

2012 Comprehensive Formulary

(List of Covered Drugs)

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

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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

First UA Medicare Group Part D is a Medicare Approved Part D Sponsor.

This information is available in a different format, including large print and Spanish large print. Please call Customer Service at 1-866-412-8499 if you need plan information in another format or language.

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What is the First UA Medicare Group Part D Formulary?

A formulary is a list of covered drugs selected by First UA Medicare Group Part D Prescription Drug Coverage (PDP) 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. First UA Medicare Group Part D will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a First UA Medicare Group Part D 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 change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available, when new adverse information about the safety or effectiveness of a drug is released, or when Medicare determines that a drug should no longer be covered. Other types of formulary changes, such as removing a drug from our formulary, will not generally affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe, the drug's manufacturer removes the drug from the market, or when Medicare determines that a drug should no longer be covered we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 05/01/2012. To get updated information about the drugs covered by First UA Medicare Group Part D, please visit our Web site at <http://www.firstuagrouppartd.com> or call Customer Service at 1-866-412-8499, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172.

In order to keep your formulary current, we will update the page on which the affected drug(s) is listed and send you a copy to keep with your formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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/Hypertensive/Lipids". If you know what your drug is used for, look for the category name in the list that begins on page 2. 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 34. 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?

First UA Medicare Group Part D 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:** First UA Medicare Group Part D requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from First UA Medicare Group Part D before you fill your prescriptions. If you don't get approval, First UA Medicare Group Part D may not cover the drug.
- **Quantity Limits:** For certain drugs, First UA Medicare Group Part D limits the amount of the drug that First UA Medicare Group Part D will cover. For example, First UA Medicare Group Part D provides 34 pills per prescription for Lipitor. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, First UA Medicare Group Part D 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, First UA Medicare Group Part D may not cover drug B unless you try Drug A first. If Drug A does not work for you, First UA Medicare Group Part D 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at <http://www.firstuagrouppartd.com>.

You can ask First UA Medicare Group Part D to make an exception to these restrictions or limits. See the section, "How do I request an exception to the First UA Medicare Group Part D formulary?" on page ii 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, you should first contact Customer Service and confirm that your drug is not covered. If you learn that First UA Medicare Group Part D does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by First UA Medicare Group Part D. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by First UA Medicare Group Part D.
- You can ask First UA Medicare Group Part D 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 First UA Medicare Group Part D Formulary?

You can ask First UA Medicare Group Part D 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 your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, First UA Medicare Group Part D 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 more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty drug tier.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician'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 your prescribing physician's supporting statement.

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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 98-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

What if there is a change in my level of care?

A level of care change is defined as when enrollees:

- Enter LTC facilities from hospitals or other settings;
- Leave LTC facilities and return to the community;
- Are discharged from a hospital to a home;
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan formulary;
- Revert from hospice status to standard Medicare Part A and B benefits; and
- Are discharged from psychiatric hospitals with medication regimens that are highly individualized.

While Part A does provide reimbursement for "a limited supply" to facilitate beneficiary discharge, you must be permitted to have a full outpatient supply available to continue therapy once this limited supply is exhausted. Level of Care supplies will be available for your prescription, when appropriate, that are received at retail, home infusion, or mail order.

We do not use an early-refill restriction to limit appropriate and necessary access to your Part D benefit. In instances where you are admitted to, or discharged from, a long term care facility, we allow you to access a refill upon admission or discharge. However, we may use early-refill restrictions for safety reasons.

For more information

For more detailed information about your First UA Medicare Group Part D prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about First UA Medicare Group Part D, please call Customer Service at 1-866-412-8499, weekdays from 8:00am to 8:00pm Eastern. TTY/TDD users should call 1-866-524-4172. Or visit <http://www.firstuagrouppartd.com>.

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/TDD users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

First UA Medicare Group Part D's Formulary

The formulary that begins on page 2 provides coverage information about some of the drugs covered by First UA Medicare Group Part D. If you have trouble finding your drug in the list, turn to the Index that begins on page 34.

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

The information in the Notes column tells you if First UA Medicare Group Part D has any special requirements for coverage of your drug.

Cost-Sharing

Please refer to the Summary of Benefits for cost-sharing information.

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

List of Abbreviations

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

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

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

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

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

La siguiente es una lista de abreviaturas que pueden aparecer en las siguientes páginas en la columna Notas para indicarle si su medicamento está sujeto a algún requisito especial de cobertura.

Lista de abreviaturas (del inglés)

B/D: Este medicamento recetado podría estar cubierto bajo Medicare Parte B o Parte D, dependiendo de las circunstancias. Puede ser necesario que se presente información que describa la utilización y las circunstancias en las que se administrará el medicamento, para que se pueda tomar una determinación.

LA: Disponibilidad limitada. Este medicamento recetado puede estar disponible solamente en ciertas farmacias. Para obtener más información, llame al servicio de Atención al cliente.

MO: Medicamento obtenido por correo. Este medicamento recetado está disponible a través de nuestro servicio de pedido por correo, así como en las farmacias minoristas de nuestra red. Considere utilizar el servicio de farmacia por correo para obtener sus medicamentos de uso continuo, o de mantenimiento (por ejemplo, los medicamentos para la presión sanguínea elevada). Las farmacias minoristas de la red pueden ser más adecuadas para obtener medicamentos de uso a corto plazo (por ejemplo, los antibióticos).

PA: Autorización previa. El **Plan** requiere que usted o su médico obtengan autorización previa para obtener ciertos medicamentos. Esto significa que deberá obtener aprobación antes de que se surtan sus recetas. Si no obtiene aprobación, podríamos no cubrir el medicamento.

QL: Límite de cantidad. En el caso de ciertos medicamentos, el **Plan** limita la cantidad del medicamento que cubriremos.

ST: Terapia de paso. En algunos casos, el **Plan** requiere que primero pruebe ciertos medicamentos para el tratamiento de su afección médica antes de que podamos cubrir otro medicamento para tratar esa afección. Por ejemplo, si puede utilizarse tanto un medicamento A como un medicamento B en el tratamiento de la misma afección médica, es posible que no cubramos el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le produce mejoras, cubriremos el medicamento B.

Commonly Prescribed Therapeutic Drug Categories

(Categorías de productos farmacoterapéuticos que se
recetan comúnmente)

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Require- ments/ Limits (Requisitos /Limites)
<i>amphotericin b</i>	2	B/D PA MO
ANCOBON	3	MO
<i>clotrimazole troc</i>	2	MO
DIFLUCAN IN NAACL	3	
ERAXIS INJ 100MG	3	
<i>fluconazole in dextrose inj 0; 400mg/200ml</i>	2	
<i>fluconazole susr</i>	2	MO
<i>fluconazole tabs 50mg</i>	2	MO
<i>fluconazole tabs 100mg, 150mg, 200mg</i>	1	MO
<i>flucytosine</i>	2	MO
GRIS-PEG	4	MO
<i>griseofulvin microsize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole</i>	2	MO
NOXAFIL	3	MO
<i>nystatin susp</i>	2	MO
<i>nystatin tabs</i>	2	MO
ORAVIG	3	MO
SPORANOX ORAL SOLN	3	MO
<i>terbinafine tabs</i>	2	MO
VFEND IV	3	MO
VFEND SUSR	3	MO
<i>voriconazole</i>	2	MO

ANTIVIRALS

<i>acyclovir caps</i>	2	MO
<i>acyclovir inj 500mg</i>	2	MO
<i>acyclovir susp</i>	2	MO
<i>acyclovir tabs</i>	2	MO
<i>amantadine</i>	2	MO
APTIVUS CAPS	5	MO
APTIVUS ORAL SOLN	5	
ATRIPLA	5	MO

DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Require- ments/ Limits (Requisitos /Limites)
BARACLUDE ORAL SOLN	3	QL(1890 per 90 days) MO
BARACLUDE TABS	3	QL(90 per 90 days) MO
COMBIVIR	5	MO
COMPLERA	5	MO
CRIXIVAN CAPS 100MG	3	
CRIXIVAN CAPS 200MG, 400MG	3	MO
<i>didanosine</i>	2	MO
EDURANT	5	MO
EMTRIVA	3	MO
EPIVIR	3	MO
EPIVIR HBV	3	MO
EPZICOM	5	MO
<i>famciclovir</i>	2	MO
<i>foscarnet sodium</i>	2	B/D PA MO
FUZEON	5	MO
<i>ganciclovir caps</i>	2	MO
HEPSERA	5	QL(90 per 90 days) MO
INCIVEK	5	PA QL(504 per 84 days) MO
INTELENCE	5	MO
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO
ISENTRESS	5	MO
KALETRA ORAL SOLN	5	MO
KALETRA TABS 200MG; 50MG	5	MO
KALETRA TABS 100MG; 25MG	3	MO
<i>lamivudine</i>	2	MO
<i>lamivudine/zidovudine</i>	2	MO
LEXIVA SUSP	3	MO
LEXIVA TABS	5	MO
NORVIR	3	MO
PREZISTA TABS 150MG	3	

DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Limites)	DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Limites)
PREZISTA TABS 75MG	3	MO	VICTRELIS	5	PA
PREZISTA TABS 400MG, 600MG	5	MO			QL(1008 per 84 days)
REBETOL ORAL SOLN	3	PA MO	VIDEX PEDIATRIC ORAL SOLN 2GM	3	MO
RELENZA DISKHALER	3	QL(300 per 365 days)	VIRACEPT POWD	3	MO
RESCRIPTOR	4	MO	VIRACEPT TABS	5	MO
RETROVIR IV INFUSION	3	MO	VIRAMUNE	3	MO
REYATAZ	3	MO	VIREAD	3	MO
<i>ribapak</i>	5	PA MO	ZERIT ORAL SOLN	4	MO
<i>ribasphere caps</i>	2	PA MO	ZIAGEN	3	MO
<i>ribasphere tabs 200mg</i>	2	PA MO	<i>zidovudine</i>	2	MO
<i>ribasphere tabs 400mg</i>	5	PA	CEPHALOSPORINS		
<i>ribasphere tabs 600mg</i>	5	PA MO	<i>cefaclor</i>	2	MO
<i>ribavirin</i>	2	PA	<i>cefadroxil</i>	2	MO
<i>rimantadine hcl</i>	2	MO	<i>cefazolin inj 10gm, 1gm; 5%, 500mg</i>	2	
SELZENTRY	5	MO	<i>cefazolin inj 1gm</i>	2	MO
<i>stavudine</i>	2	MO	<i>cefdinir</i>	2	MO
SUSTIVA	3	MO	<i>cefepime inj 2gm</i>	2	
TAMIFLU CAPS 45MG, 75MG	3	QL(60 per 365 days)	<i>cefepime inj 1gm</i>	2	MO
TAMIFLU CAPS 30MG	3	QL(120 per 365 days)	<i>cefotaxime sodium inj 10gm, 1gm, 500mg</i>	2	
TAMIFLU SUSR 12MG/ML	3	MO	<i>cefotaxime sodium inj 2gm</i>	2	MO
TAMIFLU SUSR 6MG/ML	3	QL(720 per 365 days)	<i>cefoxitin sodium inj 10gm, 2gm</i>	2	
TRIZIVIR	5	MO	<i>cefoxitin sodium inj 1gm</i>	2	MO
TRUVADA	5	MO	<i>cefpodoxime proxetil</i>	2	MO
TYZEKA	5	MO	<i>ceftazidime inj 1gm, 6gm</i>	2	
<i>valacyclovir hcl tabs 1000mg</i>	2	QL(100 per 90 days)	<i>ceftazidime inj 2gm</i>	2	MO
<i>valacyclovir hcl tabs 500mg</i>	2	QL(200 per 90 days)	<i>ceftriaxone sodium inj 10gm</i>	2	
VALCYTE ORAL SOLN	5	MO	<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	2	MO
VALCYTE TABS	5	MO	<i>cefuroxime axetil</i>	2	MO
			<i>cefuroxime sodium inj 7.5gm</i>	2	
			<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	MO
			<i>cephalexin caps</i>	1	MO
			<i>cephalexin susr</i>	2	MO
			<i>cephalexin tabs 500mg</i>	2	MO
			<i>cephalexin tabs 250mg</i>	1	MO

DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Limites)	DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Limites)
FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	3		<i>aztreonam inj 1gm</i>	2	MO
SUPRAX SUSR	4	MO	BILTRICIDE	3	MO
SUPRAX TABS	4		CAPASTAT SULFATE	4	
TAZICEF INJ 1GM, 2GM, 6GM	3		CAYSTON	5	LA
TEFLARO	3		<i>chloroquine</i>	2	MO
ZINACEF IN ISO-OSMOTIC DEXTROSE	3		CLEOCIN GALAXY	3	
ZINACEF IN ISO-OSMOTIC DILUENT	3		CLEOCIN IN D5W	3	
ZINACEF INJ 1.5GM, 750MG	3		CLEOCIN PEDIATRIC GRANULES	3	MO
ERYTHROMYCINS / OTHER MACROLIDES			<i>clindamycin hcl caps 150mg, 300mg</i>	2	MO
<i>azithromycin inj 500mg</i>	2	MO	<i>clindamycin phosphate add- vantage</i>	2	MO
<i>azithromycin susr</i>	2	MO	COARTEM	3	MO
<i>azithromycin tabs</i>	2	MO	<i>colistimethate sodium</i>	2	MO
<i>clarithromycin</i>	2	MO	CUBICIN	3	B/D PA MO
<i>clarithromycin er</i>	2	MO	DAPSONE	3	MO
DIFICID	3	PA QL(60 per 90 days)	DARAPRIM	3	MO
<i>e.e.s. 400</i>	2	MO	<i>ethambutol tabs 400mg</i>	2	
E.E.S. GRANULES	3	MO	<i>ethambutol tabs 100mg</i>	2	MO
ERY-TAB TBEC 500MG	3	MO	<i>gentamicin sulfate inj 10mg/ml</i>	2	
<i>ery-tab tbec 250mg, 333mg</i>	2	MO	<i>gentamicin sulfate inj 40mg/ml</i>	2	MO
ERYTHROCIN	3		<i>gentamicin sulfate/0.9% sodium chloride</i>	2	
LACTOBIONATE INJ 500MG			<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%</i>	2	
<i>erythrocin stearate</i>	2	MO	<i>hydroxychloroquine</i>	2	MO
ERYTHROMYCIN BASE	3	MO	<i>imipenem/cilastatin</i>	2	MO
<i>erythromycin ethylsuccinate</i>	2	MO	<i>isonarif</i>	2	MO
<i>erythromycin/sulfisoxazole</i>	2	MO	ISONIAZID SYRP	3	MO
ZMAX	3	MO	<i>isoniazid tabs 100mg</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES			<i>isoniazid tabs 300mg</i>	1	MO
ALBENZA	3	MO	<i>isotonic gentamicin inj 0.6mg/ml; 0.9%, 0.8mg/ml; 0.9%</i>	2	
ALINIA	3	MO	KETEK	3	QL(20 per 30 days)
<i>amikacin sulfate inj 500mg/2ml</i>	2				MO
<i>amikacin sulfate inj 50mg/ml</i>	2	MO	MALARONE	3	MO
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	2	MO	<i>mebendazole</i>	2	MO
AZACTAM IN ISO-OSMOTIC DEXTROSE	3		<i>mefloquine hcl</i>	2	MO
AZACTAM INJ 2GM	3	MO	MEPRON	5	MO
			<i>meropenem inj 500mg</i>	2	MO

DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Limites)	DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Limites)
<i>metronidazole</i>	2	MO	<i>amoxicillin tabs</i>	1	MO
<i>metronidazole in nacl 0.79%</i>	2	MO	<i>amoxicillin/clavulanate potassium</i>	2	MO
MYCOBUTIN	3	MO	<i>amoxicillin/clavulanate potassium</i>	2	MO
NEBUPENT	3	B/D PA MO	<i>er</i>		
<i>neomycin sulfate</i>	2	MO	<i>amoxicillin/potassium clavulanate</i>	2	MO
<i>paromomycin</i>	2	MO	<i>tabs</i>		
PASER	3	MO	<i>ampicillin caps</i>	2	MO
PRIMAQUINE	3	MO	<i>ampicillin inj 10gm, 125mg, 1gm</i>	2	
PRIMAXIN I.M.	3	MO	<i>ampicillin susr</i>	2	MO
PRIMAXIN IV	3	MO	<i>ampicillin-sulbactam inj 10gm;</i>	2	
<i>pyrazinamide</i>	2	MO	<i>5gm</i>		
QUALAQUIN	3	MO	<i>ampicillin-sulbactam inj 2gm;</i>	2	MO
<i>rifampin</i>	2	MO	<i>1gm</i>		
SEROMYCIN	3	MO	BICILLIN C-R	3	MO
STREPTOMYCIN SULFATE	3	MO	BICILLIN L-A	3	MO
STROMECTOL	3	MO	<i>dicloxacillin sodium</i>	2	MO
TOBI	5	B/D PA MO	<i>nafcillin sodium inj 10gm</i>	2	
<i>tobramycin inj 10mg/ml,</i>	2	MO	<i>nafcillin sodium inj 1gm</i>	2	MO
<i>80mg/2ml</i>			NALLPEN/DEXTROSE INJ 0;	3	
TOBRAMYCIN SULFATE /	3		1GM/50ML		
SODIUM CHLORIDE			PENICILLIN G POTASSIUM IN	3	
TRECTOR	3	MO	ISO-OSMOTIC DEXTROSE		
TYGACIL	3	MO	<i>penicillin g potassium inj 5mu</i>	2	
XIFAXAN TABS 200MG	3	QL(9 per 30 days) MO	PENICILLIN G PROCAINE	3	MO
XIFAXAN TABS 550MG	3	QL(180 per 90 days) MO	PENICILLIN G SODIUM	3	
ZYVOX INJ	3	MO	<i>penicillin v potassium oral soln</i>	2	MO
ZYVOX SUSR	3	QL(1800 per 30 days) MO	<i>penicillin v potassium tabs 500mg</i>	2	MO
ZYVOX TABS	3	QL(56 per 30 days) MO	<i>penicillin v potassium tabs 250mg</i>	1	MO
			<i>pfizerpen-g inj 20mu</i>	2	
			<i>piperacillin sodium/tazobactam</i>	2	
			<i>sodium inj 4gm; 0.5gm</i>		
			<i>piperacillin sodium/tazobactam</i>	2	MO
			<i>sodium inj 3gm; 0.375gm</i>		
			ZOSYN INJ 5%; 2GM/50ML;	3	
			0.25GM/50ML, 5%; 3GM/50ML;		
			0.375GM/50ML		
PENICILLINS			QUINOLONES		
<i>amoxicillin caps 250mg</i>	2	MO	AVELOX ABC PACK	3	MO
<i>amoxicillin caps 500mg</i>	1	MO	AVELOX INJ	3	
<i>amoxicillin chew</i>	2	MO	AVELOX TABS	3	MO
<i>amoxicillin susr 125mg/5ml,</i>	2	MO	CIPRO I.V.-IN D5W INJ	3	MO
<i>200mg/5ml, 400mg/5ml</i>			200MG/100ML; 5%		
<i>amoxicillin susr 250mg/5ml</i>	1	MO	<i>ciprofloxacin inj 400mg/40ml</i>	2	

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<i>ciprofloxacin tabs 100mg, 500mg, 750mg</i>	2	MO	<i>nitrofurantoin monohydrate</i>	2	MO
<i>ciprofloxacin tabs 250mg</i>	1	MO	PRIMSOL	4	MO
LEVAQUIN INJ 5%; 750MG/150ML	4		<i>trimethoprim</i>	2	MO
LEVAQUIN INJ 25MG/ML	4	MO	VANCOMYCIN		
LEVAQUIN ORAL SOLN	4	MO	VANCOGIN ORAL	3	MO
LEVAQUIN TABS	4	MO	<i>vancomycin inj 10gm, 500mg</i>	2	B/D PA
<i>levofloxacin</i>	2	MO	<i>vancomycin inj 1000mg</i>	2	B/D PA MO
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2		VIBATIV INJ 250MG	3	
NOROXIN	4	MO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>ofloxacin</i>	2	MO	ADJUNCTIVE AGENTS		
SULFA'S / RELATED AGENTS			<i>amifostine</i>	5	MO
<i>sulfadiazine</i>	2	MO	<i>dexrazoxane inj 500mg</i>	2	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO	ELITEK INJ 1.5MG	5	
<i>sulfamethoxazole/trimethoprim inj</i>	2	MO	FUSILEV	5	
<i>sulfamethoxazole/trimethoprim susp</i>	2	MO	<i>leucovorin calcium inj 100mg, 350mg</i>	2	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO	<i>leucovorin calcium tabs 25mg, 5mg</i>	2	MO
TETRACYCLINES			LEUCOVORIN CALCIUM TABS 10MG, 15MG	3	MO
<i>demeclocycline hcl</i>	2	MO	<i>mesna</i>	2	MO
<i>doxycycline caps 75mg</i>	2	MO	MESNEX TABS	3	MO
<i>doxycycline hyclate caps</i>	1	MO	XGEVA	5	PA QL(5.1 per 90 days)
<i>doxycycline hyclate inj</i>	2	MO	ZINECARD INJ 250MG	3	MO
<i>doxycycline hyclate tabs 20mg</i>	2	MO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>doxycycline hyclate tabs 100mg</i>	1	MO	ABRAXANE	4	MO
<i>doxycycline hyclate tbec</i>	2	MO	<i>adriamycin inj 2mg/ml</i>	2	
<i>doxycycline monohydrate tabs 150mg, 50mg, 75mg</i>	2	MO	AFINITOR TABS 10MG	5	PA QL(180 per 90 days)
<i>minocycline hcl</i>	2	MO	AFINITOR TABS 2.5MG, 5MG	5	PA QL(270 per 90 days)
<i>minocycline hcl er</i>	2	MO	ALIMTA INJ 500MG	4	MO
<i>tetracycline hcl</i>	1	MO	ALKERAN INJ	4	
VIBRAMYCIN SYRP	3	MO	<i>anastrozole</i>	2	MO
URINARY TRACT AGENTS			ARRANON	4	
MACRODANTIN CAPS 25MG	3	MO			
<i>methenamine hippurate</i>	2	MO			
<i>nitrofurantoin</i>	2	MO			
<i>nitrofurantoin macrocrystalline caps 50mg</i>	2	MO			

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ARZERRA	3	MO	ELLENCE INJ 200MG/100ML	4	MO
AVASTIN INJ 100MG/4ML	4	MO	ELOXATIN INJ 100MG/20ML	4	MO
<i>azathioprine</i>	2	B/D PA MO	ELSPAR	4	MO
<i>azathioprine sodium</i>	2	B/D PA MO	EMCYT	3	MO
<i>bicalutamide</i>	2	MO	<i>epirubicin hcl inj 50mg/25ml</i>	2	
BICNU	4	MO	ERBITUX INJ 100MG/50ML	4	MO
<i>bleomycin sulfate inj 30unit</i>	2	MO	ERIVEDGE	5	PA MO
BUSULFEX	3		ETOPOPHOS	4	MO
CAMPATH	4		<i>etoposide inj</i>	2	MO
CAPRELSA TABS 300MG	5	QL(90 per 90 days)	<i>exemestane</i>	2	MO
CAPRELSA TABS 100MG	5	QL(180 per 90 days)	FARESTON	4	MO
<i>carboplatin inj 150mg/15ml</i>	2	MO	FASLODEX	5	MO
CEENU	3	MO	FIRMAGON INJ 120MG	5	QL(1 per 90 days) MO
CELLCEPT INTRAVENOUS	3		FIRMAGON INJ 80MG	3	MO
CELLCEPT SUSR	3	B/D PA MO	FLUDARA	3	
<i>cisplatin inj 100mg/100ml</i>	2	MO	<i>fludarabine phosphate inj 50mg</i>	2	MO
<i>cladribine</i>	2	MO	<i>fluorouracil inj 500mg/10ml</i>	2	MO
CLOLAR	4		<i>flutamide</i>	2	MO
COSMEGEN	4	MO	<i>gemcitabine hcl inj 1gm</i>	5	MO
<i>cyclophosphamide tabs</i>	2	B/D PA MO	GEMCITABINE INJ	5	
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D PA MO	1GM/26.3ML		
CYCLOSPORINE CAPS 50MG	3	B/D PA MO	<i>gengraf</i>	2	B/D PA MO
<i>cyclosporine inj</i>	2	B/D PA	GLEEVEC	5	MO
<i>cyclosporine oral soln</i>	2	B/D PA MO	HALAVEN	5	MO
CYTARABINE AQUEOUS INJ 100MG/ML	3	MO	HERCEPTIN	4	MO
<i>cytarabine aqueous inj 20mg/ml</i>	2	MO	HEXALEN	5	MO
<i>cytarabine inj 500mg</i>	2	MO	<i>hydroxyurea</i>	2	MO
<i>dacarbazine inj 200mg</i>	2	MO	<i>idarubicin hcl inj 10mg/10ml</i>	2	
DACOGEN	3	MO	IFEX INJ 3GM	4	MO
<i>daunorubicin hcl inj 20mg</i>	2		<i>ifosfamide inj 1gm</i>	2	MO
DAUNOXOME	4	MO	<i>ifosfamide/mesna</i>	5	
DOCEFREZ	5		INLYTA	5	PA MO
DOCETAXEL INJ 80MG/8ML	3		<i>irinotecan inj 100mg/5ml</i>	5	MO
<i>docetaxel inj 80mg/4ml</i>	2		ISTODAX	3	MO
DOXIL	3	MO	IXEMPRA KIT INJ 45MG	5	MO
<i>doxorubicin hcl inj 2mg/ml</i>	2		JAKAFI	5	PA QL(180 per 90 days)
DROXIA	3	MO			MO
ELIGARD	4	MO	JEVTANA	5	MO
			<i>letrozole</i>	2	MO

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LEUKERAN	3	MO	ONTAK	4	
<i>leuprolide acetate</i>	2	MO	<i>oxaliplatin inj 100mg/20ml</i>	5	
LUPRON DEPOT INJ 3.75MG	3	MO	<i>paclitaxel inj 300mg/50ml</i>	2	MO
LUPRON DEPOT INJ 11.25MG, 22.5MG, 30MG, 45MG, 7.5MG	5	MO	<i>pentostatin</i>	2	MO
LUPRON DEPOT-PED INJ 11.25MG, 15MG	5	MO	PROGRAF INJ	3	B/D PA
LYSODREN	3	MO	RAPAMUNE	3	B/D PA MO
MATULANE	5	MO	REVLIMID CAPS 15MG, 25MG	5	LA QL(21 per 28 days)
MEGACE ES	3	QL(150 per 30 days) MO	REVLIMID CAPS 10MG, 5MG	5	LA QL(30 per 30 days) MO
<i>megestrol acetate susp</i>	2	QL(600 per 30 days) MO	RHEUMATREX	4	B/D PA MO
<i>megestrol acetate tabs</i>	2	QL(240 per 30 days) MO	RITUXAN	3	PA MO
<i>melphalan hydrochloride</i>	2		SANDIMMUNE CAPS	3	B/D PA MO
<i>mercaptopurine</i>	2	MO	SANDIMMUNE INJ	3	B/D PA
<i>methotrexate</i>	2	B/D PA MO	SANDIMMUNE ORAL SOLN	3	B/D PA MO
<i>methotrexate sodium inj 25mg/ml</i>	2	MO	SANDOSTATIN LAR DEPOT	4	MO
METHOTREXATE SODIUM INJ 1GM	4		SIMULECT INJ 20MG	3	MO
<i>mitomycin inj 20mg</i>	2	MO	SOMATULINE DEPOT	5	MO
<i>mitoxantrone hcl</i>	2	MO	SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL(90 per 90 days) MO
MUSTARGEN	4	MO	SPRYCEL TABS 20MG	5	QL(180 per 90 days) MO
<i>mycophenolate mofetil</i>	2	B/D PA MO	SUTENT	5	PA QL(90 per 90 days) MO
MYFORTIC	3	B/D PA MO	TABLOID	3	MO
NEORAL	3	B/D PA MO	<i>tacrolimus</i>	2	B/D PA MO
NEXAVAR	5	LA PA QL(360 per 90 days) MO	<i>tamoxifen citrate</i>	2	MO
NILANDRON	4	QL(120 per 90 days) MO	TARCEVA TABS 100MG, 150MG	5	PA QL(90 per 90 days) MO
NIPENT	4	MO	TARCEVA TABS 25MG	5	PA QL(180 per 90 days) MO
NULOJIX	5	B/D PA MO	TARGRETIN	3	MO
<i>octreotide inj 1000mcg/ml, 500mcg/ml</i>	5	MO	TASIGNA	5	QL(336 per 84 days) MO
<i>octreotide inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	MO	TAXOTERE INJ 80MG/2ML	5	

