

# RXCORE® PRESCRIPTION DRUG LIST (IDAHO)

This is a summary of the prescription drugs covered on your plan. This printed version contains only the most commonly prescribed drugs in their most common strengths and formulations. This is not a complete list of all covered drugs and may change due to new drugs, therapies, or other factors.

Your drug benefit has four tiers (levels) of coverage. The tiers determine the amount you are responsible to pay. In most cases, drugs on lower tiers will cost you less. Copay and coinsurance amounts are shown on your Member Payment Summary (MPS) and ID card.

If you have questions about your prescription drug benefits, please call Member Services at **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users please call 711.

You can view the most current drug coverage and pharmacy benefit information by logging into **My Health** at **selecthealth.org**. Once logged in, click the SelectHealth icon to find:

- Drug prices and potential lower-cost alternatives for drugs you already take
- A drug lookup, searchable by drug name and dose
- Tier statuses of prescription drugs, including injectables
- Your prescription copays and benefits
- Explanations of Benefits (EOBs) for your drug claims
- Preauthorization and step therapy requirements
- Participating pharmacies, including Retail90®

## LEGEND

### (PA) Preauthorization

Coverage of certain drugs is based on medical necessity. For these drugs, you will need preauthorization from SelectHealth; otherwise, you will be responsible to pay the drug's full retail price.

### (M) Maintenance Drug

These drugs qualify for the 90-day maintenance drug benefit. **Note:** Most members on Individual Plans only have a 90-day maintenance drug benefit for Tier 1 medications. Please consult your Member Payment Summary for more information on whether your plan includes a 90-day maintenance drug benefit.

### (ST) Step Therapy

Drugs that require step therapy are covered by SelectHealth only after you have tried the alternative therapy and it didn't work (the therapy failed). Step therapy generally applies only to brand-name drugs.

### (QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., maximum number of tablets or capsules per prescription). Preauthorization is required if the medication exceeds the plan limits.

### (AGE) Age Limit

A minimum or maximum age limit requirement must be met for coverage.

## IMPORTANT INFORMATION

### Different Strengths and Coverage

Prescriptions vary in strength and formulation, and your specific prescription may be covered at a different tier than is listed here.

### Preventive Drugs

There are certain drugs that are considered preventive under the Affordable Care Act (ACA). Many SelectHealth plans cover ACA preventive drugs at 100 percent—that means no copay, coinsurance, or deductible. For more information about your coverage for preventive healthcare medications and services consult your member materials or visit **selecthealth.org/wellness**.

### Value-based Option

If your plan includes the **value-based option**, Tier 2 drugs in the preventive categories are covered at the Tier 1 benefit. Refer to your Member Payment Summary (MPS) and ID card for details.

