

**Vermont State Colleges System – Faculty
Cigna True Choice Medicare (PPO)**

Cigna True Choice Medicare (PPO) 2022 Drug List (Formulary)

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Please read: This document contains information about the drugs we cover in this plan.



This drug list was updated September 2021. For more recent information or other questions, please contact Cigna Customer Service, at 1-888-281-7867 or, for TTY users, 711, 8 a.m. – 8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends, holidays and after hours from April 1 – Sept 30, or visit [CignaMedicare.com/group/MAresources](https://www.CignaMedicare.com/group/MAresources) The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

Note to existing customers: This drug list 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 Cigna. When it refers to “plan” or “our plan,” it means Cigna True Choice Medicare (PPO).

This document includes a list of the drugs for our plans, which is current as of September 2021. If you have any questions, please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, drug list, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Cigna True Choice Medicare (PPO) Comprehensive Drug List?

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

Can the Drug List (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions.

Changes that can affect you this year. In the below cases, you will be affected by the 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 the steps you may take to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Cigna True Choice Medicare (PPO) Drug list?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list or add new restrictions to the brand name drug or move it to a different cost-sharing tier. We may also make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 30 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Cigna True Choice Medicare (PPO) Drug List?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 customers taking them for the remainder of the coverage year.

The enclosed drug list is current as of September 2021. To get updated information about the drugs covered by Cigna True Choice Medicare (PPO), please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes.

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 1. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION / LIPIDS". 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.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 139. The Index provides a list of the drugs included in this document. Both brand name drugs and generic drugs are in the drug list. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

Cigna True Choice Medicare (PPO) 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:** The plan requires you or your doctor to get prior authorization for some drugs. This means that you will need to get approval from the plan before you fill these prescriptions. If you do not get approval, Cigna True Choice Medicare (PPO) may not cover the drug.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that Cigna True Choice Medicare (PPO) will cover. For example, the plan allows for 1 tablet per day for BYSTOLIC 10MG. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, the plan requires you must first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna True Choice Medicare (PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna True Choice Medicare (PPO) limits the amount of the drug that we will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna True Choice Medicare (PPO) 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 plan drug list?” on the next page for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. [Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can ensure that you don't miss a dose.]
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your plan coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Check the Drug Tier and Cost-Share Tables to see if your plan offers copay savings with mail order.
- Explore whether the ‘CMS Extra Help’ program may offer additional financial support for your medications.
- If your medication is not covered on the plan drug list, talk with your doctor about alternative medications which are covered in the drug list.

What if my drug is not in the Drug List?

If your drug is not included in this drug list, you should first contact Customer Service to ask if your drug is covered. If you learn that the plan does not cover your drug, you have two options:

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

How do I request an exception to the plan Drug List?

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 in 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 waive coverage restrictions or limits on your drug. For example, there are certain drugs that the 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.
- You can ask us to provide a tiering exception for a drug to be covered at a lower cost-sharing tier under the following circumstances:
 - If the drug you're taking is a brand name drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
 - If the drug you're taking is a generic drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.

- If the drug you're taking is a biological product you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

These exceptions would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage of the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

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

You should contact us to ask us for an initial coverage decision for a drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception, you should submit a statement from your prescriber or doctor 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 customer in our plan, you may either be taking drugs that are not in our drug list or taking a drug that is in our drug list but your ability to get it is limited. If this is the case, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide whether you should switch to an alternative drug that we cover or request a drug list 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 up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that are not on our drug list or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs without a drug list exception, even if you have been a customer 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 in our drug list 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 drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, we will allow a one-time 31-day supply (unless the prescription is written for fewer days).

Cigna True Choice Medicare (PPO) Drug List

The formulary that begins on page 1 provides coverage information about of the drugs covered by Cigna True Choice Medicare (PPO). If you have trouble finding your drug in the list, turn to the Index that begins on page 139.

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

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

Some plans offer additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage Snapshot to see if your plan has this coverage and for more information.

We specify quantity limits on certain drugs which are indicated with a QL in the formulary that begins on page 1, along with the amount dispensed per the days supplied. (For example: *atorvastatin* 40MG QL 30/30; this means the drug *atorvastatin* 40MG is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

For more information

For more detailed information about your Cigna True Choice Medicare (PPO) coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Cigna True Choice Medicare (PPO), please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

2022 Drug Tier and Cost-Share Table

The following table represents the plan name, the drug tier number as it appears in the drug list, and the cost-share amount for that tier number. You may also refer to Evidence of Coverage for additional details.

Cigna True Choice Medicare (PPO) is not always able to keep all generic medication in the Generic drug tiers. Some generic medications may be in the Preferred Brand (Tier 2), Non-Preferred Generic and Brand (Tier 3), and Specialty Generic and Brand (Tier 4) drug tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier.

Note for customers receiving Extra Help: Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

Vermont State Colleges System - Faculty Standard

Cigna True Choice Medicare (PPO)	Retail Cost Share 30 / 60 / 90 Days	Mail Order Cost Share 30 / 60 / 90 Days	Out of Network 30-day supply
Tier 1: Preferred Generic Drugs	\$10 / \$10 / \$10	\$10 / \$10 / \$10	\$10
Tier 2: Preferred Brand Drugs	\$25 / \$25 / \$25	\$25 / \$25 / \$25	\$25
Tier 3: Non-Preferred Generic and Brand Drugs	\$50 / \$50 / \$50	\$50 / \$50 / \$50	\$50
Tier 4: Specialty Generic and Brand Drugs*	\$50 / N/A / N/A	\$50 / N/A / N/A	\$50

*Specialty drugs are limited to a 30-day supply.

Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan as indicated in the Formulary Drug List by the + symbol. Please see your 2022 Formulary document for details. The cost share you pay on these drugs do not count toward your annual TrOOP.

- **Cough and Cold Drugs**
- **Erectile Dysfunction Drugs[^]**
- **Prescription Vitamins**

[^]Sexual dysfunction medications are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories. Please review your 2022 formulary for more information.

Your plan includes the following clinical management edits.

- **Prior Authorization** - This drug requires prior authorization.
- **Quantity Limits** - This drug has quantity limits.
- **Step Therapy** - This drug has step therapy requirements.
- *** opioid medication** - Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.
- **+** - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- **^** - This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
- **HRM PA** – This high risk medication requires prior authorization
- **B/D PA:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
- **LA:** Limited Availability drug. This drug may be available only at certain pharmacies.

List of Abbreviations

*****: Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.

^: This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.

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

B/D PA: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

HRM: This high risk medication requires prior authorization

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

PA: This drug requires prior authorization.

QL: This drug has quantity limits.

ST: This drug has step therapy requirements.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	PA; ^
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	PA
<i>amphotericin b injection recon soln 50 mg</i>	1	PA; ^
<i>caspofungin intravenous recon soln 50 mg</i>	4	PA
<i>caspofungin intravenous recon soln 70 mg</i>	3	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (120/30)
<i>itraconazole oral solution 10 mg/ml</i>	3	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	4	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	QL (96/30)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	4	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	4	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	3	

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	QL (960/30)
<i>abacavir oral tablet 300 mg</i>	1	QL (60/30)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	QL (30/30)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	QL (60/30)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D PA; ^
<i>adefovir oral tablet 10 mg</i>	3	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	4	QL (120/30)
<i>atazanavir oral capsule 150 mg</i>	1	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	3	QL (60/30)
<i>atazanavir oral capsule 300 mg</i>	3	QL (30/30)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	QL (630/30)
BIKTARVY ORAL TABLET 50-200-25 MG	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	4	QL (30/30)
DELSTRIGO ORAL TABLET 100-300-300 MG	4	
DESCOVY ORAL TABLET 200-25 MG	4	QL (30/30)
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	QL (30/30)
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	4	QL (30/30)
EFAVIRENZ ORAL CAPSULE 200 MG	3	QL (120/30)
<i>efavirenz oral capsule 50 mg</i>	1	QL (180/30)
EFAVIRENZ ORAL TABLET 600 MG	3	QL (30/30)

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	QL (30/30); *
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	4	QL (30/30); *
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	4	*
<i>emtricitabine oral capsule 200 mg</i>	1	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	QL (30/30); *
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (680/28)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	QL (30/30)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (56/28); *
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (28/28)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30/30)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL (60/30)
<i>fosamprenavir oral tablet 700 mg</i>	4	QL (120/30)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	QL (60/30)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (30/30)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; QL (28/28)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; QL (56/28)
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (56/28)
HARVONI ORAL TABLET 90-400 MG	4	PA; QL (28/28)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	QL (60/30)
INTELENCE ORAL TABLET 25 MG	3	QL (120/30)
INVIRASE ORAL TABLET 500 MG	4	QL (120/30)
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (60/30)
ISENTRESS ORAL TABLET 400 MG	4	QL (120/30)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180/30)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	QL (180/30)

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Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	4	
KALETRA ORAL TABLET 100-25 MG	2	QL (300/30)
KALETRA ORAL TABLET 200-50 MG	4	QL (120/30)
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60/30)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60/30)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (1575/28)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84/28)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (1200/30)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30/30)
NORVIR ORAL POWDER IN PACKET 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	2	QL (480/30)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (30/30)
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PIFELTRO ORAL TABLET 100 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	QL (30/30); *
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	QL (30/30)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (400/30)
PREZISTA ORAL TABLET 150 MG	3	QL (240/30)
PREZISTA ORAL TABLET 600 MG	4	QL (60/30)
PREZISTA ORAL TABLET 75 MG	2	QL (480/30)
PREZISTA ORAL TABLET 800 MG	4	QL (30/30)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (120/365)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (240/30)
<i>ribavirin oral capsule 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360/30)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	*
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 75 MG	4	QL (60/30)
SELZENTRY ORAL TABLET 25 MG	2	QL (120/30)
SELZENTRY ORAL TABLET 300 MG	4	QL (120/30)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (60/30)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	QL (30/30)
SYMFI LO ORAL TABLET 400-300-300 MG	4	QL (30/30)
SYMFI ORAL TABLET 600-300-300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA
TEMIXYS ORAL TABLET 300-300 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30/30)
TIVICAY ORAL TABLET 10 MG	3	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	QL (60/30)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (180/30)
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30/30)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60/30)
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	4	
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (240/30)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30/30)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; QL (28/28)
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	QL (180/30)
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (1680/28)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60/30)
CEPHALOSPORINS		
<i>cefactor oral capsule 250 mg, 500 mg</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	1	PA
<i>cefixime oral capsule 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotaxime injection recon soln 1 gram</i>	3	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	PA
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	PA
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	PA
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	PA
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	PA
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	PA
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	PA
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	QL (136/10); *
DIFICID ORAL TABLET 200 MG	4	QL (20/10)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	

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MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA
ATOVAQUONE ORAL SUSPENSION 750 MG/5 ML	4	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	PA
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
CAPASTAT INJECTION RECON SOLN 1 GRAM	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (84/28)
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	PA
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	PA
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	PA
COARTEM ORAL TABLET 20-120 MG	3	QL (24/30)
COLISTIN (COLISTIMETHATE NA) INJECTION RECON SOLN 150 MG	4	PA
CYCLOSERINE ORAL CAPSULE 250 MG	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	
<i>daptomycin intravenous recon soln 500 mg</i>	4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	4	
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	QL (400/10)
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>lincomycin injection solution 300 mg/ml</i>	1	PA
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	QL (1800/30)
<i>linezolid oral tablet 600 mg</i>	1	QL (60/30)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	PA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	4	*
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	4	PA; QL (3/30)
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D PA; ^; QL (1/28)
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	PA
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	3	
PRIMAQUINE ORAL TABLET 26.3 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	PA; ^; QL (42/7)
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA; LA
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	4	PA; QL (6/28)
SIVEXTRO ORAL TABLET 200 MG	4	QL (6/28)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	4	PA
SYNERCID INTRAVENOUS RECON SOLN 500 MG	4	PA
<i>tigecycline intravenous recon soln 50 mg</i>	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	QL (224/28)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	B/D PA; ^; QL (280/28)
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	3	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3	PA
TRECTOR ORAL TABLET 250 MG	2	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	1	
<i>vancomycin oral capsule 125 mg</i>	2	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	2	PA; QL (80/10)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL (450/10)
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	1	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (90/30)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	PA
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	PA
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	PA
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	3	
QUINOLONES		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	PA
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	PA
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MORGIDOX 1X 50 KIT 50 MG	2	+
MORGIDOX 1X100 KIT 100 MG	2	+
MORGIDOX 2X100 KIT 100 MG	2	+
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	4	PA
NUZYRA ORAL TABLET 150 MG	4	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		

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Drug Name	Drug Tier	Requirements/Limits
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	B/D PA; ^
MESNEX ORAL TABLET 400 MG	4	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; QL (1.7/28)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120/30)
<i>abiraterone oral tablet 500 mg</i>	4	PA; QL (60/30); *
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA; ^
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	4	PA; ^
<i>adriamycin intravenous recon soln 10 mg, 50 mg</i>	3	B/D PA; ^
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA; ^
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	3	B/D PA; ^
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; QL (150/30)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	4	PA; QL (56/28)
AFINITOR ORAL TABLET 10 MG	4	PA; QL (30/30)
ALECENSA ORAL CAPSULE 150 MG	4	PA; QL (240/30)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	4	PA; ^
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	PA; ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30/30)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60/30)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; QL (60/365)
<i>anastrozole oral tablet 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	3	B/D PA; ^
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	4	B/D PA; ^
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA; ^
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	4	B/D PA; ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; LA; QL (30/30)
<i>azacitidine injection recon soln 100 mg</i>	4	B/D PA; ^
AZASAN ORAL TABLET 100 MG, 75 MG	2	B/D PA; ^
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; ^
<i>azathioprine sodium injection recon soln 100 mg</i>	3	B/D PA; ^
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	B/D PA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	B/D PA; ^
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	PA; ^
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
BLNREP INTRAVENOUS RECON SOLN 100 MG	4	PA; ^
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	3	B/D PA; ^
BLINCYTO INTRAVENOUS KIT 35 MCG	4	B/D PA; ^
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	4	PA; ^
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL (180/30)
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
BUSULFAN INTRAVENOUS SOLUTION 60 MG/10 ML	4	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL (30/30)
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL (60/30)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60/30)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30/30)
<i>carboplatin intravenous solution 10 mg/ml</i>	3	B/D PA; ^
<i>carmustine intravenous recon soln 100 mg</i>	3	B/D PA; ^
<i>cisplatin intravenous solution 1 mg/ml</i>	3	B/D PA; ^
<i>cladribine intravenous solution 10 mg/10 ml</i>	3	B/D PA; ^
<i>clofarabine intravenous solution 20 mg/20 ml</i>	3	B/D PA; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56/28)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112/28)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84/28)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL (60/30)
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	4	B/D PA; ^
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL (63/28)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	4	B/D PA; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	4	B/D PA; ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	B/D PA; ^
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D PA; ^
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D PA; ^
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; ^
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	3	B/D PA; ^
<i>cytarabine injection solution 20 mg/ml</i>	3	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	3	B/D PA; ^
<i>dactinomycin intravenous recon soln 0.5 mg</i>	3	B/D PA; ^
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	4	PA; ^
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; ^
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
<i>daunorubicin intravenous solution 5 mg/ml</i>	3	B/D PA; ^
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30/30)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60/30)
<i>decitabine intravenous recon soln 50 mg</i>	4	B/D PA; ^
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA; ^
<i>doxorubicin intravenous recon soln 50 mg</i>	3	B/D PA; ^
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA; ^
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	4	B/D PA; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	PA; ^
EMCYT ORAL CAPSULE 140 MG	4	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	3	PA; ^
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	PA; ^

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Drug Name	Drug Tier	Requirements/Limits
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	B/D PA; ^
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	3	B/D PA; ^
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	B/D PA; ^
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL (30/30)
ERLEADA ORAL TABLET 60 MG	4	PA
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (30/30)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (60/30)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	4	B/D PA; ^
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	3	B/D PA; ^
<i>etoposide intravenous solution 20 mg/ml</i>	2	B/D PA; ^
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (30/30)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	4	B/D PA; ^; QL (60/30)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	4	B/D PA; ^; QL (120/30)
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	PA; ^
<i>exemestane oral tablet 25 mg</i>	1	
FARYDAK ORAL CAPSULE 10 MG, 20 MG	4	PA; QL (6/21)
FARYDAK ORAL CAPSULE 15 MG	4	PA; QL (6/21); *
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	B/D PA; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; ^
<i>floxuridine injection recon soln 0.5 gram</i>	3	B/D PA; ^
<i>fludarabine intravenous recon soln 50 mg</i>	1	B/D PA; ^
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	B/D PA; ^
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	3	B/D PA; ^
<i>flutamide oral capsule 125 mg</i>	1	

