

Trustmark Insurance Company®

(Trustmark Individual Medical®) Formulary

2023 List of Covered Drugs

Effective 04/01/2023 (last updated 04/01/2023)

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

Members are encouraged to use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change. This Formulary is updated periodically and subject to change. All previous versions of the Formulary are no longer in effect.

You may contact us with questions at the following:

English and Non-English Toll-Free Telephone Number: 1-800-458-6126 during normal business hours.

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Definitions

"Brand name drug" means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

"Coinsurance" means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

"Copayment" means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

"Deductible" means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

"Drug Tier" means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

"Exception request" means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non- formulary drug when it is medically necessary for you to take the drug.

"Exigent circumstances" means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

"Formulary" or "prescription drug list" means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

"Generic drug" means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

"Medically Necessary" means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

"Non-formulary drug" means a prescription drug that is not listed on this formulary.

"Out-of-pocket costs" means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles,

copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

What is the Trustmark Individual Medical Formulary?

A formulary is a list of covered drugs. Trustmark Insurance Company works with a team of health care providers to choose drugs that provide quality treatment. The Trustmark Individual Medical Formulary covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials or refer to “Filling a Prescription through a Network Pharmacy”.

How do I use the Formulary?

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

Medical Condition

The drugs on the drug list are grouped by therapeutic category and class*. For example, drugs used to treat a heart condition are listed under CARDIOVASCULAR.

If you know what your drug is used for, look for the category name in the Table of Contents. Then, look under the category name for your drug.

A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

*Therapeutic category and class based on Wolters Kluwer Clinical Drug Information, Medi-Span® Electronic Drug FileTM v2.

Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the formulary. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

Look in the Index and find your drug

Next to your drug, see the page number where you can find coverage information

Turn to the page listed in the Index and find the name of your drug in the first column of the list

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be listed separately by its generic name.

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters.

- Example: carvedilol

Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.

The drug list gives information about the drugs covered by Trustmark Insurance Company. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will generally be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

The second column lists the drug tier. The tiered format places drugs into tiers or levels of cost sharing by the plan member in the following manner:

Tier	Definition
Tier 1:	Lowest plan member copayment: All generic drugs, including those on this Formulary.
Tier 2:	Intermediate plan member copayment: Preferred brand-name products on this Formulary selected for Tier 2.
Tier 3:	Highest plan member copayment: Brand-name products on this Formulary not selected for Tier 2, and all non-preferred brand-name products. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this highest tier.

The information in the Requirements/Limits column tells you if the Formulary has any special requirements for coverage of your drug. These requirements and limits may include:

Prior Authorization: Trustmark Insurance Company needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Trustmark Insurance Company before you fill your prescriptions. If you don't get approval, Trustmark Insurance Company may not cover the drug.

Quantity Limits: For certain drugs, Trustmark Insurance Company limits the amount of the drug that it will cover. Trustmark Insurance Company also limits the amount of drugs you may receive within a class of drugs.

Filling a Prescription through a Network Pharmacy

Local Pharmacy

The most common place for filling a Prescription is at a local pharmacy. You may go to the pharmacy and give the Prescription to the pharmacist to fill or, if the pharmacy received the Prescription from your Prescribing provider, pick up a completed order.

You may be required to provide basic information such as your name and address for verification when picking up a completed Prescription. You will also be responsible for paying any Copay, if applicable, at the time the Prescription is picked up from the pharmacy. The Copay amount, if applicable, is described in the Summary of Benefits section of your booklet-certificate.

Mail Order Pharmacy

Prescriptions may also be filled by mail. They may be filled by ordering online or by using a paper order form. To order online, go to the CVS Caremark website caremark.com and follow the instructions on the screen. To use a paper order form, follow the instructions below.

Your initial order consists of three parts: the written Prescription from your Prescribing provider; a Patient/Profile Order form with preaddressed envelope; and a Copay. These are described below. Allow 14 days for the order to be completed and shipped to you. All orders are mailed either by Federal Express or First Class U.S. Mail. If you wish to have your order shipped Federal Express, you will need to pay the cost.

The Written Prescription

When obtaining a Prescription, be sure to ask the Prescribing provider to specify the following information:

- Patient name;
- Prescription for a 90-day supply of medication (your Prescribing provider should indicate the total number of pills required for that period of time. For

example, 270 tablets would be needed for medication that must be taken three times a day.);

- Refills (many maintenance drugs can be prescribed for up to one year; therefore, a Prescription for a 90-day supply may specify up to three refills.);
- Prescribing provider's signature.

Also, it is very important to include your name, address, and member number on the Prescription form, so that eligibility for the program can be verified when the pharmacy receives the order.

Patient Profile/Order Form

Included in the installation package you receive, as well as with each order shipped, is the Patient Profile/Order Form. This form is to be completed and sent in the preaddressed envelope with each order. The Patient Profile/Order Form provides information concerning eligibility in addition to health and allergy conditions pertaining to each insured person.

Copay

A check or money order for the correct Copay must accompany each order. The Copay amount, if applicable, is described in the Summary of Benefits section of the booklet-certificate. You may also be able to charge the Copay to a credit card as explained on the Patient Profile/Order Form. Please do not send cash.

Refills or Follow-up Orders

Each filled order you receive includes Refill Ordering Instructions, a Patient/Profile Order Form, and a preaddressed envelope. Orders for refills should be placed approximately 30 days before the current supply of medication is expected to run out.

Special Situations

If a maintenance medication is prescribed for immediate use, you should obtain two Prescriptions--one for a 14-day supply to be filled immediately at a local member pharmacy, and a second for an extended 90-day supply with refills, to be filled by the mail service pharmacy.

Questions

Please call the pharmacy's customer service number with any questions concerning medication or a particular order. The toll-free number is shown on your order form.

Also included with each order filled is a Patient Counseling information sheet which has specific information about the medication included with the order.

Prescription Drugs Utilization Review Program

For Maintenance Drugs and Medicines

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription (for the same insured person) and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

For all other Drugs and Medicines

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription or refill (for the same insured person) and the previously dispensed quantity of the drug or medicine was for:

- Less than a 15-day supply and the dispensing date for the current Prescription is more than four days before a previously dispensed supply would be exhausted; or
- More than a 14-day supply and the dispensing date for the current Prescription is more than ten days before the previously dispensed supply would be exhausted; or
- More than a 14-day supply and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

Exhaustion of the previously dispensed supply is determined based on when the last dose of the medicine or drug would have been consumed if the previously dispensed supply was consumed by the Prescription date. Prescriptions may be refilled prior to exhaustion of a previously dispensed quantity for the same Prescription or refill for up to a 30-day quantity once per calendar year or plan year.

For certain drugs or classes of drugs designated by Trustmark Insurance Company, we reserve the right to:

- Require Prior Authorization for dispensing; and
- Limit the quantity of drugs for which benefits will be paid; and
- Require the dispensing of certain drugs before paying benefits for another drug within a given class; and
- Require the dispensing of a single daily dose of certain drugs.

For all drugs requiring Prior Authorization, the pharmacy benefit manager must notify your Prescribing provider within 72 hours of receipt of a non-urgent request

or 24 hours if exigent circumstances exist, whether the request is approved or disapproved. If the pharmacy benefit manager fails to respond within the respective timeframes, the request is deemed granted. If the request is disapproved, the notice of disapproval must contain an accurate and clear written explanation of the specific reasons for disapproving the Prior Authorization request or, if the request was incomplete, an accurate and clear written explanation that specifically identifies the missing material information that is necessary to approve or disapprove the Prior Authorization request.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less.

Members are notified in advance of formulary changes when:

- A drug is removed from the formulary
- A drug tier changes
- Prior Authorization or Quantity limits are added to a drug

What if I need a drug that requires an exception?

In certain cases, you or your prescriber can request a medical exception to the prior authorization or quantity limits requirements. And also for a drug that's not covered in your plan.

We will then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency. If your request is denied you have the right to file an appeal using the process described in the notification letter.

For more information about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ".

Legend

Abbreviation	Definition
AGE	Age Restriction
PA	Prior Authorization

Trustmark NC 0027 Effective 04/01/2023

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine sulfate tab 5 mg	1	
amphetamine sulfate tab 10 mg	1	
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	
amphetamine-dextroamphetamine tab 5 mg	1	
amphetamine-dextroamphetamine tab 7.5 mg	1	
amphetamine-dextroamphetamine tab 10 mg	1	
amphetamine-dextroamphetamine tab 12.5 mg	1	
amphetamine-dextroamphetamine tab 15 mg	1	
amphetamine-dextroamphetamine tab 20 mg	1	
amphetamine-dextroamphetamine tab 30 mg	1	
DEXEDRINE CAP 10MG CR	3	
DEXEDRINE CAP 15MG CR	3	
dextroamphetamine sulfate cap er 24hr 5 mg	1	
dextroamphetamine sulfate cap er 24hr 10 mg	1	
dextroamphetamine sulfate cap er 24hr 15 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate tab 5 mg	1	
dextroamphetamine sulfate tab 10 mg	1	
dextroamphetamine sulfate tab 15 mg	1	
dextroamphetamine sulfate tab 20 mg	1	
dextroamphetamine sulfate tab 30 mg	1	
methamphetamine hcl tab 5 mg	1	

Drug Name	Drug Tier Requirements/Limits
MYDAYIS CAP 12.5MG	2
MYDAYIS CAP 25MG	2
MYDAYIS CAP 37.5MG	2
MYDAYIS CAP 50MG	2
<i>procentra</i>	1
VYVANSE CAP 10MG	2
VYVANSE CAP 20MG	2
VYVANSE CAP 30MG	2
VYVANSE CAP 40MG	2
VYVANSE CAP 50MG	2
VYVANSE CAP 60MG	2
VYVANSE CAP 70MG	2
VYVANSE CHW 10MG	2
VYVANSE CHW 20MG	2
VYVANSE CHW 30MG	2
VYVANSE CHW 40MG	2
VYVANSE CHW 50MG	2
VYVANSE CHW 60MG	2
<i>zenzedi</i>	1
ZENZEDI	3

ANALEPTICS

<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>	1
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1
QELBREE CAP 100MG ER	2
QELBREE CAP 150MG ER	2
QELBREE CAP 200MG ER	2
STRATTERA CAP 10MG	3

Drug Name	Drug Tier Requirements/Limits
STRATTERA CAP 18MG	3
STRATTERA CAP 25MG	3
STRATTERA CAP 40MG	3
STRATTERA CAP 60MG	3
STRATTERA CAP 80MG	3
STRATTERA CAP 100MG	3
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS	
WAKIX TAB 4.45MG	2
WAKIX TAB 17.8MG	2
STIMULANTS - MISC.	
<i>armodafinil tab 50 mg</i>	1
<i>armodafinil tab 150 mg</i>	1
<i>armodafinil tab 200 mg</i>	1
<i>armodafinil tab 250 mg</i>	1
AZSTARYS CAP 26.1-5.2	2
AZSTARYS CAP 39.2-7.8	2
AZSTARYS CAP 52.3-10.	2
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1
<i>dexmethylphenidate hcl tab 5 mg</i>	1
<i>dexmethylphenidate hcl tab 10 mg</i>	1
FOCALIN TAB 2.5MG	3
FOCALIN TAB 5MG	3
FOCALIN TAB 10MG	3
JORNAY PM CAP 20MG ER	2
JORNAY PM CAP 40MG ER	2
JORNAY PM CAP 60MG ER	2
JORNAY PM CAP 80MG ER	2
JORNAY PM CAP 100MG ER	2
METHYLIN SOL 5MG/5ML	3
METHYLIN SOL 10MG/5ML	3
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 20 mg (cd)	1	
methylphenidate hcl cap er 24hr 10 mg (la)	1	
methylphenidate hcl cap er 24hr 10 mg (xr)	1	
methylphenidate hcl cap er 24hr 15 mg (xr)	1	
methylphenidate hcl cap er 24hr 20 mg (la)	1	
methylphenidate hcl cap er 24hr 20 mg (xr)	1	
methylphenidate hcl cap er 24hr 30 mg (la)	1	
methylphenidate hcl cap er 24hr 30 mg (xr)	1	
methylphenidate hcl cap er 24hr 40 mg (la)	1	
methylphenidate hcl cap er 24hr 40 mg (xr)	1	
methylphenidate hcl cap er 24hr 50 mg (xr)	1	
methylphenidate hcl cap er 24hr 60 mg (la)	1	
methylphenidate hcl cap er 24hr 60 mg (xr)	1	
methylphenidate hcl cap er 30 mg (cd)	1	
methylphenidate hcl cap er 40 mg (cd)	1	
methylphenidate hcl cap er 50 mg (cd)	1	
methylphenidate hcl cap er 60 mg (cd)	1	
methylphenidate hcl chew tab 2.5 mg	1	
methylphenidate hcl chew tab 5 mg	1	
methylphenidate hcl chew tab 10 mg	1	
methylphenidate hcl soln 5 mg/5ml	1	
methylphenidate hcl soln 10 mg/5ml	1	
methylphenidate hcl tab 5 mg	1	
methylphenidate hcl tab 10 mg	1	
methylphenidate hcl tab 20 mg	1	
methylphenidate hcl tab er 10 mg	1	
methylphenidate hcl tab er 20 mg	1	
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	
methylphenidate td patch 10 mg/9hr	1	

Drug Name	Drug Tier	Requirements/Limits
methylphenidate td patch 15 mg/9hr	1	
methylphenidate td patch 20 mg/9hr	1	
methylphenidate td patch 30 mg/9hr	1	
modafinil tab 100 mg	1	
modafinil tab 200 mg	1	
RITALIN TAB 5MG	3	
RITALIN TAB 10MG	3	
RITALIN TAB 20MG	3	

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2
ORALAIR SUB 300 IR	2
RAGWITEK SUB	2

AMINOGLYCOSIDES

AMINOGLYCOSIDES

amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	1
BETHKIS NEB 300/4ML	2
gentamicin in saline inj 1.2 mg/ml	1
gentamicin sulfate inj 40 mg/ml	1
GENTAMICIN SULFATE PEDIAT	3 PA
GENTAMICIN SULFATE/0.9% S	3
ISOTONIC GENTAMICIN	3
neomycin sulfate tab 500 mg	1
paromomycin sulfate cap 250 mg	1
STREPTOMYCIN INJ 1GM	3
TOBRAMYCIN INJ 10MG/ML	3
TOBRAMYCIN INJ 40MG/ML	3
TOBRAMYCIN NEB 300/5ML	3
tobramycin nebu soln 300 mg/4ml	1
tobramycin nebu soln 300 mg/5ml	1
tobramycin sulfate for inj 1.2 gm	1
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	2
HUMIRA INJ 20/0.2ML	2
HUMIRA INJ 40/0.4ML	2
HUMIRA KIT 40MG/0.8	2
HUMIRA PEDIA INJ CROHNS	2
HUMIRA PEN INJ 40/0.4ML	2

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40MG/0.8	2	
HUMIRA PEN INJ 80/0.8ML	2	
HUMIRA PEN INJ CD/UC/HS	2	
HUMIRA PEN INJ PS/UV	2	
HUMIRA PEN KIT CD/UC/HS	2	
HUMIRA PEN KIT PED UC	2	
HUMIRA PEN KIT PS/UV	2	
SIMPONI ARIA SOL 50MG/4ML	2	
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	2	
RINVOQ TAB 30MG ER	2	
RINVOQ TAB 45MG ER	2	
XELJANZ SOL 1MG/ML	2	
XELJANZ TAB 5MG	2	
XELJANZ TAB 10MG	2	
XELJANZ XR TAB 11MG	2	
XELJANZ XR TAB 22MG	2	
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	2	
RASUVO INJ 10MG	2	
RASUVO INJ 12.5MG	2	
RASUVO INJ 15MG	2	
RASUVO INJ 17.5MG	2	
RASUVO INJ 20MG	2	
RASUVO INJ 22.5MG	2	
RASUVO INJ 25MG	2	
RASUVO INJ 30MG	2	
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	2	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	2	
KEVZARA INJ 200/1.14	2	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FLURBIPROFEN TAB 50MG	3	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine iv soln 10 mg/ml (base equivalent)</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>indomethacin sodium iv for soln 1 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
MECLOFEN SOD CAP 50MG	3	
MECLOFEN SOD CAP 100MG	3	
<i>mefenamic acid cap 250 mg</i>	1	
MELOXICAM SUS 7.5/5ML	3	PA
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>previdolrx plus analgesic</i>	1	PA
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	2	
OTEZLA TAB 30MG	2	
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>ARAVA TAB 10MG</i>	3	
<i>ARAVA TAB 20MG</i>	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	
ENBREL INJ 25MG	2	
ENBREL INJ 50MG/ML	2	
ENBREL MINI INJ 50MG/ML	2	
ENBREL SRCLK INJ 50MG/ML	2	
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>bac</i>	1	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
TENCON	3	
ANALGESICS OTHER		
<i>acetaminophen iv soln 10 mg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	1	
SALICYLATES		
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>CODEINE SULF TAB 30MG</i>	3	
<i>codeine sulfate tab 30 mg</i>	1	
<i>duramorph</i>	1	
<i>FENTANYL CIT INJ 0.05MG/1</i>	3	
<i>FENTANYL CIT INJ 500MCG</i>	3	
<i>FENTANYL CIT TAB 100MCG</i>	3	

Drug Name	Drug Tier	Requirements/Limits
FENTANYL CIT TAB 200MCG	3	
FENTANYL CIT TAB 400MCG	3	
FENTANYL CIT TAB 600MCG	3	
FENTANYL CIT TAB 800MCG	3	
fentanyl citrate lozenge on a handle 200 mcg	1	
fentanyl citrate lozenge on a handle 400 mcg	1	
fentanyl citrate lozenge on a handle 600 mcg	1	
fentanyl citrate lozenge on a handle 800 mcg	1	
fentanyl citrate lozenge on a handle 1200 mcg	1	
fentanyl citrate lozenge on a handle 1600 mcg	1	
fentanyl citrate preservative free (pf) inj 50 mcg/ml	1	
fentanyl citrate preservative free (pf) inj 100 mcg/2ml	1	
fentanyl citrate preservative free (pf) inj 250 mcg/5ml	1	
fentanyl citrate preservative free (pf) inj 1000 mcg/20ml	1	
fentanyl citrate preservative free (pf) inj 2500 mcg/50ml	1	
fentanyl td patch 72hr 12 mcg/hr	1	
fentanyl td patch 72hr 25 mcg/hr	1	
fentanyl td patch 72hr 37.5 mcg/hr	1	
fentanyl td patch 72hr 50 mcg/hr	1	
fentanyl td patch 72hr 62.5 mcg/hr	1	
fentanyl td patch 72hr 75 mcg/hr	1	
fentanyl td patch 72hr 87.5 mcg/hr	1	
fentanyl td patch 72hr 100 mcg/hr	1	
HYDROCODONE BITARTRATE ER	3	PA
hydrocodone bitartrate tab er 24hr deter 20 mg	1	
hydrocodone bitartrate tab er 24hr deter 30 mg	1	
hydrocodone bitartrate tab er 24hr deter 40 mg	1	
hydrocodone bitartrate tab er 24hr deter 60 mg	1	
hydrocodone bitartrate tab er 24hr deter 80 mg	1	
hydrocodone bitartrate tab er 24hr deter 100 mg	1	

Drug Name	Drug Tier Requirements/Limits
hydrocodone bitartrate tab er 24hr deter 120 mg	1
hydromorphone hcl inj 1 mg/ml	1
hydromorphone hcl inj 2 mg/ml	1
hydromorphone hcl liqd 1 mg/ml	1
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1
hydromorphone hcl tab 2 mg	1
hydromorphone hcl tab 4 mg	1
hydromorphone hcl tab 8 mg	1
hydromorphone hcl tab er 24hr 8 mg	1
hydromorphone hcl tab er 24hr 12 mg	1
hydromorphone hcl tab er 24hr 16 mg	1
hydromorphone hcl tab er 24hr 32 mg	1
meperidine hcl inj 25 mg/ml	1
meperidine hcl inj 50 mg/ml	1
meperidine hcl inj 100 mg/ml	1
MEPERIDINE SOL 50MG/5ML	3
MEPERIDINE TAB 50MG	3
methadone hcl conc 10 mg/ml	1
methadone hcl inj 10 mg/ml	1
methadone hcl soln 5 mg/5ml	1
methadone hcl soln 10 mg/5ml	1
methadone hcl tab 5 mg	1
methadone hcl tab 10 mg	1
methadone hcl tab for oral susp 40 mg	1
METHADONE SOL 5MG/5ML	3
METHADONE SOL 10MG/5ML	3
methadose	1
mitigo	1
MORPHINE SUL INJ 8MG/ML	3
MORPHINE SUL INJ 10MG/ML	3
MORPHINE SUL SOL 20MG/5ML	3
MORPHINE SUL TAB 15MG	3
MORPHINE SUL TAB 30MG	3
MORPHINE SULFATE ER	3
morphine sulfate inj pf 0.5 mg/ml	1
morphine sulfate inj pf 1 mg/ml	1
morphine sulfate iv soln 4 mg/ml	1
morphine sulfate oral soln 10 mg/5ml	1
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1
morphine sulfate tab 15 mg	1
morphine sulfate tab 30 mg	1
morphine sulfate tab er 15 mg	1
morphine sulfate tab er 30 mg	1

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 60 mg</i>	1	
<i>morphine sulfate tab er 100 mg</i>	1	
<i>morphine sulfate tab er 200 mg</i>	1	
<i>oxycodone hcl cap 5 mg</i>	1	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tab 5 mg</i>	1	
<i>oxycodone hcl tab 10 mg</i>	1	
<i>oxycodone hcl tab 15 mg</i>	1	
<i>oxycodone hcl tab 20 mg</i>	1	
<i>oxycodone hcl tab 30 mg</i>	1	
OXYCODONE HYDROCHLORIDE E	3	
<i>oxymorphone hcl tab 5 mg</i>	1	
<i>oxymorphone hcl tab 10 mg</i>	1	
<i>remifentanil hcl for iv soln 1 mg</i>	1	
<i>remifentanil hcl for iv soln 2 mg</i>	1	
<i>remifentanil hcl for iv soln 5 mg</i>	1	
<i>sufentanil citrate inj 50 mcg/ml</i>	1	
<i>sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)</i>	1	
<i>sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)</i>	1	
TRAMADOL HCL ER	3	
<i>tramadol hcl tab 50 mg</i>	1	
<i>tramadol hcl tab er 24hr 100 mg</i>	1	
<i>tramadol hcl tab er 24hr 200 mg</i>	1	
<i>tramadol hcl tab er 24hr 300 mg</i>	1	
TRAMADOL HYDROCHLORIDE	3	PA
XTAMPZA ER CAP 9MG	2	
XTAMPZA ER CAP 13.5MG	2	
XTAMPZA ER CAP 18MG	2	
XTAMPZA ER CAP 27MG	2	
XTAMPZA ER CAP 36MG	2	

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	
ACETAMINOPHEN/CAFFEINE/DI	3	
<i>ascomp/codeine</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	

Drug Name	Drug Tier Requirements/Limits
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1
<i>endocet</i>	1
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1
HYDROCODONE/IBUPROFEN	3
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1
TREZIX	3

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	2
BELBUCA MIS 150MCG	2
BELBUCA MIS 300MCG	2
BELBUCA MIS 450MCG	2
BELBUCA MIS 600MCG	2
BELBUCA MIS 750MCG	2
BELBUCA MIS 900MCG	2
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	1
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1

Drug Name	Drug Tier Requirements/Limits
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1
buprenorphine td patch weekly 5 mcg/hr	1
buprenorphine td patch weekly 7.5 mcg/hr	1
buprenorphine td patch weekly 10 mcg/hr	1
buprenorphine td patch weekly 15 mcg/hr	1
buprenorphine td patch weekly 20 mcg/hr	1
BUTORPHANOL INJ 1MG/ML	3
BUTORPHANOL INJ 2MG/ML	3
butorphanol tartrate nasal soln 10 mg/ml	1
nalbuphine hcl inj 10 mg/ml	1
nalbuphine hcl inj 20 mg/ml	1
pentazocine w/ naloxone hcl tab 50-0.5 mg	1
ZUBSOLV SUB 0.7-0.18	2
ZUBSOLV SUB 1.4-0.36	2
ZUBSOLV SUB 2.9-0.71	2
ZUBSOLV SUB 5.7-1.4	2
ZUBSOLV SUB 8.6-2.1	2
ZUBSOLV SUB 11.4-2.9	2

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

oxandrolone tab 2.5 mg	1
oxandrolone tab 10 mg	1

ANDROGENS

ANDRODERM DIS 2MG/24HR	2
ANDRODERM DIS 4MG/24HR	2
danazol cap 50 mg	1
danazol cap 100 mg	1
danazol cap 200 mg	1
methyltestosterone cap 10 mg	1
NATESTO GEL 5.5MG	2
TESTOST ENAN INJ 200MG/ML	3
testosterone cypionate im inj in oil 100 mg/ml	1
testosterone cypionate im inj in oil 200 mg/ml	1
testosterone td gel 10mg/act (2%)	1
testosterone td gel 12.5 mg/act (1%)	1
testosterone td gel 20.25 mg/1.25gm (1.62%)	1
testosterone td gel 20.25 mg/act (1.62%)	1
testosterone td gel 25 mg/2.5gm (1%)	1
testosterone td gel 40.5 mg/2.5gm (1.62%)	1

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
<i>testosterone td soln 30 mg/act</i>	1	
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
RECTAL COMBINATIONS		
<i>ana-lex</i>	1	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>PROCTOFOAM AER HC 1%</i>	2	
RECTAL STEROIDS		
<i>ANUSOL-HC CRE 2.5%</i>	3	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctozone-hc</i>	1	
ANORECTAL AND RELATED PRODUCTS		
RECTAL STEROIDS		
<i>anucort-hc</i>	1	
<i>hemmorex-hc</i>	1	
<i>proctosol hc</i>	1	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	
<i>EMVERM CHW 100MG</i>	2	
<i>ivermectin tab 3 mg</i>	1	PA
<i>praziquantel tab 600 mg</i>	1	
<i>STROMECTOL TAB 3MG</i>	3	PA
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>bacitracin intramuscular for soln 50000 unit</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for inj soln 300 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>IMIPENEM/CILASTATIN</i>	3	
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
CHLORAMPHENICOLS		
<i>CHLORAMPHENICOL SODIUM SU</i>	3	
CYCLIC LIPOPEPTIDES		
<i>daptomycin for iv soln 350 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	
<i>DAPTOMYCIN SOL 350MG</i>	3	
GLYCOPEPTIDES		
<i>VANCOCIN CAP 125MG</i>	3	
<i>VANCOCIN CAP 250MG</i>	3	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	

Drug Name	Drug Tier Requirements/Limits
VANCOMYCIN HYDROCHLORIDE	3
VANCOMYCIN INJ 100GM	3
LEPROSTATICs	
dapsone tab 25 mg	1
dapsone tab 100 mg	1
LINCOSAMIDES	
CLEOCIN CAP 75MG	3
CLEOCIN CAP 150MG	3
CLEOCIN CAP 300MG	3
CLEOCIN PED SOL 75MG/5ML	3
clindamycin hcl cap 75 mg	1
clindamycin hcl cap 150 mg	1
clindamycin hcl cap 300 mg	1
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1
clindamycin phosphate in d5w iv soln 300 mg/50ml	1
clindamycin phosphate in d5w iv soln 600 mg/50ml	1
clindamycin phosphate in d5w iv soln 900 mg/50ml	1
clindamycin phosphate inj 9 gm/60ml	1
clindamycin phosphate inj 300 mg/2ml	1
clindamycin phosphate inj 600 mg/4ml	1
clindamycin phosphate inj 900 mg/6ml	1
lincomycin hcl inj 300 mg/ml	1
MONOBACTAMS	
aztreonam for inj 1 gm	1
aztreonam for inj 2 gm	1
OXAZOLIDINONES	
LINEZOLID	3
linezolid for susp 100 mg/5ml	1
linezolid iv soln 600 mg/300ml (2 mg/ml)	1
linezolid tab 600 mg	1
POLYMYXINS	
colistimethate sod for inj 150 mg (colistin base activity)	1
polymyxin b sulfate for inj 500000 unit	1
URINARY ANTI-INFECTIVES	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
ranolazine tab er 12hr 500 mg	1
ranolazine tab er 12hr 1000 mg	1

