oral tablet 2.5 mg</i>		2	PA; MT; CG
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>		2	PA
<i>methotrexate sodium injection solution 50 mg/2ml</i>		2	PA
<i>mycophenolate mofetil oral capsule 250 mg</i>	CELLCEPT	2	PA; MT; CG
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CELLCEPT	5	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	CELLCEPT	2	PA; MT; CG
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	MYFORTIC	2	PA; MT
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	MYFORTIC	2	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG		3	PA; MT
NEORAL ORAL SOLUTION 100 MG/ML		3	PA; MT
PROGRAF ORAL PACKET 0.2 MG, 1 MG		4	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML		3	PA; MT
<i>sirolimus oral solution 1 mg/ml</i>	RAPAMUNE	5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	RAPAMUNE	2	PA; CG
<i>sirolimus oral tablet 2 mg</i>	RAPAMUNE	5	PA

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Drug	Reference	Status	Requirements/ Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PROGRAF	2	PA
XATMEP ORAL SOLUTION 2.5 MG/ML		4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG		5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG		5	PA; QL (30 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		5	PA
<i>Immunizing Agents, Passive</i>			
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML		5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML		5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML		5	PA
<i>Immunomodulators</i>			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		5	PA; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	ARAVA	2	CG; QL (30 EA per 30 days)
<i>Vaccines</i>			

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Drug	Reference	Status	Requirements/ Limits
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5		3	
<i>bcg vaccine injection injectable</i>		3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)		3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>		3	PA
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML		3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION		3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML		3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML		3	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		3	
IPOL INJECTION INJECTABLE		3	
IXIARO INTRAMUSCULAR SUSPENSION		3	

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Drug	Reference	Status	Requirements/ Limits
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML		3	
MENACTRA INTRAMUSCULAR INJECTABLE		3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		3	
M-M-R II SUBCUTANEOUS INJECTABLE		3	
PEDIARIX INTRAMUSCULAR SUSPENSION		3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		3	
QUADRACEL INTRAMUSCULAR SUSPENSION		3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML		3	PA
ROTARIX ORAL SUSPENSION RECONSTITUTED		3	
ROTATEQ ORAL SOLUTION		3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML		3	PA
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU		3	PA
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		3	

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Drug	Reference	Status	Requirements/ Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)		3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML		3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML		3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML		3	
YF-VAX SUBCUTANEOUS INJECTABLE		3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML		3	QL (1 EA per 999 days)
Inflammatory Bowel Disease Agents			
<i>Aminosalicylates</i>			
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		4	MT
<i>balsalazide disodium oral capsule 750 mg</i>	COLAZAL	2	
CANASA RECTAL SUPPOSITORY 1000 MG		5	
DIPENTUM ORAL CAPSULE 250 MG		5	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	LIALDA	2	
<i>mesalamine oral tablet delayed release 800 mg</i>	ASACOL HD	2	
<i>mesalamine rectal enema 4 gm</i>		2	

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Drug	Reference	Status	Requirements/ Limits
<i>mesalamine rectal suppository 1000 mg</i>	CANASA	5	
Glucocorticoids			
<i>budesonide oral capsule delayed release particles 3 mg</i>	ENTOCORT EC	2	
COLOCORT RECTAL ENEMA 100 MG/60ML		2	
<i>cortisone acetate oral tablet 25 mg</i>		2	
<i>hydrocortisone oral tablet 10 mg</i>	CORTEF	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	COLOCORT	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	MEDROL	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PRED FORTE	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>		2	
PROCTOSOL HC RECTAL CREAM 2.5 %		2	
Sulfonamides			
<i>sulfasalazine oral tablet 500 mg</i>	AZULFIDINE	2	MT
<i>sulfasalazine oral tablet delayed release 500 mg</i>	AZULFIDINE EN-TABS	2	MT
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		1	MT; CG; QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 40 mg</i>		1	CG; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 70 mg</i>	FOSAMAX	1	MT; CG; QL (4 EA per 28 days)

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Drug	Reference	Status	Requirements/ Limits
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	MIACALCIN	2	MT; CG
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	ROCALTROL	2	MT; CG
<i>calcitriol oral solution 1 mcg/ml</i>	ROCALTROL	2	PA; MT; CG
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	SENSIPAR	5	PA; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	SENSIPAR	5	PA; QL (120 EA per 30 days)
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML		5	PA; QL (2.4 ML per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	BONIVA	2	MT; CG; QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG		5	PA; QL (2 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	ZEMPLAR	2	PA; MT; CG
<i>paricalcitol oral capsule 4 mcg</i>		2	PA; MT; CG
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		4	PA; QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	ACTONEL	2	MT; CG; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg</i>	ACTONEL	2	MT; CG; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	ATELVIA	2	MT; CG; QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML		5	PA; QL (1.7 ML per 28 days)
Ophthalmic Agents			
<i>Ophthalmic Agents, Other</i>			
<i>atropine sulfate ophthalmic solution 1 %</i>	ISOPTO ATROPINE	1	CG
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		5	LA; QL (60 ML per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	ALCAINE	2	
RESTASIS OPHTHALMIC EMULSION 0.05 %		3	PA; MT; QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		2	
Ophthalmic Agents			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	POLYCIN	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	NEO-POLYCIN HC	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	NEO-POLYCIN	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	MAXITROL	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	MAXITROL	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	POLYTRIM	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	TOBRADEX	2	
Ophthalmic Anti-Allergy Agents			
<i>azelastine hcl ophthalmic solution 0.05 %</i>		2	

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Drug	Reference	Status	Requirements/ Limits
BEPREVE OPHTHALMIC SOLUTION 1.5 %		3	
<i>cromolyn sodium ophthalmic solution 4 %</i>		1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %		4	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	PATADAY	2	
PAZEO OPHTHALMIC SOLUTION 0.7 %		3	
<i>Ophthalmic Antiglaucoma Agents</i>			
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		2	MT; CG
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		3	MT
AZOPT OPHTHALMIC SUSPENSION 1 %		3	MT
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		2	MT; CG
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %		3	MT
<i>bimatoprost ophthalmic solution 0.03 %</i>		2	MT; CG; QL (5 ML per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	ALPHAGAN P	2	MT
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		2	MT; CG
<i>carteolol hcl ophthalmic solution 1 %</i>		2	MT; CG
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %		3	MT
<i>dorzolamide hcl ophthalmic solution 2 %</i>	TRUSOPT	2	MT; CG
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	COSOPT	2	MT; CG
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	COSOPT PF	2	MT; CG
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		2	MT; CG

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Drug	Reference	Status	Requirements/ Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>		2	MT; CG
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %		4	MT
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	ISOPTO CARPINE	2	MT
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		3	MT
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	TIMOPTIC-XE	2	CG
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	TIMOPTIC	1	MT; CG
<i>Ophthalmic Anti-Inflammatories</i>			
ALREX OPHTHALMIC SUSPENSION 0.2 %		3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		2	
DUREZOL OPHTHALMIC EMULSION 0.05 %		3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML LIQUIFILM	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		2	
FML OPHTHALMIC OINTMENT 0.1 %		3	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	ACULAR LS	2	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	ACULAR	2	
LOTEMAX OPHTHALMIC GEL 0.5 %		3	