### Noncovered Drug Exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis.



Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
ACNE						
				ACZONE	3	(ST)
	AVITA	1	(AGE)			
				FINACEA FOAM	2	
				FINACEA GEL	2	
	TRETINOIN	1	(ST)(QL)(AGE)			
AMPA GLUTAMATE RECEPTOR ANTAGONISTS						
				FYCOMPA	2	(QL)(M)
ANTIBIOTICS						
	AMOX/K CLAV	1				
	AMOXICILLIN	1				
	AVIDOXY	1		ADOXA	3	
	AZITHROMYCIN	1	(QL)			
				CAYSTON	4	(PA)(QL)(M)
	CEFDINIR	1				
	CEFUROXIME	1				
	CEPHALEXIN	1				
	CIPROFLOXACN	1				
	CLINDAMYCIN	1	(ST)			
	DOXYCYC MONO	1	(PA)	ADOXA	3	
	DOXYCYC MONO	1	(PA)			
				KITABIS PAK	4	(PA)(QL)(M)
	LEVOFLOXACIN	1				
	METRONIDAZOL	1	(QL)			
	MINOCYCLINE	1				
	MONDOXYNE NL	1	(PA)			
	NITROFURANTN	1				
	OKEBO	1	(PA)			
	SMZ-TMP DS	1				
				TOBI PODHALR	4	(PA)(QL)(M)
ANTIFUNGALS						
	FLUCONAZOLE	1	(QL)			
ANTIMALARIALS						
	HYDROXYCHLOR	1	(M)			
ANTIRHEUMATIC - ENZYME INHIBITORS						
				XELJANZ	4	(PA)(QL)(M)
				XELJANZ XR	4	(PA)(QL)(M)
ANTISEPTICS - MOUTH/THROAT						
	CHLORHEX GLU	1				
ANTITUSSIVES						
	BENZONATATE 100MG , 200MG	1				
	BENZONATATE 150MG	1				
	HYDROMET	1				
ANTIVIRALS						
	ACYCLOVIR	1				
	VALACYCLOVIR	1	(QL)			
ANXIETY & SLEEP						
	ALPRAZOLAM	1	(QL)			
	BUSPIRONE	1	(M)			
	DIAZEPAM	1	(QL)			
	ESZOPICLONE	1	(QL)			
	HYDROXYZINE	1				
	LORAZEPAM	1				
	TEMAZEPAM	1	(QL)			
	ZOLPIDEM	1	(QL)			
	ZOLPIDEM ER	1	(QL)			
ASTHMA AND COPD						
				ADVAIR	3	(PA)(QL)(M)
	ALBUTEROL	1	(M)			
				ARCAPTA	3	(M)
				ARNUITY ELPT	2	(QL)(M)
				ASMANEX	2	(QL)(M)
				ATROVENT HFA	3	(M)
				BREO ELLIPTA	3	(PA)(QL)(M)
				COMBIVENT	2	(M)
				DALIRESP	2	(QL)(M)
				DULERA	3	(PA)(QL)(M)
	EPINEPHRINE	1	(QL)			
				FLOVENT	2	(QL)(M)

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	IPRATROPIUM	1	(M)			
	MONTELUKAST	1	(QL)(M)			
				PROAIR HFA	3	(ST)(QL)(M)
				PROAIR RESPI	3	(ST)(QL)(M)
				PROVENTIL	3	(ST)(QL)(M)
				PULMICORT INHALER	3	
				QVAR	3	(ST)(QL)(M)
				SEREVENT DIS	2	(M)
				SPIRIVA HANDIHALER	2	
				SPIRIVA RESPIMAT	2	
				STIOLTO	2	(QL)(M)
				STRIVERDI	2	(QL)(M)
				SYMBICORT	2	(QL)(M)
	TERBUTALINE	1	(QL)(M)			
				VENTOLIN HFA	2	(QL)(M)
BLOOD THINNERS						
				BRILINTA	2	(QL)(M)
	CLOPIDOGREL	1	(QL)(M)			
				ELIQUIS	2	(QL)(M)
				SAVAYSA	3	(M)
	WARFARIN	1	(M)	COUMADIN	2	(M)
				XARELTO	2	(QL)(M)
CADRIOVASCULAR ANTIADRENERGICS						
	CLONIDINE	1	(QL)(M)			
	PRAZOSIN HCL	1	(M)			
CARDIOVASCULAR						
	AMLODIPINE	1	(M)			
	ATENOLOL	1	(QL)(M)			
				BYSTOLIC	3	(QL)(M)
				BYVALSON	3	(ST)(QL)(M)
	CARTIA XT	1	(M)			
	CARVEDILOL	1	(M)			
				CORLANOR	2	(ST)(QL)(M)
	DILTIAZEM	1	(M)			
				EDARBI	3	(ST)(QL)(M)
				ENTRESTO	2	(PA)(QL)(M)
				EPANED	3	(QL)(AGE)(M)
	FUROSEMIDE	1	(M)			
	HYDROCHLOROTHIAZIDE	1				
	LISINOP/HCTZ	1	(M)			
	LISINOPRIL	1	(M)			
	LOSARTAN POT	1	(QL)(M)			
	LOSARTAN/HCT	1	(QL)(M)			
	METOPROLOL	1	(M)			
				MULTAQ	2	(M)
	PROPRANOLOL	1	(M)			
				QBRELIS	3	(AGE)(M)
				RANEXA	3	(ST)(QL)(M)
	SPIRONOLACT	1	(M)			
	TELMISARTAN	1	(QL)(M)	MICARDIS	3	(ST)(QL)(M)
	TRIAMT/HCTZ	1	(M)			
	VALSART/HCTZ	1	(QL)(M)			
	VALSARTAN	1	(QL)(M)			
CHOLESTEROL						
	ATORVASTATIN	1	(QL)(AGE)(M)			
	COLESTIPOL	1	(QL)(M)			
	FENOFIBRATE	1	(QL)(M)			
				LIVALO	3	(ST)(QL)(M)
	PRAVASTATIN	1	(QL)(AGE)(M)			
				REPATHA	4	(PA)(QL)(M)
	ROSUVASTATIN	1	(QL)(AGE)(M)			
	SIMVASTATIN	1	(QL)(AGE)(M)			
				WELCHOL	3	(ST)(QL)(M)
CONTRACEPTION (BIRTH CONTROL)						
	GENERIC CONTRACEPTIVES	1		BRAND CONTRACEPTIVES	3	
	MEDROXYPROGESTERONE	1				
				NUVARING	2	(QL)(M)
COUGH/COLD/ALLERGY COMBINATIONS						
	CHERATUSSIN	1				
	CODEINE/GG	1				