Drug Name	Drug Tier Requirements/Limits
NITRATES	
ISOSORB MONO TAB 10MG	3
ISOSORB MONO TAB 20MG	3
<i>isosorbide dinitrate tab 5 mg</i>	1
<i>isosorbide dinitrate tab 10 mg</i>	1
<i>isosorbide dinitrate tab 20 mg</i>	1
<i>isosorbide dinitrate tab 30 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1
NITRO-DUR DIS 0.1MG/HR	3
NITRO-DUR DIS 0.2MG/HR	3
NITRO-DUR DIS 0.3MG/HR	3
NITRO-DUR DIS 0.4MG/HR	3
NITRO-DUR DIS 0.6MG/HR	3
NITRO-DUR DIS 0.8MG/HR	3
NITROGLYCERIN IN DEXTROSE	3
<i>nitroglycerin sl tab 0.3 mg</i>	1
<i>nitroglycerin sl tab 0.4 mg</i>	1
<i>nitroglycerin sl tab 0.6 mg</i>	1
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1
NITROLINGUAL SPR PUMPSPRA	3
NITROSTAT SUB 0.3MG	3
NITROSTAT SUB 0.4MG	3
NITROSTAT SUB 0.6MG	3

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	1
<i>buspirone hcl tab 7.5 mg</i>	1
<i>buspirone hcl tab 10 mg</i>	1
<i>buspirone hcl tab 15 mg</i>	1
<i>buspirone hcl tab 30 mg</i>	1
DROPERIDOL INJ 2.5MG/ML	3
HYDROXYZ HCL INJ 25MG/ML	3
HYDROXYZ PAM CAP 100MG	3
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1
<i>hydroxyzine hcl tab 10 mg</i>	1
<i>hydroxyzine hcl tab 25 mg</i>	1
<i>hydroxyzine hcl tab 50 mg</i>	1
HYDROXYZINE HYDROCHLORIDE	3
<i>hydroxyzine pamoate cap 25 mg</i>	1

Drug Name	Drug Tier Requirements/Limits
hydroxyzine pamoate cap 50 mg	1
meprobamate tab 200 mg	1
meprobamate tab 400 mg	1
BENZODIAZEPINES	
alprazolam orally disintegrating tab 0.5 mg	1
alprazolam orally disintegrating tab 0.25 mg	1
alprazolam orally disintegrating tab 1 mg	1
alprazolam orally disintegrating tab 2 mg	1
alprazolam tab 0.5 mg	1
alprazolam tab 0.25 mg	1
alprazolam tab 1 mg	1
alprazolam tab 2 mg	1
alprazolam tab er 24hr 0.5 mg	1
alprazolam tab er 24hr 1 mg	1
alprazolam tab er 24hr 2 mg	1
alprazolam tab er 24hr 3 mg	1
alprazolam xr	1
chlordiazepoxide hcl cap 5 mg	1
chlordiazepoxide hcl cap 10 mg	1
chlordiazepoxide hcl cap 25 mg	1
clorazepate dipotassium tab 3.75 mg	1
clorazepate dipotassium tab 7.5 mg	1
clorazepate dipotassium tab 15 mg	1
diazepam conc 5 mg/ml	1
diazepam inj 5 mg/ml	1
diazepam oral soln 1 mg/ml	1
diazepam tab 2 mg	1
diazepam tab 5 mg	1
diazepam tab 10 mg	1
lorazepam conc 2 mg/ml	1
lorazepam inj 2 mg/ml	1
lorazepam inj 4 mg/ml	1
lorazepam tab 0.5 mg	1
lorazepam tab 1 mg	1
lorazepam tab 2 mg	1
oxazepam cap 10 mg	1
oxazepam cap 15 mg	1
oxazepam cap 30 mg	1

ANTIARRHYTHMICS

ANTIARRHYTHMICS - MISC.

adenosine iv soln 6 mg/2ml	1
adenosine iv soln 12 mg/4ml	1

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	1
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Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>procainamide hcl inj 100 mg/ml</i>	1	
PROCAINAMIDE HYDROCHLORID	3	
<i>quinidine gluconate tab er 324 mg</i>	1	
ANTIARRHYTHMICS TYPE I-B		
LIDOCAINE HCL	3	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	1	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	
<i>ibutilide fumarate inj 1 mg/10ml</i>	1	
<i>pacerone</i>	1	
TIKOSYN CAP 125MCG	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	

Drug Name	Drug Tier Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
cromolyn sodium soln nebu 20 mg/2ml	1
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA INJ 30MG/ML	2
FASENRA PEN INJ 30MG/ML	2
NUCALA INJ 40MG/0.4	2
NUCALA INJ 100MG/ML	2
TEZSPIRE SOL 210MG	2
XOLAIR INJ 75/0.5	2
XOLAIR INJ 150MG/ML	2
XOLAIR SOL 150MG	2
BRONCHODILATORS - ANTICHOLINERGICS	
ipratropium bromide inhal soln 0.02%	1
SPIRIVA AER 1.25MCG	2
SPIRIVA CAP HANDIHLR	2
SPIRIVA SPR 2.5MCG	2
YUPELRI SOL	2
LEUKOTRIENE MODULATORS	
montelukast sodium chew tab 4 mg (base equiv)	1
montelukast sodium chew tab 5 mg (base equiv)	1
montelukast sodium oral granules packet 4 mg (base equiv)	1
montelukast sodium tab 10 mg (base equiv)	1
zafirlukast tab 10 mg	1
zafirlukast tab 20 mg	1
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
roflumilast tab 250 mcg	1
roflumilast tab 500 mcg	1
STEROID INHALANTS	
budesonide inhalation susp 0.5 mg/2ml	1
budesonide inhalation susp 0.25 mg/2ml	1
budesonide inhalation susp 1 mg/2ml	1
FLOVENT HFA AER 44MCG	2
FLOVENT HFA AER 110MCG	2
FLOVENT HFA AER 220MCG	2
PULMICORT INH 90MCG	2
PULMICORT INH 180MCG	2
PULMICORT SUS 0.5MG/2	3
PULMICORT SUS 0.25MG/2	3
PULMICORT SUS 1MG/2ML	3

Drug Name	Drug Tier Requirements/Limits
SYMPATHOMIMETICS	
ADVAIR DISKU AER 100/50	1
ADVAIR DISKU AER 250/50	1
ADVAIR DISKU AER 500/50	1
ADVAIR HFA AER 45/21	2
ADVAIR HFA AER 115/21	2
ADVAIR HFA AER 230/21	2
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1
<i>albuterol sulfate syrup 2 mg/5ml</i>	1
<i>albuterol sulfate tab 2 mg</i>	1
<i>albuterol sulfate tab 4 mg</i>	1
ANORO ELLIPT AER 62.5-25	2
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1
BREO ELLIPTA INH 100-25	2
BREO ELLIPTA INH 200-25	2
BREZTRI AERO AER SPHERE	2
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1
<i>isoproterenol hcl inj 0.2 mg/ml</i>	1
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1
LEVALBUTEROL TARTRATE HFA	3
SEREVENT DIS AER 50MCG	2
STIOLTO AER 2.5-2.5	2
STRIVERDI AER 2.5MCG	2
SYMBICORT AER 80-4.5	2
SYMBICORT AER 160-4.5	2
<i>terbutaline sulfate inj 1 mg/ml</i>	1
<i>terbutaline sulfate tab 2.5 mg</i>	1
<i>terbutaline sulfate tab 5 mg</i>	1
TRELEGY AER 100MCG	2

Drug Name	Drug Tier Requirements/Limits
TRELEGY AER 200MCG	2
XANTHINES	
aminophylline inj 25 mg/ml	1
elixophyllin	1
theophylline elixir 80 mg/15ml	1
theophylline er	1
theophylline soln 80 mg/15ml	1
theophylline tab er 24hr 400 mg	1
theophylline tab er 24hr 600 mg	1
ANTICOAGULANTS	
COUMARIN ANTICOAGULANTS	
jantoven	1
warfarin sodium tab 1 mg	1
warfarin sodium tab 2 mg	1
warfarin sodium tab 2.5 mg	1
warfarin sodium tab 3 mg	1
warfarin sodium tab 4 mg	1
warfarin sodium tab 5 mg	1
warfarin sodium tab 6 mg	1
warfarin sodium tab 7.5 mg	1
warfarin sodium tab 10 mg	1
DIRECT FACTOR XA INHIBITORS	
ELIQUIS ST P TAB 5MG	2
ELIQUIS TAB 2.5MG	2
ELIQUIS TAB 5MG	2
XARELTO STAR TAB 15/20MG	2
XARELTO SUS 1MG/ML	2
XARELTO TAB 2.5MG	2
XARELTO TAB 10MG	2
XARELTO TAB 15MG	2
XARELTO TAB 20MG	2
HEPARINS AND HEPARINOID-LIKE AGENTS	
ARIIXTRA INJ 2.5/0.5	3
ARIIXTRA INJ 5/0.4ML	3
ARIIXTRA INJ 7.5/0.6	3
ARIIXTRA INJ 10/0.8ML	3
enoxaparin sodium inj 300 mg/3ml	1
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1

Drug Name	Drug Tier Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1
FRAGMIN INJ 2500/0.2	3
FRAGMIN INJ 2500/ML	3
FRAGMIN INJ 5000/0.2	3
FRAGMIN INJ 7500/0.3	3
FRAGMIN INJ 10000/ML	3
FRAGMIN INJ 12500UNT	3
FRAGMIN INJ 15000UNT	3
FRAGMIN INJ 18000UNT	3
FRAGMIN INJ 95000UNT	3
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	1
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	1
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1

THROMBIN INHIBITORS

<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	1
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	1
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	2
FYCOMPA TAB 2MG	2

Drug Name	Drug Tier Requirements/Limits
FYCOMPA TAB 4MG	2
FYCOMPA TAB 6MG	2
FYCOMPA TAB 8MG	2
FYCOMPA TAB 10MG	2
FYCOMPA TAB 12MG	2
ANTICONVULSANTS - BENZODIAZEPINES	
clobazam suspension 2.5 mg/ml	1
clobazam tab 10 mg	1
clobazam tab 20 mg	1
clonazepam orally disintegrating tab 0.5 mg	1
clonazepam orally disintegrating tab 0.25 mg	1
clonazepam orally disintegrating tab 0.125 mg	1
clonazepam orally disintegrating tab 1 mg	1
clonazepam orally disintegrating tab 2 mg	1
clonazepam tab 0.5 mg	1
clonazepam tab 1 mg	1
clonazepam tab 2 mg	1
DIASTAT ACDL GEL 5-10MG	3
DIASTAT ACDL GEL 12.5-20	3
DIASTAT PED GEL 2.5M GEL	3
DIAZEPAM RECTAL GEL	3
NAYZILAM SPR 5MG	2
VALTOCO SPR 5MG	2
VALTOCO SPR 10MG	2
VALTOCO SPR 15MG	2
VALTOCO SPR 20MG	2
ANTICONVULSANTS - MISC.	
APTIOM TAB 200MG	2
APTIOM TAB 400MG	2
APTIOM TAB 600MG	2
APTIOM TAB 800MG	2
carbamazepine cap er 12hr 100 mg	1
carbamazepine cap er 12hr 200 mg	1
carbamazepine cap er 12hr 300 mg	1
carbamazepine chew tab 100 mg	1
carbamazepine susp 100 mg/5ml	1
carbamazepine tab 200 mg	1
carbamazepine tab er 12hr 100 mg	1
carbamazepine tab er 12hr 200 mg	1
carbamazepine tab er 12hr 400 mg	1
CARBATROL CAP 100MG	3
CARBATROL CAP 200MG	3
CARBATROL CAP 300MG	3

Drug Name	Drug Tier	Requirements/Limits
<i>epitol</i>	1	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	

Drug Name	Drug Tier Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1
<i>levetiracetam oral soln 100 mg/ml</i>	1
<i>levetiracetam tab 250 mg</i>	1
<i>levetiracetam tab 500 mg</i>	1
<i>levetiracetam tab 750 mg</i>	1
<i>levetiracetam tab 1000 mg</i>	1
<i>levetiracetam tab er 24hr 500 mg</i>	1
<i>levetiracetam tab er 24hr 750 mg</i>	1
<i>MYSOLINE TAB 50MG</i>	3
<i>MYSOLINE TAB 250MG</i>	3
<i>NEURONTIN CAP 100MG</i>	3
<i>NEURONTIN CAP 300MG</i>	3
<i>NEURONTIN CAP 400MG</i>	3
<i>NEURONTIN SOL 250/5ML</i>	3
<i>NEURONTIN TAB 600MG</i>	3
<i>NEURONTIN TAB 800MG</i>	3
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1
<i>oxcarbazepine tab 150 mg</i>	1
<i>oxcarbazepine tab 300 mg</i>	1
<i>oxcarbazepine tab 600 mg</i>	1
<i>OXTELLAR XR TAB 150MG</i>	2
<i>OXTELLAR XR TAB 300MG</i>	2
<i>OXTELLAR XR TAB 600MG</i>	2
<i>pregabalin cap 25 mg</i>	1
<i>pregabalin cap 50 mg</i>	1
<i>pregabalin cap 75 mg</i>	1
<i>pregabalin cap 100 mg</i>	1
<i>pregabalin cap 150 mg</i>	1
<i>pregabalin cap 200 mg</i>	1
<i>pregabalin cap 225 mg</i>	1
<i>pregabalin cap 300 mg</i>	1
<i>pregabalin soln 20 mg/ml</i>	1
<i>primidone tab 50 mg</i>	1
<i>primidone tab 250 mg</i>	1
<i>roweepra</i>	1
<i>rufinamide susp 40 mg/ml</i>	1
<i>rufinamide tab 200 mg</i>	1
<i>rufinamide tab 400 mg</i>	1
<i>subvenite</i>	1
<i>subvenite starter kit/blu</i>	1
<i>subvenite starter kit/gre</i>	1
<i>subvenite starter kit/ora</i>	1
<i>TOPAMAX SPR CAP 15MG</i>	3

Drug Name	Drug Tier Requirements/Limits
TOPAMAX SPR CAP 25MG	3
TOPAMAX TAB 25MG	3
TOPAMAX TAB 50MG	3
TOPAMAX TAB 100MG	3
TOPAMAX TAB 200MG	3
<i>topiramate cap er 24hr 25 mg</i>	1
<i>topiramate cap er 24hr 50 mg</i>	1
<i>topiramate cap er 24hr 100 mg</i>	1
<i>topiramate sprinkle cap 15 mg</i>	1
<i>topiramate sprinkle cap 25 mg</i>	1
<i>topiramate tab 25 mg</i>	1
<i>topiramate tab 50 mg</i>	1
<i>topiramate tab 100 mg</i>	1
<i>topiramate tab 200 mg</i>	1
TROKENDI XR CAP 25MG	2
TROKENDI XR CAP 50MG	2
TROKENDI XR CAP 100MG	2
TROKENDI XR CAP 200MG	2
VIMPAT INJ 200MG/20	3
VIMPAT SOL 10MG/ML	2
VIMPAT TAB 50MG	2
VIMPAT TAB 100MG	2
VIMPAT TAB 150MG	2
VIMPAT TAB 200MG	2
<i>zonisamide cap 25 mg</i>	1
<i>zonisamide cap 50 mg</i>	1
<i>zonisamide cap 100 mg</i>	1

CARBAMATES

<i>felbamate susp 600 mg/5ml</i>	1
<i>felbamate tab 400 mg</i>	1
<i>felbamate tab 600 mg</i>	1
XCOPRI PAK 12.5-25	2
XCOPRI PAK 50-100MG	2
XCOPRI PAK 100-150	2
XCOPRI PAK 150-200	2
XCOPRI TAB 50MG	2
XCOPRI TAB 100MG	2
XCOPRI TAB 150MG	2
XCOPRI TAB 200MG	2

GABA MODULATORS

<i>tiagabine hcl tab 2 mg</i>	1
<i>tiagabine hcl tab 4 mg</i>	1
<i>tiagabine hcl tab 12 mg</i>	1
<i>tiagabine hcl tab 16 mg</i>	1
<i>vigabatrin powd pack 500 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
vigabatrin tab 500 mg	1	
vigadron	1	
HYDANTOINS		
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	1	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	1	
phenytoin chew tab 50 mg	1	
PHENYTOIN INJ 50MG/ML	3	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium inj 100 mg/ml	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	

Drug Name	Drug Tier Requirements/Limits
REMERON TAB 30MG	3
ANTIDEPRESSANTS - MISC.	
bupropion hcl tab 75 mg	1
bupropion hcl tab 100 mg	1
bupropion hcl tab er 12hr 100 mg	1
bupropion hcl tab er 12hr 150 mg	1
bupropion hcl tab er 12hr 200 mg	1
bupropion hcl tab er 24hr 150 mg	1
bupropion hcl tab er 24hr 300 mg	1
WELLBUTRIN TAB 100MG SR	3
WELLBUTRIN TAB 150MG SR	3
WELLBUTRIN TAB 200MG SR	3
WELLBUTRIN TAB XL 150MG	3
WELLBUTRIN TAB XL 300MG	3
MONOAMINE OXIDASE INHIBITORS (MAOIS)	
NARDIL TAB 15MG	3
PARNATE TAB 10MG	3
PHENELZINE TAB 15MG	3
tranylcypromine sulfate tab 10 mg	1
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
CELEXA TAB 10MG	3
CELEXA TAB 20MG	3
CELEXA TAB 40MG	3
citalopram hydrobromide oral soln 10 mg/5ml	1
citalopram hydrobromide tab 10 mg (base equiv)	1
citalopram hydrobromide tab 20 mg (base equiv)	1
citalopram hydrobromide tab 40 mg (base equiv)	1
escitalopram oxalate soln 5 mg/5ml (base equiv)	1
escitalopram oxalate tab 5 mg (base equiv)	1
escitalopram oxalate tab 10 mg (base equiv)	1
escitalopram oxalate tab 20 mg (base equiv)	1
FLUOXETINE DR	3
fluoxetine hcl cap 10 mg	1
fluoxetine hcl cap 20 mg	1
fluoxetine hcl cap 40 mg	1
fluoxetine hcl solution 20 mg/5ml	1
fluoxetine hcl tab 10 mg	1
fluoxetine hcl tab 20 mg	1

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	

SEROTONIN MODULATORS

NEFAZODONE HYDROCHLORIDE	3
<i>trazodone hcl tab 50 mg</i>	1
<i>trazodone hcl tab 100 mg</i>	1
<i>trazodone hcl tab 150 mg</i>	1
<i>trazodone hcl tab 300 mg</i>	1
TRINTELLIX TAB 5MG	2
TRINTELLIX TAB 10MG	2
TRINTELLIX TAB 20MG	2
<i>vilazodone hcl tab 10 mg</i>	1
<i>vilazodone hcl tab 20 mg</i>	1
<i>vilazodone hcl tab 40 mg</i>	1

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
AMOXAPINE TAB 25MG	3	
AMOXAPINE TAB 50MG	3	
AMOXAPINE TAB 100MG	3	
AMOXAPINE TAB 150MG	3	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
NORTRIPTYLIN SOL 10MG/5ML	3	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	1
<i>acarbose tab 50 mg</i>	1
<i>acarbose tab 100 mg</i>	1
<i>miglitol tab 25 mg</i>	1
<i>miglitol tab 50 mg</i>	1
<i>miglitol tab 100 mg</i>	1

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2
SYMLNPEN 120 INJ 1000MCG	2

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3
DUETACT TAB 30-2MG	3
DUETACT TAB 30-4MG	3
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1
<i>glipizide-metformin hcl tab 5-500 mg</i>	1
<i>glyburide-metformin tab 1.25-250 mg</i>	1
<i>glyburide-metformin tab 2.5-500 mg</i>	1
<i>glyburide-metformin tab 5-500 mg</i>	1

Drug Name	Drug Tier Requirements/Limits
GLYXAMBI TAB 10-5 MG	2
GLYXAMBI TAB 25-5 MG	2
JANUMET TAB 50-500MG	2
JANUMET TAB 50-1000	2
JANUMET XR TAB 50-500MG	2
JANUMET XR TAB 50-1000	2
JANUMET XR TAB 100-1000	2
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1
SOLIQUA INJ 100/33	2
SYNJARDY TAB	2
SYNJARDY TAB 5-500MG	2
SYNJARDY TAB 5-1000MG	2
SYNJARDY TAB 12.5-500	2
SYNJARDY XR TAB	2
SYNJARDY XR TAB 5-1000MG	2
SYNJARDY XR TAB 10-1000	2
SYNJARDY XR TAB 25-1000	2
TRIJARDY XR TAB	2
XIGDUO XR TAB 2.5-1000	2
XIGDUO XR TAB 5-500MG	2
XIGDUO XR TAB 5-1000MG	2
XIGDUO XR TAB 10-500MG	2
XIGDUO XR TAB 10-1000	2
XULTOPHY INJ 100/3.6	2
BIGUANIDES	
<i>metformin hcl oral soln 500 mg/5ml</i>	1
<i>metformin hcl tab 500 mg</i>	1
<i>metformin hcl tab 850 mg</i>	1
<i>metformin hcl tab 1000 mg</i>	1
<i>metformin hcl tab er 24hr 500 mg</i>	1
<i>metformin hcl tab er 24hr 750 mg</i>	1
DIABETIC OTHER	
BAQSIMI ONE POW 3MG/DOSE	2
BAQSIMI TWO POW 3MG/DOSE	2
<i>diazoxide susp 50 mg/ml</i>	1
<i>glucagon (rdna) for inj kit 1 mg</i>	1
GVOKE HYPO 1 INJ 1MG/.2ML	2
GVOKE HYPO 1 INJ .5/.1ML	2
GVOKE HYPO 2 INJ 1MG/.2ML	2
GVOKE HYPO 2 INJ .5/.1ML	2
GVOKE KIT SOL 1MG/0.2M	2

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS INJ	2	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2MG/3ML	2	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML	2	
OZEMPIC INJ 4MG/3ML	2	
OZEMPIC INJ 8MG/3ML	2	
RYBELSUS TAB 3MG	2	
RYBELSUS TAB 7MG	2	
RYBELSUS TAB 14MG	2	
TRULICITY INJ 0.75/0.5	2	
TRULICITY INJ 1.5/0.5	2	
TRULICITY INJ 3/0.5	2	
TRULICITY INJ 4.5/0.5	2	
VICTOZA INJ 18MG/3ML	2	
INSULIN		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXPEN	2	
NOVOLIN INJ 70/30	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glipizide xl	1	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
DIPHENOXYLATE/ATROPINE	3	
LOMOTIL TAB 2.5MG	3	
loperamide hcl cap 2 mg	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet 90 mg	1	
deferasirox granules packet 180 mg	1	
deferasirox granules packet 360 mg	1	
deferasirox tab 90 mg	1	
deferasirox tab 180 mg	1	
deferasirox tab 360 mg	1	

Drug Name	Drug Tier	Requirements/Limits
deferasirox tab for oral susp 125 mg	1	
deferasirox tab for oral susp 250 mg	1	
deferasirox tab for oral susp 500 mg	1	
deferiprone tab 500 mg	1	
deferiprone tab 1000 mg	1	

ANTIDOTES AND SPECIFIC ANTAGONISTS

acetylcysteine inj 200 mg/ml	1
deferoxamine mesylate for inj 2 gm	1
deferoxamine mesylate for inj 500 mg	1
fomepizole inj 1 gm/ml (for iv infusion)	1
SOD THIOSULF INJ 25%	3
VISTOGARD PAK 10GM	2

BENZODIAZEPINE ANTAGONISTS

flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)	1
flumazenil iv soln 1 mg/10ml (0.1 mg/ml)	1

OPIOID ANTAGONISTS

naloxone hcl inj 0.4 mg/ml	1
naloxone hcl inj 4 mg/10ml	1
naloxone hcl nasal spray 4 mg/0.1ml	1
naloxone hcl soln prefilled syringe 2 mg/2ml	1
NALOXONE HYDROCHLORIDE	3
naltrexone hcl tab 50 mg	1

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

granisetron hcl inj 1 mg/ml	1
granisetron hcl inj 4 mg/4ml (1 mg/ml)	1
granisetron hcl tab 1 mg	1
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1
ondansetron hcl oral soln 4 mg/5ml	1
ondansetron hcl tab 4 mg	1
ondansetron hcl tab 8 mg	1
ONDANSETRON HYDROCHLORIDE	3
ondansetron orally disintegrating tab 4 mg	1
ondansetron orally disintegrating tab 8 mg	1
ONDANSETRON TAB 24MG	3
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1
PALONOSETRON HYDROCHLORID	3
SANCUSO DIS 3.1MG	2

ANTIEMETICS - ANTICHOLINERGIC

meclizine hcl tab 12.5 mg	1
meclizine hcl tab 25 mg	1
scopolamine td patch 72hr 1 mg/3days	1

Drug Name	Drug Tier Requirements/Limits
trimethobenzamide hcl cap 300 mg	1
ANTIEMETICS - MISCELLANEOUS	
doxylamine-pyridoxine tab delayed release 10-10 mg	1
dronabinol cap 2.5 mg	1
dronabinol cap 5 mg	1
dronabinol cap 10 mg	1
MARINOL CAP 2.5MG	3
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	
aprepitant capsule 40 mg	1
aprepitant capsule 80 mg	1
aprepitant capsule 125 mg	1
aprepitant capsule therapy pack 80 & 125 mg	1
FOSAPREPITAN SOL 150MG	3
fosaprepitant dimeglumine for iv infusion 150 mg (base eq)	1
ANTIFUNGALS	
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)	
caspofungin acetate for iv soln 50 mg	1
caspofungin acetate for iv soln 70 mg	1
micafungin sodium for iv soln 50 mg	1
micafungin sodium for iv soln 100 mg	1
ANTIFUNGALS	
amphotericin b liposome iv for susp 50 mg	1
AMPHOTERICIN INJ 50MG	3
flucytosine cap 250 mg	1
griseofulvin microsize susp 125 mg/5ml	1
griseofulvin microsize tab 500 mg	1
griseofulvin ultramicrosize tab 125 mg	1
griseofulvin ultramicrosize tab 250 mg	1
nystatin tab 500000 unit	1
terbinafine hcl tab 250 mg	1
IMIDAZOLE-RELATED ANTIFUNGALS	
DIFLUCAN SUS 10MG/ML	3
DIFLUCAN SUS 40MG/ML	3
DIFLUCAN TAB 100MG	3
DIFLUCAN TAB 150MG	3
DIFLUCAN TAB 200MG	3
fluconazole for susp 10 mg/ml	1
fluconazole for susp 40 mg/ml	1
fluconazole in nacl 0.9% inj 200 mg/100ml	1
fluconazole in nacl 0.9% inj 400 mg/200ml	1
fluconazole tab 50 mg	1

