

SilverScript®

P.O. Box 52424, Phoenix, AZ 85072-2424



SilverScript Employer PDP sponsored by State of Maryland (SilverScript)

2018 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/23/2017. For more recent information or other questions, please contact SilverScript Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary; add quantity limits and prior authorization restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2018. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

Prior Authorization (PA): SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don’t get approval, SilverScript may not cover the drug.

Quantity Limits (QL): For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 30 tablets per prescription for *doxazosin*. This may be in addition to a standard one-month or three-month supply.

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

How do I request an exception to the SilverScript Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 90-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 102-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a long-term care to a home setting, and you need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 90 days (or 34 days if you move to a long-term care facility) unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

Cost-Sharing Tier 1: Generics

Cost-Sharing Tier 2: Preferred Brands

Cost-Sharing Tier 3: Non-Preferred Brands

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

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug from:

Before your Maximum Out-of-Pocket is met, your cost-sharing amounts will be:		
	Network Retail Pharmacy (Up to a 45-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 34-day supply)
Generics	\$10.00	\$10.00
Preferred Brands	\$25.00	\$25.00
Non-Preferred Brands	\$40.00	\$40.00

Costs shown in the table above reflect the additional coverage that may be provided by State of Maryland. Drugs that are part of your standard Medicare plan but do not have additional coverage from State of Maryland would be covered under the 2018 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2018-Medicare-Part-D-Outlook.php> for more information about the 2018 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS	1	
<i>allopurinol sodium</i> (generic of ALOPRIM)	1	
ALOPRIM	3	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	
KRYSTEXXA	3	NDS NM LA
MITIGARE	3	
<i>probenecid</i>	1	
ULORIC	2	
ZURAMPIC	3	
ZYLOPRIM	3	
NSAIDS		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CELEBREX	3	
<i>celecoxib</i> (generic of CELEBREX) CAPS	1	
DAYPRO	2	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i> TB24; TBEC	1	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i>	1	
DUEXIS	3	NDS
EC-NAPROSYN 375mg	3	
<i>etodolac</i> CAPS	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>etodolac</i> TABS 500mg	1	
<i>etodolac</i> TB24	1	
FELDENE	3	
<i>fenoprofen calcium</i> CAPS 400mg	1	
<i>fenoprofen calcium</i> TABS	1	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> SUSP	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	
<i>meloxicam</i> (generic of MOBIC) TABS	1	
MOBIC	2	
<i>nabumetone</i> TABS	1	
NALFON	3	
NAPRELAN 375mg, 500mg	3	NDS
NAPRELAN 750mg	3	
<i>naproxen</i> (generic of NAPROSYN) SUSP	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	
<i>naproxen</i> TABS 375mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN)	1	
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>naproxen sodium</i> (generic of NAPRELAN) TB24	3	NDS
<i>oxaprozin</i> (generic of DAYPRO)	1	
<i>piroxicam</i> (generic of FELDENE) CAPS	1	
<i>sulindac</i> TABS	1	
<i>tolmetin sodium</i>	1	
VIMOVO	3	NDS
VIVLODEX	3	
ZIPSOR	3	NDS
ZORVOLEX	3	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	1	QL

PA - Prior Authorization under Medicare B or D QL - Quantity Limits NM - Not available at mail-order B/D - Covered
 LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	1	QL
<i>acetaminophen-caff-dihydroco</i> <i>d</i> QL (360 caps / 30 days)	1	QL
<i>aspirin-caffeine-dihydrocodein</i> <i>e cap 356.4-30-16 mg</i>	1	
BELBUCA	2	
<i>butorphanol nasal spray</i>	1	
<i>butorphanol tartrate</i> SOLN	1	
BUTRANS	2	
CONZIP	3	
<i>nalbuphine hcl</i> SOLN	1	
SYNALGOS-DC	3	
<i>tramadol hcl</i> CP24	1	
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	1	
<i>tramadol hcl</i> (generic of ULTRAM ER) TB24 300mg	1	
<i>tramadol hcl er (biphasic)</i> 100mg	1	
<i>tramadol hcl er (biphasic)</i> 200mg	1	
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	1	
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (360 caps / 30 days)	1	QL
TYLENOL/CODEINE #3 QL (400 tabs / 30 days)	3	QL
TYLENOL/CODEINE #4 QL (400 tabs / 30 days)	3	QL
ULTRACET QL (240 tabs / 30 days)	3	QL
ULTRAM	2	

