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SilverScript Employer PDP sponsored by State of Maryland (SilverScript)

2024 Formulary (List of Covered Drugs)

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

This formulary was updated on 01/29/2024. For more recent information or other questions, please contact Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 24194

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

When this drug list (formulary) refers to "we," "us," or "our," it means SilverScript® Insurance Company. When it refers to "plan" or "our plan," it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 29, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript 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. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note: State of Maryland provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

The additional coverage provided by State of Maryland covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your initial coverage limit or total out-of-pocket costs. These prescription drugs are not subject to the appeals and exceptions process.

Please contact Customer Care for any questions regarding your additional benefits.

Can the Formulary (drug list) change?

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

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

New generic drugs. We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a

brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits and/or prior authorization restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 45-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of January 29, 2024. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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. 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.

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

Prior Authorization (PA): Some drugs require you or your physician to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don’t get approval, we may not cover the drug.

Quantity Limits (QL): For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.

There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SilverScript Formulary?” for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

State of Maryland offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript Formulary?

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

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

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

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

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

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

Every drug on the plan's drug list is in one of three cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier 1: Generic

Cost-Sharing Tier 2: Preferred Brand

Cost-Sharing Tier 3: Non-Preferred Brand

To find out which cost-sharing tier your drug is in, look it up in the plan's drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug before your Individual & Family maximum out-of-pocket is met:

	Network Retail Pharmacy (Up to a 45-day supply)	Mail-Order Pharmacy (Up to a 45-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$10.00	\$10.00	\$10.00
Tier 2: Preferred Brand	\$25.00	\$25.00	\$25.00
Tier 3: Non-Preferred Brand	\$40.00	\$40.00	\$40.00

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Costs shown in the table above reflect the additional coverage that may be provided by State of Maryland. Drugs that are part of your standard Medicare plan, but do not have additional coverage from State of Maryland would be covered under the 2024 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2024-Medicare-Part-D-Outlook.php> for more information about the 2024 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

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

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

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

- PA Prior Authorization
- QL Drug has Quantity Limits
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This 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.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> TABS 100mg, 300mg	1		<i>FELDENE</i> CAPS 10mg, 20mg	3	
<i>ALLOPURINOL</i> TABS 200mg	3		<i>flurbiprofen</i> TABS 100mg	1	
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg	3	NDS	<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ALOPRIM</i> SOLR 500mg	3	NDS	<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>colchicine</i> TABS .6mg	1		<i>ketorolac tromethamine</i> TABS 10mg	1	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1		<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>COLCRYS</i> TABS .6mg	3		<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1		<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>KRYSTEXXA</i> SOLN 8mg/ml	3	NDS NM LA	<i>naproxen</i> TABS 250mg, 375mg	1	
<i>MITIGARE</i> CAPS .6mg	2		<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>probenecid</i> TABS 500mg	1		<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	1	
<i>ULORIC</i> TABS 40mg, 80mg	3		<i>naproxen sodium</i> TABS 275mg	1	
NSAIDS					
<i>ARTHROTEC</i> 50 TAB	3		<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>ARTHROTEC</i> 75 TAB	3		<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1	
<i>CELEBREX</i> CAPS 50mg, 100mg, 200mg, 400mg	3		<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1		<i>sulindac</i> TABS 150mg, 200mg	1	
<i>DAYPRO</i> TABS 600mg	3		<i>tolmetin sodium</i> TABS 600mg	1	
<i>diclofenac potassium</i> TABS 50mg	1		OPIOID ANALGESICS, LONG-ACTING		
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		<i>BELBUCA</i> FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL PA
<i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1		QL (60 buccal films / 30 days)		
<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1		<i>BELBUCA</i> FILM 750mcg, 900mcg	3	NDS QL PA
<i>diflunisal</i> TABS 500mg	1		QL (60 buccal films / 30 days)		
<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	1				
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1				
<i>etodolac</i> (generic of LODINE) TABS 400mg	1				

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
buprenorphine (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	3	NDS QL PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
hydrocodone bitartrate CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
METHADONE HCL INJ SOLN 10mg/ml methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	3	
OPIOID ANALGESICS, SHORT-ACTING		
morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
OPPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	1	QL
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg QL (300 caps / 30 days)	1	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	3	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
codeine sulfate TABS 30mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL
endocet tab 2.5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
endocet tab 5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
endocet tab 7.5-325mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
endocet tab 10-325mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL
fentanyl citrate LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA
fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 5- 200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
morphine sulfate SOLN 20mg/ml QL (180 mL / 30 days)	1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	3	
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen soln 5-325 mg/5ml QL (1800 mL / 30 days)	1	QL
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
oxymorphone hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCO CET TAB 2.5-325 QL (360 tabs / 30 days)	3	NDS QL
PERCO CET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL
PERCO CET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL
PERCO CET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
SEGLENTIS TAB 56-44MG QL (120 tabs / 30 days)	3	QL PA
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	1	QL
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	1	QL
trezix QL (300 caps / 30 days)	1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN 4%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg	3	
albendazole TABS 200mg	3	NDS
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA
atovaquone (generic of MEPRON) SUSP 750mg/5ml	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		
AZACTAM SOLR 1gm, 2gm	3		DAPTOMY/NACL INJ	3
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	1		350/50ML	
BACTRIM DS TAB 800-160	3		DAPTOMY/NACL INJ	3
BACTRIM TAB 400-80MG	3		500/50ML	
BETHKIS NEBU 300mg/4ml	3	NDS B/D NM LA	<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	3 NDS
BILTRICIDE TABS 600mg	3		DAPTOMYCIN SOLR	3 NDS
CAYSTON SOLR 75mg	3	NDS NM LA	350mg, 500mg	
CLEOCIN CAPS 75mg, 150mg, 300mg	3		<i>daptomycin</i> SOLR 500mg	3 NDS
CLEOCIN PEDIATRIC	3		EMVERM CHEW 100mg	3 NDS
GRANULE SOLR 75mg/5ml			<i>ertapenem sodium</i> SOLR 1gm	1
CLEOCIN PHOSPHATE	3		FIRVANQ SOLR 25mg/ml, 50mg/ml	3
SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml			FLAGYL CAPS 375mg	3
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1		<i>gentamicin in saline inj</i> 0.8 mg/ml	1
<i>clindamycin palmitate</i> hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1		<i>gentamicin in saline inj</i> 1 mg/ml	1
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	1		<i>gentamicin in saline inj</i> 1.2 mg/ml	1
<i>clindamycin phosphate in d5w</i> iv soln 300 mg/50ml	1		<i>gentamicin in saline inj</i> 1.6 mg/ml	1
<i>clindamycin phosphate in d5w</i> iv soln 600 mg/50ml	1		<i>gentamicin in saline inj</i> 2 mg/ml	1
<i>clindamycin phosphate in d5w</i> iv soln 900 mg/50ml	1		<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1
CLINDMYC/NAC INJ 300/50ML	3		HIPREX TABS 1gm	3
CLINDMYC/NAC INJ 600/50ML	3		HUMATIN CAPS 250mg	3 NDS
CLINDMYC/NAC INJ 900/50ML	3		<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 250 mg	1
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	1		<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	1
COLY-MYCIN M SOLR 150mg	3		IMPAVIDO CAPS 50mg	3 NDS
CUBICIN RF SOLR 500mg	3	NDS	INVANZ SOLR 1gm	3
DALVANCE SOLR 500mg	3	NDS	<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	1 QL PA
<i>dapsone</i> TABS 25mg, 100mg	1		KIMYRSA SOLR 1200mg	3 NDS
			KITABIS PAK NEBU 300mg/5ml	3 NDS B/D NM LA
			<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg	1
			<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml	3 NDS

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LINEZOLID INJ 2MG/ML	1		RECARBRIQ INJ 1.25GM	3	NDS
MACROBID CAPS 100mg	3		SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS
MEPRON SUSP 750mg/5ml	3	NDS	SOLOSEC PACK 2gm	3	
MEROP/NACL INJ 1GM/50ML	3		<i>streptomycin sulfate</i> SOLR 1gm	3	NDS
MEROP/NACL INJ 500/50ML	3		STROMECTOL TABS 3mg QL (12 tabs / 90 days)	3	QL PA
<i>meropenem</i> SOLR 1gm, 500mg	1		<i>sulfadiazine</i> TABS 500mg	3	NDS
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1		<i>sulfamethoxazole-</i> <i>trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg	1		<i>sulfamethoxazole-</i> <i>trimethoprim susp</i> 200-40 mg/5ml	1	
METRONIDAZOLE SOLN 500mg/100ml	3		<i>sulfamethoxazole-</i> <i>trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	1	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	1		<i>sulfamethoxazole-</i> <i>trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	1	
<i>metronidazole</i> TABS 250mg, 500mg	1		<i>tinidazole</i> TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	3	B/D	TOBI NEBU 300mg/5ml	3	NDS B/D NM LA
<i>neomycin sulfate</i> TABS 500mg	1		TOBI PODHALER CAPS 28mg	3	NDS NM LA
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg	3	NDS	<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS B/D NM
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2		<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS B/D NM
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2		<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
ORBACTIV SOLR 400mg	3	NDS	<i>trimethoprim</i> TABS 100mg	1	
<i>paromomycin sulfate</i> CAPS 250mg	1		VABOMERE INJ 2GM(1-1)	3	NDS
PENTAM 300 SOLR 300mg	3		VANCOCIN CAPS 125mg, 250mg	3	NDS
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D	VANCOMYCIN SOLN 2000mg/400ml	3	
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1		<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg, 250mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1		<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1				
PRIMAXIN IV INJ 500MG	3				
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	NDS			

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<i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml	1		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg, 200mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	3		<i>fluconazole</i> TABS 50mg	1	
VANCOMYCIN INJ 1 GM	3		<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
VANCOMYCIN INJ 500MG	3		<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
VANCOMYCIN INJ 750MG	3		<i>flucytosine</i> (generic of ANCOPON) CAPS 250mg, 500mg	3	NDS
VIBATIV SOLR 750mg	3	NDS	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM	<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
XIFAXAN TABS 200mg	3		<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	
ZEMDRI SOLN 500mg/10ml	3	NDS	<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	3	NDS
ZYVOX SOLN 200mg/100ml; SUSR 100mg/5ml; TABS 600mg	3	NDS	<i>ketoconazole</i> TABS 200mg	1	
ZYVOX SOLN 600mg/300ml	3		<i>MICAFUNGIN</i> SOLR 50mg, 100mg	3	NDS
ANTIFUNGALS					
ABELCET SUSP 5mg/ml	3	B/D	<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	3	NDS
AMBISOME SUSR 50mg	3	NDS B/D	MYCAMINE SOLR 50mg, 100mg	3	NDS
<i>amphotericin b</i> SOLR 50mg	1	B/D	NOXAFL PACK 300mg; SUSP 40mg/ml; TBEC 100mg	3	NDS PA
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	3	NDS B/D	NOXAFL SOLN 300mg/16.7ml	3	NDS
ANCOPON CAPS 250mg, 500mg	3	NDS	<i>nystatin</i> TABS 500000unit	1	
CANCIDAS SOLR 50mg, 70mg	3	NDS	<i>posaconazole</i> (generic of NOXAFL) SOLN 300mg/16.7ml	3	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS	<i>posaconazole</i> (generic of NOXAFL) SUSP 40mg/ml; TBEC 100mg	3	NDS PA
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1		REZZAYO SOLR 200mg	3	NDS
CRESEMDA CAPS 74.5mg, 186mg; SOLR 372mg	3	NDS PA	SPORANOX CAPS 100mg	3	
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg	3		SPORANOX SOLN 10mg/ml	3	NDS
DIFLUCAN TABS 200mg	3	NDS	<i>terbinafine hcl</i> TABS 250mg	1	
ERAXIS SOLR 50mg	3		TOLSURA CAPS 65mg	3	NDS
ERAXIS SOLR 100mg	3	NDS	VFEND SUSR 40mg/ml	3	NDS PA
			VFEND TABS 50mg, 200mg	3	PA
			VFEND IV SOLR 200mg	3	PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
VIVJOA CPPK 150mg	3	
VORICONAZOLE SOLR 200mg	3	PA
voriconazole (generic of VFEND IV) SOLR 200mg	1	PA
voriconazole (generic of VFEND) SUSR 40mg/ml	3	NDS PA
voriconazole (generic of VFEND) TABS 50mg, 200mg	1	PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
mefloquine hcl TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUN CAPS 324mg	3	
quinine sulfate (generic of QUALAQUN) CAPS 324mg	1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	1	NM
abacavir sulfate TABS 300mg	1	NM
APTVUS CAPS 250mg	3	NDS NM
atazanavir sulfate CAPS 150mg	1	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
darunavir (generic of PREZISTA) TABS 600mg, 800mg	3	NDS NM
EDURANT TABS 25mg	3	NDS NM
efavirenz CAPS 50mg, 200mg	1	NM
efavirenz (generic of SUSTIVA) TABS 600mg	1	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
fosamprenavir calcium (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM LA
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	3	NDS NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	3	NDS NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml; TABS 150mg, 600mg, 800mg	3	NDS NM
PREZISTA TABS 75mg	3	NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	3	NDS NM
ritonavir (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	3	NDS NM	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	3	NDS NM
SELZENTRY TABS 25mg	3	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	3	NDS NM
SUNLENCA TBPK 300mg <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	3	NDS NM LA	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	3	NDS NM
TIVICAY TABS 10mg	2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	3	NDS NM
TIVICAY TABS 25mg, 50mg	3	NDS NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
TIVICAY PD TBSO 5mg	3	NDS NM	EPZICOM TAB 600-300	3	NDS NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM LA	EVOTAZ TAB 300-150	3	NDS NM
TYBOST TABS 150mg	2	NM	GENVOYA TAB	3	NDS NM
VIRACEPT TABS 250mg, 625mg	3	NDS NM	JULUCA TAB 50-25MG	3	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	3	NDS NM	KALETRA SOL	3	NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	3	NM	KALETRA TAB 100-25MG	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM	KALETRA TAB 200-50MG	3	NDS NM
<i>zidovudine</i> TABS 300mg	1	NM	<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
ANTIRETROVIRAL COMBINATION AGENTS					
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	1	NM	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
BIKTARVY TAB 30-120-15 MG	3	NDS NM	<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
BIKTARVY TAB 50-200-25 MG	3	NDS NM	<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
CIMDUO TAB 300-300	3	NDS NM	ODEFSEY TAB	3	NDS NM
COMBIVIR TAB 150-300	3	NDS NM	PREZCOBIX TAB 800-150	3	NDS NM
COMPLERA TAB	3	NDS NM	STRIBILD TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM	SYMFI LO TAB	3	NDS NM
DESCOVY TAB 120-15MG	3	NDS NM	SYMFI TAB	3	NDS NM
DESCOVY TAB 200/25MG	3	NDS NM	SYMTUZA TAB	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM	TRIUMEQ PD TAB	3	NDS NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	3	NDS NM	TRIUMEQ TAB	3	NDS NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	3	NDS NM	TRIZIVIR TAB	3	NDS NM
ANTITUBERCULAR AGENTS					
cycloserine CAPS 250mg	3	NDS	ethambutol hcl TABS 100mg	1	

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<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	1		HARVONI TAB 45-200MG	3	NDS NM
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1		HARVONI TAB 90-400MG	3	NDS NM
MYAMBUTOL TABS 400mg	3		<i>lamivudine (hbv)</i> TABS 100mg	1	NM
MYCOBUTIN CAPS 150mg	3	NDS	LIVTENCITY TABS 200mg	3	NDS NM LA
PRETOMANID TABS 200mg	3		MAVYRET PAK 50-20MG	3	NDS NM
PRIFTIN TABS 150mg	3		MAVYRET TAB 100-40MG	3	NDS NM
<i>pyrazinamide</i> TABS 500mg	1		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1	
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	1		PEGASYS SOLN 180mcg/ml; 3 SOSY 180mcg/0.5ml	3	NDS NM
RIFADIN SOLR 600mg	3	NDS	PREVYMIS SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	NDS
rifampin CAPS 150mg, 300mg	1		RAPIVAB SOLN 200mg/20ml	3	NDS
rifampin (generic of RIFADIN) SOLR 600mg	1		RELENZA DISKHALER AEPB 5mg/blister	2	
SIRTURO TABS 20mg, 100mg	3	NDS NM LA	<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
TRECATOR TABS 250mg	3		<i>rimantadine hydrochloride</i> TABS 100mg	1	
ANTIVIRALS			SITAVIG TABS 50mg	3	NDS
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1		TAMIFLU CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	3	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D	<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
<i>adefovir dipivoxil</i> TABS 10mg	1	NM	VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NDS NM	<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
<i>cidofovir</i> SOLN 75mg/ml	1		<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM	VALTREX TABS 1gm, 500mg	3	
EPCLUSA PAK 150-37.5	3	NDS NM	VEMLIDY TABS 25mg	3	NDS NM
EPCLUSA PAK 200-50MG	3	NDS NM	VOSEVI TAB	3	NDS NM
EPCLUSA TAB 200-50MG	3	NDS NM	XOFLUZA TBPK 40mg, 80mg	3	
EPCLUSA TAB 400-100	3	NDS NM	CEPHALOSPORINS		
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1		AVYCAZ INJ 2-0.5GM	3	NDS
<i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D	<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
GANCICLOVIR SOLN 500mg/10ml	3	B/D	CEFACLOR ER TB12 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D			
HARVONI PAK 33.75-150MG	3	NDS NM			
HARVONI PAK 45-200MG	3	NDS NM			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1		TEFLARO SOLR 400mg, 600mg	3	NDS
CEFAZOLIN SOLR 2gm, 3gm	3		ZERBAXA INJ 1.5GM	3	NDS
CEFAZOLIN INJ 1GM/50ML	3		ERYTHROMYCINS/MACROLIDES		
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1		<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3		<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1		<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
CEFEPIME SOLN 1gm/50ml, 3 2gm/100ml			<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1		DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS
CEFEPIME/DEX INJ 1GM	3		e.e.s. 400 TABS 400mg	1	
CEFEPIME/DEX INJ 2GM	3		<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1		ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1		<i>erythrocin stearate</i> TABS 250mg	1	
CEFOXITIN INJ 1GM	3		<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
CEFOXITIN INJ 2GM	3		<i>erythromycin ethylsuccinate</i> 1 (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1		<i>erythromycin ethylsuccinate</i> 3 (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1		<i>erythromycin ethylsuccinate</i> 1 TABS 400mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>erythromycin lactobionate</i> 1 (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1		ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1		ZITHROMAX TRI-PAK TABS 3 500mg	3	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1				
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1				
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1				
FETROJA SOLR 1gm	3	NDS			
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1				