Drug Name	Drug Tier Requirements/Limits
fluconazole tab 100 mg	1
fluconazole tab 150 mg	1
fluconazole tab 200 mg	1
itraconazole cap 100 mg	1
itraconazole oral soln 10 mg/ml	1
ketoconazole tab 200 mg	1
VFEND SUS 40MG/ML	3
VFEND TAB 50MG	3
VFEND TAB 200MG	3
voriconazole for inj 200 mg	1
voriconazole for susp 40 mg/ml	1
voriconazole tab 50 mg	1
voriconazole tab 200 mg	1

ANTIHISTAMINES

ANTIHISTAMINES - ETHANOLAMINES

CARBINOXAMIN SOL 4MG/5ML	3
carbinoxamine maleate tab 4 mg	1
CLEMASTINE TAB 2.68MG	3
diphenhydramine hcl elixir 12.5 mg/5ml	1
diphenhydramine hcl inj 50 mg/ml	1

ANTIHISTAMINES - NON-SEDATING

cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1
DESLORATADINE ODT	3
desloratadine tab 5 mg	1
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1
levocetirizine dihydrochloride tab 5 mg	1

ANTIHISTAMINES - PHENOTHIAZINES

promethazine hcl inj 25 mg/ml	1
promethazine hcl inj 50 mg/ml	1
promethazine hcl suppos 12.5 mg	1
promethazine hcl suppos 25 mg	1
promethazine hcl syrup 6.25 mg/5ml	1
promethazine hcl tab 12.5 mg	1
promethazine hcl tab 25 mg	1
promethazine hcl tab 50 mg	1
promethegan	1
PROMETHEGAN	3

ANTIHISTAMINES - PIPERIDINES

cyproheptadine hcl syrup 2 mg/5ml	1
cyproheptadine hcl tab 4 mg	1

ANTIHYPOLIPIDEMICS

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	2
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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
LOVAZA CAP 1GM	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	1	
VASCEPA CAP 1GM	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
FENOFIBRATE CAP 150MG	3	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
FENOFIBRIC TAB 35MG	3	
FENOFIBRIC TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	
<i>rosuvastatin calcium tab 10 mg</i>	1	
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	
PRALUENT INJ 150MG/ML	2	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
enalaprilat iv inj 1.25 mg/ml	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
<i>ZESTRIL TAB 2.5MG</i>	3	
<i>ZESTRIL TAB 5MG</i>	3	
<i>ZESTRIL TAB 10MG</i>	3	
<i>ZESTRIL TAB 20MG</i>	3	
<i>ZESTRIL TAB 30MG</i>	3	
<i>ZESTRIL TAB 40MG</i>	3	

AGENTS FOR PHEOCHROMOCYTOMA

<i>metyrosine cap 250 mg</i>	1
<i>phenoxybenzamine hcl cap 10 mg</i>	1
<i>phentolamine mesylate for inj 5 mg</i>	1

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	1
<i>candesartan cilexetil tab 8 mg</i>	1
<i>candesartan cilexetil tab 16 mg</i>	1
<i>candesartan cilexetil tab 32 mg</i>	1
<i>irbesartan tab 75 mg</i>	1
<i>irbesartan tab 150 mg</i>	1
<i>irbesartan tab 300 mg</i>	1
<i>losartan potassium tab 25 mg</i>	1
<i>losartan potassium tab 50 mg</i>	1
<i>losartan potassium tab 100 mg</i>	1
<i>olmesartan medoxomil tab 5 mg</i>	1
<i>olmesartan medoxomil tab 20 mg</i>	1
<i>olmesartan medoxomil tab 40 mg</i>	1
<i>telmisartan tab 20 mg</i>	1
<i>telmisartan tab 40 mg</i>	1
<i>telmisartan tab 80 mg</i>	1
<i>valsartan tab 40 mg</i>	1
<i>valsartan tab 80 mg</i>	1
<i>valsartan tab 160 mg</i>	1
<i>valsartan tab 320 mg</i>	1

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>CARDURA TAB 1MG</i>	3
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Drug Name	Drug Tier	Requirements/Limits
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
CLONIDINE ER	3	PA
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	

Drug Name	Drug Tier Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1
amlodipine besylate-valsartan tab 5-160 mg	1
amlodipine besylate-valsartan tab 5-320 mg	1
amlodipine besylate-valsartan tab 10-160 mg	1
amlodipine besylate-valsartan tab 10-320 mg	1
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1
atenolol & chlorthalidone tab 50-25 mg	1
atenolol & chlorthalidone tab 100-25 mg	1
benazepril & hydrochlorothiazide tab 5-6.25 mg	1
benazepril & hydrochlorothiazide tab 10-12.5 mg	1
benazepril & hydrochlorothiazide tab 20-12.5 mg	1
benazepril & hydrochlorothiazide tab 20-25 mg	1
benazepril hcl/hydrochlorothiazide tab 2.5-6.25 mg	1
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1

Drug Name	Drug Tier Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>irbesartan-hydrochlorothiazide tab 150- 12.5 mg</i>	1
<i>irbesartan-hydrochlorothiazide tab 300- 12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1
LOTENSIN HCT TAB 10-12.5	3
LOTENSIN HCT TAB 20-12.5	3
LOTENSIN HCT TAB 20-25MG	3
LOTREL CAP 5-10MG	3
LOTREL CAP 5-20MG	3
LOTREL CAP 10-20MG	3
LOTREL CAP 10-40MG	3
<i>metoprolol & hydrochlorothiazide tab 50- 25 mg</i>	1
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	1
<i>metoprolol/hydrochlorothi</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1

Drug Name	Drug Tier Requirements/Limits
<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg</i>	1
QUINAPRIL/HYDROCHLOROTHIA	3
TEKTURNA HCT TAB 150-12.5	2
TEKTURNA HCT TAB 300-12.5	2
TEKTURNA HCT TAB 300-25MG	2
<i>telmisartanamlodipine tab 40-5 mg</i>	1
<i>telmisartanamlodipine tab 40-10 mg</i>	1
<i>telmisartanamlodipine tab 80-5 mg</i>	1
<i>telmisartanamlodipine tab 80-10 mg</i>	1
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	1
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	1
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	1
TRANDOLAPRIL/VERAPAMIL HC	3
TRIBENZOR20- TAB 5-12.5MG	3
TRIBENZOR40- TAB 5-12.5MG	3
TRIBENZOR40- TAB 5-25MG	3
TRIBENZOR40- TAB 10-12.5	3
TRIBENZOR40- TAB 10-25MG	3
<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i>	1
<i>valsartanhydrochlorothiazide tab 160-12.5 mg</i>	1
<i>valsartanhydrochlorothiazide tab 160-25 mg</i>	1
<i>valsartanhydrochlorothiazide tab 320-12.5 mg</i>	1
<i>valsartanhydrochlorothiazide tab 320-25 mg</i>	1
VASERETIC TAB 10-25MG	3
ZIAC TAB 2.5/6.25	3
ZIAC TAB 5-6.25MG	3
ZIAC TAB 10/6.25	3
DIRECT RENIN INHIBITORS	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
<i>eplerenone tab 25 mg</i>	1
<i>eplerenone tab 50 mg</i>	1
INSPRA TAB 25MG	3
INSPRA TAB 50MG	3

Drug Name	Drug Tier	Requirements/Limits
VASODILATORS		
hydralazine hcl inj 20 mg/ml	1	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
nitroprusside sodium iv soln 25 mg/ml	1	

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

atovaquone-proguanil hcl tab 62.5-25 mg	1
atovaquone-proguanil hcl tab 250-100 mg	1
MALARONE TAB 62.5-25	3
MALARONE TAB 250-100	3

ANTIMALARIALS

chloroquine phosphate tab 250 mg	1	Up to 10 day supply; Limit of one fill per 60 days
chloroquine phosphate tab 500 mg	1	Up to 10 day supply; Limit of one fill per 60 days
hydroxychloroquine sulfate tab 200 mg	1	Up to 10 day supply; Limit of one fill per 60 days
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	Up to 10 day supply; Limit of one fill per 60 days
primaquine phosphate tab 26.3 mg (15 mg base)	1	
pyrimethamine tab 25 mg	1	
quinine sulfate cap 324 mg	1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)	1
neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)	1
neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)	1
pyridostigmine bromide oral soln 60 mg/5ml	1
pyridostigmine bromide tab 60 mg	1
pyridostigmine bromide tab er 180 mg	1

Drug Name	Drug Tier Requirements/Limits
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
CYCLOSERINE CAP 250MG	3
<i>ethambutol hcl tab 100 mg</i>	1
<i>ethambutol hcl tab 400 mg</i>	1
ISONIAZID INJ 100MG/ML	3
ISONIAZID SYP 50MG/5ML	3
ISONIAZID TAB 100MG	3
<i>isoniazid tab 300 mg</i>	1
MYAMBUTOL TAB 400MG	3
<i>pyrazinamide tab 500 mg</i>	1
<i>rifabutin cap 150 mg</i>	1
<i>rifampin cap 150 mg</i>	1
<i>rifampin cap 300 mg</i>	1
<i>rifampin for inj 600 mg</i>	1
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
ALKERAN TAB 2MG	3
<i>bendamustine hcl for iv soln 25 mg</i>	1
<i>bendamustine hcl for iv soln 100 mg</i>	1
<i>busulfan inj 6 mg/ml</i>	1
<i>carboplatin iv soln 50 mg/5ml</i>	1
<i>carboplatin iv soln 150 mg/15ml</i>	1
<i>carboplatin iv soln 450 mg/45ml</i>	1
<i>carboplatin iv soln 600 mg/60ml</i>	1
<i>carmustine for inj 100 mg</i>	1
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1
CISPLATIN INJ 200MG	3
CYCLOPHOSPH CAP 25MG	3
CYCLOPHOSPH CAP 50MG	3
<i>cyclophosphamide cap 25 mg</i>	1
<i>cyclophosphamide cap 50 mg</i>	1
<i>cyclophosphamide for inj 1 gm</i>	1
<i>cyclophosphamide for inj 2 gm</i>	1
<i>cyclophosphamide for inj 500 mg</i>	1
<i>ifosfamide for inj 1 gm</i>	1
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1
LEUKERAN TAB 2MG	3
<i>melphalan hcl for inj 50 mg (base equiv)</i>	1
<i>melphalan tab 2 mg</i>	1
MYLERAN TAB 2MG	3
<i>oxaliplatin for iv inj 50 mg</i>	1
<i>oxaliplatin for iv inj 100 mg</i>	1

Drug Name	Drug Tier Requirements/Limits
OXALIPLATIN INJ 200MG	3
<i>oxaliplatin iv soln 50 mg/10ml</i>	1
<i>oxaliplatin iv soln 100 mg/20ml</i>	1
<i>paraplatin</i>	1
PARAPLATIN	3
<i>temozolomide cap 5 mg</i>	1
<i>temozolomide cap 20 mg</i>	1
<i>temozolomide cap 100 mg</i>	1
<i>temozolomide cap 140 mg</i>	1
<i>temozolomide cap 180 mg</i>	1
<i>temozolomide cap 250 mg</i>	1
<i>thiotepa for inj 15 mg</i>	1
<i>thiotepa for inj 100 mg</i>	1
ANTIMETABOLITES	
<i>azacitidine for inj 100 mg</i>	1
<i>capecitabine tab 150 mg</i>	1
<i>capecitabine tab 500 mg</i>	1
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1
<i>clofarabine iv soln 1 mg/ml</i>	1
CYTARABINE AQUEOUS	3
<i>cytarabine inj pf 100 mg/ml</i>	1
<i>decitabine for inj 50 mg</i>	1
<i>fludarabine phosphate for inj 50 mg</i>	1
<i>fludarabine phosphate inj 25 mg/ml</i>	1
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1
<i>gemcitabine hcl for inj 1 gm</i>	1
<i>gemcitabine hcl for inj 2 gm</i>	1
<i>gemcitabine hcl for inj 200 mg</i>	1
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	1
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1
<i>mercaptopurine tab 50 mg</i>	1
METHOTREXATE INJ 25MG/ML	3
<i>methotrexate sodium for inj 1 gm</i>	1
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1

Drug Name	Drug Tier Requirements/Limits
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1
<i>nelarabine iv soln 5 mg/ml</i>	1
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	1
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	1
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	1
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	1
PRALATREXATE INJ 20MG/ML	3
PRALATREXATE INJ 40MG/2ML	3
TABLOID TAB 40MG	3
TREXALL TAB 5MG	3
TREXALL TAB 7.5MG	3
TREXALL TAB 10MG	3
TREXALL TAB 15MG	3
XELODA TAB 150MG	3
XELODA TAB 500MG	3
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS	
INLYTA TAB 1MG	2
INLYTA TAB 5MG	2
LENVIMA CAP 4MG	2
LENVIMA CAP 8 MG	2
LENVIMA CAP 10 MG	2
LENVIMA CAP 12MG	2
LENVIMA CAP 14 MG	2
LENVIMA CAP 18 MG	2
LENVIMA CAP 20 MG	2
LENVIMA CAP 24 MG	2
ZIRABEV INJ 100/4ML	2
ZIRABEV INJ 400/16ML	2
ANTINEOPLASTIC - ANTI-HER2 AGENTS	
KANJINTI INJ 420MG	2
KANJINTI SOL 150MG	2
TRAZIMERA INJ 150MG	2
TRAZIMERA INJ 420MG	2
ANTINEOPLASTIC - ANTIBODIES	
PERJETA INJ 420/14ML	2
RUXIENCE INJ 100/10ML	2
RUXIENCE INJ 500/50ML	2

Drug Name	Drug Tier Requirements/Limits
ANTINEOPLASTIC - EGFR INHIBITORS	
TAGRISSO TAB 40MG	2
TAGRISSO TAB 80MG	2
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	
ERIVEDGE CAP 150MG	2
ODOMZO CAP 200MG	2
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>abiraterone acetate tab 250 mg</i>	1
<i>abiraterone acetate tab 500 mg</i>	1
<i>anastrozole tab 1 mg</i>	1
ARIMIDEX TAB 1MG	3
AROMASIN TAB 25MG	3
<i>bicalutamide tab 50 mg</i>	1
CASODEX TAB 50MG	3
ELIGARD INJ 7.5MG	2
ELIGARD INJ 22.5MG	2
ELIGARD INJ 30MG	2
ELIGARD INJ 45MG	2
EMCYT CAP 140MG	3
ERLEADA TAB 60MG	2
<i>exemestane tab 25 mg</i>	1
FEMARA TAB 2.5MG	3
FIRMAGON INJ 80MG	2
FIRMAGON INJ 120MG	2
FULVESTRANT INJ 250/5ML	3
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	1
HYDROXYPROGESTERONE CAPRO	3
<i>letrozole tab 2.5 mg</i>	1
<i>leuprolide acetate inj kit 5 mg/ml</i>	1
<i>leuprolide acetate inj kit 5 mg/ml</i>	1
LYSODREN TAB 500MG	3
<i>megestrol acetate susp 40 mg/ml</i>	1
<i>megestrol acetate tab 20 mg</i>	1
<i>megestrol acetate tab 40 mg</i>	1
<i>nilutamide tab 150 mg</i>	1
NUBEQA TAB 300MG	2
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1
XTANDI CAP 40MG	2
XTANDI TAB 40MG	2
XTANDI TAB 80MG	2
YONSA TAB 125MG	2

Drug Name	Drug Tier Requirements/Limits
ANTINEOPLASTIC - IMMUNOMODULATORS	
POMALYST CAP 1MG	2
POMALYST CAP 2MG	2
POMALYST CAP 3MG	2
POMALYST CAP 4MG	2
ANTINEOPLASTIC ANTIBIOTICS	
<i>adriamycin</i>	1
<i>bleomycin sulfate for inj 15 unit</i>	1
<i>bleomycin sulfate for inj 30 unit</i>	1
<i>dactinomycin for inj 0.5 mg</i>	1
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1
<i>doxorubicin hcl for inj 50 mg</i>	1
<i>doxorubicin hcl inj 2 mg/ml</i>	1
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1
DOXORUBICIN HYDROCHLORIDE	3
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1
<i>mitomycin for iv soln 5 mg</i>	1
<i>mitomycin for iv soln 20 mg</i>	1
<i>mitomycin for iv soln 40 mg</i>	1
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1
<i>mutamycin</i>	1
<i>valrubicin soln for intravesical instillation 40 mg/ml</i>	1
ANTINEOPLASTIC COMBINATIONS	
KISQALI 200 PAK FEMARA	2
KISQALI 400 PAK FEMARA	2
KISQALI 600 PAK FEMARA	2
LONSURF TAB 15-6.14	2
LONSURF TAB 20-8.19	2
PHESGO SOL	2
ANTINEOPLASTIC ENZYME INHIBITORS	
ALECensa CAP 150MG	2
ALUNBRIG PAK	2
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG	2
ALUNBRIG TAB 180MG	2
<i>bortezomib for inj 3.5 mg</i>	1

Drug Name	Drug Tier Requirements/Limits
BOSULIF TAB 100MG	2
BOSULIF TAB 400MG	2
BOSULIF TAB 500MG	2
BRAFTOVI CAP 75MG	2
BRUKINSA CAP 80MG	2
CABOMETYX TAB 20MG	2
CABOMETYX TAB 40MG	2
CABOMETYX TAB 60MG	2
CALQUENCE TAB 100MG	2
COPIKTRA CAP 25MG	2
COTELLIC TAB 20MG	2
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1
<i>everolimus tab 2.5 mg</i>	1
<i>everolimus tab 5 mg</i>	1
<i>everolimus tab 7.5 mg</i>	1
<i>everolimus tab 10 mg</i>	1
<i>everolimus tab for oral susp 2 mg</i>	1
<i>everolimus tab for oral susp 3 mg</i>	1
<i>everolimus tab for oral susp 5 mg</i>	1
GAVRETO CAP 100MG	2
IBRANCE CAP 75MG	2
IBRANCE CAP 100MG	2
IBRANCE CAP 125MG	2
IBRANCE TAB 75MG	2
IBRANCE TAB 100MG	2
IBRANCE TAB 125MG	2
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1
IMBRUVICA CAP 70MG	2
IMBRUVICA CAP 140MG	2
IMBRUVICA SUS 70MG/ML	2
IMBRUVICA TAB 140MG	2
IMBRUVICA TAB 280MG	2
IMBRUVICA TAB 420MG	2
IMBRUVICA TAB 560MG	2
IRESSA TAB 250MG	2
KISQALI TAB 200DOSE	2
KISQALI TAB 400DOSE	2
KISQALI TAB 600DOSE	2
KOSELUGO CAP 10MG	2
KOSELUGO CAP 25MG	2

Drug Name	Drug Tier Requirements/Limits
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1
LYNPARZA TAB 100MG	2
LYNPARZA TAB 150MG	2
MEKTOVI TAB 15MG	2
NEXAVAR TAB 200MG	2
NINLARO CAP 2.3MG	2
NINLARO CAP 3MG	2
NINLARO CAP 4MG	2
RETEVMO CAP 40MG	2
RETEVMO CAP 80MG	2
<i>romidepsin for iv inj 10 mg</i>	1
ROZLYTREK CAP 100MG	2
ROZLYTREK CAP 200MG	2
RYDAPT CAP 25MG	2
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1
SPRYCEL TAB 20MG	2
SPRYCEL TAB 50MG	2
SPRYCEL TAB 70MG	2
SPRYCEL TAB 80MG	2
SPRYCEL TAB 100MG	2
SPRYCEL TAB 140MG	2
STIVARGA TAB 40MG	2
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	1
VITRAKVI CAP 25MG	2
VITRAKVI CAP 100MG	2
VITRAKVI SOL 20MG/ML	2
XOSPATA TAB 40MG	2
ZEJULA CAP 100MG	2
ZELBORA TAB 240MG	2
ZOLINZA CAP 100MG	3
ZYDELIG TAB 100MG	2
ZYDELIG TAB 150MG	2
ZYKADIA TAB 150MG	2
ANTINEOPLASTICS MISC.	
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	1

Drug Name	Drug Tier Requirements/Limits
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	1
<i>bexarotene cap 75 mg</i>	1
<i>dacarbazine for inj 200 mg</i>	1
<i>DACARBAZINE INJ 100MG</i>	3
<i>HYDREA CAP 500MG</i>	3
<i>hydroxyurea cap 500 mg</i>	1
<i>MATULANE CAP 50MG</i>	3
<i>tretinoin cap 10 mg</i>	1
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1
<i>leucovorin calcium for inj 50 mg</i>	1
<i>leucovorin calcium for inj 100 mg</i>	1
<i>leucovorin calcium for inj 200 mg</i>	1
<i>leucovorin calcium for inj 350 mg</i>	1
<i>leucovorin calcium for inj 500 mg</i>	1
<i>leucovorin calcium tab 5 mg</i>	1
<i>leucovorin calcium tab 10 mg</i>	1
<i>leucovorin calcium tab 15 mg</i>	1
<i>leucovorin calcium tab 25 mg</i>	1
<i>LEUCOVORIN INJ 100/10ML</i>	3
<i>LEUCOVORIN INJ 500/50ML</i>	3
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	1
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	1
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	1
<i>mesna inj 100 mg/ml</i>	1
MITOTIC INHIBITORS	
<i>docetaxel for inj conc 20 mg/ml</i>	1
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	1
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1
<i>ETOPOSIDE CAP 50MG</i>	3
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	1
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	1
<i>PACLITAXEL INJ 150/25ML</i>	3

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	
PACLITAXEL PROTEIN-BOUND	3	
<i>toposar</i>	1	
VINBLASTINE INJ 1MG/ML	3	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	

TOPOISOMERASE I INHIBITORS

HYCAMTIN CAP 0.25MG	3
HYCAMTIN CAP 1MG	3
IRINOTECAN	3
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	1
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	1

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUVANTS

<i>carbidopa tab 25 mg</i>	1
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ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate inj 1 mg/ml</i>	1
<i>benztropine mesylate tab 0.5 mg</i>	1
<i>benztropine mesylate tab 1 mg</i>	1
<i>benztropine mesylate tab 2 mg</i>	1
TRIHEXYYPHEN SOL 0.4MG/ML	3
<i>trihexyphenidyl hcl tab 2 mg</i>	1
<i>trihexyphenidyl hcl tab 5 mg</i>	1

ANTIPARKINSON COMT INHIBITORS

COMTAN TAB 200MG	3
<i>entacapone tab 200 mg</i>	1
<i>tolcapone tab 100 mg</i>	1

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	1
<i>amantadine hcl soln 50 mg/5ml</i>	1
<i>amantadine hcl tab 100 mg</i>	1
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
CARBIDOPA/LEVODOPA ODT	3	PA
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	2	
KYNMOBI MIS 10MG	2	
KYNMOBI MIS 15MG	2	
KYNMOBI MIS 20MG	2	
KYNMOBI MIS 25MG	2	
KYNMOBI MIS 30MG	2	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	

Drug Name	Drug Tier Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1
<i>ropinirole hydrochloride tab 0.5 mg</i>	1
<i>ropinirole hydrochloride tab 0.25 mg</i>	1
<i>ropinirole hydrochloride tab 1 mg</i>	1
<i>ropinirole hydrochloride tab 2 mg</i>	1
<i>ropinirole hydrochloride tab 3 mg</i>	1
<i>ropinirole hydrochloride tab 4 mg</i>	1
<i>ropinirole hydrochloride tab 5 mg</i>	1
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1
RYTARY CAP 95MG	2
RYTARY CAP 145MG	2
RYTARY CAP 195MG	2
RYTARY CAP 245MG	2
SINEMET TAB 10-100MG	3
SINEMET TAB 25-100MG	3

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1
<i>selegiline hcl cap 5 mg</i>	1
<i>selegiline hcl tab 5 mg</i>	1

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

LITHIUM CARB CAP 150MG	3
LITHIUM CARB CAP 300MG	3
LITHIUM CARB CAP 600MG	3
<i>lithium carbonate cap 150 mg</i>	1
<i>lithium carbonate cap 300 mg</i>	1
<i>lithium carbonate cap 600 mg</i>	1
<i>lithium carbonate tab 300 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	2	
CAPLYTA CAP 21MG	2	
CAPLYTA CAP 42MG	2	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
RISPERIDONE ODT	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>CLOZAPINE ODT</i>	3	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>CLOZARIL TAB 25MG</i>	3	
<i>CLOZARIL TAB 50MG</i>	3	
<i>CLOZARIL TAB 100MG</i>	3	
<i>CLOZARIL TAB 200MG</i>	3	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
QUETIAPINE TAB 150MG	3	PA
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
MOLINDONE HYDROCHLORIDE	3	
PHENOTHIAZINES		
<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>chlorpromazine hydrochlor</i>	1	
<i>compro</i>	1	

Drug Name	Drug Tier Requirements/Limits
FLUPHENAZINE CON 5MG/ML	3
<i>fluphenazine decanoate inj 25 mg/ml</i>	1
<i>fluphenazine hcl tab 1 mg</i>	1
<i>fluphenazine hcl tab 2.5 mg</i>	1
<i>fluphenazine hcl tab 5 mg</i>	1
<i>fluphenazine hcl tab 10 mg</i>	1
FLUPHENAZINE HYDROCHLORID	3
FLUPHENAZINE INJ 2.5MG/ML	3
<i>perphenazine tab 2 mg</i>	1
<i>perphenazine tab 4 mg</i>	1
<i>perphenazine tab 8 mg</i>	1
<i>perphenazine tab 16 mg</i>	1
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1
<i>prochlorperazine suppos 25 mg</i>	1
<i>thioridazine hcl tab 10 mg</i>	1
<i>thioridazine hcl tab 25 mg</i>	1
<i>thioridazine hcl tab 50 mg</i>	1
<i>thioridazine hcl tab 100 mg</i>	1
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	2
ABILIFY MAIN INJ 400MG	2
<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	1
<i>ariPIPRAZOLE orally disintegrating tab 10 mg</i>	1
<i>ariPIPRAZOLE orally disintegrating tab 15 mg</i>	1
<i>ariPIPRAZOLE tab 2 mg</i>	1
<i>ariPIPRAZOLE tab 5 mg</i>	1
<i>ariPIPRAZOLE tab 10 mg</i>	1
<i>ariPIPRAZOLE tab 15 mg</i>	1
<i>ariPIPRAZOLE tab 20 mg</i>	1
<i>ariPIPRAZOLE tab 30 mg</i>	1

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	1
<i>thiothixene cap 2 mg</i>	1
<i>thiothixene cap 5 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYDROGEN PER SOL 30%	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	
abacavir sulfate tab 300 mg (base equiv)	1	
abacavir sulfate-lamivudine tab 600-300 mg	1	
atazanavir sulfate cap 150 mg (base equiv)	1	
atazanavir sulfate cap 200 mg (base equiv)	1	
atazanavir sulfate cap 300 mg (base equiv)	1	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
DESCOVY TAB 120-15MG	2	
DESCOVY TAB 200/25MG	2	
DOVATO TAB 50-300MG	2	
EDURANT TAB 25MG	3	
efavirenz cap 50 mg	1	
efavirenz cap 200 mg	1	
efavirenz tab 600 mg	1	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	
emtricitabine caps 200 mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
EPZICOM TAB 600-300	3	
etravirine tab 100 mg	1	
etravirine tab 200 mg	1	
EVOTAZ TAB 300-150	2	
fosamprenavir calcium tab 700 mg (base equiv)	1	