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Drug	Reference	Status	Requirements/ Limits
LOTEMAX SM OPHTHALMIC GEL 0.38 %		3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	LOTEMAX	2	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %		3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PRED FORTE	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		2	
<i>Ophthalmic Prostaglandin And Prostamide Analogs</i>			
<i>bimatoprost ophthalmic solution 0.03 %</i>		2	MT; CG; QL (5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	XALATAN	1	MT; CG; QL (2.5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		3	MT; QL (2.5 ML per 25 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %		3	MT; QL (2.5 ML per 25 days)
Otic Agents			
<i>Otic Agents</i>			
CIPRODEX OTIC SUSPENSION 0.3-0.1 %		3	
FLAC OTIC OIL 0.01 %		2	
<i>hydrocortisone-acetic acid otic solution 1- 2 %</i>	ACETASOL HC	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>		2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		2	
Respiratory Tract/ Pulmonary Agents			

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Drug	Reference	Status	Requirements/ Limits
Antihistamines			
<i>azelastine hcl nasal solution 0.1 %</i>		2	QL (30 ML per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	ASTEPRO	2	QL (60 ML per 30 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>		2	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		2	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>		2	PA
<i>desloratadine oral tablet 5 mg</i>	CLARINEX	2	QL (30 EA per 30 days)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	XYZAL ALLERGY 24HR	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	XYZAL ALLERGY 24HR	2	QL (30 EA per 30 days)
<i>olopatadine hcl nasal solution 0.6 %</i>	PATANASE	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		2	PA
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 GM per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	PULMICORT	2	PA

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Drug	Reference	Status	Requirements/ Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST		3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST		3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT		3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT		3	QL (21.2 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		2	QL (50 ML per 25 days)
<i>fluticasone propionate external lotion 0.05 %</i>	BESER	2	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	CLARISPRAY	2	QL (16 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		4	QL (2 EA per 30 days)
<i>Antileukotrienes</i>			
<i>montelukast sodium oral packet 4 mg</i>	SINGULAIR	1	MT; CG; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	SINGULAIR	1	MT; CG; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	SINGULAIR	1	MT; CG; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg</i>	ACCOLATE	2	MT
<i>zafirlukast oral tablet 20 mg</i>	ACCOLATE	2	
<i>Bronchodilators, Anticholinergic</i>			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		3	QL (25.8 GM per 30 days)

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Drug	Reference	Status	Requirements/ Limits
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH		3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>		2	PA; MT; CG
<i>ipratropium bromide nasal solution 0.03 %</i>		2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		2	QL (15 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG		3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		3	QL (4 GM per 30 days)
<i>Bronchodilators, Sympathomimetic</i>			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 GM per 30 days)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>		2	CG
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	PROAIR HFA	2	CG; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>		2	PA; CG
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		2	CG
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		2	CG

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Drug	Reference	Status	Requirements/ Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH		3	QL (60 EA per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>		2	QL (6 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	AUVI-Q	2	QL (6 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EPIPEN JR 2-PAK	2	QL (6 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AIRDUO RESPICLICK 113/14	2	MT; QL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AIRDUO RESPICLICK 232/14	2	MT; QL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AIRDUO RESPICLICK 55/14	2	MT; QL (1 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	XOPENEX	2	PA; CG
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	XOPENEX CONCENTRATE	2	PA; CG
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	XOPENEX HFA	2	CG; QL (30 GM per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		5	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE		3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		2	CG
<i>Cystic Fibrosis Agents</i>			
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA; LA

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Drug	Reference	Status	Requirements/ Limits
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		5	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG		5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG		5	PA; QL (120 EA per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA
<i>Mast Cell Stabilizers</i>			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		2	PA; MT; CG
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	GASTROCROM	5	
<i>Phosphodiesterase Inhibitors, Airways Disease</i>			
DALIRESP ORAL TABLET 250 MCG, 500 MCG		4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG		2	MT
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	THEOCHRON	2	MT
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		2	MT
<i>theophylline oral solution 80 mg/15ml</i>		2	MT
<i>Pulmonary Antihypertensives</i>			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; LA; QL (90 EA per 30 days)
ALYQ ORAL TABLET 20 MG		5	PA; QL (60 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	LETAIRIS	5	PA; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; LA; QL (30 EA per 30 days)
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML		5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	REVATIO	2	PA; MT; CG; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	ADCIRCA	5	PA; QL (60 EA per 30 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		5	PA; QL (270 ML per 30 days)
<i>Pulmonary Fibrosis Agents</i>			
ESBRIET ORAL CAPSULE 267 MG		5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG		5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG		5	PA; QL (90 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
<i>Respiratory Tract Agents, Other</i>			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		2	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH		3	QL (60 EA per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH		3	QL (30 EA per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	PA; LA

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Drug	Reference	Status	Requirements/ Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		3	QL (4 GM per 30 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	PA; LA
<i>Respiratory Tract/ Pulmonary Agents</i>			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		3	QL (8 GM per 30 days)
ESBRIET ORAL CAPSULE 267 MG		5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG		5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG		5	PA; QL (90 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		2	PA; CG
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		5	PA; QL (3 EA per 28 days)

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Drug	Reference	Status	Requirements/ Limits
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		3	QL (10.2 GM per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; LA; QL (6 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		5	PA; LA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA; LA; QL (6 EA per 28 days)

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		2	PA
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	FEXMID	2	PA
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	ZANAFLEX	2	
<i>tizanidine hcl oral tablet 2 mg</i>		2	
<i>tizanidine hcl oral tablet 4 mg</i>	ZANAFLEX	2	

Sleep Disorder Agents

Gaba Receptor Modulators

<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	RESTORIL	2	CG; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>		2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	AMBIEN CR	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	AMBIEN	2	PA; QL (30 EA per 30 days)

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Drug	Reference	Status	Requirements/ Limits
<i>Sleep Disorders, Other</i>			
<i>armodafinil oral tablet 150 mg</i>	NUVIGIL	2	PA; QL (60 EA per 30 days)
<i>armodafinil oral tablet 200 mg, 250 mg</i>	NUVIGIL	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	NUVIGIL	2	PA; QL (150 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG		5	PA; LA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PROVIGIL	2	PA; CG; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	ROZEREM	2	QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML		5	PA; LA; QL (540 ML per 30 days)

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Index

A

abacavir sulfate..... 65
abacavir sulfate-lamivudine ... 65
abacavir-lamivudine-zidovudine
..... 65
ABELCET 37
ABILIFY MAINTENA.... 32, 57
abiraterone acetate..... 45
acamprosate calcium 15
acarbose..... 72
acebutolol hcl 84
acetaminophen-codeine..... 10
acetaminophen-codeine #3..... 10
acetazolamide 89, 133
acetazolamide er..... 89
acetic acid..... 17
acetylcysteine 141
acitretin..... 96
ACTHIB 126
ACTIMMUNE 126
acyclovir 63
acyclovir sodium 63
ADACEL..... 126
adapalene..... 96, 97
adefovir dipivoxil..... 61
ADEMPAS..... 140
ADVAIR DISKUS..... 136, 138,
142
ADVAIR HFA 136, 138, 142
AFINITOR 49, 123
AFINITOR DISPERZ..... 123
albendazole..... 53
ALBENZA 53
albuterol sulfate..... 138
albuterol sulfate er..... 138
albuterol sulfate hfa..... 138
alclometasone dipropionate. 109,
110
ALECENSA..... 49
alendronate sodium 130
alfuzosin hcl er..... 108
ALINIA 53
aliskiren fumarate..... 87
allopurinol 39
alosetron hcl 104
ALPHAGAN P..... 133
alprazolam 69
ALREX..... 134
ALTAVERA 114