OPIOID ANALGESICS, CII

Drug Name	Drug Requirements/ Tier	Limits
ABSTRAL	3	NDS PA
ACTIQ	3	NDS PA
<i>codeine sulfate</i>	1	
DILAUDID LIQD; TABS	3	
DOLOPHINE	3	
DURAGESIC 12mcg/hr, 25mcg/hr	3	
DURAGESIC 50mcg/hr, 75mcg/hr, 100mcg/hr	3	NDS
EMBEDA CAP 20-0.8MG	3	
EMBEDA CAP 30-1.2MG	3	
EMBEDA CAP 50-2MG	3	
EMBEDA CAP 60-2.4MG	3	
EMBEDA CAP 80-3.2MG	3	
EMBEDA CAP 100-4MG	3	NDS
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
EXALGO 8mg, 12mg	3	
EXALGO 16mg, 32mg	3	NDS
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP	3	NDS PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC)	1	
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC)	1	
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC)	1	
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC)	1	
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC)	1	
FENTORA	3	NDS PA
HYCET QL (5400 mL / 30 days)	3	QL
<i>hydrocodone-acetaminophen</i> 2.5-325mg QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 5-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered
under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen</i> 7.5-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 7.5-325 mg/15ml (generic of HYCET) QL (5400 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 7.5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 10-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen</i> 10-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i>	1	
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	1	
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml, 4mg/ml	1	B/D
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D
<i>hydromorphone hcl</i> (generic of EXALGO) T24A 8mg, 12mg	1	
<i>hydromorphone hcl</i> (generic of EXALGO) T24A 16mg, 32mg	3	NDS
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS	1	
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	2	
HYSINGLA ER 80mg, 100mg, 120mg	3	NDS
<i>ibudone tab 5-200mg</i>	1	
<i>ibudone tab 10-200mg</i>	1	
KADIAN 10mg, 20mg, 30mg	3	
KADIAN 40mg, 50mg, 60mg, 80mg, 100mg, 200mg	3	NDS
LAZANDA	3	NDS PA

Drug Name	Drug Requirements/ Tier	Limits
<i>levorphanol tartrate</i> TABS	3	NDS
<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>lortab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>lortab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>lortab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	1	QL
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	
METHADONE HCL SOLN 10mg/ml	3	
<i>methadone hcl intensol</i> (generic of METHADOSE)	1	
<i>methadone tab 5mg</i> (generic of DOLOPHINE)	1	
<i>methadone tab 10mg</i> (generic of DOLOPHINE)	1	
MORPHABOND ER 15mg, 30mg	3	
MORPHABOND ER 60mg, 100mg	3	NDS
<i>morphine sul inj 1mg/ml</i>	1	B/D
<i>morphine sulfate</i> (generic of KADIAN) CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	1	
<i>morphine sulfate</i> (generic of KADIAN) CP24 100mg	3	NDS
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 8mg/ml, 150mg/30ml	3	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 15mg/ml	1	B/D
<i>morphine sulfate</i> TABS	1	

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LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate beads</i>	1	
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN)	1	
<i>morphine sulfate oral soln</i>	1	
MS CONTIN 15mg, 30mg	3	
MS CONTIN 60mg, 100mg, 200mg	3	NDS
NORCO QL (360 tabs / 30 days)	3	QL
NUCYNTA 50mg, 75mg	2	
NUCYNTA 100mg	3	NDS
NUCYNTA ER	2	
OPANA TABS	3	
OPANA ER (CRUSH RESISTANT 5mg, 7.5mg, 10mg, 15mg, 20mg	3	
OPANA ER (CRUSH RESISTANT 30mg, 40mg	3	NDS
<i>oxycodone hcl CAPS</i>	1	
<i>oxycodone hcl CONC</i>	1	
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg	1	
<i>oxycodone hcl TABS</i> 10mg, 20mg	1	
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> <i>soln</i> QL (1800 mL / 30 days)	1	QL
<i>oxycodone-aspirin</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone-ibuprofen</i>	1	
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg	2	
OXYCONTIN 60mg, 80mg	3	NDS
<i>oxymorphone hcl</i> (generic of OPANA) TABS	1	
PERCOCET 2.5-325MG QL (360 tabs / 30 days)	3	QL
PERCOCET 5-325MG QL (360 tabs / 30 days)	3	NDS QL
PERCOCET 7.5-325MG QL (360 tabs / 30 days)	3	NDS QL
PERCOCET 10-325MG QL (360 tabs / 30 days)	3	NDS QL
ROXICODONE 5mg, 15mg	3	
ROXICODONE 30mg	3	NDS
SUBSYS	3	NDS PA
<i>vicodin</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>vicodin es</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
<i>vicodin hp</i> (generic of XODOL) QL (400 tabs / 30 days)	1	QL
XODOL QL (400 tabs / 30 days)	3	QL
XTAMPZA ER	3	
<i>xylon tab 10-200mg</i>	1	
<i>zamicet</i> QL (5400 mL / 30 days)	1	QL
ZOHYDRO ER (ABUSE DETERRENT)	3	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE) .5%	1	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF) .5%	1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE) 1%	1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE-MPF) 1%	1	B/D
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine inj 2%</i> (generic of XYLOCAINE) 2%	1	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE-MPF) 2%	1	B/D
<i>lidocaine inj 4%</i> (generic of XYLOCAINE-MPF)	1	
XYLOCAINE .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF 4%	3	
XYLOCAINE-MPF .5%, 1%, 1.5%, 2%	3	B/D