Drug Name	Drug Tier Requirements/Limits
FUZEON INJ 90MG	3
GENVOYA TAB	2
INTELENCE TAB 25MG	3
INTELENCE TAB 100MG	3
INTELENCE TAB 200MG	3
ISENTRESS CHW 25MG	2
ISENTRESS CHW 100MG	2
ISENTRESS HD TAB 600MG	2
ISENTRESS POW 100MG	2
ISENTRESS TAB 400MG	2
<i>lamivudine oral soln 10 mg/ml</i>	1
<i>lamivudine tab 150 mg</i>	1
<i>lamivudine tab 300 mg</i>	1
<i>lamivudine-zidovudine tab 150-300 mg</i>	1
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1
<i>lopinavir-ritonavir tab 100-25 mg</i>	1
<i>lopinavir-ritonavir tab 200-50 mg</i>	1
<i>maraviroc tab 150 mg</i>	1
<i>maraviroc tab 300 mg</i>	1
NEVIRAPINE ER	3
NEVIRAPINE SUS 50MG/5ML	3
<i>nevirapine tab 200 mg</i>	1
<i>nevirapine tab er 24hr 400 mg</i>	1
NORVIR POW 100MG	2
NORVIR TAB 100MG	2
ODEFSEY TAB	2
PREZCOBIX TAB 800-150	2
PREZISTA SUS 100MG/ML	2
PREZISTA TAB 75MG	2
PREZISTA TAB 150MG	2
PREZISTA TAB 600MG	2
PREZISTA TAB 800MG	2
RETROVIR CAP 100MG	3
RETROVIR SYP 50MG/5ML	3
<i>ritonavir tab 100 mg</i>	1
STAVUDINE CAP 15MG	3
STAVUDINE CAP 20MG	3
STAVUDINE CAP 30MG	3
STAVUDINE CAP 40MG	3
STRIBILD TAB	2
SYMTUZA TAB	2
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1
TIVICAY PD TAB 5MG	2
TIVICAY TAB 10MG	2
TIVICAY TAB 25MG	2

Drug Name	Drug Tier Requirements/Limits
TIVICAY TAB 50MG	2
TRIUMEQ PD TAB	2
TRIUMEQ TAB	2
VIREAD POW 40MG/GM	3
VIREAD TAB 150MG	3
VIREAD TAB 200MG	3
VIREAD TAB 250MG	3
VIREAD TAB 300MG	3
<i>zidovudine cap 100 mg</i>	1
<i>zidovudine syrup 10 mg/ml</i>	1
<i>zidovudine tab 300 mg</i>	1
CMV AGENTS	
<i>cidofovir iv inj 75 mg/ml</i>	1
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	1
<i>ganciclovir sodium for inj 500 mg</i>	1
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1
HEPATITIS AGENTS	
<i>adefovir dipivoxil tab 10 mg</i>	1
BARACLUDE SOL	3
<i>entecavir tab 0.5 mg</i>	1
<i>entecavir tab 1 mg</i>	1
EPCLUSA PAK 150-37.5	2
EPCLUSA PAK 200-50MG	2
EPCLUSA TAB 200-50MG	2
EPCLUSA TAB 400-100	2
HARVONI PAK	2
HARVONI PAK 45-200MG	2
HARVONI TAB 45-200MG	2
HARVONI TAB 90-400MG	2
<i>lamivudine tab 100 mg (hbv)</i>	1
PEGASYS INJ	3
PEGASYS INJ 180MCG/M	3
<i>ribavirin cap 200 mg</i>	1
<i>ribavirin tab 200 mg</i>	1
VEMLIDY TAB 25MG	2
VOSEVI TAB	2
HERPES AGENTS	
<i>acyclovir cap 200 mg</i>	1
<i>acyclovir sodium iv soln 50 mg/ml</i>	1
<i>acyclovir susp 200 mg/5ml</i>	1
<i>acyclovir tab 400 mg</i>	1
<i>acyclovir tab 800 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	

INFLUENZA AGENTS

oseltamivir phosphate cap 30 mg (base equiv)	1
oseltamivir phosphate cap 45 mg (base equiv)	1
oseltamivir phosphate cap 75 mg (base equiv)	1
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1
RELENZA MIS DISKHALE	2
RIMANTADINE TAB 100MG	3

BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol phosphate cap er 24hr 10 mg	1
carvedilol phosphate cap er 24hr 20 mg	1
carvedilol phosphate cap er 24hr 40 mg	1
carvedilol phosphate cap er 24hr 80 mg	1
carvedilol tab 3.125 mg	1
carvedilol tab 6.25 mg	1
carvedilol tab 12.5 mg	1
carvedilol tab 25 mg	1
COREG TAB 3.125MG	3
COREG TAB 6.25MG	3
COREG TAB 12.5MG	3
COREG TAB 25MG	3
labetalol hcl iv soln 5 mg/ml	1
labetalol hcl tab 100 mg	1
labetalol hcl tab 200 mg	1
labetalol hcl tab 300 mg	1

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol hcl cap 200 mg	1
acebutolol hcl cap 400 mg	1
atenolol tab 25 mg	1
atenolol tab 50 mg	1
atenolol tab 100 mg	1
betaxolol hcl tab 10 mg	1
betaxolol hcl tab 20 mg	1
bisoprolol fumarate tab 5 mg	1
bisoprolol fumarate tab 10 mg	1
esmolol hcl inj 100 mg/10ml	1

Drug Name	Drug Tier Requirements/Limits
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	1
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	1
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1
<i>metoprolol tartrate tab 25 mg</i>	1
<i>metoprolol tartrate tab 37.5 mg</i>	1
<i>metoprolol tartrate tab 50 mg</i>	1
<i>metoprolol tartrate tab 75 mg</i>	1
<i>metoprolol tartrate tab 100 mg</i>	1
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1
BETA BLOCKERS NON-SELECTIVE	
<i>CORGARD TAB 20MG</i>	3
<i>CORGARD TAB 40MG</i>	3
<i>nadolol tab 20 mg</i>	1
<i>nadolol tab 40 mg</i>	1
<i>nadolol tab 80 mg</i>	1
<i>pindolol tab 5 mg</i>	1
<i>pindolol tab 10 mg</i>	1
<i>propranolol hcl cap er 24hr 60 mg</i>	1
<i>propranolol hcl cap er 24hr 80 mg</i>	1
<i>propranolol hcl cap er 24hr 120 mg</i>	1
<i>propranolol hcl cap er 24hr 160 mg</i>	1
<i>propranolol hcl inj 1 mg/ml</i>	1
<i>propranolol hcl oral soln 20 mg/5ml</i>	1
<i>propranolol hcl tab 10 mg</i>	1
<i>propranolol hcl tab 20 mg</i>	1
<i>propranolol hcl tab 40 mg</i>	1
<i>propranolol hcl tab 60 mg</i>	1
<i>propranolol hcl tab 80 mg</i>	1
<i>PROPRANOLOL SOL 40MG/5ML</i>	3
<i>sorine</i>	1
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
cartia xt	1	
dilt-xr	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
LEVAMLODIPINE	3	PA
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nicardipine hcl iv soln 2.5 mg/ml	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
NISOLDIPINE ER	3	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 34 mg	1	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
taztia xt	1	
tiadylt er	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	

Drug Name	Drug Tier Requirements/Limits
TIAZAC CAP 420MG/24	3
verapamil hcl cap er 24hr 120 mg	1
verapamil hcl cap er 24hr 180 mg	1
verapamil hcl cap er 24hr 240 mg	1
VERAPAMIL HCL ER	3
verapamil hcl iv soln 2.5 mg/ml	1
VERAPAMIL HCL SR	3
verapamil hcl tab 40 mg	1
verapamil hcl tab 80 mg	1
verapamil hcl tab 120 mg	1
verapamil hcl tab er 120 mg	1
verapamil hcl tab er 180 mg	1
verapamil hcl tab er 240 mg	1
VERAPAMIL HYDROCHLORIDE E	3

CARDIOTONICS

CARDIAC GLYCOSIDES

digitek	1
digoxin inj 0.25 mg/ml	1
digoxin oral soln 0.05 mg/ml	1
DIGOXIN SOL 50MCG/ML	3
digoxin tab 62.5 mcg (0.0625 mg)	1
digoxin tab 125 mcg (0.125 mg)	1
digoxin tab 250 mcg (0.25 mg)	1

PHOSPHODIESTERASE INHIBITORS

milrinone lactate in dextrose 5% iv soln 20 mg/100ml	1
milrinone lactate in dextrose 5% iv soln 40 mg/200ml	1
milrinone lactate iv soln 10 mg/10ml (base equivalent)	1
milrinone lactate iv soln 20 mg/20ml (base equivalent)	1
milrinone lactate iv soln 50 mg/50ml (base equivalent)	1

CARDIOVASCULAR AGENTS - MISC.

CARDIOPLEGIC SOLUTIONS

cardioplegic soln	1
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1

Drug Name	Drug Tier Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1
BIDIL TAB	2
CADUET TAB 5-10MG	3
CADUET TAB 5-20MG	3
CADUET TAB 5-40MG	3
CADUET TAB 5-80MG	3
CADUET TAB 10-10MG	3
CADUET TAB 10-20MG	3
CADUET TAB 10-40MG	3
CADUET TAB 10-80MG	3
ENTRESTO TAB 24-26MG	2
ENTRESTO TAB 49-51MG	2
ENTRESTO TAB 97-103MG	2
isosorbide dinitrate-hydralazine hcl tab 20- 37.5 mg	1

PROSTAGLANDIN VASODILATORS

epoprostenol sodium for inj 0.5 mg	1
epoprostenol sodium for inj 1.5 mg	1
FLOLAN INJ 0.5MG	3
FLOLAN INJ 1.5MG	3
ORENITRAM TAB 0.25MG	2
ORENITRAM TAB 0.125MG	2
ORENITRAM TAB 1MG	2
ORENITRAM TAB 2.5MG	2
ORENITRAM TAB 5MG	2
treprostinil inj soln 20 mg/20ml (1 mg/ml)	1
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	1
treprostinil inj soln 100 mg/20ml (5 mg/ml)	1
treprostinil inj soln 200 mg/20ml (10 mg/ml)	1

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	
<i>ambrisentan tab 10 mg</i>	1	
<i>bosentan tab 62.5 mg</i>	1	
<i>bosentan tab 125 mg</i>	1	
OPSUMIT TAB 10MG	2	
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	1	
REVATIO SUS 10MG/ML	3	
REVATIO TAB 20MG	3	
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	1	
<i>sildenafil citrate tab 20 mg</i>	1	
<i>tadalafil tab 20 mg (pah)</i>	1	
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ 1800MCG	2	
UPTRAVI PACK TAB 200/800	2	
UPTRAVI TAB 200MCG	2	
UPTRAVI TAB 400MCG	2	
UPTRAVI TAB 600MCG	2	
UPTRAVI TAB 800MCG	2	
UPTRAVI TAB 1000MCG	2	
UPTRAVI TAB 1200MCG	2	
UPTRAVI TAB 1400MCG	2	
UPTRAVI TAB 1600MCG	2	
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	2	
ADEMPAS TAB 1.5MG	2	
ADEMPAS TAB 1MG	2	
ADEMPAS TAB 2.5MG	2	
ADEMPAS TAB 2MG	2	
SINUS NODE INHIBITORS		
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	
VERQUVO TAB 5MG	2	
VERQUVO TAB 10MG	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	

Drug Name	Drug Tier Requirements/Limits
cefadroxil for susp 500 mg/5ml	1
CEFADROXIL TAB 1GM	3
CEFAZOLIN	3
CEFAZOLIN INJ 1GM	3
cefazolin sodium for inj 1 gm	1
cefazolin sodium for inj 10 gm	1
cefazolin sodium for inj 500 mg	1
cephalexin cap 250 mg	1
cephalexin cap 500 mg	1
CEPHALEXIN CAP 750MG	3
cephalexin for susp 125 mg/5ml	1
cephalexin for susp 250 mg/5ml	1
CEPHALEXIN TAB 250MG	3
CEPHALEXIN TAB 500MG	3
CEPHALOSPORINS - 2ND GENERATION	
CEFACLOR CAP 250MG	3
CEFACLOR CAP 500MG	3
CEFACLOR SUS 125/5ML	3
CEFACLOR SUS 250/5ML	3 PA
CEFACLOR SUS 375/5ML	3
CEFOTETAN	3
cefoxitin sodium for iv soln 1 gm	1
cefoxitin sodium for iv soln 2 gm	1
cefoxitin sodium for iv soln 10 gm	1
cefprozil for susp 125 mg/5ml	1
cefprozil for susp 250 mg/5ml	1
cefprozil tab 250 mg	1
cefprozil tab 500 mg	1
cefuroxime axetil tab 250 mg	1
cefuroxime axetil tab 500 mg	1
cefuroxime sodium for inj 750 mg	1
cefuroxime sodium for iv soln 1.5 gm	1
CEPHALOSPORINS - 3RD GENERATION	
cefdinir cap 300 mg	1
cefdinir for susp 125 mg/5ml	1
cefdinir for susp 250 mg/5ml	1
cefixime cap 400 mg	1
cefixime for susp 100 mg/5ml	1
cefixime for susp 200 mg/5ml	1
cefpodoxime proxetil for susp 50 mg/5ml	1
cefpodoxime proxetil for susp 100 mg/5ml	1
cefpodoxime proxetil tab 100 mg	1
cefpodoxime proxetil tab 200 mg	1
ceftazidime for inj 1 gm	1
ceftazidime for inj 6 gm	1

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime for iv soln 2 gm</i>	1	
CEFTRIAXONE IN ISO-OSMOTI	3	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	
<i>tazicef</i>	1	
TAZICEF	3	
TAZICEF	3	PA

CEPHALOSPORINS - 4TH GENERATION

<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
CEFEPIME HYDROCHLORIDE	3	PA

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
DEXAMETHASON SOL 0.5/5ML	3	
DEXAMETHASON TAB 0.5MG	3	
DEXAMETHASON TAB 0.75MG	3	
DEXAMETHASON TAB 1MG	3	
DEXAMETHASONE 10-DAY DOSE	3	
DEXAMETHASONE 13-DAY DOSE	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	

Drug Name	Drug Tier Requirements/Limits
dexamethasone sodium phosphate inj 100 mg/10ml	1
dexamethasone sodium phosphate inj 120 mg/30ml	1
dexamethasone tab 1.5 mg	1
dexamethasone tab 2 mg	1
dexamethasone tab 4 mg	1
dexamethasone tab 6 mg	1
dexamethasone tab therapy pack 1.5 mg (21)	1
hidex 6-day	1
hydrocortisone tab 5 mg	1
hydrocortisone tab 10 mg	1
hydrocortisone tab 20 mg	1
MEDROL TAB 2MG	3
MEDROL TAB 4MG	3
MEDROL TAB 8MG	3
MEDROL TAB 16MG	3
methylprednisolone acetate inj susp 40 mg/ml	1
methylprednisolone acetate inj susp 80 mg/ml	1
methylprednisolone sod succ for inj 40 mg (base equiv)	1
methylprednisolone sod succ for inj 125 mg (base equiv)	1
methylprednisolone sod succ for inj 500 mg (base equiv)	1
methylprednisolone sod succ for inj 1000 mg (base equiv)	1
methylprednisolone tab 4 mg	1
methylprednisolone tab 8 mg	1
methylprednisolone tab 16 mg	1
methylprednisolone tab 32 mg	1
methylprednisolone tab therapy pack 4 mg (21)	1
PEDIAPRED SOL 5MG/5ML	3
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1
PREDNISOLONE SODIUM PHOSP	3
prednisolone soln 15 mg/5ml	1
PREDNISONE SOL 5MG/5ML	3
prednisone tab 1 mg	1
prednisone tab 2.5 mg	1
prednisone tab 5 mg	1

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	1	
<i>UCERIS TAB 9MG</i>	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine</i>	1	
<i>methylbrom soln 5-1.5 mg/5ml</i>		
<i>hydrocodone bitart-homatropine</i>	1	
<i>methylbromide tab 5-1.5 mg</i>		
<i>hydromet</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine vc/codeine</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
EXPECTORANTS		
<i>potassium iodide oral soln 1 gm/ml</i>	1	
MISC. RESPIRATORY INHALANTS		
<i>nebusal</i>	1	
<i>pulmosal</i>	1	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane</i>	1	
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
<i>AKLIEF CRE 0.005%</i>	2	
<i>amnesteem</i>	1	
<i>ARAZLO LOT 0.045%</i>	2	
<i>avita</i>	1	AGE
<i>BENZAC AC LIQ 5% WASH</i>	3	
<i>BENZAMYCIN GEL 5-3%</i>	3	
<i>benzepro</i>	1	
<i>BENZOYL PEROXIDE 8%</i>	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>claravis</i>	1	
<i>clindacin</i>	1	
<i>clindacin etz pledges</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	AGE
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	2	
<i>EPIDUO GEL 0.1-2.5%</i>	2	
<i>ERY</i>	3	
<i>ERYGEL GEL 2%</i>	3	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 25 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 35 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
<i>myorisan</i>	1	
<i>neuac</i>	1	
ONEXTON GEL 1.2-3.75	2	
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A CRE 0.1%	3	AGE
RETIN-A CRE 0.05%	3	AGE
RETIN-A CRE 0.025%	3	AGE
RETIN-A GEL 0.01%	3	AGE
RETIN-A GEL 0.025%	3	AGE
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfamez wash</i>	1	
<i>tretinoin cream 0.1%</i>	1	AGE
<i>tretinoin cream 0.05%</i>	1	AGE
<i>tretinoin cream 0.025%</i>	1	AGE
<i>tretinoin gel 0.01%</i>	1	AGE
<i>tretinoin gel 0.05%</i>	1	AGE
<i>tretinoin gel 0.025%</i>	1	AGE
<i>tretinoin microsphere gel 0.1%</i>	1	AGE
<i>tretinoin microsphere gel 0.04%</i>	1	AGE
TWYNEO CRE 0.1-3%	2	
WINLEVI CRE 1%	2	
<i>zenatane</i>	1	

ANTI-INFLAMMATORY AGENTS - TOPICAL

DICLOFENAC DIS 1.3%	3
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1
<i>diclofenac sodium soln 1.5%</i>	1

ANTIBIOTICS - TOPICAL

<i>gentamicin sulfate cream 0.1%</i>	1
<i>gentamicin sulfate oint 0.1%</i>	1
<i>mupirocin oint 2%</i>	1

ANTIFUNGALS - TOPICAL

<i>cyclodan</i>	1
<i>ciclopirox gel 0.77%</i>	1
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1

Drug Name	Drug Tier Requirements/Limits
ciclopirox olamine susp 0.77% (base equiv)	1
ciclopirox shampoo 1%	1
ciclopirox solution 8%	1
clotrimazole cream 1%	1
clotrimazole soln 1%	1
clotrimazole w/ betamethasone cream 1-0.05%	1
clotrimazole w/ betamethasone lotion 1-0.05%	1
dermazene	1
econazole nitrate cream 1%	1
iodoquimez-hc	1
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%	1
ketoconazole cream 2%	1
ketoconazole shampoo 2%	1
LOPROX SHA 1%	3
MICONAZOLE NITRATE/ZINC O	3
NAFTIFINE CRE HCL 1%	3
naftifine hcl cream 2%	1
NAFTIN GEL 1%	2
NAFTIN GEL 2%	2
nyamyc	1
nystatin cream 100000 unit/gm	1
nystatin oint 100000 unit/gm	1
nystatin topical powder 100000 unit/gm	1
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1
nystop	1
oxiconazole nitrate cream 1%	1
SULCONAZOLE CRE 1%	3
SULCONAZOLE SOL 1%	3
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
bexarotene gel 1%	1
diclofenac sodium (actinic keratoses) gel 3%	1
FLUOROURACIL	3
fluorouracil cream 5%	1
ANTIPRURITICS - TOPICAL	
doxepin hcl cream 5%	1
ANTIPSORIATICS	
acitretin cap 10 mg	1
acitretin cap 17.5 mg	1

Drug Name	Drug Tier	Requirements/Limits
acitretin cap 25 mg	1	
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitrene	1	
COSENTYX INJ 75MG/0.5	2	
COSENTYX INJ 150MG/ML	2	
COSENTYX INJ 300DOSE	2	
COSENTYX PEN INJ 150MG/ML	2	
COSENTYX PEN INJ 300DOSE	2	
ILUMYA SOL 100MG/ML	2	
SKYRIZI INJ 150DOSE	2	
SKYRIZI INJ 150MG/ML	2	
SKYRIZI PEN INJ 150MG/ML	2	
STELARA INJ 45MG/0.5	2	
STELARA INJ 90MG/ML	2	
tazarotene cream 0.1%	1	
tazarotene gel 0.1%	1	
tazarotene gel 0.05%	1	
TREMFYA INJ 100MG/ML	2	
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
penciclovir cream 1%	1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	3	
silver sulfadiazine cream 1%	1	
ssd	1	
CORTICOSTEROIDS - TOPICAL		
ala-cort	1	
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
AMCINONIDE LOT 0.1%	3	
AUGMENTED BETAMETHASONE D	3	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate augmented oint 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone valerate aerosol foam 0.12%	1	

Drug Name	Drug Tier Requirements/Limits
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1
BRYHALI LOT 0.01%	2
CAPEX SHA 0.01%	3
<i>clobetasol propionate cream 0.05%</i>	1
<i>clobetasol propionate emollient base cream 0.05%</i>	1
<i>clobetasol propionate foam 0.05%</i>	1
<i>clobetasol propionate gel 0.05%</i>	1
<i>clobetasol propionate lotion 0.05%</i>	1
<i>clobetasol propionate oint 0.05%</i>	1
<i>clobetasol propionate shampoo 0.05%</i>	1
<i>clobetasol propionate soln 0.05%</i>	1
CLOBEX LOT 0.05%	3
CLOBEX SHA 0.05%	3
<i>clodan</i>	1
DERMA-SMOOTH OIL /FS BODY	3
DERMA-SMOOTH OIL /FS SCLP	3
<i>desonide cream 0.05%</i>	1
<i>desonide lotion 0.05%</i>	1
<i>desonide oint 0.05%</i>	1
<i>desoximetasone cream 0.05%</i>	1
<i>desoximetasone cream 0.25%</i>	1
<i>desoximetasone gel 0.05%</i>	1
<i>desoximetasone oint 0.25%</i>	1
<i>desoximetasone spray 0.25%</i>	1
ENSTILAR AER	2
<i>fluocinolone acetonide cream 0.01%</i>	1
<i>fluocinolone acetonide cream 0.025%</i>	1
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1
<i>fluocinolone acetonide oint 0.025%</i>	1
<i>fluocinolone acetonide soln 0.01%</i>	1
<i>fluocinonide cream 0.05%</i>	1
<i>fluocinonide emulsified base cream 0.05%</i>	1
<i>fluocinonide gel 0.05%</i>	1
<i>fluocinonide oint 0.05%</i>	1
<i>fluocinonide soln 0.05%</i>	1
<i>fluticasone propionate cream 0.05%</i>	1
<i>fluticasone propionate lotion 0.05%</i>	1
<i>fluticasone propionate oint 0.005%</i>	1
<i>halobetasol propionate cream 0.05%</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate oint 0.05%</i>	1	
HC BUTYRATE CRE 0.1%	3	
HC BUTYRATE SOL 0.1%	3	
HYDROCORTISONE ACETATE/LI	3	PA
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>nutriarx creampak</i>	1	
PREDNICARBAT OIN 0.1%	3	
<i>sanadermx skin repair so</i>	1	
TEXACORT SOL 2.5%	3	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm</i>	1	

ECZEMA AGENTS

ADBRY INJ 150MG/ML	2
CIBINQO TAB 50MG	2
CIBINQO TAB 100MG	2
CIBINQO TAB 200MG	2
DUPIXENT INJ 100/0.67	2
DUPIXENT INJ 200/1.14	2
DUPIXENT INJ 200MG	2
DUPIXENT INJ 300/2ML	2

EMOLLIENT/KERATOLYTIC AGENTS

cerovel	1
uredeb	1

EMOLLIENTS

<i>lactic acid (ammonium lactate) cream 12%</i>	1
<i>lactic acid (ammonium lactate) lotion 12%</i>	1

IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod cream 3.75%</i>	1
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Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5%	3	
<i>podofilox soln 0.5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>anodyne lpt</i>	1	PA
ETHYL CHLOR AER SPRAY	3	
<i>glydo</i>	1	
LIDOCAINE HCL JELLY	3	
<i>lidocaine hcl lotion 3%</i>	1	PA
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine patch 5%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	PA
LIDODERM DIS 5%	3	
<i>lidopin</i>	1	PA
<i>relador pak</i>	1	PA
<i>relador pak plus</i>	1	PA
<i>7t lido gel</i>	1	
<i>zeruvia</i>	1	PA
MISC. TOPICAL		
<i>benzoin compound tincture</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
FINACEA AER 15%	2	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	
RHOFADE CRE 1%	2	
<i>rosadan</i>	1	
SOOLANTRA CRE 1%	1	

SCABICIDES & PEDICULICIDES

CROTAN	3
LINDANE SHA 1%	3
<i>malathion lotion 0.5%</i>	1
OVIDE LOT 0.5%	3
<i>permethrin cream 5%</i>	1
SPINOSAD SUS 0.9%	3

DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

<i>adenosine iv soln 3 mg/ml (diagnostic)</i>	1
<i>cosyntropin for inj 0.25 mg</i>	1
DIPYRIDAMOLE	3
<i>indocyanine green for iv soln 25 mg</i>	1
<i>isosulfan blue subcutaneous soln 1%</i>	1

DIAGNOSTIC PRODUCTS, MISC.

ultrasound - gel	1
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DIAGNOSTIC TESTS

ACCU-CHEK TES AVIVA PL	2
ACCU-CHEK TES GUIDE	2
ACCU-CHEK TES SMART	2
ONETOUCH TES ULTRA	2
ONETOUCH VERIO TEST STRIP	2

MISCELLANEOUS CONTRAST MEDIA

<i>clariscan</i>	1
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i>	1

RADIOGRAPHIC CONTRAST MEDIA

<i>iodixanol inj 270 mg/ml (iodine equivalent)</i>	1
<i>iodixanol inj 320 mg/ml (iodine equivalent)</i>	1

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

L-METHYLFOLATE CALCIUM	3
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Drug Name	Drug Tier Requirements/Limits
WESTAB MAX	3
NUTRITIONAL SUPPLEMENTS	
asilnasal rms	1
DIGESTIVE AIDS	
DIGESTIVE ENZYMES	
CREON CAP 3000UNIT	2
CREON CAP 6000UNIT	2
CREON CAP 12000UNT	2
CREON CAP 24000UNT	2
CREON CAP 36000UNT	2
VIOKACE TAB 10440	2
VIOKACE TAB 20880	2
ZENPEP CAP 3000UNIT	2
ZENPEP CAP 5000UNIT	2
ZENPEP CAP 10000UNT	2
ZENPEP CAP 15000UNT	2
ZENPEP CAP 20000UNT	2
ZENPEP CAP 25000UNT	2
ZENPEP CAP 40000UNT	2
DIURETICS	
CARBONIC ANHYDRASE INHIBITORS	
acetazolamide cap er 12hr 500 mg	1
acetazolamide sodium for inj 500 mg	1
acetazolamide tab 125 mg	1
acetazolamide tab 250 mg	1
dichlorphenamide tab 50 mg	1
methazolamide tab 25 mg	1
methazolamide tab 50 mg	1
DIURETIC COMBINATIONS	
ALDACTAZIDE TAB 25/25	3
amiloride & hydrochlorothiazide tab 5-50 mg	1
MAXZIDE TAB 75-50	3
MAXZIDE-25 TAB	3
spironolactone & hydrochlorothiazide tab 25-25 mg	1
triamterene & hydrochlorothiazide cap 37.5-25 mg	1
triamterene & hydrochlorothiazide tab 37.5-25 mg	1
triamterene & hydrochlorothiazide tab 75-50 mg	1
LOOP DIURETICS	
bumetanide inj 0.25 mg/ml	1
bumetanide tab 0.5 mg	1