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FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA; ^
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; LA; QL (21/28)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	B/D PA; ^
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL (120/30)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	4	PA; ^
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	B/D PA; ^
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; ^
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA; ^
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; ^
<i>gengraf oral solution 100 mg/ml</i>	1	B/D PA; ^
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL (30/30)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	2	
GLEOSTINE ORAL CAPSULE 100 MG	4	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	4	PA; ^
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL (21/28)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL (21/28)
ICLUSIG ORAL TABLET 10 MG, 30 MG	4	PA; QL (30/30); *
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA; QL (30/30)
<i>idarubicin intravenous solution 1 mg/ml</i>	3	B/D PA; ^
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	3	B/D PA; ^
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	3	B/D PA; ^
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (180/30)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (60/30)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120/30)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30/30)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL (30/30)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	4	PA; ^
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	4	B/D PA; ^
INLYTA ORAL TABLET 1 MG	4	PA; QL (180/30)
INLYTA ORAL TABLET 5 MG	4	PA; QL (120/30)
INQOVI ORAL TABLET 35-100 MG	4	PA; QL (5/28); *
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL (120/30)
IRESSA ORAL TABLET 250 MG	4	PA; QL (30/30)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	B/D PA; ^
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	4	B/D PA; ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (60/30)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	3	B/D PA; ^
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	4	PA; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	PA; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49/28)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70/28)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91/28)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; QL (63/28)

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Drug Name	Drug Tier	Requirements/Limits
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	4	B/D PA; ^
<i>lapatinib oral tablet 250 mg</i>	4	PA; QL (180/30); *
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30/30)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90/30)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60/30)
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA; ^
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (100/28)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (80/28)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30/30)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90/30)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	4	PA; ^
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	3	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	3	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	3	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	3	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL (120/30)
LYSODREN ORAL TABLET 500 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	4	B/D PA; ^
MATULANE ORAL CAPSULE 50 MG	4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; ^
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA; ^
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90/30)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30/30)
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL (180/30)
<i>melphalan hcl intravenous recon soln 50 mg</i>	4	B/D PA; ^
<i>melphalan oral tablet 2 mg</i>	3	B/D PA; ^
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	B/D PA; ^
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA; ^
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D PA; ^
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	3	B/D PA; ^
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	3	B/D PA; ^
MONJUVI INTRAVENOUS RECON SOLN 200 MG	4	PA; ^
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	B/D PA; ^
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D PA; ^
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	B/D PA; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D PA; ^
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA; ^
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	PA; ^
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL (120/30)
<i>nilutamide oral tablet 150 mg</i>	4	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL (3/28)
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG	4	PA; LA; QL (120/30)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	B/D PA; ^; QL (26/28)
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	3	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	3	PA
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL (30/30)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	4	B/D PA; ^
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	4	PA; ^
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; QL (14/28); *
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA; ^; QL (80/28)
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; QL (30/30); *
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	3	B/D PA; ^
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	3	B/D PA; ^
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	B/D PA; ^
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	4	PA; ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL (14/21)
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	4	PA; ^
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	4	PA; ^
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG-20000 UNIT/10ML	4	PA; ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	PA; ^

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Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA; QL (21/28)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	3	B/D PA; ^
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	PA; ^
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	B/D PA; ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D PA; ^
PURIXAN ORAL SUSPENSION 20 MG/ML	4	
QINLOCK ORAL TABLET 50 MG	4	PA; LA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (28/28)
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	4	PA; ^
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150/30)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90/30)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL (120/30)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; ^
RYDAPT ORAL CAPSULE 25 MG	4	PA; QL (240/30)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D PA; ^
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	4	B/D PA; ^
<i>sirolimus oral solution 1 mg/ml</i>	4	B/D PA; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA; ^
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30/30)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; QL (60/30)
STIVARGA ORAL TABLET 40 MG	4	PA; QL (84/28)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL (30/30)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA; ^
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL (120/30)
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL (30/30)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90/30)
TALZENNA ORAL CAPSULE 1 MG	4	PA; QL (30/30)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARGRETIN TOPICAL GEL 1 %	4	PA; ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (112/28)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (120/30)
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA; ^
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	B/D PA; ^
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	B/D PA; ^
TEPMETKO ORAL TABLET 225 MG	4	PA; LA; QL (60/30); *
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	4	PA; QL (28/28)
THALOMID ORAL CAPSULE 200 MG	4	PA; QL (56/28)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	PA; ^
TIBSOVO ORAL TABLET 250 MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>toposar intravenous solution 20 mg/ml</i>	1	B/D PA; ^
<i>topotecan intravenous recon soln 4 mg</i>	4	B/D PA; ^
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	3	B/D PA; ^
<i>toremifene oral tablet 60 mg</i>	4	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; ^
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	4	B/D PA; ^
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	3	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; QL (1/168)
TRODELVY INTRAVENOUS RECON SOLN 180 MG	4	PA; ^
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120/30)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300/30)
TURALIO ORAL CAPSULE 200 MG	4	PA; LA
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL (180/30)
UKONIQ ORAL TABLET 200 MG	4	PA; LA; QL (120/30)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	PA; ^
<i>valrubicin intravesical solution 40 mg/ml</i>	3	B/D PA; ^
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	PA; ^
VELCADE INJECTION RECON SOLN 3.5 MG	4	PA; ^
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120/30)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30/30)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL (84/365)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (60/30)
<i>vinblastine intravenous solution 1 mg/ml</i>	3	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	B/D PA; ^
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	B/D PA; ^
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	B/D PA; ^
VITRAKVI ORAL CAPSULE 100 MG	4	PA; LA; QL (60/30)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; LA; QL (180/30)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL (300/30)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL (30/30)
VOTRIENT ORAL TABLET 200 MG	4	PA; QL (120/30)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	4	B/D PA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL (60/30)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA
XOSPATA ORAL TABLET 40 MG	4	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE 40 MG	4	PA; QL (120/30)
XTANDI ORAL TABLET 40 MG	4	PA; QL (90/30)
XTANDI ORAL TABLET 80 MG	4	PA; QL (60/30)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA; ^
YONDELIS INTRAVENOUS RECON SOLN 1 MG	4	PA; ^
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	3	B/D PA; ^
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	3	B/D PA; ^
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL (90/30)
ZELBORAF ORAL TABLET 240 MG	4	PA; QL (240/30)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	4	PA; ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	PA; ^

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Drug Name	Drug Tier	Requirements/Limits
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	3	B/D PA; ^
ZOLINZA ORAL CAPSULE 100 MG	4	PA; QL (120/30)
ZORTRESS ORAL TABLET 1 MG	4	B/D PA; ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL (60/30)
ZYKADIA ORAL TABLET 150 MG	4	PA; QL (90/30)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	4	QL (180/30)
APTIOM ORAL TABLET 400 MG	4	QL (90/30)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60/30)
BANZEL ORAL SUSPENSION 40 MG/ML	4	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600/30)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60/30)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	3	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	1	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	1	QL (120/30)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300/30)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	3	LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	3	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; LA; *
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	QL (720/30)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	QL (30/30)
FYCOMPA ORAL TABLET 2 MG	3	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	QL (60/30)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360/30)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270/30)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	2	QL (60/30)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	2	QL (30/30)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (10/30)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA; HRM; QL (1500/30)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA; HRM; QL (120/30)
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60/30)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900/30)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	QL (30/30)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	QL (60/30)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roovepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	4	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	4	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA; QL (60/30)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; ^
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; ^
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; ^
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; ^
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X 2), 5 MG/SPRAY (0.1 ML)	4	PA; QL (10/30)
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA; QL (180/30)
<i>vigabatrin oral tablet 500 mg</i>	4	LA; QL (180/30)
<i>vigadrone oral powder in packet 500 mg</i>	4	LA; QL (180/30)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	4	QL (1200/30)
VIMPAT ORAL SOLUTION 10 MG/ML	4	QL (1200/30)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (60/30)
VIMPAT ORAL TABLET 50 MG	2	QL (120/30)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	4	PA; *
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA; ^
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA; HRM
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (150/30)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA; HRM
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA; HRM
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1/28)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5/30)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5/30)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	ST; QL (12/28)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	ST; QL (18/28)

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Drug Name	Drug Tier	Requirements/Limits
DIHYDROERGOTAMINE NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	4	QL (8/28)
<i>eletriptan oral tablet 20 mg</i>	1	ST; QL (12/28)
<i>eletriptan oral tablet 40 mg</i>	1	ST; QL (6/28)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	1	ST; QL (18/28)
<i>migergot rectal suppository 2-100 mg</i>	4	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18/28)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (36/28)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	QL (36/28)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8/28)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (8/28)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12/28)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (6/28)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg</i>	1	QL (12/28)
<i>zolmitriptan oral tablet, disintegrating 5 mg</i>	1	QL (6/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL (28/28)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; LA; QL (120/30)
AUSTEDO ORAL TABLET 6 MG	4	PA; LA; QL (60/30)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30/30)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12/28)

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Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120/365); *
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	PA; QL (60/30); *
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 23 mg</i>	1	
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30/30)
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30/30)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200/30)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60/30)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL (30/30)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA
<i>memantine oral solution 2 mg/ml</i>	1	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	1	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	1	PA; QL (90/30)
<i>memantine oral tablets, dose pack 5-10 mg</i>	1	PA; QL (98/365)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60/30)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240/30)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120/30)

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Drug Name	Drug Tier	Requirements/Limits
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA; HRM
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; HRM; *
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; HRM
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	4	QL (30/30)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; HRM
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA; HRM; QL (90/30)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	PA; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA; HRM
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	PA; HRM; QL (60/30)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	*
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	QL (4500/30); *
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360/30); *
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180/30); *
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; HRM; QL (180/30); *

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	*
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	*
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	QL (4/28); *
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA; HRM; QL (180/30); *
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA; HRM; QL (180/30); *
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA; HRM; QL (180/30)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	PA; HRM; QL (180/30)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA; HRM; QL (180/30)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA; HRM; QL (180/30); *
<i>codeine sulfate oral tablet 30 mg</i>	1	QL (360/30); *
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (180/30); *
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	QL (180/30)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); *
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	1	*
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	1	*
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; ^; QL (120/30); *
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; ^; QL (120/30); *
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	QL (10/30); *
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (30/30); *
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	*

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (5550/30); *
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	QL (390/30); *
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); *
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50/30); *
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (2400/30); *
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (180/30); *
<i>hydromorphone rectal suppository 3 mg</i>	1	+
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	4	B/D PA; ^; *
<i>meperidine oral solution 50 mg/5 ml</i>	1	QL (900/30); *
<i>meperidine oral tablet 100 mg, 50 mg</i>	1	QL (180/30); *
<i>methadone injection solution 10 mg/ml</i>	1	*
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	QL (90/30); *
<i>methadone oral concentrate 10 mg/ml</i>	1	QL (90/30); *
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (600/30); *
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1200/30); *
<i>methadone oral tablet 10 mg</i>	1	QL (120/30); *
<i>methadone oral tablet 5 mg</i>	1	QL (240/30); *
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	*
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (900/30); *
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	*
<i>morphine injection solution 8 mg/ml</i>	1	*
<i>morphine injection syringe 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	*
MORPHINE INJECTION SYRINGE 2 MG/ML	1	*
<i>morphine intravenous solution 10 mg/ml</i>	1	*
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	*
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	1	*

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	*
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (60/30); *
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (60/30); *
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	QL (900/30); *
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (180/30); *
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (120/30); *
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	+
<i>oxycodone oral capsule 5 mg</i>	1	QL (300/30); *
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (180/30); *
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1200/30); *
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180/30); *
<i>oxycodone oral tablet 5 mg</i>	1	QL (360/30); *
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (90/30); *
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr 80 mg</i>	1	QL (120/30); *
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360/30); *
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	*
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	QL (180/30); *
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL (90/30); *
<i>tencon oral tablet 50-325 mg</i>	1	PA; HRM; QL (180/30)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	2	QL (90/30); *
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90/30)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90/30)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	QL (10/28); *
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	3	QL (300/28)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000/28)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral capsule 400 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20/30)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection syringe 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	QL (360/30)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240/30); *
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30/30); *
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30/30); *
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240/30); *
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	QL (30/30)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	QL (60/30)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	4	QL (1/28)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1/28)

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Drug Name	Drug Tier	Requirements/Limits
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300/30)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150/30)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (90/30)
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90/30)
<i>alprazolam oral tablet,disintegrating 2 mg</i>	1	QL (150/30)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30/30)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	3	QL (60/30)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	4	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9/56)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6/28)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4/28)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2/28)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; ^; QL (30/30)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	1	QL (60/30)
<i>asenapine maleate sublingual tablet 5 mg</i>	1	QL (90/30)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	QL (120/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	QL (60/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	QL (60/30)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 42 MG	4	PA; QL (30/30)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>	1	QL (120/30)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	1	QL (360/30)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg</i>	1	
<i>citalopram oral tablet 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (360/30)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	1	
<i>clozapine oral tablet, disintegrating 200 mg</i>	3	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	1	QL (30/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	QL (90/30)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (30/30)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	QL (1800/30)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	1	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	1	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	1	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	1	QL (360/30)
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (240/30)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (360/30)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1800/30)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (180/30)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	3	QL (60/30)

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Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	3	QL (120/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (120/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (90/30)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	QL (30/30)
<i>ergoloid oral tablet 1 mg</i>	1	PA; HRM
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	QL (600/30)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	QL (30/30)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; QL (60/30)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG	4	PA; QL (60/30)
FANAPT ORAL TABLET 8 MG	4	PA; QL (90/30)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	PA; QL (16/365)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL (56/365)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30/30)
<i>fluoxetine (pmd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	QL (4/28)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg</i>	1	QL (90/30)
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	1	QL (60/30)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (30/30)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	1	
HALOPERIDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML(1ML)	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ ORAL CAPSULE 20 MG	4	PA; QL (30/30)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5/28)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	3	QL (0.88/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	3	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	QL (1.75/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	3	QL (2.63/90)

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LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30/30)
LATUDA ORAL TABLET 80 MG	4	QL (60/30)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150/30)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150/30)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	3	QL (180/30)
<i>metadate er oral tablet extended release 20 mg</i>	1	
<i>methamphetamine oral tablet 5 mg</i>	1	PA; ^
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30/30)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30/30)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90/30)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	1	PA; ^; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	1	PA; ^; QL (60/30)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL (30/30)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30/30)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (30/30)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (60/30)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	QL (30/30)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	1	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	1	PA; QL (60/30)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180/30)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30/30)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60/30)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60/30)
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST; QL (900/30)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1/28)

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<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (120/30)
<i>quetiapine oral tablet 200 mg</i>	1	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60/30)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30/30)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (30/30)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML	3	QL (2/28)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2/28)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral syringe 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120/30)
<i>risperidone oral tablet,disintegrating 1 mg</i>	1	QL (180/30)
<i>risperidone oral tablet,disintegrating 2 mg</i>	1	QL (90/30)
<i>risperidone oral tablet,disintegrating 3 mg</i>	1	QL (60/30)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	QL (30/30)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (60/30)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30/30)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60/30)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90/30)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	QL (60/30)
<i>venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg, 75 mg</i>	1	QL (30/30)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; QL (30/30)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL (60/365)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	PA; QL (30/30)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	PA; QL (14/365)
XYREM ORAL SOLUTION 500 MG/ML	4	PA; LA; ^; QL (540/30)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60/30)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	QL (6/30)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	

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ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	PA; QL (2/28)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	3	PA
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution 50 mg/ml</i>	1	B/D PA; ^
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	3	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	QL (60/30)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	QL (30/30)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 50 mg</i>	1	
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	QL (90/30)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

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<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4/28)
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL (30/30)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	4	PA; *
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (30/30)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg</i>	1	QL (30/30)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 4-240 mg</i>	1	QL (60/30)
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA

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UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30/30)
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	3	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL (60/30)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (360/30)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (180/30)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	4	PA; LA; QL (30/30)
PROMACTA ORAL TABLET 75 MG	4	PA; LA; QL (60/30)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30/30)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30/30)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	

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<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30/30)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1	
<i>fenofibrate oral tablet 120 mg</i>	1	QL (30/30)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	QL (60/30)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg</i>	1	QL (30/30)
<i>fenofibric acid oral tablet 35 mg</i>	1	QL (60/30)
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	QL (30/30)
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	QL (30/30)
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tablet 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30/30)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (3.5/28)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (3/28)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (3/28)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30/30)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30/30)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (60/30)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	3	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60/30)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	QL (60/30)
VYNDAQEL ORAL CAPSULE 20 MG	4	PA; *
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	

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<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; ^
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	+
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	+

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	+
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120/30)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120/30)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
EPIFOAM TOPICAL FOAM 1-1 %	2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	+
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	2	+
OVACE PLUS TOPICAL CLEANSER 10 %	2	+
OVACE PLUS TOPICAL CREAM 10 %	2	+
OVACE PLUS TOPICAL FOAM 9.8 %	2	+

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Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS TOPICAL LOTION 9.8 %	2	+
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	2	+
OVACE TOPICAL CLEANSER 10 %	2	+
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	2	+
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	+
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	2	+
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	+
SELRX TOPICAL SHAMPOO 2.3 %	2	+
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (1/28)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1/28)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL (2/28)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL (0.5/28)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5/28)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1/28)
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	+
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	+
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL (4/28)
TERSI FOAM TOPICAL FOAM 2.25 %	2	+
ZITHRANOL TOPICAL SHAMPOO 1 %	2	+
KERATOLYTICS		
BENSAL HP TOPICAL OINTMENT 3 %	2	+
KERALYT RX TOPICAL GEL 6 %	2	+
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	2	+
KERALYT SCALP TOPICAL GEL 6 %	2	+