ANTI-INFECTIVES**ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate</i> SOLN	1	
BETHKIS	3	NDS B/D NM
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i> SOLN	1	
KITABIS PAK	3	NDS B/D NM
<i>neomycin sulfate</i> TABS	1	
<i>paromomycin sulfate</i> CAPS	1	
<i>streptomycin sulfate</i> SOLR	1	
SULFADIAZINE TABS	3	
TOBI NEB	3	NDS B/D NM
TOBI PODHALER	3	NDS NM LA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	3	NDS B/D NM
<i>tobramycin inj 1.2 gm/30ml</i>	1	
<i>tobramycin inj 1.2gm</i>	3	NDS
<i>tobramycin inj 10mg/ml</i>	1	
<i>tobramycin inj 40mg/ml</i>	1	
<i>tobramycin inj 80mg/2ml</i>	1	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	3	NDS
ALINIA	3	NDS
<i>atovaquone</i> (generic of MEPRON) SUSP	3	NDS
AZACTAM	3	
AZACTAM/DEX INJ	3	
<i>aztreonam</i> (generic of AZACTAM)	1	
BACTRIM	2	
BACTRIM DS	2	
BILTRICIDE	2	
CAYSTON	3	NDS NM LA
CLEOCIN CAP 75MG	2	

Drug Name	Drug Requirements/ Tier	Limits
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN IN D5W	3	
CLEOCIN INJ	3	
CLEOCIN PED SOLN 75MG/5ML	2	
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN	1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	1	
CLINDAMYCIN PHOSPHATE IN NA CL	3	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	1	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	1	
COLY-MYCIN M	3	
CUBICIN	3	NDS
DALVANCE	3	NDS
dapsone TABS	1	
<i>daptomycin</i> (generic of CUBICIN)	3	NDS
DORIBAX	3	
<i>doripenem</i>	1	
EMVERM	3	NDS
FLAGYL	3	
FURADANTIN	3	NDS
HIPREX	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	1	
INVANZ	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS	1	
<i>linezolid</i> (generic of ZYVOX)	3	NDS
<i>linezolid in sodium chloride</i>	3	NDS
MACROBID	3	

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Drug Name	Drug Requirements/ Tier	Limits
MACRODANTIN	3	
MEPRON	3	NDS
<i>meropenem</i> (generic of MERREM)	1	
MEROPENEM/SODIUM CHLORIDE	3	
MERREM	3	
<i>methenamine hippurate</i> (generic of HIPREX)	1	
METRO IV	3	
<i>metronidazole</i> (generic of FLAGYL) CAPS; TABS	1	
<i>metronidazole inj</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin</i> (generic of FURADANTIN) SUSP	3	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	3	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	3	
ORBACTIV	3	NDS
PENTAM 300	3	
<i>polymyxin b sulfate</i> SOLR	1	
PRIMAXIN	3	
PRIMSOL	3	
SIVEXTRO	3	NDS
STROMECTOL	3	
<i>sulfamethoxazole-trimethop</i> SUSP	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM) TABS	1	
<i>sulfamethoxazole-trimethop ds</i> (generic of BACTRIM DS)	1	
<i>sulfamethoxazole-trimethopri m inj</i>	1	
SYNERCID	3	NDS
TIGECYCLINE	3	NDS
<i>trimethoprim</i> TABS	1	
VANCOGIN HCL	3	NDS
<i>vancomycin hcl</i> (generic of VANCOGIN HCL) CAPS	3	NDS
<i>vancomycin hcl</i> SOLR	1	
VANCOMYCIN IN NAACL	3	
VIBATIV	3	NDS
XIFAXAN TAB 200MG	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ZYVOX	3	NDS
ANTIFUNGALS		
ABELCET	3	NDS B/D
AMBISOME	3	NDS B/D
<i>amphotericin b</i> SOLR	1	B/D
ANCOBON	3	NDS
CANCIDAS	3	NDS
CRESEMBA	3	NDS
DIFLUCAN SUSR	3	
DIFLUCAN TABS 50mg, 100mg, 150mg	3	
DIFLUCAN TABS 200mg	3	NDS
ERAXIS	3	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
FLUCONAZOLE INJ NAACL 100	3	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS	3	NDS
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	1	
<i>ketoconazole</i> TABS	1	
LAMISIL	3	
MYCAMINE	3	NDS
NOXAFIL	3	NDS
<i>nystatin</i> TABS	1	
ONMEL	3	NDS
SPORANOX CAPS	3	NDS
SPORANOX PULSEPAK	3	NDS
SPORANOX SOL 10MG/ML	3	NDS
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	1	
VFEND IV	3	
VFEND SUS 40MG/ML	3	NDS
VFEND TAB	3	NDS
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>voriconazole inj 200mg</i> (generic of VFEND IV)	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS	1	
COARTEM	2	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	1	NM
APTIVUS	3	NDS NM
CRIXIVAN	3	NM
<i>didanosine</i> (generic of VIDEX EC)	1	NM
EDURANT	3	NDS NM
EMTRIVA	2	NM
EPIVIR SOL 10MG/ML	3	NM
EPIVIR TABS	3	NM
FUZEON	3	NDS NM
INTELENCE 25mg	2	NM
INTELENCE 100mg, 200mg	3	NDS NM
INVIRASE	3	NDS NM
ISENTRESS CHEW 25mg	2	NM
ISENTRESS CHEW 100mg	3	NDS NM
ISENTRESS PACK	3	NDS NM
ISENTRESS TABS	3	NDS NM
ISENTRESS HD	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR)	1	NM
LEXIVA SUSP	3	NM
LEXIVA TABS	3	NDS NM
<i>nevirapine</i> (generic of VIRAMUNE) SUSP; TABS	1	NM
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24	1	NM