Drug Name	Drug Tier Requirements/Limits
bumetanide tab 1 mg	1
bumetanide tab 2 mg	1
ethacrynone sodium for inj 50 mg	1
ethacrynic acid tab 25 mg	1
furosemide inj 10 mg/ml	1
furosemide oral soln 10 mg/ml	1
FUROSEMIDE SOL 40MG/5ML	3
furosemide tab 20 mg	1
furosemide tab 40 mg	1
furosemide tab 80 mg	1
LASIX TAB 20MG	3
LASIX TAB 40MG	3
LASIX TAB 80MG	3
torsemide tab 5 mg	1
torsemide tab 10 mg	1
torsemide tab 20 mg	1
torsemide tab 100 mg	1
OSMOTIC DIURETICS	
mannitol iv soln 20%	1
mannitol iv soln 25%	1
osmitrol viaflex	1
OSMITROL VIAFLEX	3
POTASSIUM SPARING DIURETICS	
ALDACTONE TAB 25MG	3
ALDACTONE TAB 50MG	3
ALDACTONE TAB 100MG	3
amiloride hcl tab 5 mg	1
spironolactone tab 25 mg	1
spironolactone tab 50 mg	1
spironolactone tab 100 mg	1
triamterene cap 50 mg	1
triamterene cap 100 mg	1
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
chlorothiazide sodium for inj 500 mg	1
chlorthalidone tab 25 mg	1
chlorthalidone tab 50 mg	1
hydrochlorothiazide cap 12.5 mg	1
hydrochlorothiazide tab 12.5 mg	1
hydrochlorothiazide tab 25 mg	1
hydrochlorothiazide tab 50 mg	1
indapamide tab 1.25 mg	1
indapamide tab 2.5 mg	1
metolazone tab 2.5 mg	1
metolazone tab 5 mg	1
metolazone tab 10 mg	1

Drug Name	Drug Tier Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
ACTONEL TAB 35MG	3
ACTONEL TAB 150MG	3
<i>alendronate sodium tab 10 mg</i>	1
<i>alendronate sodium tab 35 mg</i>	1
<i>alendronate sodium tab 70 mg</i>	1
ALENDRONATE SOL 70/75ML	3
ALENDRONATE TAB 5MG	3
ATELVIA TAB	3
<i>calcitonin (salmon) inj 200 unit/ml</i>	1
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1
FORTEO INJ 600/2.4	2
FOSAMAX TAB 70MG	3
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	1
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1
<i>pamidronate disodium iv soln 3 mg/ml</i>	1
<i>pamidronate disodium iv soln 9 mg/ml</i>	1
PROLIA INJ 60MG/ML	2
<i>risedronate sodium tab 5 mg</i>	1
<i>risedronate sodium tab 30 mg</i>	1
<i>risedronate sodium tab 35 mg</i>	1
<i>risedronate sodium tab 150 mg</i>	1
<i>risedronate sodium tab delayed release 35 mg</i>	1
TYMLOS INJ	2
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	1
<i>zoledronic acid iv soln 5 mg/100ml</i>	1
ZOLEDRONIC INJ 4MG/100	3
FERTILITY REGULATORS	
CLOMID	3
GONAL-F INJ 450UNIT	2
GONAL-F INJ 1050UNIT	2
GONAL-F RFF INJ 75UNIT	2
GONAL-F RFF INJ 300/0.5	2
GONAL-F RFF INJ 450/0.75	2
GONAL-F RFF INJ 900/1.5	2
MENOPUR INJ 75UNIT	2
OVIDREL INJ	2
GNRH/LHRH ANTAGONISTS	
<i>cetorelix acetate for inj kit 0.25 mg</i>	1
CETROTIDE KIT 0.25MG	2
<i>fyremadel</i>	1

Drug Name	Drug Tier Requirements/Limits
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
HORMONE RECEPTOR MODULATORS	
EVISTA TAB 60MG	3
<i>raloxifene hcl tab 60 mg</i>	1
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
FENSOLVI INJ 45MG	2
LUPR DEP-PED INJ 3M 30MG	2
LUPR DEP-PED INJ 7.5MG	2
LUPR DEP-PED INJ 11.25MG	2
LUPR DEP-PED INJ 15MG	2
SUPPRELIN LA KIT 50MG	2
TRIPTODUR SUS 22.5MG	2
METABOLIC MODIFIERS	
<i>betaine powder for oral solution</i>	1
<i>calcitriol cap 0.5 mcg</i>	1
<i>calcitriol cap 0.25 mcg</i>	1
CALCITRIOL INJ 1MCG/ML	3
<i>calcitriol oral soln 1 mcg/ml</i>	1
<i>carglumic acid soluble tab 200 mg</i>	1
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1
<i>doxercalciferol cap 0.5 mcg</i>	1
<i>doxercalciferol cap 1 mcg</i>	1
<i>doxercalciferol cap 2.5 mcg</i>	1
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	1
<i>javygtor</i>	1
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1
<i>levocarnitine tab 330 mg</i>	1
<i>nitisinone cap 2 mg</i>	1
<i>nitisinone cap 5 mg</i>	1
<i>nitisinone cap 10 mg</i>	1
ORFADIN CAP 2MG	2
ORFADIN CAP 5MG	2
ORFADIN CAP 10MG	2
ORFADIN CAP 20MG	2
ORFADIN SUS 4MG/ML	2
<i>paricalcitol cap 1 mcg</i>	1
<i>paricalcitol cap 2 mcg</i>	1
<i>paricalcitol cap 4 mcg</i>	1
<i>paricalcitol iv soln 2 mcg/ml</i>	1
<i>paricalcitol iv soln 5 mcg/ml</i>	1

Drug Name	Drug Tier Requirements/Limits
ROCALTROL CAP 0.5MCG	3
ROCALTROL CAP 0.25MCG	3
ROCALTROL SOL 1MCG/ML	3
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1
<i>sapropterin dihydrochloride tab 100 mg</i>	1
<i>sodium benzoate & sodium phenylacetate iv soln 10-10%</i>	1
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1
<i>sodium phenylbutyrate tab 500 mg</i>	1
ZEMPLAR CAP 1MCG	3
ZEMPLAR CAP 2MCG	3
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TAB 10MG	2
KERENDIA TAB 20MG	2
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate inj 4 mcg/ml</i>	1
<i>desmopressin acetate nasal spray soln 0.01%</i>	1
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1
<i>desmopressin acetate tab 0.1 mg</i>	1
<i>desmopressin acetate tab 0.2 mg</i>	1
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	1
PROLACTIN INHIBITORS	
<i>cabergoline tab 0.5 mg</i>	1
SOMATOSTATIC AGENTS	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1

Drug Name	Drug Tier	Requirements/Limits
OCTREOTIDE INJ 50MCG/ML	3	PA
OCTREOTIDE INJ 100MCG	3	PA
OCTREOTIDE INJ 500MCG	3	PA
SOMATULINE INJ 60/0.2ML	2	
SOMATULINE INJ 90/0.3ML	2	
SOMATULINE INJ 120/.5ML	2	

VASOPRESSIN RECEPTOR ANTAGONISTS

<i>tolvaptan tab 15 mg</i>	1
<i>tolvaptan tab 30 mg</i>	1

ESTROGENS

ESTROGEN COMBINATIONS

<i>amabelz</i>	1
CLIMARA PRO DIS WEEKLY	2
COMBIPATCH DIS	2
DUAVEE TAB 0.45-20	2
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1
<i>fyavolv</i>	1
<i>jinteli</i>	1
<i>mimvey</i>	1
MYFEMBREE TAB	2
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1
ORIAHNN CAP	2
PREMPHASE TAB	2
PREMPRO TAB	2
PREMPRO TAB 0.3-1.5	2
PREMPRO TAB 0.45-1.5	2
PREMPRO TAB 0.625-5	2

ESTROGENS

DIVIGEL GEL 0.5MG	2
DIVIGEL GEL 0.25MG	2
DIVIGEL GEL 0.75MG	2
DIVIGEL GEL 1.25MG	2
DIVIGEL GEL 1MG/GM	2
<i>dotti</i>	1
ESTRACE TAB 0.5MG	3
ESTRACE TAB 1MG	3
ESTRACE TAB 2MG	3
<i>estradiol tab 0.5 mg</i>	1
<i>estradiol tab 1 mg</i>	1
<i>estradiol tab 2 mg</i>	1

Drug Name	Drug Tier Requirements/Limits
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1
<i>estradiol valerate im in oil 10 mg/ml</i>	1
<i>estradiol valerate im in oil 20 mg/ml</i>	1
<i>estradiol valerate im in oil 40 mg/ml</i>	1
EVAMIST SPR 1.53MG	2
<i>lyllana</i>	1

FLUOROQUINOLONES

FLUOROQUINOLONES

<i>CIPRO (5%) SUS 250MG/5</i>	3
<i>CIPRO (10%) SUS 500MG/5</i>	3
<i>CIPRO TAB 250MG</i>	3
<i>CIPRO TAB 500MG</i>	3
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1
<i>CIPROFLOXACN TAB 100MG</i>	3
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1
<i>levofloxacin iv soln 25 mg/ml</i>	1
<i>levofloxacin oral soln 25 mg/ml</i>	1
<i>levofloxacin tab 250 mg</i>	1
<i>levofloxacin tab 500 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
MOXIFLOXACIN HYDROCHLORID	3	
OFLOXACIN TAB 300MG	3	
<i>ofloxacin tab 400 mg</i>	1	

GASTROINTESTINAL AGENTS - MISC.

GALLSTONE SOLUBILIZING AGENTS

URSO 250 TAB 250MG	3
URSO FORTE TAB 500MG	3
<i>ursodiol cap 300 mg</i>	1
<i>ursodiol tab 250 mg</i>	1
<i>ursodiol tab 500 mg</i>	1

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml</i>	1
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone cap 8 mcg</i>	1
<i>lubiprostone cap 24 mcg</i>	1

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1
METOCLOPRAMIDE ODT	3
REGLAN TAB 5MG	3
REGLAN TAB 10MG	3

INFLAMMATORY BOWEL AGENTS

AZULFIDINE TAB 500MG	3
AZULFIDINE TAB 500MG EN	3
<i>balsalazide disodium cap 750 mg</i>	1
<i>mesalamine cap dr 400 mg</i>	1
<i>mesalamine cap er 24hr 0.375 gm</i>	1
<i>mesalamine cap er 500 mg</i>	1
<i>mesalamine enema 4 gm</i>	1
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1
<i>mesalamine suppos 1000 mg</i>	1
<i>mesalamine tab delayed release 1.2 gm</i>	1
<i>mesalamine tab delayed release 800 mg</i>	1
REMICADE INJ 100MG	2
ROWASA KIT 4GM	3
SKYRIZI INJ 180/1.2	2

Drug Name	Drug Tier Requirements/Limits
SKYRIZI INJ 360/2.4	2
SKYRIZI SOL 60MG/ML	2
STELARA INJ 5MG/ML	2
<i>sulfasalazine tab 500 mg</i>	1
<i>sulfasalazine tab delayed release 500 mg</i>	1

INTESTINAL ACIDIFIERS

<i>enulose</i>	1
<i>generlac</i>	1
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1

IRRITABLE BOWEL SYNDROME (IBS) AGENTS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1
<i>alosetron hcl tab 1 mg (base equiv)</i>	1
LINZESS CAP 72MCG	2
LINZESS CAP 145MCG	2
LINZESS CAP 290MCG	2
VIBERZI TAB 75MG	2
VIBERZI TAB 100MG	2

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS

<i>alvimopan cap 12 mg</i>	1
SYMPROIC TAB 0.2MG	2

PHOSPHATE BINDER AGENTS

AURYXIA TAB 210MG	2
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1
PHOSLYRA SOL	2
<i>sevelamer carbonate packet 0.8 gm</i>	1
<i>sevelamer carbonate packet 2.4 gm</i>	1
<i>sevelamer carbonate tab 800 mg</i>	1
<i>sevelamer hcl tab 800 mg</i>	1
SEVELAMER HYDROCHLORIDE	3
VELPHORO CHW 500MG	2

GENERAL ANESTHETICS

ANESTHETICS - MISC.

<i>etomidate iv soln 2 mg/ml</i>	1
<i>fresenius propoven</i>	1
<i>ketamine hcl inj 10 mg/ml</i>	1
<i>ketamine hcl inj 50 mg/ml</i>	1
<i>ketamine hcl inj 100 mg/ml</i>	1
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	1
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i>	1
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i>	1

Drug Name	Drug Tier Requirements/Limits
VOLATILE ANESTHETICS	
<i>desflurane inhal soln</i>	1
<i>isoflurane inhal soln</i>	1
<i>sevoflurane inhal soln</i>	1
<i>terrell</i>	1
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
<i>CYTRA K CRYSTALS</i>	3
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1
<i>potassium citrate tab er 5 meq (540 mg)</i>	1
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1
<i>UROCIT-K 5 TAB</i>	3
<i>UROCIT-K 10 TAB</i>	3
<i>UROCIT-K 15 TAB</i>	3
GENITOURINARY IRRIGANTS	
<i>acetic acid irrigation soln 0.25%</i>	1
<i>curity sterile saline</i>	1
<i>glycine irrigation soln 1.5%</i>	1
<i>NEOMYCIN/POLYMYXIN B SULF</i>	3
<i>sodium chloride irrigation soln 0.9%</i>	1
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1
<i>AVODART CAP 0.5MG</i>	3
<i>dutasteride cap 0.5 mg</i>	1
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1
<i>finasteride tab 5 mg</i>	1
<i>FLOMAX CAP 0.4MG</i>	3
<i>PROSCAR TAB 5MG</i>	3
<i>silodosin cap 4 mg</i>	1
<i>silodosin cap 8 mg</i>	1
<i>tamsulosin hcl cap 0.4 mg</i>	1
URINARY ANALGESICS	
<i>phenazo</i>	1
URINARY STONE AGENTS	
<i>tiopronin tab 100 mg</i>	1
GOOT AGENTS	
GOOT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS		
<i>allopurinol sodium for inj 500 mg</i>	1	
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
<i>MITIGARE CAP 0.6MG</i>	1	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
<i>TAVALISSE TAB 100MG</i>	2	
<i>TAVALISSE TAB 150MG</i>	2	
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA EXPANDERS		
<i>LMD 10% DEXTROSE 5%</i>	3	
<i>LMD 10% SODIUM CHLORIDE 0</i>	3	
PLASMA KALLIKREIN INHIBITORS		
<i>TAKHYRO INJ 150MG/ML</i>	2	PA
PLATELET AGGREGATION INHIBITORS		
<i>AGRYLIN CAP 0.5MG</i>	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>BRILINTA TAB 60MG</i>	2	
<i>BRILINTA TAB 90MG</i>	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<i>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</i>	1	
<i>eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)</i>	1	
<i>eptifibatide iv soln 200 mg/100ml (2 mg/ml)</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	

Drug Name	Drug Tier Requirements/Limits
PROTAMINE	
PROTAMINE SU SOL 10MG/ML	3
HEMATOPOIETIC AGENTS	
AGENTS FOR GAUCHER DISEASE	
CERDELGA CAP 84MG	2
CEREZYME INJ 400UNIT	2
<i>miglustat cap 100 mg</i>	1
AGENTS FOR SICKLE CELL DISEASE	
ENDARI POW 5GM	2
SIKLOS TAB 100MG	2
SIKLOS TAB 1000MG	2
COBALAMINS	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1
<i>dodex</i>	1
HYDROXOCOBALAMIN	3
FOLIC ACID/FOLATES	
<i>folic acid inj 5 mg/ml</i>	1
<i>folic acid tab 1 mg</i>	1
HEMATOPOIETIC GROWTH FACTORS	
DOPTELET TAB 20MG	2
NIVESTYM INJ 300/0.5	2
NIVESTYM INJ 300MCG	2
NIVESTYM INJ 480/0.8	2
NIVESTYM INJ 480MCG	2
PROMACTA PAK 25MG	2
PROMACTA POW 12.5MG	2
PROMACTA TAB 12.5MG	2
PROMACTA TAB 25MG	2
PROMACTA TAB 50MG	2
PROMACTA TAB 75MG	2
RETACRIT INJ 2000UNIT	2
RETACRIT INJ 3000UNIT	2
RETACRIT INJ 4000UNIT	2
RETACRIT INJ 10000UNT	2
RETACRIT INJ 20000UNI	2
RETACRIT INJ 40000UNT	2
ZIEXTENZO INJ 6/0.6ML	2
HEMATOPOIETIC MIXTURES	
<i>abaneu-sl</i>	1
<i>airavite</i>	1
<i>corvita 150</i>	1
<i>fabb</i>	1
<i>ferocon</i>	1
<i>ferotrinistic</i>	1
<i>ferrocite plus</i>	1

Drug Name	Drug Tier Requirements/Limits
<i>folbee</i>	1
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	1
<i>folplex 2.2</i>	1
<i>foltrin</i>	1
<i>hematinic plus vitamins/m</i>	1
<i>iferex 150 forte</i>	1
<i>k-tan plus</i>	1
<i>nufol</i>	1
<i>poly-iron 150 forte</i>	1
<i>polysaccharide iron forte</i>	1
<i>tandem plus</i>	1
<i>tricon</i>	1
<i>trigels-f forte</i>	1
<i>virt-gard</i>	1
<i>westab one</i>	1

IRON

<i>ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)</i>	1
<i>sod ferric gluc complx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	1

STEM CELL MOBILIZERS

<i>MOZOBIL INJ</i>	3
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HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid inj 250 mg/ml</i>	1
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1
<i>aminocaproic acid tab 500 mg</i>	1
<i>aminocaproic acid tab 1000 mg</i>	1
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1
<i>tranexamic acid tab 650 mg</i>	1

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>pentobarbital sodium inj 50 mg/ml</i>	1
<i>phenobarbital elixir 20 mg/5ml</i>	1
<i>phenobarbital sodium inj 65 mg/ml</i>	1
<i>phenobarbital sodium inj 130 mg/ml</i>	1
<i>phenobarbital tab 15 mg</i>	1
<i>phenobarbital tab 16.2 mg</i>	1
<i>phenobarbital tab 30 mg</i>	1
<i>phenobarbital tab 32.4 mg</i>	1
<i>phenobarbital tab 60 mg</i>	1
<i>phenobarbital tab 64.8 mg</i>	1
<i>phenobarbital tab 97.2 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 100 mg</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
NON-BARBITURATE HYPNOTICS		
<i>AMBIEN CR TAB 6.25MG</i>	3	
<i>AMBIEN CR TAB 12.5MG</i>	3	
<i>AMBIEN TAB 5MG</i>	3	
<i>AMBIEN TAB 10MG</i>	3	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</i>	1	
<i>dexmedetomidine hcl iv soln 200 mcg/2ml</i>	1	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>HALCION TAB 0.25MG</i>	3	
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
<i>MIDAZOLAM INJ 5MG/5ML</i>	3	
<i>RESTORIL CAP 7.5MG</i>	3	
<i>RESTORIL CAP 15MG</i>	3	

Drug Name	Drug Tier Requirements/Limits
RESTORIL CAP 22.5MG	3
RESTORIL CAP 30MG	3
<i>temazepam cap 7.5 mg</i>	1
<i>temazepam cap 15 mg</i>	1
<i>temazepam cap 22.5 mg</i>	1
<i>temazepam cap 30 mg</i>	1
<i>triazolam tab 0.25 mg</i>	1
<i>triazolam tab 0.125 mg</i>	1
<i>zaleplon cap 5 mg</i>	1
<i>zaleplon cap 10 mg</i>	1
<i>zolpidem tartrate tab 5 mg</i>	1
<i>zolpidem tartrate tab 10 mg</i>	1
<i>zolpidem tartrate tab er 6.25 mg</i>	1
<i>zolpidem tartrate tab er 12.5 mg</i>	1

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG	2
BELSOMRA TAB 10MG	2
BELSOMRA TAB 15MG	2
BELSOMRA TAB 20MG	2
DAYVIGO TAB 5MG	2
DAYVIGO TAB 10MG	2

SELECTIVE MELATONIN RECEPTOR AGONISTS

<i>ramelteon tab 8 mg</i>	1
<i>tasimelteon capsule 20 mg</i>	1

LAXATIVES

LAXATIVE COMBINATIONS

CLENPIQ SOL	2
GAVILYTE-C	3
<i>gavilyte-g</i>	1
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1

LAXATIVES - MISCELLANEOUS

<i>constulose</i>	1
<i>lactulose solution 10 gm/15ml</i>	1

LUBRICANT LAXATIVES

<i>mineral oil</i>	1
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LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

<i>articadent dental</i>	1
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	1

Drug Name	Drug Tier Requirements/Limits
bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)	1
bupivacaine inj 0.25% w/ epinephrine 1:200000	1
bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)	1
lidocaine inj 0.5% w/ epinephrine- 1:200000	1
lidocaine inj 1% w/ epinephrine-1:100000	1
lidocaine inj 1.5% w/ epinephrine- 1:200000	1
lidocaine inj 2% w/ epinephrine-1:100000	1
lidocaine inj 2% w/ epinephrine-1:200000	1
LIDOCAINE/EPINEPHRINE	3
sensorcaine-mpf/epinephri	1
sensorcaine/epinephrine	1
LOCAL ANESTHETICS - AMIDES	
bupivacaine 0.75% in dextrose inj 8.25%	1
bupivacaine hcl inj 0.5%	1
bupivacaine hcl inj 0.25%	1
bupivacaine hcl preservative free (pf) inj 0.5%	1
bupivacaine hcl preservative free (pf) inj 0.25%	1
bupivacaine hcl preservative free (pf) inj 0.75%	1
bupivacaine spinal	1
LIDOCAINE HCL	3
lidocaine hcl local inj 0.5%	1
lidocaine hcl local inj 1%	1
lidocaine hcl local inj 2%	1
lidocaine hcl local preservative free (pf) inj 0.5%	1
lidocaine hcl local preservative free (pf) inj 1%	1
lidocaine hcl local preservative free (pf) inj 1.5%	1
lidocaine hcl local preservative free (pf) inj 2%	1
POLOCAINE	3
POLOCAINE-MPF	3
ropivacaine hcl inj 2 mg/ml	1
ropivacaine hcl inj 5 mg/ml	1
ropivacaine hcl inj 7.5 mg/ml	1
ropivacaine hcl inj 10 mg/ml	1
sensorcaine	1
sensorcaine-mpf	1

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS - ESTERS		
chlorprocaine hcl preservative free (pf) inj 2%	1	
chlorprocaine hcl preservative free (pf) inj 3%	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin iv for soln 500 mg	1	
AZITHROMYCIN POW 1GM PAK	3	
azithromycin tab 250 mg	1	(6 tabs / 5 days); Limit of one fill per 60 days
azithromycin tab 500 mg	1	(6 tabs / 5 days); Limit of one fill per 60 days
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
CLARITHROMYC SUS 125/5ML	3	
CLARITHROMYC SUS 250/5ML	3	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
E.E.S. 400	3	
ery-tab	1	
erythrocin lactobionate	1	
ERYTHROCIN STEARATE	3	
ERYTHROMYCIN	3	
ERYTHROMYCIN ETHYLSUCCINA	3	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin lactobionate for inj 500 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACTI-LANCE MIS 28G	3	

Drug Name	Drug Tier Requirements/Limits
ACTI-LANCE MIS LITE 28G	3
ACTI-LANCE MIS SPEC 17G	3
ACTI-LANCE MIS UNIV 23G	3
ADV TRAVEL MIS LANC 28G	3
ADVCATE SAFE MIS LANC 26G	3
ADVOCATE MIS LANC 30G	3
ADVOCATE MIS LANCETS	3
AGAMATRIX MIS 33G	3
AIMSCO TWIST MIS 32G	3
AIMSCO TWIST MIS 33G	3
AQUALANCE MIS 30G	3
ASSURE CMFRT MIS 28G	3
ASSURE LANCE MIS 21G	3
ASSURE LANCE MIS 28G	3
ASSURE LANCE MIS LOW FLOW	3
ASSURE LANCE MIS MICRO	3
ASSURE LANCE MIS SAFE 25G	3
ASSURE LANCE MIS SAFE 30G	3
ASSURE PLUS MIS HIGH 18G	3
ASSURE PLUS MIS LOW 25G	3
ASSURE PLUS MIS MCRO 28G	3
ASSURE PLUS MIS NORM 21G	3
ASSURE PLUS MIS PEDIATRI	3
AURORA LANCE MIS 30G	3
AURORA LANCE MIS THIN 23G	3
AUTO LANCET MIS	3
AUTOLET PLAT MIS 1.8MM	3
AUTOLET PLAT MIS 2.4MM	3
AUTOLET PLAT MIS 3.0MM	3
BD LANCET UF MIS 30G	3
BD LANCET UF MIS 33G	3
BD MICROTAIN MIS LANCETS	3
CAREONE LANC MIS 30G	3
CAREONE LANC MIS THIN 23G	3
CARESENS 30G MIS LANCETS	3
CARETOUCH MIS LANC 26G	3
CARETOUCH MIS LANC 28G	3
CARETOUCH MIS LANC 30G	3
CARETOUCH MIS TWIST 28	3
CARETOUCH MIS TWIST 30	3
CARETOUCH MIS TWIST 33	3
CLEANLET 28G MIS LANCETS	3
CLEVER CHECK MIS	3
CLEVER CHECK MIS 30G	3
COAGUCHEK MIS LANCETS	3
COMFORT ASSU MIS LANC 28G	3

Drug Name	Drug Tier Requirements/Limits
COMFORT ASSU MIS LANC 33G	3
COMFORT EZ MIS 21G	3
COMFORT EZ MIS 23G	3
COMFORT EZ MIS 28G	3
COMFORT MIS LANCETS	3
COMFORT TCH MIS LANC 28G	3
COMFORT TCH MIS LANC 30G	3
COMFORT TCH MIS LANC 31G	3
COMFORTOUCH MIS LANCET	3
COUNT-A-DOSE MIS	3
CVS LANCETS MIS 21G	3
CVS LANCETS MIS 30G	3
CVS LANCETS MIS 33G	3
CVS LANCETS MIS ORIGINAL	3
CVS LANCETS MIS THIN 26G	3
CVS LANCETS MIS THIN 30G	3
CVS LANCETS MIS THIN 33G	3
DIATHRIVE MIS LANCETS	3
DIATHRIVE MIS UT 30G	3
DROPLET LANC MIS 30G	3
DROPLET PERS MIS LANC 30G	3
E-Z JECT MIS 21G	3
E-Z JECT MIS 21G COLR	3
E-Z JECT MIS 30G	3
E-Z JECT MIS 32G COLR	3
E-Z JECT MIS LANC 21G	3
E-Z JECT MIS THIN 26G	3
E-ZJECT LANC MIS 33G	3
EASY COMFORT MIS 30G	3
EASY COMFORT MIS LANC/30G	3
EASY COMFORT MIS TWIST	3
EASY TOUCH LANCETS 30G/TW	3
EASY TOUCH MIS LANC/21G	3
EASY TOUCH MIS LANC/23G	3
EASY TOUCH MIS LANC/26G	3
EASY TOUCH MIS LANC/28G	3
EASY TOUCH MIS LANC/32G	3
EASY TOUCH MIS LANC/33G	3
EMBRACE LANC MIS 21G	3
EMBRACE LANC MIS 28G	3
EMBRACE LANC MIS THIN 30G	3
EQL LANCETS MIS 21G COLR	3
EQL LANCETS MIS 33G COLR	3
EQL LANCETS MIS THIN 26G	3
EQL LANCETS MIS THIN 30G	3
EZ-LETS 21G MIS LANCETS	3