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<i>keralyt topical shampoo 6 %</i>	2	+
PODOCON TOPICAL LIQUID 25 %	2	+
SALEX TOPICAL SHAMPOO 6 %	2	+
<i>salicylic acid topical cream 6 %</i>	1	+
<i>salicylic acid topical cream,extended release 6 %</i>	1	+
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	+
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	+
<i>salicylic acid topical foam 6 %</i>	1	+
<i>salicylic acid topical gel 6 %</i>	1	+
<i>salicylic acid topical liquid 26 %</i>	1	+
<i>salicylic acid topical lotion 6 %</i>	1	+
<i>salicylic acid topical lotion,extended release 6 %</i>	1	+
<i>salicylic acid topical shampoo 6 %</i>	1	+
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	1	+
SALIMEZ FORTE TOPICAL CREAM 10 %	2	+
<i>salimez topical cream 6 %</i>	1	+
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	2	+
<i>salvax topical foam 6 %</i>	1	+
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	2	+
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	2	+
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	2	+
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
ASTERO TOPICAL GEL WITH PUMP 4 %	2	+
ATOPADERM TOPICAL CREAM	2	+
ATOPICLAIR TOPICAL CREAM	2	+
ATRAPRO HYDROGEL TOPICAL GEL	2	+
BIONECT TOPICAL CREAM 0.2 %	2	+

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BIONECT TOPICAL FOAM 0.2 %	2	+
BIONECT TOPICAL GEL 0.2 %	2	+
<i>celacyn topical gel with pump</i>	1	+
<i>cem-urea topical gel 45 %</i>	1	+
CERAMAX TOPICAL CREAM	2	+
CERAMAX TOPICAL LOTION	2	+
CONDYLOX TOPICAL GEL 0.5 %	3	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	2	+
DEXERYL TOPICAL CREAM	2	+
<i>doxepin topical cream 5 %</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (8/28)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (4.56/28)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (8/28)
<i>eletone topical cream</i>	1	+
<i>ethyl chloride topical aerosol,spray 100 %</i>	1	+
FLUOROURACIL TOPICAL CREAM 0.5 %	4	*
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL (60/30)
<i>hpr plus topical cream</i>	1	+
<i>hpr plus topical foam</i>	1	+
<i>hpr topical foam</i>	1	+
HYDRO 35 TOPICAL FOAM 35 %	2	+
HYDRO 40 TOPICAL FOAM 40 %	2	+
HYLATOPICPLUS TOPICAL CREAM	2	+
HYLATOPICPLUS TOPICAL LOTION	2	+
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	4	
<i>imiquimod topical cream in packet 3.75 %</i>	4	
<i>imiquimod topical cream in packet 5 %</i>	1	
KERAFOAM TOPICAL FOAM 30 %, 42 %	2	+

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Drug Name	Drug Tier	Requirements/Limits
KERALAC TOPICAL CREAM 47 %	2	+
LDO PLUS TOPICAL GEL WITH PUMP 4 %	2	+
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	2	+
LEVICYN ANTIPRURITIC TOPICAL GEL	2	+
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	+
LIDOCAINE HCL INJECTION SYRINGE 100 MG/5 ML (2 %)	2	+
LIDOCAINE HCL INTRADERMAL PEN INJECTOR 0.5 MG	2	+
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	+
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	+; QL (60/30)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	+; QL (60/30)
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	+
LIDOCAINE HCL TOPICAL CREAM 3.88 %	2	+
<i>lidocaine hcl topical lotion 3 %</i>	1	+
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	+
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (90/30)
<i>lidocaine topical ointment 5 %</i>	1	QL (50/30)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30/30)
<i>lido-k topical lotion 3 %</i>	1	+
LIDOPAC TOPICAL KIT 5 %	2	+
<i>lidopin topical cream 3 %</i>	1	+
LIDOPIN TOPICAL CREAM 3.25 %	2	+
LIDORX TOPICAL GEL WITH PUMP 3 %	2	+
LIDOTRAL TOPICAL CREAM 3.88 %	2	+
LIDOVEX TOPICAL CREAM 3.75 %	2	+

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<i>lidozion topical lotion 3 %</i>	1	+
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	3	
MIMYX TOPICAL CREAM	2	+
NEOSALUS TOPICAL CREAM	2	+
NEOSALUS TOPICAL FOAM	2	+
NEOSALUS TOPICAL LOTION	2	+
<i>nivatopic plus topical cream</i>	1	+
NUTRASEB TOPICAL CREAM	2	+
PANRETIN TOPICAL GEL 0.1 %	4	
PICATO TOPICAL GEL 0.015 %, 0.05 %	4	
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL (100/30)
<i>podofilox topical solution 0.5 %</i>	1	
PRESERA TOPICAL FOAM	2	+
PROMISEB TOPICAL CREAM	2	+
<i>pruclair topical cream</i>	1	+
<i>prumyx topical cream</i>	1	+
RADIAGEL TOPICAL GEL	2	+
REGRANEX TOPICAL GEL 0.01 %	4	PA
RYNODERM TOPICAL CREAM 37.5 %	2	+
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
SEBUDERM TOPICAL GEL	2	+
<i>silver nitrate applicators topical stick 75-25 %</i>	1	+
<i>silver sulfadiazine topical cream 1 %</i>	1	
SSD TOPICAL CREAM 1 %	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL (100/30)
TETRIX TOPICAL CREAM	2	+
TRANZAREL TOPICAL GEL 4 %	2	+
<i>umecta topical foam 40 %</i>	1	+
URAMAXIN TOPICAL FOAM 20 %	2	+
URAMAXIN TOPICAL GEL 45 %	2	+
<i>urea nail stick topical solution 50 %</i>	1	+
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	+

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Drug Name	Drug Tier	Requirements/Limits
<i>urea topical foam 35 %</i>	1	+
<i>urea topical gel 45 %</i>	1	+
UREA TOPICAL LOTION 40 %	2	+
<i>ure-k topical cream 50 %</i>	1	+
UREVAZ TOPICAL CREAM 44 %	2	+
UTOPIC TOPICAL CREAM 41 %	2	+
VALCHLOR TOPICAL GEL 0.016 %	4	
VEREGEN TOPICAL OINTMENT 15 %	4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	QL (90/30)
THERAPY FOR ACNE		
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AVAR LS TOPICAL CLEANSER 10-2 %	2	+
AVAR LS TOPICAL FOAM 10-2 %	2	+
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	2	+
<i>avar topical cleanser 10-5 % (w/w)</i>	1	+
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	2	+
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	2	+
AVAR-E LS TOPICAL CREAM 10-2 %	2	+
AVAR-E TOPICAL CREAM 10-5 % (W/W)	2	+
AVITA TOPICAL CREAM 0.025 %	2	PA; ^
AVITA TOPICAL GEL 0.025 %	2	PA; ^
<i>azelaic acid topical gel 15 %</i>	1	
BENZEFOAM TOPICAL FOAM 5.3 %	2	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	2	+
<i>benzepro topical towelette 6 %</i>	1	+
<i>benzoyl peroxide topical cleanser 7 %</i>	2	+
<i>benzoyl peroxide topical foam 9.8 %</i>	1	+
<i>bp 10-1 topical cleanser 10-1 %</i>	1	+

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<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY 1 %	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
FINACEA TOPICAL FOAM 15 %	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
PACNEX TOPICAL CLEANSER 7 %	2	+
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	2	+
PLEXION TOPICAL CLEANSER 9.8-4.8 %	2	+
PLEXION TOPICAL CREAM 9.8-4.8 %	2	+
PLEXION TOPICAL LOTION 9.8-4.8 %	2	+

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PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	2	+
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	2	+
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	2	+
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	2	+
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	+
ROSULA TOPICAL CLEANSER 10-4.5 %	2	+
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	+
<i>sss 10-5 topical foam 10-5 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	+
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i>	1	+
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	+
SUMADAN TOPICAL CLEANSER 9-4.5 %	2	+
SUMADAN TOPICAL KIT 9-4.5 %	2	+
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	2	+
SUMAXIN CP TOPICAL KIT 10-4 %	2	+
SUMAXIN TOPICAL CLEANSER 9-4 %	2	+
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	2	+
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	2	+
<i>tazarotene topical cream 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TAZORAC TOPICAL CREAM 0.05 %	3	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA; ^
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA; ^
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; ^
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; ^
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	2	+
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	2	+
ALTABAX TOPICAL OINTMENT 1 %	3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	2	+
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>hydrocortisone-iodoquinl-aloe2 topical gel 2-1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	+
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	2	+
QUINJA TOPICAL GEL 1.25-1 %	2	+
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	2	+
TOPICAL ANTIFUNGALS		
ALA-QUIN TOPICAL CREAM 3-0.5 %	2	+
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	+
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90/28)
<i>ciclopirox topical gel 0.77 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120/28)
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	QL (30/28)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45/28)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (60/28)
<i>econazole topical cream 1 %</i>	1	QL (85/28)
<i>ketoconazole topical cream 2 %</i>	1	QL (60/28)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (120/28)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	2	+
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	2	+
<i>naftifine topical cream 1 %, 2 %</i>	1	QL (60/28)
<i>naftifine topical gel 1 %</i>	1	
NAFTIN TOPICAL GEL 2 %	2	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (30/28)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (30/28)
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (60/28)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL (60/28)
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	1	
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	QL (30/30)
DENAVIR TOPICAL CREAM 1 %	4	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>apexicon e topical cream 0.05 %</i>	4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	QL (100/28)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120/28)
<i>clobetasol topical foam 0.05 %</i>	1	QL (100/28)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120/28)
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120/28)
<i>clobetasol topical shampoo 0.05 %</i>	1	QL (236/28)
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120/28)
<i>clobetasol-emollient topical foam 0.05 %</i>	1	
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
<i>clodan topical shampoo 0.05 %</i>	1	QL (236/28)
CLODERM TOPICAL CREAM 0.1 %	3	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120/30)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120/30)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120/30)
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
PANDEL TOPICAL CREAM 0.1 %	3	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	2	+
<i>texacort topical solution 2.5 %</i>	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	4	
<i>triderm topical cream 0.1 %</i>	1	
<i>tritocin topical ointment 0.05 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
<i>ivermectin topical lotion 0.5 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
SKLICE TOPICAL LOTION 0.5 %	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
XENICAL ORAL CAPSULE 120 MG	2	PA; ^
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation solution</i>	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	3	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	2	+
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	PA; LA
CAPHOSOL MUCOUS MEMBRANE SOLUTION	2	+
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; LA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA; ^
D10 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
D2.5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
D5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
D5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	*
DEFERASIROX ORAL TABLET 180 MG	4	
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	
<i>deferiprone oral tablet 500 mg</i>	4	PA; *
DEXTROSE 10 % AND 0.2 % NACL INTRAVENOUS PARENTERAL SOLUTION	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	3	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	

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<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	3	
DEXTROSE 5%-0.2 % SOD CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg</i>	3	PA; QL (90/30)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	3	PA; QL (180/30)
E-Z DISK ORAL TABLET 700 MG	2	+
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 %	2	+
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W)	2	+
E-Z-PASTE ORAL CREAM 60 %	2	+
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	4	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	4	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; LA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	4	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)	2	+
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)	2	+
LITHOSTAT ORAL TABLET 250 MG	4	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	
NORTHERA ORAL CAPSULE 100 MG	4	PA; QL (90/30)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	4	PA; QL (180/30)
NUMOISYN MUCOUS MEMBRANE LIQUID	2	+
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V), 2.1 % (W/V), 2.0 % (W/W)	2	+
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (30/30)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	3	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TAGITOL V ORAL SUSPENSION 40 % (W/V)	2	+
<i>trientine oral capsule 250 mg</i>	4	PA
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)	2	+
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)	2	+
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)	2	+
VARIBAR THIN HONEY ORAL SUSPENSION 40 % (W/V), 29% (W/W)(1500 CPS)	2	+
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)	2	+
VELPHORO ORAL TABLET,CHEWABLE 500 MG	4	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
<i>water for irrigation, sterile irrigation solution</i>	1	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL,SPRAY	2	+
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	PA; ^
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	B/D PA; ^
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	QL (60/30)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	2	
NICOTROL INHALATION CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	

EAR, NOSE / THROAT MEDICATIONS

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS AGENTS		
ARESTIN DENTAL CARTRIDGE 1 MG	3	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (60/30)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60/30)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	1	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	2	+
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	2	+
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30/30)
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	2	+
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	2	+
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	2	+
PREVIDENT DENTAL GEL 1.1 %	2	+
PREVIDENT DENTAL SOLUTION 0.2 %	2	+
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetone dental paste 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; ^
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
MEDROL ORAL TABLET 2 MG	2	B/D PA; ^
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA; ^
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	B/D PA; ^
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)

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Drug Name	Drug Tier	Requirements/Limits
<i>alcohol pads topical pads, medicated</i>	1	
<i>alcohol prep pads topical pads, medicated</i>	1	
<i>alcohol swabs topical pads, medicated</i>	1	
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	1	QL (200/30)
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>bd safetyglide insulin syringe syringe 1 ml 31 gauge x 15/64"</i>	1	QL (200/30)
<i>bd ultra-fine nano pen needle needle 32 gauge x 5/32"</i>	1	QL (200/30)
<i>bd ultra-fine short pen needle needle 31 gauge x 5/16"</i>	1	QL (200/30)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	QL (4/28)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	QL (2.4/30)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	QL (1.2/30)
CYCLOSET ORAL TABLET 0.8 MG	3	
<i>diazoxide oral suspension 50 mg/ml</i>	3	
FARXIGA ORAL TABLET 10 MG	2	QL (30/30)
FARXIGA ORAL TABLET 5 MG	2	QL (60/30)
<i>gauze pad topical bandage 2 x 2 "</i>	1	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA; HRM
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA; HRM
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA; HRM
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30/30)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	1	QL (200/30)
INVOKAMET ORAL TABLET 150-1,000 MG, 150- 500 MG, 50-1,000 MG, 50-500 MG	2	QL (60/30)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50- 1,000 MG, 50-500 MG	2	QL (60/30)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	QL (30/30)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30/30)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60/30)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30/30)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30/30)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5- 500 MG, 2.5-850 MG	2	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>metformin oral solution 500 mg/5 ml</i>	1	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; QL (60/30)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; QL (120/30)

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Drug Name	Drug Tier	Requirements/Limits
<i>miglitol oral tablet 100 mg</i>	1	QL (90/30)
<i>miglitol oral tablet 25 mg</i>	1	QL (360/30)
<i>miglitol oral tablet 50 mg</i>	1	QL (180/30)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	2	QL (30/30)
OMNIPOD DASH PDM KIT	2	QL (30/30)
OMNIPOD INSULIN MANAGEMENT	2	QL (1/365)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	2	QL (30/30)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	QL (1.5/28)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	2	QL (3/28)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	1	QL (200/30)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30/30)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30/30)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90/30)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL (30/30)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (15/25)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; QL (10.8/30)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; QL (6/30)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (60/30)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (30/30)
<i>techlite insulin syringe syringe 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16</i>	1	QL (200/30)
<i>techlite insuln syr(half unit) syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 15/64", 0.5 ml 31 gauge x 5/16"</i>	1	QL (200/30)
<i>techlite pen needle needle 29 gauge x 1/2", 29 gauge x 3/8", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 5/16", 32 gauge x 5/32"</i>	1	QL (200/30)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRADJENTA ORAL TABLET 5 MG	2	QL (30/30)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60/30)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	QL (2/28)
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	

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Drug Name	Drug Tier	Requirements/Limits
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (9/30)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (9/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	QL (60/30)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL (15/30)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	QL (90/30)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR	3	QL (30/30)
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	1	PA; ^
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	3	QL (120/30)
<i>clomiphene citrate oral tablet 50 mg</i>	2	PA; ^
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin injection solution 4 mcg/ml</i>	4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

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Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	1	
<i>doxercalciferol oral capsule 2.5 mcg</i>	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	
KORLYM ORAL TABLET 300 MG	4	PA; QL (120/30)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	4	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	4	PA
<i>methitest oral tablet 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	
<i>miglustat oral capsule 100 mg</i>	4	LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; LA; QL (2/28)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	PA; ^
<i>oxandrolone oral tablet 10 mg</i>	3	PA; ^; QL (60/30)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; ^; QL (120/30)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	2	PA; ^
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	2	
SAMSCA ORAL TABLET 15 MG	4	PA; QL (120/30)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; *

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; *
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (30/30)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (150/30)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram)</i>	1	QL (300/30)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	QL (112.5/30)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	QL (150/30)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60/30); *
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	B/D PA; ^
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; ^
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; ^
THYROID HORMONES		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>unithroid oral tablet 137 mcg</i>	2	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	+
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	+
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	2	+
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	2	+
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	+
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	+
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	+
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	+
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	+
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	+
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	+
LEVVID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	2	+
LEVSIN ORAL TABLET 0.125 MG	2	+
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	2	+
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	2	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	2	+
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	+
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	+
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	1	+
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	+
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	+
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	+
<i>symax-sl sublingual tablet 0.125 mg</i>	1	+
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	+
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>alosetron oral tablet 1 mg</i>	4	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL (60/30)
ANA-LEX KIT RECTAL KIT 2-2 %	2	+
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	2	+
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	2	+
<i>anucort-hc rectal suppository 25 mg</i>	1	+
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	2	+
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B/D PA; ^
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; ^
AVSOLA INTRAVENOUS RECON SOLN 100 MG	4	PA
<i>balsalazide oral capsule 750 mg</i>	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	4	
CHENODAL ORAL TABLET 250 MG	4	LA
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	4	
DIPENTUM ORAL CAPSULE 250 MG	4	ST
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; ^; QL (60/30)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	B/D PA; ^
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D PA; ^; QL (60/30)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	+
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	+
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	+
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	4	PA
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	+
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	2	+
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	+
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	+
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	+
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30/30)
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	2	+
OICALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (30/30)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D PA; ^; QL (450/30)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D PA; ^
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; ^
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	2	+
PROCTOCORT RECTAL SUPPOSITORY 30 MG	2	+