ALUNBRIG 49, 50
ALYQ..... 140
amantadine hcl..... 55, 68
AMBISOME 37
ambrisentan 140
amikacin sulfate..... 16
amiloride hcl..... 89
amiloride-hydrochlorothiazide 87
AMINOSYN II..... 101
AMINOSYN-PF..... 101
amiodarone hcl 83
AMITIZA 105
amitriptyline hcl 35
amlodipine besy-benazepril hcl
..... 87
amlodipine besylate..... 85
amlodipine besylate-valsartan 87
amlodipine-olmesartan 87
amlodipine-valsartan-hctz 87
ammonium lactate 97
AMNESTEEM 97
amoxapine 35
amoxicillin..... 21
amoxicillin-pot clavulanate ... 21,
22
amoxicillin-pot clavulanate er 21
amphetamine-dextroamphet er
..... 93
amphetamine-
dextroamphetamine 93, 94
amphotericin b..... 37
ampicillin..... 22
ampicillin sodium..... 22
ampicillin-sulbactam sodium .22
ANADROL-50 113
anagrelide hcl 79
anastrozole..... 48
ANDRODERM 113
ANORO ELLIPTA..... 141
APOKYN 55
aprepitant 36, 37
APRI..... 114
APRISO..... 129
APTIOM..... 29
APTIVUS 67
ARANELLE..... 115
ARCALYST..... 126
aripiprazole..... 32, 57, 58
ARISTADA..... 58

ARISTADA INITIO..... 58
armodafinil 143, 144
ARNUITY ELLIPTA..... 136
aspirin-dipyridamole er 81
ASSURE ID INSULIN
SAFETY SYR 76
atazanavir sulfate 67
atenolol 84
atenolol-chlorthalidone..... 87
atomoxetine hcl 94
atorvastatin calcium..... 90
atovaquone..... 54
atovaquone-proguanil hcl 54
ATRIPLA 65
atropine sulfate 131
ATROVENT HFA..... 137
AUBRA 115
AVIANE..... 115
AVITA..... 53, 97
AZASITE 23
azathioprine 123
azelastine hcl 132, 135, 136
azithromycin 23
AZOPT 133
aztreonam 21

B

bacitracin 17
bacitracin-polymyxin b..... 132
bacitra-neomycin-polymyxin-hc
..... 132
baclofen 61
balsalazide disodium 129
BALVERSA..... 50
BALZIVA..... 115
BANZEL 29
BARACLUDGE..... 61
bcg vaccine 127
benazepril hcl..... 82
benazepril-hydrochlorothiazide
..... 87
BENLYSTA 123
benznidazole 54
benzoyl peroxide-erythromycin
..... 97
benztropine mesylate 54
BEPREVE 132
betamethasone dipropionate ..40,
97, 110

betamethasone dipropionate aug	40, 110	CAMILA	119	chlorpromazine hcl	36, 56
betamethasone valerate ..	40, 110	CANASA.....	129	chlorthalidone	90
BETASERON	95	candesartan cilexetil	82	CHOLBAM	103
betaxolol hcl	84, 133	candesartan cilexetil-hctz	88	cholestyramine light	91
bethanechol chloride	108	CAPRELSA.....	50	CIALIS	108, 109
BETOPTIC-S	133	captopril.....	82	ciclopirox	37
bexarotene	53	captopril-hydrochlorothiazide	88	ciclopirox olamine	37
BEXSERO.....	127	CARBAGLU	99	cilostazol.....	81
bicalutamide	45	carbamazepine	30, 71	CILOXAN	24
BICILLIN L-A	22	carbamazepine er	30, 71	CIMDUO.....	65
BIKTARVY	64	carbidopa-levodopa	56	cimetidine	104
bimatoprost.....	133, 135	carbidopa-levodopa er	56	cimetidine hcl	104
bisoprolol fumarate	84	carbidopa-levodopa-entacapone	55	cinacalcet hcl	131
bisoprolol-hydrochlorothiazide	88	carteolol hcl	133	CINRYZE.....	122
BLEPHAMIDE S.O.P....	40, 132	<i>CARTIA XT</i>	85	CIPRODEX	135
BOOSTRIX.....	127	carvedilol	84	ciprofloxacin.....	24
BOSULIF	50	carvedilol phosphate er.....	84	ciprofloxacin hcl.....	24
BRAFTOVI.....	50	casposfungin acetate	37	ciprofloxacin in d5w.....	24
BREO ELLIPTA	138	CAYSTON	21, 139	citalopram hydrobromide	33
briellyn	115	cefaclor	19	CLARAVIS	97
BRILINTA	81	cefaclor er	19	clarithromycin.....	23
brimonidine tartrate	133	cefadroxil.....	19	clarithromycin er	23
BRIVIACT	26	cefazolin sodium.....	19	clindamycin hcl	17
bromocriptine mesylate ..	55, 121	cefdinir.....	19	clindamycin palmitate hcl.....	17
budesonide.....	130, 136	cefepime hcl	19	clindamycin phosphate	17
bumetanide	89	cefixime	20	clindamycin phosphate in d5w	17
buprenorphine hcl.....	15	cefoxitin sodium.....	20	CLINIMIX/DEXTROSE (4.25/10)	101
buprenorphine hcl-naloxone hcl	15	cefpodoxime proxetil.....	20	CLINIMIX/DEXTROSE (4.25/5)	101
bupropion hcl.....	32	cefprozil.....	20	CLINIMIX/DEXTROSE (5/15)	101
bupropion hcl er (smoking det)	16	ceftazidime	20	CLINIMIX/DEXTROSE (5/20)	101
bupropion hcl er (sr).....	32	ceftriaxone sodium	20	clobazam.....	27
bupropion hcl er (xl).....	32	cefuroxime axetil.....	20	clomipramine hcl	35
buspironone hcl	68	cefuroxime sodium	20	clonazepam	69
BYDUREON.....	73	celecoxib.....	11, 41	clonidine	81
BYDUREON BCISE	73	CELONTIN.....	27	clonidine hcl	81
BYETTA 10 MCG PEN	73	cephalexin.....	20	clopidogrel bisulfate	81
BYETTA 5 MCG PEN	73	CERDELGA.....	106	clorazepate dipotassium....	27, 69
C		cetirizine hcl	136	clotrimazole	38
cabergoline	121	CETRAXAL.....	24	clotrimazole-betamethasone...	97
CABOMETYX.....	50	cevimeline hcl.....	96	clozapine.....	60, 61
calcipotriene	97	CHANTIX	16	COARTEM.....	54
calcitonin (salmon).....	130	CHANTIX CONTINUING MONTH PAK	16	colchicine.....	39
calcitriol.....	130, 131	CHANTIX STARTING MONTH PAK	16	colchicine-probenecid.....	39
calcium acetate (phos binder)	109	CHEMET.....	100	colesevelam hcl	73, 91
CALQUENCE.....	50	chlorhexidine gluconate	96	colestipol hcl.....	91
		chloroquine phosphate.....	54		
		chlorothiazide	90		