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	G TUSSIN AC	1				
	M-CLEAR WC	1				
	PROMETH/COD	1				
	RELCOF C	1				
	ROBAFEN AC	1				
CYSTIC FIBROSIS AGENTS						
				KALYDECO	4	(PA)(QL)(M)
DERMATOLOGICALS (SKIN) ACNE						
				RHOFADE	3	(QL)
DERMATOLOGICALS (SKIN) ANTIFUNGALS						
				COSENTYX PEN	4	(PA)(QL)(M)
				TAZORAC	3	(ST)(AGE)
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS						
	MUPIROCIN	1				
DERMATOLOGICALS (SKIN) STEROIDS						
				ENSTILAR	3	
				TACLONEX	3	
	TRIAMCINOLON	1	(ST)(QL)			
DIABETES - INSULIN						
				LANTUS	2	(M)
				LEVEMIR	2	(M)
				NOVOLIN	2	(M)
				NOVOLIN N	2	(M)
				NOVOLIN R	2	(M)
				NOVOLOG	2	(M)
				NOVOLOG MIX	2	(M)
				TOUJEO SOLO	2	(M)
DIABETES - NON-INSULIN						
	ALOGLIPTIN	1	(ST)(QL)(M)			
				AVANDIA	3	(PA)(M)
				FARXIGA	3	(PA)(QL)(M)
	GLIMEPIRIDE	1	(M)			
	GLIPIZIDE	1	(M)			
				GLUCAGEN	2	(M)
				GLUCAGON	2	(M)
				GLYXAMBI	2	(ST)(QL)(M)
				INVOKAMET	2	(ST)(QL)(M)
				INVOKAMET XR	2	(ST)(QL)(M)
				INVOKANA	2	(ST)(QL)(M)
				JARDIANCE	2	(ST)(QL)(M)
				JENTADUETO	2	(ST)(QL)(M)
	METFORMIN	1	(M)			
	PIOGLITAZONE	1	(QL)(M)			
				SYMLIN	3	(PA)(QL)(M)
				SYNJARDY	2	(ST)(QL)(M)
				TRADJENTA	2	(ST)(QL)(M)
				TRULICITY	2	(ST)(QL)(M)
				VICTOZA	2	(ST)(QL)(M)
				XIGDUO XR	3	(PA)(QL)(M)
DIABETES - TESTING AND SUPPLIES						
	BLOOD GLUCOS	1	(PA)(QL)(M)	FREESTYLE	2	(PA)(QL)(M)
				FREESTYLE	2	(PA)(QL)(M)
	LANCETS	1	(M)	LANCETS	2	(M)
	PEN NEEDLES	1	(M)	PEN NEEDLES	3	(M)
				PRECISN XTRA	2	(QL)(M)
DIAGNOSTIC DRUGS						
				GLUCAGEN	2	(M)
FLUORIDE						
	FLUORIDE	1	(QL)(AGE)(M)			
FOLIC ACID/FOLATES						
	FOLIC ACID	1	(M)			
GASTROINTESTINAL (DIGESTIVE) MISC. GASTROINTESTINAL						
				AMITIZA	3	(ST)(QL)(AGE)(M)
				LINZESS	2	(QL)(M)
				MOVANTIK	2	(QL)
GASTROINTESTINAL (DIGESTIVE) NAUSEA & VOMITING						
	ONDANSETRON	1	(QL)			
	PROMETHAZINE	1				
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS						
	FAMOTIDINE	1	(QL)(M)			