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Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	4	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	QL (10/30)
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	4	PA; QL (60/30)
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	

ULCER THERAPY

CAPITALIZED = BRAND NAME DRUG

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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	QL (60/30)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	QL (60/30)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL (60/30)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	1	QL (60/30)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	1	QL (60/30)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	3	QL (60/30)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	3	QL (60/30)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	QL (60/30)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (60/30)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (60/30)
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

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Drug Name	Drug Tier	Requirements/Limits
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (1/28)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (1/28)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; QL (14/28)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	
LEUKINE INJECTION RECON SOLN 250 MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	B/D PA; ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL (8/28)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL (2/28)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12/28)
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	4	PA; QL (12/28)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; QL (6/28)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	3	B/D PA; ^
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6/28)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6/28)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4/365)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4/365)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	3	B/D PA; ^
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50- 50-25 MCG/0.5 ML	2	
BIVIGAM INTRAVENOUS SOLUTION 10 %	4	B/D PA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA; ^
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	B/D PA; ^
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	B/D PA; ^
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	B/D PA; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	4	B/D PA; ^
<i>fomepizole intravenous solution 1 gram/ml</i>	4	
GAMASTAN INTRAMUSCULAR SOLUTION 15- 18 % RANGE	3	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	B/D PA; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	B/D PA; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	4	B/D PA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	B/D PA; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	B/D PA; ^
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	B/D PA; ^
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	

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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	4	B/D PA; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU - 10 MCG/0.5ML	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	B/D PA; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; ^
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; ^
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	QL (2/999)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	B/D PA; ^
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	QL (60/30)
<i>colchicine oral tablet 0.6 mg</i>	1	QL (120/30)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements/Limits
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.4/28)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL (4/28)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1/28)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1/168)
<i>raloxifene oral tablet 60 mg</i>	1	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	1	QL (1/28)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	1	QL (30/30)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48/28)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1.56/30)
OTHER RHEUMATOLOGICALS		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL (8/28)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL (16/28)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL (8/28); *
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL (8/28)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL (8/28)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (12/365)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (8/365)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4/28)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (4/28)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (6/365)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (4/365)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (6/365)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (4/180)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (6/365)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (4/28)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (2/28)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; QL (2/28)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4/28)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; QL (4/28)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4/28)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6/28)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8/28)
<i>penicillamine oral capsule 250 mg</i>	4	
<i>penicillamine oral tablet 250 mg</i>	4	
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; QL (30/30)
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL (300/30)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL (60/30)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL (30/30)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	QL (8/28)
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
<i>camila oral tablet 0.35 mg</i>	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (4/28)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	+
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	+
CRINONE VAGINAL GEL 8 %	2	PA; ^,+
<i>deblitane oral tablet 0.35 mg</i>	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8/28)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	+
<i>eemt oral tablet 1.25-2.5 mg</i>	1	+
<i>errin oral tablet 0.35 mg</i>	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8/28)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4/28)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	+
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	QL (1/90)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	QL (4/28)
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	3	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	+
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; ^; QL (30/30)
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	+
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
OSPHENA ORAL TABLET 60 MG	3	PA; ^; QL (30/30)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>vandazole vaginal gel 0.75 %</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24)/75 mg (4)</i>	1	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
ELLA ORAL TABLET 30 MG	2	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	

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<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG-20 MCG	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zarah oral tablet 3-0.03 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	+
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
BLEPHAMIDOPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	2	+

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<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	+
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	4	PA
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	2	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	2	+
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; QL (112/56); *
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5/30)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60/30)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	+
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	+
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	+
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	

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Drug Name	Drug Tier	Requirements/Limits
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	QL (60/30)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	QL (30/30)
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	2	+
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	+
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL (60/30)
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	2	+
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection solution 1 mg/ml (1 ml)</i>	2	+

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	+
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL (30/30)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA; HRM
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA; HRM
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D PA; ^
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL (90/30)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	QL (36/30)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D PA; ^
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	3	PA; ^; QL (60/30)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA; QL (30/30)

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Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60/30)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30/30)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	ST
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8/30)
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	QL (23/30)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (60/30)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	B/D PA; ^
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	B/D PA; ^
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8/30)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D PA; ^
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30/30)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	ST
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	3	ST; QL (13/30)
ESBRIET ORAL CAPSULE 267 MG	4	PA; QL (270/30)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270/30)
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90/30)

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FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60/30)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (240/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24/30)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6/30)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50/30)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL (16/30)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60/30)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	2	+
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL (18/30)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30/30)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D PA; ^
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA; ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL (56/28)
KALYDECO ORAL TABLET 150 MG	4	PA; QL (60/30)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PA; ^
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	1	QL (30/30)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34/30)

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral granules in packet 4 mg</i>	1	QL (30/30)
<i>montelukast oral tablet 10 mg</i>	1	QL (30/30)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	QL (30/30)
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %, 6 %	2	+
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL (60/30)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL (56/28)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL (112/28)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	B/D PA; ^; QL (120/30)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	B/D PA; ^
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	B/D PA; ^; QL (150/30)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	ST
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; ^; QL (90/30)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	ST
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	ST
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	ST
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	

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Drug Name	Drug Tier	Requirements/Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	3	PA; ^; QL (60/30)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60/30)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	4	PA; *
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA; ^
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	B/D PA; ^
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA; ^
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	B/D PA; ^
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36/30)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60/30)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32/30)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL (8/28)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (8/28)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (1/28)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	B/D PA; ^
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	B/D PA; ^
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	B/D PA; ^
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (60/30)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	QL (30/30)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	QL (30/30)
<i>trospium oral tablet 20 mg</i>	1	QL (60/30)

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Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	QL (30/30)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	QL (30/30)
<i>tamsulosin oral capsule 0.4 mg</i>	1	QL (60/30)
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CIALIS ORAL TABLET 2.5 MG (BPH)	2	PA; ^; QL (60/30)
CIALIS ORAL TABLET 5 MG (BPH)	2	PA; ^; QL (30/30)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	LA
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	1	+
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	1	+
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	1	+
ELMIRON ORAL CAPSULE 100 MG	3	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	+
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	+
ORACIT ORAL SOLUTION 490-640 MG/5 ML	2	+
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	+
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	1	+
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	+
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	+
<i>tadalafil oral tablet 2.5 mg (BPH)</i>	1	PA; ^; QL (60/30)
<i>tadalafil oral tablet 5 mg (BPH)</i>	1	PA; ^; QL (30/30)
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	1	+
URELLE ORAL TABLET 81-10.8-40.8 MG	2	+
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	+
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	2	+
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	+
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	+
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	+
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	+
<i>ustell oral capsule 120-0.12 mg</i>	1	+
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	+
<i>virtrate-2 oral solution 500-334 mg/5 ml</i>	1	+
<i>virtrate-3 oral solution 550-500-334 mg/5 ml</i>	1	+
<i>virtrate-k oral solution 1,100-334 mg/5 ml</i>	1	+
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	+
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	2	+
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	

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<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>k-phos-neutral oral tablet 250 mg</i>	1	+
<i>lactated ringers intravenous parenteral solution</i>	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
<i>phospha 250 neutral oral tablet 250 mg</i>	1	+
<i>phosphorous oral tablet 250 mg</i>	1	+
<i>phospho-trin 250 neutral oral tablet 250 mg</i>	1	+
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 30 MEQ/L, 40 MEQ/L	3	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	3	
POTASSIUM CHLORIDE IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l</i>	3	
POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	
POTASSIUM CHLORIDE-0.45 % NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	3	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	3	
POTASSIUM CHLORIDE-D5-0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	3	
<i>ringer's intravenous parenteral solution</i>	3	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %</i>	1	+
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml)</i>	1	+
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	3	B/D PA; ^
<i>virt-phos 250 neutral oral tablet 250 mg</i>	1	+
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA; ^
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	B/D PA; ^
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA; ^
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA; ^
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA; ^
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	3	B/D PA; ^
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	B/D PA; ^
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	B/D PA; ^
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA; ^
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA; ^
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	3	
<i>freamine iii 10 % intravenous parenteral solution 10 %</i>	3	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	3	B/D PA; ^
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	B/D PA; ^
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	3	B/D PA; ^
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	B/D PA; ^
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	3	B/D PA; ^
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA; ^
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	3	B/D PA; ^
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA; ^
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^
VITAMINS / HEMATINICS		
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	2	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	2	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG	2	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG	2	
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	2	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	2	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG	2	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	2	
PNV-SELECT ORAL TABLET 27-1 MG	2	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	2	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	2	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	2	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	2	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	2	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	2	
PRETAB ORAL TABLET 29-1 MG	2	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	2	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	2	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG	2	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	2	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON- 1 MG -200 MG	2	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	2	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG	2	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON- 1 MG -300 MG	2	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	2	

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Lowercase italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Index

A		
abacavir	3	
abacavir-lamivudine	3	
abacavir-lamivudine- zidovudine	3	
ABELCET	2	
ABILIFY MAINTENA	44	
abiraterone	17	
ABRAXANE	17	
acamprosate	77	
acarbose	84	
acebutolol	54	
acetaminophen-caff- dihydrocod	39	
acetaminophen-codeine	39	
acetazolamide	122	
acetazolamide sodium	122	
acetic acid	77, 83	
acetylcysteine	125	
acitretin	64	
ACTHAR	83	
ACTHIB (PF)	102	
ACTIMMUNE	101	
acyclovir	3, 74	
acyclovir sodium	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	103	
adapalene	70	
ADASUVE	45	
ADCETRIS	17	
adefovir	3	
ADEMPAS	125	
adriamycin	17	
adrucil	17	
ADVAIR HFA	125	
AFINITOR	17	
AFINITOR DISPERZ	17	
afirmelle	112	
AIMOVIG AUTOINJECTOR	36	
AJOVY AUTOINJECTOR	36	
AJOVY SYRINGE	36	
ak-poly-bac	119	
ala-cort	74	
ALA-QUIN	73	
albendazole	10	
albuterol sulfate	125	
alclometasone	74	
alcohol pads	85	
alcohol prep pads	85	
alcohol swabs	85	
ALCORTIN A	73	
ALDURAZYME	91	
ALECENSA	17	
alendronate	107	
ALIMTA	17	
ALINIA	10	
ALIQOPA	17	
aliskiren	54	
allopurinol	106	
almotriptan malate	36	
ALOCRIAL	120	
ALOMIDE	120	
ALORA	109	
alosetron	95, 96	
ALPHAGAN P	124	
alprazolam	45	
alprazolam intensol	45	
ALTABAX	73	
altacaine	120	
altavera (28)	112	
ALUNBRIG	17	
alyacen 1/35 (28)	112	
alyacen 7/7/7 (28)	112	
alyq	125	
amabelz	109	
amantadine hcl	3	
AMBISOME	2	
ambrisentan	125	
amethia	112	
amethyst (28)	112	
amikacin	10	
amiloride	54	
amiloride-hydrochlorothiazide	55	
aminocaproic acid	60	
AMINOSYN II 15 %	135	
AMINOSYN-PF 10 %	135	
AMINOSYN-PF 7 % (SULFITE-FREE)	135	
amiodarone	54	
AMITIZA	96	
amitriptyline	45	
amitriptyline-chlordiazepoxide	45	
amlodipine	55	
amlodipine-atorvastatin	61	
amlodipine-benazepril	55	
amlodipine-olmesartan	55	
amlodipine-valsartan	55	
amlodipine-valsartan-hcthiaazid	55	
ammonium lactate	66	
amnesteem	70	
amoxapine	45	
amoxicil-clarithromy-lansopraz	100	
amoxicillin	13	
amoxicillin-pot clavulanate	14	
amphotericin b	2	
ampicillin	14	
ampicillin sodium	14	
ampicillin-sulbactam	14	
anagrelide	78	
ANA-LEX KIT	96	
ANALPRAM-HC	64, 96	
ANALPRAM-HC SINGLES	96	
anaspaz	94	
anastrozole	17	
ANDRODERM	91	
ANGELIQ	109	
ANORO ELLIPTA	126	
anucort-hc	96	
ANUSOL-HC	96	
apexicon e	75	
apraclonidine	124	
aprepitant	96	
apri	112	
APTIOM	31	
APTIVUS	3	
AQUORAL	78	
ARALAST NP	78	
aranelle (28)	112	
ARANESP (IN POLYSORBATE)	101	
ARCALYST	101	
ARESTIN	82	
ARIKAYCE	10	
aripiprazole	45	
ARISTADA	45	
ARISTADA INITIO	45	
armodafinil	45	
ARNUITY ELLIPTA	126	

ARRANON	18	azathioprine	18	BETOPTIC S.....	120
arsenic trioxide	18	azathioprine sodium	18	bexarotene.....	18
ARSENIC TRIOXIDE.....	18	azelaic acid	70	BEXSERO.....	103
ARZERRA	18	azelastine	82, 120	bicalutamide	18
ascomp with codeine	39	azelastine-fluticasone	126	BICILLIN L-A	14
asenapine maleate.....	45	azithromycin.....	9	BIDIL	55
ashlyna.....	112	aztreonam	10	BIKTARVY	3
ASMANEX HFA	126	azurette (28).....	113	bimatoprost.....	122
ASMANEX TWISTHALER		B		BINOSTO.....	107
.....	126	bacitracin	10, 119	BIONECT.....	66, 67
aspirin-dipyridamole	60	bacitracin-polymyxin b.....	119	bisoprolol fumarate.....	55
assure id insulin safety	85	baclofen	39	bisoprolol-hydrochlorothiazide	
ASTERO	66	BAL-CARE DHA	136	.....	55
atazanavir	3	balsalazide	96	BIVIGAM.....	103
atenolol.....	55	BALVERSA.....	18	BLENREP	18
atenolol-chlorthalidone.....	55	balziva (28).....	113	bleomycin	18
ATGAM	103	BANZEL	31	BLEPHAMIDE	120
atomoxetine	46	BAQSIMI	85	BLEPHAMIDE S.O.P.....	120
ATOPADERM.....	66	BARACLUDGE.....	3	BLINCYTO.....	18
ATOPICLAIR.....	66	BAVENCIO	18	blisovi 24 fe.....	113
atorvastatin	61	BCG VACCINE, LIVE (PF)		blisovi fe 1.5/30 (28).....	113
ATOVAQUONE.....	10	.....	103	blisovi fe 1/20 (28).....	113
atovaquone-proguanil.....	10	bd safetyglide insulin syringe		BOOSTRIX TDAP.....	103
ATRAPRO HYDROGEL	66	.....	85	BORTEZOMIB	18
atropine.....	94, 120	bd ultra-fine nano pen needle		bosentan.....	126
ATROVENT HFA	126	.....	85	BOSULIF	18
AUBAGIO	37	bd ultra-fine short pen needle		BOTOX	103
aubra.....	112	.....	85	bp 10-1.....	70
aubra eq.....	112	BELEODAQ	18	BRAFTOVI.....	18
AUGMENTIN.....	14	belladonna alkaloids-opium .	94	BREO ELLIPTA	126
aurovela 1.5/30 (21)	112	benazepril	55	briellyn.....	113
aurovela 1/20 (21)	113	benazepril-hydrochlorothiazide		BRILINTA	60
aurovela 24 fe.....	113	.....	55	brimonidine.....	124
aurovela fe 1.5/30 (28).....	113	BENDEKA.....	18	brinzolamide.....	122
aurovela fe 1-20 (28).....	113	BENLYSTA	107	BRIVIACT	31
AUSTEDO	37	BENSAL HP	65	bromfenac	121
avar.....	70	BENZEFOAM.....	70	bromocriptine	35
AVAR	70	benzepron	70	BROVANA	126
AVAR LS.....	70	BENZEPRO		BRUKINSA.....	18
AVAR-E.....	70	(MICROSPHERES).....	70	budesonide.....	96, 126
AVAR-E GREEN	70	benzoyl peroxide	70	bumetanide	55
AVAR-E LS.....	70	benztropine	35	buprenorphine.....	40
aviane	113	BESIVANCE.....	119	buprenorphine hcl.....	40
AVITA	70	BESPONSA.....	18	buprenorphine-naloxone.42, 43	
AVONEX.....	101	betamethasone dipropionate.75		bupropion hcl.....	46
AVSOLA.....	96	betamethasone valerate.....	75	bupropion hcl (smoking deter)	
ayuna	113	betamethasone, augmented...75		.....	81
AYVAKIT.....	18	BETASERON	101	buspirone	46
azacitidine.....	18	betaxolol.....	55, 120	BUSULFAN.....	18
AZASAN.....	18	bethanechol chloride.....	131	butalbital compound w/codeine	
AZASITE	119	BETIMOL	120	.....	40