colistimethate sodium (cba) ... 18	DEPO-PROVERA..... 119	divalproex sodium er .....43
COLOCORT 130	DESCOVY .....65	dofetilide.....83
COMBIGAN 133	desipramine hcl.....35	donepezil hcl.....31
COMBIVENT RESPIMAT . 142	desloratadine..... 136	dorzolamide hcl 133
COMETRIQ (100 MG DAILY DOSE) .....50	desmopressin ace spray refrig 113	dorzolamide hcl-timolol mal 133
COMETRIQ (140 MG DAILY DOSE) .....50	desmopressin acetate 113	dorzolamide hcl-timolol mal pf 133
COMETRIQ (60 MG DAILY DOSE) .....50	desogestrel-ethinyl estradiol.115	DOVATO .....65
COMFORT ASSIST INSULIN SYRINGE.....76	desonide..... 110	doxazosin mesylate.....81, 108
COMPLERA .....64	desoximetasone 110	doxepin hcl .....68, 97
constulose 105	desvenlafaxine er .....33	DOXY 100.....25
COPIKTRA .....48	desvenlafaxine succinate er ...34	doxycycline hyclate ...25, 26, 96, 97
CORLANOR.....86	dexamethasone .....40	doxycycline monohydrate26, 96, 97
cortisone acetate ....40, 110, 130	DEXAMETHASONE INTENSOL .....40	dronabinol.....37
COTELLIC.....50	dexamethasone sodium phosphate..... 134	drosiprenone-ethinyl estradiol .....115
COUMADIN .....78	dextroamphetamine sulfate....94	DROXIA.....46
CREON 106	dextrose 101	duloxetine hcl .....95
CRIXIVAN .....67	dextrose-nacl 101	duramorph.....12
cromolyn sodium..... 132, 140	DIASTAT ACUDIAL 26, 27, 69	DUREZOL .....134
CRYSSELLE-28 115	DIASTAT PEDIATRIC ..26, 27, 69	dutasteride.....108
cvs gauze sterile .....76	diazepam.....26, 27, 28, 69	dutasteride-tamsulosin hcl 108
CYCLAFEM 1/35 115	diclofenac epolamine..... 11, 41	E
CYCLAFEM 7/7/7 115	diclofenac potassium 11, 41	E.E.S. 400.....23
cyclobenzaprine hcl..... 143	diclofenac sodium..... 11, 41, 97, 134	econazole nitrate.....38
cyclophosphamide.....45	diclofenac sodium er 11, 41	EDURANT .....64
cyclosporine 123	dicloxacillin sodium .....22	efavirenz .....64
cyclosporine modified 123	dicyclomine hcl 103	eletriptan hydrobromide .....43
cyproheptadine hcl 136	didanosine.....65	ELIGARD.....121
CYSTADANE.....106	DIFICID .....23	ELIQUIS.....78
CYSTAGON 106	diflunisal..... 11, 41	ELIQUIS STARTER PACK ..78
CYSTARAN 131	<i>DIGITEK</i> .....86	ELMIRON.....108
D	<i>DIGOX</i>.....86	EMCYT .....46
dalfampridine er .....95	digoxin.....86	EMEND.....37
DALIRESP..... 140	dihydroergotamine mesylate ..42	EMOQUETTE.....115
danazol 114	DILANTIN .....30	EMSAM .....33
dantrolene sodium .....61	DILANTIN INFATABS .....30	EMTRIVA .....65
dapsone.....44	diltiazem hcl .....85	enalapril maleate.....82
DAPTACEL.....127	diltiazem hcl er .....85	enalapril-hydrochlorothiazide.88
daptomycin 18	diltiazem hcl er beads .....85	ENBREL.....123
DAURISMO.....50	diltiazem hcl er coated beads..85	ENBREL MINI .....123
DEBLITANE 115	dilt-xr .....85	ENBREL SURECLICK 123
deferasirox 100	DIPENTUM 129	ENDOCET .....10
DELSTRIGO.....65	diphenoxylate-atropine..... 103	ENGERIX-B.....127
DELYLA 115	diphtheria-tetanus toxoids dt 127	enoxaparin sodium.....78, 79
DEMSEK.....88	disulfiram..... 15	ENPRESSE-28 .....115
DEPEN TITRATABS . 100, 108, 123	divalproex sodium .....43	ENSKYCE.....115
		entacapone .....55

entecavir	61	felbamate	28	G	
ENTRESTO	82	felodipine er.....	85	gabapentin.....	28
enulose.....	105	fenofibrate	90	galantamine hydrobromide.....	31
EPCLUSA	62	fenofibrate micronized	90	galantamine hydrobromide er.	31
EPIDIOLEX.....	28	fenofibric acid.....	90	GAMMAGARD	126
epinephrine.....	139	fentanyl.....	12, 13	GAMMAGARD S/D LESS IGA	
<i>EPITOL</i>	30, 71	fentanyl citrate.....	12, 13	.....	126
EPIVIR HBV.....	61	FERRIPROX.....	100	GAMMAPLEX	126
eplerenone	89	FETZIMA.....	34	GAMUNEX-C.....	126
ERIVEDGE.....	50	FETZIMA TITRATION	34	GARDASIL 9.....	127
ERLEADA	45	finasteride	108	gatifloxacin	24
erlotinib hcl	50	FLAC.....	135	GATTEX	103
ERRIN.....	119	flecainide acetate	83	<i>GAVILYTE-C</i>	105
ertapenem sodium	21	FLOVENT DISKUS	136, 137	<i>GAVILYTE-G</i>	105
ery.....	23	FLOVENT HFA.....	137	<i>GAVILYTE-N WITH FLAVOR</i>	
ERY-TAB.....	23	fluconazole	38	<i>PACK</i>	105
ERYTHROCIN		fluconazole in sodium chloride		gemfibrozil	90
LACTOBIONATE.....	24	.....	38	generlac.....	105
ERYTHROCIN STEARATE.	24	flucytosine	38	GENGRAF	123
erythromycin	24	fludrocortisone acetate	110	GENTAK.....	16
erythromycin base	24	flunisolide.....	137	gentamicin in saline.....	16
erythromycin ethylsuccinate ..	24	fluocinolone acetonide .	110, 111	gentamicin sulfate.....	16
ESBRIET.....	141, 142	fluocinolone acetonide scalp	111	GENVOYA	64
escitalopram oxalate.....	34, 69	fluocinonide.....	97, 111	GEODON	58, 70
esomeprazole magnesium	106	fluocinonide emulsified base	111	GIANVI.....	116
estazolam.....	94	fluorometholone	134	GILENYA	95
estradiol	114	fluorouracil	97	GILOTRIF.....	50
estradiol valerate	114, 115	fluoxetine hcl.....	33, 34	glatiramer acetate.....	95
ethambutol hcl.....	44	fluphenazine decanoate	56	GLATOPA	95, 96
ethosuximide	27	fluphenazine hcl	56, 57	GLEOSTINE	47
ethynodiol diac-eth estradiol	115	flurbiprofen.....	11, 42	glimepiride.....	73
etodolac	11, 42	flurbiprofen sodium.....	134	glipizide	73
etodolac er	11, 42	flutamide.....	45	glipizide er	73
EURAX	54	fluticasone propionate	97, 98,	glipizide-metformin hcl	75
EVOTAZ.....	67	111, 137		global alcohol prep ease	18
EXEL COMFORT POINT PEN		fluticasone-salmeterol	139	GLUCAGEN HYPOKIT.....	76
NEEDLE	76	fluvastatin sodium	90, 91	GLUCAGON EMERGENCY	76
exemestane	48	fluvoxamine maleate	34	glycopyrrolate.....	103
ezetimibe	91	fluvoxamine maleate er	34	GLYXAMBI.....	73
ezetimibe-simvastatin.....	88	FML.....	134	GOLYTELY.....	105
F		fondaparinux sodium.....	79	granisetron hcl	37
FALMINA.....	116	FORTEO	131	griseofulvin microsize	38
famciclovir	63	fosamprenavir calcium	67	griseofulvin ultramicrosize.....	38
famotidine.....	104	fosinopril sodium.....	82	guanfacine hcl.....	81
FANAPT	58	fosinopril sodium-hctz.....	88	guanfacine hcl er.....	94
FANAPT TITRATION PACK		FREAMINE HBC	100	guanidine hcl	44
.....	58	furosemide	89	H	
FARXIGA	73	FUZEON	66	halobetasol propionate.....	111
FARYDAK.....	48	FYAVOLV	116	haloperidol.....	57
febuxostat	39	FYCOMPA.....	28, 29	haloperidol decanoate.....	57