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ZITHROMAX Z-PAK TABS 250mg	3		<i>amoxicillin & k clavulanate</i> <i>chew tab 400-57 mg</i>	1	
FLUOROQUINOLONES			<i>amoxicillin & k clavulanate for</i> <i>susp 200-28.5 mg/5ml</i>	1	
BAXDELA SOLR 300mg; TABS 450mg	3	NDS	<i>amoxicillin & k clavulanate for</i> <i>susp 250-62.5 mg/5ml</i>	1	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3		<i>amoxicillin & k clavulanate for</i> <i>susp 400-57 mg/5ml</i>	1	
<i>ciprofloxacin</i> SUSR 5gm/100ml	1		<i>amoxicillin & k clavulanate for</i> <i>susp 600-42.9 mg/5ml</i>	1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1		(generic of AUGMENTIN ES- 600)		
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1		<i>amoxicillin & k clavulanate tab</i> <i>250-125 mg</i>	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1		<i>amoxicillin & k clavulanate tab</i> <i>500-125 mg</i> (generic of AUGMENTIN)	1	
<i>ciprofloxacin hcl</i> TABS 750mg	1		<i>amoxicillin & k clavulanate tab</i> <i>875-125 mg</i>	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 500mg	1		<i>amoxicillin & k clavulanate tab</i> <i>er 12hr 1000-62.5 mg</i>	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	1		<i>ampicillin</i> CAPS 500mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	1		<i>ampicillin & sulbactam sodium</i> for inj 1.5 (1-0.5) gm (generic of UNASYN)	1	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	1		<i>ampicillin & sulbactam sodium</i> for inj 3 (2-1) gm (generic of UNASYN)	1	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	1		<i>ampicillin & sulbactam sodium</i> for iv soln 1.5 (1-0.5) gm	1	
<i>moxifloxacin hcl</i> TABS 400mg	1		<i>ampicillin & sulbactam sodium</i> for iv soln 3 (2-1) gm	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1		<i>ampicillin & sulbactam sodium</i> for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3		<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 125mg, 250mg, 500mg	1	
PENICILLINS			AUGMENTIN SUS 125/5ML	3	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1		AUGMENTIN SUS ES-600	3	
<i>amoxicillin & k clavulanate</i> <i>chew tab 200-28.5 mg</i>	1		AUGMENTIN TAB 500MG	3	
			BICILLIN C-R INJ 900/300	3	
			BICILLIN C-R INJ 1200000	3	
			BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1		TETRACYCLINES		
NAFCILLIN INJ 1GM/50ML	3	NDS	<i>demeocycline hcl</i> TABS 150mg, 300mg	1	
NAFCILLIN INJ 2GM/100	3	NDS	<i>doxy 100</i> SOLR 100mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1		<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>nafcillin sodium</i> SOLR 10gm	3	NDS	<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
OXACILLIN INJ 1GM	3		<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1	
OXACILLIN INJ 2GM	3		<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1		<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
PEN GK/DEXTR INJ 20000/ML	3		MINOLIRA TB24 105mg, 135mg	3	
PEN GK/DEXTR INJ 40000/ML	3		NUZYRA SOLR 100mg; TABS 150mg	3	NDS NM LA
PEN GK/DEXTR INJ 60000/ML	3		<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1		TIGECYCLINE SOLR 50mg	3	NDS
PENICILLIN G PROCAINE SUSP 600000unit/ml	3		<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	3	NDS
<i>penicillin g sodium</i> SOLR 5000000unit	1		TYGACIL SOLR 50mg	3	NDS
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml	3	
pfizerpen SOLR 5000000unit, 20000000unit	1		XERAVA SOLR 50mg, 100mg	3	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	1		ANTINEOPLASTIC AGENTS		
<i>piperacillin sod-tazobactam</i> sod for inj 2.25 gm (2-0.25 gm)	1		ALKYLATING AGENTS		
<i>piperacillin sod-tazobactam</i> sod for inj 4.5 gm (4-0.5 gm)	1		<i>bendamustine hcl</i> (generic of TREANDA) SOLR 25mg, 100mg	3	NDS B/D NM
<i>piperacillin sod-tazobactam</i> sod for inj 13.5 gm (12-1.5 gm)	1		BENDEKA SOLN 100mg/4ml	3	NDS B/D NM LA
<i>piperacillin sod-tazobactam</i> sod for inj 40.5 gm (36-4.5 gm)	1		<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
UNASYN INJ 1.5GM	3		<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
UNASYN INJ 3GM	3		<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
UNASYN INJ 15GM	3				
ZOSYN SOL 2-0.25GM	3				
ZOSYN SOL 3-0.375G	3				
ZOSYN SOL 4-0.50GM	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	3	NDS B/D	<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>cyclophosphamide</i> SOLR 2gm	3	NDS B/D	<i>decitabine</i> SOLR 50mg	3	NDS B/D NM
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D	<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	NDS B/D	<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM	FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM
GLEOSTINE CAPS 100mg	3	NDS NM	<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
IFEX SOLR 3gm	3	B/D	<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D	GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
IFOSFAMIDE SOLR 3gm	3	B/D	INQOVI TAB 35-100MG	3	NDS NM LA
LEUKERAN TABS 2mg	3	NDS	LONSURF TAB 15-6.14	3	NDS NM LA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D	LONSURF TAB 20-8.19	3	NDS NM LA
<i>oxaliplatin</i> SOLR 100mg	3	NDS B/D	<i>mercaptopurine</i> TABS 50mg	1	
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D	<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM LA	ONUREG TABS 200mg, 300mg	3	NDS NM LA
ZEPZELCA SOLR 4mg	3	NDS NM LA	PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	3	NDS B/D
ANTIBIOTICS					
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D	<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	3	NDS B/D
DOXIL INJ 2mg/ml	3	NDS B/D	<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	3	NDS B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D	<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	3	NDS NM
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml	3	NDS B/D	PURIXAN SUSP 2000mg/100ml	3	NDS NM LA
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D	TABLOID TABS 40mg	3	
<i>mitomycin</i> SOLR 5mg	1	B/D	VIDAZA SUSR 100mg	3	NDS B/D NM LA
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D			
<i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml	3	NDS B/D NM			
VALSTAR SOLN 40mg/ml	3	NDS B/D NM LA			
ANTIMETABOLITES					
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg, 500mg	3	NDS NM
AKEEGA TAB 50/500MG	3	NDS NM LA
AKEEGA TAB 100/500	3	NDS NM LA
anastrozole (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	3	NDS
AROMASIN TABS 25mg	3	NDS
bicalutamide (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	3	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM
EMCYT CAPS 140mg	3	NDS
ERLEADA TABS 60mg, 240mg	3	NDS NM LA
EULEXIN CAPS 125mg	3	NDS
exemestane (generic of FARESTON) TABS 25mg	1	
FARESTON TABS 60mg	3	NDS
FASLODEX SOSY 250mg/5ml	3	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM
FIRMAGON SOLR 120mg/vial	3	NDS NM
fulvestrant (generic of FASLODEX) SOSY 250mg/5ml	3	NDS B/D
hydroxyprogesterone caproate (antineoplastic) SOLN 1.25gm/5ml	3	NDS B/D
letrozole (generic of FEMARA) TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	3	NM
leuprolide acetate KIT 1mg/0.2ml	1	NM
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM
DRUG NAME		
LYSODREN TABS 500mg	3	NDS NM LA
megestrol acetate TABS 20mg, 40mg	2	
nilutamide (generic of NILANDRON) TABS 150mg	3	NDS
NUBEQA TABS 300mg	3	NDS NM LA
ORGOVYX TABS 120mg	3	NDS NM LA
ORSERDU TABS 86mg, 345mg	3	NDS NM LA
SOLTAMOX SOLN 10mg/5ml	3	NDS
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate (generic of FARESTON) TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM LA
YONSA TABS 125mg	3	NDS NM LA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM
ZYTIGA TABS 250mg, 500mg	3	NDS NM LA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NDS NM LA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	3	NDS NM LA
BESREMI SOSY 500mcg/ml	3	NDS NM LA
bexarotene (generic of TARGRETIN) CAPS 75mg	3	NDS NM
dacarbazine SOLR 100mg	1	B/D
HYDREA CAPS 500mg	3	
hydroxyurea (generic of HYDREA) CAPS 500mg	1	
irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D	JEVTANA SOLN 60mg/1.5ml	3	NDS NM LA	
KISQALI 200 PAK FEMARA	3	NDS NM	<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D	
KISQALI 400 PAK FEMARA	3	NDS NM	PACLITAXEL INJ 100MG	3	NDS B/D NM	
KISQALI 600 PAK FEMARA	3	NDS NM	<i>paclitaxel protein-bound particles for iv susp</i> 100 mg	3	NDS B/D NM	
MATULANE CAPS 50mg	3	NDS NM LA	<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D	
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D NM	<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D	
NIPENT SOLR 10mg	3	NDS B/D	<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D	
ONCASPAR SOLN 750unit/ml	3	NDS NM	MOLECULAR TARGET AGENTS			
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM LA	AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	3	NDS NM	
RYLAZE SOLN 10mg/0.5ml	3	NDS NM LA	ALECENSA CAPS 150mg	3	NDS NM LA	
TARGRETIN CAPS 75mg	3	NDS NM	ALIQOPA SOLR 60mg	3	NDS NM LA	
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D	ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM LA	
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D	ALUNBRIG PAK	3	NDS NM LA	
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D	ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM LA	
<i>tretinoin (chemotherapy)</i> CAPS 10mg	3	NDS	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	NDS NM LA	
WELIREG TABS 40mg	3	NDS NM LA	BALVERSA TABS 3mg, 4mg, 5mg	3	NDS NM LA	
MITOTIC INHIBITORS						
ABRAXANE INJ 100MG	3	NDS B/D NM LA	BAVENCIO SOLN 200mg/10ml	3	NDS NM LA	
DOCETAXEL CONC 20mg/ml	3	B/D	BELEODAQ SOLR 500mg	3	NDS NM LA	
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml	1	B/D	BESPONSA SOLR .9mg	3	NDS NM LA	
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D	BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	3	NDS B/D NM	
<i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D	<i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	3	NDS B/D NM	
ETOPOPHOS SOLR 100mg	3	B/D	BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM	
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D	BRAFTOVI CAPS 75mg	3	NDS NM LA	
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM	BRUKINSA CAPS 80mg	3	NDS NM LA	
IXEM普RA KIT SOLR 15mg, 45mg	3	NDS B/D NM	CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS NM LA	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA	HERCEPTIN SOLR 150mg	3	NDS B/D NM LA
COMETRIQ KIT 100MG	3	NDS NM LA	HERZUMA SOLR 150mg, 420mg	3	NDS B/D NM
COMETRIQ KIT 140MG	3	NDS NM LA	IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	3	NDS NM LA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	3	NDS NM LA
COTELLIC TABS 20mg	3	NDS NM LA	IDHIFA TABS 50mg, 100mg <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	3	NDS NM
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA	IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg	3	NDS NM LA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA	IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA
DARZALEX SOL FASPRO	3	NDS NM LA	IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	3	NDS NM LA
DAURISMO TABS 25mg, 100mg	3	NDS NM LA	INLYTA TABS 1mg, 5mg	3	NDS NM LA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA	INREBIC CAPS 100mg	3	NDS NM LA
ENHERTU SOLR 100mg	3	NDS B/D NM LA	IRESSA TABS 250mg	3	NDS NM LA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	3	NDS NM LA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM	JAYPIRCA TABS 50mg, 100mg	3	NDS NM LA
ERIVEDGE CAPS 150mg <i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg	3	NDS NM	JEMPERLI SOLN 500mg/10ml	3	NDS NM LA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM	KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM LA
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg, 3mg, 5mg	3	NDS NM	KANJINTI SOLR 150mg, 420mg	3	NDS B/D NM LA
EXKIVITY CAPS 40mg	3	NDS NM LA	KEYTRUDA SOLN 100mg/4ml	3	NDS NM LA
FOTIVDA CAPS .89mg, 1.34mg	3	NDS NM LA	KIMMTRAK SOLN 100mcg/0.5ml	3	NDS NM LA
FYARRO SUSR 100mg	3	NDS NM LA	KISQALI 200 DOSE TBPK 200mg	3	NDS NM
GAVRETO CAPS 100mg	3	NDS NM LA	KISQALI 400 DOSE TBPK 200mg	3	NDS NM
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA	KISQALI 600 DOSE TBPK 200mg	3	NDS NM
gefitinib (generic of IRESSA) TABS 250mg	3	NDS NM	KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA
GILOTRIF TABS 20mg, 30mg, 40mg	3	NDS NM LA	KRAZATI TABS 200mg	3	NDS NM LA
GLEEVEC TABS 100mg, 400mg	3	NDS NM	KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA
HERCEP HYLEC SOL 60-10000	3	NDS B/D NM LA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3	NDS NM
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM LA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM LA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM LA
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM LA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM LA
LENVIMA CAP 14 MG	3	NDS NM LA
LENVIMA CAP 18 MG	3	NDS NM LA
LENVIMA CAP 24 MG	3	NDS NM LA
LIBTAYO SOLN 350mg/7ml	3	NDS NM LA
LORBRENA TABS 25mg, 100mg	3	NDS NM LA
LUMAKRAS TABS 120mg, 320mg	3	NDS NM LA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	3	NDS NM LA
LYNPARZA TABS 100mg, 150mg	3	NDS NM LA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	3	NDS NM LA
MARGENZA SOLN 250mg/10ml	3	NDS NM LA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	3	NDS NM LA
MEKTOVI TABS 15mg	3	NDS NM LA
MONJUVI SOLR 200mg	3	NDS NM LA
MYLOTARG SOLR 4.5mg	3	NDS NM LA
NERLYNX TABS 40mg	3	NDS NM LA
NEXAVAR TABS 200mg	3	NDS NM LA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM
ODOMZO CAPS 200mg	3	NDS NM LA
OGIVRI SOLR 150mg	3	NDS B/D NM LA
OGIVRI INJ 420MG	3	NDS B/D NM LA
OJJAARA TABS 100mg, 150mg, 200mg	3	NDS NM LA
ONTRUZANT SOLR 150mg, 420mg	3	NDS B/D NM LA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	3	NDS NM LA
OPDUALAG SOL	3	NDS NM LA
PADCEV SOLR 20mg, 30mg	3	NDS NM LA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg	3	NDS NM
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM LA
PERJETA SOLN 420mg/14ml	3	NDS NM LA
PHESGO SOL	3	NDS NM LA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM
PIQRAY 250MG TAB DOSE	3	NDS NM
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM
POLIVY SOLR 30mg, 140mg	3	NDS NM LA
PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA
QINLOCK TABS 50mg	3	NDS NM LA
RETEVMO CAPS 40mg, 80mg	3	NDS NM LA
REZLIDHIA CAPS 150mg	3	NDS NM LA
ROZLYTREK CAPS 100mg, 200mg; PACK 50mg	3	NDS NM LA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM LA
RYBREVANT SOLN 350mg/7ml	3	NDS NM LA
RYDAPT CAPS 25mg	3	NDS NM
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA
SCEMBLIX TABS 20mg, 40mg	3	NDS NM
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	3	NDS NM
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM
STIVARGA TABS 40mg	3	NDS NM LA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TABRECTA TABS 150mg, 200mg	3	NDS NM	XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg, 150mg	3	NDS NM LA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	3	NDS NM LA	XOSPATA TABS 40mg	3	NDS NM LA
TAGRISSO TABS 40mg, 80mg	3	NDS NM LA	XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	3	NDS NM LA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	3	NDS NM LA	XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	3	NDS NM LA
TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM	XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	3	NDS NM LA
TAZVERIK TABS 200mg	3	NDS NM LA	XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3	NDS NM LA	XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	3	NDS NM LA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	3	NDS NM LA	XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA
temsirolimus (generic of TORISEL) SOLN 25mg/ml	3	NDS B/D NM	XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	3	NDS NM LA
TEPMETKO TABS 225mg	3	NDS NM LA	YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM LA
TIBSOVO TABS 250mg	3	NDS NM LA	ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM LA
TIVDAK SOLR 40mg	3	NDS NM LA	ZEJULA CAPS 100mg; TABS 100mg, 200mg, 300mg	3	NDS NM LA
TORISEL SOLN 25mg/ml	3	NDS B/D NM	ZELBORAF TABS 240mg	3	NDS NM LA
TRAZIMERA SOLR 150mg, 420mg	3	NDS B/D NM	ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS B/D NM LA
TRODELVY SOLR 180mg	3	NDS NM LA	ZOLINZA CAPS 100mg	3	NDS NM
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM	ZYDELIG TABS 100mg, 150mg	3	NDS NM LA
TUKYSA TABS 50mg, 150mg	3	NDS NM LA	ZYKADIA TABS 150mg	3	NDS NM LA
TURALIO CAPS 125mg	3	NDS NM LA	ZYNLONTA SOLR 10mg	3	NDS NM LA
TYKERB TABS 250mg	3	NDS NM LA	ZYNYZ SOLN 500mg/20ml	3	NDS NM LA
VANFLYTA TABS 17.7mg, 26.5mg	3	NDS NM LA	PROTECTIVE AGENTS		
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM LA	dexrazoxane hcl SOLR 250mg, 500mg	3	NDS B/D
VELCADE SOLR 3.5mg	3	NDS B/D NM	ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
VENCLEXTA TABS 10mg	3	NM LA	KHAPZORY SOLR 175mg	3	NDS B/D NM LA
VENCLEXTA TABS 50mg, 100mg	3	NDS NM LA	<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
VENCLEXTA TAB START PK	3	NDS NM LA	<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA	<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D NM
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM LA			
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM LA			
VONJO CAPS 100mg	3	NDS NM LA			
VOTRIENT TABS 200mg	3	NDS NM LA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MESNEX TABS 400mg	3	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
amlodipine besylate-	1	
benazepril hcl cap 2.5-10 mg		
amlodipine besylate-	1	
benazepril hcl cap 5-10 mg (generic of LOTREL)		
amlodipine besylate-	1	
benazepril hcl cap 5-20 mg (generic of LOTREL)		
amlodipine besylate-	1	
benazepril hcl cap 5-40 mg		
amlodipine besylate-	1	
benazepril hcl cap 10-20 mg (generic of LOTREL)		
amlodipine besylate-	1	
benazepril hcl cap 10-40 mg (generic of LOTREL)		
benazepril & hydrochlorothiazide tab 5- 6.25mg	1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
ACE INHIBITORS		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1	
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	1	
lisinopril & hydrochlorothiazide 1 tab 10-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide 1 tab 20-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide 1 tab 20-25 mg (generic of ZESTORETIC)	1	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>enalapril maleate</i> (generic of EPANED) SOLN 1mg/ml	1		<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1		<i>MINIPRESS</i> CAPS 1mg, 2mg, 5mg	3	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1		<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1		<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3		ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1		<i>amlodipine besylate-</i> 1		
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1		<i>olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR)		
QBRELIS SOLN 1mg/ml	3	NDS	<i>amlodipine besylate-</i> 1		
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1		<i>olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR)		
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	1		<i>amlodipine besylate-</i> 1		
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1		<i>olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR)		
VASOTEC TABS 2.5mg, 5mg, 10mg	3		<i>amlodipine besylate-</i> 1		
VASOTEC TABS 20mg	3	NDS	<i>olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR)		
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3		<i>amlodipine besylate-valsartan</i> 1		
ALDOSTERONE RECEPTOR ANTAGONISTS					
ALDACTONE TABS 25mg, 50mg, 100mg	3		<i>tab 5-160 mg</i> (generic of EXFORGE)		
CAROSPIR SUSP 25mg/5ml	3		<i>amlodipine besylate-valsartan</i> 1		
<i>eplerenone</i> (generic of INSPIRA) TABS 25mg, 50mg	1		<i>tab 5-320 mg</i> (generic of EXFORGE)		
INSPIRA TABS 25mg, 50mg	3		<i>amlodipine besylate-valsartan</i> 1		
KERENDIA TABS 10mg, 20mg	2		<i>tab 10-160 mg</i> (generic of EXFORGE)		
<i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml	1		<i>amlodipine-valsartan-</i> 1		
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1		<i>hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)		
ALPHA BLOCKERS					
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3		<i>amlodipine-valsartan-</i> 1		
			<i>hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)		
			<i>amlodipine-valsartan-</i> 1		
			<i>hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	1		<i>EXFORGE HCT TAB 5-160-25MG</i>	3	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	1		<i>EXFORGE HCT TAB 10-160-12.5MG</i>	3	
ATACAND HCT TAB 16-12.5	3		<i>EXFORGE HCT TAB 10-320-25MG</i>	3	
ATACAND HCT TAB 32-12.5	3		<i>EXFORGE TAB 5-160MG</i>	3	
ATACAND HCT TAB 32-25MG	3		<i>EXFORGE TAB 5-320MG</i>	3	
AVALIDE TAB 150-12.5	3		<i>EXFORGE TAB 10-160MG</i>	3	
AVALIDE TAB 300-12.5	3		<i>EXFORGE TAB 10-320MG</i>	3	
AZOR TAB 5-20MG	3		<i>HYZAAR TAB 50-12.5</i>	3	
AZOR TAB 5-40MG	3		<i>HYZAAR TAB 100-12.5</i>	3	
AZOR TAB 10-20MG	3		<i>HYZAAR TAB 100-25</i>	3	
AZOR TAB 10-40MG	3		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	1	
BENICAR HCT TAB 20-12.5	3		<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	1	
BENICAR HCT TAB 40-12.5	3		<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	1	
BENICAR HCT TAB 40-25MG	3		<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	1		<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	1		<i>MICARDIS HCT TAB 40/12.5</i>	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	1		<i>MICARDIS HCT TAB 80-25MG</i>	3	
DIOVAN HCT TAB 80/12.5	3		<i>MICARDIS HCT TAB 80/12.5</i>	3	
DIOVAN HCT TAB 160-12.5	3		<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	1	
DIOVAN HCT TAB 160-25MG	3		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	1	
DIOVAN HCT TAB 320-12.5	3		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	1	
DIOVAN HCT TAB 320-25MG	3				
EDARBYCLOR TAB 40-12.5	3				
EDARBYCLOR TAB 40-25MG	3				
ENTRESTO TAB 24-26MG	2				
ENTRESTO TAB 49-51MG	2				
ENTRESTO TAB 97-103MG	2				
EXFORGE HCT TAB 5-160-12.5MG	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)	1		valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)	1		valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)	1		valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)	1		valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)	1		ANGIOTENSIN II RECEPTOR ANTAGONISTS		
telmisartan-amlodipine tab 40- 5 mg	1		ATACAND TABS 4mg, 8mg, 16mg, 32mg	3	
telmisartan-amlodipine tab 40- 10 mg	1		AVAPRO TABS 75mg, 150mg, 300mg	3	
telmisartan-amlodipine tab 80- 5 mg	1		BENICAR TABS 5mg, 20mg, 40mg	3	
telmisartan-amlodipine tab 80- 10 mg	1		candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg	1	
telmisartan- hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)	1		COZAAR TABS 25mg, 50mg, 100mg	3	
telmisartan- hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)	1		DIOVAN TABS 40mg, 80mg, 160mg, 320mg	3	
telmisartan- hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)	1		EDARBI TABS 40mg, 80mg	3	
TRIBENZOR20- TAB 5- 12.5MG	3		irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg	1	
TRIBENZOR40- TAB 5- 12.5MG	3		losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
TRIBENZOR40- TAB 5-25MG	3		MICARDIS TABS 20mg, 40mg, 80mg	3	
TRIBENZOR40- TAB 10-12.5	3		olmesartan medoxomil (generic of BENICAR) TABS 5mg, 20mg, 40mg	1	
TRIBENZOR40- TAB 10- 25MG	3		telmisartan (generic of MICARDIS) TABS 20mg, 40mg, 80mg	1	
			valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANTIARRHYTHMICS					
<i>amiodarone hcl</i> SOLN	1		<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
50mg/ml, 900mg/18ml; TABS			<i>fenofibrate</i> TABS 54mg, 160mg	1	
100mg, 200mg, 400mg			<i>fenofibrate micronized</i> CAPS 1 43mg, 67mg, 134mg, 200mg	1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	3		<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM	<i>LOPID</i> TABS 600mg	3	
<i>flecainide acetate</i> TABS	1		<i>TRICOR</i> TABS 48mg, 145mg	3	
50mg, 100mg, 150mg			<i>TRILIPPIX</i> CPDR 45mg, 135mg	3	
MULTAQ TABS 400mg	3		ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
NORPACE CAPS 100mg, 150mg	3		<i>ALTOPREV</i> TB24 20mg, 40mg, 60mg	3	NDS
NORPACE CR CP12 100mg, 150mg	3		<i>ATORVALIQ</i> SUSP 20mg/5ml	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1		<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1		<i>EZALLOR SPRINKLE</i> CPSP 5mg, 10mg, 20mg, 40mg	3	
<i>propafenone hcl</i> TABS	1		<i>FLOLIPID</i> SUSP 20mg/5ml, 40mg/5ml	3	
150mg, 225mg, 300mg			<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	
<i>quinidine sulfate</i> TABS	1		<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg	1	
200mg, 300mg			<i>LESCOL XL</i> TB24 80mg	3	
RYTHMOL SR CP12 225mg, 325mg, 425mg	3		<i>LIVALO</i> TABS 1mg, 2mg, 4mg	3	
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	
<i>sorine</i> TABS 240mg	1		<i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	
<i>sotalol hcl</i> TABS 240mg	1		<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>sotalol hcl (afib/afl)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		<i>simvastatin</i> TABS 5mg	1	
SOTYLIZE SOLN 5mg/ml	3		<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	1	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM			
ANTILIPEMICS, FIBRATES					
<i>choline fenofibrate</i> (generic of TRILIPPIX) CPDR 45mg, 135mg	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
<i>simvastatin</i> TABS 80mg QL (30 tabs / 30 days)	1	QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1				
ZOCOR TABS 10mg, 20mg, 40mg	3		QUESTRAN PACK 4gm; POWD 4gm/dose	3				
ZYPITAMAG TABS 2mg, 4mg	3		QUESTRAN LIGHT POWD 4gm/dose	3				
ANTILIPIDEMICS, MISCELLANEOUS								
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1		REPATHA SOSY 140mg/ml	2	NM			
<i>cholestyramine light</i> PACK 4gm	1		REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM			
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1		REPATHA SURECLICK SOAJ 140mg/ml	2	NM			
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1		VASCEPA CAPS .5gm, 1gm	2				
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3		VYTORIN TAB 10-10MG	3				
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1		VYTORIN TAB 10-20MG	3				
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM LA	VYTORIN TAB 10-40MG	3				
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1		VYTORIN TAB 10-80MG	3				
<i>ezetimibe-simvastatin tab 10- 10 mg</i> (generic of VYTORIN)	1		WELCHOL PACK 3.75gm; TABS 625mg	3				
<i>ezetimibe-simvastatin tab 10- 20 mg</i> (generic of VYTORIN)	1		ZETIA TABS 10mg	3				
<i>ezetimibe-simvastatin tab 10- 40 mg</i> (generic of VYTORIN)	1		BETA-BLOCKER/DIURETIC COMBINATIONS					
<i>ezetimibe-simvastatin tab 10- 80 mg</i> (generic of VYTORIN)	1		<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1				
JUXTAPIID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM LA PA	<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1				
LOVAZA CAP 1GM	3		<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	1				
NEXLETOL TABS 180mg	2		<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1				
NEXLIZET TAB 180/10MG	2		<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	1				
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1		<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1				
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1		<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	1				
<i>prevalite</i> PACK 4gm	1		<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	1				
			ZIAC TAB 2.5/6.25	3				