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TAXOTERE INJ 80MG/4ML	5	MO	ZOLINZA	5	QL(360 per 90 days) MO
THALOMID	5	PA MO	ZORTRESS TABS 0.5MG, 0.75MG	5	B/D PA MO
<i>thiotepa</i>	2	MO	ZORTRESS TABS 0.25MG	3	B/D PA MO
<i>toposar</i>	2	MO	ZYTIGA	5	PA QL(360 per 90 days) MO
<i>topotecan hcl inj 4mg</i>	2	MO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
TORISEL	5	PA MO	ANTICONVULSANTS		
TREANDA INJ 100MG	5	MO	BANZEL	3	MO
TRELSTAR DEPOT MIXJECT	4	MO	<i>carbamazepine</i>	2	MO
TRELSTAR LA MIXJECT	4	MO	<i>carbamazepine er cp12</i>	1	MO
TRELSTAR MIXJECT	4		<i>carbamazepine er tb12</i>	2	MO
<i>tretinoin</i>	2	MO	CARBATROL	3	MO
TRISENOX	3	MO	CELONTIN	3	MO
TYKERB	5	LA QL(540 per 90 days) MO	DILANTIN CAPS 30MG	3	MO
VANDETANIB TABS 300MG	5	QL(90 per 90 days)	DILANTIN INFATABS	3	MO
VANDETANIB TABS 100MG	5	QL(180 per 90 days)	<i>divalproex sodium</i>	2	MO
VECTIBIX INJ 100MG/5ML	5	MO	<i>divalproex sodium dr</i>	2	MO
VELCADE	4	MO	<i>divalproex sodium er</i>	2	MO
VIDAZA	5	QL(4200 per 90 days) MO	<i>epitol</i>	1	MO
<i>vinblastine sulfate inj 10mg</i>	2		EQUETRO	3	MO
<i>vincasar pfs</i>	2	MO	<i>ethosuximide</i>	2	MO
<i>vincristine sulfate</i>	2	MO	<i>felbamate</i>	2	MO
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	MO	FELBATOL	3	MO
VOTRIENT	5	QL(360 per 90 days) MO	<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	MO
XALKORI	5	PA QL(180 per 90 days) MO	<i>gabapentin</i>	2	MO
YERVOY INJ 50MG/10ML	5	PA QL(40 per 365 days) MO	GABITRIL	3	MO
ZANOSAR	4	MO	LAMICTAL ODT TBDP	3	MO
ZELBORAF	5	PA QL(720 per 90 days) MO	LAMICTAL XR KIT	3	MO
			LAMICTAL XR TB24 100MG, 200MG, 250MG, 25MG, 50MG	3	MO
			<i>lamotrigine</i>	2	MO
			<i>levetiracetam er</i>	2	MO
			<i>levetiracetam inj 500mg/5ml</i>	2	
			<i>levetiracetam oral soln</i>	2	MO
			<i>levetiracetam tabs</i>	2	MO

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LYRICA CAPS 225MG, 300MG	3	QL(180 per 90 days) MO	STALEVO 125	3	MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(270 per 90 days) MO	STALEVO 150	3	MO
<i>oxcarbazepine</i>	2	MO	STALEVO 200	3	MO
PEGANONE	3	MO	STALEVO 50	3	MO
<i>phenytoin</i>	2	MO	STALEVO 75	3	MO
PHENYTOIN SODIUM	3		TASMAR	4	MO
<i>phenytoin sodium extended</i>	2	MO	<i>trihexyphenidyl</i>	2	MO
<i>primidone</i>	2	MO	ZELAPAR	3	MO
SABRIL	3	MO	MIGRAINE / CLUSTER HEADACHE THERAPY		
TEGRETOL-XR TB12 100MG	3	MO	<i>dihydroergotamine mesylate</i>	2	MO
<i>topiramate</i>	2	MO	<i>ergotamine tartrate / caffeine</i>	2	MO
<i>valproate sodium</i>	2	MO	MAXALT	3	QL(54 per 90 days) MO
<i>valproic acid</i>	2	MO	MAXALT-MLT	3	QL(54 per 90 days) MO
VIMPAT INJ	3		<i>migergot</i>	2	MO
VIMPAT ORAL SOLN	3	MO	MIGRANAL	4	QL(24 per 90 days) MO
VIMPAT TABS	3	MO	<i>naratriptan hcl tabs 2.5mg</i>	2	QL(24 per 90 days) MO
<i>zonisamide</i>	2	MO	<i>naratriptan hcl tabs 1mg</i>	2	QL(36 per 90 days) MO
ANTIPARKINSONISM AGENTS			REL PAX	3	QL(54 per 90 days) MO
APOKYN	3	LA MO	<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(12 per 90 days) MO
AZILECT	3	MO	<i>sumatriptan succinate tabs 100mg</i>	2	QL(27 per 90 days) MO
<i>benztropine mesylate inj</i>	2		<i>sumatriptan succinate tabs 25mg, 50mg</i>	2	QL(54 per 90 days) MO
<i>benztropine mesylate tabs</i>	1	MO	ZOMIG NASAL SOLN	3	QL(36 per 90 days) MO
<i>bromocriptine mesylate</i>	2	MO			
<i>carbidopa / levodopa</i>	2	MO			
<i>carbidopa/levodopa cr</i>	2	MO			
<i>carbidopa/levodopa odt</i>	2	MO			
<i>carbidopa/levodopa sr tbc 50mg; 200mg</i>	2	MO			
COMTAN	3	MO			
LODOSYN	3	MO			
MIRAPEX ER TB24 0.375MG, 0.75MG, 1.5MG, 3MG, 4.5MG	3	MO			
<i>pramipexole dihydrochloride</i>	2	MO			
REQUIP XL	3	MO			
<i>ropinirole</i>	2	MO			
<i>selegiline</i>	2	MO			
STALEVO 100	3	MO			

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ZOMIG TABS 5MG	3	QL(27 per 90 days) MO	NAMENDA TABS 10MG	3	QL(180 per 90 days) MO
ZOMIG TABS 2.5MG	3	QL(36 per 90 days) MO	NAMENDA TABS 5MG	3	QL(270 per 90 days) MO
ZOMIG ZMT TBDP 5MG	3	QL(27 per 90 days) MO	NAMENDA TITRATION PAK NUEDEXTA	3	MO
ZOMIG ZMT TBDP 2.5MG	3	QL(36 per 90 days) MO	<i>rivastigmine tartrate</i>	3	QL(180 per 90 days) MO
MISCELLANEOUS NEUROLOGICAL THERAPY			XENAZINE	2	QL(180 per 90 days) MO
ARICEPT ODT	3	QL(90 per 90 days) MO		5	LA MO
ARICEPT TABS 23MG	3	QL(90 per 90 days) MO	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
COPAXONE	5	PA QL(90 per 90 days) MO	<i>baclofen</i>	2	MO
<i>donepezil hcl</i>	2	QL(90 per 90 days) MO	<i>carisoprodol tabs 350mg</i>	2	MO
EXELON ORAL SOLN	3	MO	<i>cyclobenzaprine hcl tabs 10mg</i>	2	MO
EXELON PT24	3	QL(90 per 90 days) MO	<i>cyclobenzaprine hcl tabs 7.5mg</i>	1	
<i>galantamine hydrobromide cp24</i>	2	QL(90 per 90 days) MO	<i>cyclobenzaprine hcl tabs 5mg</i>	1	MO
<i>galantamine hydrobromide oral soln</i>	2	MO	<i>dantrolene sodium caps</i>	2	MO
<i>galantamine hydrobromide tabs</i>	2	QL(180 per 90 days) MO	LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D PA
GILENYA	5	PA QL(28 per 28 days) MO	LIORESAL INTRATHECAL INJ 10MG/20ML, 10MG/5ML	3	B/D PA MO
MYTELASE	3	MO	MESTINON SYRP	3	MO
NAMENDA ORAL SOLN	3	MO	MESTINON TIMESPAN	3	MO
			<i>methocarbamol</i>	2	MO
			<i>pyridostigmine bromide</i>	2	MO
			<i>regonol</i>	2	
			<i>tizanidine hcl</i>	2	MO
			NARCOTIC ANALGESICS		
			<i>acetaminophen / codeine</i>	2	MO
			<i>acetaminophen/codeine #3</i>	2	MO
			<i>ascomp/codeine</i>	2	MO
			BUPRENEX	3	MO
			<i>buprenorphine hcl inj</i>	2	
			<i>buprenorphine hcl subl</i>	2	MO
			<i>codeine sulfate</i>	2	MO
			DILAUDID INJ	3	MO
			DILAUDID-5	3	MO

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DILAUDID-HP INJ 10MG/ML	3		ONSOLIS FILM 200MCG	3	QL(720 per 90 days)
<i>duramorph</i>	2	MO	OPANA ER	3	MO
EMBEDA	4		<i>oxycodone / acetaminophen</i>	2	MO
<i>endocet</i>	2	MO	<i>oxycodone hcl caps</i>	2	MO
EXALGO	3	MO	<i>oxycodone hcl conc</i>	2	MO
<i>fentanyl citrate</i>	2		<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	2	MO
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	PA QL(360 per 90 days)	<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA QL(360 per 90 days)	<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	MO
<i>fentanyl patches</i>	2	MO	OXYCONTIN	3	MO
<i>hydrocodone</i>	2	MO	<i>oxymorphone hydrochloride</i>	2	MO
<i>bitartrate/acetaminophen</i>			<i>oxymorphone hydrochloride er</i>	2	MO
<i>hydrocodone/acetaminophen oral soln 500mg/15ml; 7.5mg/15ml</i>	2	MO	<i>reprexain tabs 10mg; 200mg</i>	2	MO
<i>hydrocodone/acetaminophen tabs</i>	2	MO	ROXICET ORAL SOLN	3	MO
<i>hydrocodone/ibuprofen</i>	2	MO	<i>roxicet tabs 325mg; 5mg</i>	2	MO
<i>hydromorphone hcl inj 500mg/50ml</i>	2		<i>stagesic</i>	2	MO
<i>hydromorphone hcl tabs</i>	2	MO	<i>zerlor</i>	2	MO
INFUMORPH 200	3	MO	NON-NARCOTIC ANALGESICS		
INFUMORPH 500	3	MO	ARTHROTEC 50	4	MO
KADIAN	3	MO	ARTHROTEC 75	4	MO
<i>levorphanol tartrate</i>	2	MO	<i>butorphanol tartrate nasal soln</i>	2	PA QL(30 per 90 days)
<i>margesic-h</i>	2	MO			MO
<i>methadone hcl conc</i>	2	MO	CELEBREX	3	QL(180 per 90 days)
<i>methadone hcl inj</i>	2				MO
<i>methadone hcl oral soln 5mg/5ml</i>	2	MO	<i>depade</i>	2	MO
METHADONE HCL ORAL SOLN 10MG/5ML	3	MO	<i>diclofenac potassium</i>	2	MO
<i>methadone hcl tabs</i>	2	MO	<i>diclofenac sodium dr</i>	2	MO
<i>methadose tabs</i>	2	MO	<i>diclofenac sodium xr</i>	2	MO
<i>morphine sulfate er</i>	2	MO	<i>diflunisal</i>	2	MO
<i>morphine sulfate inj 0.5mg/ml</i>	2		<i>etodolac</i>	2	MO
<i>morphine sulfate inj 1mg/ml</i>	2	MO	<i>fenoprofen calcium</i>	2	MO
<i>morphine sulfate oral soln</i>	2	MO	FLECTOR	4	MO
<i>morphine sulfate tabs</i>	2	MO	<i>flurbiprofen</i>	2	MO
ONSOLIS FILM 1200MCG, 400MCG, 600MCG, 800MCG	3	QL(360 per 90 days)	<i>ibuprofen susp</i>	2	MO
			<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
			<i>indomethacin caps</i>	2	MO

DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Limites)	DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Limites)
<i>indomethacin er</i>	2	MO	ABILIFY TABS 20MG, 2MG, 30MG, 5MG	3	QL(90 per 90 days) MO
<i>ketoprofen</i>	2	MO	ABILIFY TABS 15MG	3	QL(180 per 90 days) MO
<i>ketoprofen er</i>	2	MO	ABILIFY TABS 10MG	3	QL(270 per 90 days) MO
<i>meclofenamate sodium</i>	2	MO	<i>amitriptyline</i>	1	MO
<i>mefenamic acid</i>	2	MO	<i>amoxapine</i>	2	MO
<i>meloxicam susp</i>	2	MO	<i>budeprion sr</i>	2	QL(180 per 90 days) MO
<i>meloxicam tabs 15mg</i>	2	MO	<i>budeprion xl tb24 300mg</i>	2	QL(90 per 90 days) MO
<i>meloxicam tabs 7.5mg</i>	1	MO	<i>budeprion xl tb24 150mg</i>	2	QL(270 per 90 days) MO
<i>nabumetone</i>	2	MO	<i>bupropion hcl</i>	2	MO
<i>naloxone</i>	2		<i>bupropion hcl sr</i>	2	QL(180 per 90 days) MO
<i>naltrexone</i>	2	MO	<i>buspirone hcl</i>	2	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO	<i>chlordiazepoxide/amitriptyline</i>	2	MO
<i>naproxen susp</i>	2	MO	<i>chlorpromazine</i>	2	MO
<i>naproxen tabs</i>	1	MO	<i>citalopram oral soln</i>	2	MO
<i>naproxen tbec</i>	2	MO	<i>citalopram tabs 40mg</i>	2	QL(90 per 90 days) MO
<i>oxaprozin</i>	2	MO	<i>citalopram tabs 10mg</i>	1	QL(180 per 90 days) MO
PENNSAID	3	MO	<i>citalopram tabs 20mg</i>	1	QL(270 per 90 days) MO
<i>piroxicam</i>	2	MO	<i>clomipramine</i>	2	MO
SUBOXONE	3	MO	<i>clozapine tabs 100mg, 25mg, 50mg</i>	2	
<i>sulindac</i>	2	MO	CLOZAPINE TABS 200MG	3	
<i>tolmetin sodium</i>	2	MO	CYMBALTA CPEP 60MG	3	QL(90 per 90 days) MO
<i>tramadol</i>	2	QL(720 per 90 days) MO			
<i>tramadol hcl er tb24 300mg</i>	2				
<i>tramadol hcl er tb24 100mg, 200mg</i>	2	QL(90 per 90 days) MO			
VIMOVO	3	QL(180 per 90 days) MO			
VOLTAREN GEL	3	MO			
PSYCHOTHERAPEUTIC DRUGS					
ABILIFY DISCMELT TBDP 15MG	3	QL(180 per 90 days) MO	<i>clomipramine</i>	2	MO
ABILIFY DISCMELT TBDP 10MG	3	QL(270 per 90 days) MO	<i>clozapine tabs 100mg, 25mg, 50mg</i>	2	
ABILIFY INJ	3	MO	CLOZAPINE TABS 200MG	3	
ABILIFY ORAL SOLN	3	MO	CYMBALTA CPEP 60MG	3	QL(90 per 90 days) MO