haloperidol lactate	57	ICLUSIG	50, 51	JANUMET XR	75
HARVONI	62, 63	IDHIFA	48	JANUVIA	73
HAVRIX	127	ILEVRO	134	JARDIANCE	73
heparin sodium (porcine)	79	imatinib mesylate	51	JENTADUETO	73, 75
HEPATAMINE	101	IMBRUVICA	51	JENTADUETO XR	73, 75
HETLIOZ	144	imipenem-cilastatin	21	JULUCA	66
HIBERIX	127	imipramine hcl	35	JUNEL 1.5/30	116
HUMALOG	77	imipramine pamoate	35	JUNEL 1/20	116
HUMALOG KWIKPEN	76	imiquimod	98	JUNEL FE 1.5/30	116
HUMALOG MIX 50/50	76	IMOVAX RABIES	127	JUNEL FE 1/20	116
HUMALOG MIX 50/50		INCASSIA	116	JUXTAPID	91
KWIKPEN	76	INCRELEX	113	K	
HUMALOG MIX 75/25	77	INCRUSE ELLIPTA ...	137, 141	KALETRA	67
HUMALOG MIX 75/25		indapamide	90	KALYDECO	139
KWIKPEN	77	INFANRIX	127	KARIVA	116
HUMIRA	124, 125	INLYTA	51	kcl in dextrose-nacl	102
HUMIRA PEDIATRIC		INTELENCE	65	KELNOR 1/35	116
CROHNS START	124	INTRALIPID	101	KELNOR 1/50	116
HUMIRA PEN	124	INTRON A	61, 63	ketoconazole	38
HUMIRA PEN-CD/UC/HS		INTROVALE	116	ketoprofen	11
STARTER	124	INVEGA SUSTENNA ...	58, 59	ketorolac tromethamine	134
HUMIRA PEN-PS/UV/ADOL		INVEGA TRINZA	59	KINRIX	127
HS START	124	INVIRASE	67	KIONEX	100
HUMULIN 70/30	77	IONOSOL-MB IN D5W	101	KISQALI (200 MG DOSE) ...	48
HUMULIN 70/30 KWIKPEN	77	IPOL	127	KISQALI (400 MG DOSE) ...	48
HUMULIN N	77	ipratropium bromide	138	KISQALI (600 MG DOSE) ...	48
HUMULIN N KWIKPEN	77	ipratropium-albuterol	142	KISQALI FEMARA (400 MG	
HUMULIN R	77	irbesartan	82	DOSE)	48
HUMULIN R U-500		irbesartan-hydrochlorothiazide		KISQALI FEMARA (600 MG	
(CONCENTRATED)	77	.....	88, 90	DOSE)	48
HUMULIN R U-500		IRESSA	51	KISQALI FEMARA(200 MG	
KWIKPEN	77	ISENTRESS	64	DOSE)	49
hydralazine hcl	93	ISENTRESS HD	64	<i>KLOR-CON</i>	99, 100, 103
hydrochlorothiazide	90	ISIBLOOM	116	<i>KLOR-CON 10</i>	99, 103
hydrocodone-acetaminophen .	10	ISOLYTE-P IN D5W	102	<i>KLOR-CON M10</i>	99, 103
hydrocodone-ibuprofen	10	ISOLYTE-S	99	<i>KLOR-CON M15</i>	99, 103
hydrocortisone 40, 111, 112, 130		isoniazid	45	<i>KLOR-CON M20</i>	99, 103
hydrocortisone butyrate	111	isosorbide dinitrate	92	<i>KLOR-CON SPRINKLE</i>	99, 103
hydrocortisone valerate	112	isosorbide dinitrate er	92	KORLYM	76
hydrocortisone-acetic acid ...	135	isosorbide mononitrate	92	KURVELO	116
hydromorphone hcl	14	isosorbide mononitrate er	92	KUVAN	106
hydromorphone hcl pf	12	isotretinoin	98	L	
hydroxychloroquine sulfate ...	54	isradipine	85	labetalol hcl	84
hydroxyurea	46	itraconazole	38	lactulose	105
I		ivermectin	53	lamivudine	61, 62, 66
ibandronate sodium	131	IXIARO	127	lamivudine-zidovudine	66
IBRANCE	48	J		lamotrigine	28, 29, 72
IBU	11, 42	JAKAFI	51	lamotrigine er	29, 71
ibuprofen	11, 42	<i>JANTOVEN</i>	79	lamotrigine starter kit-blue	29, 72
icatibant acetate	122	JANUMET	75		