Drug Name	Drug Tier Requirements/Limits
EZ-LETS 26G MIS LANCETS	3
EZ-LETS 28G MIS LANCETS	3
EZ-LETS 30G MIS LANCETS	3
FASTCLIX MIS LANCETS	3
FIFTY50 SAFE MIS LANCETS	3
FINE 30 MIS	3
FINGERSTIX MIS LANCETS	3
FORA LANCETS MIS 30G	3
FORA MIS LANCETS	3
FREESTYLE MIS LANCETS	3
GENTEEL MIS LANCETS	3
GENTEEL MIS NOZZLES	3
GENTEEL TIPS MIS BLUE	3
GENTEEL TIPS MIS CLEAR	3
GENTEEL TIPS MIS GREEN	3
GENTEEL TIPS MIS ORANGE	3
GENTEEL TIPS MIS RAINBOW	3
GENTEEL TIPS MIS VIOLET	3
GENTEEL TIPS MIS YELLOW	3
GENTLE-LET MIS 26G	3
GENTLE-LET MIS 28G	3
GENTLE-LET MIS LANCETS	3
GENTLE-LET MIS PLATFORM	3
GLOBAL 28G MIS LANCETS	3
GLOBAL 30G MIS LANCETS	3
GLUCOCOM MIS 28G	3
GLUCOCOM MIS 30G	3
GLUCOCOM MIS 33G	3
GNP LANCETS MICRO THIN 33	3
GNP LANCETS MIS 21G	3
GNP LANCETS MIS 28G	3
GNP LANCETS MIS 30G	3
GNP LANCETS MIS 33G	3
GNP LANCETS MIS THIN 26G	3
GOJJI LANCET MIS 30G	3
GOODSENSE MIS LANC 26G	3
GOODSENSE MIS LANC 30G	3
GOODSENSE MIS LANC 33G	3
HAEMOLANCE MIS HIGH FLO	3
HAEMOLANCE MIS LOW FLOW	3
HAEMOLANCE MIS PLUS	3
HAEMOLANCE MIS PLUS LOW	3
HAEMOLANCE MIS PLUS MAX	3
HAEMOLANCE MIS PLUS PED	3
HAEMOLANCE MIS RETRACT	3
HLTHY ACCNTS MIS LANC 30G	3

Drug Name	Drug Tier Requirements/Limits
IN TOUCH LAN MIS 30G	3
INCONTROL MIS LANC 28G	3
INCONTROL MIS LANC 30G	3
INCONTROL MIS LANC 33G	3
KINNEY MIS LANCESTS	3
KINNEY THIN MIS LANCESTS	3
KROGER LANCE MIS	3
KROGER LANCE MIS 26G	3
KROGER LANCE MIS THIN	3
KROGER LANCE MIS THIN 30G	3
LANCET CARRY MIS CASE	3
LANCET STAND MIS 21G	3
LANCET SUPER MIS THIN 30G	3
LANCET ULTRA MIS 28G	3
LANCET ULTRA MIS THIN 30G	3
LANCETS 33G UNIVERSAL DES	3
LANCETS BULLSEYE SAFETY	3
LANCETS MICR MIS THIN 33G	3
LANCETS MIS 21G	3
LANCETS MIS 21G COLR	3
LANCETS MIS 28G	3
LANCETS MIS 30G	3
LANCETS MIS ORIGINAL	3
LANCETS MIS THIN	3
LANCETS MIS THIN 26G	3
LANCETS MIS THIN 30G	3
LANCETS SAFETY SEAL 26G	3
LANCETS SUPR MIS THIN 28G	3
LANCETS THIN MIS	3
LANCETS THIN MIS 26G	3
LANCETS ULTR MIS THIN	3
LANCETS ULTR MIS THIN 31G	3
LB LANCET MIS 28G	3
LIFESCAN MIS UNISTIK2	3
LITE TOUCH MIS LANCESTS	3
LITETOUGH MIS LANCESTS	3
LONGS LANCET MIS STANDARD	3
LONGS LANCET MIS THIN	3
LONGS LANCET MIS ULTRA TH	3
MEDICHOICE MIS LANCET	3
MEDLANCE MIS 30G PLUS	3
MEDLANCE MIS EXTR 21G	3
MEDLANCE MIS LITE 25G	3
MEDLANCE MIS PLUS	3
MEDLANCE MIS PLUS 30G	3
MEDLANCE MIS UNV 21G	3

Drug Name	Drug Tier Requirements/Limits
MEDLANCE PLS MIS 0.8MM	3
MEDLANCE PLS MIS EXTR 21G	3
MEDLANCE PLS MIS LITE 25G	3
MEDLANCE PLS MIS UNIV 21G	3
MEIJER LANCE MIS COLOR	3
MEIJER LANCE MIS UNIV 21G	3
MEIJER LANCE MIS UNIV 30G	3
MEIJER LANCE MIS UNIVERSA	3
MEIJER MIS LANCETS	3
MICRO THIN MIS LANC 33G	3
MICROLET MIS LANCETS	3
MM TWIST MIS LANCETS	3
MOBILE LANCE MIS 30G	3
MONOLET MIS LANCETS	3
MONOLET OPD MIS LANCETS	3
MONOLETTOR MIS LANCETS	3
MPD SFTY LAN MIS 21G	3
MPD SFTY LAN MIS 23G	3
MPD SFTY LAN MIS 28G	3
MPD SFTY LAN MIS 30G	3
MYGLUCOHEALT MIS LANC 30G	3
NOVA SAFETY MIS LANC 23G	3
NOVA SAFETY MIS LANC 28G	3
NOVA SURE MIS LANCETS	3
OMNIPOD 5 G6 MIS PODS	2
OMNIPOD DASH MIS PODS	2
OMNIPOD MIS CLASSIC	2
ON-THE-GO MIS LANC 30G	3
ONETOUCH DEL MIS PLUS 30G	3
ONETOUCH DEL MIS PLUS 33G	3
ONETOUCH FP MIS LANCETS	3
ONETOUCH MIS 30G	3
ONETOUCH MIS LANCETS	3
ONETOUCH US MIS LANCETS	3
PC LANCETS MIS 30G	3
PENLET II MIS REPL CAP	3
PERFECT 28G MIS LANCETS	3
PERFECT 30G MIS LANCETS	3
PHARMACY COU MIS LANCETS	3
PIP LANCETS MIS 28G	3
PIP LANCETS MIS 30G	3
PRO COMFORT MIS 31G	3
PRO COMFORT MIS LANC 30G	3
PRO COMFORT MIS LANCETS	3
PRODIGY MIS 26G	3
PRODIGY MIS 28G	3

Drug Name	Drug Tier Requirements/Limits
PSS SAFE LAN MIS	3
PSS SEL LANC MIS	3
PSS SEL PLAT MIS	3
PURE COMFORT MIS 30G LAN	3
PUSH BUTTON SAFETY LANCET	3
PX LANCETS MIS 28G	3
PX LANCETS MIS 33G	3
PX LANCETS MIS ULT THIN	3
QC LANCETS MIS 28G	3
QC LANCETS MIS 30G	3
RA E-ZJECT MIS 28G	3
RA E-ZJECT MIS THIN 26G	3
RA E-ZJECT MIS THIN 28G	3
RA E-ZJECT MIS ULT THIN	3
READYLANCE MIS 21G	3
READYLANCE MIS 23G	3
READYLANCE MIS 26G	3
READYLANCE MIS 28G	3
READYLANCE MIS 30G	3
REALITY MIS LANCETS	3
REALITY TRIG MIS LANCETS	3
RELION LANCE MIS THIN 26G	3
RELION LANCE MIS THIN 30G	3
RELION MICRO MIS THIN 33G	3
RELION ULTRA MIS THIN 30G	3
RELION ULTRA MIS THIN PLS	3
RIGHTEST ALT MIS ADAPTOR	3
RIGHTEST MIS GL300	3
SAFE-T-LANCE MIS 21G	3
SAFE-T-LANCE MIS 25G	3
SAFE-T-LANCE MIS HI FLOW	3
SAFE-T-LANCE MIS LOW FLOW	3
SAFE-T-LANCE MIS NOR FLOW	3
SAFE-T-PRO MIS LANCETS	3
SAFE-T-PRO MIS PLUS	3
SAFETY LANCET 30G/PRESSUR	3
SAFETY MIS LANCETS	3
SAPS HEALTH TWIST TOP LAN	3
SAPS TWIST MIS 30G	3
SAPSCARE MIS TWIST	3
SB LANCETS MIS THIN	3
SB LANCETS MIS ULTR THN	3
SINGLE-LET MIS 23G	3
SM LANCETS MIS 33G	3
SMART SENSE MIS LANC 21G	3
SMART SENSE MIS LANC 26G	3

Drug Name	Drug Tier Requirements/Limits
SMART SENSE MIS LANC 30G	3
SMART SENSE MIS LANC 33G	3
SMARTEST MIS LANCETS	3
SOFTCLIX MIS LANCETS	3
SOLUS V2 MIS LANC 28G	3
SOLUS V2 MIS LANC 30G	3
STERILANCE MIS 1.8MM	3
STERILANCE MIS TL 28G	3
STERILANCE MIS TL 30G	3
STERILANCE MIS TL 32G	3
SUPER THIN MIS LANC 28G	3
SUPER THIN MIS LANCETS	3
SURE COMFORT MIS LANC 18G	3
SURE COMFORT MIS LANC 21G	3
SURE COMFORT MIS LANC 23G	3
SURE COMFORT MIS LANC 30G	3
SURE COMFORT MIS LANCETS	3
SUREFLEX MIS LANCETS	3
SURELITE MIS LANCETS	3
TECHLITE AST MIS LANCETS	3
TECHLITE MIS LANC 30G	3
TECHLITE MIS LANCETS	3
TGT LANCET MIS 26G	3
TGT LANCET MIS 30G	3
TGT LANCET MIS 33G	3
THIN LANCETS MIS 26G	3
THIN LANCETS MIS 30G	3
THINLETS GP MIS 26G	3
TOPCARE MIS LANC 33G	3
TRAVEL LANCE MIS 30G	3
TRAVEL LANCE MIS ADV 28G	3
TRUE COMFORT MIS LANC 30G	3
TRUPLUS LANC MIS 26G	3
TRUPLUS LANC MIS 28G	3
TRUPLUS LANC MIS 30G	3
TRUPLUS LANC MIS 33G	3
TWIST LANCET MIS 30G MULT	3
ULTILET MIS 26G	3
ULTILET MIS 28G	3
ULTILET MIS 30G	3
ULTILET MIS 33G	3
ULTILET MIS LANCETS	3
ULTILET MIS SAFETY	3
ULTILET SAFE MIS 21G	3
ULTRA THIN MIS 28G	3
ULTRA THIN MIS 30G	3

Drug Name	Drug Tier Requirements/Limits
ULTRA THIN MIS 31G	3
ULTRA THIN MIS 33G	3
ULTRA THIN MIS LAN 31G	3
ULTRA THIN MIS LANC 28G	3
ULTRA THIN MIS LANC 30G	3
ULTRA THIN MIS LANCETS	3
UNILET CMFR MIS TCH 28G	3
UNILET CMFR MIS TCH 30G	3
UNILET EX II MIS 28G	3
UNILET EXCEL MIS 23G	3
UNILET G.P MIS SUPR 23G	3
UNILET G.P. MIS 21G	3
UNILET GP 28 MIS ULT THIN	3
UNILET LANC MIS 33G	3
UNILET LANCE MIS 21G	3
UNILET LANCE MIS 28G	3
UNILET LANCE MIS 33G	3
UNILET LANCT MIS 28G	3
UNILET LANCT MIS 30G	3
UNILET LANCT MIS 33G	3
UNILET MICRO MIS 33G	3
UNILET MIS 21G	3
UNILET SUPER MIS 23G	3
UNILET SUPER MIS G.P. 23G	3
UNISTIK 1 MIS 2.4MM	3
UNISTIK 1 MIS 3.0MM	3
UNISTIK 2 MIS	3
UNISTIK 2 MIS 1.8MM	3
UNISTIK 2 MIS 2.4MM	3
UNISTIK 2 MIS COMFORT	3
UNISTIK 2 MIS EXTRA	3
UNISTIK 2 MIS NEONATAL	3
UNISTIK 2 MIS NORMAL	3
UNISTIK 2 MIS SUPER	3
UNISTIK 3 MIS 1.8MM	3
UNISTIK 3 MIS COMFORT	3
UNISTIK 3 MIS EXTRA	3
UNISTIK 3 MIS GENT 30G	3
UNISTIK 3 MIS NEONATAL	3
UNISTIK 3 MIS NORMAL	3
UNISTIK 3 MIS XTR 21G	3
UNISTIK 23G MIS NORMAL	3
UNISTIK CZT MIS COMFORT	3
UNISTIK CZT MIS NORMAL	3
UNISTIK II MIS LANCETS	3
UNISTIK PRO MIS LANC 21G	3

Drug Name	Drug Tier Requirements/Limits
UNISTIK PRO MIS LANC 28G	3
UNISTIK SAFE MIS LANC 28G	3
UNISTIK SAFE MIS LANC 30G	3
UNISTIK TOUC MIS LANC 21G	3
UNISTIK TOUC MIS LANC 23G	3
UNISTIK TOUC MIS LANC 28G	3
UNISTIK TOUC MIS LANC 30G	3
UNITSTIK PRO MIS LANC 25G	3
UNIVERSAL 1 MIS 33G	3
UNIVERSAL 1 MIS LANC 26G	3
UNIVERSAL 1 MIS LANC 30G	3
VERIFINE MIS UNIV 30G	3
VIVAGUARD MIS 28G	3
VIVAGUARD MIS 30G	3
ZEVRX TWIST MIS LANC 30G	3

PARENTERAL THERAPY SUPPLIES

AUTOSHIELD MIS 29X3/16"	2
AUTOSHIELD MIS 29X5/16"	2
AUTOSHIELD MIS 30GX5MM	2
BD INSULIN SYRINGE ULTRA-	2
BD PEN NEEDL MIS 29GX12.7	2
BD PEN NEEDL MIS 31GX5MM	2
BD PEN NEEDL MIS 31GX8MM	2
BD PEN NEEDL MIS 32GX4MM	2
BD PEN NEEDL MIS 32GX4MM	2
BD PEN NEEDL MIS 32GX6MM	2
BD U-500 MIS 31GX6MM	2
INSULIN SYRG MIS 0.3/29G	2
INSULIN SYRG MIS 0.3/31G	2
INSULIN SYRG MIS 0.3/31G	2
INSULIN SYRG MIS 0.5/28G	2
INSULIN SYRG MIS 0.5/29G	2
INSULIN SYRG MIS 0.5/30G	2
INSULIN SYRG MIS 0.5/31G	2
INSULIN SYRG MIS 1ML	2
INSULIN SYRG MIS 1ML/25G	2
INSULIN SYRG MIS 1ML/26G	2
INSULIN SYRG MIS 1ML/27G	2
INSULIN SYRG MIS 1ML/28G	2
INSULIN SYRG MIS 1ML/29G	2
INSULIN SYRG MIS 1ML/31G	2
INSULIN SYRG MIS 2/27.5G	2
LUER-LOK SYR MIS 1ML/20G	2

Drug Name	Drug Tier Requirements/Limits
MIGRAINE PRODUCTS	
<u>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</u>	
AIMOVIG INJ 70MG/ML	2
AIMOVIG INJ 140MG/ML	2
AJOVY INJ 225/1.5	2
EMGALITY INJ 100MG/ML	2
NURTEC TAB 75MG ODT	2
QULIPTA TAB 10MG	2
QULIPTA TAB 30MG	2
QULIPTA TAB 60MG	2
UBRELVY TAB 50MG	2
UBRELVY TAB 100MG	2
MIGRAINE PRODUCTS	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES	
AJOVY INJ 225/1.5	2
EMGALITY INJ 120MG/ML	2
MIGRAINE PRODUCTS - NSAIDS	
<i>diclofenac potassium (migraine) packet 50 mg</i>	1
SEROTONIN AGONISTS	
<i>almotriptan malate tab 6.25 mg</i>	1
<i>almotriptan malate tab 12.5 mg</i>	1
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1
IMITREX INJ 4MG/0.5	3
IMITREX INJ 6MG/0.5	3
IMITREX SPR 5MG/ACT	3
IMITREX SPR 20MG/ACT	3
IMITREX TAB 25MG	3
IMITREX TAB 50MG	3
IMITREX TAB 100MG	3
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1
ONZETRA XSAI MIS 11MG	2
RELPAX TAB 20MG	3
RELPAX TAB 40MG	3
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1

Drug Name	Drug Tier Requirements/Limits
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1
<i>sumatriptan nasal spray 5 mg/act</i>	1
<i>sumatriptan nasal spray 20 mg/act</i>	1
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1
SUMATRIPTAN SUCCINATE REF	3
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1
<i>sumatriptan succinate tab 25 mg</i>	1
<i>sumatriptan succinate tab 50 mg</i>	1
<i>sumatriptan succinate tab 100 mg</i>	1
ZEMBRACE SYM INJ 3/0.5ML	2
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1
ZOLMITRIPTAN SPR 2.5MG	3
<i>zolmitriptan tab 2.5 mg</i>	1
<i>zolmitriptan tab 5 mg</i>	1
ZOMIG TAB 2.5MG	3
ZOMIG TAB 5MG	3

MINERALS & ELECTROLYTES

BICARBONATES

SOD BICARB INJ 7.5%	3
sodium acetate inj 2 meq/ml	1
sodium acetate inj 4 meq/ml	1
sodium bicarbonate iv soln 4.2%	1
sodium bicarbonate iv soln 8.4%	1

CALCIUM

calcium chloride inj 10%	1
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ELECTROLYTE MIXTURES

dextrose 2.5% w/ sodium chloride 0.45%	1
dextrose 5% in lactated ringers	1
dextrose 5% w/ sodium chloride 0.2%	1
dextrose 5% w/ sodium chloride 0.3%	1
dextrose 5% w/ sodium chloride 0.9%	1
dextrose 5% w/ sodium chloride 0.33%	1
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225%	1
DEXTROSE 10%/NACL 0.45%	3
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1

Drug Name	Drug Tier Requirements/Limits
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1
<i>lactated ringer's solution</i>	1
LACTATED RINGERS	3
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1
potassium chloride/sodium ringer's solution	1
FLUORIDE	
fluoritab	1
nafrinse	1
nafrinse drops	1
SOD FLUORIDE TAB 0.5MG F	3
SOD FLUORIDE TAB 1MG F	3
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1
IODINE PRODUCTS	
IODINE STRONG	3
MAGNESIUM	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1
magnesium sulfate inj 50%	1
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	1
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	1
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	1
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	1

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	1	
MANGANESE		
MANGANESE TRACE METAL	3	
PHOSPHATE		
<i>phospha 250 neutral</i>	1	
<i>phospho-trin 250 neutral</i>	1	
<i>phospho-trin k500</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	1	
SODIUM PHOSPHATE	3	
SODIUM PHOSPHATES	3	PA
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	1	
POTASSIUM		
effer-k	1	
k-prime	1	
K-TAB TAB 10MEQ CR	3	
klor-con	1	
klor-con 8	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
<i>potassium acetate inj 2 meq/ml</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
POTASSIUM CHLORIDE ER	3	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50ml</i>	1	
<i>potassium chloride inj 10 meq/100ml</i>	1	
<i>potassium chloride inj 20 meq/50ml</i>	1	
<i>potassium chloride inj 20 meq/100ml</i>	1	
<i>potassium chloride inj 40 meq/100ml</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	

Drug Name	Drug Tier Requirements/Limits
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1
<i>potassium chloride powder packet 20 meq</i>	1
<i>potassium chloride tab er 8 meq (600 mg)</i>	1
<i>potassium chloride tab er 10 meq</i>	1
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1
SODIUM	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1
<i>sodium chloride iv soln 0.9%</i>	1
<i>sodium chloride iv soln 0.45%</i>	1
<i>sodium chloride iv soln 3%</i>	1
<i>sodium chloride iv soln 4 meq/ml (23.4%)</i>	1
<i>sodium chloride iv soln 5%</i>	1
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1
TRACE MINERALS	
CHROMIUM CHLORIDE	3
COPPER TRACE METAL	3
ZINC	
<i>ZINC CHLORID INJ 1MG/ML</i>	3
<i>zinc sulfate inj 1 mg/ml</i>	1
<i>ZINC SULFATE INJ 1MG/ML</i>	3
<i>zinc sulfate inj 3 mg/ml</i>	1
<i>zinc sulfate inj 5 mg/ml</i>	1
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>penicillamine cap 250 mg</i>	1
<i>penicillamine tab 250 mg</i>	1
<i>trientine hcl cap 250 mg</i>	1
IMMUNOMODULATORS	
<i>lenalidomide cap 5 mg</i>	1
<i>lenalidomide cap 10 mg</i>	1
<i>lenalidomide cap 15 mg</i>	1
<i>lenalidomide cap 20 mg</i>	1
<i>lenalidomide cap 25 mg</i>	1
<i>lenalidomide caps 2.5 mg</i>	1
REVLIMID CAP 2.5MG	2
REVLIMID CAP 5MG	2
REVLIMID CAP 10MG	2
REVLIMID CAP 15MG	2
REVLIMID CAP 20MG	2
REVLIMID CAP 25MG	2
THALOMID CAP 50MG	2
THALOMID CAP 100MG	2

Drug Name	Drug Tier Requirements/Limits
THALOMID CAP 150MG	2
THALOMID CAP 200MG	2
IMMUNOSUPPRESSIVE AGENTS	
azasan	1
azathioprine tab 50 mg	1
azathioprine tab 75 mg	1
azathioprine tab 100 mg	1
cyclosporine cap 25 mg	1
cyclosporine cap 100 mg	1
cyclosporine iv soln 50 mg/ml	1
cyclosporine modified cap 25 mg	1
cyclosporine modified cap 50 mg	1
cyclosporine modified cap 100 mg	1
cyclosporine modified oral soln 100 mg/ml	1
ENSPRYNG INJ	2
everolimus tab 0.5 mg	1
everolimus tab 0.25 mg	1
everolimus tab 0.75 mg	1
everolimus tab 1 mg	1
gengraf	1
IMURAN TAB 50MG	3
mycophenolate mofetil cap 250 mg	1
mycophenolate mofetil for oral susp 200 mg/ml	1
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	1
mycophenolate mofetil tab 500 mg	1
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1
sirolimus oral soln 1 mg/ml	1
sirolimus tab 0.5 mg	1
sirolimus tab 1 mg	1
sirolimus tab 2 mg	1
tacrolimus cap 0.5 mg	1
tacrolimus cap 1 mg	1
tacrolimus cap 5 mg	1
IRRIGATION SOLUTIONS	
lactated ringer's for irrigation	1
physiolyte	1
physiosol irrigation	1
ringer's solution for irrigation	1
tis-u-sol	1
water for irrigation, sterile irrigation soln	1

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate powder	1	
SPS	3	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROSTAGLANDINS		
alprostadil inj 500 mcg/ml	1	
SCLEROSING AGENTS		
sodium tetradecyl sulfate inj 3%	1	
sotradecol	1	
SOTRADECOL	3	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL	3	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
periogard	1	
DENTAL PRODUCTS		
cavarest	1	
easygel	1	
fluoridex daily renewal	1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dental paste	1	
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EPISIL LIQ	2	
EVOXAC CAP 30MG	3	
MUGARD LIQ	2	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-plex	1	
folbee plus	1	

Drug Name	Drug Tier	Requirements/Limits
FOLBEE PLUS CZ	3	
nephronex	1	
reno caps	1	
triphrocaps	1	
virt-caps	1	
vp-vite rx	1	
wescaps	1	
MULTIPLE VITAMINS W/ MINERALS		
b-plex plus	1	
biocel	1	
CORVITA	3	
lysiplex plus	1	
nutrifac zx	1	
v-c forte	1	
vic-forte	1	
vita s forte	1	
vitacel	1	
PED MULTI VITAMINS W/FL & FE		
multi-vitamin/fluoride/ir	1	
PED MV W/ FLUORIDE		
multi-vitamin/fluoride dr	1	
MULTIVITAMIN/FLUORIDE	3	
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	1	
tri-vite/fluoride	1	
vitamins a/c/d/fluoride	1	
PRENATAL VITAMINS		
ELITE-OB	3	PA
INATAL GT	3	PA
PNV-DHA	3	PA
PNV-SELECT	3	PA
PRENATAL 19	3	PA
TRINATE	3	PA
SPECIALTY VITAMINS PRODUCTS		
urosex	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)	1	
baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)	1	
baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)	1	
BACLOFEN SOL 5MG/5ML	3	PA
baclofen tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol inj 1000 mg/10ml</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX TAB 4MG	3	

DIRECT MUSCLE RELAXANTS

DANTRIUM CAP 25MG	3
<i>dantrolene sodium cap 25 mg</i>	1
<i>dantrolene sodium cap 50 mg</i>	1
<i>dantrolene sodium cap 100 mg</i>	1
<i>dantrolene sodium for iv soln 20 mg</i>	1
revonto	1

VISCOSUPPLEMENTS

DUROLANE INJ 60MG/3ML	2
EUFLEXXA INJ 10MG/ML	2
GELSYN-3 INJ 16.8/2ML	2
SUPARTZ FX INJ 25/2.5ML	2

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1
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NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1
<i>olopatadine hcl nasal soln 0.6%</i>	1
PATANASE SPR 0.6%	3

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1
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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	1	
DEPOLARIZING MUSCLE RELAXANTS		
<i>succinylcholine chloride inj 20 mg/ml</i>	1	
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate iv soln 100 mg/10ml</i>	1	
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	1	
<i>cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)</i>	1	
<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	1	
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	1	
<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	1	
<i>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</i>	1	
<i>vecuronium bromide for inj 10 mg</i>	1	
<i>vecuronium bromide for inj 20 mg</i>	1	
NUTRIENTS		
CARBOHYDRATES		
<i>DEXTROSE 25%</i>	3	
<i>dextrose inj 5%</i>	1	
<i>dextrose inj 10%</i>	1	
<i>dextrose inj 50%</i>	1	
<i>dextrose inj 70%</i>	1	
PROTEINS		
<i>aminoam rms</i>	1	
<i>aminorelief rms</i>	1	
<i>aminosyn ii</i>	1	
<i>clinisol sf 15%</i>	1	
<i>plenamine</i>	1	

Drug Name	Drug Tier Requirements/Limits
OPHTHALMIC AGENTS	
BETA-BLOCKERS - OPHTHALMIC	
<i>betaxolol hcl ophth soln 0.5%</i>	1
<i>BETOPTIC-S SUS 0.25% OP</i>	2
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1
<i>CARTEOLOL HCL</i>	3
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1
<i>LEVOBUNOLOL SOL 0.5% OP</i>	3
<i>timolol maleate ophth gel forming soln 0.5%</i>	1
<i>timolol maleate ophth gel forming soln 0.25%</i>	1
<i>timolol maleate ophth soln 0.5%</i>	1
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1
<i>timolol maleate ophth soln 0.25%</i>	1
<i>timolol maleate preservative free ophth soln 0.5%</i>	1
<i>timolol maleate preservative free ophth soln 0.25%</i>	1
CYCLOPLEGIC MYDRIATICS	
<i>altafrin</i>	1
<i>atropine sulfate ophth soln 1%</i>	1
<i>cyclopentolate hcl ophth soln 0.5%</i>	1
<i>cyclopentolate hcl ophth soln 1%</i>	1
<i>cyclopentolate hcl ophth soln 2%</i>	1
<i>phenylephrine hcl ophth soln 2.5%</i>	1
<i>phenylephrine hcl ophth soln 10%</i>	1
<i>tropicamide ophth soln 0.5%</i>	1
<i>tropicamide ophth soln 1%</i>	1
MIOTICS	
<i>pilocarpine hcl ophth soln 1%</i>	1
<i>pilocarpine hcl ophth soln 2%</i>	1
<i>pilocarpine hcl ophth soln 4%</i>	1
OPHTHALMIC - ANGIOGENESIS INHIBITORS	
<i>EYLEA INJ 2/0.05ML</i>	2
<i>LUCENTIS INJ 0.3MG</i>	2
<i>LUCENTIS INJ 0.5MG</i>	2
OPHTHALMIC ADRENERGIC AGENTS	
<i>ALPHAGAN P SOL 0.1%</i>	2
<i>ALPHAGAN P SOL 0.15%</i>	2