butalbital-acetaminop-caf-cod	40	cefadroxil.....	7	chlorothiazide sodium	56
butalbital-acetaminophen	40	cefazolin	7	chlorpromazine	46
butalbital-acetaminophen-caff	40	cefazolin in dextrose (iso-os) .	7	chlorthalidone	56
butalbital-aspirin-caffeine	40	CEFAZOLIN IN DEXTROSE		chlorzoxazone.....	39
butorphanol.....	43	(ISO-OS)	7	cholestyramine (with sugar) .	61
BYDUREON BCISE	85	cefdinir.....	7	cholestyramine light	62
BYETTA	85	cefepime	7	CHORIONIC	
BYSTOLIC	55	CEFEPIME.....	7	GONADOTROPIN,	
C		CEFEPIME IN DEXTROSE 5	5	HUMAN.....	91
CABENUVA.....	3	%.....	7	CIALIS (BPH).....	131
cabergoline	91	cefepime in dextrose,iso-osm .	7	ciclodan.....	73
CABOMETYX	19	cefexime	7, 8	CICLODAN KIT.....	73
calcipotriene	64	cefotaxime	8	ciclopirox.....	73, 74
calcitonin (salmon).....	91	cefotetan	8	cilostazol.....	60
calcitriol.....	64, 91	CEFOTETAN IN		CILOXAN	119
calcium acetate(phosphat bind)	132	DEXTROSE, ISO-OSM.....	8	CIMDUO	3
CALQUENCE.....	19	cefoxitin.....	8	cimetidine	100
camila	109	cefoxitin in dextrose, iso-osm	8	cimetidine hcl	100
camrese.....	113	cefpodoxime	8	cinacalcet	91
camrese lo.....	113	cefprozil.....	8	CIPRO	15
candesartan	55	ceftazidime	8	CIPRO HC.....	83
candesartan-hydrochlorothiazid	55	CEFTAZIDIME IN D5W	8	CIPRODEX.....	83
CAPASTAT	10	ceftriaxone	8	ciprofloxacin hcl.....	15, 119
CAPHOSOL.....	78	CEFTRIAXONE	8	ciprofloxacin in 5 % dextrose	15
CAPLYTA	46	ceftriaxone in dextrose,iso-os.	8	ciprofloxacin-dexamethasone	83
CAPRELSA	19	cefuroxime axetil.....	8	cisplatin.....	19
captopril.....	55	cefuroxime sodium.....	8	citalopram	46
captopril-hydrochlorothiazide	55	celacyn.....	67	cladribine	19
CARBAGLU.....	78	celecoxib.....	43	claravis.....	71
carbamazepine.....	31	CELONTIN	31	clarithromycin.....	9
carbidopa	35	cem-urea	67	clemastine	124
carbidopa-levodopa	35	cephalexin.....	8	CLEOCIN.....	111
carbidopa-levodopa- entacapone.....	36	CERAMAX	67	CLIMARA PRO.....	109
carboplatin.....	19	CEREZYME	91	clindacin etz.....	71
carisoprodol.....	39	cevimeline	78	clindacin p	71
carisoprodol-aspirin-codeine	39	CHANTIX.....	81	clindamycin hcl	10
carmustine	19	CHANTIX CONTINUING		CLINDAMYCIN IN 0.9 %	
carteolol.....	120	MONTH BOX.....	81	SOD CHLOR.....	10
cartia xt.....	55	CHANTIX STARTING		clindamycin in 5 % dextrose	10
carvedilol.....	56	MONTH BOX.....	81	clindamycin pediatric	10
carvedilol phosphate.....	56	charlotte 24 fe.....	113	clindamycin phosphate ..	10, 71,
caspofungin	2	chateal (28).....	113	111	
CAYSTON	10	chateal eq (28)	113	CLINDAMYCIN	
caziant (28).....	113	CHEMET.....	78	PHOSPHATE.....	71
cefaclor	7	CHENODAL	96	clindamycin-benzoyl peroxide	71
		chloramphenicol sod succinate	10	clindamycin-tretinoin	71
		chlordiazepoxide hcl.....	46	CLINDESSE.....	112
		chlordiazepoxide-clidinium..	94		
		chlorhexidine gluconate	82		
		chloroquine phosphate.....	10		

CLINIMIX 5%/D15W SULFITE FREE	135	COMPLETE NATAL DHA	136	D5 % AND 0.9 % SODIUM CHLORIDE.....	78
CLINIMIX 4.25%/D10W SULF FREE	135	compro.....	96	D5 %-0.45 % SODIUM CHLORIDE.....	78
CLINIMIX 4.25%/D5W SULFIT FREE.....	78	CONDYLOX.....	67	dacarbazine	20
CLINIMIX 5%- D20W(SULFITE-FREE)135		constulose	96	dactinomycin	20
CLINIMIX 6%-D5W (SULFITE-FREE).....	135	COPAXONE	37	dalfampridine.....	38
CLINIMIX 8%- D10W(SULFITE-FREE)135		COPIKTRA	19	DALIRESP	126
CLINIMIX 8%- D14W(SULFITE-FREE)135		CORLANOR	63	danazol.....	91
CLINIMIX E 4.25%/D10W SUL FREE	135	CORTANE-B	67	dantrolene	39
CLINISOL SF 15 %.....	135	CORTIFOAM	96	DANYELZA	20
CLINPRO 5000.....	82	CORTISPORIN-TC	83	dapsone	10
clobazam.....	31	COSMEGEN	19	DAPTACEL (DTAP PEDIATRIC) (PF).....	103
clobetasol.....	75	COTELIC.....	19	daptomycin	11
clobetasol-emollient	75	covaryx	109	DAPTOMYCIN	11
clocortolone pivalate	75	covaryx h.s.....	109	DARZALEX.....	20
clodan	75	CREON	96	DARZALEX FASPRO	20
CLODERM	75	CRESEMBA	2	dasetta 1/35 (28)	113
clofarabine.....	19	CRINONE	109	dasetta 7/7/7 (28)	113
clomiphene citrate	91	cromolyn.....	96, 120, 126	daunorubicin	20
clomipramine.....	46	crotan	77	DAURISMO.....	20
clonazepam.....	31, 32	cryselle (28).....	113	daysee	113
clonidine	56	cyclafem 1/35 (28).....	113	DEBACTEROL.....	82
clonidine hcl	46, 56	cyclafem 7/7/7 (28)	113	deblitane	109
clopidogrel.....	60	cyclobenzaprine.....	39	decitabine.....	20
clorazepate dipotassium	46	CYCLOGYL	120	deferasirox	78
clotrimazole.....	2, 74	CYCLOMYDRIL.....	124	DEFERASIROX.....	78
clotrimazole-betamethasone.74		cyclopentolate.....	121	deferiprone.....	78
clozapine.....	46	cyclophosphamide	19	DELESTROGEN	109
C-NATE DHA	136	CYCLOPHOSPHAMIDE ...	19	DELSTRIGO.....	3
COARTEM	10	CYCLOSERINE	10	demeclocycline	15
codeine sulfate.....	40	CYCLOSET	85	DENAVIR	74
codeine-butalbital-asa-caff...40		cyclosporine.....	19	denta 5000 plus.....	82
colchicine	106	cyclosporine modified	19	dentagel.....	82
colesevelam	62	cyproheptadine	124	DEPO-ESTRADIOL	110
colestipol	62	CYRAMZA	19	DEPO-MEDROL	83
COLISTIN (COLISTIMETHATE NA)	10	cyred	113	DERMAZENE	73
COMBIGAN	122	cyred eq	113	DESCOVY	3
COMBIPATCH.....	109	CYSTADANE.....	96	desipramine.....	46
COMBIVENT RESPIMAT126		CYSTAGON	131	desloratadine.....	124
COMETRIQ.....	19	CYSTARAN	121	desmopressin	91
COMPLERA	3	cytarabine	19	desog-e.estradiol/e.estradiol	113
		cytarabine (pf)	19	desogestrel-ethinyl estradiol	114
		cytra-2.....	131	desonide.....	75
		cytra-3.....	131	desoximetasone.....	75
		cytra-k.....	131	desvenlafaxine	47
		D		desvenlafaxine succinate	47
		D10 %-0.45 % SODIUM CHLORIDE.....	78	dexamethasone	83
		D2.5 %-0.45 % SODIUM CHLORIDE.....	78		

dexamethasone intensol.....	83	dilt-xr.....	56	EDARBI.....	56
dexamethasone sodium phos		dimethyl fumarate.....	38	EDARBYCLOR.....	56
(pf).....	83	DIPENTUM.....	96	ed-spaz.....	94
dexamethasone sodium		diphenhydramine hcl.....	124	EDURANT.....	3
phosphate.....	83, 123	diphenoxylate-atropine.....	94	eemt.....	110
DEXERYL.....	67	dipyridamole.....	60	eemt hs.....	110
DEXILANT.....	100	disopyramide phosphate.....	54	efavirenz.....	3
dexmethylphenidate.....	47	disulfiram.....	79	EFAVIRENZ.....	3
dextroamphetamine.....	47	DIURIL.....	56	efavirenz-emtricitabin-tenofov	
dextroamphetamine-		divalproex.....	32	.....	4
amphetamine.....	47	DIVIGEL.....	110	efavirenz-lamivu-tenofov disop	
DEXTROSE 10 % AND 0.2 %		docetaxel.....	20	.....	4
NACL.....	78	dofetilide.....	54	effer-k.....	132
dextrose 10 % in water (d10w)		dolishale.....	114	EFFER-K.....	132
.....	78	donepezil.....	38	ELAPRASE.....	92
dextrose 20 % in water (d20w)		DONNATAL.....	94	electrolyte-48 in d5w.....	135
.....	78	dorzolamide.....	122	eletone.....	67
dextrose 25 % in water (d25w)		dorzolamide-timolol.....	122	eletriptan.....	37
.....	78	dorzolamide-timolol (pf)....	122	ELIGARD.....	20
dextrose 30 % in water (d30w)		dotti.....	110	ELIGARD (3 MONTH).....	20
.....	78	DOVATO.....	3	ELIGARD (4 MONTH).....	20
dextrose 40 % in water (d40w)		doxazosin.....	56	ELIGARD (6 MONTH).....	20
.....	78	doxepin.....	47, 67	elinest.....	114
dextrose 5 % in water (d5w)	79	doxercalciferol.....	92	ELIQUIS.....	60
dextrose 5 %-lactated ringers	79	doxorubicin.....	20	ELIQUIS DVT-PE TREAT	
DEXTROSE 5%-0.2 % SOD		doxorubicin, peg-liposomal..	20	30D START.....	60
CHLORIDE.....	79	doxy-100.....	15	ELITE-OB.....	136
dextrose 5%-0.3 %		doxycycline hyclate.....	16	ELLA.....	114
sod.chloride.....	79	doxycycline monohydrate....	16	ELMIRON.....	131
dextrose 50 % in water (d50w)		DOXYCYCLINE		eluryng.....	112
.....	79	MONOHYDRATE.....	16	ELZONRIS.....	20
dextrose 70 % in water (d70w)		DRIZALMA SPRINKLE....	47,	EMCYT.....	20
.....	79	48		EMEND.....	96
DIACOMIT.....	32	dronabinol.....	96	emoquette.....	114
diazepam.....	32, 47	drosiprenone-e.estradiol-lm.fa		EMPLICITI.....	20
diazepam intensol.....	47	.....	114	EMSAM.....	48
diazoxide.....	85	drosiprenone-ethinyl estradiol		emtricitabine.....	4
diclofenac potassium.....	43	.....	114	emtricitabine-tenofovir (tdf)...	4
diclofenac sodium.....	43, 121	DROXIA.....	20	EMTRIVA.....	4
diclofenac-misoprostol.....	43	droxidopa.....	79	EMVERM.....	11
dicloxacillin.....	14	DUAVEE.....	110	enalapril maleate.....	56
dicyclomine.....	94	DULERA.....	126	enalapril-hydrochlorothiazide	
didanosine.....	3	duloxetine.....	48	.....	56
DIFICID.....	9	DUPIXENT PEN.....	67	ENBREL.....	107, 108
diflunisal.....	43	DUPIXENT SYRINGE.....	67	ENBREL MINI.....	107
digitek.....	63	DUREZOL.....	123	ENBREL SURECLICK.....	108
digox.....	63	dutasteride.....	131	endocet.....	40
digoxin.....	63	dutasteride-tamsulosin.....	131	ENGERIX-B (PF).....	103
DIHYDROERGOTAMINE.....	37	E		ENGERIX-B PEDIATRIC	
DILANTIN.....	32	ec-naproxen.....	43	(PF).....	103
diltiazem hcl.....	56	econazole.....	74	ENHERTU.....	20

enoxaparin.....	60	ethacrynic acid.....	56	FERRIPROX.....	79
enpresse.....	114	ethambutol.....	11	FERRIPROX (2 TIMES A	
enskyce.....	114	ethosuximide.....	32	DAY).....	79
entacapone.....	36	ethyl chloride.....	67	FETZIMA.....	48
entecavir.....	4	ethynodiol diac-eth estradiol		FINACEA.....	71
ENTRESTO.....	63	.....	114	finasteride.....	131
enulose.....	96	etodolac.....	43	FINTEPLA.....	32
ENVARUSUS XR.....	21	etonogestrel-ethinyl estradiol		FIRDAPSE.....	38
EPCLUSA.....	4	.....	112	FIRMAGON KIT W	
EPIDIOLEX.....	32	ETOPOPHOS.....	21	DILUENT SYRINGE.....	21
EPIFOAM.....	64	etoposide.....	21	FIRVANQ.....	11
epinastine.....	121	EUTHYROX.....	93	flac otic oil.....	83
epinephrine.....	124, 125	everolimus (antineoplastic) ..	21	flavoxate.....	130
EPINEPHRINE HCL (PF) ..	124	everolimus		FLEBOGAMMA DIF.....	103
epirubicin.....	21	(immunosuppressive).....	21	flecainide.....	54
epitol.....	32	EVOMELA.....	21	FLOVENT DISKUS.....	127
EPIVIR HBV.....	4	EVOTAZ.....	4	FLOVENT HFA.....	127
eplerenone.....	56	exemestane.....	21	floxuridine.....	21
ERBITUX.....	21	EXTAVIA.....	101	fluconazole.....	2
ergoloid.....	48	EYLEA.....	121	fluconazole in nacl (iso-osm) ..	2
ergotamine-caffeine.....	37	E-Z DISK.....	79	flucytosine.....	2
ERIVEDGE.....	21	ezetimibe.....	62	fludarabine.....	21
ERLEADA.....	21	ezetimibe-simvastatin.....	62	fludrocortisone.....	83
erlotinib.....	21	E-Z-HD BARIUM.....	79	flunisolide.....	127
errin.....	110	E-Z-PAQUE.....	79	fluocinolone.....	75, 76
ertapenem.....	11	E-Z-PASTE.....	79	fluocinolone acetonide oil	83
ERWINAZE.....	21	F		fluocinolone and shower cap	75
ery pads.....	71	FABRAZYME.....	92	fluocinonide.....	76
ery-tab.....	9	falmina (28).....	114	fluocinonide-e.....	76
ERYTHROCIN.....	9	famciclovir.....	4	fluocinonide-emollient.....	76
erythrocin (as stearate)	9	famotidine.....	100	fluoride (sodium).....	82, 136
erythromycin.....	9, 119	famotidine (pf).....	100	FLUORIDEX DAILY	
erythromycin ethylsuccinate ..	9	FANAPT.....	48	DEFENSE.....	82
erythromycin with ethanol ...	71	FARXIGA.....	85	fluorometholone.....	123
erythromycin-benzoyl peroxide		FARYDAK.....	21	fluorouracil.....	21, 67
.....	71	fayosim.....	114	FLUOROURACIL.....	67
ESBRIET.....	126	febuxostat.....	106	fluoxetine.....	48
escitalopram oxalate.....	48	felbamate.....	32	fluoxetine (pmd).....	48
esomeprazole magnesium ..	100	felodipine.....	57	fluphenazine decanoate.....	48
estarylla.....	114	fem ph.....	112	fluphenazine hcl.....	48
estazolam.....	48	FEMRING.....	110	flurandrenolide.....	76
estradiol.....	110	femynor.....	114	flurazepam.....	49
estradiol valerate.....	110	fenofibrate.....	62	flurbiprofen.....	43
estradiol-norethindrone acet		fenofibrate micronized.....	62	flurbiprofen sodium.....	121
.....	110	fenofibrate nanocrystallized ..	62	flutamide.....	21
ESTRING.....	110	fenofibric acid.....	62	fluticasone propionate ..	76, 127
ESTROGEL.....	110	fenofibric acid (choline).....	62	fluticasone propion-salmeterol	
estrogens-methyltestosterone		fenoprofen.....	43	.....	127
.....	110	fentanyl.....	40	fluvastatin.....	62
eszopiclone.....	48	fentanyl citrate.....	40	fluvoxamine.....	49
ethacrynate sodium.....	56	fentanyl citrate (pf).....	40	FML FORTE.....	123