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
ZIAC TAB 5-6.25MG	3		<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	1				
ZIAC TAB 10/6.25	3		<i>pindolol</i> TABS 5mg, 10mg	1				
BETA-BLOCKERS								
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1		<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1				
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1		<i>propranolol hcl</i> SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1				
<i>betaxolol hcl</i> TABS 10mg, 20mg	1		<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1				
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1		TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3				
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3		CALCIUM CHANNEL BLOCKERS					
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1				
<i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg	1		CARDIZEM TABS 30mg, 60mg, 120mg	3				
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3		CARDIZEM CD CP24 120mg	3				
COREG CR CP24 10mg, 20mg, 40mg, 80mg	3		CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	3	NDS			
CORGARD TABS 20mg, 40mg	3		CARDIZEM LA TB24 120mg, 180mg, 360mg, 420mg	3				
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	NDS	<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1				
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1				
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1		<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1				
LOPRESSOR TABS 50mg, 100mg	3		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1				
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1		<i>diltiazem hcl</i> (generic of CARDIZEM LA) TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1				
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg	1							
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1							
<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	1							
<i>nadolol</i> TABS 80mg	1							

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1		VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
<i>isradipine</i> CAPS 2.5mg, 5mg	1		VERELAN PM CP24 100mg, 200mg, 300mg	3	
KATERZIA SUSP 1mg/ml	3				
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1				
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1				
NICARDIPINE SOL 20/200ML	3				
NICARDIPINE SOL 40/200ML	3				
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1				
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1				
<i>nimodipine</i> CAPS 30mg	1				
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1				
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1				
NORLIQVA SOLN 1mg/ml	3				
NORVASC TABS 2.5mg, 5mg, 10mg	3				
NYMALIZE SOLN 6mg/ml	3	NDS			
PROCARDIA XL TB24 30mg, 60mg, 90mg	3				
SULAR TB24 8.5mg, 17mg, 34mg	3				
<i>taztia xt</i> (generic of TIAZAC)	1				
CP24 120mg, 180mg, 240mg, 300mg, 360mg					
<i>tiadylt er</i> (generic of TIAZAC)	1				
CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg					
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	1		
<i>SOAANZ TABS 20mg, 40mg, 3 60mg</i>			
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1		
<i>THALITONE TABS 15mg</i>	3		
<i>torsemide TABS 5mg, 10mg, 1 20mg, 100mg</i>	1		
<i>triamterene & hydrochlorothiazide cap 37.5- 25 mg</i>	1		
<i>triamterene & hydrochlorothiazide tab 37.5- 25 mg (generic of MAXZIDE- 25)</i>	1		
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	1		
MISCELLANEOUS			
<i>ADRENALIN SOLN 1mg/ml</i>	3		
<i>aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	1		
<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	1		
<i>ASPRUZY SPRINKLE PACK 500mg, 1000mg</i>	3		
<i>BIDIL TAB</i>	3		
<i>CADUET TAB 5-10MG</i>	3		
<i>CADUET TAB 5-20MG</i>	3		
<i>CADUET TAB 5-40MG</i>	3		
<i>CADUET TAB 5-80MG</i>	3		
<i>CADUET TAB 10-10MG</i>	3		
<i>CADUET TAB 10-20MG</i>	3		
<i>CADUET TAB 10-40MG</i>	3		
<i>CADUET TAB 10-80MG</i>	3		
<i>CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg</i>	3	NDS NM LA	
<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1		
<i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>	1		
<i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>	1		
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1		
<i>CORLANOR SOLN 5mg/5ml; 2 TABS 5mg, 7.5mg</i>			
<i>DEMSER CAPS 250mg</i>	3	NDS	
<i>DIBENZYLINE CAPS 10mg</i>	3	NDS	
<i>digoxin SOLN .05mg/ml</i>	1		
<i>digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg</i>	1		
<i>droxidopa (generic of NORTHERA) CAPS 100mg, 200mg, 300mg</i>	3	NDS NM	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		
<i>epinephrine (anaphylaxis)</i>	1			
SOLN 1mg/ml				
<i>guanfacine hcl</i> TABS 1mg, 2mg	2			
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1			
INPEFA TABS 200mg	3			
<i>isosorbide dinitrate-</i>	1			
<i>hydralazine hcl</i> tab 20-37.5 mg (generic of BIDIL)				
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3			
LANOXIN PEDIATRIC SOLN .1mg/ml	3			
LODOCO TABS .5mg	3			
<i>metyrosine</i> (generic of DEMSEER) CAPS 250mg	3	NDS		
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1			
<i>minoxidil</i> TABS 2.5mg, 10mg	1			
NORTHERA CAPS 100mg, 200mg, 300mg	3	NDS NM LA		
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS		
<i>ranolazine</i> TB12 500mg, 1000mg	1			
TEKTURNIA TABS 150mg, 300mg	3			
VERQUVO TABS 2.5mg, 5mg, 10mg	2			
VYNDAMAX CAPS 61mg	3	NDS NM LA		
VYNDAQEL CAPS 20mg	3	NDS NM LA		
NITRATES				
ISORDIL TITRADOSE TABS 5mg	3			
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1			
<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1			
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1			
NITRO-BID OINT 2%	2			
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3			
PULMONARY ARTERIAL HYPERTENSION				
ADCIRCA TABS 20mg	3	NDS NM PA		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM LA		
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA		
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA		
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA		
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA		
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM LA		
LETAIRIS TABS 5mg, 10mg	3	NDS NM LA		
LIQREV SUSP 10mg/ml	3	NDS NM PA		
OPSUMIT TABS 10mg	3	NDS NM LA		
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA		
ORENITRAM TBCR .125mg	3	NM LA		
ORENITRAM TAB MONTH 1	3	NDS NM LA		
ORENITRAM TAB MONTH 2	3	NDS NM LA		
ORENITRAM TAB MONTH 3	3	NDS NM LA		
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS B/D NM LA		
REVATIO SOLN 10mg/12.5ml	3	NDS NM		
REVATIO SUSR 10mg/ml; TABS 20mg	3	NDS NM PA		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SOLN 10mg/12.5ml</i>	3	NDS NM	ALPRAZOLAM INTENSOL CONC 1mg/ml	3	
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SUSR 10mg/ml</i>	3	NDS NM PA	ATIVAN SOLN 2mg/ml, 4mg/ml	3	
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg</i>	1	NM PA	ATIVAN TABS .5mg, 1mg, 2mg	3	NDS
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg</i>	3	NDS NM PA	<i>buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
TADLIQ SUSP 20mg/5ml	3	NDS NM PA	<i>chlordiazepoxide hcl CAPS 5mg, 10mg, 25mg</i>	1	
TRACLEER TBSO 32mg	3	NDS NM LA	<i>fluvoxamine maleate CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg</i>	1	
<i>treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	3	NDS B/D NM LA	<i>lorazepam CONC 2mg/ml</i>	1	
TYVASO SOLN .6mg/ml	3	NDS B/D NM LA	<i>lorazepam (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml; TABS .5mg, 1mg, 2mg</i>	1	
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	3	NDS NM LA	<i>lorazepam intensol CONC 2mg/ml</i>	1	
TYVASO DPI POW 16-32-48	3	NDS NM LA	<i>oxazepam CAPS 10mg, 15mg, 30mg</i>	1	
TYVASO DPI POW 16-32MCG	3	NDS NM LA	XANAX TABS .25mg, .5mg, 1mg, 2mg	3	
TYVASO DPI POW 32-48MCG	3	NDS NM LA	XANAX XR TB24 .5mg, 1mg, 2mg, 3mg	3	
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA	ANTIDEMENTIA		
UPTRAVI PACK TAB 200/800	3	NDS NM LA	ADLARITY PTWK 5mg/day, 10mg/day	3	
VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM LA	ARICEPT TABS 5mg, 10mg, 23mg	3	
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS B/D NM LA	<i>donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg</i>	1	
CENTRAL NERVOUS SYSTEM					
ANTIANXIETY					
<i>alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg</i>	1		<i>donepezil hydrochloride TBDP 5mg, 10mg</i>	1	
<i>alprazolam (generic of XANAX XR) TB24 .5mg, 1mg, 2mg, 3mg</i>	1		EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	
<i>alprazolam TBDP .25mg, .5mg, 1mg, 2mg</i>	1		<i>galantamine hydrobromide CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg</i>	1	
			<i>memantine hcl CP24 7mg; SOLN 2mg/ml</i>	1	PA
			PA applies if 29 years and younger		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	1	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1	
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA applies if 29 years and younger	1	PA	<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA	CELEXA TABS 10mg, 20mg, 40mg	3	
NAMENDA TABS 5mg PA applies if 29 years and younger	3	PA	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
NAMENDA TAB 5-10MG PA applies if 29 years and younger	3	PA	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
NAMENDA XR CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	3	PA	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	
NAMZARIC CAP 7-10MG	3		CYMBALTA CPEP 20mg, 30mg, 60mg	3	
NAMZARIC CAP 14-10MG	3		<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
NAMZARIC CAP 21-10MG	3		<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
NAMZARIC CAP 28-10MG	3		DESVENLAFAKINE ER TB24 50mg, 100mg	3	
NAMZARIC CAP PACK	3		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1	
ANTIDEPRESSANTS			<i>duloxetine hcl</i> CPEP 40mg	1	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2		EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS	<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>bupropion hcl</i> TABS 75mg, 100mg	1		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
			FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	
			FETZIMA CAP TITRATIO	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1		<i>perphenazine-amitriptyline tab</i> 2 4-10 mg	2	
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1		<i>perphenazine-amitriptyline tab</i> 2 4-25 mg	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1		<i>perphenazine-amitriptyline tab</i> 2 4-50 mg	2	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3		<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
LEXAPRO TABS 5mg, 10mg, 20mg	3		PRISTIQ TB24 25mg, 50mg, 100mg	3	
MARPLAN TABS 10mg	3		<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>mirtazapine</i> TABS 7.5mg, 45mg	1		PROZAC CAPS 10mg, 20mg	3	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		PROZAC CAPS 40mg	3	NDS
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1		REMERON TABS 15mg, 30mg	3	
NARDIL TABS 15mg	3		REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
NORPRAMIN TABS 10mg, 25mg	3		SPRAVATO SOL 56MG DOS 3	3	NDS B/D NM LA
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1		SPRAVATO SOL 84MG DOS 3	3	NDS B/D NM LA
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3		<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	NDS	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
PARNATE TABS 10mg	3	NDS	<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml	3		TRINTELLIX TABS 5mg, 10mg, 20mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1		<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3		<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
PAXIL SUSP 10mg/5ml	3		VIBRYD TABS 10mg, 20mg, 40mg	3	
<i>perphenazine-amitriptyline tab</i> 2-10 mg	2		<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg	1	
<i>perphenazine-amitriptyline tab</i> 2-25 mg	2		ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
			ZURZUVAE CAPS 20mg, 25mg, 30mg	3	NDS NM LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
ANTIPARKINSONIAN AGENTS					
<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1		<i>carbidopa-levodopa-</i> <i>entacapone tabs 50-200-200</i> <i>mg (generic of STALEVO</i> <i>200)</i>	1	
AZILECT TABS .5mg, 1mg	3	NDS	COMTAN TABS 200mg	3	
<i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1		DHIVY TAB 25-100MG	3	
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1		DUOPA SUS 4.63-20	3	NDS B/D NM LA
<i>carb/levo orally disintegrating</i> tab 10-100mg	1		<i>entacapone (generic of</i> <i>COMTAN) TABS 200mg</i>	1	
<i>carb/levo orally disintegrating</i> tab 25-100mg	1		GOCOVRI CP24 68.5mg, 137mg	3	NDS NM LA
<i>carb/levo orally disintegrating</i> tab 25-250mg	1		INBRIJA CAPS 42mg	3	NDS NM LA
<i>carbidopa</i> (generic of LODOSYN) TABS 25mg	1		LODOSYN TABS 25mg	3	NDS
<i>carbidopa & levodopa tab 10-</i> <i>100 mg (generic of SINEMET)</i>	1		MIRAPEX ER TB24 3mg	3	
<i>carbidopa & levodopa tab 25-</i> <i>100 mg (generic of SINEMET)</i>	1		NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
<i>carbidopa & levodopa tab 25-</i> <i>250 mg</i>	1		NOURIANZ TABS 20mg, 40mg	3	NDS NM LA
<i>carbidopa & levodopa tab er</i> 25-100 mg	1		ONGENTYS CAPS 25mg, 50mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1		OSMOLEX ER TB24 129mg, 193mg	3	NM LA
<i>carbidopa-levodopa-</i> <i>entacapone tabs 12.5-50-200</i> <i>mg (generic of STALEVO 50)</i>	1		PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 18.75-75-</i> <i>200 mg (generic of STALEVO</i> <i>75)</i>	1		<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg	1	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 25-100-200</i> <i>mg (generic of STALEVO</i> <i>100)</i>	1		<i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 31.25-125-</i> <i>200 mg (generic of STALEVO</i> <i>125)</i>	1		<i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg	1	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 37.5-150-</i> <i>200 mg (generic of STALEVO</i> <i>150)</i>	1		<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
			RYTARY CAP 95MG	3	
			RYTARY CAP 145MG	3	
			RYTARY CAP 195MG	3	
			RYTARY CAP 245MG	3	
			<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SINEMET TAB 10-100MG	3		<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
SINEMET TAB 25-100MG	3		<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg	1	
STALEVO 50 TAB	3		<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg	1	
STALEVO 75 TAB	3		<i>clozapine</i> TBDP 200mg	3	NDS
STALEVO 100 TAB	3		CLOZARIL TABS 25mg, 50mg	3	
STALEVO 125 TAB	3		CLOZARIL TABS 100mg, 200mg	3	NDS
STALEVO 150 TAB	3		FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
STALEVO 200 TAB	3		FANAPT PAK	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2		<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1		<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
XADAGO TABS 50mg, 100mg	3	NDS	GEODON CAPS 20mg, 40mg, 60mg, 80mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS	GEODON SOLR 20mg	3	
ANTIPSYCHOTICS			HALDOL DECANOATE 100 SOLN 100mg/ml	3	
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3		<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	3	NDS	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	NDS	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS	<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS	INVEGA TB24 3mg, 6mg, 9mg	3	
<i>ariPIPRAZOLE</i> SOLN 1mg/ml; TBDP 10mg, 15mg	1		INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	3	NDS
<i>ariPIPRAZOLE</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1		INVEGA SUSTENNA SUSY 39mg/0.25ml	3	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	NDS			
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS			
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg	1				
CAPLYTA CAPS 10.5mg, 21mg, 42mg	3	NDS			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS	RISPERDAL CONSTA SRER 12.5mg, 25mg	3	
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	3	NDS	RISPERDAL CONSTA SRER 37.5mg, 50mg	3	NDS
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	NDS	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 80mg, 120mg	1		SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	NDS
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	NDS
NUPLAZID CAPS 34mg; TABS 10mg	3	NDS NM LA	SEROQUEL TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	1		SEROQUEL TABS 400mg	3	NDS
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 10mg, 15mg, 20mg	1		SEROQUEL XR TB24 50mg, 150mg, 200mg, 300mg, 400mg	3	
<i>paliperidone</i> TB24 1.5mg	1		<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 6mg, 9mg	1		<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1		<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
PERSERIS PRSY 90mg, 120mg	3	NDS	UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	3	NDS
<i>pimozide</i> TABS 1mg, 2mg	1		VERSACLOZ SUSP 50mg/ml	3	NDS
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1		VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	NDS
<i>quetiapine fumarate</i> TABS 150mg	1		VRAYLAR CAP 1.5-3MG	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg	1		<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	NDS	<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1	
RISPERDAL SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	3		ZYPREXA SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg	3	
			ZYPREXA TABS 15mg, 20mg	3	NDS
			ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ZYPREXA ZYDIS TBDP 5mg, 10mg	3		<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	
ZYPREXA ZYDIS TBDP 15mg, 20mg	3	NDS	<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 20mg	1	
ANTISEIZURE AGENTS					
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS	<i>diazepam</i> (anticonvulsant) (generic of DIASTAT ACUDIAL) GEL 10mg	1	
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	3	NDS	<i>diazepam inj</i> SOLN 5mg/ml	1	
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS	<i>diazepam intensol</i> CONC 5mg/ml	1	
BRIVIACT SOLN 50mg/5ml	3		DILANTIN CAPS 30mg, 100mg	3	
carbamazepine CHEW 100mg	1		DILANTIN INFATABS CHEW 50mg	3	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1		DILANTIN-125 SUSP 125mg/5ml	3	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1		<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1		<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3		<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
CELONTIN CAPS 300mg	3		EPIDIOLEX SOLN 100mg/ml	3	NDS NM LA
clobazam (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg	1		<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg, 2mg	1		EPRONTIA SOLN 25mg/ml	3	
clonazepam TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1		<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1		<i>felbamate</i> SUSP 600mg/5ml	3	NDS
DEPAKOTE TBEC 125mg, 250mg, 500mg	3		<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
DEPAKOTE ER TB24 250mg, 500mg	3		FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	3	NDS
DEPAKOTE SPRINKLES CSDR 125mg	3		FINTEPLA SOLN 2.2mg/ml	3	NDS NM LA
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	3	NDS NM LA	FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
DIASTAT ACUDIAL GEL 10mg, 20mg	3		FYCOMPA TABS 2mg	3	
<i>diazepam</i> SOLN 5mg/5ml	1				