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CYMBALTA CPEP 20MG, 30MG	3	QL(180 per 90 days) MO	<i>fluvoxamine</i>	2	QL(270 per 90 days) MO
<i>desipramine</i>	2	MO	FOCALIN XR	3	PA MO
<i>dextroamphetamine sulfate</i>	2	PA MO	GEODON CAPS	3	QL(180 per 90 days) MO
<i>dextroamphetamine sulfate er</i>	2	PA MO	GEODON INJ	3	MO
<i>doxepin caps 150mg, 50mg</i>	2	MO	HALDOL	3	MO
<i>doxepin caps 100mg, 10mg, 25mg, 75mg</i>	1	MO	HALDOL DECANOATE 100	3	MO
<i>doxepin conc</i>	1	MO	HALDOL DECANOATE 50	3	MO
EMSAM	4	QL(90 per 90 days) MO	<i>haloperidol conc</i>	2	MO
FANAPT TABS 1MG, 2MG, 4MG	4	QL(90 per 90 days) MO	<i>haloperidol decanoate inj</i>	2	MO
FANAPT TABS 10MG, 12MG, 6MG, 8MG	4	QL(180 per 90 days) MO	<i>haloperidol lactate inj</i>	2	MO
FANAPT TITRATION PACK	4	MO	<i>haloperidol tabs 10mg, 20mg</i>	2	MO
FAZACLO	4	MO	<i>haloperidol tabs 0.5mg, 1mg, 2mg, 5mg</i>	1	MO
<i>fluoxetine caps 20mg</i>	1	QL(360 per 90 days) MO	<i>imipramine</i>	2	MO
<i>fluoxetine caps 10mg</i>	1	QL(720 per 90 days) MO	<i>imipramine pamoate</i>	2	MO
<i>fluoxetine caps 40mg</i>	2	QL(180 per 90 days) MO	INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL(0.75 per 90 days) MO
<i>fluoxetine dr</i>	2	QL(12 per 90 days) MO	INVEGA SUSTENNA INJ 78MG/0.5ML	3	QL(1.5 per 90 days) MO
<i>fluoxetine oral soln</i>	2	MO	INVEGA SUSTENNA INJ 117MG/0.75ML	3	QL(2.25 per 90 days) MO
<i>fluoxetine tabs 10mg</i>	2	QL(720 per 90 days) MO	INVEGA SUSTENNA INJ 156MG/ML	3	QL(3 per 90 days) MO
<i>fluoxetine tabs 20mg</i>	1	MO	INVEGA SUSTENNA INJ 234MG/1.5ML	3	QL(4.5 per 90 days) MO
<i>fluphenazine conc</i>	2	MO	INVEGA TB24 1.5MG, 3MG, 9MG	3	QL(90 per 90 days) MO
<i>fluphenazine decanoate inj</i>	1	MO	INVEGA TB24 6MG	3	QL(180 per 90 days) MO
<i>fluphenazine elix</i>	2	MO	LATUDA TABS 80MG	3	QL(90 per 90 days) MO
<i>fluphenazine inj</i>	2	MO			
<i>fluphenazine tabs</i>	2	MO			

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LATUDA TABS 40MG	3	QL(180 per 90 days) MO	<i>paroxetine er tb24 12.5mg, 37.5mg</i>	2	QL(180 per 90 days) MO
LEXAPRO ORAL SOLN	3	MO	<i>paroxetine er tb24 25mg</i>	2	QL(270 per 90 days) MO
LEXAPRO TABS	3	QL(90 per 90 days) MO	<i>paroxetine susp</i>	2	MO
<i>lithium carbonate caps 300mg, 600mg</i>	2	MO	<i>paroxetine tabs 20mg, 40mg</i>	2	QL(90 per 90 days) MO
<i>lithium carbonate caps 150mg</i>	1	MO	<i>paroxetine tabs 10mg, 30mg</i>	2	QL(180 per 90 days) MO
<i>lithium carbonate er</i>	2	MO	PAXIL SUSP	3	MO
<i>lithium carbonate tabs</i>	2	MO	<i>perphenazine</i>	2	MO
<i>lithium citrate</i>	2	MO	<i>phenelzine sulfate</i>	2	MO
<i>loxapine</i>	2	MO	PRISTIQ	3	QL(90 per 90 days) MO
LUNESTA	4	MO	<i>protriptyline hcl</i>	2	MO
<i>maprotiline</i>	2	MO	PROVIGIL	3	PA QL(90 per 90 days) MO
MARPLAN	3	MO	RISPERDAL CONSTA	3	QL(12 per 84 days) MO
METADATE CD CPR 20MG, 30MG, 40MG, 50MG, 60MG	4	PA MO	<i>risperidone odt</i>	2	QL(180 per 90 days) MO
<i>methylphenidate hcl</i>	2	PA MO	<i>risperidone oral soln</i>	2	MO
<i>methylphenidate hcl er cp24</i>	2	PA MO	<i>risperidone tabs</i>	2	QL(180 per 90 days) MO
<i>methylphenidate hydrochloride</i>	2	PA MO	RITALIN LA	4	PA MO
<i>mirtazapine</i>	2	QL(90 per 90 days) MO	ROZEREM	4	MO
<i>mirtazapine odt tbdp 30mg, 45mg</i>	2	QL(90 per 90 days) MO	SAPHRIS	3	QL(180 per 90 days) MO
<i>nefazodone</i>	2	QL(180 per 90 days) MO	SEROQUEL TABS 25MG, 300MG, 400MG	3	QL(180 per 90 days) MO
<i>nortriptyline caps 10mg, 50mg</i>	2	MO	SEROQUEL TABS 100MG, 200MG, 50MG	3	QL(270 per 90 days) MO
<i>nortriptyline caps 25mg, 75mg</i>	1	MO			
<i>nortriptyline oral soln</i>	2	MO			
<i>olanzapine inj</i>	2	MO			
<i>olanzapine odt</i>	2	QL(90 per 90 days) MO			
<i>olanzapine tabs</i>	2	QL(90 per 90 days) MO			
ORAP	3	MO			

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SEROQUEL XR TB24 150MG, 300MG, 400MG	3	QL(180 per 90 days) MO	XYREM	5	PA
SEROQUEL XR TB24 200MG, 50MG	3	QL(270 per 90 days) MO	<i>zaleplon</i>	2	MO
<i>sertraline conc</i>	2	MO	<i>zolpidem</i>	2	MO
<i>sertraline tabs 100mg, 25mg</i>	2	QL(180 per 90 days) MO	<i>zolpidem tartrate er</i>	2	MO
<i>sertraline tabs 50mg</i>	2	QL(270 per 90 days) MO	ZYPREXA INJ	3	MO
SILENOR	4	MO	ZYPREXA TABS	3	QL(90 per 90 days) MO
STRATTERA	3	MO	ZYPREXA ZYDIS	3	QL(90 per 90 days) MO
SURMONTIL	4	MO	CARDIOVASCULAR, HYPERTENSION / LIPIDS		
SYMBYAX	4	QL(90 per 90 days) MO	ANTIARRHYTHMIC AGENTS		
<i>thioridazine</i>	2	MO	<i>amiodarone inj 50mg/ml</i>	2	
<i>thiothixene caps 10mg, 5mg</i>	2	MO	<i>amiodarone tabs</i>	2	MO
<i>thiothixene caps 1mg, 2mg</i>	1	MO	<i>disopyramide phosphate</i>	2	MO
<i>tranylcypromine</i>	2	MO	<i>flecainide acetate</i>	2	MO
<i>trazodone tabs 150mg, 300mg</i>	2	MO	<i>mexiletine</i>	2	MO
<i>trazodone tabs 100mg, 50mg</i>	1	MO	MULTAQ	3	MO
<i>trifluoperazine</i>	2	MO	NORPACE CR CP12 100MG	3	MO
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	QL(90 per 90 days) MO	PACERONE TABS 100MG	3	MO
<i>venlafaxine hcl er cp24 75mg</i>	2	QL(270 per 90 days) MO	<i>pacerone tabs 200mg</i>	2	MO
<i>venlafaxine hcl tabs 100mg, 25mg, 37.5mg</i>	2	QL(270 per 90 days) MO	<i>procainamide</i>	2	
<i>venlafaxine hcl tabs 75mg</i>	2	QL(450 per 90 days) MO	<i>propafenone hcl</i>	2	MO
<i>venlafaxine hcl tabs 50mg</i>	2	QL(675 per 90 days) MO	<i>propafenone hcl er</i>	2	MO
VIIBRYD	3	QL(90 per 90 days) MO	<i>quinidine gluconate er</i>	2	MO
			<i>quinidine sulfate</i>	2	MO
			<i>quinidine sulfate er</i>	2	MO
			<i>sorine tabs 240mg</i>	2	
			<i>sorine tabs 120mg, 160mg, 80mg</i>	2	MO
			<i>sotalol</i>	2	MO
			TIKOSYN	4	MO
			ANTIHYPERTENSIVE THERAPY		
			<i>acebutolol</i>	2	MO
			<i>afeditab cr</i>	2	MO
			<i>amiloride</i>	2	MO
			<i>amiloride/hydrochlorothiazide</i>	2	MO
			<i>amlodipine</i>	2	MO

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<i>amlodipine / benazepril</i>	2	QL(90 per 90 days) MO	<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	2	QL(270 per 90 days) MO
AMTURNIDE	3	QL(90 per 90 days) MO	<i>cartia xt</i>	2	MO
<i>atenolol / chlorthalidone</i>	1	MO	<i>carvedilol</i>	2	MO
<i>atenolol tabs 100mg, 25mg</i>	2	MO	<i>chlorothiazide sodium</i>	2	MO
<i>atenolol tabs 50mg</i>	1	MO	<i>chlorothiazide tabs 250mg</i>	2	MO
AVALIDE	3	QL(90 per 90 days) MO	<i>chlorothiazide tabs 500mg</i>	1	MO
AVAPRO	3	QL(90 per 90 days) MO	<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>benazepril</i>	2	MO	<i>clonidine ptwk</i>	2	MO
<i>benazepril / hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 25mg</i>	2	QL(360 per 90 days) MO	<i>clonidine tabs 0.3mg</i>	2	MO
<i>benazepril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	2	QL(720 per 90 days) MO	<i>clonidine tabs 0.1mg, 0.2mg</i>	1	MO
<i>benazepril / hydrochlorothiazide tabs 5mg; 6.25mg</i>	2	QL(1440 per 90 days) MO	COREG CR	3	MO
<i>betaxolol hcl</i>	2	MO	DEMSER	3	MO
BIDIL	3	QL(540 per 90 days) MO	DIBENZYLINE	4	MO
<i>bisoprolol fumarate</i>	2	MO	<i>dilt-cd cp24 120mg, 300mg</i>	2	MO
<i>bisoprolol fumarate / hydrochlorothiazide</i>	2	MO	<i>dilt-xr cp24 180mg, 240mg</i>	2	MO
<i>bumetanide inj</i>	2	MO	<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO
<i>bumetanide tabs 0.5mg, 2mg</i>	2	MO	<i>diltiazem hcl er cp12</i>	2	MO
<i>bumetanide tabs 1mg</i>	1	MO	<i>diltiazem hcl er cp24 180mg, 360mg, 420mg</i>	2	MO
BYSTOLIC	3	MO	<i>diltiazem hcl inj 25mg/5ml</i>	2	MO
<i>captopril tabs 12.5mg, 25mg, 50mg</i>	1	MO	DILTIAZEM HCL INJ 100MG	3	MO
<i>captopril tabs 100mg</i>	2	MO	<i>diltiazem hcl tabs</i>	2	MO
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg</i>	2	QL(90 per 90 days) MO	<i>diltzac cp24 120mg, 180mg, 240mg, 300mg</i>	2	MO
			DIOVAN HCT	3	QL(90 per 90 days) MO
			DIOVAN TABS 320MG	3	QL(90 per 90 days) MO
			DIOVAN TABS 160MG, 40MG, 80MG	3	QL(180 per 90 days) MO
			<i>doxazosin tabs 2mg, 8mg</i>	2	QL(180 per 90 days) MO
			<i>doxazosin tabs 1mg, 4mg</i>	1	QL(180 per 90 days) MO
			EDECRIN	3	MO

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<i>enalapril / hydrochlorothiazide tabs 5mg; 12.5mg</i>	2	QL(90 per 90 days) MO	<i>lisinopril tabs 10mg, 20mg, 30mg</i>	1	MO
<i>enalapril / hydrochlorothiazide tabs 10mg; 25mg</i>	2	QL(180 per 90 days) MO	<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	QL(90 per 90 days) MO
<i>enalapril tabs 10mg</i>	1	MO	<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	2	QL(90 per 90 days) MO
<i>enalapril tabs 2.5mg, 20mg, 5mg</i>	2	MO	<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	2	QL(360 per 90 days) MO
<i>eplerenone</i>	2	MO	<i>losartan potassium tabs 100mg</i>	2	QL(90 per 90 days) MO
<i>eprosartan mesylate</i>	2	QL(90 per 90 days) MO	<i>losartan potassium tabs 25mg, 50mg</i>	2	QL(180 per 90 days) MO
EXFORGE	3	QL(90 per 90 days) MO	<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>	2	QL(90 per 90 days) MO
EXFORGE HCT	3	QL(90 per 90 days) MO	<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	2	QL(180 per 90 days) MO
<i>felodipine er</i>	2	MO	<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	2	MO
<i>fosinopril</i>	2	MO	<i>matzim la</i>	2	MO
<i>fosinopril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	2	QL(90 per 90 days) MO	<i>methyclothiazide</i>	2	MO
<i>fosinopril / hydrochlorothiazide tabs 20mg; 12.5mg</i>	2	QL(360 per 90 days) MO	<i>metolazone</i>	2	MO
<i>furosemide inj</i>	2	MO	<i>metoprolol succinate er</i>	2	
<i>furosemide oral soln 10mg/ml</i>	2	MO	<i>metoprolol tartrate inj</i>	2	
FUROSEMIDE ORAL SOLN 8MG/ML	3	MO	<i>metoprolol tartrate tabs</i>	1	MO
<i>furosemide tabs</i>	1	MO	<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>guanfacine hcl</i>	2	MO	MICARDIS HCT	3	QL(90 per 90 days) MO
<i>hydralazine</i>	2	MO	MICARDIS TABS 20MG, 40MG	3	QL(90 per 90 days) MO
<i>hydrochlorothiazide caps</i>	1	MO	MICARDIS TABS 80MG	3	QL(180 per 90 days) MO
<i>hydrochlorothiazide tabs 25mg</i>	1	MO	<i>minoxidil tabs</i>	2	MO
<i>hydrochlorothiazide tabs 12.5mg, 50mg</i>	2	MO	<i>moexipril</i>	2	MO
<i>indapamide tabs 1.25mg</i>	2	MO	<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 12.5mg; 7.5mg</i>	2	QL(90 per 90 days) MO
<i>indapamide tabs 2.5mg</i>	1	MO			
<i>isradipine</i>	2	MO			
<i>labetalol inj</i>	2	MO			
<i>labetalol tabs</i>	2	MO			
<i>lisinopril tabs 2.5mg, 40mg, 5mg</i>	2	MO			