Drug Name	Drug Requirements/ Tier	Limits
NORVIR	2	NM
PREZISTA SUSP	3	NDS NM
PREZISTA TABS 75mg	2	NM
PREZISTA TABS 150mg, 600mg, 800mg	3	NDS NM
RESCRIPTOR	3	NM
RETROVIR CAPS	2	NM
RETROVIR IV INFUSION	3	NM
RETROVIR SYRP	2	NM
REYATAZ	3	NDS NM
SELZENTRY SOLN	3	NDS NM
SELZENTRY TABS 25mg	3	NM
SELZENTRY TABS 75mg, 150mg, 300mg	3	NDS NM
<i>stavudine</i> (generic of ZERIT)	1	NM
SUSTIVA CAPS 50mg	2	NM
SUSTIVA CAPS 200mg	3	NDS NM
SUSTIVA TABS	3	NDS NM
TIVICAY 10mg	2	NM
TIVICAY 25mg, 50mg	3	NDS NM
TYBOST	2	NM
VIDEX EC	2	NM
VIDEX PEDIATRIC	3	NM
VIRACEPT	3	NDS NM
VIRAMUNE SUSP	2	NM
VIRAMUNE TABS	3	NDS NM
VIRAMUNE XR 100mg	2	NM
VIRAMUNE XR 400mg	3	NDS NM
VIREAD	3	NDS NM
ZERIT CAPS	2	NM
ZERIT SOLR	3	NDS NM
ZIAGEN SOLN	2	NM
ZIAGEN TAB	3	NM
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	1	NM
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	1	NM
<i>zidovudine tab 300mg</i>	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	3	NDS NM
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	3	NDS NM
ATRIPLA	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
COMBIVIR	3	NDS NM
COMPLERA	3	NDS NM
DESCOVY	3	NDS NM
EPZICOM	3	NDS NM
EVOTAZ	3	NDS NM
GENVOYA	3	NDS NM
KALETRA SOL	3	NDS NM
KALETRA TAB 100-25MG	2	NM
KALETRA TAB 200-50MG	3	NDS NM
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	1	NM
<i>lopinavir-ritonavir</i> (generic of KALETRA)	3	NDS NM
ODEFSEY	3	NDS NM
PREZCOBIX	3	NDS NM
STRIBILD	3	NDS NM
TRIUMEQ	3	NDS NM
TRIZIVIR	3	NDS NM
TRUVADA TAB 100-150	3	NDS NM
TRUVADA TAB 133-200	3	NDS NM
TRUVADA TAB 167-250	3	NDS NM
TRUVADA TAB 200-300	3	NDS NM
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	3	
<i>cycloserine</i> CAPS	3	NDS
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	1	
<i>isoniazid</i> SOLN; SYRP	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL	2	
MYCOBUTIN	3	
PASER D/R	3	
PRIFTIN	3	
<i>pyrazinamide</i> TABS	1	
<i>rifabutin</i> (generic of MYCOBUTIN)	1	
RIFADIN CAP 150MG	2	
RIFADIN INJ	3	
RIFAMATE	3	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	1	
RIFATER	3	
SIRTURO	3	NDS LA
TRECTOR	3	