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	1		<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS	<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
KEPPRA TABS 250mg	3		<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
KEPPRA XR TB24 500mg, 750mg	3	NDS	<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1	
KLONOPIN TABS .5mg, 1mg, 2mg	3		<i>lamotrigine tab</i> 25 mg (42) & 100 mg (7) <i>starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1		<i>lamotrigine tab</i> 84 x 25 mg & 14 x 100 mg <i>starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml	1		<i>lamotrigine tab</i> disint 21 x 25 mg & 7 x 50 mg <i>titration kit</i>	1	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	NDS	<i>lamotrigine tab</i> disint 25 (14) & 50 mg (14) & 100 mg (7) <i>kit</i> (generic of LAMICTAL ODT)	1	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	NDS	<i>lamotrigine tab</i> disint 42 x 50mg & 14 x 100mg <i>titration kit</i>	1	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	NDS	LEVETIRACETA INJ 5MG/ML	3	
LAMICTAL ODT KIT BLUE	3		LEVETIRACETA INJ 10MG/ML	3	
LAMICTAL ODT KIT GREEN	3		LEVETIRACETA INJ 15MG/ML	3	
LAMICTAL ODT KIT ORANGE	3		<i>levetiracetam</i> (generic of KEPPIRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3		<i>levetiracetam</i> (generic of KEPPIRA XR) TB24 500mg, 750mg	1	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3		<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml (generic of LEVETIRACETAM)	1	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3				
LAMICTAL XR TB24 25mg	3				
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS			
LAMICTAL XR KIT	3				
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM)</i>	1		<i>phenytoin sodium extended (generic of DILANTIN) CAPS 100mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM)</i>	1		<i>phenytoin sodium extended CAPS 200mg, 300mg</i>	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	3		<i>pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml</i>	1	
<i>methsuximide (generic of CELONTIN) CAPS 300mg</i>	1		<i>primidone (generic of MYSOLINE) TABS 50mg, 250mg</i>	1	
mysoline TABS 50mg, 250mg	3	NDS	<i>primidone TABS 125mg</i>	1	
NAYZILAM SOLN 5mg/0.1ml	3		<i>roweepra (generic of KEPPIRA) TABS 500mg</i>	1	
NEURONTIN CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml	3		<i>rufinamide (generic of BANZEL) SUSP 40mg/ml; TABS 400mg</i>	3	NDS
NEURONTIN TABS 600mg, 800mg	3	NDS	<i>rufinamide (generic of BANZEL) TABS 200mg</i>	1	
ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	3	NDS	SABRIL PACK 500mg; TABS 500mg	3	NDS NM LA
<i>oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	1		SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
OXTELLAR XR TB24 150mg, 300mg	3		<i>subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg</i>	1	
OXTELLAR XR TB24 600mg	3	NDS	<i>subvenite starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg</i>	1	
<i>phenobarbital ELIX 20mg/5ml</i>	3		<i>subvenite starter kit/gre (generic of LAMICTAL STARTER/TAKING C)</i>	1	
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	2		<i>subvenite starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)</i>	1	
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i>	3		SYMPAZAN FILM 5mg, 10mg, 20mg	3	NDS
<i>phenytek CAPS 200mg, 300mg</i>	1		TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
<i>phenytoin (generic of DILANTIN INFATABS) CHEW 50mg</i>	1		TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml</i>	1		<i>tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg</i>	1	
<i>phenytoin sodium SOLN 50mg/ml</i>	1		TOPAMAX TABS 25mg	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS	ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
TOPAMAX SPRINKLE CPSP 3 15mg			ZONISADE SUSP 100mg/5ml	3	NDS
TOPAMAX SPRINKLE CPSP 3 25mg		NDS	<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		<i>zonisamide</i> CAPS 50mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS	ZTALMY SUSP 50mg/ml	3	NDS NM LA
TRILEPTAL TABS 150mg	3		ATTENTION DEFICIT HYPERACTIVITY DISORDER		
VALIUM TABS 2mg, 5mg, 10mg	3		ADDERALL TAB 5MG	3	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1		ADDERALL TAB 7.5MG	3	
<i>valproic acid</i> CAPS 250mg	1		ADDERALL TAB 10MG	3	
VALTOCO 5 MG DOSE LIQD 3 5mg/0.1ml			ADDERALL TAB 12.5MG	3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3		ADDERALL TAB 15MG	3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3		ADDERALL TAB 20MG	3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3		ADDERALL TAB 30MG	3	
vigabatrin (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM LA	ADDERALL XR CAP 5MG	3	
vigadron (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM LA	ADDERALL XR CAP 10MG	3	
VIMPAT SOLN 10mg/ml; TABS 100mg, 150mg, 200mg	3	NDS	ADDERALL XR CAP 15MG	3	
VIMPAT SOLN 200mg/20ml; TABS 50mg	3		ADDERALL XR CAP 20MG	3	
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	3	NDS	ADDERALL XR CAP 25MG	3	
XCOPRI PAK 12.5-25	3		ADDERALL XR CAP 30MG	3	
XCOPRI PAK 50-100MG	3	NDS	ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3	
XCOPRI PAK 100-150	3	NDS	<i>amphetamine-</i> <i>dextroamphetamine 3-bead</i> <i>cap er 24hr 12.5 mg</i> (generic of MYDAYIS)	1	
XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS	<i>amphetamine-</i> <i>dextroamphetamine 3-bead</i> <i>cap er 24hr 25 mg</i> (generic of MYDAYIS)	1	
XCOPRI PAK 150-200MG (TITRATION)	3	NDS	<i>amphetamine-</i> <i>dextroamphetamine 3-bead</i> <i>cap er 24hr 37.5 mg</i> (generic of MYDAYIS)	1	
			<i>amphetamine-</i> <i>dextroamphetamine 3-bead</i> <i>cap er 24hr 50 mg</i> (generic of MYDAYIS)	1	
			<i>amphetamine-</i> <i>dextroamphetamine cap er</i> <i>24hr 5 mg</i> (generic of ADDERALL XR)	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
amphetamine- <i>dextroamphetamine cap er</i> 24hr 10 mg (generic of ADDERALL XR)	1			CONCERTA TBCR 18mg, 27mg, 36mg, 54mg	3	
amphetamine- <i>dextroamphetamine cap er</i> 24hr 15 mg (generic of ADDERALL XR)	1			COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	
amphetamine- <i>dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR)	1			DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	
amphetamine- <i>dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR)	1			DEXEDRINE CP24 10mg, 15mg	3	NDS
amphetamine- <i>dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR)	1			<i>dexamphetamine hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	
amphetamine- <i>dextroamphetamine sulfate</i> 2.5mg, 5mg, 10mg	1			<i>dexamphetamine hcl</i> (generic of FOCALIN) TABS	1	
amphetamine- <i>dextroamphetamine sulfate</i> 10mg, 15mg, 20mg, 30mg	1			<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg	1	
DYANAVEL XR CHER 5mg, 10mg, 15mg, 20mg; SUER 2.5mg/ml	3			FOCALIN TABS 2.5mg, 5mg, 10mg	3	
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3			FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg	2			INTUNIV TB24 1mg, 2mg, 3mg, 4mg	3	
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3			JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1			<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	
METHYLIN SOLN 5mg/5ml, 10mg/5ml	3			METHYLIN SOLN 5mg/5ml, 10mg/5ml	3	
AZSTARYS CAP 26.1-5.2	3					
AZSTARYS CAP 39.2-7.8	3					
AZSTARYS CAP 52.3-10.	3					