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<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	2	QL(180 per 90 days) MO	TEKTURNA	3	QL(90 per 90 days) MO
<i>nadolol</i>	2	MO	TEKTURNA HCT	3	QL(90 per 90 days) MO
<i>nadolol/bendroflumethiazide</i>	2	MO	<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	QL(180 per 90 days) MO
<i>nicardipine caps</i>	2	MO	<i>terazosin hcl caps 2mg</i>	1	QL(180 per 90 days) MO
<i>nifediac cc</i>	2	MO	<i>timolol maleate</i>	2	MO
<i>nifedical xl</i>	2	MO	<i>torse mide tabs</i>	2	MO
<i>nifedipine</i>	2	MO	<i>trandolapril</i>	2	MO
<i>nifedipine er tb24 30mg, 60mg</i>	2		<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	2	MO
<i>nifedipine er tb24 90mg</i>	2	MO	<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>nimodipine</i>	2	MO	<i>triamterene/hydrochlorothiazide tabs</i>	1	MO
<i>nisoldipine</i>	2	MO	TWYNSTA	3	QL(90 per 90 days) MO
<i>nisoldipine er</i>	2	MO	VALTURNA	3	QL(90 per 90 days) MO
<i>perindopril erbumine</i>	2	MO	<i>verapamil er</i>	2	MO
<i>pindolol</i>	2	MO	<i>verapamil inj</i>	2	
<i>prazosin</i>	2	QL(360 per 90 days) MO	<i>verapamil tabs</i>	2	MO
<i>propranolol hcl er</i>	2	MO	CARDIAC GLYCOSIDES		
<i>propranolol hcl inj</i>	2		<i>digoxin inj</i>	2	
<i>propranolol hcl oral soln</i>	2	MO	<i>digoxin oral soln</i>	2	MO
<i>propranolol hcl tabs 60mg, 80mg</i>	2	MO	<i>digoxin tabs</i>	1	MO
<i>propranolol hcl tabs 10mg, 20mg, 40mg</i>	1	MO	LANOXIN INJ	3	
<i>propranolol/hydrochlorothiazide</i>	2	MO	LANOXIN TABS	3	MO
<i>quinapril</i>	2	MO	COAGULATION THERAPY		
<i>quinapril/hydrochlorothiazide</i>	2	QL(90 per 90 days) MO	AGGRENOX	3	MO
<i>ramipril</i>	2	MO	ARIXTRA	3	MO
REMODULIN	5	PA MO	BRILINTA	3	MO
<i>reserpine</i>	2	MO	<i>cilostazol</i>	2	MO
SODIUM EDECIN	3		CYKLOKAPRON	3	MO
<i>spironolactone tabs 100mg, 50mg</i>	2	MO	EFFIENT	3	MO
<i>spironolactone tabs 25mg</i>	1	MO			
<i>spironolactone/hydrochlorothiazide</i>	2	MO			
<i>taztia xt</i>	2	MO			
TEKAMLO	3	QL(90 per 90 days) MO			

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<i>enoxaparin sodium inj</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	2	MO	ADVICOR TB24 20MG; 500MG, 20MG; 750MG, 40MG; 1000MG	4	MO
<i>enoxaparin sodium inj</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	5	MO	ANTARA	3	MO
<i>fondaparinux sodium</i>	2	MO	<i>atorvastatin calcium</i>	2	QL(90 per 90 days)
FRAGMIN	3	MO	CADUET	3	QL(90 per 90 days)
HEPARIN SODIUM INJ 2000UNIT/ML	3	MO			MO
<i>heparin sodium inj</i> 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	2	MO	<i>cholestyramine light pack</i>	2	MO
<i>heparin sodium/d5w inj</i> 5%; 40unit/ml	2		<i>colestipol</i>	2	MO
HEPARIN SODIUM/NACL 0.45%	3		CRESTOR	3	QL(90 per 90 days)
<i>heparin sodium/sodium chloride</i> 0.9% premix	2				MO
<i>jantoven tabs</i> 10mg, 2.5mg, 6mg, 7.5mg	2	MO	<i>fenofibrate</i>	2	MO
<i>jantoven tabs</i> 1mg, 2mg, 3mg, 4mg, 5mg	1	MO	<i>fenofibrate micronized</i>	2	MO
LOVENOX INJ 300MG/3ML	3	MO	<i>gemfibrozil</i>	2	MO
<i>pentopak</i>	2	MO	LIPITOR	3	QL(90 per 90 days)
<i>pentoxifylline er</i>	2	MO			MO
PLAVIX	3	MO	LIPOFEN	3	MO
PRADAXA	3	MO	<i>lovastatin tabs</i> 10mg	2	QL(90 per 90 days)
PROMACTA TABS 12.5MG	5	LA PA MO			MO
PROMACTA TABS 50MG, 75MG	5	LA PA QL(90 per 90 days) MO	<i>lovastatin tabs</i> 20mg, 40mg	2	QL(180 per 90 days)
PROMACTA TABS 25MG	5	LA PA QL(270 per 90 days) MO			MO
<i>ticlopidine hcl</i>	2	MO	LOVAZA	3	MO
<i>warfarin tabs</i> 10mg, 1mg, 2.5mg, 2mg, 4mg, 6mg, 7.5mg	2	MO	NIASPAN	3	MO
<i>warfarin tabs</i> 3mg, 5mg	1	MO	<i>pravastatin tabs</i> 10mg, 20mg, 80mg	2	QL(90 per 90 days)
XARELTO	3	MO			MO
			<i>pravastatin tabs</i> 40mg	2	QL(180 per 90 days)
					MO
			<i>prevalite powd</i>	2	MO
			SIMCOR TB24 1000MG; 40MG, 500MG; 40MG	3	QL(90 per 90 days)
					MO
			SIMCOR TB24 500MG; 20MG, 750MG; 20MG	3	QL(180 per 90 days)
					MO

LIPID/CHOLESTEROL LOWERING AGENTS

DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/Limits (Requisitos /Limites)	DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/Limits (Requisitos /Limites)
<i>simvastatin</i>	2	QL(90 per 90 days) MO	SORIATANE	3	MO
TRICOR	3	MO	BURN THERAPY		
TRIGLIDE	3	MO	<i>silver sulfadiazine</i>	2	MO
TRILIPIX	3	MO	<i>ssd</i>	2	MO
VYTORIN	4	QL(90 per 90 days) MO	<i>thermazene</i>	2	MO
WELCHOL	3	MO	MISCELLANEOUS DERMATOLOGICALS		
ZETIA	3	QL(90 per 90 days) MO	8-MOP	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS			<i>ammonium lactate</i>	2	MO
RANEXA	3	MO	CARAC	3	MO
NITRATES			CARMOL-HC	3	MO
<i>isosorbide dinitrate er</i>	2	MO	CONDYLOX GEL	3	MO
<i>isosorbide dinitrate subl 2.5mg</i>	1	MO	ELIDEL	4	MO
<i>isosorbide dinitrate subl 5mg</i>	2	MO	FLUOROPLEX	3	MO
<i>isosorbide dinitrate tabs 30mg</i>	2	MO	<i>fluorouracil crea</i>	2	MO
<i>isosorbide dinitrate tabs 10mg, 20mg, 5mg</i>	1	MO	<i>fluorouracil external soln</i>	2	MO
<i>isosorbide mononitrate</i>	2	MO	<i>imiquimod</i>	2	MO
<i>isosorbide mononitrate er tb24 120mg, 60mg</i>	2	MO	<i>laclotion</i>	2	MO
<i>isosorbide mononitrate er tb24 30mg</i>	1	MO	OXSORALEN ULTRA	5	MO
<i>nitro-bid</i>	2	MO	PANRETIN	3	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	MO	<i>podofilox</i>	2	MO
<i>nitroglycerin inj</i>	2	B/D PA	PROTOPIC	4	MO
<i>nitroglycerin pt24</i>	2	MO	REGRANEX	3	PA MO
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	2	MO	SOLARAZE	3	MO
NITROLINGUAL PUMPSPRAY	3	MO	UVADEX	4	
NITROSTAT	3	MO	VEREGEN	4	MO
DERMATOLOGICALS/TOPICAL THERAPY			ZONALON	3	MO
ANTIPSORIATIC / ANTISEBORRHEIC			THERAPY FOR ACNE		
<i>calcipotriene</i>	2	MO	<i>adapalene</i>	2	
<i>selenium sulfide lotn 2.5%</i>	2	MO	<i>amnesteem</i>	2	
			<i>avita crea</i>	2	MO
			AZELEX	3	MO
			<i>claravis caps 10mg, 20mg, 40mg</i>	2	
			<i>claravis caps 30mg</i>	5	
			<i>clindamycin phosphate external soln</i>	2	MO
			<i>clindamycin phosphate foam</i>	2	MO
			<i>clindamycin phosphate gel</i>	2	MO
			<i>clindamycin phosphate lotn</i>	2	MO
			<i>clindamycin phosphate swab</i>	2	MO
			<i>clindamycin/benzoyl peroxide</i>	2	MO

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DIFFERIN GEL 0.3%	3	MO	NAFTIN GEL	3	MO
DIFFERIN LOTN	3	MO	<i>nyamyc</i>	2	MO
<i>ery</i>	2	MO	<i>nystatin / triamcinolone crea</i>	1	MO
<i>erythromycin / benzoyl peroxide</i>	2	MO	<i>nystatin / triamcinolone oint</i>	2	MO
<i>erythromycin external soln</i>	2	MO	<i>nystatin crea</i>	1	MO
<i>erythromycin gel</i>	2	MO	<i>nystatin external powd</i>	2	
FINACEA	3	MO	<i>nystatin oint</i>	1	MO
METROGEL	3	MO	<i>nystop</i>	2	MO
<i>metronidazole</i>	2	MO	<i>pedi-dri</i>	2	MO
<i>sotret</i>	2		TOPICAL ANTIVIRALS		
TAZORAC	3	MO	DENAVIR	3	MO
<i>tretinoin</i>	2	MO	ZOVIRAX CREA	4	MO
TOPICAL ANESTHETICS			ZOVIRAX OINT	4	MO
<i>lidocaine / prilocaine crea</i>	2	MO	TOPICAL CORTICOSTEROIDS		
<i>lidocaine external soln</i>	2	MO	<i>ala-cort crea</i>	2	MO
<i>lidocaine gel</i>	2	MO	<i>alclometasone dipropionate</i>	2	MO
<i>lidocaine inj 0.5%, 1%</i>	2		<i>amcinonide crea</i>	2	MO
<i>lidocaine oint</i>	2	MO	<i>amcinonide lotn</i>	2	MO
<i>lidocaine viscous</i>	2	MO	<i>amcinonide oint</i>	2	
LIDODERM	3	PA MO	<i>augmented betamethasone dipropionate crea</i>	2	MO
TOPICAL ANTIBACTERIALS			<i>augmented betamethasone dipropionate lotn</i>	2	MO
ALTABAX	3	MO	<i>augmented betamethasone dipropionate oint</i>	2	MO
BACTROBAN CREA	3	MO	<i>betamethasone dipropionate</i>	2	MO
<i>gentamicin sulfate crea</i>	1	MO	<i>betamethasone valerate</i>	2	MO
<i>gentamicin sulfate oint 0.1%</i>	1	MO	CAPEX	3	MO
<i>mupirocin</i>	2	MO	<i>clobetasol propionate crea</i>	2	MO
PHISOHEX	3	MO	<i>clobetasol propionate external soln</i>	2	
<i>sulfacetamide sodium susp</i>	2	MO	<i>clobetasol propionate foam</i>	2	
SULFAMYLON	3	MO	<i>clobetasol propionate gel</i>	2	MO
TOPICAL ANTIFUNGALS			<i>clobetasol propionate lotn</i>	2	MO
<i>ciclopirox</i>	2	MO	<i>clobetasol propionate oint</i>	2	MO
<i>ciclopirox nail lacquer</i>	2	MO	<i>clobetasol propionate sham</i>	2	MO
<i>ciclopirox olamine</i>	2	MO	CLOBEX	3	MO
<i>clotrimazole / betamethasone</i>	2	MO	CORDRAN TAPE	3	MO
<i>clotrimazole external crea</i>	2	MO	DERMA-SMOOTHIE / FS BODY OIL	3	MO
<i>clotrimazole external soln</i>	2	MO	<i>desonide</i>	2	MO
<i>econazole nitrate</i>	2	MO			
ERTACZO	3	MO			
<i>ketoconazole</i>	2	MO			
NAFTIN CREA 1%	3	MO			

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<i>desoximetasone</i>	2	MO	<i>lindane</i>	2	QL(1800 per 365 days) MO
<i>diflorasone diacetate</i>	2	MO	<i>malathion</i>	2	MO
<i>fluocinolone acetonide</i>	2	MO	<i>permethrin crea</i>	2	MO
<i>fluocinolone acetonide body</i>	1	MO	ULESFIA	4	MO
<i>fluocinonide external soln</i>	2	MO	DIAGNOSTICS / MISCELLANEOUS AGENTS		
<i>fluocinonide gel</i>	2	MO	MISCELLANEOUS AGENTS		
<i>fluocinonide oint</i>	2	MO	ACTONEL TABS 30MG	4	PA QL(60 per 120 days) MO
<i>fluocinonide-e</i>	2	MO	ADAGEN	5	LA MO
<i>fluticasone propionate crea</i>	2	MO	<i>alendronate sodium tabs 40mg</i>	2	PA QL(180 per 365 days) MO
<i>fluticasone propionate oint</i>	2	MO	<i>anagrelide hydrochloride</i>	2	MO
<i>halobetasol propionate</i>	2	MO	ANTABUSE TABS 250MG	3	MO
<i>hydrocortisone butyrate</i>	2	MO	ARALAST NP INJ 400MG	5	LA MO
<i>hydrocortisone crea 2.5%</i>	1	MO	BUPHENYL	3	MO
<i>hydrocortisone crea 1%</i>	2	MO	CAMPRAL	3	QL(540 per 90 days) MO
<i>hydrocortisone lotn 2.5%</i>	2	MO	CARBAGLU	5	LA MO
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO	CHEMET	3	MO
<i>hydrocortisone valerate</i>	2	MO	CLINIMIX / DEXTROSE	3	
LOCOID LOTN	3	MO	DEXTROSE 10%/NACL 0.45%	3	
LUXIQ	3	MO	<i>dextrose 10% flex container</i>	2	
<i>mometasone furoate</i>	2	MO	DEXTROSE 10%/NACL 0.2%	3	
PANDEL	3	MO	<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>prednicarbate</i>	2	MO	<i>dextrose 5%</i>	2	MO
<i>triamcinolone acetonide crea 0.1%, 0.5%</i>	2	MO	<i>dextrose 5%/nacl 0.2%</i>	2	
<i>triamcinolone acetonide crea 0.025%</i>	1	MO	<i>dextrose 5%/nacl 0.225%</i>	2	
<i>triamcinolone acetonide in absorbase</i>	1	MO	DEXTROSE 5%/NACL 0.33%	3	
<i>triamcinolone acetonide lotn</i>	2	MO	<i>dextrose 5%/nacl 0.45%</i>	2	MO
<i>triamcinolone acetonide oint 0.1%, 0.5%</i>	2	MO	<i>dextrose 5%/nacl 0.9%</i>	2	MO
<i>triamcinolone acetonide oint 0.025%</i>	1	MO	<i>disulfiram</i>	2	MO
<i>triderm</i>	2	MO	<i>etidronate disodium</i>	2	MO
TOPICAL ENZYMES			EVOXAC	3	MO
SANTYL	3	MO	EXJADE TBSO 125MG	3	LA MO
TOPICAL SCABICIDES / PEDICULICIDES					
<i>acticin</i>	2	MO			
EURAX	3	MO			