ANTIVIRALS

Drug Name	Drug Requirements/ Tier	Limits
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i>	1	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	3	NDS NM
BARACLUDE	3	NDS NM
<i>cidofovir</i>	3	NDS
COPEGUS	3	NM
CYTOVENE	3	B/D
DAKLINZA	3	NDS NM
<i>entecavir</i> (generic of BARACLUDE)	3	NDS NM
EPIVIR HBV	2	NM
<i>famciclovir</i> TABS 125mg, 250mg	1	
<i>famciclovir</i> (generic of FAMVIR) TABS 500mg	1	
FLUMADINE	3	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	1	B/D
HEPSERA	3	NDS NM
<i>lamivudine (hcv)</i> (generic of EPIVIR HBV)	1	NM
MODERIBA PAK	3	NDS NM
<i>moderiba tab 200mg</i> (generic of COPEGUS)	1	NM
<i>oseltamivir phosphate</i> (generic of TAMIFLU)	1	
PEGASYS	3	NDS NM
PEGASYS PROCLICK	3	NDS NM
REBETOL SOLN	3	NDS NM
RELENZA DISKHALER	2	
RIBAPAK MIS 600/DAY	3	NDS NM
<i>ribasphere</i> (generic of REBETOL) CAPS	1	NM
<i>ribasphere</i> (generic of COPEGUS) TABS 200mg	1	NM
<i>ribasphere</i> TABS 400mg, 600mg	3	NDS NM
RIBASPHERE RIBAPAK 800	3	NDS NM
RIBASPHERE RIBAPAK 1000	3	NDS NM
RIBASPHERE RIBAPAK 1200	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	1	NM
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	1	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
SOVALDI	3	NDS NM
TAMIFLU CAPS	2	
TAMIFLU SUSR	2	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	1	
VALCYTE	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE)	3	NDS
VALTREX	3	
VEMLIDY	3	NDS NM
ZOVIRAX CAPS; SUSP; TABS	3	
CEPHALOSPORINS		
AVYCAZ	3	NDS
<i>cefaclor</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefadroxil</i>	1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	1	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	1	
CEFEPIME 1GM SOLN	3	
CEFEPIME 2GM SOLN	3	
<i>cefepime inj 1gm</i> (generic of MAXIPIME)	1	
<i>cefepime inj 2gm</i> (generic of MAXIPIME)	1	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i> (generic of SUPRAX)	1	
CEFOTAN	3	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) 1gm, 2gm	1	
<i>cefotetan disodium</i> 10gm	1	

Drug Name	Drug Requirements/ Tier	Limits
CEFOXITIN SODIUM	3	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	1	
<i>cefepodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> (generic of FORTAZ) SOLR	1	
CEFTAZIDIME/DEXTROSE	3	
<i>ceftibuten</i>	1	
CEFTIN SUSP	3	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	1	
<i>cefuroxime sodium</i> (generic of ZINACEF)	1	
<i>cephalexin</i> (generic of KEFLEX) CAPS	1	
<i>cephalexin</i> SUSR; TABS	1	
FORTAZ	3	
MAXIPIME	3	
SUPRAX	2	
<i>tazicef</i> (generic of FORTAZ) SOLR	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
ZINACEF SOLR	3	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR; TABS	1	
<i>clarithromycin</i> SUSR 125mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) SUSR 250mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) TABS	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24	1	
DIFICID	3	NDS
e.e.s 400	1	

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Drug Name	Drug Requirements/ Tier Limits
ERYTHROCIN LACTOBIONATE	3
<i>erythrocin stearate</i>	1
<i>erythromycin cap 250mg ec</i>	1
<i>erythromycin ethylsuccinate</i> TABS	1
ZITHROMAX	3
ZITHROMAX TRI-PAK	3
ZITHROMAX Z-PAK	3
ZMAX	3
FLUOROQUINOLONES	
AVELOX	3
CIPRO SUSP	3
CIPRO TABS	3
CIPRO XR	3
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	1
<i>ciprofloxacin er</i> (generic of CIPRO XR)	1
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1
<i>ciprofloxacin in d5w</i>	1
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	1
<i>ciprofloxacin inj</i>	1
LEVAQUIN	3
<i>levofloxacin</i> SOLN	1
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	1
<i>levofloxacin in d5w</i>	1
MOXIFLOXACIN HCL SOLN	3
<i>moxifloxacin hcl</i> (generic of AVELOX) TABS	1
PENICILLINS	
<i>amoxicillin</i>	1
<i>amoxicillin & pot clavulanate</i> CHEW	1
<i>amoxicillin & pot clavulanate</i> SUSR	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	1