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; CP24 60mg; CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg	1	
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg	1	
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	1	
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	1	
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	1	
METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg	3	
MYDAYIS CAP 12.5MG	3	
MYDAYIS CAP 25MG	3	
MYDAYIS CAP 37.5MG	3	
MYDAYIS CAP 50MG	3	
QUELBREE CP24 100mg, 150mg, 200mg	3	
QUILLICHEW ER CHER 20mg, 30mg, 40mg	3	
QUILLIVANT XR SRER 25mg/5ml	3	
RELEXXII TBCR 18mg, 27mg, 36mg, 45mg, 63mg	3	
RITALIN TABS 5mg, 10mg, 20mg	3	
RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	3	
STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	3	
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3	
XELTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3	
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1	
HYPNOTICS		
AMBIEN TABS 5mg, 10mg	3	
AMBIEN CR TBCR 6.25mg, 12.5mg	3	
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	
DAYVIGO TABS 5mg, 10mg	2	
<i>doxepin hcl</i> (sleep) (generic of SILENOR) TABS 3mg, 6mg	1	
EDLUAR SUBL 5mg, 10mg	3	
estazolam TABS 1mg, 2mg	1	
eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg	3	
HALCION TABS .25mg	3	
HETLIOZ CAPS 20mg	3	NDS NM LA
HETLIOZ LQ SUSP 4mg/ml	3	NDS NM LA
LUNESTA TABS 1mg, 2mg, 3mg	3	
QUVIVIQ TABS 25mg, 50mg	3	
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg	1	
RESTORIL CAPS 7.5mg, 15mg, 22.5mg, 30mg	3	NDS
SILENOR TABS 3mg, 6mg	3	
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg	3	NDS NM
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 15mg, 22.5mg, 30mg	1	
<i>triazolam</i> (generic of HALCION) TABS .25mg	2	
<i>triazolam</i> TABS .125mg	2	
<i>zaleplon</i> CAPS 5mg, 10mg	2	
ZOLPIDEM TARTRATE CAPS 7.5mg	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg	1		<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg	1				
<i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg	2		<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act, 20mg/act	1				
MIGRAINE								
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	NM	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml; SOLN 6mg/0.5ml	1				
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	1		<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml	1				
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	3	NDS	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml	1				
<i>dihydroergotamine mesylate</i> (generic of MIGRALAN) SOLN 4mg/ml	3	NDS	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg	1				
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg	1		UBRELVY TABS 50mg, 100mg	2				
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	2	NM	ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	NDS			
<i>ergotamine w/ caffeine tab</i> 1- 100 mg	1		<i>zolmitriptan</i> SOLN 2.5mg; TBDP 2.5mg, 5mg	1				
FROVA TABS 2.5mg	3	NDS	<i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg; TABS 2.5mg, 5mg	1				
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg	1		ZOMIG SOLN 2.5mg, 5mg	3				
IMITREX SOLN 5mg/act, 20mg/act; TABS 25mg, 50mg, 100mg	3		ZOMIG TABS 2.5mg, 5mg	3	NDS			
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	3	NDS	MISCELLANEOUS					
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	3	NDS	AMVUTTRA SOSY 25mg/0.5ml	3	NDS NM LA			
MAXALT TABS 10mg	3		AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS NM LA			
MAXALT-MLT TBDP 10mg	3		AUSTEDO XR TB24 6mg, 12mg, 24mg	3	NDS NM			
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1		AUSTEDO XR TAB TITR KIT	3	NDS NM			
NURTEC TBDP 75mg	2		DAYBUE SOLN 200mg/ml	3	NDS NM LA			
QULIPTA TABS 10mg, 30mg, 60mg	2		ENSPRYNG SOSY 120mg/ml	3	NDS NM LA			
RELPAX TABS 20mg	3		EQUETRO CP12 100mg, 200mg, 300mg	3				
RELPAX TABS 40mg	3	NDS	EVRYSDI SOLR .75mg/ml	3	NDS NM LA			
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg	1		EXSERVAN FILM 50mg	3	NDS NM LA			
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg	1		FIRDAPSE TABS 10mg	3	NDS NM LA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
GRALISE TABS 300mg, 450mg, 600mg, 750mg, 900mg	3	PA	TEGSEDI SOSY 284mg/1.5ml	3	NDS NM LA
HORIZANT TBCR 300mg, 600mg	3	PA	tetrabenazine (generic of XENAZINE) TABS 12.5mg, 25mg	3	NDS NM
LITHIUM SOLN 8meq/5ml	3		TIGLUTIK SUSP 50mg/10ml	3	NDS NM LA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1		UPLIZNA SOLN 100mg/10ml	3	NDS NM LA
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1		XENAZINE TABS 12.5mg, 25mg	3	NDS NM LA
LITHOBID TBCR 300mg	3	NDS			
LYRICA CR TB24 82.5mg, 165mg, 330mg	3	PA			
MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS			
MESTINON TIMESSPAN TBCR 180mg	3	NDS			
NUEDEXTA CAP 20-10MG	3	PA			
<i>pregabalin</i> (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg	1	PA			
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	3	NDS			
<i>pyridostigmine bromide</i> TABS 130mg					
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1				
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESSPAN) TBCR 180mg	1				
RADICAVA SOLN 30mg/100ml	3	NDS NM LA			
RADICAVA ORS SUSP 105mg/5ml	3	NDS NM LA			
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	NDS NM LA			
RELYVARIO PAK 3-1GM	3	NDS NM LA			
RILUTEK TABS 50mg	3	NDS			
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1				
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3				
SAVELLA MIS TITR PAK	3				
SKYCLARYS CAPS 50mg	3	NDS NM LA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MAVENCLAD (9 TABS) TBPK 10mg	3	NDS NM LA		FLEQSUHVY SUSP 25mg/5ml	3	NDS
MAVENCLAD (10 TABS) TBPK 10mg	3	NDS NM LA		LYVISPANH PACK 5mg, 10mg	3	
MAYZENT TABS .25mg, 1mg, 2mg	3	NDS NM LA		LYVISPANH PACK 20mg	3	NDS
MAYZENT STARTER PACK (7) TBPK .25mg	3	NM LA		metaxalone TABS 800mg	3	
MAYZENT STARTER PACK (12) TBPK .25mg	3	NDS NM LA		methocarbamol TABS 500mg, 750mg	2	
OCREVUS SOLN 300mg/10ml	3	NDS NM LA		MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NDS NM LA		MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
PLEGRIDY INJ STARTER	3	NDS NM LA		SOMA TABS 350mg	3	NDS
PLEGRIDY PEN INJ STARTER	3	NDS NM LA		tizanidine hcl (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
PONVORY TABS 20mg	3	NDS NM LA		tizanidine hcl TABS 2mg	1	
PONVORY TAB STARTER	3	NDS NM LA		vanadom (generic of SOMA) TABS 350mg	2	
TASCENO ODT TBDP .25mg, .5mg	3	NDS NM LA		XEOMIN SOLR 50unit	3	NM LA PA
teriflunomide (generic of AUBAGIO) TABS 7mg, 14mg	3	NDS NM		XEOMIN SOLR 100unit, 200unit	3	NDS NM LA PA
VUMERTY CPDR 231mg	3	NDS NM LA		ZANAFLEX CAPS 2mg, 4mg, 3 6mg; TABS 4mg		
ZEPOSIA CAPS .92mg	3	NDS NM LA		NARCOLEPSY/CATAPLEXY		
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM LA		armodafinil (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
ZEPOSIA CAP STR KIT	3	NDS NM LA		LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	3	NDS NM LA PA
MUSCULOSKELETAL THERAPY AGENTS				modafinil (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
baclofen (generic of FLEQSUHVY) SUSP 25mg/5ml	3	NDS		NUVIGIL TABS 50mg	3	PA
baclofen TABS 5mg, 10mg, 20mg	1			NUVIGIL TABS 150mg, 200mg, 250mg	3	NDS PA
BOTOX SOLR 100unit, 200unit	3	NDS PA		PROVIGIL TABS 100mg, 200mg	3	NDS PA
carisoprodol (generic of SOMA) TABS 350mg	2			SODIUM OXYBATE SOLN 500mg/ml	3	NDS NM LA PA
cyclobenzaprine hcl TABS 5mg, 10mg	2			SUNOSI TABS 75mg, 150mg	3	PA
DANTRIUM CAPS 25mg	3			WAKIX TABS 4.45mg, 17.8mg	3	NDS NM LA PA
dantrolene sodium (generic of DANTRIUM) CAPS 25mg	1			XYREM SOLN 500mg/ml	3	NDS NM LA PA
dantrolene sodium CAPS 50mg, 100mg	1			XYWAV SOL 0.5GM/ML	3	NDS NM LA PA
DYSPORT SOLR 300unit	3	NM PA				
DYSPORT SOLR 500unit	3	NDS NM PA				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
PSYCHOTHERAPEUTIC-MISC					
acamprosate calcium TBEC	1		NICOTROL INHALER INHA	3	
333mg			10mg		
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	3	NDS NM LA	NICOTROL NS SOLN	3	
buprenorphine hcl SUBL	1	QL PA	10mg/ml		
2mg, 8mg			OPVEE SOLN 2.7mg/0.1ml	3	
QL (90 tabs / 30 days)			SUBLOCADE SOSY	3	NDS NM LA
buprenorphine hcl-naloxone	1	QL	100mg/0.5ml, 300mg/1.5ml		
hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)			SUBOXONE MIS 2-0.5MG	3	QL
QL (90 films / 30 days)			QL (90 films / 30 days)		
buprenorphine hcl-naloxone	1	QL	SUBOXONE MIS 4-1MG	3	QL
hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)			QL (90 films / 30 days)		
QL (90 films / 30 days)			SUBOXONE MIS 8-2MG	3	QL
buprenorphine hcl-naloxone	1	QL	QL (90 films / 30 days)		
hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)			SUBOXONE MIS 12-3MG	3	QL
QL (90 films / 30 days)			QL (60 films / 30 days)		
buprenorphine hcl-naloxone	1	QL	varenicline tartrate TABS	1	
hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)			.5mg, 1mg		
QL (60 films / 30 days)			varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	
buprenorphine hcl-naloxone	1	QL	VIVITROL SUSR 380mg	3	NDS NM
hcl sl tab 2-0.5 mg (base equiv)			ZIMHI SOSY 5mg/0.5ml	3	
QL (90 tabs / 30 days)			ZUBSOLV SUB 0.7-0.18	3	QL
buprenorphine hcl-naloxone	1	QL	QL (90 tabs / 30 days)		
hcl sl tab 8-2 mg (base equiv)			ZUBSOLV SUB 1.4-0.36	3	QL
QL (90 tabs / 30 days)			QL (90 tabs / 30 days)		
bupropion hcl (smoking deterrent) TB12 150mg	1		ZUBSOLV SUB 2.9-0.71	3	QL
disulfiram TABS 250mg, 500mg	1		QL (90 tabs / 30 days)		
KLOXXADO LIQD 8mg/0.1ml	2		ZUBSOLV SUB 5.7-1.4	3	QL
LUCEMYRA TABS .18mg	3	NDS	QL (90 tabs / 30 days)		
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1		ZUBSOLV SUB 8.6-2.1	3	QL
naltrexone hcl TABS 50mg	1		QL (60 tabs / 30 days)		
NARCAN LIQD 4mg/0.1ml	3		ZUBSOLV SUB 11.4-2.9	3	QL
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)		
ENDOCRINE AND METABOLIC ANDROGENS					
ANDROGEL PUMP GEL	3	PA			
1.62%			AVEED SOLN 750mg/3ml	3	NM LA PA
depo-testosterone SOLN	1	PA	100mg/ml, 200mg/ml		
			FORTESTA GEL 10mg/act	3	PA
			JATENZO CAPS 158mg, 198mg	3	PA
			JATENZO CAPS 237mg	3	NDS PA
			methyltestosterone CAPS 10mg	3	NDS PA
			NATESTO GEL 5.5mg/act	3	PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TESTIM GEL 1%	3	PA
<i>testosterone</i> GEL 1%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act	1	PA
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62%	1	PA
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act	1	PA
<i>testosterone cypionate</i> SOLN 1 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 1 200mg/ml	1	PA
TLANDO CAPS 112.5mg	3	PA
VOGELXO GEL 50mg/5gm	3	PA
VOGELXO PUMP GEL 1%	3	PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 1 100mg		
ACTOPLUS MET TAB 15- 850MG	3	
ACTOS TABS 15mg, 30mg, 45mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL PA
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
FARXIGA TABS 5mg, 10mg	2	
glimepiride TABS 1mg, 2mg, 4mg		
glipizide TABS 5mg, 10mg	1	
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
glipizide-metformin hcl tab 2.5-250 mg	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1	
<i>glipizide-metformin hcl tab</i> 5- 500 mg	1	
GLUCOTROL XL TB24 2.5mg, 5mg, 10mg	3	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50- 500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JANUVIA TABS 25mg, 50mg, 2 100mg	2	
JARDIANCE TABS 10mg, 25mg	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR 2.5- 1000MG	2	
JENTADUETO TAB XR 5- 1000MG	2	
<i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml	1	
<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg	1	
<i>metformin hcl</i> TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1	
miglitol TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	2	QL PA
nateglinide TABS 60mg, 120mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	2	QL PA	TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL PA	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	2	QL PA	TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg	1		TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL PA
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)	1		TZIELD SOLN 2mg/2ml	3	NDS NM LA
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)	1		VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL PA
pioglitazone hcl-metformin hcl tab 15-500 mg	1		XIGDUO XR TAB 2.5-1000	2	
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)	1		XIGDUO XR TAB 5-500MG	2	
repaglinide TABS .5mg, 1mg, 1 2mg			XIGDUO XR TAB 5-1000MG	2	
RYBELSUS TABS 3mg, 7mg, 2 14mg QL (30 tabs / 30 days)	2	QL PA	XIGDUO XR TAB 10-500MG	2	
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS	XIGDUO XR TAB 10-1000	2	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS	ANTIDIABETICS, INSULINS		
SYNJARDY TAB 5-500MG	2		ADMELOG SOLN 100unit/ml	2	
SYNJARDY TAB 5-1000MG	2		ADMELOG SOLOSTAR SOPN 100unit/ml	2	
SYNJARDY TAB 12.5-500	2		BASAGLAR KWIKPEN SOPN 100unit/ml	2	
SYNJARDY TAB 12.5- 1000MG	2		BD ALCOHOL SWABS	2	
SYNJARDY XR TAB 5- 1000MG	2		FIASP SOLN 100unit/ml	2	
SYNJARDY XR TAB 10-1000	2		FIASP FLEXTOUCH SOPN 100unit/ml	2	
SYNJARDY XR TAB 12.5- 1000	2		FIASP PENFILL SOCT 100unit/ml	2	
SYNJARDY XR TAB 25-1000	2		FIASP PUMPCART SOCT 100unit/ml	2	B/D
TRADJENTA TABS 5mg	2		GAUZE PADS 2X2	2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2		HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	NDS B/D
			HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	NDS
			INSULIN PEN NEEDLES: BD/NOVO	2	
			INSULIN SAFETY NEEDLES	2	
			INSULIN SYRINGES: BD	2	
			LANTUS SOLN 100unit/ml	2	
			LANTUS SOLOSTAR SOPN 100unit/ml	2	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN INJ 70/30 (brand RELION not covered)	2		SOLIQUA INJ 100/33	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2		TOUJEON MAX SOLOSTAR SOPN 300unit/ml	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2		TOUJEON SOLOSTAR SOPN 300unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2		TRESIBA SOLN 100unit/ml	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2		TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2		V-GO 20 KIT	3	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2		V-GO 30 KIT	3	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2		V-GO 40 KIT	3	
OMNIPOD 5 G6 KIT INTRO	3		XULTOPHY INJ 100/3.6	2	
OMNIPOD 5 G6 MIS PODS	3		CALCIUM REGULATORS		
OMNIPOD DASH KIT INTRO	3		ACTONEL TABS 35mg, 150mg	3	
OMNIPOD DASH MIS PODS	3		alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg	1	
OMNIPOD GO KIT 10UNT/DY	3		alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
OMNIPOD GO KIT 15UNT/DY	3		ATELVIA TBEC 35mg	3	
OMNIPOD GO KIT 20UNT/DY	3		BINOSTO TBEF 70mg	3	
OMNIPOD GO KIT 25UNT/DY	3		calcitonin (salmon) spray SOLN 200unit/act	1	B/D
OMNIPOD GO KIT 30UNT/DY	3		EVENITY SOSY 105mg/1.17ml	3	NDS NM
OMNIPOD GO KIT 35UNT/DY	3		FORTEO SOPN 600mcg/2.4ml	3	NDS NM
OMNIPOD GO KIT 40UNT/DY	3		FOSAMAX TABS 70mg	3	
OMNIPOD MIS CLASSIC	3		FOSAMAX + D TAB 70-2800	3	
			FOSAMAX + D TAB 70-5600	3	
			ibandronate sodium SOLN 3mg/3ml; TABS 150mg	1	B/D
			NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	NDS LA
			PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
			pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
			PROLIA SOSY 60mg/ml	3	NM
			RECLAST SOLN 5mg/100ml	3	B/D NM
			risedronate sodium TABS 5mg, 30mg	1	
			risedronate sodium (generic of ACTONEL) TABS 35mg, 150mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
risedronate sodium (generic of ATELVIA) TBEC 35mg				FERRIPROX TWICE-A-DAY	3	NDS NM LA
TERIPARATIDE SOPN 620mcg/2.48ml	3	NDS NM		TABS 1000mg		
teriparatide (recombinant) (generic of FORTEO) SOPN 600mcg/2.4ml	3	NDS NM		JADENU TABS 90mg, 180mg, 360mg	3	NDS NM LA
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM		JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM LA
XGEVA SOLN 120mg/1.7ml	3	NDS B/D NM		LOKELMA PACK 5gm, 10gm	2	
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM		penicillamine (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM		sodium polystyrene sulfonate powder	1	
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM		sps SUSP 15gm/60ml	1	
CHELATING AGENTS						
CHEMET CAPS 100mg	3	NDS		SYPRINE CAPS 250mg	3	NDS NM
CUVRIOR TABS 300mg	3	NDS NM LA		trientine hcl (generic of SYPRINE) CAPS 250mg	3	NDS NM
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM		VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
deferasirox (generic of JADENU) TABS 90mg	1	NM		CONTRACEPTIVES		
deferasirox (generic of JADENU) TABS 180mg, 360mg	3	NDS NM		afirmelle		1
deferasirox (generic of EXJADE) TBSO 125mg	1	NM		altavera		1
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM		alyacen 1/35		1
deferiprone (generic of FERRIPROX) TABS 500mg, 1000mg	3	NDS NM LA		alyacen 7/7/7		1
deferoxamine mesylate SOLR 2gm	1	B/D NM		amethia		1
deferoxamine mesylate (generic of DESFERAL) SOLR 500mg	1	B/D NM		amethyst		1
DEPEN TITRATABS TABS 250mg	3	NDS NM		ANNOVERA MIS		3
DESFERAL SOLR 500mg	3	B/D NM		apri		1
EXJADE TBSO 125mg, 250mg, 500mg	3	NDS NM LA		aranelle		1
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM LA		ashlyna		1

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
cryselle-28	1		hailey 1.5/30	1	
cyred eq	1		hailey 24 fe	1	
dasetta 1/35	1		haloette (generic of NUVARING)	1	
dasetta 7/7/7	1		heather TABS .35mg	1	
daysee	1		iclevia	1	
deblitane TABS .35mg	1		incassia TABS .35mg	1	
DEPO-PROVERA	3		introvale	1	
CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml			isibloom	1	
DEPO-SUBQ PROVERA 104	3		jasmiel (generic of YAZ)	1	
SUSY 104mg/0.65ml			jolessa	1	
desogest-eth estrad & eth	1		juleber	1	
estradi tab 0.15-0.02/0.01			junel 1.5/30	1	
mg(21/5)			junel 1/20	1	
desogestrel & ethynodiol estradiol	1		junel fe 1.5/30	1	
tab 0.15 mg-30 mcg			junel fe 1/20	1	
dolishale	1		junel fe 24	1	
drospirenone-ethynodiol estradiol	1		kaitlib fe	1	
levomefolate tab 3-0.03-0.451			kariva	1	
mg (generic of SAFYRAL)			kelnor 1/35	1	
drospirenone-ethynodiol estradiol	1		kelnor 1/50	1	
tab 3-0.02 mg (generic of YAZ)			kurvelo	1	
drospirenone-ethynodiol estradiol	1		larin 1.5/30	1	
tab 3-0.03 mg (generic of YASMIN 28)			larin 1/20	1	
elinest	1		larin 24 fe	1	
eluryng (generic of NUVARING)	1		larin fe 1.5/30	1	
enilloring (generic of NUVARING)	1		larin fe 1/20	1	
enpresse-28	1		layolis fe	1	
enskyce	1		leena	1	
errin TABS .35mg	1		lessina	1	
estarrylla	1		levonest	1	
ethynodiol diacetate & ethynodiol	1		levonor-eth est tab 0.15-	1	
estradiol tab 1 mg-35 mcg			0.02/0.025/0.03 mg & eth est		
ethynodiol diacetate & ethynodiol	1		0.01 mg		
estradiol tab 1 mg-50 mcg			levonor-eth est tab 0.1-	1	
etonogestrel-ethynodiol estradiol	1		0.02mg(84) & eth est tab		
va ring 0.120-0.015 mg/24hr			0.01mg(7)		
(generic of NUVARING)			levonor-eth est tab 0.15-	1	
falmina	1		0.03mg(84) & eth est tab		
finzala (generic of MINASTRIN 24 FE)	1		0.01mg(7)		
gemmily (generic of TAYTULLA)	1		levonorgestrel & ethynodiol	1	
			(91-day) tab 0.15-		
			0.03 mg		
			levonorgestrel & ethynodiol	1	
			estradiol tab 0.1 mg-20 mcg		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	1		norethindrone & ethinyl estradiol-fe chew tab 0.8 mg- 25 mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg	1		norethindrone (contraceptive) TABS .35mg	1	
levora 0.15/30-28	1		norethindrone ac-ethinyl estradiol tab 1-20/1-30/1-35 mg-mcg	1	
LO LOESTRIN TAB 1-10-10	3		norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
loestrin 1.5/30-21	1		norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
loestrin 1/20-21	1		norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
loestrin fe 1.5/30	1		norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)	1	
loestrin fe 1/20	1		norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)	1	
loryna (generic of YAZ)	1		norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
LOSEASONIQUE TAB	3		norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg (generic of ORTHO TRI- CYCLEN LO)	1	
low-ogestrel	1		norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg	1	
lutera	1		norlyroc TABS .35mg	1	
lyeq TABS .35mg	1		nortrel 0.5/35 (28)	1	
lyza TABS .35mg	1		nortrel 1/35 (21)	1	
marlissa	1		nortrel 1/35 (28)	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1		nortrel 7/7/7	1	
merzee (generic of TAYTULLA)	1		nylia 1/35	1	
mibelas 24 fe (generic of MINASTRIN 24 FE)	1		nylia 7/7/7	1	
microgestin 1.5/30	1		nymyo	1	
microgestin 1/20	1		ocella (generic of YASMIN 28)	1	
microgestin 24 fe	1		PHEXXI GEL	3	
microgestin fe 1.5/30	1		philith	1	
microgestin fe 1/20	1		pimtrea	1	
mili	1		portia-28	1	
MIRCETTE TAB 28 DAY	3		QUARTETTE TAB	3	
mono-linyah	1				
NATAZIA TAB	3				
necon 0.5/35-28	1				
NEXTSTELLIS TAB 3- 14.2MG	3				
nikki (generic of YAZ)	1				
nora-be TABS .35mg	1				

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Drug Name	Drug Requirements/ Tier	Limits
reclipsen	1	
rivelsa	1	
SAFYRAL TAB	3	
SEASONIQUE TAB	3	
setlakin	1	
sharobel TABS .35mg	1	
simliya	1	
simpesse	1	
SLYND TABS 4mg	3	
sprintec 28	1	
sronyx	1	
syeda (generic of YASMIN 28)	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
TAYTULLA CAP 1MG/20MC	3	
tilia fe	1	
tri-estarrylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarrylla (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)	1	
trivora-28	1	
turqoz	1	
TYBLUME CHW 0.1-0.02	3	
tydemy (generic of SAFYRAL)	1	
velivet	1	
vestura (generic of YAZ)	1	
vienna	1	
viorele	1	
vyfemla	1	
vylibra	1	
wera	1	