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EXJADE TBSO 250MG, 500MG	5	LA MO	<i>azelastine hcl</i>	2	MO
FOSRENOL	3	MO	BACTROBAN NASAL	3	MO
INCRELEX	5	LA PA MO	<i>chlorhexidine gluconate oral rinse</i>	1	MO
<i>kionex powd</i>	2	MO	<i>ipratropium bromide nasal soln</i>	2	MO
<i>levocarnitine oral soln</i>	2	B/D PA MO	<i>periogard</i>	1	MO
<i>levocarnitine tabs</i>	2	B/D PA MO	<i>triamcinolone in orabase</i>	2	MO
<i>midodrine</i>	2	MO	TYZINE	3	MO
ORFADIN	5	LA MO	TYZINE PEDIATRIC NASAL DROPS	3	
<i>pilocarpine hcl tabs</i>	2	MO	MISCELLANEOUS OTIC PREPARATIONS		
PROLASTIN INJ 500MG	5	LA MO	<i>acetasol hc</i>	2	MO
PROLASTIN-C	5	LA	<i>acetic acid</i>	2	MO
RENAGEL	3	MO	DERMOTIC	3	MO
REVELA	3	MO	<i>fluocinolone acetonide</i>	2	MO
RILUTEK	5	MO	<i>hydrocortisone/acetic acid</i>	2	MO
SKELID	4	PA QL(180 per 90 days) MO	<i>ofloxacin</i>	2	MO
<i>sodium chloride 0.9%</i>	2	MO	OTIC STEROID / ANTIBIOTIC		
<i>sodium chloride inj 0.9%</i>	2	MO	CIPRO HC	4	MO
<i>sodium polystyrene sulfonate powd</i>	2	MO	CIPRODEX	3	MO
SYPRINE	3	MO	COLY-MYCIN S	3	MO
SMOKING DETERRENTS			CORTISPORIN-TC	3	MO
<i>buproban</i>	2	PA QL(180 per 90 days) MO	<i>cortomycin</i>	2	MO
CHANTIX	3	PA QL(168 per 90 days) MO	<i>neomycin/polymyxin/hc</i>	2	MO
CHANTIX STARTING MONTH PAK	3	PA MO	ENDOCRINE/DIABETES		
NICOTROL INHALER	4	PA QL(1008 per 90 days) MO	ADRENAL HORMONES		
NICOTROL NASAL	4	PA QL(120 per 90 days) MO	<i>a-hydrocort</i>	2	MO
EAR, NOSE / THROAT MEDICATIONS			<i>a-methapred inj 40mg</i>	2	B/D PA
MISCELLANEOUS AGENTS			<i>a-methapred inj 125mg</i>	2	B/D PA MO
ASTEPRO	3	MO	<i>cortisone acetate</i>	2	MO
			DEPO-MEDROL	3	B/D PA MO
			<i>dexamethasone elix</i>	2	MO
			<i>dexamethasone inj 4mg/ml</i>	2	MO
			DEXAMETHASONE	3	MO
			INTENSOL		
			DEXAMETHASONE TABS 1MG, 2MG	3	MO
			<i>dexamethasone tabs 4mg</i>	2	MO
			<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 6mg</i>	1	MO

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<i>fludrocortisone acetate</i>	2	MO	APIDRA SOLOSTAR	4	QL(180 per 90 days) MO
<i>hydrocortisone tabs 10mg, 5mg</i>	2	MO	AVANDAMET	3	QL(180 per 90 days) MO
<i>hydrocortisone tabs 20mg</i>	1	MO	AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	3	QL(90 per 90 days) MO
<i>methylprednisolone acetate</i>	2	B/D PA MO	AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	3	QL(180 per 90 days) MO
<i>methylprednisolone dose pack</i>	1	MO	AVANDIA TABS 8MG	3	QL(90 per 90 days) MO
<i>methylprednisolone</i>	2	B/D PA	AVANDIA TABS 2MG, 4MG	3	QL(180 per 90 days) MO
<i>sodiumsuccinate inj 125mg, 40mg</i>	3	B/D PA MO	BYETTA	4	QL(7.2 per 90 days) ST MO
METHYLPREDNISOLONE	3	B/D PA MO	DUETACT	3	QL(90 per 90 days) MO
SODIUMSUCCINATE INJ 1000MG	1	B/D PA MO	GAUZE PADS 2"X2"	3	MO
<i>methylprednisolone tabs 4mg</i>	1	B/D PA MO	<i>glimepiride tabs 4mg</i>	2	QL(180 per 90 days) MO
<i>methylprednisolone tabs 32mg</i>	2	B/D PA	<i>glimepiride tabs 1mg, 2mg</i>	1	QL(90 per 90 days) MO
<i>methylprednisolone tabs 16mg, 8mg</i>	2	B/D PA MO	<i>glipizide / metformin</i>	2	QL(360 per 90 days) MO
<i>prednisolone sodium phosphate oral soln</i>	2	B/D PA MO	<i>glipizide er tb24 2.5mg, 5mg</i>	2	QL(90 per 90 days) MO
PREDNISON INTENSOL	3	B/D PA MO	<i>glipizide er tb24 10mg</i>	2	QL(180 per 90 days) MO
<i>prednisone oral soln</i>	2	B/D PA MO	<i>glipizide tabs 10mg</i>	1	QL(360 per 90 days) MO
<i>prednisone tabs 1mg</i>	2	B/D PA MO	<i>glipizide tabs 5mg</i>	1	QL(720 per 90 days) MO
<i>prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D PA MO	GLUCAGEN HYPOKIT	3	MO
SOLU-CORTEF INJ 100MG, 250MG	3	MO			
SOLU-MEDROL INJ 2GM	3	B/D PA			
SOLU-MEDROL INJ 125MG, 40MG, 500MG	3	B/D PA MO			
ANTITHYROID AGENTS					
<i>methimazole</i>	2	MO			
<i>propylthiouracil</i>	2	MO			
DIABETES THERAPY					
<i>acarbose</i>	2	QL(270 per 90 days) MO			
ACTOPLUS MET	3	QL(270 per 90 days) MO			
ACTOS	3	QL(90 per 90 days) MO			
ALCOHOL PREPS	3				
APIDRA	3	MO			

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GLUCAGON EMERGENCY KIT	3	MO	HUMALOG MIX 75/25 KWIKPEN	3	QL(60 per 30 days) MO
<i>glyburide / metformin tabs 1.25mg; 250mg, 2.5mg; 500mg</i>	2	QL(180 per 90 days) MO	HUMULIN 70/30	3	QL(60 per 30 days) MO
<i>glyburide / metformin tabs 5mg; 500mg</i>	2	QL(360 per 90 days) MO	HUMULIN 70/30 PEN	3	QL(60 per 30 days) MO
<i>glyburide micronized tabs 1.5mg, 6mg</i>	2	QL(180 per 90 days) MO	HUMULIN N	3	QL(60 per 30 days) MO
<i>glyburide micronized tabs 3mg</i>	1	QL(180 per 90 days) MO	HUMULIN N U-100 PEN	3	QL(60 per 30 days) MO
<i>glyburide tabs 1.25mg</i>	1	QL(180 per 90 days) MO	HUMULIN R	3	QL(60 per 30 days) MO
<i>glyburide tabs 2.5mg</i>	2	QL(180 per 90 days) MO	HUMULIN R U-500 (CONCENTRATED)	3	QL(60 per 30 days) MO
<i>glyburide tabs 5mg</i>	2	QL(360 per 90 days) MO	INSULIN PEN NEEDLE	3	MO
<i>glycron tabs 1.5mg</i>	2	QL(180 per 90 days) MO	INSULIN SYRINGE (DISP) U-100 0.3 ML	3	MO
GLYCRON TABS 4.5MG	3	QL(360 per 90 days) MO	INSULIN SYRINGE (DISP) U-100 1 ML	3	MO
GLYSET	4	MO	INSULIN SYRINGE (DISP) U-100 1/2 ML	3	MO
HUMALOG	3	QL(60 per 30 days) MO	JANUMET	3	QL(180 per 90 days) MO
HUMALOG KWIKPEN	3	QL(60 per 30 days) MO	JANUVIA	3	MO
HUMALOG MIX 50/50	3	QL(60 per 30 days) MO	KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL(90 per 90 days) MO
HUMALOG MIX 50/50 KWIKPEN	3	QL(60 per 30 days) MO	KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL(180 per 90 days) MO
HUMALOG MIX 75/25	3	QL(60 per 30 days) MO	LANTUS	3	QL(30 per 30 days) MO
			LANTUS SOLOSTAR	3	QL(30 per 30 days) MO
			LEVEMIR	3	MO

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LEVEMIR FLEXPEN	3	MO	SYMLIN	4	QL(60 per 90 days)
<i>metformin hcl er tb24 500mg</i>	1	QL(450 per 90 days) MO	SYMLINPEN 120	4	QL(33 per 90 days) MO
<i>metformin hcl er tb24 750mg</i>	2	QL(270 per 90 days) MO	SYMLINPEN 60	4	QL(33 per 90 days) MO
<i>metformin hcl tabs 1000mg</i>	2	QL(180 per 90 days) MO	<i>tolazamide</i>	2	MO
<i>metformin hcl tabs 850mg</i>	2	QL(270 per 90 days) MO	<i>tolbutamide</i>	2	MO
<i>metformin hcl tabs 500mg</i>	2	QL(450 per 90 days) MO	TRADJENTA	3	MO
<i>nateglinide</i>	2	QL(270 per 90 days) MO	MISCELLANEOUS HORMONES		
NEEDLES, INSULIN DISP., SAFETY	3	MO	ALDURAZYME	5	B/D LA PA MO
NOVOLIN 70/30	3	MO	ANADROL-50	4	PA MO
NOVOLIN N	3	MO	ANDRODERM PT24	3	PA MO
NOVOLIN R	3	MO	2.5MG/24HR, 5MG/24HR		
NOVOLOG	3	QL(60 per 30 days) MO	ANDROGEL GEL 50MG/5GM	3	PA MO
NOVOLOG FLEXPEN	3	QL(60 per 30 days) MO	ANDROGEL PUMP GEL 1.62%	3	PA MO
NOVOLOG MIX 70/30	3	QL(60 per 30 days) MO	ANDROID	3	PA MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	QL(60 per 30 days) MO	<i>androxy</i>	2	PA MO
ONGLYZA	3	MO	<i>cabergoline</i>	2	MO
PRANDIN TABS 0.5MG, 1MG	3	QL(360 per 90 days) MO	<i>calcitonin-salmon</i>	2	QL(12 per 90 days) MO
PRANDIN TABS 2MG	3	QL(720 per 90 days) MO	<i>calcitriol caps</i>	2	B/D PA MO
PROGLYCEM	3	MO	<i>calcitriol inj</i>	2	B/D PA MO
			<i>calcitriol oral soln</i>	2	B/D PA MO
			CEREZYME INJ 200UNIT	5	B/D LA PA MO
			<i>danazol</i>	2	MO
			<i>desmopressin acetate</i>	2	MO
			FABRAZYME INJ 35MG	5	B/D LA PA MO
			<i>fortical</i>	2	QL(12 per 90 days) MO
			HECTOROL	3	B/D PA MO
			KUVAN	5	LA MO
			MIACALCIN INJ	3	B/D PA MO
			NAGLAZYME	5	LA MO
			<i>oxandrolone tabs 10mg</i>	5	PA MO
			<i>oxandrolone tabs 2.5mg</i>	2	PA MO

DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Lmites)	DrugName (Nombre del medicamento)	Drug Tier (Nivel de medicamento)	Requirements/ Limits (Requisitos /Lmites)
SAMSCA TABS 30MG	5	QL(730 per 365 days) MO	ATROPINE SULFATE INJ 0.05MG/ML	3	
SAMSCA TABS 15MG	5	QL(1460 per 365 days) MO	<i>dicyclomine hcl caps</i>	2	MO
SENSIPAR TABS 60MG, 90MG	5	MO	<i>dicyclomine hcl inj</i>	2	
SENSIPAR TABS 30MG	3	MO	<i>dicyclomine hcl oral soln</i>	2	MO
SOMAVERT	3	PA QL(90 per 90 days) MO	<i>dicyclomine hcl tabs</i>	2	MO
STIMATE	3	MO	<i>diphenoxylate / atropine</i>	2	MO
SYNAREL	4	MO	<i>glycopyrrolate</i>	2	MO
TESTIM	4	PA MO	<i>loperamide hcl caps</i>	2	MO
<i>testosterone cypionate</i>	2	PA MO	<i>propantheline bromide</i>	2	MO
<i>testosterone enanthate</i>	2	PA MO	MISCELLANEOUS GASTROINTESTINAL AGENTS		
ZAVESCA	3	LA	AMITIZA	3	MO
ZEMPLAR	3	B/D PA MO	APRISO	3	MO
ZOMETA INJ 4MG/5ML	5	QL(30 per 90 days) MO	ASACOL	3	MO
THYROID HORMONES			ASACOL HD	3	MO
<i>levothyroxine tabs 200mcg, 300mcg</i>	2		<i>balsalazide</i>	2	MO
<i>levothyroxine tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1		<i>budesonide cp24</i>	2	MO
<i>levoxyl tabs 25mcg</i>	1	MO	CANASA	3	MO
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 50mcg, 75mcg, 88mcg</i>	2	MO	CIMZIA	5	PA QL(6 per 28 days) MO
<i>liothyronine sodium tabs</i>	2	MO	<i>compro</i>	2	MO
SYNTHROID	3	MO	<i>constulose</i>	2	MO
<i>unithroid tabs 50mcg, 75mcg, 88mcg</i>	1	MO	CORTIFOAM	3	MO
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg</i>	2	MO	CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
GASTROENTEROLOGY			<i>cromolyn sodium conc</i>	2	MO
ANTIDIARRHEALS / ANTISPASMODICS			CYSTADANE	3	MO
<i>atropine sulfate inj 0.1mg/ml</i>	2		DIPENTUM	4	MO
			<i>dronabinol</i>	2	B/D PA MO
			EMEND CAPS 40MG	3	B/D PA QL(3 per 90 days) MO
			EMEND CAPS 125MG	3	B/D PA QL(6 per 90 days) MO