Drug Name	Drug Requirements/ Tier Limits
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	1
<i>amoxicillin & pot clavulanate</i> TABS	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	1
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	1
<i>ampicillin & sulbactam sodium</i>	1
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	1
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	1
<i>ampicillin cap 250mg</i>	1
<i>ampicillin cap 500 mg</i>	1
<i>ampicillin inj</i>	1
<i>ampicillin sodium</i>	1
<i>ampicillin susp</i>	1
AUGMENTIN SUSR	3
AUGMENTIN TABS	3 NDS
AUGMENTIN ES-600	3
AUGMENTIN XR	3 NDS
BACTOCILL INJ DEX 1GM	3
BACTOCILL INJ DEX 2GM	3 NDS
BICILLIN C-R	3
BICILLIN L-A	3
<i>dicloxacillin sodium</i>	1
NAFCILLIN IN DEXTROSE	3 NDS
<i>nafcillin sodium</i> 1gm, 2gm	1
<i>nafcillin sodium</i> 10gm	3 NDS
<i>oxacillin sodium</i> 1gm, 2gm	1
<i>oxacillin sodium</i> 10gm	3 NDS
PENICILLIN G POT IN DEXTROSE 2MU	3
PENICILLIN G POT IN DEXTROSE 3MU	3
PENICILLIN G POTASSIUM IN	3
PENICILLIN G PROCAINE	3
<i>penicillin g sodium</i>	1
<i>penicillin v potassium</i>	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>penicillin gk inj 5mu</i>	1	
<i>penicillin gk inj 20mu</i>	1	
<i>pfizerpen-g inj 5mu</i>	1	
<i>pfizerpen-g inj 20mu</i>	1	
<i>piper/tazoba inj 2-0.25gm</i> (generic of ZOSYN)	1	
<i>piper/tazoba inj 3-0.375gm</i> (generic of ZOSYN)	1	
<i>piper/tazoba inj 4-0.5gm</i> (generic of ZOSYN)	1	
PIPER/TAZOBA INJ 12-1.5GM	3	
<i>piper/tazoba inj 36-4.5gm</i> (generic of ZOSYN)	1	
UNASYN	3	
UNASYN BULK PACK	3	
ZOSYN	3	
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg	1	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 75mg, 100mg	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) CAPS 150mg	1	
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR	1	
<i>doxycycline (monohydrate)</i> TABS	1	
<i>doxycycline hyclate</i> CAPS 50mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> SOLR	1	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 50mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC 200mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline hyclate tab 75 mg</i>	1	
<i>doxycycline hyclate tab 100</i> <i>mg dr</i>	1	
<i>doxycycline hyclate tab 150</i> <i>mg dr</i>	1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	1	
<i>minocycline hcl</i> CAPS 75mg	1	
<i>minocycline hcl</i> TABS	1	
<i>minocycline hcl</i> TB24	1	
<i>morgidox cap 1x50mg</i>	1	
SOLODYN	3	NDS
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS	3	
VIBRAMYCIN SUSR; SYRP	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN SOLR	3	NDS B/D
BENDEKA	3	NDS B/D NM
<i>busulfan</i> (generic of BUSULFEX)	3	NDS B/D
BUSULFEX	3	NDS B/D
CYCLOPHOSPHAMIDE CAPS	2	B/D
<i>cyclophosphamide</i> SOLR	3	NDS B/D
<i>dacarbazine</i>	1	B/D
EMCYT	2	
GLEOSTINE	3	
HEXALEN	3	NDS
IFEX INJ 1GM	3	B/D
IFEX INJ 3GM	3	B/D
<i>ifosfamide inj 1gm</i> (generic of IFEX)	1	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	2	
<i>melphalan hcl</i> (generic of ALKERAN)	3	NDS B/D
MUSTARGEN	3	NDS B/D
<i>thiotepa</i> SOLR	3	NDS B/D NM
TREANDA	3	NDS B/D NM
ZANOSAR	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
ANTHRACYCLINES		
<i>adriamycin</i>	1	B/D
DOXIL	3	NDS B/D
<i>doxorubicin hcl</i>	1	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml (generic of DOXIL)</i>	3	NDS B/D
<i>doxorubicin hcl soln 2mg/ml</i>	1	B/D
ELLECE	3	NDS B/D
<i>epirubicin hcl (generic of ELLECE)</i>	1	B/D
<i>epirubicin inj 200mg (generic of ELLECE)</i>	1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	3	NDS B/D
<i>mitomycin SOLR</i>	3	NDS B/D
VALSTAR	3	NDS NM
ANTIMETABOLITES		
<i>adrucil</i>	1	B/D
ALIMTA	3	NDS B/D
ARRANON	3	NDS B/D
<i>azacitidine (generic of VIDAZA)</i>	3	NDS B/D NM
<i>cladribine</i>	3	NDS B/D
<i>clofarabine (generic of CLOLAR)</i>	3	NDS B/D
CLOLAR	3	NDS B/D
<i>cytarabine inj</i>	1	B/D
DACOGEN	3	NDS B/D NM
<i>decitabine (generic of DACOGEN)</i>	3	NDS B/D NM
<i>fludarabine phosphate</i>	1	B/D
<i>fluorouracil SOLN</i>	1	B/D
FOLOTYN	3	NDS NM
<i>gemcitabine inj soln</i>	1	B/D
<i>gemcitabine inj solr (generic of GEMZAR) 1gm, 200mg</i>	3	NDS B/D
<i>gemcitabine inj solr 2gm</i>	3	NDS B/D
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium inj</i>	1	B/D
NIPENT	3	NDS B/D
PURIXAN	3	NDS NM
TABLOID	2	
VIDAZA	3	NDS B/D NM
ANTIMITOTIC, TAXOIDS		