Drug Name	Drug Requirements/ Tier	Limits
wymzya fe	1	
xulane	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
zafemy	1	
zovia 1/35	1	
zumandimine (generic of YASMIN 28)	1	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 1 200mg		
ORILISSA TABS 150mg, 200mg	3	NDS
SYNAREL SOLN 2mg/ml	3	NDS PA
ESTROGENS		
ACTIVELLA TAB 1-0.5MG	3	
amabelz	2	
BIJUVA CAP 1-100MG	3	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .3 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
dotti (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3	
estradiol (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
estradiol (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	1	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	1	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml ESTRING RING 7.5mcg/24hr	1	.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr
ESTROGEL GEL .06%	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
fyavolv tab 0.5mg-2.5mcg	2	
fyavolv tab 1mg-5mcg	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
jinteli	2	
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
mimvey (generic of ACTIVELLA)	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
Drug Name		
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
PREFEST TAB	3	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
yuvafem (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM LA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml (generic of CELESTONE SOLUSPAN)	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>fludrocortisone acetate</i> TABS .1mg	1		SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
HEMADY TABS 20mg	3		SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1		<i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
KENALOG-10 SUSP 10mg/ml	3	B/D	ZILRETTA SRER 32mg	3	B/D NM LA
KENALOG-40 SUSP 40mg/ml	3	B/D	GLUCOSE ELEVATING AGENTS		
KENALOG-80 SUSP 80mg/ml	3	B/D	<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D	GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
MEDROL DOSEPAK TBPK 4mg	3		GVOKE KIT SOLN 1mg/0.2ml	2	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D	GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
<i>methylprednisolone</i> TABS 32mg	1	B/D	PROGLYCEM SUSP 50mg/ml	3	NDS
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1		MISCELLANEOUS		
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D	ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D	<i>betaine powder for oral solution</i> (generic of CYSTADANE)	3	NDS NM LA
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	1	B/D	BUPHENYL POWD 3gm/tsp; TABS 500mg	3	NDS NM LA
PEDIAPRED SOLN 6.7mg/5ml	3	B/D	<i>cabergoline</i> TABS .5mg	1	
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D	CARBAGLU TBSO 200mg	3	NDS NM LA
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D	<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	3	NDS NM LA
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D	CARNITOR SOLN 200mg/ml	3	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D	CERDELGA CAPS 84mg	3	NDS NM LA
<i>prednisone</i> TBPK 5mg, 10mg	1		CEREZYME SOLR 400unit	3	NDS NM LA
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D	CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA
			<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg	1	B/D NM
			<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg	3	NDS B/D NM
			CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA
			CYSTADANE POW	3	NDS NM LA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CYSTAGON CAPS 50mg, 150mg	3	NM LA
DDAVP SOLN 4mcg/ml; TABS .2mg	3	NDS
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	3	NDS NM LA
EGRIFTA SV SOLR 2mg	3	NDS NM LA
ELAPRASE SOLN 6mg/3ml	3	NDS NM LA
ELELYSO SOLR 200unit	3	NDS NM LA
ELFABRIO SOLN 20mg/10ml	3	NDS NM LA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	3	NDS NM LA
FENSOLVI KIT 45mg	3	NDS NM LA
GALAFOLD CAPS 123mg	3	NDS NM LA
GENOTROPIN CART 5mg, 12mg	3	NDS NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE CART 6mg, 12mg, 24mg	3	NDS NM PA
INCRELEX SOLN 40mg/4ml	3	NDS NM LA
ISTURISA TABS 1mg, 5mg	3	NDS NM LA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM LA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM LA
JYNARQUE PAK 30-15MG	3	NDS NM LA
JYNARQUE PAK 45-15MG	3	NDS NM LA
JYNARQUE PAK 60-30MG	3	NDS NM LA
JYNARQUE PAK 90-30MG	3	NDS NM LA
KANUMA SOLN 20mg/10ml	3	NDS NM LA
KORLYM TABS 300mg	3	NDS NM LA
KUVAN PACK 100mg, 500mg; TABS 100mg	3	NDS NM LA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LAMZEDE SOLR 10mg <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	3	NDS NM LA
LUMIZYME SOLR 50mg	3	NDS NM LA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	3	NDS NM
LUPRON DEPOT-PED (6- MONTH KIT 45mg	3	NDS NM
<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg	3	NDS NM
MYALEPT SOLR 11.3mg	3	NDS NM LA
MYCAPSSA CPDR 20mg	3	NDS NM LA
MYFEMBREE TAB	3	NDS
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA
NEXVIAZYME SOLR 100mg	3	NDS NM LA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	3	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM
<i>nitisinone</i> CAPS 20mg	3	NDS NM
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM LA PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM	SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	3	NDS NM	SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	3	NDS NM LA PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	3	NDS NM LA	sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA	SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	3	NDS NM LA PA
OPFOLDA CAPS 65mg	3	NM LA	SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM LA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM LA	SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA
ORIAHNN CAP	3	NDS	STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA	TEPEZZA SOLR 500mg	3	NDS NM LA
PHEBURANE PLLT 483mg/gm	3	NDS NM LA	tolvaptan (generic of SAMSCA) TABS 15mg, 30mg	3	NDS NM
POMBILITI SOLR 105mg	3	NDS NM LA	VEOZAH TABS 45mg	3	
PREGNYL W/DILUENT	3	NM PA	VIJOICE TBPK 50mg, 125mg	3	NDS NM LA
BENZYL SOLR 10000unit			VIJOICE TAB 250MG	3	NDS NM LA
PROSYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA	VIMIZIM SOLN 5mg/5ml	3	NDS NM LA
raloxifene hcl (generic of EVISTA) TABS 60mg	1		VOXZOGO SOLR .4mg, .56mg, 1.2mg	3	NDS NM LA
RAVICTI LIQD 1.1gm/ml	3	NDS NM LA	VPRIV SOLR 400unit	3	NDS NM LA
RECORLEV TABS 150mg	3	NDS NM LA	XENPOZYME SOLR 4mg, 20mg	3	NDS NM LA
REVCovi SOLN 2.4mg/1.5ml	3	NDS NM LA	yargesa (generic of ZAVESCA) CAPS 100mg	3	NDS NM
SAMSCA TABS 15mg, 30mg	3	NDS NM LA	ZAVESCA CAPS 100mg	3	NDS NM LA
SANDOSTATIN SOLN 50mcg/ml	3	NM	ZOMACTON SOLR 5mg	3	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM	ZOMACTON SOLR 10mg	3	NDS NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM	ZORBTIVE SOLR 8.8mg	3	NDS NM
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM	PHOSPHATE BINDER AGENTS		
SENSIPAR TABS 30mg	3	B/D NM	calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg	1	
SENSIPAR TABS 60mg, 90mg	3	NDS B/D NM	RENELA PACK .8gm, 2.4gm; TABS 800mg	3	NDS
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA	sevelamer carbonate (generic of RENELA) PACK .8gm, 2.4gm; TABS 800mg	1	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA	sevelamer hcl TABS 400mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	1		<i>levothyroxine sodium</i> (generic 1 of SYNTROID) TABS	1	
VELPHORO CHEW 500mg	3	NDS	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		
PROGESTINS			<i>levoxyl</i> (generic of SYNTROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
AYGESTIN TABS 5mg	3		<i>liothyronine sodium</i> (generic 1 of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
CRINONE GEL 4%, 8%	3	PA	<i>methimazole</i> TABS 5mg, 10mg	1	
<i>medroxyprogesterone acetate</i> 1 (generic of PROVERA) TABS 2.5mg, 5mg, 10mg			<i>propylthiouracil</i> TABS 50mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2		<i>SYNTROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
<i>megestrol acetate (appetite)</i> 3 SUSP 625mg/5ml			<i>THYQUIDITY</i> SOLN 100mcg/5ml	3	
<i>norethindrone acetate</i> TABS 5mg	1		<i>TIROSINT</i> CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1		<i>TIROSINT-SOL</i> SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
PROMETRIUM CAPS 100mg, 200mg	3		<i>unithroid</i> (generic of SYNTROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
PROVERA TABS 2.5mg, 5mg, 10mg	3				
THYROID AGENTS					
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3				
ERMEZA SOLN 150mcg/5ml	3				
<i>euthyrox</i> (generic of SYNTROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1				
<i>levo-t</i> (generic of SYNTROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1				
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1				
<i>levothyroxine sodium</i> (generic 1 of TIROSINT) CAPS 112mcg					

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VITAMIN D ANALOGS					
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D	<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D	GIMOTI SOLN 15mg/act	3	NDS
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D	<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>paricalcitol</i> CAPS 4mcg	1	B/D	MARINOL CAPS 2.5mg	3	B/D
RAYALDEE CPR 30mcg	3	NDS	<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D	<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D	<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
GASTROINTESTINAL ANTIEMETICS					
AKYNZEO CAP 300-0.5	3	B/D	<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
AKYNZEO INJ 235-0.25	3	NM LA	<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
AKYNZEO INJ 235- 0.25MG/20ML	3	NM LA	<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
APONVIE EMUL 32mg/4.4ml	3		<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D	PHENERGAN SOLN 25mg/ml, 50mg/ml	3	
<i>aprepitant capsule therapy</i> pack 80 & 125 mg	1	B/D	<i>prochlorperazine</i> SUPP 25mg	1	
BONJESTA TAB 20-20MG	3		<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
CINVANTI EMUL 130mg/18ml	3		<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
compro SUPP 25mg	1		<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2	
DICLEGIS TAB 10-10MG	3		<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3	
<i>doxylamine-pyridoxine tab</i> <i>delayed release</i> 10-10 mg (generic of DICLEGIS)	3		<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg	1	B/D	<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3	
<i>dronabinol</i> CAPS 5mg, 10mg	1	B/D	REGLAN TABS 5mg, 10mg	3	
EMEND CAPS 80mg	3	B/D	SANCUSO PTCH 3.1mg/24hr	3	NDS
EMEND SOLR 150mg	3				
EMEND SUSR 125mg/5ml	3	NDS B/D			
EMEND TRIPAC PAK 80 & 125	3	B/D			

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<i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days	3		PEPCID TABS 20mg, 40mg	3	
SUSTOL PRSY 10mg/0.4ml	3		INFLAMMATORY BOWEL DISEASE		
SYNDROS SOLN 5mg/ml	3	NDS B/D	APRISO CP24 .375gm	3	
<i>trimethobenzamide hcl</i> CAPS 1 300mg			AZULFIDINE TABS 500mg	3	
VARUBI TBPK 90mg	3	B/D NM	AZULFIDINE EN-TABS TBEC 500mg	3	
ANTISPASMODICS			<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
ATROPINE SULFATE SOSY 3 .25mg/5ml, 1mg/10ml	3		<i>budesonide</i> CPEP 3mg	1	
<i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY .25mg/5ml, 1mg/10ml	3		<i>budesonide</i> (generic of UCERIS) TB24 9mg	3	NDS
BENTYL SOLN 10mg/ml	3		<i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg	1	
CUVPOSA SOLN 1mg/5ml	3		CANASA SUPP 1000mg	3	NDS
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2		CORTENEMA ENEM 100mg/60ml	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3		DELZICOL CPDR 400mg	3	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	3		DIPENTUM CAPS 250mg	3	NDS
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1		<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1		LIALDA TBEC 1.2gm	3	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1		<i>mesalamine</i> (generic of APRISO) CP24 .375gm	1	
<i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml	1		<i>mesalamine</i> (generic of PENTASA) CPCR 500mg	1	
<i>methscopolamine bromide</i>	3		<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg	1	
TABS 2.5mg, 5mg			<i>mesalamine</i> ENEM 4gm; TBEC 800mg	1	
H2-RECEPTOR ANTAGONISTS			<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	1	
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1		<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	1	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1		<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1		PENTASA CPCR 250mg	3	
<i>famotidine in nacl 0.9% iv soln</i> 1 20 mg/50ml	1		PENTASA CPCR 500mg	3	NDS
nizatidine CAPS 150mg, 300mg	1		ROWASA KIT 4gm	3	NDS
			SFROWASA ENEM 4gm/60ml	3	NDS
			<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	1		CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA
UCERIS FOAM 2mg/act	3		cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
UCERIS TB24 9mg	3	NDS	CYTOTEC TABS 100mcg, 200mcg	3	
LAXATIVES			diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
CLENPIQ SOL 10 MG-3.5	3		diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	2	
GM-12 GM/160ML			GASTROCROM CONC 100mg/5ml	3	NDS
CLENPIQ SOL 10 MG-3.5	3		GATTEX KIT 5mg	3	NDS NM LA
GM-12 GM/175ML			HELIDAC MIS THERAPY	3	NDS
constulose SOLN 10gm/15ml	1		LINZESS CAPS 72mcg, 145mcg, 290mcg	3	
enulose SOLN 10gm/15ml	1		LIVMARLI SOLN 9.5mg/ml	3	NDS NM LA
gavilyte-c	1		LOMOTIL TAB 2.5MG	3	
gavilyte-g (generic of GOLYTELY)	1		loperamide hcl CAPS 2mg	1	
generlac SOLN 10gm/15ml	1		LOTRONEX TABS .5mg, 1mg	3	NDS
GOLYTELY SOL	3		lubiprostone CAPS 8mcg	1	
lactulose SOLN 10gm/15ml	1		lubiprostone (generic of AMITIZA) CAPS 24mcg	1	
lactulose (encephalopathy)	1		misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
SOLN 10gm/15ml			MOVANTIK TABS 12.5mg, 25mg	2	
peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm (generic of GOLYTELY)	1		OCALIVA TABS 5mg, 10mg	3	NDS NM LA
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1		REBYOTA SUSP 150ml	3	NDS NM LA
peg-3350/electrolytes/asc (generic of MOVIPREP)	1		RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS
PLENUV SOL	3		SUCRAID SOLN 8500unit/ml	3	NDS NM LA
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1		sucralfate (generic of CARAFATE) TABS 1gm	1	
SUFLAVE SOL	3		SYMPROIC TABS .2mg	3	
SUPREP BOWEL SOL PREP KIT	3		TALICIA CAP	3	
SUTAB TAB	3		URSO 250 TABS 250mg	3	
MISCELLANEOUS			URSO FORTE TABS 500mg	3	
alosetron hcl (generic of LOTRONEX) TABS .5mg, 1mg	3	NDS	ursodiol CAPS 300mg	1	
amoxicil cap & clarithro tab &lansopraz cap dr 500 &500 &30mg	1		ursodiol (generic of URSO 250) TABS 250mg	1	
BYLVAY CAPS 400mcg, 1200mcg	3	NDS NM LA			
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	3	NDS NM LA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1		<i>esomeprazole sodium</i> (generic of NEXIUM I.V.)	1				
VIBERZI TABS 75mg, 100mg	3	NDS	SOLR 40mg					
VOWST CAP	3	NDS NM LA	<i>lansoprazole</i> CPDR 15mg	1				
XERMELO TABS 250mg	3	NDS NM LA	<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg	1				
XIFAXAN TABS 550mg	3	NDS	NEXIUM CPDR 20mg, 40mg; 3 PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	3				
PANCREATIC ENZYMEs								
CREON CAP 3000UNIT	2		NEXIUM I.V. SOLR 40mg	3				
CREON CAP 6000UNIT	2		<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1				
CREON CAP 12000UNT	2		<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1				
CREON CAP 24000UNT	2		PREVACID CPDR 30mg	3				
CREON CAP 36000UNT	2		PRILOSEC PACK 2.5mg, 10mg	3				
PANCREAZE CAP 2600UNIT	3		PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3				
PANCREAZE CAP 4200UNIT	3		<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1				
PANCREAZE CAP 10500UNT	3		GENITOURINARY					
PANCREAZE CAP 16800UNT	3		BENIGN PROSTATIC HYPERPLASIA					
PANCREAZE CAP 21000UNT	3		<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1				
PANCREAZE CAP 37000	3		AVODART CAPS .5mg	3				
PERTZYE CAP 4000UNIT	3		CARDURA XL TB24 4mg, 8mg	3				
PERTZYE CAP 8000UNIT	3		<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1				
PERTZYE CAP 16000U	3		<i>dutasteride-tamsulosin hcl cap</i> 1 0.5-0.4 mg (generic of JALYN)	1				
PERTZYE CAP 24000U	3		ENTADFI CAP 5-5MG	3	PA			
VIOKACE TAB 10440	3		<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1				
VIOKACE TAB 20880	3	NDS	FLOMAX CAPS .4mg	3				
ZENPEP CAP 3000UNIT	3		PROSCAR TABS 5mg	3				
ZENPEP CAP 5000UNIT	3		RAPAFLO CAPS 4mg, 8mg	3				
ZENPEP CAP 10000UNT	3		<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1				
ZENPEP CAP 15000UNT	3		<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1				
ZENPEP CAP 20000UNT	3		MISCELLANEOUS					
ZENPEP CAP 25000UNT	3		<i>acetic acid</i> SOLN .25%	1				
ZENPEP CAP 40000UNT	3		<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1				
PROTON PUMP INHIBITORS								
ACIPHEX TBEC 20mg	3							
DEXILANT CPDR 30mg, 60mg	3							
<i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg	1							
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 10mg, 20mg, 40mg	1							

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ELMIRON CAPS 100mg	3	NDS	<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1		
FILSPARI TABS 200mg, 400mg	3	NDS NM LA	<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1		
INTRAROSA INST 6.5mg	3	PA	<i>trospium chloride</i> CP24 60mg; TABS 20mg	1		
LITHOSTAT TABS 250mg	3		VESICARE TABS 5mg, 10mg	3		
<i>neomycin-polymyxin b gu irrigation soln</i>	1		VESICARE LS SUSP 5mg/5ml	3		
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM LA	VAGINAL ANTI-INFECTIVES			
<i>potassium citrate (alkalinizer)</i> 1 (generic of UROCIT-K 15) TBCR 15meq	1		CLEOCIN CREA 2%; SUPP 100mg	3		
<i>potassium citrate (alkalinizer)</i> 1 (generic of UROCIT-K 5) TBCR 540mg	1		<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	1		
<i>potassium citrate (alkalinizer)</i> 1 (generic of UROCIT-K 10) TBCR 1080mg	1		CLINDESSE CREA 2%	3		
TARPEYO CPDR 4mg	3	NDS NM LA	GYNIAZOLE-1 CREA 2%	3		
THIOLA TABS 100mg	3	NDS NM LA	<i>metronidazole vaginal</i> GEL .75%	1		
THIOLA EC TBEC 100mg, 300mg	3	NDS NM LA	<i>miconazole</i> 3 SUPP 200mg	1		
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM	<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1		
UROCIT-K 5 TBCR 540mg	3		VANDAZOLE GEL .75%	3		
UROCIT-K 10 TBCR 1080mg	3		XACIATO GEL 2%	3		
UROCIT-K 15 TBCR 15meq	3		HEMATOLOGIC ANTICOAGULANTS			
URINARY ANTISPASMODICS						
<i>darifenacin hydrobromide</i> 1 TB24 7.5mg, 15mg			ARIXTRA SOLN 2.5mg/0.5ml	3		
DETROL TABS 1mg, 2mg	3		ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS	
DETROL LA CP24 2mg, 4mg	3		<i>dabigatran etexilate mesylate</i> CAPS 75mg	1		
<i>fesoterodine fumarate</i> 1 (generic of TOVIAZ) TB24 4mg, 8mg			<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 150mg	1		
GELNIQUE GEL 10%	3		ELIQUIS TABS 2.5mg, 5mg	2		
GEMTESA TABS 75mg	3		ELIQUIS STARTER PACK	2		
MYRBETRIQ SRER 8mg/ml; 3 TB24 25mg, 50mg			TBPK 5mg			
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1		<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1		
OXYTROL PTTW 3.9mg/24hr	3					
<i>solifenacain succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1					

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	1		XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	2	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS	XARELTO STAR TAB 15/20MG	2	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3		HEMATOPOIETIC GROWTH FACTORS		
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	NDS	ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	B/D NM
HEP SOD/D5W INJ 20000UNT	3		ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS B/D NM
HEP SOD/D5W INJ 25000UNT	3		LEUKINE SOLR 250mcg	3	NDS NM
HEP SOD/NACL INJ 12500UNT	2		MOZOBIL SOLN 24mg/1.2ml	3	NDS NM LA
HEP SOD/NACL INJ 25000UNT	2		NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	<i>plerixafor</i> (generic of MOZOBIL) SOLN 24mg/1.2ml	3	NDS NM
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	B/D NM
HEPARIN/NACL INJ 25000UNT	2		PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS B/D NM
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM
LOVENOX SOLN 300mg/3ml	3		ZIEXTENZO SOSY 6mg/0.6ml	3	NDS NM
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS	MISCELLANEOUS		
PRADAXA CAPS 75mg, 110mg, 150mg	3		ADAKVEO SOLN 100mg/10ml	3	NDS B/D NM
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		AGRYLIN CAPS .5mg	3	
			<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	3	NDS
			<i>anagrelide hcl</i> CAPS 1mg	1	
			<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
			BERINERT KIT 500unit	3	NDS NM LA
			CABLIVI KIT 11mg	3	NDS NM LA
			<i>cilostazol</i> TABS 50mg, 100mg	1	
			CINRYZE SOLR 500unit	3	NDS NM LA
			DOPTELET TABS 20mg	3	NDS NM LA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	3	NDS B/D NM LA
ENDARI PACK 5gm	3	NDS NM LA
ENJAYMO SOLN 1100mg/22ml	3	NDS NM LA
GIVLAARI SOLN 189mg/ml	3	NDS NM LA
HAEGARDA SOLR 2000unit, 3000unit	3	NDS NM LA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM
KALBITOR SOLN 10mg/ml	3	NDS NM LA
MULPLETA TABS 3mg	3	NDS NM
ORLADEYO CAPS 110mg, 150mg	3	NDS NM LA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	3	NDS NM LA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	3	NDS NM LA
PYRUKYND TABS 5mg, 20mg, 50mg	3	NDS NM LA
PYRUKYND TAB 20MGX5MG	3	NDS NM LA
PYRUKYND TAB 50MGX20M	3	NDS NM LA
PYRUKYND TAPER PACK TBPK 5mg	3	NDS NM LA
REBLOZYL SOLR 25mg, 75mg	3	NDS NM LA
RUCONEST SOLR 2100unit <i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml	3	NDS NM LA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	3	NDS
SOLIRIS SOLN 300mg/30ml	3	NDS NM LA
TAKHYZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	3	NDS NM LA
TAVALISSE TABS 100mg, 150mg	3	NDS NM LA
TAVNEOS CAPS 10mg	3	NDS NM LA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	3	NDS NM LA
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2	
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF AJKT	3	NDS NM
ADBRY SOSY 150mg/ml	3	NDS NM LA
AVSOLA SOLR 100mg	3	NDS NM LA
CIBINQO TABS 50mg, 100mg, 200mg	3	NDS NM
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	3	NDS NM
ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	3	NDS NM
ENBREL MINI SOCT 50mg/ml	3	NDS NM
ENBREL SURECLICK SOAJ 50mg/ml	3	NDS NM
ENTYVIO SOLR 300mg	3	NDS NM LA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS NM
HUMIRA PEDIA INJ CROHNS	3	NDS NM
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	NDS NM
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	3	NDS NM