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EMEND CAPS	3	B/D PA QL(18 per 90 days) MO	<i>ondansetron hcl tabs 24mg</i>	2	B/D PA QL(21 per 90 days)
EMEND CAPS 80MG	3	B/D PA QL(24 per 90 days) MO	<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D PA QL(135 per 90 days) MO
ENTOCORT EC	3	MO	<i>ondansetron odt</i>	2	B/D PA QL(135 per 90 days)
<i>enulose</i>	2	MO			MO
GASTROCROM	3	MO	PENTASA	3	MO
<i>gavilyte-c</i>	2	QL(4000 per 30 days) MO	<i>polyethylene glycol 3350 powd</i>	2	
<i>gavilyte-g</i>	2	QL(4000 per 30 days) MO	<i>prochlorperazine</i>	2	
<i>gavilyte-n/flavor pack</i>	2	QL(4000 per 30 days) MO	<i>prochlorperazine edisylate</i>	2	MO
<i>granisetron inj 0.1mg/ml, 1mg/ml</i>	2	QL(42 per 90 days) MO	<i>prochlorperazine maleate tabs 10mg</i>	2	MO
<i>granisetron tabs</i>	2	B/D PA QL(180 per 90 days) MO	<i>prochlorperazine maleate tabs 5mg</i>	1	MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	3	QL(6 per 90 days) MO	<i>procto-pak</i>	2	MO
<i>hydrocortisone enem</i>	2		<i>proctosol hc</i>	2	MO
<i>lactulose</i>	2	MO	<i>proctozone-hc</i>	2	MO
LIALDA	3	MO	RELISTOR INJ 12MG/0.6ML	3	MO
LOTRONEX	3	QL(180 per 90 days) MO	REMICADE	5	PA MO
<i>meclizine hcl</i>	2	MO	SANCUSO	3	QL(6 per 90 days) MO
<i>mesalamine enem</i>	2	MO	SUCRAID	5	
<i>metoclopramide inj</i>	2	MO	<i>sulfasalazine tabs</i>	2	MO
<i>metoclopramide oral soln</i>	2	MO	<i>sulfazine ec</i>	2	
<i>metoclopramide tabs</i>	1	MO	TRANSDERM-SCOP	4	MO
MOVIPREP	3	MO	<i>trilyte</i>	2	QL(4000 per 30 days) MO
<i>ondansetron hcl inj 4mg/2ml</i>	2	MO	<i>ursodiol</i>	2	MO
<i>ondansetron hcl oral soln</i>	2	B/D PA MO	ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	3	
			ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT, 136000UNIT; 25000UNIT; 85000UNIT, 27000UNIT; 5000UNIT; 17000UNIT, 55000UNIT; 10000UNIT; 34000UNIT, 82000UNIT; 15000UNIT; 51000UNIT	3	MO

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ZUPLENZ	3	B/D PA QL(135 per 90 days) MO	<i>ranitidine hcl tabs 300mg</i>	2	MO
			<i>ranitidine hcl tabs 150mg</i>	1	MO
			<i>sucralfate</i>	2	MO
			ZANTAC INJ 50MG/50ML; 0.45%	3	MO
ULCER THERAPY			IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
CARAFATE SUSP	3	MO	BIOTECHNOLOGY DRUGS		
DEXILANT	4	QL(90 per 90 days) ST MO	ACTIMMUNE	5	LA PA MO
<i>famotidine inj</i>	2	MO	ARANESP INJ 500MCG/ML	3	PA QL(3 per 90 days) MO
<i>famotidine premixed</i>	2		ARANESP INJ 150MCG/0.3ML	3	PA QL(3.6 per 90 days) MO
<i>famotidine susr</i>	2	MO	ARANESP INJ 200MCG/0.4ML	3	PA QL(4.8 per 90 days) MO
<i>famotidine tabs 40mg</i>	2	MO	ARANESP INJ 100MCG/0.5ML	3	PA QL(6 per 90 days) MO
<i>famotidine tabs 20mg</i>	1	MO	ARANESP INJ 300MCG/0.6ML, 60MCG/0.3ML	3	PA QL(7.2 per 90 days) MO
<i>lansoprazole</i>	2	QL(180 per 90 days) MO	ARANESP INJ 40MCG/0.4ML	3	PA QL(9.6 per 90 days) MO
<i>lansoprazole odt</i>	2	QL(180 per 90 days) MO	ARANESP INJ 25MCG/0.42ML	3	PA QL(10.08 per 90 days) MO
<i>misoprostol</i>	2	MO	ARANESP INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	3	PA QL(12 per 90 days) MO
NEXIUM	3	QL(90 per 90 days) MO	ARANESP INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	3	PA QL(24 per 90 days) MO
NEXIUM I.V. INJ 20MG	3		ARCALYST	5	LA MO
NEXIUM I.V. INJ 40MG	3	MO	AVONEX	5	PA QL(12 per 90 days) MO
<i>nizatidine</i>	2	MO	BETASERON	5	PA QL(45 per 90 days) MO
<i>omeprazole cpdr 40mg</i>	2	QL(90 per 90 days) MO			
<i>omeprazole cpdr 10mg, 20mg</i>	2	QL(180 per 90 days) MO			
<i>omeprazole/sodium bicarbonate</i>	2	QL(90 per 90 days) MO			
<i>pantoprazole</i>	2	QL(180 per 90 days) MO			
PREVPAC	4	MO			
PYLERA	3	MO			
<i>ranitidine hcl caps</i>	2	MO			
<i>ranitidine hcl syrp</i>	2	MO			

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EPOGEN INJ 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA QL(36 per 90 days) MO	PROCRIT INJ 40000UNIT/ML	3	PA QL(18 per 90 days) MO
EPOGEN INJ 10000UNIT/ML	4	PA QL(72 per 90 days) MO	PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(36 per 90 days) MO
INTRON-A INJ 3MU/0.2ML	3	PA	PROLEUKIN	5	MO
INTRON-A INJ 6000000UNIT/ML	3	PA MO	REBIF	5	PA QL(18 per 90 days) MO
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	5	PA	REBIF TITRATION PACK	5	PA MO
INTRON-A WITH DILUENT INJ 10MU	5	PA MO	SYLATRON INJ 888MCG	5	PA QL(8 per 90 days) MO
LEUKINE	5	PA MO	SYLATRON INJ 296MCG, 444MCG	5	PA QL(12 per 90 days) MO
MOZOBIL	5	QL(4.8 per 90 days) MO	TEV-TROPIN	3	PA MO
NEULASTA	4	PA QL(3.6 per 90 days) MO	VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
NEUMEGA	5	PA QL(63 per 90 days) MO	ACTHIB	3	
NEUPOGEN INJ 300MCG/0.5ML	5	PA QL(21 per 90 days) MO	ADACEL	3	MO
NEUPOGEN INJ 480MCG/0.8ML	5	PA QL(33.6 per 90 days) MO	BOOSTRIX INJ	3	
NEUPOGEN INJ 480MCG/1.6ML	5	PA QL(67.2 per 90 days) MO	BOOSTRIX INJ	3	MO
NORDITROPIN FLEXP RO	5	PA MO	CERVARIX	3	PA
NORDITROPIN NORDIFLEX PEN	5	PA MO	COMVAX	3	MO
<i>omnitrope inj 5mg/1.5ml</i>	2	PA MO	DAPTACEL	3	MO
PEG-INTRON INJ 50MCG/0.5ML	5	PA MO	DECAVAC	3	MO
PEG-INTRON REDIPEN	5	PA MO	DIPHThERIA/TETANUS TOXOID PEDIATRIC	3	MO
PEGASYS INJ 180MCG/0.5ML	5	PA	ENGERIX-B INJ 10MCG/0.5ML	3	B/D PA
PEGASYS INJ 180MCG/ML	5	PA MO	ENGERIX-B INJ 20MCG/ML	3	B/D PA MO
PEGASYS PROCLICK INJ 135MCG/0.5ML	5	PA MO	GARDASIL	3	PA MO
			HAVRIX INJ 720ELU/0.5ML	3	
			HAVRIX INJ 1440ELU/ML	3	MO
			HIZENTRA INJ 1GM/5ML	5	PA MO
			IMOVAX RABIES (H.D.C.V.)	3	
			INFANRIX	3	MO
			IPOL INACTIVATED IPV	3	MO
			IXIARO	3	MO
			JE-VAX	3	MO

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M-M-R II W/DILUENT 10 DOSE	3	MO	ACTONEL TABS 35MG	4	QL(12 per 90 days) ST MO
MENACTRA	3		ACTONEL TABS 5MG	4	QL(90 per 90 days) ST MO
MENOMUNE-A/C/Y/W-135	3	MO	<i>alendronate sodium tabs 35mg, 70mg</i>	2	QL(12 per 90 days) MO
MENVEO	3		<i>alendronate sodium tabs 10mg, 5mg</i>	2	QL(90 per 90 days) MO
PEDVAX HIB	3	MO	BONIVA TABS	4	B/D PA MO
PRIVIGEN INJ 20GM/200ML	5	PA MO	EVISTA	3	QL(90 per 90 days) MO
PROQUAD	3		FORTEO	3	QL(7.2 per 90 days) MO
RABAVERT	3	MO	PROLIA	4	ST MO
RECOMBIVAX HB INJ 40MCG/ML	3	B/D PA	OTHER RHEUMATOLOGICALS		
RECOMBIVAX HB INJ 10MCG/ML	3	B/D PA MO	CUPRIMINE	3	MO
ROTATEQ	3		DEPEN TITRATABS	3	MO
TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	MO	ENBREL	5	PA QL(600 per 90 days) MO
TETANUS TOXOID ADSORBED	3		HUMIRA INJ 20MG/0.4ML	5	PA QL(2.4 per 90 days) MO
THYMOGLOBULIN	3		HUMIRA INJ 40MG/0.8ML	5	PA QL(4.8 per 90 days) MO
TRIPEDIA	3		HUMIRA PEN-CROHNS DISEASE STARTER	5	PA MO
TWINRIX	3	MO	<i>leflunomide</i>	2	QL(90 per 90 days) MO
TYPHIM VI	3		ORENCIA INJ 125MG/1ML	5	PA QL(12 per 90 days) MO
VAQTA	3	MO	RIDAURA	4	MO
VARIVAX	3		SAVELLA	3	QL(180 per 90 days) MO
VIVAGLOBIN	5	PA MO	SAVELLA TITRATION PACK	3	MO
YF-VAX	3				
ZOSTAVAX	3	PA			
MUSCULOSKELETAL / RHEUMATOLOGY					
GOUT THERAPY					
<i>allopurinol tabs</i>	1	MO			
COLCRYS	3	QL(360 per 90 days) MO			
<i>probenecid</i>	2	MO			
<i>probenecid / colchicine</i>	2	MO			
ULORIC	3	MO			
OSTEOPOROSIS THERAPY					
ACTONEL TABS 150MG	4	QL(3 per 90 days) ST MO			

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SIMPONI	5	PA QL(1 per 30 days) MO	PREFEST	4	MO
OBSTETRICS / GYNECOLOGY			PREMARIN TABS	3	MO
ESTROGENS / PROGESTINS			PREMARIN W/APPLICATOR	3	MO
ACTIVELLA TABS 0.5MG; 0.1MG	3	MO	PREMPHASE	3	MO
ALORA	3	MO	PREMPRO	3	MO
<i>camila</i>	2	MO	PROMETRIUM	3	MO
CLIMARA PRO	3	MO	VAGIFEM	3	MO
COMBIPATCH	3	MO	VIVELLE-DOT	3	MO
CRINONE GEL 4%	3	MO	MISCELLANEOUS OB/GYN		
CRINONE GEL 8%	3	PA MO	CLEOCIN SUPP	3	MO
DELESTROGEN INJ 10MG/ML	4	MO	<i>clindamycin phosphate crea</i>	2	MO
DEPO-PROVERA	3	MO	GYNAZOLE-1	3	
DEPO-SUBQ PROVERA 104	4	MO	LYSTEDA	4	QL(120 per 90 days) MO
DIVIGEL GEL 1MG/GM	3	MO	<i>metronidazole vaginal</i>	2	MO
ENJUVIA	3	QL(90 per 90 days) MO	<i>miconazole 3</i>	2	MO
<i>errin</i>	2	MO	NUVARING	4	MO
ESTRADERM	3	MO	ORTHO EVRA	4	MO
<i>estradiol / norethindrone acetate tabs 1mg; 0.5mg</i>	2	MO	<i>terconazole</i>	2	MO
<i>estradiol ptwk</i>	2		<i>vandazole</i>	2	MO
<i>estradiol tabs</i>	1	MO	<i>zazole crea 0.4%</i>	2	MO
ESTRING	4	QL(1 per 90 days) MO	ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>estropipate tabs 0.75mg, 1.5mg</i>	1	MO	<i>amethia</i>	2	MO
<i>estropipate tabs 3mg</i>	2	MO	<i>amethyst</i>	2	MO
<i>jinteli</i>	2	MO	<i>apri</i>	2	MO
<i>jolivette</i>	2	MO	<i>aranelle</i>	2	MO
<i>medroxyprogesterone acetate inj</i>	2	MO	<i>aviane</i>	2	MO
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg</i>	2	MO	<i>balziva</i>	2	MO
<i>medroxyprogesterone acetate tabs 5mg</i>	1	MO	<i>briellyn</i>	2	MO
MENEST	4	MO	<i>cesia</i>	2	MO
MENOSTAR	4	MO	<i>cryselle-28</i>	2	MO
<i>nora-be</i>	2	MO	<i>cyclafem 1/35</i>	2	MO
<i>norethindrone tabs 5mg</i>	2	MO	<i>cyclafem 7/7/7</i>	2	MO
<i>ortho-est</i>	2		ELLA	3	
			<i>emoquette</i>	2	
			<i>enpresse-28</i>	2	MO
			<i>gianvi</i>	2	MO
			<i>introvale</i>	2	MO