Drug Name	Drug Tier Requirements/Limits
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1
<i>brimonidine tartrate ophth soln 0.2%</i>	1
<i>brimonidine tartrate ophth soln 0.15%</i>	1
SIMBRINZA SUS 1-0.2%	2
OPHTHALMIC ANTI-INFECTIVES	
<i>ak-poly-bac</i>	1
BACITRACIN	3
<i>bacitracin-polymyxin b ophth oint</i>	1
BESIVANCE SUS 0.6%	2
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1
<i>erythromycin ophth oint 5 mg/gm</i>	1
<i>gatifloxacin ophth soln 0.5%</i>	1
GENTAK	3
<i>gentamicin sulfate ophth soln 0.3%</i>	1
LEVOFLOXACIN	3
<i>levofloxacin ophth soln 0.5%</i>	1
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1
MOXIFLOXACIN HYDROCHLORID	3
<i>neo-polycin</i>	1
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1
NEOMYCIN/POLYMYXIN/GRAMIC	3
OCUFLOX DRO 0.3% OP	3
<i>ofloxacin ophth soln 0.3%</i>	1
<i>polycin</i>	1
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1
POLYTRIM SOL OP	3
SULFACETAMIDE SODIUM	3
<i>sulfacetamide sodium ophth soln 10%</i>	1
<i>tobramycin ophth soln 0.3%</i>	1
TOBREX OIN 0.3% OP	3
TRIFLURIDINE SOL 1% OP	3
VIGAMOX DRO 0.5%	3
OPHTHALMIC IMMUNOMODULATORS	
RESTASIS EMU 0.05% OP	1
RESTASIS MUL EMU 0.05% OP	2
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA DRO 5%	2
OPHTHALMIC KINASE INHIBITORS	
RHOPRESSA SOL 0.02%	2
ROCKLATAN DRO	2

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>DEXAMETHASONE SODIUM PHOS</i>	3	
<i>diloprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
<i>MAXITROL OIN 0.1% OP</i>	3	
<i>MAXITROL SUS 0.1% OP</i>	3	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>NEOMYCIN/POLYMYXIN/HYDROC</i>	3	
<i>PRED SOD PHO SOL 1% OP</i>	3	
<i>PREDNISOLONE ACETATE</i>	3	
<i>SULFACETAMIDE SODIUM/PRED</i>	3	
<i>TOBRADEX OIN 0.3-0.1%</i>	2	
<i>TOBRADEX SUS 0.3-0.1%</i>	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
<i>ACULAR LS SOL 0.4%</i>	3	
<i>ACULAR SOL 0.5% OP</i>	3	
<i>ak-fluor</i>	1	
<i>altafluor benox</i>	1	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>fluor-i-strips a.t.</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FLURBIPROFEN SOL 0.03% OP	3	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAZEO DRO 0.7%	2	
PROLENSA SOL 0.07%	2	

PROSTAGLANDINS - OPHTHALMIC

<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
ZIOPTAN DRO 0.0015%	2	

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	1	
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OTIC ANTI-INFECTIVES

CIPROFLOXACIN	3	
<i>ofloxacin otic soln 0.3%</i>	1	

OTIC COMBINATIONS

<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTIC-ND	3	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	

OTIC STEROIDS

<i>flac</i>	1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	

OXYTOCICS

ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING

<i>carboprost tromethamine im soln 250 mcg/ml</i>	1	
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OXYTOCICS

<i>methergine</i>	1	
<i>methylergonovine maleate inj 0.2 mg/ml</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	
<i>oxytocin inj 10 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN CHW 125MG	3	
AMOXICILLIN CHW 250MG	3	
AMPICILLIN CAP 500MG	3	
AMPICILLIN INJ 1GM	3	
AMPICILLIN INJ 2GM	3	
AMPICILLIN INJ 125MG	3	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
NATURAL PENICILLINS		
PEN G SODIUM INJ 5000000	3	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLN VK SOL 125/5ML	3	
PENICILLN VK SOL 250/5ML	3	
PFIZERPEN	3	PA
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	

Drug Name	Drug Tier Requirements/Limits
AMOXICILLIN/CLAVULANATE P	3
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1
AMPICILLIN-SULBACTAM	3
AUGMENTIN SUS 125/5ML	3
AUGMENTIN SUS ES-600	3
AUGMENTIN TAB 500MG	3
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	1
<i>dicloxacillin sodium cap 500 mg</i>	1
NAFCILLIN INJ 1GM	3
NAFCILLIN INJ 2GM	3
<i>nafcillin sodium for inj 1 gm</i>	1
<i>nafcillin sodium for inj 2 gm</i>	1
<i>nafcillin sodium for iv soln 10 gm</i>	1
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	1
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	1
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	1

PHARMACEUTICAL ADJUVANTS

LIQUID VEHICLES

<i>bacteriostatic sodium chloride inj soln 0.9%</i>	1
<i>glycine diluent for injection</i>	1
<i>water for injection</i>	1

PROGESTINS

PROGESTINS

AYGESTIN TAB 5MG	3
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	1
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
<i>PROVERA TAB 2.5MG</i>	3	
<i>PROVERA TAB 5MG</i>	3	
<i>PROVERA TAB 10MG</i>	3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	1
<i>disulfiram tab 250 mg</i>	1
<i>disulfiram tab 500 mg</i>	1

ANTI-CATAPLECTIC AGENTS

<i>XYWAV SOL 0.5GM/ML</i>	2
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ANTIDEMENTIA AGENTS

<i>ARICEPT TAB 5MG</i>	3
<i>ARICEPT TAB 10MG</i>	3
<i>ARICEPT TAB 23MG</i>	3
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1
<i>donepezil hydrochloride tab 5 mg</i>	1
<i>donepezil hydrochloride tab 10 mg</i>	1
<i>donepezil hydrochloride tab 23 mg</i>	1
<i>EXELON DIS 4.6MG/24</i>	3
<i>EXELON DIS 9.5MG/24</i>	3
<i>EXELON DIS 13.3/24</i>	3
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1
<i>galantamine hydrobromide tab 4 mg</i>	1
<i>galantamine hydrobromide tab 8 mg</i>	1
<i>galantamine hydrobromide tab 12 mg</i>	1
<i>GALANTAMINE SOL 4MG/ML</i>	3
<i>memantine hcl cap er 24hr 7 mg</i>	1
<i>memantine hcl cap er 24hr 14 mg</i>	1
<i>memantine hcl cap er 24hr 21 mg</i>	1
<i>memantine hcl cap er 24hr 28 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	

COMBINATION PSYCHOTHERAPEUTICS

CHLORDIAZEPOXIDE/AMITRIPT	3
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1
PERPHENAZINE/AMITRIPTYLIN	3

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TAB 6MG	2
AUSTEDO TAB 9MG	2
AUSTEDO TAB 12MG	2
INGREZZA CAP 40-80MG	2
INGREZZA CAP 40MG	2
INGREZZA CAP 60MG	2
INGREZZA CAP 80MG	2
<i>tetrabenazine tab 12.5 mg</i>	1
<i>tetrabenazine tab 25 mg</i>	1

MULTIPLE SCLEROSIS AGENTS

AUBAGIO TAB 7MG	2
AUBAGIO TAB 14MG	2
AVONEX PEN KIT 30MCG	2
AVONEX PREFL KIT 30MCG	2
BETASERON INJ 0.3MG	2
COPAXONE INJ 20MG/ML	2

Drug Name	Drug Tier Requirements/Limits
COPAXONE INJ 40MG/ML	2
dalfampridine tab er 12hr 10 mg	1
dimethyl fumarate capsule delayed release 120 mg	1
dimethyl fumarate capsule delayed release 240 mg	1
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1
fingolimod hcl cap 0.5 mg (base equiv)	1
glatiramer acetate soln prefilled syringe 20 mg/ml	1
glatiramer acetate soln prefilled syringe 40 mg/ml	1
glatopa	1
KESIMPTA INJ 20/.4ML	2
MAYZENT PAK STARTER	2
MAYZENT TAB 0.25MG	2
MAYZENT TAB 1MG	2
MAYZENT TAB 2MG	2
OCREVUS INJ 300/10ML	2
REBIF INJ 22/0.5	2
REBIF INJ 44/0.5	2
REBIF REBIDO INJ 22/0.5	2
REBIF REBIDO INJ 44/0.5	2
REBIF REBIDO INJ TITRATN	2
REBIF TITRTN INJ PACK	2
TYSABRI INJ 300/15ML	2
VUMERITY CAP 231MG	2
ZEPOSIA 7DAY CAP STR PACK	2
ZEPOSIA CAP .92MG	2
ZEPOSIA CAP STR KIT	2

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

GRALISE TAB 300MG	2
GRALISE TAB 600MG	2
pregabalin tab er 24hr 82.5 mg	1
pregabalin tab er 24hr 165 mg	1
pregabalin tab er 24hr 330 mg	1

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

ERGOLOID MES TAB 1MG ORAL	3
PIMOZIDE TAB 1MG	3
PIMOZIDE TAB 2MG	3

TRANSTHYRETIN AMYLOIDOSIS AGENTS

TEGSEDI INJ 284/1.5	2
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RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

PROLASTIN-C INJ 1000MG	2
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Drug Name	Drug Tier	Requirements/Limits
<i>CYSTIC FIBROSIS AGENTS</i>		
PULMOZYME SOL 1MG/ML	3	
<i>PULMONARY FIBROSIS AGENTS</i>		
OFEV CAP 100MG	2	
OFEV CAP 150MG	2	
<i>pirfenidone cap 267 mg</i>	1	
<i>pirfenidone tab 267 mg</i>	1	
<i>pirfenidone tab 801 mg</i>	1	
TETRACYCLINES		
<i>GLYCYLCYCCLINES</i>		
<i>tigecycline for iv soln 50 mg</i>	1	
<i>TETRACYCLINES</i>		
<i>avidoxy</i>	1	
<i>demeclercycline hcl tab 150 mg</i>	1	
<i>demeclercycline hcl tab 300 mg</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
MINOCYCLINE HYDROCHLORIDE	3	PA
<i>monodoxine nl</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
THYROID AGENTS		
<i>ANTITHYROID AGENTS</i>		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	

Drug Name	Drug Tier Requirements/Limits
<i>propylthiouracil tab 50 mg</i>	1
THYROID HORMONES	
<i>euthyrox</i>	1
<i>levo-t</i>	1
<i>levothyroxine sodium for iv inj 100 mcg</i>	1
<i>levothyroxine sodium for iv inj 200 mcg</i>	1
<i>levothyroxine sodium for iv inj 500 mcg</i>	1
<i>levothyroxine sodium tab 25 mcg</i>	1
<i>levothyroxine sodium tab 50 mcg</i>	1
<i>levothyroxine sodium tab 75 mcg</i>	1
<i>levothyroxine sodium tab 88 mcg</i>	1
<i>levothyroxine sodium tab 100 mcg</i>	1
<i>levothyroxine sodium tab 112 mcg</i>	1
<i>levothyroxine sodium tab 125 mcg</i>	1
<i>levothyroxine sodium tab 137 mcg</i>	1
<i>levothyroxine sodium tab 150 mcg</i>	1
<i>levothyroxine sodium tab 175 mcg</i>	1
<i>levothyroxine sodium tab 200 mcg</i>	1
<i>levothyroxine sodium tab 300 mcg</i>	1
<i>levoxyl</i>	1
<i>liothyronine sodium iv soln 10 mcg/ml</i>	1
<i>liothyronine sodium tab 5 mcg</i>	1
<i>liothyronine sodium tab 25 mcg</i>	1
<i>liothyronine sodium tab 50 mcg</i>	1
NP THYROID 15	3
NP THYROID 30	3
NP THYROID 60	3
NP THYROID 90	3
NP THYROID 120	3
SYNTHROID TAB 25MCG	2
SYNTHROID TAB 50MCG	2
SYNTHROID TAB 75MCG	2
SYNTHROID TAB 88MCG	2
SYNTHROID TAB 100MCG	2
SYNTHROID TAB 112MCG	2
SYNTHROID TAB 125MCG	2
SYNTHROID TAB 137MCG	2
SYNTHROID TAB 150MCG	2
SYNTHROID TAB 175MCG	2
SYNTHROID TAB 200MCG	2
SYNTHROID TAB 300MCG	2
<i>unithroid</i>	1

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>ANASPAZ TAB 0.125MG</i>	3
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Drug Name	Drug Tier Requirements/Limits
atropine sulfate inj 8 mg/20ml (0.4 mg/ml)	1
atropine sulfate iv soln 0.4 mg/ml	1
atropine sulfate iv soln 1 mg/ml	1
atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)	1
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	1
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	1
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1
dicyclomine hcl cap 10 mg	1
dicyclomine hcl inj 10 mg/ml	1
dicyclomine hcl oral soln 10 mg/5ml	1
dicyclomine hcl tab 20 mg	1
glycopyrrolate inj 0.2 mg/ml	1
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	1
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	1
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	1
glycopyrrolate oral soln 1 mg/5ml	1
glycopyrrolate tab 1 mg	1
glycopyrrolate tab 2 mg	1
hyoscyamine sulfate elixir 0.125 mg/5ml	1
hyoscyamine sulfate sl tab 0.125 mg	1
hyoscyamine sulfate soln 0.125 mg/ml	1
hyoscyamine sulfate tab 0.125 mg	1
hyoscyamine sulfate tab disint 0.125 mg	1
hyosyne	1
LEVSIN TAB 0.125MG	3
LEVSIN/SL SUB 0.125MG	3
methscopolamine bromide tab 2.5 mg	1
methscopolamine bromide tab 5 mg	1
nulev	1
oscimin	1

H-2 ANTAGONISTS

cimetidine hcl soln 300 mg/5ml	1
cimetidine tab 200 mg	1
cimetidine tab 300 mg	1
cimetidine tab 400 mg	1
cimetidine tab 800 mg	1
famotidine for susp 40 mg/5ml	1
famotidine inj 40 mg/4ml	1
famotidine inj 200 mg/20ml	1
FAMOTIDINE PREMIXED	3
famotidine preservative free inj 20 mg/2ml	1
famotidine tab 20 mg	1

Drug Name	Drug Tier	Requirements/Limits
famotidine tab 40 mg	1	
NIZATIDINE CAP 150MG	3	
NIZATIDINE CAP 300MG	3	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	
esomeprazole magnesium for delayed release susp packet 10 mg	1	
esomeprazole magnesium for delayed release susp packet 20 mg	1	
esomeprazole magnesium for delayed release susp packet 40 mg	1	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	1	
lansoprazole cap delayed release 15 mg	1	
lansoprazole cap delayed release 30 mg	1	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
pantoprazole sodium for iv soln 40 mg (base equiv)	1	
rabeprazole sodium ec tab 20 mg	1	
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
LANSOPRAZOLE/AMOXICILLIN/	3	
PYLERA CAP	2	
TALICIA CAP	2	
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
MACROBID CAP 100MG	3	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>macrocrystalline cap 100 mg</i>		
<i>nitrofurantoin susp 25 mg/5ml</i>	1	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>DETROL TAB 1MG</i>	3	
<i>DETROL TAB 2MG</i>	3	
<i>DITROPAN XL TAB 5MG</i>	3	
<i>DITROPAN XL TAB 10MG</i>	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

<i>GEMTESA TAB 75MG</i>	2	
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URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	1	
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VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

<i>CLEOCIN CRE 2% VAG</i>	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>MICONAZOLE 3</i>	3	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>IMVEXXY MAIN SUP 4MCG</i>	2	
<i>IMVEXXY MAIN SUP 10MCG</i>	2	
<i>IMVEXXY STRT SUP 4MCG</i>	2	
<i>IMVEXXY STRT SUP 10MCG</i>	2	
<i>VAGIFEM TAB 10MCG</i>	1	
VAGINAL PROGESTINS		
<i>CRINONE GEL 4% VAG</i>	2	
<i>CRINONE GEL 8% VAG</i>	2	
<i>ENDOMETRIN SUP 100MG</i>	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>AUVI-Q INJ 0.1MG</i>	2	
<i>AUVI-Q INJ 0.3MG</i>	2	
<i>AUVI-Q INJ 0.15MG</i>	2	
<i>EPINEPHRINE</i>	3	
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>EPIPEN 2-PAK INJ 0.3MG</i>	2	
<i>EPIPEN-JR INJ 0.15MG</i>	2	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	
<i>droxidopa cap 200 mg</i>	1	
<i>droxidopa cap 300 mg</i>	1	
VASOPRESSORS		
<i>DOBUTAMINE INJ 250MG</i>	3	
<i>dopamine hcl inj 40 mg/ml</i>	1	
<i>ephedrine sulfate iv soln 50 mg/ml</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl iv soln 10 mg/ml</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	1	
<i>phytonadione inj 10 mg/ml</i>	1	
<i>phytonadione tab 5 mg</i>	1	
WATER SOLUBLE VITAMINS		
<i>PYRIDOXINE INJ 100MG/ML</i>	3	
<i>thiamine hcl inj 100 mg/ml</i>	1	

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<i>abacavir sulfate tab 300 mg (base equiv)</i>	83
<i>abaneu-sl</i>	116
<i>ABILIFY MAIN INJ 300MG</i>	82
<i>ABILIFY MAIN INJ 400MG</i>	82
<i>abiraterone acetate tab 250 mg</i>	71
<i>abiraterone acetate tab 500 mg</i>	71
<i>acamprosate calcium tab delayed release 333 mg</i>	147
<i>acarbose tab 100 mg</i>	52
<i>acarbose tab 25 mg</i>	52
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<i>acetazolamide tab 125 mg</i>	105
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<i>acetic acid otic soln 2%</i>	144
<i>acetylcysteine inhal soln 10%</i>	96
<i>acetylcysteine inhal soln 20%</i>	97
<i>acetylcysteine inj 200 mg/ml</i>	56
<i>acitretin cap 10 mg</i>	99
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<i>acitretin cap 25 mg</i>	100
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<i>acyclovir cap 200 mg</i>	85
<i>acyclovir oint 5%</i>	100
<i>acyclovir sodium iv soln 50 mg/ml</i>	85
<i>acyclovir susp 200 mg/5ml</i>	85
<i>acyclovir tab 400 mg</i>	85
<i>acyclovir tab 800 mg</i>	85
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	97
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<i>albuterol sulfate syrup 2 mg/5ml</i>	41
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<i>alprazolam tab 2 mg</i>	38
<i>alprazolam tab er 24hr 0.5 mg</i>	38
<i>alprazolam tab er 24hr 1 mg</i>	38
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<i>amantadine hcl cap 100 mg</i>	76
<i>amantadine hcl soln 50 mg/5ml</i>	76
<i>amantadine hcl tab 100 mg</i>	76
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AMARYL TAB 2MG	55
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<i>ambrisentan tab 5 mg</i>	92
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<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	25
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	25
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	105
<i>amiloride hcl tab 5 mg</i>	106
<i>aminoam rms</i>	140
<i>aminocaproic acid inj 250 mg/ml</i>	117
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	117
<i>aminocaproic acid tab 1000 mg</i>	117
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<i>aminophylline inj 25 mg/ml</i>	42
<i>aminorelief rms</i>	140
<i>aminosyn ii</i>	140
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	39
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	39
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	39
<i>amiodarone hcl tab 100 mg</i>	39
<i>amiodarone hcl tab 200 mg</i>	39
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<i>amitriptyline hcl tab 25 mg</i>	51
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<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	91
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	91
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	91
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	90
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	90
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	90
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	90
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	91
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	91
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	91
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<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	63
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	63
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	63
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	63
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	63
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	64
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	64
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	63
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	63
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	88
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<i>amlodipine besylate-valsartan tab 10-320 mg</i>	64
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<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	145
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	145
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	145
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<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	145
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	145
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	145

<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	145
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	145
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<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	21
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<i>aprepitant capsule 80 mg</i>	57
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<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	139
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	139
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	139
<i>azelastine hcl ophth soln 0.05%</i>	143
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<i>baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)</i>	138
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BD PEN NEEDL MIS 32GX4MM	130
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<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	64
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<i>benazepril & hydrochlorothiazide tab 5- 6.25 mg</i>	64
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<i>benazepril hcl tab 10 mg</i>	61
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<i>BENZOYL PEROXIDE 8%</i>	97
<i>benzoyl peroxide-erythromycin gel 5- 3%</i>	97

<i>benzoyl peroxide foam 9.8%</i>	97
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	97
<i>benztropine mesylate inj 1 mg/ml</i>	76
<i>benztropine mesylate tab 0.5 mg</i>	76
<i>benztropine mesylate tab 1 mg</i>	76
<i>benztropine mesylate tab 2 mg</i>	76
<i>bepotastine besilate ophth soln 1.5%</i>	143
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<i>betamethasone dipropionate augmented lotion 0.05%</i>	100
<i>betamethasone dipropionate augmented oint 0.05%</i>	100
<i>betamethasone dipropionate cream 0.05%</i>	100
<i>betamethasone dipropionate lotion 0.05%</i>	100
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	94
<i>betamethasone valerate aerosol foam 0.12%</i>	100
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	101
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	101
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	101
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<i>betaxolol hcl tab 10 mg</i>	86
<i>betaxolol hcl tab 20 mg</i>	86
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<i>bethanechol chloride tab 25 mg</i>	154
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<i>brimonidine tartrate ophth soln 0.2%</i>	142
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	141
<i>brinzolamide ophth susp 1%</i>	143
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<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	76
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	77
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<i>budesonide delayed release particles cap 3 mg</i>	94
<i>budesonide inhalation susp 0.25 mg/2ml</i>	40