FML S.O.P.	123	GENOTROPIN MINIQUICK	101	haloperidol.....	49
FOLIVANE-OB.....	136	gentak	119	haloperidol decanoate.....	49
FOLOTYN	22	gentamicin	11, 73, 119	HALOPERIDOL DECANOATE.....	49
fomepizole.....	103	gentamicin in nacl (iso-osm) 11		haloperidol lactate	49
fondaparinux.....	60	GENTAMICIN IN NACL (ISO-OSM).....	11	HARVONI.....	4
FORTEO	107	gentamicin sulfate (ped) (pf) 11		HAVRIX (PF)	104
FOSAMAX PLUS D.....	107	GENVOYA	4	heather	110
fosamprenavir.....	4	GILENYA	38	hemmorex-hc.....	97
fosfomycin tromethamine	16	GILOTRIF.....	22	heparin (porcine)	61
fosinopril	57	GLEOSTINE.....	22	heparin (porcine) in 5 % dex	60
fosinopril-hydrochlorothiazide	57	glimepiride.....	85	heparin (porcine) in nacl (pf)	61
fosphenytoin.....	32	glipizide.....	85	heparin(porcine) in 0.45% nacl	61
FOSRENOL	79	glipizide-metformin.....	85	heparin, porcine (pf)	61
FOTIVDA	22	GLUCAGEN HYPOKIT	85	HEPARIN, PORCINE (PF)..	61
freamine iii 10 %.....	135	GLUCAGON (HCL) EMERGENCY KIT	85	HEPATAMINE 8%.....	136
frovatriptan	37	GLUCAGON EMERGENCY KIT (HUMAN).....	86	HETLIOZ	49
fulvestrant.....	22	glyburide.....	86	HIBERIX (PF).....	104
furosemide.....	57	glyburide micronized.....	86	HIZENTRA	104
FUZEON	4	glyburide-metformin	86	hpr.....	67
fyavolv.....	110	glycopyrrolate.....	95	hpr plus	67
FYCOMPA	32	glycopyrrolate (pf) in water..	94	HUMALOG JUNIOR KWIKPEN U-100	86
G		GLYCOPYRROLATE (PF) IN WATER.....	94	HUMALOG KWIKPEN INSULIN	86
gabapentin	32	glydo.....	67	HUMALOG MIX 50-50 INSULN U-100	86
galantamine	38	GLYXAMBI	86	HUMALOG MIX 50-50 KWIKPEN.....	86
GAMASTAN	103	granisetron (pf).....	97	HUMALOG MIX 75-25 KWIKPEN.....	86
GAMASTAN S/D.....	103	granisetron hcl	97	HUMALOG MIX 75-25(U- 100)INSULN	86
GAMMAGARD LIQUID..	103	griseofulvin microsize	2	HUMALOG U-100 INSULIN	86
GAMMAGARD S-D (IGA < 1 MCG/ML)	103	griseofulvin ultramicrosize.....	2	HUMIRA	108
GAMMAKED.....	104	guanfacine	49, 57	HUMIRA PEN	108
GAMMAPLEX (WITH SORBITOL)	104	GVOKE HYPOPEN 1-PACK	86	HUMIRA PEN CROHNS-UC- HS START	108
GAMUNEX-C	104	GVOKE HYPOPEN 2-PACK	86	HUMIRA PEN PSOR- UVEITS-ADOL HS	108
GARDASIL 9 (PF)	104	GVOKE PFS 1-PACK SYRINGE.....	86	HUMIRA(CF)	108
gatifloxacin.....	119	GVOKE PFS 2-PACK SYRINGE.....	86	HUMIRA(CF) PEDI CROHNS STARTER	108
GATTEX 30-VIAL	96	GYNAZOLE-1	112	HUMIRA(CF) PEN.....	108
GATTEX ONE-VIAL.....	96	H		HUMIRA(CF) PEN CROHNS-UC-HS.....	108
gauze pad.....	85	HAEGARDA.....	127	HUMIRA(CF) PEN PEDIATRIC UC.....	108
gavilyte-c.....	96	hailey	114		
gavilyte-g.....	97	hailey 24 fe	114		
gavilyte-n.....	97	hailey fe 1.5/30 (28)	114		
GAVRETO.....	22	hailey fe 1/20 (28)	114		
GAZYVA	22	HALAVEN.....	22		
gemcitabine	22	halobetasol propionate.....	76		
GEMCITABINE	22				
gemfibrozil	62				
gemmily.....	114				
generlac	97				
gengraf.....	22				
GENOTROPIN	101				

HUMIRA(CF) PEN PSOR-UV-ADOL HS	108
HUMULIN 70/30 U-100 INSULIN	87
HUMULIN 70/30 U-100 KWIKPEN	87
HUMULIN N NPH INSULIN KWIKPEN	87
HUMULIN N NPH U-100 INSULIN	87
HUMULIN R REGULAR U-100 INSULIN	87
HUMULIN R U-500 (CONC) INSULIN	87
HUMULIN R U-500 (CONC) KWIKPEN	87
hydralazine	57
HYDRO 35	67
HYDRO 40	67
hydrochlorothiazide	57
hydrocodone bitartrate	40
hydrocodone-acetaminophen	40, 41
hydrocodone-ibuprofen	41
hydrocortisone	76, 83, 97
hydrocortisone acetate	97
hydrocortisone butyrate	76
hydrocortisone butyr-emollient	76
hydrocortisone valerate	76
hydrocortisone-acetic acid	83
hydrocortisone-iodoquinol-aloe2	73
hydrocortisone-iodoquinol	73
hydrocortisone-iodoquinol-aloe	73
hydrocortisone-pramoxine	64, 97
hydromorphone	41
hydroxychloroquine	11
hydroxyprogesterone caproate	110
hydroxyurea	22
hydroxyzine hcl	125
hydroxyzine pamoate	125
HYLATOPICPLUS	67
hyophen	131
hyoscyamine sulfate	95
hyosyne	95
HYPERSAL	127

I	
ibandronate	107
IBRANCE	22
ibu	43
ibuprofen	43
icatibant	127
iclevia	114
ICLUSIG	22
icosapent ethyl	62
idarubicin	22
IDHIFA	22
ifosfamide	22
ILEVRO	121
imatinib	22
IMBRUVICA	22, 23
IMFINZI	23
imipenem-cilastatin	11
imipramine hcl	49
imipramine pamoate	49
imiquimod	67
IMOVAX RABIES VACCINE (PF)	104
incassia	111
INCRELEX	79
INCRUSE ELLIPTA	127
indapamide	57
indomethacin	43
INFANRIX (DTAP) (PF)	104
INFLECTRA	97
INFUGEM	23
INFUMORPH P/F	41
INLYTA	23
INQOVI	23
INREBIC	23
INSULIN LISPRO	87
INSULIN LISPRO PROTAMIN-LISPRO	87
insulin syringe-needle u-100	87
INTELENCE	4
INTRALIPID	136
INTRAROSA	112
INTRON A	101
introvale	114
INVEGA SUSTENNA	49
INVEGA TRINZA	49
INVELTYS	123
INVIRASE	4
INVOKAMET	87
INVOKAMET XR	87
INVOKANA	87
IOPIDINE	124

IPOL	104
ipratropium bromide	82, 127
ipratropium-albuterol	127
irbesartan	57
irbesartan-hydrochlorothiazide	57
IRESSA	23
irinotecan	23
ISENTRESS	4
ISENTRESS HD	4
isibloom	114
isoniazid	11
isosorbide dinitrate	63
isosorbide mononitrate	64
isotretinoin	71
isoxsuprine	112
isradipine	57
itraconazole	2
ivermectin	11, 77
IXEMPRA	23
IXIARO (PF)	104
J	
jaimiess	114
JAKAFI	23
jantoven	61
JANUMET	87
JANUMET XR	87, 88
JANUVIA	88
JARDIANCE	88
jasmiel (28)	114
jencycla	111
JENTADUETO	88
JENTADUETO XR	88
JEVTANA	23
jinteli	111
jolessa	114
juleber	114
JULUCA	5
junel 1.5/30 (21)	115
junel 1/20 (21)	115
junel fe 1.5/30 (28)	115
junel fe 1/20 (28)	115
junel fe 24	115
K	
KABIVEN	136
KADCYLA	23
kaitlib fe	115
KALETRA	5
kalliga	115
KALYDECO	127
kariva (28)	115

kelnor 1/35 (28).....	115	lapatinib.....	24	LIBRAX (WITH	
kelnor 1-50 (28).....	115	larin 1.5/30 (21).....	115	CLIDINIUM)	95
KENALOG.....	84	larin 1/20 (21).....	115	LIBTAYO.....	24
KENALOG-80	84	larin 24 fe.....	115	lidocaine	68
KERAFOAM	67	larin fe 1.5/30 (28).....	115	lidocaine (pf)	54, 68
KERALAC	68	larin fe 1/20 (28).....	115	lidocaine hcl.....	68
keralyt.....	66	larissia.....	115	LIDOCAINE HCL	68
KERALYT RX.....	65	latanoprost	122	lidocaine hcl-hydrocortison ac	
KERALYT SCALP.....	65	LATUDA.....	50	.....	68, 97
KERALYT SCALP		layolis fe	115	LIDOCAINE HCL-	
COMPLETE.....	65	LDO PLUS	68	HYDROCORTISON AC	97
ketoconazole.....	2, 74	leena 28.....	115	lidocaine viscous	68
ketoprofen.....	43	leflunomide.....	108	lidocaine-hydrocortisone-aloe	
ketorolac	43, 121	LENVIMA.....	24	.....	97
KEYTRUDA.....	23	lessina	115	lidocaine-prilocaine	68
KINRIX (PF).....	104	letrozole	24	lido-k.....	68
KISQALI.....	23	leucovorin calcium	17	LIDOPAC.....	68
KISQALI FEMARA CO-		LEUKERAN	24	lidopin.....	68
PACK	23	LEUKINE.....	101	LIDOPIN	68
klor-con	133	leuprolide.....	24	LIDORX	68
KLOR-CON 10	132	levabuterol hcl	127	LIDOTRAL	68
KLOR-CON 8	132	levabuterol tartrate.....	127	LIDOVEX	68
klor-con m10	132	LEVBID	95	lidozion	69
klor-con m15	132	LEVEMIR FLEXTOUCH U-		lillow (28).....	116
klor-con m20	133	100 INSULN	88	lincomycin	11
klor-con/ef.....	133	LEVEMIR U-100 INSULIN	88	lindane	77
KORLYM	92	levetiracetam	33	linezolid	11
K-PHOS NO 2.....	131	levetiracetam in nacl (iso-os)	33	linezolid in dextrose 5%	11
K-PHOS ORIGINAL	131	LEVICYN ANTIPRURITIC	68	linezolid-0.9% sodium chloride	
k-phos-neutral.....	133	LEVICYN ANTIPRURITIC		.....	11
kurvelo (28).....	115	SG.....	68	LINZESS	97
KUVAN	92	levobunolol.....	120	liothyronine.....	94
KYNMOBI.....	36	levocarnitine	79	LIQUID E-Z PAQUE.....	80
KYPROLIS	24	levocarnitine (with sugar)....	79	LIQUID POLIBAR PLUS ...	80
L		levocetirizine	125	lisinopril.....	57
l norgest/e.estradiol-e.estrad		levofloxacin.....	15, 119	lisinopril-hydrochlorothiazide	
.....	115	levofloxacin in d5w	15	.....	57
labetalol	57	levonest (28).....	115	lithium carbonate.....	50
LACRISERT	121	levonorgestrel-ethinyl estrad		lithium citrate.....	50
lactated ringers	77, 133	.....	115	LITHOSTAT	80
lactulose.....	97	levonorg-eth estrad triphasic		LIVALO	62
lamivudine.....	5	.....	116	lojaimiess.....	116
lamivudine-zidovudine.....	5	levora-28.....	116	LOKELMA.....	80
lamotrigine	32, 33	LEVO-T.....	93	LONSURF	24
LANOXIN.....	63	levothyroxine.....	94	loperamide	95
LANOXIN PEDIATRIC.....	63	LEVOTHYROXINE	93	lopinavir-ritonavir.....	5
lansoprazole.....	100	LEVOXYL	94	LOPROX KIT	74
lanthanum	79	LEVSIN.....	95	lorazepam	50
LANTUS SOLOSTAR U-100		LEVSIN/SL	95	lorazepam intensol.....	50
INSULIN.....	88	LEXIVA	5	LORBRENA.....	24
LANTUS U-100 INSULIN..	88			loryna (28).....	116

losartan	57	MEDROL	84	methylphenidate hcl.....	50
losartan-hydrochlorothiazide	57	medroxyprogesterone	111	methylprednisolone	84
LOTEMAX	123	mefloquine.....	11	methylprednisolone acetate ..	84
LOTEMAX SM	123	megestrol	25	methylprednisolone sodium	
loteprednol etabonate	123	MEKINIST.....	25	succ	84
lovastatin	62	MEKTOVI.....	25	metoclopramide hcl	98
low-ogestrel (28).....	116	meloxicam	43	metolazone.....	57
loxapine succinate	50	melphalan	25	metoprolol succinate.....	58
lo-zumandimine (28).....	116	melphalan hcl	25	metoprolol ta-hydrochlorothiaz	
ludent fluoride	137	memantine	38	.....	58
LUMIGAN	122	MENACTRA (PF)	104	metoprolol tartrate	58
LUMIZYME	92	MENEST	111	metro i.v.....	12
LUMOXITI.....	24	MENOSTAR.....	111	metronidazole	12, 71, 112
LUPRON DEPOT	24	MENQUADFI (PF).....	105	metronidazole in nacl (iso-os)	
LUPRON DEPOT (3		MENVEO A-C-Y-W-135-DIP		.....	12
MONTH).....	24	(PF).....	105	metyrosine	58
LUPRON DEPOT (4		meperidine	41	mexiletine	54
MONTH).....	24	meprobamate	39	MIACALCIN	92
LUPRON DEPOT (6		mercaptopurine.....	25	mibelas 24 fe.....	116
MONTH).....	24	meropenem	11	micafungin.....	2
LUPRON DEPOT-PED	24	MEROPENEM-0.9%		miconazole-3	112
LUPRON DEPOT-PED (3		SODIUM CHLORIDE.....	11	microgestin 1.5/30 (21)	116
MONTH).....	24	merzee	116	microgestin 1/20 (21)	116
lutera (28).....	116	mesalamine.....	97, 98	microgestin fe 1.5/30 (28) ..	116
LYNPARZA.....	24	mesalamine with cleansing		microgestin fe 1/20 (28)	116
LYRICA CR.....	33	wipe	98	midodrine.....	80
LYSODREN.....	24	mesna.....	17	migergot.....	37
LYUMJEV KWIKPEN U-100		MESNEX.....	17	miglitol	89
INSULIN.....	88	metadate er	50	miglustat	92
LYUMJEV KWIKPEN U-200		metaproterenol.....	127	mili.....	116
INSULIN.....	88	metaxalone.....	39	mimvey	111
LYUMJEV U-100 INSULIN		metformin	88	MIMYX.....	69
.....	88	methadone	41	minitran.....	64
lyza	111	methadone intensol.....	41	minocycline	16
M		methamphetamine	50	minoxidil.....	58
mafenide acetate.....	73	methazolamide.....	122	mirtazapine	50, 51
magnesium sulfate.....	133	methenamine hippurate	16	misoprostol	100
MAGNESIUM SULFATE IN		methenamine mandelate.....	16	MITIGARE.....	107
D5W	133	methen-sod phos-meth blue-		mitomycin.....	25
magnesium sulfate in water	133	hyos	131	mitoxantrone.....	25
malathion.....	77	methimazole	84	M-M-R II (PF).....	105
maprotiline	50	methitest	92	M-NATAL PLUS.....	137
marlissa (28).....	116	methocarbamol	39	modafinil.....	51
MARPLAN	50	methotrexate sodium	25	moexipril.....	58
MARQIBO.....	25	methotrexate sodium (pf)	25	molindone	51
MATULANE	25	methoxsalen.....	69	mometasone.....	76, 127
matzim la	57	methscopolamine.....	95	mondoxyne nl	16
MAVYRET	5	methyl dopa	57	MONJUVI	25
MAXIDEX.....	124	methyl dopa-		mono-linyah.....	116
meclizine	97	hydrochlorothiazide.....	57	montelukast.....	128
meclofenamate	43	methylergonovine.....	119	morgidox.....	16