lamotrigine starter kit-green .. 29, 72	levofloxacin in d5w 25	LUPRON DEPOT (6-MONTH) 121
lamotrigine starter kit-orange 29, 72	LEVONEST 117	LUTERA 117
lansoprazole..... 106	levonorgest-eth estrad 91-day 117	LYNPARZA.....47
lanthanum carbonate 109	levonorgestrel-ethinyl estrad 117	LYRICA CR.....27, 95
LANTUS 77	LEVORA 0.15/30 (28) 117	LYSODREN..... 121
LANTUS SOLOSTAR 77	LEVO-T 120	LYZA 119
LARIN 1.5/30..... 116	levothyroxine sodium 120	M
LARIN 1/20..... 116	LEVOXYL 120	magnesium sulfate .....99
LARIN FE 1.5/30..... 116	LEXIVA 67	malathion .....54
LARIN FE 1/20..... 116	lidocaine 14, 15	maprotiline hcl.....32
LASTACAFT..... 133	lidocaine hcl 15	marlissa..... 114, 117, 119
latanoprost 135	lidocaine hcl urethral/mucosal 15	MARPLAN.....33
LATUDA 59	lidocaine viscous hcl 15	MATULANE.....45
LEENA..... 117	lidocaine-prilocaine 15	MAVYRET .....62
leflunomide..... 126	lindane 54	MAXIDEX 135
LENVIMA (10 MG DAILY DOSE) 51	linezolid..... 18	meclizine hcl.....36
LENVIMA (12 MG DAILY DOSE) 51	LINZESS 105	medroxyprogesterone acetate 119
LENVIMA (14 MG DAILY DOSE) 51	liothyronine sodium..... 120	mefloquine hcl .....54
LENVIMA (18 MG DAILY DOSE) 51	lisinopril..... 83	megestrol acetate 119
LENVIMA (20 MG DAILY DOSE) 51	lisinopril-hydrochlorothiazide 88	MEKINIST .....52
LENVIMA (24 MG DAILY DOSE) 51	lithium 72	MEKTOVI.....52
LENVIMA (4 MG DAILY DOSE) 51	lithium carbonate..... 72	meloxicam 11, 42
LENVIMA (8 MG DAILY DOSE) 51	lithium carbonate er..... 72	memantine hcl .....31
LESSINA 117	LONSURF.....46	memantine hcl er .....31
letrozole.....48	loperamide hcl 103	MENACTRA..... 127
leucovorin calcium 46, 53	lopinavir-ritonavir 67	MENEST 114
LEUKERAN 45	lorazepam 28, 69	MENVEO 128
leuprolide acetate..... 121	LORBRENA 52	meperidine hcl 14
levalbuterol hcl..... 139	LORCET 10	mercaptopurine 125
levalbuterol tartrate 139	LORCET HD..... 10	meropenem 21
LEVEMIR 78	LORCET PLUS..... 10	mesalamine 105, 129
LEVEMIR FLEXTOUCH 77	LORYNA 117	MESNEX.....47
levetiracetam 26	losartan potassium 82	METADATE ER 94
levetiracetam er 26	losartan potassium-hctz 88	metformin hcl 74
LEVITRA..... 108, 109	LOTEMAX 134	metformin hcl er 74
levobunolol hcl..... 133	LOTEMAX SM..... 134	methadone hcl.....12
levocarnitine 102	loteprednol etabonate 134	methazolamide..... 89, 133
levocetirizine dihydrochloride 136	lovastatin 91	methenamine hippurate 18
levofloxacin..... 25	LOW-OGESTREL 117	methimazole 122
	loxapine succinate 57	methotrexate 125
	LUMIGAN 135	methotrexate sodium 125
	LUPANETA PACK 121	methotrexate sodium (pf) 125
	LUPRON DEPOT (1-MONTH) 121	methoxsalen rapid..... 98
	LUPRON DEPOT (3-MONTH) 121	methylclothiazide.....90
	LUPRON DEPOT (4-MONTH) 121	methylphenidate hcl.....94
		methylphenidate hcl er .....94
		methylprednisolone 41, 112, 130
		metoclopramide hcl 36, 103, 104

metolazone	90	naproxen dr.....	11, 42	norethindrone.....	119
metoprolol succinate er	84	naproxen sodium	12, 42	norethindrone acetate.....	119
metoprolol tartrate	84	naratriptan hcl.....	43	NORLYROC	117
metoprolol-hydrochlorothiazide	88	NARCAN	16	NORMOSOL-M IN D5W	102
metronidazole.....	18	NATACYN	38	NORMOSOL-R IN D5W	102
metronidazole in nacl	18	nateglinide	74	NORMOSOL-R PH 7.4.....	99
mexiletine hcl	83	NATPARA	131	NORTHERA	81
MICROGESTIN 1.5/30	117	NEBUPENT	54	NORTREL 0.5/35 (28).....	117
MICROGESTIN 1/20	117	NECON 0.5/35 (28)	117	NORTREL 1/35 (21).....	118
MICROGESTIN FE 1.5/30..	117	nefazodone hcl.....	32	NORTREL 1/35 (28).....	118
MICROGESTIN FE 1/20.....	117	neomycin sulfate.....	17	NORTREL 7/7/7	118
midodrine hcl.....	81	neomycin-bacitracin zn- polymyx.....	132	nortriptyline hcl	35
MIGERGOT.....	42	neomycin-polymyxin-dexameth	132	NORVIR.....	67
miglitol	74	neomycin-polymyxin- gramicidin.....	132	NOXAFIL.....	38
miglustat	106	neomycin-polymyxin-hc	132, 135	NUBEQA	45
minocycline hcl	26, 96	NEORAL.....	125	NUCALA	142
minoxidil	93	NEPHRAMINE.....	102	NUEDEXTA	94
mirtazapine	32	NERLYNX.....	52	<i>NULYTELY WITH FLAVOR PACKS</i>	105
misoprostol.....	105, 113	NEUPOGEN	79, 80	NUPLAZID	59
M-M-R II.....	128	NEUPRO	55	nutrilipid	102
modafinil	144	nevirapine	65	NUVARING.....	118
moexipril hcl	83	nevirapine er.....	65	NYAMYC	39
molindone hcl.....	57	NEXAVAR	52	nystatin	39
mometasone furoate	112	niacin er (antihyperlipidemic)	91	nystatin-triamcinolone.....	98
montelukast sodium.....	137	NIACOR.....	91	NYSTOP.....	39
morphine sulfate.....	13, 14	nicardipine hcl	85	O	
morphine sulfate (concentrate)	13, 14	NICOTROL.....	16	OCELLA	118
morphine sulfate (pf).....	14	NICOTROL NS.....	16	octreotide acetate	121, 122
morphine sulfate er.....	13	nifedipine er.....	85	ODEFSEY	66
morphine sulfate er beads.....	13	nifedipine er osmotic release	85, 86	ODOMZO.....	52
MOVANTIK	104	NIKKI.....	117	OFEV.....	52, 141, 142
MOXEZA.....	25	nilutamide.....	45	ofloxacin	25
moxifloxacin hcl.....	25	nimodipine.....	86	olanzapine.....	59, 70
MULTAQ.....	83	NINLARO	47	olanzapine-fluoxetine hcl	33
mupirocin	18	nisoldipine er	86	olmesartan medoxomil	82
mupirocin calcium.....	18	NITRO-BID.....	92	olmesartan medoxomil-hctz ..	82, 88
MYCAMINE.....	38	NITRO-DUR.....	92	olmesartan-amlodipine-hctz ..	88
mycophenolate mofetil.....	125	nitrofurantoin macrocrystal	18	olopatadine hcl.....	133, 136
mycophenolate sodium.....	125	nitrofurantoin monohyd macro	18	omega-3-acid ethyl esters	92
MYORISAN.....	98	nitroglycerin	93	omeprazole	106
MYRBETRIQ	107	NIVESTYM	80	ondansetron.....	37
N		nizatidine	104	ondansetron hcl.....	37
nabumetone	11, 42	NORA-BE	117	OPSUMIT.....	140
nadolol.....	84	NORDITROPIN FLEXPPO	113	ORFADIN	106, 107
nafticillin sodium.....	22			ORKAMBI	140
naloxone hcl	15, 16			ORSYTHIA.....	118
naltrexone hcl	15			oseltamivir phosphate.....	68
naproxen	12, 42			OSPHENA.....	120