Drug Name	Drug Requirements/ Tier	Limits
ABRAXANE	3	NDS B/D
DOCEFREZ	3	NDS B/D
<i>docetaxel (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml</i>	3	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	3	NDS B/D
DOCETAXEL SOLN	3	NDS B/D
JEVTANA	3	NDS NM
<i>paclitaxel</i>	1	B/D
TAXOTERE	3	NDS B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate (generic of NAVELBINE)</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	3	NDS B/D NM
AVASTIN	3	NDS B/D NM LA
BAVENCIO	3	NDS NM LA
BELEODAQ	3	NDS NM
CYRAMZA	3	NDS NM LA
DARZALEX	3	NDS NM LA
EMPLICITI	3	NDS NM LA
ERBITUX	3	NDS B/D NM
ERIVEDGE	3	NDS NM LA
FARYDAK	3	NDS NM LA
GAZYVA	3	NDS NM LA
HERCEPTIN	3	NDS B/D NM
IBRANCE	3	NDS NM LA
IMFINZI	3	NDS NM LA
KADCYLA	3	NDS B/D NM
KEYTRUDA	3	NDS NM
KISQALI	3	NDS NM
KISQALI FEMARA 200 DOSE	3	NDS NM
KISQALI FEMARA 400 DOSE	3	NDS NM
KISQALI FEMARA 600 DOSE	3	NDS NM
LARTRUVO	3	NDS NM LA
LYNPARZA CAPS	3	NDS NM LA
NINLARO	3	NDS NM
ODOMZO	3	NDS NM LA
OPDIVO	3	NDS NM LA
PERJETA	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
PORTRAZZA	3	NDS NM LA
RITUXAN	3	NDS NM LA
RUBRACA	3	NDS NM LA
TECENTRIQ	3	NDS NM LA
TORISEL	3	NDS B/D NM
VECTIBIX	3	NDS B/D NM
VELCADE	3	NDS B/D NM
VENCLEXTA 10mg, 50mg	3	NM LA
VENCLEXTA 100mg	3	NDS NM LA
VENCLEXTA STARTING PACK	3	NDS NM LA
YERVOY	3	NDS NM
ZALTRAP	3	NDS NM LA
ZEJULA	3	NDS NM LA
ZOLINZA	3	NDS NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	1	
ARIMIDEX	2	
AROMASIN	3	NDS
<i>bicalutamide</i> (generic of CASODEX)	1	
CASODEX	3	
DEPO-PROVERA INJ 400/ML	3	B/D
ELIGARD INJ 7.5MG	3	B/D NM
ELIGARD INJ 22.5MG	3	B/D NM
ELIGARD INJ 30MG	3	B/D NM
ELIGARD INJ 45MG	3	B/D NM
<i>exemestane</i> (generic of AROMASIN)	1	
FARESTON	3	NDS
FASLODEX	3	NDS B/D
FEMARA	3	NDS
FIRMAGON 80mg	3	B/D NM
FIRMAGON 120mg	3	NDS B/D NM
<i>flutamide</i>	1	
<i>hydroxyprogesterone caproate</i> (antineoplastic)	3	NDS B/D
<i>letrozole</i> (generic of FEMARA) TABS	1	
<i>leuprolide inj 1mg/0.2</i>	1	NM
LUPRON DEPOT (1-MONTH)	3	NDS NM
LUPRON DEPOT (6-MONTH)	3	NDS NM
LUPRON DEPOT INJ 11.25MG (3-MONTH)	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
LUPRON DEPOT INJ 22.5MG (3-MONTH)	3	NDS NM
LUPRON DEPOT INJ 30MG (4-MONTH)	3	NDS NM
LYSODREN	2	
MEGACE ES	3	NDS
MEGACE ORAL	3	
<i>megestrol ac sus 40mg/ml</i>	3	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES)	3	
<i>nilutamide</i> (generic of NILANDRON)	3	NDS
SOLTAMOX	3	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR MIXJECT	3	NDS NM
VANTAS	3	NM
XTANDI	3	NDS NM LA
ZOLADEX	2	NM
ZYTIGA	3	NDS NM LA
IMMUNOMODULATORS		
POMALYST	3	NDS NM LA
REVLIMID	3	NDS NM LA
THALOMID	3	NDS NM
KINASE INHIBITORS		
AFINITOR	3	NDS NM
AFINITOR DISPERZ	3	NDS NM
ALECENSA	3	NDS NM LA
ALUNBRIG	3	NDS NM LA
BOSULIF	3	NDS NM
CABOMETYX	3	NDS NM LA
CAPRELSA	3	NDS NM LA
COMETRIQ	3	NDS NM LA
COTELLIC	3	NDS NM LA
GILOTRIF TAB 20MG	3	NDS NM LA
GILOTRIF TAB 30MG	3	NDS NM LA
GILOTRIF TAB 40MG	3	NDS NM LA
GLEEVEC	3	NDS NM
ICLUSIG	3	NDS NM LA
<i>imatinib mesylate</i> (generic of GLEEVEC)	3	NDS NM
IMBRUVICA CAP 140MG	3	NDS NM LA
INLYTA	3	NDS NM LA
IRESSA	3	NDS NM LA