MORGIDOX 1X 50.....	16	neomycin-bacitracin-		norethindrone ac-eth estradiol	
MORGIDOX 1X100.....	16	polymyxin.....	119	.....	111, 116
MORGIDOX 2X100.....	16	neomycin-polymyxin b gu....	77	norethindrone-e.estradiol-iron	
morphine.....	41, 42	neomycin-polymyxin b-		.....	116
MORPHINE.....	41	dexameth	122	norgestimate-ethinyl estradiol	
morphine (pf).....	41	neomycin-polymyxin-		.....	117
morphine concentrate	41	gramicidin.....	119	NORMOSOL-M IN 5 %	
MOVANTIK.....	98	neomycin-polymyxin-hc	83,	DEXTROSE	136
moxifloxacin.....	15, 119	123		NORMOSOL-R.....	133
MOXIFLOXACIN-		neo-polycin.....	119	NORMOSOL-R IN 5 %	
SOD.ACE,SUL-WATER. 15		neo-polycin hc	123	DEXTROSE	133
moxifloxacin-sod.chloride(iso)		NEOSALUS	69	NORMOSOL-R PH 7.4.....	136
.....	15	NEO-SYNALAR KIT	73	NORPACE CR	54
MOZOBIL.....	102	NERLYNX.....	25	NORTHERA	80
MULTAQ.....	54	neuac.....	71	nortrel 0.5/35 (28).....	117
mupirocin	73	NEUPRO	36	nortrel 1/35 (21).....	117
mupirocin calcium.....	73	NEVANAC	121	nortrel 1/35 (28).....	117
mycophenolate mofetil.....	25	nevirapine	5	nortrel 7/7/7 (28).....	117
mycophenolate mofetil (hcl)	25	NEXAVAR	25	nortriptyline	51
mycophenolate sodium.....	25	niacin	62	NORVIR.....	5
MYDRIACYL.....	121	niacor	62	NOVACORT.....	98
MYLOTARG	25	nicardipine	58	NOVAREL	92
myorisan	71	NICOTROL.....	81	NUBEQA	26
MYRBETRIQ	130	NICOTROL NS.....	81	NUDEXTA	38
N		nifedipine.....	58	NULEV.....	95
nabumetone	43	nikki (28).....	116	NULOJIX	26
nadolol.....	58	nilutamide.....	25	NUMOISYN.....	80
nadolol-bendroflumethiazide	58	nimodipine.....	58	NUPLAZID	51
nafcillin.....	14	NINLARO	25	NUTRASEB.....	69
nafcillin in dextrose iso-osm	14	NIPENT	25	NUTRILIPID.....	136
naftifine	74	nisoldipine	58	NUZYRA	16
NAFTIN	74	nitazoxanide.....	12	nyamyc	74
NAGLAZYME.....	92	nitisinone	80	NYLIA 7/7/7 (28).....	117
naloxone	43, 44	NITRO-BID.....	64	nymyo	117
naltrexone.....	44	NITRO-DUR.....	64	nystatin	2, 74
NAMZARIC.....	38	nitrofurantoin.....	16	nystatin-triamcinolone.....	74
naproxen	44	nitrofurantoin macrocrystal ..	16	nystop	74
naproxen sodium	44	nitrofurantoin monohyd/m-		NYVEPRIA.....	102
naratriptan.....	37	cryst	16	O	
NARCAN	44	nitroglycerin	64	OCALIVA	98
NATACYN	119	nitro-time	64	ocella.....	117
nateglinide.....	89	nivatopic plus	69	OCREVUS	38
NATPARA	92	NIVESTYM	102	OCTAGAM.....	105
NAYZILAM	33	nizatidine	100	octreotide acetate	26
NEBUSAL	128	nora-be.....	111	ODEFSEY	5
necon 0.5/35 (28).....	116	noreth-ethinyl estradiol-iron		ODOMZO.....	26
nefazodone	51	.....	116	OFEV.....	128
neomycin	12	norethindrone (contraceptive)		ofloxacin	15, 83, 119
neomycin-bacitracin-poly-hc		.....	111	olanzapine.....	51
.....	122	norethindrone acetate	111	olanzapine-fluoxetine	51
				olmesartan.....	58

olmesartan-amlodipin- hcthiazid	58	oxiconazole.....	74	phenazopyridine	132
olmesartan- hydrochlorothiazide.....	58	oxybutynin chloride.....	130	phenelzine.....	52
olopatadine	121	oxycodone	42	phenobarb-hyoscy-atropine- scop.....	95
omega-3 acid ethyl esters	63	oxycodone-acetaminophen...	42	phenobarbital	33
omeprazole	100	oxymorphone.....	42	phenobarbital sodium	33
omeprazole-sodium bicarbonate	100	OZEMPIC	89	phenohydro	95
OMNIPOD DASH 5 PACK POD.....	89	P		phenoxybenzamine	58
OMNIPOD DASH PDM KIT	89	pacerone.....	54	phenylephrine hcl	124
OMNIPOD INSULIN MANAGEMENT	89	paclitaxel	26	phenytoin	33
OMNIPOD INSULIN REFILL	89	PACNEX.....	71	phenytoin sodium	33
ONCASPAR	26	PADCEV	26	phenytoin sodium extended..	33
ondansetron	98	paliperidone	51	PHEGO.....	26
ondansetron hcl	98	palonosetron	98	philith.....	117
ondansetron hcl (pf)	98	pamidronate	92	phospha 250 neutral.....	133
ONIVYDE.....	26	PANDEL	76	phosphasal	131
ONUREG	26	PANRETIN	69	phosphorous.....	133
OPDIVO.....	26	pantoprazole	100	phospho-trin 250 neutral....	133
opium tincture	95	paricalcitol	92	PICATO.....	69
OPSUMIT	128	paroex oral rinse	82	PIFELTRO	5
ORACIT	131	paromomycin.....	12	pilocarpine hcl	80, 121
oralone.....	82	paroxetine hcl	51	pimecrolimus	69
ORBACTIV	12	PASER.....	12	pimozide	52
ORENCIA	109	PAXIL	51	pimtrea (28)	117
ORENCIA CLICKJECT ...	109	PEDIARIX (PF)	105	pindolol.....	58
ORGOVYX.....	26	PEDVAX HIB (PF).....	105	pioglitazone	89
ORKAMBI.....	128	peg 3350-electrolytes	98	pioglitazone-glimepiride.....	89
orphenadrine citrate.....	39	peg3350-sod sul-nacl-kcl-asb-c	98	pioglitazone-metformin	89
orsythia	117	PEGASYS	102	piperacillin-tazobactam	15
oscimin	95	peg-electrolyte soln	98	PIPERACILLIN- TAZOBACTAM	15
oscimin sl	95	PEMAZYRE	26	PIQRAY	26
oscimin sr	95	pen needle, diabetic	89	pirmella.....	117
oseltamivir.....	5	penicillamine	109	piroxicam.....	44
OSPHENA	112	penicillin g potassium.....	14	PLENAMINE	136
OVACE	65	penicillin v potassium.....	14	PLENVU	98
OVACE PLUS	64, 65	PENTACEL (PF)	105	PLEXION	71
OVACE PLUS SHAMPOO.	64	pentamidine	12	PLEXION CLEANSING CLOTHS.....	71
OVACE PLUS WASH.....	65	PENTASA	98	PNV 29-1	137
oxacillin.....	14	pentazocine-naloxone.....	44	PNV-DHA	137
oxaliplatin.....	26	pentoxifylline.....	61	PNV-OMEGA	137
oxandrolone.....	92	PEPAXTO	26	PNV-SELECT	137
oxaprozin.....	44	PERFOROMIST	128	PODOCON.....	66
oxazepam.....	51	PERIKABIVEN	136	podofilox.....	69
oxcarbazepine.....	33	perindopril erbumine	58	POLIVY	26
OXERVATE	121	periogard.....	82	polycin	120
		PERJETA	26	polyethylene glycol 3350	98
		permethrin	77	polymyxin b sulfate	12
		perphenazine.....	51	polymyxin b sulf-trimethoprim	120
		perphenazine-amitriptyline...	51		
		PERSERIS.....	51		
		pfizerpen-g.....	14		

POMALYST	27	prednisone	84	PROLIA.....	107
portia 28.....	117	prednisone intensol.....	84	PROMACTA.....	61
PORTRAZZA	27	PREFEST	111	promethazine	125
posaconazole	2	pregabalin	34	promethegan	125
pot,sodium citrate-citric acid		PREGNYL.....	92	PROMISEB	69
.....	131	PREMARIN	111	propafenone	54
POTASSIUM CHLORID-D5-		PREMASOL 10 %	136	proparacaine	121
0.45%NACL.....	133	PREMPHASE	111	propranolol	58, 59
potassium chloride.....	134	PREMPRO	111	propranolol-hydrochlorothiazid	
POTASSIUM CHLORIDE IN		PRENATAL PLUS	137	.....	59
0.9%NACL.....	133	PRENATAL VITAMIN PLUS		propylthiouracil	84
potassium chloride in 5 % dex		LOW IRON	137	PROQUAD (PF).....	105
.....	133	PREPLUS.....	137	PROSOL 20 %	136
POTASSIUM CHLORIDE IN		PRESERA	69	protriptyline	52
5 % DEX	133	PRETAB.....	137	pruclair.....	69
POTASSIUM CHLORIDE IN		prevalite.....	63	prumyx.....	69
LR-D5	133	PREVIDENT.....	82	PULMICORT	128
potassium chloride in water	134	PREVIDENT 5000 BOOSTER		pulmosal	128
POTASSIUM CHLORIDE-		PLUS	82	PULMOZYME.....	128
0.45 % NACL.....	134	PREVIDENT 5000 DRY		PURIXAN	27
potassium chloride-d5-		MOUTH	82	pyrazinamide	12
0.2%nacl.....	134	PREVIDENT 5000 ORTHO		PYRIDIDIUM	132
POTASSIUM CHLORIDE-		DEFENSE	82	pyridostigmine bromide.....	39
D5-0.2%NACL	134	PREVIDENT 5000 PLUS	82	pyrimethamine.....	12
potassium chloride-d5-		previfem.....	117	Q	
0.3%nacl.....	134	PREVYMIS.....	5	QINLOCK.....	27
POTASSIUM CHLORIDE-		PREZCOBIX.....	5	QUADRACEL (PF)	105
D5-0.9%NACL	134	PREZISTA	5	quetiapine	52
potassium citrate.....	131	PRIFTIN.....	12	quinapril.....	59
potassium citrate-citric acid	131	PRIMAQUINE.....	12	quinapril-hydrochlorothiazide	
POTELIGEO.....	27	primidone.....	34	.....	59
PR BENZOYL PEROXIDE.	72	PRIVIGEN	105	quinidine gluconate	54
PR NATAL 400	137	probenecid	107	quinidine sulfate	54
PR NATAL 400 EC	137	probenecid-colchicine	107	quinine sulfate	12
PR NATAL 430	137	PROCALAMINE 3%.....	136	QUINJA.....	73
PR NATAL 430 EC	137	prochlorperazine.....	98	QVAR REDIHALER	128
PRADAXA	61	prochlorperazine edisylate....	98	R	
pramipexole.....	36	prochlorperazine maleate	98	RABAVERT (PF)	105
PRAMOSONE	65	PROCORT.....	98	rabeprazole	100
prasugrel.....	61	PROCRIT	102	RADIAGEL.....	69
pravastatin	63	PROCTOCORT.....	98	raloxifene.....	107
praziquantel	12	PROCTOFOAM HC	99	ramelteon	52
prazosin	58	procto-med hc.....	99	ramipril	59
PRED MILD	124	procto-pak.....	99	ranolazine	63
PRED-G	123	proctosol hc	99	rasagiline.....	36
PRED-G S.O.P.	123	proctozone-hc	99	RAVICTI.....	80
prednicarbate	76	progesterone micronized	111	RAYALDEE.....	92
prednisolone	84	PROGRAF.....	27	READI-CAT 2.....	80
prednisolone acetate	124	PROLASTIN-C	80	REBIF (WITH ALBUMIN)	
prednisolone sodium phosphate		PROLENSA	122	.....	102
.....	84, 124	PROLEUKIN	102	REBIF REBIDOSE	102

REBIF TITRATION PACK	ROZLYTREK	27	silver sulfadiazine	69
.....	RUBRACA.....	27	SIMBRINZA	122
reclipsen (28).....	rufinamide	34	simliya (28).....	117
RECOMBIVAX HB (PF) ..	RUKOBIA.....	6	simpesse.....	117
RECTIV	RUXIENCE.....	27	SIMULECT	27
regonol.....	RYBELSUS.....	89	simvastatin.....	63
REGRANEX.....	RYDAPT	27	sirolimus	27
RELENZA DISKHALER.....	RYNODERM.....	69	SIRTURO	12
RENACIDIN.....	RYTARY.....	36	SIVEXTRO	12
RENFLEXIS	S		SKLICE	77
repaglinide.....	SALEX	66	SKYRIZI	65
REPATHA PUSHTRONEX	salicylic acid.....	66	sodium bicarbonate.....	134
REPATHA SURECLICK	salicylic acid-ceramides no.1	66	sodium chloride	80, 128, 135
REPATHA SYRINGE	salimez.....	66	sodium chloride 0.45 %.....	134
RESTASIS	SALIMEZ FORTE.....	66	sodium chloride 0.9 %.....	80
RESTASIS MULTIDOSE .	salsalate	44	sodium chloride 3 %.....	134
RETACRIT	salvax.....	66	sodium chloride 5 %.....	135
RETEVMO	SALVAX DUO PLUS	66	sodium citrate-citric acid	132
RETROVIR.....	SAMSCA.....	92	sodium fluoride-pot nitrate ...	82
REVLIMID	SANCUSO	99	sodium phenylbutyrate	80
REXULTI.....	SANDIMMUNE	27	sodium polystyrene sulfonate	
REYATAZ	SANDOSTATIN LAR		.....	80
RHOPRESSA.....	DEPOT	27	solifenacin.....	130
ribavirin	SANTYL	69	SOLIQUA 100/33	89
RIDAURA.....	sapropterin	92, 93	SOLTAMOX.....	27
rifabutin	SARCLISA.....	27	SOLU-CORTEF ACT-O-	
rifampin	SCALACORT DK	77	VIAL (PF)	84
riluzole.....	scopolamine base.....	99	SOMATULINE DEPOT	28
rimantadine.....	SEBUDERM	69	SOMAVERT	93
ringer's.....	SECUADO	52	sorine	54
RINVOQ	selegiline hcl.....	36	sotalol	54
risedronate	selenium sulfide.....	65	sotalol af	54
RISPERDAL CONSTA	SELRX	65	SOTYLIZE	54
risperidone.....	SELZENTRY	6	SPIRIVA RESPIMAT.....	128
ritonavir	SE-NATAL 19 CHEWABLE		SPIRIVA WITH	
rivastigmine.....	.....	137	HANDIHALER.....	128
rivastigmine tartrate.....	SE-NATAL-19	137	spironolactone.....	59
rivelsa	SEREVENT DISKUS	128	spironolacton-hydrochlorothiaz	
rizatriptan	sertraline	52	.....	59
ROCKLATAN	setlakin.....	117	sprintec (28).....	117
ROMIDEPSIN	sevelamer carbonate	80	SPRITAM.....	34
ropinirole	sevelamer hcl.....	80	SPRYCEL.....	28
rosadan	sf 82		sps (with sorbitol)	80
ROSADAN	sf 5000 plus	82	sronyx	117
ROSANIL	sharobel	111	SSD.....	69
ROSULA.....	SHINGRIX (PF).....	105	sss 10-5	72
rosula cleansing cloths	SIGNIFOR.....	27	STAMARIL (PF).....	105
rosuvastatin.....	sildenafil (pulm.hypertension)		stavudine.....	6
ROTARIX.....	.....	128	STELARA	65
ROTATEQ VACCINE	silodosin.....	131	STIOLTO RESPIMAT	128
roweepra.....	silver nitrate applicators	69	STIVARGA.....	28

STREPTOMYCIN	12	T		testosterone cypionate	93
STRIBILD	6	TABLOID	28	testosterone enanthate.....	93
subvenite.....	34	TABRECTA.....	28	TETANUS,DIPHThERIA	
subvenite starter (blue) kit....	34	tacrolimus	28, 69	TOX PED(PF)	106
subvenite starter (green) kit..	34	tadalafil (BPH)	132	tetrabenazine.....	38
subvenite starter (orange) kit	34	tadalafil (pulm. hypertension)		tetracaine hcl.....	121
SUCRAID	99	.....	129	TETRACAINE HCL (PF)..	121
sucralfate	100	TAFINLAR	28	tetracycline	16
sulfacetamide sodium... 65, 121		TAGITOL V.....	81	TETRIX.....	69
sulfacetamide sodium (acne) 73		TAGRISO	28	texacort	77
sulfacetamide sodium-sulfur 72		TALTZ SYRINGE.....	65	THALOMID.....	28
sulfacetamide-prednisolone 121		TALZENNA.....	28	THEO-24	129
sulfacetamide-sulfur-cleansr23		tamoxifen.....	28	theophylline	129
.....	72	tamsulosin.....	131	thioridazine	52
sulfacleanse 8-4.....	72	TARGRETIN	28	thiotepa	28
sulfadiazine.....	15	tarina 24 fe.....	117	thiothixene	53
sulfamethoxazole-trimethoprim		tarina fe 1/20 (28).....	117	tiadylt er.....	59
.....	15	tarina fe 1-20 eq (28).....	117	tiagabine	34
sulfasalazine	99	TARON-C DHA.....	137	TIBSOVO.....	28
sulindac.....	44	TASIGNA	28	TICE BCG.....	106
SUMADAN.....	72	tazarotene.....	72	tigecycline.....	12
SUMADAN XLT.....	72	tazicef	9	TILIA FE	117
sumatriptan	37	TAZORAC	73	timolol maleate	59, 120
sumatriptan succinate	37	taztia xt	59	tinidazole	12
SUMAXIN	72	TAZVERIK	28	tis-u-sol pentalyte	77
SUMAXIN CP	72	TDVAX.....	105	TIVICAY.....	6
SUMAXIN TS.....	72	TECENTRIQ.....	28	TIVICAY PD.....	6
SUPRAX.....	9	techlite insulin syringe.....	90	tizanidine	39
SUPREP BOWEL PREP KIT		techlite insuln syr(half unit) .	90	TOBI PODHALER	13
.....	99	techlite pen needle	90	TOBRADEX	123
SUTAB.....	99	TEFLARO	9	TOBRADEX ST.....	123
SUTENT	28	TEKTURN HCT	59	tobramycin.....	120
syeda.....	117	telmisartan	59	tobramycin in 0.225 % nacl..	13
symax fastabs	95	telmisartan-amlodipine.....	59	tobramycin sulfate	13
symax-sl	95	telmisartan-hydrochlorothiazid		tobramycin-dexamethasone	123
symax-sr	95	.....	59	TOBREX	120
SYMBICORT	128	temazepam.....	52	tolcapone.....	36
SYMDEKO	129	TEMIXYS	6	tolmetin.....	44
SYMFI.....	6	TEMODAR	28	tolterodine.....	130
SYMFI LO	6	temsrolimus	28	tolvaptan	93
SYMLINPEN 120.....	89	tencon	42	topiramate	34
SYMLINPEN 60.....	89	TENIVAC (PF)	106	toposar	29
SYMPAZAN.....	34	tenofovir disoproxil fumarate.	6	topotecan.....	29
SYMTUZA	6	TEPMETKO.....	28	toremifene.....	29
SYNAGIS	6	terazosin.....	59	torsemide	59
SYNAREL	93	terbinafine hcl.....	2	TOUJEO MAX U-300	
SYNERCID.....	12	terbutaline	129	SOLOSTAR	90
SYNJARDY	89	terconazole.....	112	TOUJEO SOLOSTAR U-300	
SYNJARDY XR	89, 90	TERIPARATIDE	107	INSULIN	90
SYNRIBO	28	TERSIFOAM	65	TOVIAZ	130
SYNTHROID.....	94	testosterone.....	93	TPN ELECTROLYTES	135