oxacillin sodium	22	PIMTREA	118	PREVALITE	92
oxandrolone	113	pindolol.....	84	PREVIFEM	118
oxaprozin.....	12, 42	pioglitazone hcl	74	PREVYMIS	61
oxcarbazepine.....	30	pioglitazone hcl-glimepiride...75		PREZCOBIX.....	67
oxybutynin chloride.....	107	pioglitazone hcl-metformin hcl		PREZISTA	67, 68
oxybutynin chloride er	107	.....	76	PRIFTIN.....	44
oxycodone hcl	14	piperacillin sod-tazobactam so23		primaquine phosphate.....	54
oxycodone-acetaminophen.....	10	PIQRAY (200 MG DAILY		primidone.....	28
P		DOSE)	49	PRIVIGEN	126
paliperidone er.....	59	PIQRAY (250 MG DAILY		probenecid	39
PANRETIN	53	DOSE)	49	PROCALAMINE	102
pantoprazole sodium	106	PIQRAY (300 MG DAILY		prochlorperazine	36
paricalcitol.....	131	DOSE)	49	prochlorperazine maleate..36, 57	
paromomycin sulfate	17	PIRMELLA 1/35.....	118	PROCTO-PAK.....	112
paroxetine hcl	34, 69	piroxicam.....	12, 42	PROCTOSOL HC	130
paroxetine hcl er	34, 69	PLASMA-LYTE 148	99	PROCTOZONE-HC.....	104, 112
PASER	45	PLASMA-LYTE A	99	progesterone micronized	119
PAXIL	34, 70	podofilox	98	PROGLYCEM	76
PAZEO.....	133	polymyxin b sulfate	18	PROGRAF.....	125
PEDIARIX	128	polymyxin b-trimethoprim ...	132	PROLASTIN-C	141
PEDVAX HIB.....	128	POMALYST	46	PROLIA.....	131
peg 3350/electrolytes.....	105	PORTIA-28	118	PROMACTA.....	80
peg 3350-kcl-na bicarb-nacl.	105	potassium chloride.....	100	promethazine hcl	36, 136
peg-3350/electrolytes	105	potassium chloride crys er.....	99	propafenone hcl	83
PEGANONE	30	potassium chloride er.....	99, 100	propafenone hcl er	83
PEGASYS	63	potassium chloride in dextrose		proparacaine hcl.....	131
penicillin g pot in dextrose.....	22	.....	102	propranolol hcl.....	84, 85
penicillin g potassium.....	22	potassium chloride in nacl....	100	propranolol hcl er	84
penicillin g procaine	22	potassium citrate er.....	108, 109	propranolol-hctz	88
penicillin g sodium	23	PRADAXA.....	79	propylthiouracil	122
penicillin v potassium.....	23	PRALUENT	92	PROQUAD.....	128
PENTAM	54	pramipexole dihydrochloride .55		PROSOL.....	102
pentoxifylline er	86	pramipexole dihydrochloride er		protriptyline hcl	35
PERFOROMIST	139	.....	55	PULMICORT FLEXHALER	
perindopril erbumine	83	prasugrel hcl	81	.....	137
permethrin	54	pravastatin sodium.....	91	PULMOZYME.....	140, 142
perphenazine.....	36, 57	praziquantel	53	PURIXAN	46
perphenazine-amitriptyline....	32,	prazosin hcl.....	81, 108	pyrazinamide	45
33		prednisolone	41	pyridostigmine bromide.....	44
PERSERIS.....	59, 70	prednisolone acetate41, 130, 135		pyridostigmine bromide er	44
PHENADOZ	36	prednisolone sodium phosphate		Q	
phenelzine sulfate.....	33	.....	41, 112, 130, 135	QUADRACEL	128
phenobarbital.....	28	prednisone	41	quetiapine fumarate	33, 60, 70
PHENYTEK.....	30	PREDNISON INTENSOL...41		quetiapine fumarate er	32, 33,
phenytoin.....	30	preferred plus insulin syringe.78		59, 60, 70	
phenytoin sodium extended....	30	pregabalin	27, 95	quinapril hcl.....	83
PHOSPHOLINE IODIDE....	133	PREMARIN	114	quinapril-hydrochlorothiazide	89
PIFELTRO	65	PREMASOL.....	102	quinidine gluconate er	83
pilocarpine hcl	96, 134	PREMPRO	118	quinidine sulfate	83
pimozide.....	57	prenatal	102	quinine sulfate	54

R		
RABAVERT	128	
raloxifene hcl.....	120	
ramelteon.....	144	
ramipril.....	83	
ranitidine hcl.....	104	
ranolazine er	87	
rasagiline mesylate	56	
RAVICTI.....	107	
REBETOL.....	62, 63	
RECLIPSEN.....	118	
RECOMBIVAX HB	128	
RECTIV	93	
REGRANEX	98	
RELENZA DISKHALER	68	
RELI-ON INSULIN SYRINGE	78	
RELISTOR.....	104	
repaglinide.....	74	
repaglinide-metformin hcl.....	76	
REPATHA	92	
REPATHA PUSHTRONEX SYSTEM	92	
REPATHA SURECLICK	92	
RESCRIPTOR.....	65	
RESTASIS	131	
RETACRIT	80	
REVATIO	141	
REVLIMID	46	
REXULTI.....	60	
REYATAZ.....	68	
<i>RIBASPHERE</i>	62, 63	
ribavirin	62, 63	
rifabutin	44	
rifampin	45	
RIFATER	45	
riluzole.....	94	
rimantadine hcl.....	68	
risedronate sodium	131	
RISPERDAL CONSTA ...	60, 71	
risperidone.....	60, 71	
ritonavir	68	
rivastigmine.....	31	
rivastigmine tartrate.....	31	
rizatriptan benzoate	43	
ropinirole hcl	56	
ropinirole hcl er	56	
rosuvastatin calcium.....	91	
ROTARIX	128	
ROTATEQ.....	128	
<i>ROWEEPR</i> A	26	
<i>ROWEEPR</i> A XR	27	
RUBRACA.....	47	
RYDAPT	52	
S		
SANDIMMUNE	125	
SANTYL	98	
SAPHRIS.....	60, 71	
SAVELLA.....	95	
SAVELLA TITRATION PACK	95	
scopolamine.....	36	
selegiline hcl.....	56	
selenium sulfide.....	98	
SELZENTRY	67	
SEREVENT DISKUS	139	
sertraline hcl	34, 35, 70	
sevelamer carbonate	109	
SHAROBEL.....	118	
SHINGRIX	128	
SIGNIFOR.....	122	
sildenafil citrate	141	
<i>sildenafil oral tablet</i>	109	
SILENOR	36, 68	
silver sulfadiazine.....	25	
SIMBRINZA.....	134	
simvastatin.....	91	
sirolimus	125	
SIRTURO.....	45	
SIVEXTRO	18, 19	
sodium chloride	100	
sodium fluoride.....	100	
sodium phenylbutyrate .	107, 109	
sodium polystyrene sulfonate	101	
solifenacin succinate.....	107	
SOLTAMOX.....	46	
SOMATULINE DEPOT	122	
SOMAVERT	122	
<i>SORINE</i>	83	
sotalol hcl	84	
sotalol hcl (af).....	83	
SPIRIVA HANDIHALER ...	138	
SPIRIVA RESPIMAT.....	138	
spironolactone	89	
spironolactone-hctz	89	
SPRINTEC 28	118	
SPRITAM.....	27	
SPRYCEL	52	
SPS	101	
SRONYX.....	118	
SSD	25	
stavudine.....	66	
STELARA	98	
STIOLTO RESPIMAT.....	141	
STIVARGA.....	52	
streptomycin sulfate.....	17	
STRIBILD	64	
SUCRAID.....	107	
sucralfate.....	105	
sulfacetamide sodium	25, 132	
sulfacetamide-prednisolone...41, 132		
sulfadiazine.....	25	
sulfamethoxazole-trimethoprim	25	
SULFAMYLON.....	19	
sulfasalazine	130	
sulindac.....	12, 42	
sumatriptan	43	
sumatriptan succinate	43, 44	
sumatriptan succinate refill....	44	
SUPRAX	20	
SUPREP BOWEL PREP KIT	100	
SUTENT.....	52	
SYLATRON.....	47, 63	
SYMBICORT.....	142	
SYMFI.....	66	
SYMFI LO.....	66	
SYMLINPEN 120	74	
SYMLINPEN 60	74	
SYMPAZAN	28	
SYMTUZA.....	64	
SYNAREL.....	122	
SYNJARDY	74	
SYNJARDY XR.....	74	
SYNRIBO.....	47	
SYNTHROID	120	
T		
TABLOID.....	46	
tacrolimus	98, 125	
tadalafil (pah).....	141	
<i>tadalafil oral tablet</i>	109	
TAFINLAR	52	
TAGRISSO.....	52	
TALZENNA.....	47	
TAMIFLU	68	
tamoxifen citrate.....	46	
tamsulosin hcl.....	108	