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HUMIRA PEN KIT PS/UV	3	NDS NM	<i>hydroxychloroquine sulfate</i>	1	
HUMIRA PEN-CD/UC/HS	3	NDS NM	(generic of PLAQUENIL)		
START PNKT 40mg/0.8ml, 80mg/0.8ml			TABS 200mg		
HUMIRA PEN-PEDIATRIC	3	NDS NM	<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	1	
UC S PNKT 80mg/0.8ml			<i>methotrexate sodium</i> TABS 2.5mg	1	
HUMIRA PEN-PS/UV	3	NDS NM	PLAQUENIL TABS 200mg	3	
STARTER PNKT 40mg/0.8ml			TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
IDACIO AJKT 40mg/0.8ml; PSKT 40mg/0.8ml	3	NDS NM	XATMEP SOLN 2.5mg/ml	3	B/D
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	3	NDS NM	IMMUNOGLOBULINS		
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	3	NDS NM	BIVIGAM SOLN 5gm/50ml, 10%	3	NDS B/D NM LA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	3	NDS NM	CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS B/D NM LA
OTEZLA TABS 30mg	3	NDS NM	CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS B/D NM LA
OTEZLA TAB 10/20/30	3	NDS NM	FLEBOGAMMA DIF SOLN	3	NDS B/D NM
RENFLEXIS SOLR 100mg	3	NDS NM LA	2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml		
RINVOQ TB24 15mg, 30mg, 45mg	3	NDS NM	SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml; SOLN 600mg/10ml; SOSY 150mg/ml	3	NDS B/D NM LA
SKYRIZI PEN SOAJ 150mg/ml	3	NDS NM	GAMASTAN INJ	3	B/D NM LA
SPEVIGO SOLN 450mg/7.5ml	3	NDS NM LA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS B/D NM
STELARA SOLN 45mg/0.5ml, 130mg/26ml	3	NDS NM LA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS B/D NM
STELARA SOSY 45mg/0.5ml, 90mg/ml	3	NDS NM	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS B/D NM
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	3	NDS NM LA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS B/D NM LA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	3	NDS NM	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS B/D NM
XELJANZ XR TB24 11mg, 22mg	3	NDS NM	HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	NDS B/D NM LA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)					
ARAVA TABS 10mg, 20mg	3	NDS			
<i>hydroxychloroquine sulfate</i>	1				
hydroxychloroquine sulfate TABS 100mg, 300mg, 400mg					

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HYQVIA INJ 2.5-200	3	NDS B/D NM LA	PALFORZIA LEVEL 6 CSPK	3	NDS NM LA 20mg
HYQVIA INJ 5-400	3	NDS B/D NM LA	PALFORZIA LEVEL 9 CSPK	3	NDS NM LA 100mg
HYQVIA INJ 10-800	3	NDS B/D NM LA	PALFORZIA LEVEL 11 (MAINT PACK 300mg	3	NDS NM LA
HYQVIA INJ 20-1600	3	NDS B/D NM LA	PALFORZIA LEVEL 11 (TITRA PACK 300mg	3	NDS NM LA
HYQVIA INJ 30-2400	3	NDS B/D NM LA	RAGWITEK SUBL 12amba1- u		
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 5gm/100ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS B/D NM	RYSTIGGO SOLN 280mg/2ml	3	NDS NM LA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS B/D NM	VYVGART SOLN 400mg/20ml	3	NDS NM LA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS B/D NM	VYVGART INJ HYTRULO	3	NDS NM LA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS B/D NM LA	IMMUNOSUPPRESSANTS		
IMMUNOMODULATORS			ASTAGRAF XL CP24 5mg	3	NDS B/D NM
ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA	ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM
ARCALYST SOLR 220mg	3	NDS NM LA	ATGAM INJ 50mg/ml	3	NDS B/D
GRASTEK SUBL 2800bau	3		azasan TABS 75mg, 100mg	1	B/D
ILARIS SOLN 150mg/ml	3	NDS NM LA	azathioprine (generic of IMURAN) TABS 50mg	1	B/D
JOENJA TABS 70mg	3	NDS NM LA	azathioprine TABS 75mg, 100mg	1	B/D
ODACTRA SUB	3		BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	3	NDS NM LA
ORALAIR SUB 300 IR	3	NM LA	CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM
PALFORZIA CAP ESCALAT	3	NDS NM LA	cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM
PALFORZIA CAP LEVEL 3	3	NDS NM LA	cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
PALFORZIA CAP LEVEL 7	3	NDS NM LA	cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM
PALFORZIA CAP LEVEL 8	3	NDS NM LA	ENVARSUS XR TB24 4mg	3	NDS B/D NM
PALFORZIA CAP LEVEL 10	3	NDS NM LA	ENVARSUS XR TB24 .75mg, 1mg	3	B/D NM
PALFORZIA LEVEL 1 CSPK 1mg	3	NDS NM LA	everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
PALFORZIA LEVEL 2 CSPK 1mg	3	NDS NM LA			
PALFORZIA LEVEL 4 CSPK 20mg	3	NDS NM LA			
PALFORZIA LEVEL 5 CSPK 20mg	3	NDS NM LA			

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<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	BCG VACCINE SOLR 50mg	1	
IMURAN TABS 50mg	3	B/D	BEXSERO INJ	1	
LUPKYNIS CAPS 7.9mg	3	NDS NM LA	BOOSTRIX INJ	1	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM	DAPTACEL INJ	1	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM	DENGVAXIA SUS	1	
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM	DIP/TET PED INJ 25-5LFU	1	B/D
MYFORTIC TBEC 180mg	3	B/D NM	ENGERIX-B SUSP	1	B/D
MYFORTIC TBEC 360mg	3	NDS B/D NM	20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml		
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM	GARDASIL 9 INJ	1	
NULOJIX SOLR 250mg	3	NDS B/D NM	HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
PROGRAF CAPS 5mg	3	NDS B/D NM	HEPLISAV-B SOSY	1	B/D
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM	20mcg/0.5ml		
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	3	NDS B/D NM	HIBERIX SOLR 10mcg	1	
RAPAMUNE TABS .5mg	3	B/D NM	IMOVAZ RABIES (H.D.C.V.)	1	B/D
REZUROCK TABS 200mg	3	NDS NM LA	SUSR 2.5unit/ml		
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	3	B/D NM	INFANRIX INJ	1	
SANDIMMUNE CAPS 100mg	3	NDS B/D NM	IPOL INJ INACTIVE	1	
SAPHNELO SOLN 300mg/2ml	3	NDS NM LA	IXIARO INJ	1	
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	3	NDS B/D NM	JYNNEOS SUSP .5ml	1	B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM	KINRIX INJ	1	
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM	M-M-R II INJ	1	
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM	MENACTRA INJ	1	
VACCINES			MENQUADFI INJ	1	
ABRYSVO SOLR 120mcg/0.5ml	1		MENVEO INJ	1	
ACTHIB INJ	1		MENVEO SOL	1	
ADACEL INJ	1		PEDIARIX INJ 0.5ML	1	
AREXVY SUSR 120mcg/0.5ml	1		PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
			PENTACEL INJ	1	
			PREHEVBRIOSUSP 10mcg/ml	1	B/D
			PRIORIX INJ	1	
			PROQUAD INJ	1	
			QUADRACEL INJ	1	
			QUADRACEL INJ 0.5ML	1	
			RABAVERT INJ	1	B/D
			RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
			ROTARIX SUS	1	
			ROTATEQ SOL	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SHINGRIX SUSR 50mcg/0.5ml	1		kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
TDVAX INJ 2-2 LF	1	B/D	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
TENIVAC INJ 5-2LF	1	B/D	kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1		kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
TRUMENBA INJ	1		kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
TWINRIX INJ	1		kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1		kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1		kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	1	
VARIVAX INJ 1350pfu/0.5ml	1		kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
YF-VAX INJ	1		kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
NUTRITIONAL/SUPPLEMENTS					
ELECTROLYTES/MINERALS, INJECTABLE					
D2.5W/NACL INJ 0.45%	3		KCL/D5W/LACT INJ 20MEQ/L	3	
D5W/LYTES INJ #48	3		KCL/D5W/NACL INJ 0.3/0.9% <i>lactated ringer's solution</i>	3	
D10W/NACL INJ 0.2%	2		MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)	1		<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
dextrose 5% in lactated ringers	1		<i>magnesium sulfate</i> SOLN 50%	2	
dextrose 5% w/ sodium chloride 0.2%	1		<i>magnesium sulfate</i> in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	2	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)	1				
dextrose 5% w/ sodium chloride 0.9%	1				
dextrose 5% w/ sodium chloride 0.45%	1				
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	1				
dextrose 10% w/ sodium chloride 0.45%	1				
ISOLYTE-P INJ /D5W	3				
ISOLYTE-S INJ	3				
ISOLYTE-S INJ PH 7.4	3				
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1				

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
MG SO4/D5W INJ 10MG/ML	2	
<i>multiple electrolytes ph 5.5</i>	1	
(generic of PLASMA-LYTE-148)		
<i>multiple electrolytes ph 7.4</i>	1	
(generic of PLASMA-LYTE A)		
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
POT CHL 20MEQ/L IN NACL	3	
0.9% INJ		
POT CHL 20MEQ/L IN NACL	3	
0.45% INJ		
POT CHL 40MEQ/L IN NACL	3	
0.9% INJ		
<i>potassium chloride SOLN 2meq/ml</i>	1	
POTASSIUM CHLORIDE	3	
SOLN 10meq/100ml,		
10meq/50ml, 20meq/100ml,		
20meq/50ml, 40meq/100ml		
<i>potassium chloride (generic of POTASSIUM CHLORIDE)</i>	1	
SOLN 10meq/100ml,		
20meq/100ml, 20meq/50ml,		
40meq/100ml		
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq</i>	1	
<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride</i>	1	
<i>microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>		
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	NDS B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits			
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1		<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1				
<i>neomycin-polymyxin-hc ophth susp</i>	1		<i>polycin ophth oint</i>	1				
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1		<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1				
TOBRADEX OIN 0.3-0.1%	2		<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1				
TOBRADEX ST SUS 0.3-0.05	2		<i>tobramycin (ophth) SOLN .3%</i>	1				
TOBRADEX SUS 0.3-0.1%	3		TOBREX OINT .3%	3				
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1		<i>trifluridine SOLN 1%</i>	1				
ZYLET SUS 0.5-0.3%	2		VIGAMOX SOLN .5%	3				
ANTI-INFECTIVES								
AZASITE SOLN 1%	3		XDEMVY SOLN .25%	3	NDS NM LA			
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1		ZIRGAN GEL .15%	3				
<i>bacitracin-polymyxin b ophth oint</i>	1		ZYMAXID SOLN .5%	3				
BESIVANCE SUSP .6%	2		ANTI-INFLAMMATORIES					
CILOXAN OINT .3%	2		ACULAR SOLN .5%	3				
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1		ACULAR LS SOLN .4%	3				
<i>erythromycin (ophth) OINT 5mg/gm</i>	1		ACUVAIL SOLN .45%	3				
<i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>	1		ALREX SUSP .2%	2				
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1		<i>bromfenac sodium (ophth) SOLN .09%</i>	1				
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	1		BROMSITE SOLN .075%	3				
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1		<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1				
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1		<i>diclofenac sodium (ophth) SOLN .1%</i>	1				
NATACYN SUSP 5%	3		<i>difluprednate (generic of DUREZOL) EMUL .05%</i>	1				
<i>neo-polycin 5(3.5)mg-400unt-1000unt op oin</i>	1		DUREZOL EMUL .05%	3				
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	1		EYSUVIS SUSP .25%	3				
<i>neomycin-polymy-gramcid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1		FLAREX SUSP .1%	3				
OCUFLOX SOLN .3%	3		<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	1				

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits			
LOTEMAX GEL .5%; SUSP .5%	3		COMBIGAN SOL 0.2/0.5%	2				
LOTEMAX OINT .5%	2		COSOPT PF SOL 2%-0.5%	3				
LOTEMAX SM GEL .38%	2		COSOPT SOL 2-0.5%OP	3				
<i>loteprednol etabonate</i> (generic of LOTEMAX) GEL .5%; SUSP .5%	1		<i>dorzolamide hcl</i> SOLN 2%	1				
MAXIDEX SUSP .1%	3		<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (generic of COSOPT)	1				
NEVANAC SUSP .1%	3		<i>dorzolamide hcl-timolol maleate pf ophth soln</i> 2-0.5% (generic of COSOPT PF)	1				
PRED MILD SUSP .12%	3		ISTALOL SOLN .5%	3				
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE) SUSP 1%	1		<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1				
PREDNISOLONE SODIUM PHOSP SOLN 1%	2		<i>levobunolol hcl</i> SOLN .5%	1				
PROLENSA SOLN .07%	2		LUMIGAN SOLN .01%	2				
XIPERE SUSP 40mg/ml	3	NM LA	PHOSPHOLINE IODIDE SOLR .125%	3	NDS			
YUTIQ IMPL .18mg	3	NDS NM LA	<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1				
ANTIALLERGICS								
<i>azelastine hcl (ophth)</i> SOLN .05%	1		RHOPRESSA SOLN .02%	2				
<i>bepotastine besilate</i> (generic of BEPREVE) SOLN 1.5%	1		ROCKLATAN DRO	2				
BEPREVE SOLN 1.5%	3		SIMBRINZA SUS 1-0.2%	3				
<i>cromolyn sodium (ophth)</i> SOLN 4%	1		<i>timolol maleate (ophth)</i> SOLG 1 .25%, .5%; SOLN .25%, .5%	1				
<i>epinastine hcl (ophth)</i> SOLN .05%	1		<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%	1				
ZERVIATE SOLN .24%	3		<i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5%	1				
ANTIGLAUCOMA								
ALPHAGAN P SOLN .1%	2		TIMOPTIC SOLN .25%, .5%	3				
ALPHAGAN P SOLN .15%	3		TIMOPTIC OCUDOSE SOLN .25%, .5%	3				
AZOPT SUSP 1%	3		TIMOPTIC-XE SOLG .25%, .5%	3				
<i>betaxolol hcl (ophth)</i> SOLN .5%	1		TRAVATAN Z SOLN .004%	3				
BETIMOL SOLN .25%, .5%	3		<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1				
BETOPTIC-S SUSP .25%	3		VYZULTA SOLN .024%	3				
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .1%, .15%	1		XALATAN SOLN .005%	3				
<i>brimonidine tartrate</i> SOLN .2%	1		MISCELLANEOUS					
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1		ATROPINE SULFATE SOLN 1%	2				
<i>carteolol hcl (ophth)</i> SOLN 1%			<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1				

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Drug Name	Drug Requirements/ Tier Limits
BEOVU SOSY 6mg/0.05ml	3 NDS B/D NM LA
BYOOVIZ SOLN .5mg/0.05ml	3 NDS B/D NM LA
CIMERLI SOLN .3mg/0.05ml	3 B/D NM LA
CIMERLI SOLN .5mg/0.05ml	3 NDS B/D NM LA
CYSTADROPS SOLN .37%	3 NDS NM LA
CYSTARAN SOLN .44%	3 NDS NM LA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3 NDS B/D NM LA
EYLEA HD SOLN 8mg/0.07ml	3 NDS B/D NM LA
IZERVAY SOLN 2mg/0.1ml	3 NDS B/D NM LA
LACRISERT INST 5mg	3
LUCENTIS SOSY .3mg/0.05ml	3 NDS B/D NM LA
OXERVATE SOLN .002%	3 NDS NM LA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1
RESTASIS EMUL .05%	2
RESTASIS MULTIDOSE EMUL .05%	2
SUSVIMO SOLN 10mg/0.1ml	3 NDS B/D NM LA
SYFOVRE SOLN 15mg/0.1ml	3 NDS B/D NM LA
TYRVAYA SOLN .03mg/act	3
VABYSMO SOLN 6mg/0.05ml	3 NDS B/D NM LA
XIIDRA SOLN 5%	2
OTIC	
OTIC AGENTS	
<i>acetic acid (otic)</i> SOLN 2%	1
CETRAXAL SOLN .2%	3
CIPRO HC SUS OTIC	3
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1
<i>ciprofloxacin-dexamethasone</i> <i>otic susp 0.3-0.1%</i>	1
CORTISPORIN SUS -TC OTIC	3
DERMOTIC OIL .01%	3
<i>flac</i> (generic of DERMOTIC) OIL .01%	1

Drug Name	Drug Requirements/ Tier Limits
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1
<i>hydrocortisone w/ acetic acid</i> <i>otic soln 1-2%</i>	1
<i>neomycin-polymyxin-hc otic</i> <i>soln 1%</i>	1
<i>neomycin-polymyxin-hc otic</i> <i>susp 3.5 mg/ml-10000 unit/ml-</i> <i>1%</i>	1
<i>ofloxacin (otic)</i> SOLN .3%	1
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	2
BEVESPI AER 9-4.8MCG	2
BREZTRI AERO AER SPHERE	2
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2
COMBIVENT AER 20-100	3
<i>ipratropium-albuterol nebu</i> <i>soln 0.5-2.5(3) mg/3ml</i>	1 B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2
ANTICHOLINERGICS	
ATROVENT HFA AERS 17mcg/act	3
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2
<i>ipratropium bromide</i> SOLN .02%	1 B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1
SPIRIVA HANDIHALER CAPS 18mcg	3
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3
<i>tiotropium bromide</i> <i>monohydrate</i> (generic of SPIRIVA HANDIHALER) CAPS 18mcg	1