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	RANITIDINE	1	(QL)(M)			
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS						
				DEXILANT	3	(ST)(QL)(M)
	LANSOPRAZOLE	1	(QL)(M)			
	OMEPRAZOLE	1	(PA)(QL)(M)			
	PANTOPRAZOLE	1	(QL)(M)			
GROWTH HORMONES						
				GENOTROPIN	4	(PA)(QL)(M)
				HUMATROPE	4	(PA)(QL)(M)
				NORDITROPIN	4	(PA)(QL)(M)
				OMNITROPE	4	(PA)(QL)(M)
				SAIZEN	4	(PA)(QL)(M)
				SAIZENPREP	4	(PA)(QL)(M)
				SEROSTIM	4	(PA)(QL)(M)
				ZORBTIVE	4	(PA)(QL)(M)
HEPATITIS THERAPIES						
				EPCLUSA	4	(PA)(QL)(M)
				HARVONI	4	(PA)(QL)(M)
				MAVYRET	4	(PA)(QL)(M)
				VOSEVI	4	(PA)(QL)(M)
HORMONE REPLACEMENT THERAPY FEMALE						
				DIVIGEL	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	ALORA	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	ESTRACE	3	(QL)(M)
	ESTRADIOL	1	(QL)(M)	MINIVELLE	3	(QL)(M)
	ESTRING	3	(ST)(QL)(M)			
				FEMRING	3	(ST)(QL)(M)
				PREMARIN VAG	3	(ST)(QL)(M)
HORMONE REPLACEMENT THERAPY MALE						
				ANDROGEL	2	(QL)(M)
	TESTOST CYP	1	(QL)(M)	DEPO-TESTOST	3	(QL)(M)
INFLAMMATORY BIOLOGIC AGENTS						
				ACTEMRA	4	(PA)(QL)(M)
				CIMZIA	4	(PA)(QL)(M)
				COSENTYX	4	(PA)(QL)(M)
				ENBREL	4	(PA)(QL)(M)
				HUMIRA	4	(PA)(QL)(M)
				ORENCIA	4	(PA)(QL)(M)
				OTEZLA	4	(PA)(QL)(M)
				SIMPONI	4	(PA)(QL)(M)
				STELARA	4	(PA)(QL)(M)
INFLAMMATORY BOWEL AGENTS						
				APRISO	2	(QL)(M)
				CANASA	2	(QL)
				CIMZIA	4	(PA)(QL)(M)
				DELZICOL	2	(QL)(M)
				PENTASA	2	(QL)(M)
INFLAMMATORY NON-BIOLOGIC						
	METHOTREXATE	1	(M)			
				RASUVO	2	(ST)(QL)
INFLUENZA AGENTS						
	OSELTAMIVIR	1	(QL)			
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)						
				KINERET	4	(PA)(QL)(M)
INTERLEUKIN-6 RECEPTOR INHIBITORS						
				KEVZARA	4	(PA)(QL)(M)
INTESTINAL ACIDIFIERS						
	LACTULOSE	1				
LAXATIVE COMBINATIONS						
				PREPOPIK	3	
				SUPREP BOWEL	2	
LAXATIVES						
	LACTULOSE	1				
	PEGYLAX	1				
	POLYETH GLYC	1				
MENTAL HEALTH						
	AMITRIPTYLIN	1	(M)			
				APTENSIO XR	3	(QL)
	ARIPIPRAZOLE	1	(ST)(QL)(M)			
	BUDEPRION	1	(QL)(M)			