TARGRETIN	53	TOUJEO MAX SOLOSTAR.	78	valganciclovir hcl	61
TARINA FE 1/20	118	TOUJEO SOLOSTAR	78	valproic acid	28, 43, 72
TASIGNA	52	TPN ELECTROLYTES	102	valsartan.....	82
tazarotene	98	TRADJENTA.....	75	valsartan-hydrochlorothiazide	89
TAZORAC	98	tramadol hcl.....	14	vancomycin hcl.....	19
TAZTIA XT	86	tramadol-acetaminophen	10	VANDAZOLE	19
TDVAX.....	128	trandolapril	83	VAQTA	129
TECFIDERA.....	96	tranexamic acid.....	80	<i>varденаfil</i>	109
TEFLARO.....	21	tranylcypramine sulfate.....	33	VARIVAX.....	129
TEGRETOL	30, 72	TRAVASOL.....	102	VARIZIG.....	129
TEGRETOL-XR	30, 72	TRAVATAN Z.....	135	VASCEPA.....	92
telmisartan	82	trazodone hcl	33	VELIVET	119
telmisartan-hctz	89	TRECTOR	45	VEMLIDY.....	62
temazepam.....	143	TRELSTAR MIXJECT.....	122	VENCLEXTA	47
TENIVAC	128	TRESIBA	78	VENCLEXTA STARTING	
tenofovir disoproxil fumarate	62,	TRESIBA FLEXTOUCH.....	78	PACK	48
66		tretinoin	53, 98	venlafaxine hcl.....	35, 70
terazosin hcl.....	81, 108	triamcinolone acetonide .	96, 112	venlafaxine hcl er	35, 70
terbinafine hcl.....	39	triamterene-hctz.....	89	VENTAVIS	141
terbutaline sulfate	139	<i>TRIDERM</i>	112	verapamil hcl	86
terconazole	39	trientine hcl.....	101	verapamil hcl er	86
testosterone.....	114	trifluoperazine hcl.....	57	VERSACLOZ.....	61
testosterone cypionate	114	trifluridine.....	63	VERZENIO	49
testosterone enanthate	114	trihexyphenidyl hcl.....	54	VIAGRA.....	109
tetrabenazine.....	95	TRI-LEGEST FE.....	118	VICTOZA.....	75
tetracycline hcl	26	<i>TRILYTE</i>	105	VIDEX.....	66
THALOMID.....	46	trimethoprim.....	19	VIDEX EC.....	66
THEO-24.....	140	trimipramine maleate.....	36	vigabatrin.....	28
theophylline.....	140	TRINTELLIX.....	35	VIGADRONE	28
theophylline er.....	140	TRI-PREVIFEM	118	VIIBRYD	35
thioridazine hcl.....	57	TRI-SPRINTEC	119	VIIBRYD STARTER PACK.	35
thiothixene.....	57	TRIUMEQ.....	67	VIMPAT.....	31
tiagabine hcl	28	TRIVORA (28).....	119	VIRACEPT.....	68
TIBSOVO.....	49	TROPHAMINE.....	103	VIREAD.....	62, 66
tigecycline	19	tropium chloride.....	108	VITRAKVI.....	49
timolol maleate.....	43, 85, 134	TRULICITY	75	VIZIMPRO.....	52
TIVICAY	64	TRUMENBA.....	128	voriconazole	39
tizanidine hcl	143	TRUVADA	66	VOSEVI	62
TOBRADEX	17	TURALIO	52	VOTRIENT	53
tobramycin.....	17	TWINRIX.....	128	VRAYLAR.....	60, 71
tobramycin sulfate.....	17	TYBOST	67	VYFEMLA.....	119
tobramycin-dexamethasone..	132	TYKERB	52	W	
TOBREX.....	17	TYPHIM VI	129	warfarin sodium.....	79
tolbutamide.....	74	U		X	
tolterodine tartrate	107	<i>UNITHROID</i>	120	XALKORI	53
tolterodine tartrate er	107	UPTRAVI.....	87	XARELTO	79
topiramate.....	29, 43	ursodiol.....	104	XARELTO STARTER PACK	
topiramate er.....	29	V		.....	79
toremifene citrate.....	46	valacyclovir hcl	64	XATMEP.....	125
torsemide	89	VALCHLOR	45, 98	XELJANZ.....	126

XELJANZ XR.....	126	XURIDEN	107	ziprasidone hcl.....	60, 71
XGEVA.....	131	XYREM.....	144	ZIRGAN	61
XIFAXAN.....	19, 104	Y		ZOLINZA.....	39, 49
XIGDUO XR.....	75	YF-VAX.....	129	zolmitriptan.....	44
XOLAIR.....	143	YONSA	46	zolpidem tartrate.....	143
XOSPATA	49	Z		zolpidem tartrate er.....	143
XPOVIO (100 MG ONCE		zafirlukast	137	zonisamide.....	27
WEEKLY).....	47	zaleplon	143	ZORTRESS	126
XPOVIO (60 MG ONCE		ZEJULA	48	ZOSTAVAX.....	129
WEEKLY).....	47	ZELBORAF	53	ZOVIA 1/35E (28)	119
XPOVIO (80 MG ONCE		ZEMAIRA.....	141	ZYDELIG.....	49
WEEKLY).....	47	ZENATANE.....	99	ZYKADIA.....	53
XPOVIO (80 MG TWICE		ZENPEP	107	ZYTIGA	46
WEEKLY).....	47	ZEPATIER	62, 63		
XTANDI.....	45	zidovudine	66		

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