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop</i>	1	
<i>nasal spray 137-50 mcg/act</i>		
(generic of DYMISTA)		
CLARINEX-D TAB 2.5-120	3	
<i>promethazine vc</i>	2	
RYALTRIS SPR 665-25	3	
ANTIHISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>carbinoxamine maleate</i>	2	
SOLN 4mg/5ml; TABS 4mg		
<i>cetirizine hcl SOLN 1mg/ml</i>	1	
CLARINEX TABS 5mg	3	
<i>clemastine fumarate TABS</i>	2	
2.68mg		
<i>cyproheptadine hcl SYRP</i>	2	
2mg/5ml; TABS 4mg		
<i>desloratadine</i> (generic of	1	
CLARINEX) TABS 5mg		
<i>desloratadine</i> TBDP 2.5mg,	1	
5mg		
<i>diphenhydramine hcl SOLN</i>	1	
50mg/ml		
<i>hydroxyzine hcl SOLN</i>	3	
25mg/ml, 50mg/ml		
<i>hydroxyzine hcl SYRP</i>	2	
10mg/5ml; TABS 10mg,		
25mg, 50mg		
<i>hydroxyzine pamoate</i> (generic	2	
of VISTARIL) CAPS 25mg		
<i>hydroxyzine pamoate</i> CAPS	2	
50mg, 100mg		
<i>levocetirizine dihydrochloride</i>	1	
SOLN 2.5mg/5ml; TABS 5mg		
<i>olopatadine hcl (nasal)</i> SOLN	1	
.6%		
QUZYTIR SOLN 10mg/ml	3	
VISTARIL CAPS 25mg,	3	
50mg		
BETA AGONISTS		
<i>albuterol sulfate</i> AERS	1	
108mcg/act		
(generic of Proair HFA)		
<i>albuterol sulfate</i> AERS	1	
108mcg/act		
(generic of Ventolin HFA)		
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg	3	
<i>montelukast sodium</i> (generic	1	
of SINGULAIR) CHEW 4mg,		
5mg; PACK 4mg; TABS 10mg		
SINGULAIR CHEW 4mg,	3	
5mg; PACK 4mg; TABS 10mg		
<i>zafirlukast</i> (generic of	1	
ACCOLATE) TABS 10mg,		
20mg		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA
BRONCHITOL CAPS 40mg	3	NDS NM LA
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
elizophyllin ELIX 80mg/15ml	3	NDS
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK)	1	
SOAJ .3mg/0.3ml (generic of EpiPen)		
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
epinephrine (anaphylaxis)	1	
SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)		
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
FASENRA SOSY 30mg/ml	3	NDS NM LA
FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA
GLASSIA SOLN 1000mg/50ml	3	NDS NM LA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM LA
OFEV CAPS 100mg, 150mg	3	NDS NM LA
ORKAMBI GRA 75-94MG	3	NDS NM LA
ORKAMBI GRA 100-125	3	NDS NM LA
ORKAMBI GRA 150-188	3	NDS NM LA
ORKAMBI TAB 100-125	3	NDS NM LA
ORKAMBI TAB 200-125	3	NDS NM LA
pirfenidone (generic of ESBRIET) CAPS 267mg; TABS 267mg, 801mg	3	NDS NM
pirfenidone TABS 534mg	3	NDS NM
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	NDS NM LA
PULMOZYME SOLN 2.5mg/2.5ml		
roflumilast (generic of DALIRESP) TABS 250mcg, 500mcg		1
SYMDEKO TAB 50-75MG	3	NDS NM LA
SYMDEKO TAB 100-150	3	NDS NM LA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg		1
TRIKAFTA PAK 59.5MG	3	NDS NM LA
TRIKAFTA PAK 75MG	3	NDS NM LA
TRIKAFTA TAB 50-25- 37.5MG & 75MG	3	NDS NM LA
TRIKAFTA TAB 100-50-75MG	3	NDS NM LA & 150MG
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA
ZEMAIRA SOLR 1000mg	3	NDS NM LA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray		3
flunisolide (nasal) SOLN .025%		1
fluticasone propionate (nasal) SUSP 50mcg/act		1
mometasone furoate (nasal) SUSP 50mcg/act		1
OMNARIS SUSP 50mcg/act	3	
QNASL AERS 80mcg/act	3	
QNASL CHILDRENS AERS 40mcg/act		3
XHANCE EXHU 93mcg/act	3	
ZETONNA AERS 37mcg/act	3	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act		2
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 50- 25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
DULERA AER 50-5MCG	3	
DULERA AER 100-5MCG	3	
DULERA AER 200-5MCG	3	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) (generic PRASCO not covered)</i>	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) (generic PRASCO not covered)</i>	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) (generic PRASCO not covered)</i>	1	
wixela inhub (generic of ADVAIR DISKUS)	1	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS
ACANYA GEL 1.2-2.5%	3	
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	
ACZONE GEL 5%, 7.5%	3	
<i>adapalene (generic of DIFFERIN) CREA .1%; GEL .3%</i>	1	
ADAPALENE SOLN .1%	3	
Drug Name		
<i>adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE)</i>	1	
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	
<i>amnesteem CAPS 10mg, 20mg, 40mg</i>	1	
AMZEEQ FOAM 4%	3	
ARAZLO LOTN .045%	3	
ATRALIN GEL .05%	3	
AZELEX CREA 20%	3	
BENZAMYCIN GEL 5-3%	3	
<i>benzoyl peroxide- erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	1	
CABTREO GEL	3	NDS
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	1	
CLEOCIN-T LOTN 1%	3	
clindacin FOAM 1%	1	
<i>clindacin etz pledges SWAB 1% 1%</i>	1	
<i>clindacin-p SWAB 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i>	1	
<i>clindamycin phosphate (topical) FOAM 1%; GEL 1%; SOLN 1%; SWAB 1%</i>	1	
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%</i>	1	
<i>clindamycin phosphate- benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate- benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)</i>	1	
<i>clindamycin phosphate- benzoyl peroxide gel 1.2- 3.75% (generic of ONEXTON)</i>	1	
<i>clindamycin phosphate- tretinoin gel 1.2-0.025% (generic of ZIANA)</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
dapsone (<i>topical</i>) (generic of ACZONE) GEL 5%, 7.5%	1	
DIFFERIN GEL .3%; LOTN .1%	3	
EPIDUO FORTE GEL 0.3-2.5%	3	
EPIDUO GEL 0.1-2.5%	3	
EPSOLAY CREA 5%	3	
ery PADS 2%	1	
ERYGEL GEL 2%	3	
erythromycin (<i>acne aid</i>) (generic of ERYGEL) GEL 2%	1	
erythromycin (<i>acne aid</i>) SOLN 2%	1	
FABIOR FOAM .1%	3	
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	
isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg	3	NDS
KLARON LOTN 10%	3	
neuac gel 1.2-5%	1	
ONEXTON GEL 1.2-3.75	3	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	
RETIN-A MICRO GEL .04%, .1%	3	
RETIN-A MICRO GEL .06%	3	NDS
RETIN-A MICRO PUMP GEL .08%	3	
sulfacetamide sodium (<i>acne</i>) (generic of KLARON) LOTN 10%	1	
TAZAROTENE FOAM .1%	3	
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	
tretinoin (generic of ATRALIN) GEL .05%	1	
tretinoin microsphere GEL .04%, .1%	1	
tretinoin microsphere (generic of RETIN-A MICRO PUMP) GEL .08%	1	
TWYNEO CRE 0.1-3%	3	
VELTIN GEL	3	

Drug Name	Drug Requirements/ Tier	Limits
WINLEVI CREA 1%	3	
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	
ZIANA GEL	3	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	3	
gentamicin sulfate (<i>topical</i>) CREA .1%; OINT .1%	1	
mafenide acetate (generic of SULFAMYYLON) PACK 5%	1	
mupirocin OINT 2%	1	
SILVADENE CREA 1%	3	
silver sulfadiazine (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYYLON CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%; SUSP .77%	1	
clotrimazole (<i>topical</i>) CREA 1%; SOLN 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
econazole nitrate CREA 1%	1	
JUBLIA SOLN 10%	3	NDS
ketoconazole (<i>topical</i>) CREA 2%	1	
miconazole-zinc oxide-white petrodatum oint 0.25-15-81.35%	1	
naftifine hcl CREA 1%, 2%	1	
naftifine hcl (generic of NAFTIN) GEL 2%	1	
NAFTIN GEL 1%, 2%	3	
nyamyc POWD 100000unit/gm	1	
nystatin (<i>topical</i>) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
nystop POWD 100000unit/gm	1	
OXISTAT LOTN 1%	3	PA
VUSION OIN	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	
calcipotriene CREA .005%; OINT .005%; SOLN .005%	1	PA
calcitrene OINT .005%	1	PA
methoxsalen rapid CAPS 10mg	3	NDS
SORILUX FOAM .005%	3	NDS PA
tazarotene (generic of TAZORAC) CREA .1%; GEL .05%, .1%	1	
TAZORAC CREA .05%; GEL .05%, .1%	3	
VTAMA CREA 1%	3	NDS
ZORYVE CREA .3%	3	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	1	
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	1	
ALA-SCALP LOTN 2%	3	
alclometasone dipropionate CREA .05%; OINT .05%	1	
amcinonide LOTN .1%	1	
betamethasone dipropionate (topical) CREA .05%; LOTN .05%; OINT .05%	1	
betamethasone dipropionate augmented CREA .05%; GEL .05%; LOTN .05%	1	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%	1	
betamethasone valerate CREA .1%; FOAM .12%; LOTN .1%; OINT .1%	1	
CAPEX SHAM .01%	3	
clobetasol propionate CREA .05%; FOAM .05%; GEL .05%; OINT .05%; SOLN .05%	1	
clobetasol propionate (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1	
clobetasol propionate e CREA .05%	1	
clobetasol propionate emulsion (generic of OLUX-E) FOAM .05%	1	
CLOBEX LIQD .05%; LOTN .05%; SHAM .05%	3	
clodan (generic of CLOBEX) SHAM .05%	1	
DERMA-SMOOTH/FS BODY OIL .01%	3	
DERMA-SMOOTH/FS SCALP OIL .01%	3	
desonide (generic of DESOWEN) CREA .05%	1	
desonide LOTN .05%; OINT .05%	1	
desoximetasone (generic of TOPICORT) LIQD .25%	1	
DIPROLENE OINT .05%	3	
DUOBRII LOT	3	NDS
ENSTILAR AER	3	PA
EPIFOAM AER 1%	3	
fluocinolone acetonide CREA .01%; SOLN .01%	1	
fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025%	1	
fluocinolone acetonide (generic of DERMA- SMOOTH/FS BODY) OIL .01%	1	
fluocinolone acetonide (generic of DERMA- SMOOTH/FS SCALP) OIL .01%	1	
fluocinonide CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
fluocinonide emulsified base CREA .05%	1	
fluticasone propionate CREA .05%; LOTN .05%; OINT .005%	1	
halobetasol propionate CREA .05%; OINT .05%	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>hydrocortisone (topical)</i>	1		<i>diclofenac sodium (topical)</i>	1	
CREA 1%, 2.5%; LOTN 2.5%;		GEL 1%			
OINT 2.5%			<i>diclofenac sodium (topical)</i>	1	PA
<i>hydrocortisone butyrate</i>	1		<i>doxycycline (rosacea)</i> CPDR	1	
SOLN .1%		40mg	<i>EFUDEX</i> CREA 5%	3	
<i>mometasone furoate</i> CREA	1		<i>ELIDEL</i> CREA 1%	3	
.1%; OINT .1%; SOLN .1%			<i>FINACEA</i> FOAM 15%; GEL	3	
PANDEL CREA .1%	3	NDS	15%		
SYNALAR CREA .025%;	3		<i>fluorouracil (topical) (generic</i>	1	
OINT .025%			of <i>EFUDEX</i>) CREA 5%		
<i>tovet</i> (generic of OLUX-E)	1		<i>fluorouracil (topical)</i> SOLN	1	
FOAM .05%			2%, 5%		
<i>triamcinolone acetonide</i>	1		<i>hydrocortisone (rectal)</i>	1	
(topical) CREA .025%, .1%,			(generic of PROCTOCORT)		
.5%; LOTN .025%, .1%; OINT			CREA 1%		
.025%, .1%, .5%			<i>hydrocortisone (rectal)</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS			(generic of ANUSOL-HC)		
<i>glydo</i> PRSY 2%	1	PA	CREA 2.5%		
<i>lidocaine</i> OINT 5%	1	PA	<i>HYFTOR</i> GEL .2%	3	NDS NM LA
<i>lidocaine</i> (generic of	1	PA	<i>imiquimod</i> CREA 5%	1	
LIDODERM) PTCH 5%			<i>KLISYRI</i> OINT 1%	3	NDS
<i>lidocaine hcl</i> SOLN 4%	1	PA	<i>lactic acid (ammonium lactate)</i>	1	
<i>lidocaine-prilocaine cream</i>	1	B/D	CREA 12%; LOTN 12%		
2.5-2.5%			<i>METROCREAM</i> CREA .75%	3	
LIDODERM PTCH 5%	3	PA	<i>METROLOTION</i> LOTN .75%	3	
QUTENZA KIT 8% 1-PCH	3	NDS NM LA	<i>metronidazole (topical)</i>	1	
QUTENZA KIT 8% 2-PCH	3	NDS NM LA	(generic of METROCREAM)		
QUTENZA KIT 8% 4-PCH	3	NDS NM LA	CREA .75%		
ZTLIDO PTCH 1.8%	3	PA	<i>metronidazole (topical)</i> GEL	1	
DERMATOLOGY, MISCELLANEOUS SKIN			.75%		
AND MUCOUS MEMBRANE			<i>metronidazole (topical)</i>	1	
<i>acyclovir topical</i> (generic of	1		(generic of METROLOTION)		
ZOVIRAX) OINT 5%			LOTN .75%		
ANUSOL-HC CREA 2.5%	3		<i>MIRVASO</i> GEL .33%	3	
<i>azelaic acid</i> (generic of	1		<i>NORITATE</i> CREA 1%	3	NDS
FINACEA) GEL 15%			<i>OPZELURA</i> CREA 1.5%	3	NDS PA
<i>bexarotene (topical)</i> (generic	3	NDS NM PA	<i>ORACEA</i> CPDR 40mg	3	
of TARGRETIN) GEL 1%			<i>PANRETIN</i> GEL .1%	3	NDS PA
<i>brimonidine tartrate (topical)</i>	1		<i>penciclovir</i> (generic of	1	
(generic of MIRVASO) GEL			DENAVIR) CREA 1%		
.33%			<i>pimecrolimus</i> (generic of	1	
CONDYLOX GEL .5%	3		ELIDEL) CREA 1%		
CORTIFOAM FOAM 10%	3		<i>podofilox</i> SOLN .5%	1	
DENAVIR CREA 1%	3		<i>procto-med hc</i> (generic of	1	
<i>diclofenac sodium (actinic</i>	1	PA	ANUSOL-HC) CREA 2.5%		
keratoses) GEL 3%					

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>protozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
RECTIV OINT .4%	3	
RHOFADE CREA 1%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	
TARGRETIN GEL 1%	3	NDS NM PA
TOLAK CREA 4%	3	
VALCHLOR GEL .016%	3	NDS NM LA
XERESE CRE 5-1%	3	NDS
ZILXI FOAM 1.5%	3	
ZOVIRAX OINT 5%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	1	
<i>malathion</i> LOTN .5%	1	
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	
<i>permethrin</i> CREA 5%	1	
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	NDS
SANTYL OINT 250unit/gm	3	
<i>sodium chloride (gu irrigant)</i>	1	
SOLN .9%		
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl</i> (mouth-throat)	1	
SOLN 2%		
<i>nystatin</i> (mouth-throat) SUSP 1 100000unit/ml		
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide</i> (mouth) PSTE .1%	1	

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<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>
<i>atorvastatin calcium tab</i>		<i>for susp 400-57 mg/5ml</i>
10-80 mg	2812
<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>
<i>atorvastatin calcium tab</i>		<i>for susp 600-42.9 mg/5ml</i>
2.5-10 mg	2812
<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>
<i>atorvastatin calcium tab</i>		<i>tab 250-125 mg</i>
2.5-20 mg	28	12
<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>
<i>atorvastatin calcium tab</i>		<i>tab 500-125 mg</i>
2.5-40 mg	28	12
<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>
<i>atorvastatin calcium tab</i>		<i>tab 875-125 mg</i>
5-10 mg	28	12
<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>
<i>atorvastatin calcium tab</i>		<i>tab er 12hr 1000-62.5 mg</i>
5-20 mg	2812
<i>amlodipine besylate-</i>		<i>amphetamine-</i>
<i>atorvastatin calcium tab</i>		<i>dextroamphetamine 3-</i>
5-40 mg	28	<i>bead cap er 24hr 12.5</i>
<i>amlodipine besylate-</i>		<i>mg</i>
<i>atorvastatin calcium tab</i>		39
5-80 mg	28	<i>amphetamine-</i>
<i>amlodipine besylate-</i>		<i>dextroamphetamine 3-</i>
<i>benazepril hcl cap 10-20</i>		<i>bead cap er 24hr 25 mg</i>
mg	2039
<i>amlodipine besylate-</i>		<i>amphetamine-</i>
<i>benazepril hcl cap 10-40</i>		<i>dextroamphetamine 3-</i>
mg	20	<i>bead cap er 24hr 37.5</i>
<i>amlodipine besylate-</i>		<i>mg</i>
<i>benazepril hcl cap 2.5-10</i>		39
mg	20	<i>amphetamine-</i>
<i>amlodipine besylate-</i>		<i>dextroamphetamine 3-</i>
<i>benazepril hcl cap 5-10</i>		<i>bead cap er 24hr 50 mg</i>
mg	2039
<i>amlodipine besylate-</i>		<i>amphetamine-</i>
<i>benazepril hcl cap 5-20</i>		<i>dextroamphetamine cap</i>
mg	20	<i>er 24hr 10 mg</i>
<i>amlodipine besylate-</i>		40
<i>benazepril hcl cap 5-40</i>		<i>amphetamine-</i>
mg	20	<i>dextroamphetamine cap</i>
<i>amlodipine besylate-</i>		<i>er 24hr 15 mg</i>
<i>olmesartan medoxomil</i>		40
tab 10-20 mg	21	<i>amphetamine-</i>
<i>amlodipine besylate-</i>		<i>dextroamphetamine cap</i>
<i>olmesartan medoxomil</i>		<i>er 24hr 20 mg</i>
tab 10-40 mg	21	40
<i>amlodipine besylate-</i>		<i>amphetamine-</i>
<i>olmesartan medoxomil</i>		<i>dextroamphetamine cap</i>
tab 5-20 mg	21	<i>er 24hr 25 mg</i>
<i>amlodipine besylate-</i>		40
<i>olmesartan medoxomil</i>		<i>amphetamine-</i>
tab 5-40 mg	21	<i>dextroamphetamine cap</i>
<i>amlodipine besylate-</i>		<i>er 24hr 30 mg</i>
<i>valsartan tab 10-160 mg</i>		40
.....21		
<i>amlodipine besylate-</i>		
<i>valsartan tab 10-320 mg</i>		
.....21		
<i>amlodipine besylate-</i>		
<i>valsartan tab 5-160 mg</i>		
21		
<i>amlodipine besylate-</i>		
<i>valsartan tab 5-320 mg</i>		
21		
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
10-160-12.5 mg	21	
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
10-160-25 mg	22	
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
10-320-25 mg	22	
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
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<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab</i>		
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<i>amoxicillin & k clavulanate</i>		
<i>chew tab 200-28.5 mg</i>	12	
<i>amoxicillin & k clavulanate</i>		
<i>chew tab 400-57 mg</i>	12	
<i>amoxicillin & k clavulanate</i>		
<i>for susp 200-28.5 mg/5ml</i>		
.....12		
<i>amoxicillin & k clavulanate</i>		
<i>for susp 250-62.5 mg/5ml</i>		
.....12		

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<i>ampicillin & sulbactam</i>	<i>sodium for inj 3 (2-1) gm</i>	12
<i>ampicillin & sulbactam</i>	<i>sodium for iv soln 1.5 (1-0.5) gm</i>	12
<i>ampicillin & sulbactam</i>	<i>sodium for iv soln 15 (10-5) gm</i>	12
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600-42.9 mg/5ml	12	<i>mcg/act</i>73		<i>bacitracin-polymyxin-</i>
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				<i>80 mg</i>
			6
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<i>mg-35 mcg</i>	50	10-160-25 mg	<i>ezetimibe-simvastatin tab</i>
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<i>mg-50 mcg</i>	50	<i>hydrochlorothiazide tab</i>	<i>ezetimibe-simvastatin tab</i>
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FENSOLVI	55	<i>fluconazole in nacl 0.9% inj</i>	
<i>fentanyl</i>	2	<i>400 mg/200ml</i>	7
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P.O. Box 30006, Pittsburgh, PA 15222-0330



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01/29/2024