<i>budesonide inhalation susp 0.5 mg/2ml</i>	40
<i>budesonide inhalation susp 1 mg/2ml</i>	40
<i>bumetanide inj 0.25 mg/ml</i>	105
<i>bumetanide tab 0.5 mg</i>	105
<i>bumetanide tab 1 mg</i>	106
<i>bumetanide tab 2 mg</i>	106
<i>bupivacaine 0.75% in dextrose inj 8.25%</i>	120
<i>bupivacaine hcl inj 0.25%</i>	120
<i>bupivacaine hcl inj 0.5%</i>	120
<i>bupivacaine hcl preservative free (pf) inj 0.25%</i>	120
<i>bupivacaine hcl preservative free (pf) inj 0.5%</i>	120
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i>	120
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	120
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	120
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	119
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	120
<i>bupivacaine spinal</i>	120
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	33
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	33
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	32
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	32
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<i>buprenorphine td patch weekly 15 mcg/hr</i>	33
<i>buprenorphine td patch weekly 20 mcg/hr</i>	33
<i>buprenorphine td patch weekly 5 mcg/hr</i>	33
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	33
<i>bupropion hcl tab 100 mg</i>	49
<i>bupropion hcl tab 75 mg</i>	49
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<i>bupropion hcl tab er 12hr 200 mg</i>	49
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<i>buspirone hcl tab 30 mg</i>	37
<i>buspirone hcl tab 5 mg</i>	37
<i>buspirone hcl tab 7.5 mg</i>	37
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<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	31
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	31
<i>butalbital-acetaminophen tab 50-325 mg</i>	28
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	28
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	32
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<i>BUTORPHANOL INJ 2MG/ML</i>	33
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<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg .</i>	64	carbidopa-levodopa-entacapone tabs 25-100-200 mg	77																																																																		
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candesartan cilexetil tab 4 mg	62	carbidopa-levodopa-entacapone tabs 50-200-200 mg	77																																																																		
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capecitabine tab 150 mg	69	carbinoxamine maleate tab 4 mg	58																																																																		
capecitabine tab 500 mg	69	CARBINOXAMIN SOL 4MG/5ML	58																																																																		
CAPEX SHA 0.01%	101	carboplatin iv soln 150 mg/15ml	68																																																																		
CAPLYTA CAP 10.5MG.....	79	carboplatin iv soln 450 mg/45ml	68																																																																		
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CAPLYTA CAP 42MG.....	79	carboplatin iv soln 600 mg/60ml	68																																																																		
<i>captopril tab 100 mg</i>	61	carboprost tromethamine im soln 250 mcg/ml	144																																																																		
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<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	111	<i>clindamycin hcl cap 150 mg</i>	36
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<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	140	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	97
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	140	<i>clindamycin phosphate foam 1%</i>	97
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	68	<i>clindamycin phosphate gel 1%</i>	97
CISPLATIN INJ 200MG	68	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	36
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	68	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	36
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	49	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	36
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	49	<i>clindamycin phosphate inj 300 mg/2ml</i>	36
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	49	<i>clindamycin phosphate inj 600 mg/4ml</i>	36
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<i>claravis</i>	97	<i>clindamycin phosphate lotion 1%</i>	97
<i>clariscan</i>	104	<i>clindamycin phosphate soln 1%</i>	97
<i>clarithromycin tab 250 mg</i>	121	<i>clindamycin phosphate swab 1%</i>	97
<i>clarithromycin tab 500 mg</i>	121	<i>clindamycin phosphate-tretinoil gel 1.2-0.025%</i>	97
<i>clarithromycin tab er 24hr 500 mg</i>	121	<i>clindamycin phosphate vaginal cream 2%</i>	155
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CLEOCIN CAP 150MG	36	<i>clobetasol propionate cream 0.05%</i>	101
CLEOCIN CAP 300MG	36	<i>clobetasol propionate emollient base cream 0.05%</i>	101
CLEOCIN CAP 75MG	36	<i>clobetasol propionate foam 0.05%</i>	101
CLEOCIN CRE 2% VAG	154	<i>clobetasol propionate gel 0.05%</i>	101
CLEOCIN PED SOL 75MG/5ML	36	<i>clobetasol propionate lotion 0.05%</i>	101
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<i>clotrimazole soln 1%</i>	99
<i>clotrimazole troche 10 mg</i>	137
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	99
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	99
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<i>clozapine orally disintegrating tab 100 mg</i>	80
<i>clozapine orally disintegrating tab 25 mg</i>	80
<i>clozapine tab 100 mg</i>	80
<i>clozapine tab 200 mg</i>	80
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COSENTYX PEN INJ 150MG/ML.....	100
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<i>dantrolene sodium cap 25 mg</i>	139
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<i>dapsone gel 5%</i>	97
<i>dapsone gel 7.5%</i>	97
<i>dapsone tab 100 mg</i>	36
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<i>desoximetasone cream 0.25%</i>	101
<i>desoximetasone gel 0.05%</i>	101
<i>desoximetasone oint 0.25%</i>	101
<i>desoximetasone spray 0.25%</i>	101
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<i>dexamethasone tab 1.5 mg</i>	95
<i>dexamethasone tab 2 mg</i>	95
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<i>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</i>	118
<i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i>	118
<i>dexmedetomidine hcl iv soln 200 mcg/2ml</i>	118
<i>dexamethylphenidate hcl cap er 24 hr 10 mg</i>	23
<i>dexamethylphenidate hcl cap er 24 hr 15 mg</i>	23
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<i>dexamethylphenidate hcl cap er 24 hr 30 mg</i>	23
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<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	21
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	21
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	21
<i>dextroamphetamine sulfate tab 10 mg</i>	21
<i>dextroamphetamine sulfate tab 15 mg</i>	21
<i>dextroamphetamine sulfate tab 20 mg</i>	21
<i>dextroamphetamine sulfate tab 30 mg</i>	21
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<i>dextrose 5% in lactated ringers</i>	132
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<i>dextrose 5% w/ sodium chloride 0.225%</i>	132
<i>dextrose 5% w/ sodium chloride 0.3%</i>	132
<i>dextrose 5% w/ sodium chloride 0.33%</i>	132
<i>dextrose 5% w/ sodium chloride 0.45%</i>	132
<i>dextrose 5% w/ sodium chloride 0.9%</i>	132
<i>dextrose inj 10%</i>	140
<i>dextrose inj 5%</i>	140
<i>dextrose inj 50%</i>	140
<i>dextrose inj 70%</i>	140
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DIASTAT PED GEL 2.5M GEL	44
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<i>diazepam tab 2 mg</i>	38
<i>diazepam tab 5 mg</i>	38
<i>diazoxide susp 50 mg/ml</i>	53
<i>dichlorphenamide tab 50 mg</i>	105
DICLOFENAC DIS 1.3%	98
<i>diclofenac potassium (migraine) packet 50 mg</i>	131
<i>diclofenac potassium tab 50 mg</i>	26
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	99
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	98
<i>diclofenac sodium ophth soln 0.1%</i>	143
<i>diclofenac sodium soln 1.5%</i>	98
<i>diclofenac sodium tab delayed release 25 mg</i>	26
<i>diclofenac sodium tab delayed release 50 mg</i>	26
<i>diclofenac sodium tab delayed release 75 mg</i>	26
<i>diclofenac sodium tab er 24hr 100 mg</i>	27
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	27
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	27
<i>dicloxacillin sodium cap 250 mg</i>	146
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<i>dicyclomine hcl inj 10 mg/ml</i>	152
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<i>diflunisal tab 500 mg</i>	28
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<i>digitek</i>	90
<i>digoxin inj 0.25 mg/ml</i>	90
<i>digoxin oral soln 0.05 mg/ml</i>	90
DIGOXIN SOL 50MCG/ML	90
<i>digoxin tab 125 mcg (0.125 mg)</i>	90
<i>digoxin tab 250 mcg (0.25 mg)</i>	90
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	90
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	131
<i>diltiazem hcl cap er 12hr 120 mg</i>	88
<i>diltiazem hcl cap er 12hr 60 mg</i>	88
<i>diltiazem hcl cap er 12hr 90 mg</i>	88
<i>diltiazem hcl cap er 24hr 120 mg</i>	88
<i>diltiazem hcl cap er 24hr 180 mg</i>	88
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<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	88
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	88
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<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	88
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<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	88
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	88
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	89
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	89
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	89
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	89
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<i>diltiazem hcl tab 30 mg</i>	89
<i>diltiazem hcl tab 60 mg</i>	89
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dipyridamole tab 50 mg	115
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divalproex sodium tab delayed release 500 mg	48
divalproex sodium tab er 24 hr 250 mg	48
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DIVIGEL GEL 0.75MG.....	110
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docetaxel for inj conc 20 mg/ml	75
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	75
docetaxel soln for iv infusion 160 mg/16ml.....	75
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dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	141
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doxazosin mesylate tab 1 mg	63
doxazosin mesylate tab 2 mg	63
doxazosin mesylate tab 4 mg	63
doxazosin mesylate tab 8 mg	63
doxepin hcl (sleep) tab 3 mg (base equiv)	118
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doxepin hcl cap 50 mg	51
doxepin hcl cap 75 mg	51
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doxepin hcl cream 5%	99
doxercalciferol cap 0.5 mcg	108
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<i>doxycycline hyclate cap 100 mg</i>	150
<i>doxycycline hyclate cap 50 mg</i>	150
<i>doxycycline hyclate for inj 100 mg</i> ..	150
<i>doxycycline hyclate tab 100 mg</i>	150
<i>doxycycline hyclate tab 20 mg</i>	150
<i>doxycycline monohydrate cap 100 mg</i>	150
<i>doxycycline monohydrate cap 50 mg</i>	150
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<i>doxycycline monohydrate tab 150 mg</i>	150
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<i>doxycycline monohydrate tab 75 mg</i>	150
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	57
<i>dronabinol cap 10 mg</i>	57
<i>dronabinol cap 2.5 mg</i>	57
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<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	50
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	50
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	50
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	50
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<i>duramorph</i>	28
<i>DUROLANE INJ 60MG/3ML</i>	139
<i>dutasteride cap 0.5 mg</i>	114
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	114
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<i>E.E.S. 400</i>	121
<i>EASY COMFORT MIS 30G</i>	123
<i>EASY COMFORT MIS LANC/30G</i>	123
<i>EASY COMFORT MIS TWIST</i>	123
<i>easygel</i>	137
<i>EASY TOUCH LANCETS 30G/TW</i>	123
<i>EASY TOUCH MIS LANC/21G</i>	123
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<i>EASY TOUCH MIS LANC/26G</i>	123
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<i>memantine hcl tab 5 mg</i>	148
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<i>meperidine hcl inj 25 mg/ml</i>	30
<i>meperidine hcl inj 50 mg/ml</i>	30
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MEPERIDINE TAB 50MG	30
<i>meprobamate tab 200 mg</i>	38
<i>meprobamate tab 400 mg</i>	38
<i>mercaptopurine tab 50 mg</i>	69
<i>meropenem iv for soln 1 gm</i>	35
<i>meropenem iv for soln 500 mg</i>	35
<i>mesalamine cap dr 400 mg</i>	112
<i>mesalamine cap er 24hr 0.375 gm</i>	112
<i>mesalamine cap er 500 mg</i>	112
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<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	112
<i>mesalamine suppos 1000 mg</i>	112
<i>mesalamine tab delayed release 1.2 gm</i>	112
<i>mesalamine tab delayed release 800 mg</i>	112
<i>mesna inj 100 mg/ml</i>	75
<i>metaxalone tab 800 mg</i>	139
<i>metformin hcl oral soln 500 mg/5ml</i>	.53
<i>metformin hcl tab 1000 mg</i>	53
<i>metformin hcl tab 500 mg</i>	53
<i>metformin hcl tab 850 mg</i>	53
<i>metformin hcl tab er 24hr 500 mg</i>	53
<i>metformin hcl tab er 24hr 750 mg</i>	53
<i>methadone hcl conc 10 mg/ml</i>	30
<i>methadone hcl inj 10 mg/ml</i>	30
<i>methadone hcl soln 10 mg/5ml</i>	30
<i>methadone hcl soln 5 mg/5ml</i>	30
<i>methadone hcl tab 10 mg</i>	30
<i>methadone hcl tab 5 mg</i>	30
<i>methadone hcl tab for oral susp 40 mg</i>	30
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<i>methadose</i>	30
<i>methamphetamine hcl tab 5 mg</i>	21
<i>methazolamide tab 25 mg</i>	105
<i>methazolamide tab 50 mg</i>	105
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<i>methenamine mandelate tab 0.5 gm</i>	153
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<i>methimazole tab 10 mg</i>	150
<i>methimazole tab 5 mg</i>	150
<i>methocarbamol inj 1000 mg/10ml</i>	.139
<i>methocarbamol tab 500 mg</i>	139
<i>methocarbamol tab 750 mg</i>	139
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<i>methotrexate sodium for inj 1 gm</i>	.69
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<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	70
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	70

<i>methotrexate sodium inj pf 50 mg/2ml</i>	
(25 mg/ml)	69
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	70
<i>methscopolamine bromide tab 2.5 mg</i>	
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<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	24
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	24
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	24
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	24
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	24
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	24
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	24
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	24
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	24
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	24
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	24
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	24
<i>methylphenidate hcl cap er 30 mg (cd)</i>	
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<i>methylphenidate hcl cap er 40 mg (cd)</i>	
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<i>methylphenidate hcl cap er 50 mg (cd)</i>	
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<i>methylphenidate hcl cap er 60 mg (cd)</i>	
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<i>methylphenidate hcl chew tab 10 mg</i>	24
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<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	24
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	24
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	24
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<i>methylphenidate td patch 15 mg/9hr</i> 25	
<i>methylphenidate td patch 20 mg/9hr</i> 25	
<i>methylphenidate td patch 30 mg/9hr</i> 25	
<i>methylprednisolone acetate inj susp</i> 40 mg/ml	95
<i>methylprednisolone acetate inj susp</i> 80 mg/ml	95
<i>methylprednisolone sod succ for inj</i> 1000 mg (base equiv).....	95
<i>methylprednisolone sod succ for inj</i> 125 mg (base equiv)	95
<i>methylprednisolone sod succ for inj</i> 40 mg (base equiv).....	95
<i>methylprednisolone sod succ for inj</i> 500 mg (base equiv)	95
<i>methylprednisolone tab 16 mg</i>95	
<i>methylprednisolone tab 32 mg</i>95	
<i>methylprednisolone tab 4 mg</i>	95
<i>methylprednisolone tab 8 mg</i>	95
<i>methylprednisolone tab therapy pack</i> 4 mg (21)	95
<i>methyltestosterone cap 10 mg</i>	33

<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	112
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	112
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	112
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	112
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<i>metolazone tab 10 mg</i>	106
<i>metolazone tab 2.5 mg</i>	106
<i>metolazone tab 5 mg</i>	106
<i>metoprolol/hydrochlorothi</i>	65
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	65
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	65
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	87
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	87
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	87
<i>metoprolol tartrate iv soln 5 mg/5ml</i> 87	
<i>metoprolol tartrate tab 100 mg</i>	87
<i>metoprolol tartrate tab 25 mg</i>	87
<i>metoprolol tartrate tab 37.5 mg</i>	87
<i>metoprolol tartrate tab 50 mg</i>	87
<i>metoprolol tartrate tab 75 mg</i>	87
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METROLOTION LOT 0.75%	103
<i>metronidazole cap 375 mg</i>	34
<i>metronidazole cream 0.75%</i>	103
<i>metronidazole gel 0.75%</i>	103
<i>metronidazole gel 1%</i>	103
<i>metronidazole iv soln 500 mg/100ml</i> 34	
<i>metronidazole lotion 0.75%</i>	104
<i>metronidazole tab 250 mg</i>	34
<i>metronidazole tab 500 mg</i>	34
<i>metronidazole vaginal gel 0.75%</i>	155
<i>metyrosine cap 250 mg</i>	62
<i>mexiletine hcl cap 150 mg</i>	39
<i>mexiletine hcl cap 200 mg</i>	39
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<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	118
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	118
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	118
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	118
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	118
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	118
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	118
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	118
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	118
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	118
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<i>midodrine hcl tab 10 mg</i>	155
<i>midodrine hcl tab 2.5 mg</i>	155
<i>midodrine hcl tab 5 mg</i>	155
<i>miglitol tab 100 mg</i>	52
<i>miglitol tab 25 mg</i>	52
<i>miglitol tab 50 mg</i>	52
<i>miglustat cap 100 mg</i>	116
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	90
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	90
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	90
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	90
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	90

<i>mimvey</i>	110
<i>mineral oil</i>	119
<i>minocycline hcl cap 100 mg</i>	150
<i>minocycline hcl cap 50 mg</i>	150
<i>minocycline hcl cap 75 mg</i>	150
<i>minocycline hcl tab 100 mg</i>	150
<i>minocycline hcl tab 50 mg</i>	150
<i>minocycline hcl tab 75 mg</i>	150
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<i>minoxidil tab 10 mg</i>	67
<i>minoxidil tab 2.5 mg</i>	67
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<i>mirtazapine orally disintegrating tab 30 mg</i>	48
<i>mirtazapine orally disintegrating tab 45 mg</i>	48
<i>mirtazapine tab 15 mg</i>	48
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<i>misoprostol tab 100 mcg</i>	153
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<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	72
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	72
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	72
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<i>modafinil tab 100 mg</i>	25
<i>modafinil tab 200 mg</i>	25
<i>moexipril hcl tab 15 mg</i>	61
<i>moexipril hcl tab 7.5 mg</i>	61
MOLINDONE HYDROCHLORIDE	81
<i>mometasone furoate cream 0.1%</i>	102
<i>mometasone furoate nasal susp 50 mcg/act</i>	140
<i>mometasone furoate oint 0.1%</i>	102
<i>mometasone furoate solution 0.1% (lotion)</i>	102
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<i>montelukast sodium chew tab 4 mg (base equiv)</i>	40
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	40
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	40
<i>montelukast sodium tab 10 mg (base equiv)</i>	40
MORPHINE SULFATE ER	30
<i>morpheine sulfate inj pf 0.5 mg/ml</i>	30
<i>morpheine sulfate inj pf 1 mg/ml</i>	30
<i>morpheine sulfate iv soln 4 mg/ml</i>	30
<i>morpheine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	30
<i>morpheine sulfate oral soln 10 mg/5ml</i>	30
<i>morpheine sulfate tab 15 mg</i>	30
<i>morpheine sulfate tab 30 mg</i>	30
<i>morpheine sulfate tab er 100 mg</i>	31
<i>morpheine sulfate tab er 15 mg</i>	30
<i>morpheine sulfate tab er 200 mg</i>	31
<i>morpheine sulfate tab er 30 mg</i>	30
<i>morpheine sulfate tab er 60 mg</i>	31
MORPHINE SUL INJ 10MG/ML	30
MORPHINE SUL INJ 8MG/ML	30
MORPHINE SUL SOL 20MG/5ML	30
MORPHINE SUL TAB 15MG	30
MORPHINE SUL TAB 30MG	30
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	142
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<i>nabumetone tab 500 mg</i>	27
<i>nabumetone tab 750 mg</i>	27
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<i>nadolol tab 40 mg</i>	87
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<i>nalbuphine hcl inj 20 mg/ml</i>	33
<i>naloxone hcl inj 0.4 mg/ml</i>	56
<i>naloxone hcl inj 4 mg/10ml</i>	56
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	56
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	56
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<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	67
<i>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</i>	67
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<i>neuac</i>	98
<i>NEUPRO DIS 1MG/24HR</i>	77
<i>NEUPRO DIS 2MG/24HR</i>	77
<i>NEUPRO DIS 3MG/24HR</i>	77
<i>NEUPRO DIS 4MG/24HR</i>	77
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<i>nevirapine tab er 24hr 400 mg</i>	84
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<i>NEXLIZET TAB 180/10MG</i>	59
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<i>niacin tab er 500 mg (antihyperlipidemic)</i>	60
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	61
<i>nicardipine hcl cap 20 mg</i>	89
<i>nicardipine hcl cap 30 mg</i>	89
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	89
<i>nifedipine cap 10 mg</i>	89
<i>nifedipine cap 20 mg</i>	89
<i>nifedipine tab er 24hr 30 mg</i>	89
<i>nifedipine tab er 24hr 60 mg</i>	89
<i>nifedipine tab er 24hr 90 mg</i>	89
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	89
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<i>nisoldipine tab er 24hr 8.5 mg</i>	89
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<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	37
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	37
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	37
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	37
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<i>olmesartan medoxomil tab 40 mg</i>	62
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<i>paroxetine hcl tab 30 mg</i>	50
<i>paroxetine hcl tab 40 mg</i>	50
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	50
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<i>pioglitazone hcl tab 15 mg (base equiv)</i>	54
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pramipexole dihydrochloride tab 0.25 mg	77
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pramipexole dihydrochloride tab 0.75 mg	77
pramipexole dihydrochloride tab 1.5 mg	77
pramipexole dihydrochloride tab 1 mg	77
pramipexole dihydrochloride tab er 24hr 0.375 mg	77
pramipexole dihydrochloride tab er 24hr 0.75 mg	77
pramipexole dihydrochloride tab er 24hr 1.5 mg	77
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<i>pravastatin sodium tab 40 mg</i>	60
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<i>prednisolone soln 15 mg/5ml</i>	95
<i>PREDNISONE SOL 5MG/5ML</i>	95
<i>prednisone tab 10 mg</i>	96
<i>prednisone tab 1 mg</i>	95
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<i>prednisone tab 20 mg</i>	96
<i>prednisone tab 50 mg</i>	96
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<i>pregabalin cap 150 mg</i>	46
<i>pregabalin cap 200 mg</i>	46
<i>pregabalin cap 225 mg</i>	46
<i>pregabalin cap 25 mg</i>	46
<i>pregabalin cap 300 mg</i>	46
<i>pregabalin cap 50 mg</i>	46
<i>pregabalin cap 75 mg</i>	46
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<i>primidone tab 50 mg</i>	46
<i>probenecid tab 500 mg</i>	115
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<i>promethazine hcl suppos 12.5 mg</i>	58
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<i>quetiapine fumarate tab 400 mg</i>	81
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RASUVO INJ 15MG	26
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<i>RETIN-A CRE 0.05%</i>	98
<i>RETIN-A CRE 0.1%</i>	98
<i>RETIN-A GEL 0.01%</i>	98
<i>RETIN-A GEL 0.025%</i>	98
<i>RETROVIR CAP 100MG</i>	84
<i>RETROVIR SYP 50MG/5ML</i>	84
<i>REVATIO SUS 10MG/ML</i>	92
<i>REVATIO TAB 20MG</i>	92
<i>REVLIMID CAP 10MG</i>	135
<i>REVLIMID CAP 15MG</i>	135
<i>REVLIMID CAP 2.5MG</i>	135
<i>REVLIMID CAP 20MG</i>	135
<i>REVLIMID CAP 25MG</i>	135
<i>REVLIMID CAP 5MG</i>	135
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<i>RHOPRESSA SOL 0.02%</i>	142
<i>ribavirin cap 200 mg</i>	85
<i>ribavirin tab 200 mg</i>	85
<i>rifabutin cap 150 mg</i>	68
<i>rifampin cap 150 mg</i>	68
<i>rifampin cap 300 mg</i>	68
<i>rifampin for inj 600 mg</i>	68
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<i>RISPERDAL TAB 0.5MG</i>	79
<i>RISPERDAL TAB 1MG</i>	79
<i>RISPERDAL TAB 2MG</i>	79
<i>RISPERDAL TAB 3MG</i>	79
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<i>risperidone orally disintegrating tab 1 mg</i>	79
<i>risperidone orally disintegrating tab 2 mg</i>	79
<i>risperidone orally disintegrating tab 3 mg</i>	79
<i>risperidone orally disintegrating tab 4 mg</i>	80
<i>risperidone soln 1 mg/ml</i>	80
<i>risperidone tab 0.25 mg</i>	80
<i>risperidone tab 0.5 mg</i>	80
<i>risperidone tab 1 mg</i>	80
<i>risperidone tab 2 mg</i>	80
<i>risperidone tab 3 mg</i>	80
<i>risperidone tab 4 mg</i>	80
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<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	140
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<i>romidepsin for iv inj 10 mg</i>	74
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<i>ropivacaine hcl inj 10 mg/ml</i>	120
<i>ropivacaine hcl inj 2 mg/ml</i>	120
<i>ropivacaine hcl inj 5 mg/ml</i>	120
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<i>rosuvastatin calcium tab 10 mg</i>	60
<i>rosuvastatin calcium tab 20 mg</i>	60
<i>rosuvastatin calcium tab 40 mg</i>	60
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<i>sodium chloride iv soln 0.9%</i>	135
<i>sodium chloride iv soln 3%</i>	135
<i>sodium chloride iv soln 4 meq/ml</i>	
<i>(23.4%)</i>	135
<i>sodium chloride iv soln 5%</i>	135
<i>sodium chloride preservative free (pf)</i>	
<i>inj 0.9%</i>	135
<i>sodium chloride soln nebu 0.9%.....</i>	96
<i>sodium chloride soln nebu 10%.....</i>	96
<i>sodium chloride soln nebu 3%</i>	96
<i>sodium chloride soln nebu 7%</i>	96

<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	114
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	133
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	133
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	133
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	133
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	109
<i>sodium phenylbutyrate tab 500 mg</i>	109
SODIUM PHOSPHATE	134
SODIUM PHOSPHATES	134
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	134
<i>sodium polystyrene sulfonate powder</i>	137
<i>sodium tetradecyl sulfate inj 3%</i>	137
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	119
SOD THIOSULF INJ 25%	56
SOFTCLIX MIS LANCETS.....	128
<i>solifenacin succinate tab 10 mg</i>	154
<i>solifenacin succinate tab 5 mg</i>	154
SOLIQUA INJ 100/33	53
SOLUS V2 MIS LANC 28G	128
SOLUS V2 MIS LANC 30G	128
SOMATULINE INJ 120/.5ML	110
SOMATULINE INJ 60/0.2ML	110
SOMATULINE INJ 90/0.3ML	110
SOOLANTRA CRE 1%	104
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	74
<i>sorine</i>	87
<i>sotalol hcl (afib/afl) tab 120 mg</i>	87
<i>sotalol hcl (afib/afl) tab 160 mg</i>	87
<i>sotalol hcl (afib/afl) tab 80 mg</i>	87
<i>sotalol hcl tab 120 mg</i>	88
<i>sotalol hcl tab 160 mg</i>	88
<i>sotalol hcl tab 240 mg</i>	88
<i>sotalol hcl tab 80 mg</i>	88
<i>sotradecol</i>	137
SOTRADECOL	137
SPINOSAD SUS 0.9%	104
SPIRIVA AER 1.25MCG.....	40
SPIRIVA CAP HANDIHLR	40
SPIRIVA SPR 2.5MCG	40
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	105
<i>spironolactone tab 100 mg</i>	106
<i>spironolactone tab 25 mg</i>	106
<i>spironolactone tab 50 mg</i>	106
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SPRYCEL TAB 20MG	74
SPRYCEL TAB 50MG	74
SPRYCEL TAB 70MG	74
SPRYCEL TAB 80MG	74
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<i>ssd</i>	100
STAVUDINE CAP 15MG	84
STAVUDINE CAP 20MG	84
STAVUDINE CAP 30MG	84
STAVUDINE CAP 40MG	84
STELARA INJ 45MG/0.5	100
STELARA INJ 5MG/ML	113
STELARA INJ 90MG/ML	100
STERILANCE MIS 1.8MM	128
STERILANCE MIS TL 28G	128
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<i>subvenite starter kit/blu</i>	46
<i>subvenite starter kit/gre</i>	46
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<i>succinylcholine chloride inj 20 mg/ml</i>	140
<i>sucralfate tab 1 gm</i>	153

<i>sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)</i>	31
<i>sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)</i>	31
<i>sufentanil citrate inj 50 mcg/ml</i>	31
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SULCONAZOLE SOL 1%	99
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<i>sulfacetamide sodium lotion 10% (acne)</i>	98
<i>sulfacetamide sodium ophth soln 10%</i>	142
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	98
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	35
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	35
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	35
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	35
<i>sulfamez wash</i>	98
<i>sulfasalazine tab 500 mg</i>	113
<i>sulfasalazine tab delayed release 500 mg</i>	113
<i>sulfatrim pediatric</i>	35
<i>sulindac tab 150 mg</i>	28
<i>sulindac tab 200 mg</i>	28
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<i>sumatriptan succinate inj 6 mg/0.5ml</i>	132
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<i>sunitinib malate cap 25 mg (base equivalent)</i>	74

<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	74
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tamoxifen citrate tab 20 mg (base equivalent)	71
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TAZICEF	94
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(1.62%).....	33
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	
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<i>testosterone td gel 40.5 mg/2.5gm</i>	
(1.62%).....	33
<i>testosterone td gel 50 mg/5gm (1%)</i>	34
<i>testosterone td soln 30 mg/act</i>	34
<i>tetrabenazine tab 12.5 mg</i>	148
<i>tetrabenazine tab 25 mg</i>	148
<i>tetracaine hcl ophth soln 0.5%</i>	143
<i>tetracycline hcl cap 250 mg</i>	150
<i>tetracycline hcl cap 500 mg</i>	150
<i>TEXACORT SOL 2.5%</i>	102
<i>TEZSPIRE SOL 210MG</i>	40
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<i>THALOMID CAP 50MG</i>	135
<i>theophylline elixir 80 mg/15ml</i>	42
<i>theophylline er</i>	42
<i>theophylline soln 80 mg/15ml</i>	42
<i>theophylline tab er 24hr 400 mg</i>	42
<i>theophylline tab er 24hr 600 mg</i>	42
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<i>thioridazine hcl tab 10 mg</i>	82
<i>thioridazine hcl tab 25 mg</i>	82
<i>thioridazine hcl tab 50 mg</i>	82
<i>thiotepa for inj 100 mg</i>	69
<i>thiotepa for inj 15 mg</i>	69
<i>thiothixene cap 10 mg</i>	83
<i>thiothixene cap 1 mg</i>	82
<i>thiothixene cap 2 mg</i>	82
<i>thiothixene cap 5 mg</i>	82
<i>tiadylt er</i>	89
<i>tiagabine hcl tab 12 mg</i>	47
<i>tiagabine hcl tab 16 mg</i>	47
<i>tiagabine hcl tab 2 mg</i>	47
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<i>TIAZAC CAP 360MG/24</i>	89
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<i>tigecycline for iv soln 50 mg</i>	150
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<i>TIKOSYN CAP 250MCG</i>	39
<i>TIKOSYN CAP 500MCG</i>	39
<i>timolol maleate ophth gel forming soln</i>	
<i>0.25%</i>	141
<i>timolol maleate ophth gel forming soln</i>	
<i>0.5%</i>	141
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<i>(once-daily)</i>	141
<i>timolol maleate preservative free ophth</i>	
<i>soln 0.25%</i>	141
<i>timolol maleate preservative free ophth</i>	
<i>soln 0.5%</i>	141
<i>timolol maleate tab 10 mg</i>	88
<i>timolol maleate tab 20 mg</i>	88
<i>timolol maleate tab 5 mg</i>	88
<i>tinidazole tab 250 mg</i>	34
<i>tinidazole tab 500 mg</i>	34
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<i>TIVICAY TAB 25MG</i>	84
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<i>equivalent)</i>	139
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<i>equivalent)</i>	139
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<i>equivalent)</i>	139
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<i>equivalent)</i>	139
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<i>0.3-0.1%</i>	143
<i>TOBRAMYCIN INJ 10MG/ML</i>	25

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<i>tobramycin nebu soln 300 mg/4ml ...</i>	25
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<i>tobramycin ophth soln 0.3%</i>	142
<i>tobramycin sulfate for inj 1.2 gm</i>	25
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv).....</i>	25
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv).....</i>	25
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<i>tolterodine tartrate cap er 24hr 2 mg</i>	154
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<i>tolterodine tartrate tab 1 mg</i>	154
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<i>tramadol hcl tab er 24hr 100 mg</i>	31
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<i>trandolapril tab 1 mg</i>	62
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<i>trazodone hcl tab 150 mg</i>	50
<i>trazodone hcl tab 300 mg</i>	50
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TRELEGY AER 200MCG.....	42
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<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	91
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	91
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	91
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<i>tretinoin cream 0.025%</i>	98
<i>tretinoin cream 0.05%</i>	98
<i>tretinoin cream 0.1%</i>	98
<i>tretinoin gel 0.01%</i>	98

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tretinooin gel 0.05%	98
tretinooin microsphere gel 0.04%	98
tretinooin microsphere gel 0.1%	98
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<i>triamcinolone acetonide cream 0.1%</i>	102
<i>triamcinolone acetonide cream 0.5%</i>	102
<i>triamcinolone acetonide dental paste 0.1%</i>	137
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	96
<i>triamcinolone acetonide lotion 0.025%</i>	102
<i>triamcinolone acetonide lotion 0.1%</i>	102
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<i>triamterene cap 100 mg</i>	106
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TRULICITY INJ 1.5/0.5	54
TRULICITY INJ 3/0.5	54
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