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
	BUPROPION	1	(QL)(AGE)(M)			
	BUPROPN HCL	1	(QL)(M)			
	CITALOPRAM	1	(QL)(M)			
	DULOXETINE	1	(QL)(M)	CYMBALTA	3	(ST)(QL)(M)
	ESCITALOPRAM	1	(QL)(M)	LEXAPRO	3	(ST)(QL)(M)
				FANAPT	3	(ST)(QL)
	FLUOXETINE	1	(ST)(QL)(M)			
				LATUDA	2	(ST)(QL)(M)
	MIRTAZAPINE	1	(QL)(M)			
				NAMENDA XR	3	(ST)(QL)(M)
	PAROXETINE	1	(ST)(QL)(M)	PAXIL	3	(ST)(QL)(M)
	QUETIAPINE ER	1				
	RISPERIDONE	1	(QL)(M)			
				SAPHRIS	3	(ST)(QL)(M)
				SAVELLA	3	(QL)(M)
	SERTRALINE	1	(QL)(M)			
	TRAZODONE	1	(QL)(M)			
	VENLAFAXINE	1	(QL)(M)	EFFEXOR XR	3	(ST)(QL)(M)
				VRAYLAR	3	(PA)(QL)(M)
MIGRAINE						
	RIZATRIPTAN	1	(QL)(M)			
	SUMATRIPTAN	1	(ST)(QL)(M)			
MULTIPLE SCLEROSIS AGENTS						
				AMPYRA	4	(PA)(QL)(M)
				AUBAGIO	4	(PA)(QL)(M)
				AVONEX	4	(PA)(QL)(M)
				COPAXONE	4	(PA)(QL)(M)
				EXTAVIA	4	(PA)(QL)(M)
				GILENYA	4	(PA)(QL)(M)
				PLEGRIDY	4	(PA)(QL)(M)
				REBIF	4	(PA)(QL)(M)
				TECFIDERA	4	(PA)(QL)(M)
MUSCLE RELAXANTS						
	BACLOFEN	1	(M)			
	CARISOPRODOL	1	(QL)			
	CYCLOBENZAPRINE	1				
	METHOCARBAM	1				
	TIZANIDINE	1	(ST)(QL)			
NASAL ALLERGY						
				DYMISTA	2	(QL)
	FLUTICASONE	1	(QL)(M)			
NASAL ANTICHOLINERGICS						
	IPRATROPIUM	1	(M)			
OIL SOLUBLE VITAMINS						
	VITAMIN D	1	(M)			
ONCOLOGY/HEMATOLOGY						
				BOSULIF	4	(PA)(QL)(M)
				GLEEVEC	4	(PA)(QL)(M)
				ICLUSIG	4	(PA)(QL)(M)
				NERLYNX	4	(PA)(QL)(M)
				NEULASTA	4	(PA)(M)
				SPRYCEL	4	(PA)(QL)(M)
				TASIGNA	4	(PA)(QL)(M)
				TYKERB	4	(PA)(QL)(M)
				ZYTIGA	4	(PA)(QL)(M)
OPHTHALMIC STEROIDS						
				PRED MILD	3	
	PREDNISOLONE	1	(QL)			
OPHTHALMICS (EYE) ANTI-INFECTIVES						
	CIPROFLOXACN	1				
	POLYMYXIN B	1				
	TRIMETHOPRIM	1				
OPHTHALMICS (EYE) MISC. OPHTHALMICS						
				ALPHAGAN P	3	(QL)(M)
				COMBIGAN	2	(QL)(M)
				RESTASIS	3	(PA)
				RESTASIS MUL	3	(PA)
OPHTHALMICS (EYE) PROSTGLANDINS						
	LATANOPROST	1	(QL)(M)			
				LUMIGAN	2	(QL)(M)