TRADJENTA.....	90	tri-mili.....	118	uretron d-s.....	132
tramadol.....	44	trimipramine.....	53	UREVAZ.....	70
tramadol-acetaminophen.....	44	TRINATAL RX 1.....	137	URIBEL.....	132
trandolapril.....	59	TRINTELLIX.....	53	uro-458.....	132
trandolapril-verapamil.....	59	tri-nymyo.....	118	urogesic-blue.....	132
tranexamic acid.....	112	tri-previfem (28).....	118	uro-mp.....	132
tranlycypromine.....	53	TRIPTODUR.....	29	ursodiol.....	99
TRANZAREL.....	69	tri-sprintec (28).....	118	uryl.....	132
TRAVASOL 10 %.....	136	tritocin.....	77	ustell.....	132
TRAVATAN Z.....	122	TRIUMEQ.....	6	utira-c.....	132
travoprost.....	122	TRIVEEN-DUO DHA.....	137	UTOPIC.....	70
TRAZIMERA.....	29	trivora (28).....	118	V	
trazodone.....	53	tri-vylibra.....	118	valacyclovir.....	6
TREANDA.....	29	tri-vylibra lo.....	118	VALCHLOR.....	70
TRECTOR.....	13	TRODELVY.....	29	valganciclovir.....	6
TRELEGY ELLIPTA.....	129	TROGARZO.....	6	valproate sodium.....	34
TRELSTAR.....	29	TROKENDI XR.....	34	valproic acid.....	34
TRESIBA FLEXTOUCH U- 100.....	90	TROPHAMINE 10 %.....	136	valproic acid (as sodium salt)	34
TRESIBA FLEXTOUCH U- 200.....	90	tropicamide.....	121	valrubicin.....	29
TRESIBA U-100 INSULIN.....	90	tropium.....	130	valsartan.....	60
tretinoin.....	73	TRULICITY.....	90	valsartan-hydrochlorothiazide	60
tretinoin (antineoplastic).....	29	TRUMENBA.....	106	VALTOCO.....	35
tretinoin microspheres.....	73	TUKYSA.....	29	vancomycin.....	13
tri femynor.....	118	TURALIO.....	29	VANCOMYCIN.....	13
triamcinolone acetonide 77, 82, 84.....		TWINRIX (PF).....	106	VANCOMYCIN IN 0.9 % SODIUM CHL.....	13
triamterene.....	59	TYBLUME.....	118	VANCOMYCIN IN DEXTROSE 5 %.....	13
triamterene-hydrochlorothiazid	59	TYBOST.....	6	VANCOMYCIN-WATER INJECT (PEG).....	13
trianex.....	77	tydemy.....	118	vandazole.....	112
triazolam.....	53	TYKERB.....	29	VAQTA (PF).....	106
tricitrates.....	132	TYMLOS.....	107	VARIBAR HONEY.....	81
triderm.....	77	TYPHIM VI.....	106	VARIBAR NECTAR.....	81
trientine.....	81	TYSABRI.....	39	VARIBAR PUDDING.....	81
tri-estarylla.....	118	TYVASO.....	129	VARIBAR THIN HONEY...81	
trifluoperazine.....	53	TYVASO INSTITUTIONAL START KIT.....	129	VARIBAR THIN LIQUID...81	
trifluridine.....	120	TYVASO REFILL KIT.....	129	VARIVAX (PF).....	106
trihexyphenidyl.....	36	TYVASO STARTER KIT.....	129	VARIZIG.....	106
TRIJARDY XR.....	90	U		VASCEPA.....	63
TRIKAFTA.....	129	UKONIQ.....	29	VECTIBIX.....	29
tri-legest fe.....	118	ULTRASAL-ER.....	66	VELCADE.....	29
tri-linyah.....	118	umecta.....	69	velivet triphasic regimen (28)	118
tri-lo-estarylla.....	118	unithroid.....	94	VELPHORO.....	81
tri-lo-marzia.....	118	UNITHROID.....	94	VELTASSA.....	81
tri-lo-mili.....	118	UNITUXIN.....	29	VEMLIDY.....	6
tri-lo-sprintec.....	118	UPTRAVI.....	59, 60	VENCLEXTA.....	29
trilyte with flavor packets.....	99	URAMAXIN.....	69		
trimethobenzamide.....	99	urea.....	69, 70		
trimethoprim.....	16	UREA.....	70		
		urea nail stick.....	69		
		ure-k.....	70		
		URELLE.....	132		

VENCLEXTA STARTING PACK	29	vylibra.....	118	yuvafem	111
venlafaxine	53	VYNDAQEL.....	63	Z	
VENTAVIS.....	129	VYTONE.....	73	zafemy	112
VENTOLIN HFA.....	129	VYXEOS.....	30	zafirlukast	130
verapamil.....	60	W		zaleplon.....	53
VEREGEN	70	warfarin	61	ZALTRAP	30
VERSACLOZ	53	water for irrigation, sterile....	81	ZANOSAR	30
VERZENIO.....	29	wera (28).....	118	zarah	118
vestura (28).....	118	wixela inhub	129	ZATEAN-PN DHA.....	138
V-GO 20.....	90	wymzya fe	118	ZATEAN-PN PLUS.....	138
V-GO 30.....	90	X		ZEJULA	30
V-GO 40.....	90	XALIX.....	66	ZELBORAF	30
VIBERZI.....	99	XALKORI	30	ZEMAIRA.....	81
VICTOZA 2-PAK.....	91	XARELTO	61	zenatane	73
VICTOZA 3-PAK.....	91	XARELTO DVT-PE TREAT 30D START	61	ZENPEP	99
vienva	118	XATMEP.....	30	ZEPZELCA	30
vigabatrin.....	35	XCOPRI	35	zidovudine	7
vigadrone.....	35	XCOPRI MAINTENANCE PACK	35	zileuton	130
VIIBRYD	53	XCOPRI TITRATION PACK	35	ZIOPTAN (PF).....	122
VIMPAT	35	XELJANZ	109	ziprasidone hcl.....	53
vinblastine	29	XELJANZ XR.....	109	ziprasidone mesylate	53
vincasar pfs.....	30	XENICAL	77	ZIRABEV.....	30
vincristine	30	XEROSTOMIA RELIEF	81	ZIRGAN.....	120
vinorelbine.....	30	XGEVA	17	ZITHRANOL	65
VIOKACE.....	99	XHANCE	129	ZOLADEX	31
viorele (28).....	118	XIAFLEX.....	81	zoledronic acid.....	93
VIRACEPT	6	XIFAXAN	13	zoledronic acid-mannitol-water	81, 93
VIRASAL	66	XIGDUO XR.....	91	zoledronic ac-mannitol-0.9nacl	93
VIREAD.....	7	XOFLUZA	7	ZOLINZA.....	31
VIRT-C DHA.....	137	XOLAIR.....	130	zolmitriptan.....	37
VIRT-NATE DHA.....	137	XOPENEX	130	zolpidem	53
virt-phos 250 neutral	135	XOPENEX CONCENTRATE	130	zonisamide.....	35
VIRT-PN DHA	137	XOSPATA.....	30	ZORTRESS	31
VIRT-PN PLUS	138	XPOVIO.....	30	ZOSTAVAX (PF)	106
virtrate-2.....	132	XTAMPZA ER.....	42	ZOSYN IN DEXTROSE (ISO- OSM).....	15
virtrate-3.....	132	XTANDI.....	30	zovia 1/35e (28).....	119
virtrate-k.....	132	xulane	112	zovia 1-35 (28)	119
VITRAKVI.....	30	XULTOPHY 100/3.6	91	ZTLIDO.....	70
VIVITROL	44	XYREM.....	53	ZUBSOLV.....	44
VIZIMPRO	30	Y		zumandimine (28).....	119
volnea (28).....	118	YERVOY	30	ZYDELIG.....	31
voriconazole	2	YF-VAX (PF).....	106	ZYKADIA.....	31
VOSEVI	7	YONDELIS	30	ZYLET	123
VOTRIENT.....	30	YUPELRI	130	ZYPREXA RELPREVV	54
VP-PNV-DHA	138				
VRAYLAR	53				
vyfemla (28).....	118				

Drug Name	Medical Benefit	Requirements/Limits
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
PREFERRED DIABETIC METERS		
CONTOUR TEST GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
CONTOUR NEXT GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
CONTOUR NEXT EZ METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE FLASH GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE INSULINX GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 10 DAY SENSOR	Part B \$0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 10 DAY READER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 14 DAY SENSOR	Part B \$0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 14 DAY READER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 2 SENSOR	Part B \$0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 2 READER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LITE GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE SIDEKICK GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
PRECISION EXTRA GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
ULTIMA GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
PREFERRED DIABETIC GLUCOSE TEST STRIPS		
CONTOUR TEST GLUCOSE STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
CONTOUR NEXT GLUCOSE STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
CONTOUR NEXT EZ GLUCOSE STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
FREESTYLE GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
PRECISION GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
ULTIMA GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)

Drug Name	Drug Tier	Requirements / Limits
Cough & Cold Supplemental		
<i>benzonatate capsules 100mg, 150 mg, 200mg</i>	1	+
BROMFED DM 2-30-10MG/5mLSYR	2	+
<i>bromphenir-pseudoephed-dm syr</i>	1	+
CAPCOF LIQUID	2	+
<i>codeine-guaifen 10-100 mg/5 ml</i>	1	+
CODITUSSIN AC LIQUID	2	+
CODITUSSIN DAC LIQUID	2	+
<i>g tussin ac liquid</i>	1	+
<i>guaiatussin ac liquid</i>	1	+
<i>guaifen-codeine 100-10mg/5ml</i>	1	+
<i>guaifenesin ac cough syrup</i>	1	+
<i>guaifenesin dac oral solution</i>	1	+
<i>guaifenesin-codeine syrup</i>	1	+
HISTEX-AC SYRUP	2	+
<i>hydrocodone-chlorphen er susp</i>	1	+
<i>hydrocodone-homatropine 5-1.5</i>	1	+
<i>hydrocodone-homatropine soln</i>	1	+
<i>hydrocodone-homatropine syrup</i>	2	+
<i>hydromet 5mg-1.5mg/5ml soln</i>	1	+
<i>lortuss ex liquid</i>	1	+
MAR-COF BP LIQUID	2	+
MAR-COF CG LIQUID	2	+
MAXI-TUSS AC LIQUID	2	+
MAXI-TUSS CD LIQUID	2	+
<i>m-clear wc liquid</i>	1	+
M-END PE LIQUID	2	+
NINJACOF-XG LIQUID	2	+

Drug Name	Drug Tier	Requirements / Limits
OBREDON 2.5-200 MG/5 ML SOLN	2	+
<i>pcm la tablet</i>	1	+
<i>pe-guai drops</i>	1	+
POLY-TUSSIN AC LIQUID	2	+
<i>promethazine-codeine syrup, solution</i>	1	+
<i>promethazine-dm solution</i>	1	+
<i>promethazine-dm syrup 6.25-15mg/5ml</i>	1	+
<i>promethazine-pe-codeine syrup</i>	1	+
RESPA A.R. TABLET SA	2	+
<i>rydex liquid</i>	1	+
TESSALON PERLE 100 MG CAP	2	+
TUSSICAPS 10 MG-8 MG CAPSULE	2	+
TUSSICAPS 5 MG-4 MG CAPSULE	2	+
TUXARIN ER 8-54.3 MG TABLET	2	+
TUZISTRA XR 14.7-2.8 MG/5 ML	2	+
<i>virtussin ac liquid</i>	1	+
<i>virtussin dac liquid</i>	1	+
Z-TUSS AC 2 MG-9 MG/5 ML LIQ	2	+

Drug Name	Drug Tier	Requirements / Limits
Sexual Dysfunction		
ADDYI	2	QL 30/30,+
CAVERJECT	2	QL 6/30,+
CAVERJECT IMPULSE	2	QL 6/30,+
CIALIS 10 MG	2	QL 8/30,+
CIALIS 2.5 MG, 5 MG	2	PA, ^,QL 8/30,+
CIALIS 20 MG	2	QL 8/30,+
EDEX	2	QL 6/30,+
LEVITRA	2	QL 8/30,+
MUSE	2	QL 6/30,+
PAPEVERINE-ALPROSTADIL	2	+
PAPEVERINE-PHENTOLAMINE	2	+
PAPEVERINE-PHENTOLAMINE-ALPROSTADIL	2	+
PHENTOLAMINE-ALOPROSTADIL	2	+
<i>sildenafil 100 mg</i>	1	QL 8/30,+
<i>sildenafil 25 mg</i>	1	QL 8/30,+
<i>sildenafil 50 mg (generic Viagra)</i>	1	QL 8/30,+
STAXYN	2	QL 8/30,+
STENDRA	2	QL 8/30,+
<i>tadalafil 10 mg</i>	1	QL 8/30,+
<i>tadalafil 2.5 mg, 5 mg</i>	1	PA, ^, QL 8/30,+
<i>tadalafil 20 mg (generic Cialis)</i>	1	QL 8/30,+
<i>vardenafil tab 10 mg</i>	1	QL 8/30,+
<i>vardenafil tab 2.5 mg</i>	1	QL 8/30,+
<i>vardenafil tab 20 mg</i>	1	QL 8/30,+
<i>vardenafil tab 5 mg</i>	1	QL 8/30,+
VIAGRA	2	QL 8/30,+
VYLEESI	2	QL 30/30,+

Drug Name	Drug Tier	Requirements / Limits
Prescription Vitamins		
AQUASOL A 50,000 UNITS/ML VIAL	2	+
<i>ascorbic acid 500 mg/ml vial</i>	1	+
B-12 COMPLIANCE INJ KIT	2	+
<i>b-complex 100 injection</i>	1	+
<i>calcitriol 0.25 mcg capsule</i>	1	+
<i>calcitriol 0.5 mcg capsule</i>	1	+
<i>calcitriol 1 mcg/ml ampul</i>	1	+
<i>cyanocobalamin 1,000 mcg/ml</i>	1	+
DRISDOL 1.25 MG (50,000 UNIT)	2	+
FERAHEME 510 MG/17 ML VIAL	2	+
FERRLECIT 62.5 MG/5 ML VIAL	2	+
<i>folic acid 1 mg tablet</i>	1	+
<i>folic acid 5 mg/ml vial</i>	1	+
GALZIN 25 MG CAPSULE	2	+
GALZIN 50 MG CAPSULE	2	+
<i>hydroxocobalamin 1,000 mcg/ml</i>	1	+
KOSHER PRENATAL PLUS IRON TAB	2	+
MEPHYTON 5 MG TABLET	2	+
METHYLCOBALAMIN 10,000 MCG VIAL	2	+
NASCOBAL 500 MCG NASAL SPRAY	2	+
<i>newgen tablet</i>	1	+
NEXA PLUS SOFTGEL	2	+
OBSTETRIX EC CAPLET	2	+
OBSTETRIX ONE SOFTGET	2	+
PHYTONADIONE 1 MG/0.5 ML SYR	2	+
PHYTONADIONE 10 MG/ML AMPUL	1	+
PHYTONADIONE 5 MG TABLET	1	+

Drug Name	Drug Tier	Requirements / Limits
POTABA 500 MG CAPSULE	2	+
<i>prenatabs rx tablet</i>	1	+
PRENATE ELITE TABLET	2	+
PRENATE ESSENTIAL SOFTGEL	2	+
<i>pyridoxine 100 mg/ml vial</i>	1	+
<i>thiamine 200 mg/2 ml vial</i>	1	+
TRIFERIC 27.2 MG/5 ML AMPULE	2	+
TRIFERIC 272 MG POWDER PACKET	2	+
trinate tablet	1	+
VENOFER 100 MG/5 ML VIAL	2	+
VENOFER 200 MG/10 ML VIAL	2	+
VENOFER 50 MG/2.5 ML VIAL	2	+
<i>zingiber tablet</i>	1	+



Help is always here. If you have any questions, customer service is here to help. We go above and beyond to make sure you have everything you need to understand and get the most from your plan.

1-888-281-7867 (TTY 711)

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