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<i>junel</i>	2	MO	<i>vestura</i>	2	
<i>junel fe 1.5/30</i>	2	MO	<i>zeosa</i>	2	MO
<i>junel fe 1/20</i>	2	MO	<i>zovia 1/35e</i>	2	MO
<i>kariva</i>	2	MO	<i>zovia 1/50e</i>	2	MO
<i>kelnor 1/35</i>	2	MO	OXYTOCICS		
<i>leena</i>	2	MO	METHERGINE TABS	3	
<i>lessina-28</i>	2	MO	<i>methylergonovine maleate tabs</i>	2	
<i>levora</i>	2	MO	OPHTHALMOLOGY		
<i>low-ogestrel</i>	2	MO	ANTIBIOTICS		
<i>lutera</i>	2	MO	AZASITE	3	MO
<i>microgestin 1.5/30</i>	2	MO	<i>bacitracin / polymyxin b</i>	2	MO
<i>microgestin 1/20</i>	2	MO	<i>bacitracin ophthalmic oint</i>	2	MO
<i>microgestin fe</i>	2	MO	BESIVANCE	3	MO
<i>microgestin fe 1.5/30</i>	2	MO	CILOXAN OINT	3	MO
<i>mononessa</i>	2	MO	<i>ciprofloxacin ophthalmic soln</i>	2	MO
<i>necon 0.5/35-28</i>	2	MO	<i>erythromycin oint</i>	1	MO
<i>necon 1/35-28</i>	2	MO	<i>gentak oint</i>	2	MO
<i>necon 10/11-28</i>	2	MO	<i>gentamicin sulfate ophthalmic soln</i>	2	MO
<i>necon 7/7/7</i>	2	MO	<i>gentasol</i>	2	MO
<i>next choice</i>	2		<i>levofloxacin</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO	MOXEZA	3	MO
<i>nortrel 1/35 (21)</i>	2	MO	NATACYN	3	MO
<i>nortrel 1/35 (28)</i>	2	MO	<i>neomycin/bacitracin/polymyxin</i>	2	MO
<i>nortrel 7/7/7</i>	2	MO	<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>ocella</i>	2	MO	<i>ofloxacin</i>	2	MO
<i>ogestrel</i>	2	MO	<i>romycin</i>	2	MO
<i>orsythia</i>	2	MO	<i>tobramycin ophthalmic soln 0.3%</i>	2	
<i>portia-28</i>	2	MO	<i>tobramycin ophthalmic soln 0.3%</i>	1	MO
<i>previfem</i>	2	MO	<i>tobrasol</i>	2	
<i>quasense</i>	2	MO	TOBEX OINT	3	MO
<i>reclipsen</i>	2	MO	<i>trimethoprim sulfate/polymyxin b sulfate</i>	2	MO
<i>solia</i>	2	MO	VIGAMOX	3	MO
<i>sprintec 28</i>	2	MO	ZYMAR	3	MO
<i>sronyx</i>	2	MO	ZYMAXID	3	MO
<i>tri-legest fe</i>	2	MO	ANTIVIRALS		
<i>tri-previfem</i>	2	MO	<i>trifluridine</i>	2	MO
<i>tri-sprintec</i>	2	MO	ZIRGAN	4	MO
<i>trinessa</i>	2	MO	BETA-BLOCKERS		
<i>trivora-28</i>	2	MO			
<i>velivet</i>	2	MO			

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<i>betaxolol hcl</i>	2	MO
BETOPTIC-S	3	MO
<i>carteolol hcl</i>	2	MO
ISTALOL	3	MO
<i>levobunolol hcl ophthalmic soln 0.25%</i>	1	MO
<i>levobunolol hcl ophthalmic soln 0.5%</i>	2	MO
<i>metipranolol</i>	2	MO
<i>timolol maleate</i>	2	MO
<i>timolol maleate ophthalmic gel forming</i>	2	MO
TIMOPTIC OCUDOSE	3	MO
CYCLOPLEGIC MYDRIATICS		
<i>tropicamide ophthalmic soln 1%</i>	1	MO
<i>tropicamide ophthalmic soln 0.5%</i>	2	MO
DIRECT ACTING MIOTICS		
PILOPINE HS	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALAMAST	3	MO
ALOCRIAL	4	MO
<i>azelastine hcl</i>	2	MO
BEPREVE	3	MO
<i>cromolyn sodium ophthalmic soln</i>	2	MO
ELESTAT	3	MO
<i>epinastine hcl</i>	2	MO
LACRISERT	3	MO
PATADAY	3	MO
PATANOL	3	MO
RESTASIS	3	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	3	MO
BROMDAY	3	MO
<i>bromfenac</i>	2	MO
<i>diclofenac sodium</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac tromethamine ophthalmic soln</i>	2	MO
NEVANAC	3	MO

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ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide er</i>	2	MO
<i>acetazolamide sodium</i>	2	
<i>methazolamide</i>	2	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
COMBIGAN	3	MO
<i>dorzolamide hcl</i>	2	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN	3	MO
TRAVATAN Z	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/hc poly-dex oint</i>	2	MO
<i>poly-dex susp</i>	2	
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin/dexamethasone</i>	2	MO
ZYLET	3	MO
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>sulfacetamide sodium / prednisolone sodium phosph</i>	2	MO
STERIODS		
ALREX	3	MO
<i>dexamethasone ophthalmic soln</i>	2	MO
DUREZOL	3	MO
<i>fluorometholone</i>	2	MO
FML	3	MO
FML FORTE	3	MO
LOTEMAX	3	MO
<i>prednisolone acetate</i>	2	MO

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<i>prednisolone sodium phosphate ophthalmic soln</i>	2	MO	<i>levocetirizine dihydrochloride tabs</i>	2	QL(90 per 90 days) MO
SULFONAMIDES			<i>palgic liqd</i>	2	MO
BLEPH-10	3	MO	<i>phenadoz supp 12.5mg</i>	2	
<i>sodium sulfacetamide ophthalmic soln</i>	2	MO	<i>phenadoz supp 25mg</i>	2	MO
SYMPATHOMIMETICS			<i>promethazine hcl inj 25mg/ml</i>	2	
ALPHAGAN P	3	MO	<i>promethazine hcl inj 50mg/ml</i>	2	MO
<i>apraclonidine</i>	2	MO	<i>promethazine hcl supp</i>	2	MO
<i>brimonidine tartrate</i>	2	MO	<i>promethazine hcl syrp</i>	2	MO
IOPIDINE OPHTHALMIC SOLN 1%	4	MO	<i>promethazine hcl tabs</i>	2	MO
VASOCONSTRICTOR DECONGESTANTS			<i>promethegan supp 25mg, 50mg</i>	2	MO
<i>ak-con</i>	1	MO	TWINJECT	3	MO
RESPIRATORY AND ALLERGY			PULMONARY AGENTS		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS			<i>acetylcysteine</i>	2	B/D PA MO
<i>carbinoxamine maleate</i>	2	MO	ADVAIR DISKUS	3	QL(180 per 90 days) MO
<i>cetirizine hcl syrp</i>	2	MO	ADVAIR HFA	3	QL(36 per 90 days) MO
CLARINEX REDITABS	3	QL(90 per 90 days) MO	<i>albuterol sulfate er</i>	2	MO
CLARINEX SYRP	3	MO	<i>albuterol sulfate nebu</i>	2	B/D PA MO
CLARINEX TABS	3	QL(90 per 90 days) MO	<i>albuterol sulfate syrp</i>	2	MO
CLARINEX-D 12 HOUR	3	QL(180 per 90 days) MO	<i>albuterol sulfate tabs</i>	2	MO
CLARINEX-D 24 HOUR	3	QL(90 per 90 days) MO	ALVESCO	4	QL(19 per 90 days) MO
<i>clemastine fumarate syrp</i>	2	MO	<i>aminophylline inj</i>	2	
<i>clemastine fumarate tabs 2.68mg</i>	2	MO	<i>aminophylline tabs</i>	2	MO
<i>epinephrine hcl inj 0.1mg/ml</i>	2	MO	ASMANEX 120 METERED DOSES	3	QL(3 per 90 days) MO
EPIPEN	3	MO	ASMANEX 14 METERED DOSES	3	QL(3 per 90 days) MO
EPIPEN-JR	3	MO	ASMANEX 30 METERED DOSES	3	QL(3 per 90 days) MO
<i>hydroxyzine hcl</i>	2	MO	ASMANEX 60 METERED DOSES	3	QL(3 per 90 days) MO
<i>levocetirizine dihydrochloride oral soln</i>	2	MO	ATROVENT HFA	3	QL(77.4 per 90 days) MO

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BROVANA	4	B/D PA QL(360 per 90 days) MO	PULMICORT FLEXHALER	3	QL(6 per 90 days) MO
<i>budesonide susp</i>	2	B/D PA MO	PULMICORT SUSP 1MG/2ML	3	B/D PA MO
COMBIVENT	3	QL(88.2 per 90 days) MO	PULMOZYME	5	B/D PA MO
<i>cromolyn sodium nebu</i>	2	B/D PA MO	QVAR	3	QL(66 per 90 days) MO
DALIRESP	3	QL(90 per 90 days) MO	REVATIO INJ	5	QL(3375 per 90 days) MO
DULERA	4	QL(39 per 90 days) MO	REVATIO TABS	5	PA QL(270 per 90 days) MO
ELIXOPHYLLIN	4	MO	SEREVENT DISKUS	3	QL(180 per 90 days) MO
FIRAZYR	5	MO	SINGULAIR	3	QL(90 per 90 days) MO
FLOVENT DISKUS	3	QL(360 per 90 days) MO	SPIRIVA HANDIHALER	3	QL(90 per 90 days) MO
FLOVENT HFA	3	QL(72 per 90 days) MO	SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL(30.6 per 90 days)
<i>flunisolide nasal soln 0.025%</i>	2	MO	SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL(30.6 per 90 days) MO
<i>fluticasone propionate susp</i>	2	MO	<i>terbutaline sulfate</i>	2	MO
FORADIL AEROLIZER	3	QL(180 per 90 days) MO	THEO-24	4	MO
<i>ipratropium bromide inhalation soln</i>	2	B/D PA MO	<i>theochron tb12 300mg</i>	2	
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA MO	<i>theochron tb12 100mg</i>	2	MO
LETAIRIS	5	LA PA QL(90 per 90 days) MO	<i>theophylline er</i>	2	MO
<i>metaproterenol sulfate</i>	2	MO	TRACLEER	5	LA PA QL(180 per 90 days) MO
NASONEX	3	MO	<i>triamcinolone acetonide inha</i>	2	MO
PERFOROMIST	3	B/D PA MO	VENTOLIN HFA	3	QL(108 per 90 days) MO
PROAIR HFA	3	QL(51 per 90 days) MO	VERAMYST	3	MO
PROVENTIL HFA	3	QL(41 per 90 days) MO	XOLAIR	5	PA QL(7.2 per 30 days) MO

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XOPENEX HFA	4	QL(90 per 90 days) MO	<i>trospium chloride</i>	2	QL(180 per 90 days) MO
<i>zafirlukast</i>	2	QL(180 per 90 days) MO	VESICARE	3	QL(90 per 90 days) MO
ZYFLO CR	4	QL(360 per 90 days) MO	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
UROLOGICALS			<i>alfuzosin hcl er</i>	2	QL(90 per 90 days) MO
ANTICHOLINERGICS / ANTISPASMODICS			AVODART	3	QL(90 per 90 days) MO
DETROL	3	QL(180 per 90 days) MO	<i>finasteride</i>	2	QL(90 per 90 days) MO
DETROL LA	3	QL(90 per 90 days) MO	JALYN	3	QL(90 per 90 days) MO
ENABLEX	3	QL(90 per 90 days) MO	RAPAFLO	3	QL(90 per 90 days) MO
<i>flavoxate hcl</i>	2	MO	<i>tamsulosin hcl</i>	2	QL(180 per 90 days) MO
GELNIQUE	3	QL(90 per 90 days) MO	UROXATRAL	3	QL(90 per 90 days) MO
<i>oxybutynin er tb24 5mg</i>	2	QL(90 per 90 days) MO	CHOLINERGIC STIMULANTS		
<i>oxybutynin er tb24 10mg, 15mg</i>	2	QL(180 per 90 days) MO	<i>bethanechol chloride</i>	2	MO
<i>oxybutynin syrup</i>	2	MO	MISCELLANEOUS UROLOGICALS		
<i>oxybutynin tabs</i>	1	QL(360 per 90 days) MO	CYSTAGON	3	LA
OXYTROL	3	QL(32 per 90 days) MO	ELMIRON	3	MO
SANCTURA XR	3	QL(90 per 90 days) MO	<i>potassium citrate er</i>	2	MO
TOVIAZ	3	QL(90 per 90 days) MO	VITAMINS, HEMATINICS / ELECTROLYTES		
			ELECTROLYTES		
			<i>calcium acetate caps</i>	2	MO
			<i>calcium acetate tabs 667mg</i>	2	
			<i>eliphos</i>	2	MO
			K-TABS	4	MO
			<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	

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<i>kcl 0.15%/d5w/lr</i>	2		POTASSIUM CHLORIDE INJ	3	
KCL 0.15%/D5W/NACL 0.2%	3		0.4MEQ/ML, 30MEQ/100ML		
KCL 0.15%/D5W/NACL 0.225%	3		<i>ringers injection</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2		<i>sodium bicarbonate inj 7.5%, 8.4%</i>	2	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	2		<i>sodium chloride 0.45% viaflex</i>	2	MO
KCL 0.3%/D5W/NACL 0.2%	3		<i>sodium chloride inj 3%, 5%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2		<i>sodium chloride inj 2.5meq/ml</i>	2	MO
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2		MISCELLANEOUS NUTRITION PRODUCTS		
<i>klor-con 10</i>	2	MO	AMINOSYN	3	
<i>klor-con 8</i>	2	MO	AMINOSYN II	3	
KLOR-CON M15	4	MO	AMINOSYN II M	3	
<i>klor-con m20</i>	2	MO	AMINOSYN-HBC	3	
LACTATED RINGERS	3	MO	AMINOSYN-HF	3	
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	3		AMINOSYN-PF	3	
MAGNESIUM SULFATE INJ	3		AMINOSYN-PF 7%	3	
NORMOSOL	3		CLINIMIX / DEXTROSE	3	
PHOSLYRA	3	MO	CLINISOL SF	3	
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	3		DEXTROSE 5%	3	
POTASSIUM CHLORIDE 0.15%/NACL 0.45% VIAFLEX	3		/ELECTROLYTE #48 VIAFLEX		
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2		FREAMINE III	3	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	MO	HEPATAMINE	3	
<i>potassium chloride 0.15% nacl 0.9%</i>	2		HEPATASOL	3	
POTASSIUM CHLORIDE 0.15%/D5W	3		INTRALIPID INJ 1.7%; 30%	3	
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	3		<i>intralipid inj 2.25%; 20%</i>	2	
<i>potassium chloride 0.224%/d5w</i>	2		IONOSOL	3	
POTASSIUM CHLORIDE 0.3%/NACL 0.9%	3		ISOLYTE	3	
<i>potassium chloride 0.3%/d5w</i>	2		KCL 0.15%/D10W/NACL 0.2%	3	
<i>potassium chloride er cpr</i>	2	MO	LIPOSYN II INJ 2.5%; 5%; 5%	3	
<i>potassium chloride er tbc 10meq</i>	2		LIPOSYN III INJ 1.2%; 2.5%; 10%, 1.8%; 2.5%; 30%	3	
<i>potassium chloride er tbc 20meq</i>	2	MO	NEPHRAMINE	3	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 2meq/ml</i>	2		NORMOSOL	3	
			PLASMA-LYTE	3	

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PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	3	
<i>premasol inj 52meq/l;</i> <i>1760mg/100ml; 880mg/100ml;</i> <i>34meq/l; 1760mg/100ml;</i> <i>372mg/100ml; 406mg/100ml;</i> <i>526mg/100ml; 492mg/100ml;</i> <i>492mg/100ml; 526mg/100ml;</i> <i>356mg/100ml; 356mg/100ml;</i> <i>390mg/100ml; 34mg/100ml;</i> <i>152mg/100ml</i>	2	
TRAVASOL	3	
TROPHAMINE	3	
VITAMINS / HEMATINICS		
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