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
OPIOID ANTAGONISTS						
				NARCAN	2	(QL)
				VIVITROL	4	(QL)(M)
OPIOID PARTIAL AGONISTS						
	BUPREN/NALOX	1	(QL)	SUBOXONE	3	(QL)
	BUPRENORPHIN	1	(QL)			
OSTEOPOROSIS						
	ALENDRONATE	1	(QL)(M)			
OTIC PREPARATIONS (EAR)						
				CIPRODEX	3	
PAIN MEDICATIONS - NARCOTICS						
	APAP/CODEINE	1	(ST)(QL)			
	BUPRENORPHIN	1	(QL)	BUTRANS	2	(QL)
	BUT/APAP/CAF	1	(ST)(QL)			
	ENDOCET	1	(ST)(QL)			
	FENTANYL	1	(PA)(ST)(QL)			
	HYDROCO/APAP	1	(ST)(QL)			
	MORPHINE SUL	1	(ST)(QL)			
	OXYCOD/APAP	1	(ST)(QL)			
	OXYCODONE	1	(PA)(ST)(QL)			
	TRAMADOL HCL	1	(ST)(QL)			
PAIN MEDICATIONS NSAIDS						
	CELECOXIB	1	(QL)(M)			
	DICLOFENAC	1	(PA)(QL)(M)			
	IBUPROFEN	1	(M)			
	MELOXICAM	1	(M)	MOBIC	3	(ST)(M)
	NAPROXEN	1	(M)	NAPROSYN	3	(ST)(M)
PANCREATIC ENZYME						
				CREON	2	(QL)(M)
				PANCREAZE	2	(QL)(M)
				PERTZYE	2	(QL)(M)
				ZENPEP	2	(QL)(M)
PARKINSON'S						
	PRAMIPEXOLE	1	(ST)(QL)(M)			
	ROPINIROLE	1	(QL)(M)			
PED MV W/ FLUORIDE						
	MULTI-VIT/FL	1	(M)	MULTIVIT/FL	3	(M)
POTASSIUM						
	KLOR-CON	1	(M)			
	POTASSIUM CHLORIDE	1				
PROSTAGLANDIN VASODILATORS						
				ORENITRAM	4	(PA)(QL)(M)
PROSTATE						
	FINASTERIDE	1	(M)			
	TAMSULOSIN	1	(M)			
PULMONARY ARTERIAL HYPERTENSION						
				LETAIRIS	4	(PA)(QL)(M)
				OPSUMIT	4	(PA)(QL)(M)
				TRACLEER	4	(PA)(QL)(M)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR						
				ADEMPAS	4	(PA)(QL)(M)
SEIZURE DISORDER						
				BRIVIACT	3	(QL)(M)
	CLONAZEPAM	1	(QL)(M)			
	GABAPENTIN	1	(QL)(M)			
	LAMOTRIGINE	1	(ST)(QL)(M)	LAMICTAL	3	(ST)(QL)(M)
	LEVETIRACETA	1	(QL)(M)	KEPPRA	3	(ST)(QL)(M)
				LYRICA	3	(PA)(QL)(M)
	ROWEEPRA	1	(QL)(M)	KEPPRA	3	(ST)(QL)(M)
	TOPIRAMATE	1	(QL)(M)	TOPAMAX	3	(ST)(QL)(M)
				VIMPAT SOLUTION	2	
				VIMPAT TABLETS	2	
SELECTIVE COSTIMULATION MODULATORS						
				ORENCIA CLCK	4	(PA)(QL)(M)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS						
				ENBREL MINI	4	(PA)(QL)(M)
STEROIDS						
	DEXAMETHASON	1				
	METHYLPRED	1				
	PREDNISONE	1	(M)			

Category	Generic Name	Generic Tier	Gen. Spec. Requirements	Brand Name	Brand Tier	Brand Spec. Requirements
STIMULANTS - ADHD/WAKEFULNESS						
	AMPHET/DEXTR	1	(QL)			
	DEXMETHYLPHENIDATE	1				
	DEXMETHYLPHENIDATE ER	1				
	DEXTROAMPHET	1	(QL)			
	METADATE	1	(QL)			
	METHYLPHENID	1	(QL)			
				QUILLIVANT	3	(QL)
				VYVANSE	2	(QL)
THYROID						
	LEVOTHYROXIN	1	(QL)(M)	LEVO-T	2	(QL)(M)
				LEVOXYL	2	(QL)(M)
	LIOTHYRONINE	1	(M)			
				NATURE THROID	3	
				SYNTHROID	3	(QL)(M)
UNCATEGORIZED						
	ALLOPURINOL	1	(M)			
				BELSOMRA	3	(ST)(QL)
	COLCHICINE	1	(QL)	COLCRYS	3	(QL)
	EPINEPHRINE	1	(QL)			
				REPATHA PUSH	4	(PA)(QL)(M)
				REPATHA SURE	4	(PA)(QL)(M)
	SEVELAMER	1	(M)	REVELA	2	(M)
				XIIDRA	3	(PA)(QL)
URINARY INCONTINENCE						
	OXYBUTYNIN	1	(QL)(M)			
VIRAL VACCINES						
				HAVRIX	2	
				VAQTA	2	