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Drug Name	Drug Requirements/ Tier	Limits
JAKAFI	3	NDS NM LA
LENVIMA 8 MG DAILY DOSE	3	NDS NM LA
LENVIMA 10 MG DAILY DOSE	3	NDS NM LA
LENVIMA 14 MG DAILY DOSE	3	NDS NM LA
LENVIMA 18 MG DAILY DOSE	3	NDS NM LA
LENVIMA 20 MG DAILY DOSE	3	NDS NM LA
LENVIMA 24 MG DAILY DOSE	3	NDS NM LA
MEKINIST	3	NDS NM LA
NEXAVAR	3	NDS NM LA
RYDAPT	3	NDS NM
SPRYCEL	3	NDS NM
STIVARGA	3	NDS NM LA
SUTENT	3	NDS NM
TAFINLAR	3	NDS NM LA
TAGRISSO	3	NDS NM LA
TARCEVA	3	NDS NM LA
TASIGNA	3	NDS NM
TYKERB	3	NDS NM LA
VOTRIENT	3	NDS NM LA
XALKORI	3	NDS NM LA
ZELBORAF	3	NDS NM LA
ZYDELIG	3	NDS NM LA
ZYKADIA	3	NDS NM LA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	3	NDS NM
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ERWINAZE	3	NDS NM LA
HALAVEN	3	NDS B/D NM
HYDREA	2	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	1	
IXEMPRA KIT	3	NDS B/D NM
LONSURF	3	NDS NM
MATULANE	3	NDS LA
<i>mitoxantrone hcl</i>	1	B/D NM
SYLATRON KIT 200MCG	3	NDS NM
SYLATRON KIT 300MCG	3	NDS NM
SYLATRON KIT 600MCG	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
SYLVANT	3	NDS NM LA
SYNRIBO	3	NDS NM
TARGRETIN CAPS	3	NDS NM
<i>tretinoin</i> CAPS	3	NDS
TRISENOX	3	NDS B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
<i>oxaliplatin inj 50mg</i>	3	NDS B/D
<i>oxaliplatin inj 50mg/10ml</i>	1	B/D
<i>oxaliplatin inj 100mg</i>	3	NDS B/D
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane</i> (generic of ZINECARD)	3	NDS B/D
ELITEK	3	NDS B/D
FUSILEV	3	NDS B/D NM
KEPIVANCE	3	NDS B/D
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>levoleucovorin calcium</i> 175mg/17.5ml	3	NDS B/D NM
LEVOLEUCOVORIN CALCIUM 250mg/25ml	3	NDS B/D NM
<i>levoleucovorin calcium 50mg</i> (generic of FUSILEV)	3	NDS B/D NM
LEVOLEUCOVORIN CALCIUM 175MG	3	NDS B/D NM
<i>mesna</i> (generic of MESNEX)	1	B/D
MESNEX SOLN	3	B/D
MESNEX TABS	3	NDS
ZINECARD	3	NDS B/D
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	3	B/D
ETOPOPHOS	3	B/D
<i>etoposide</i> SOLN	1	B/D
HYCANTIN SOLR	3	NDS B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	1	B/D
<i>irinotecan hcl</i> 500mg/25ml	1	B/D
ONIVYDE	3	NDS B/D NM
<i>toposar</i>	1	B/D
<i>topotecan inj 4mg</i> (generic of HYCANTIN)	3	NDS B/D
TOPOTECAN INJ 4MG/4ML	3	NDS B/D

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Drug Name	Drug Requirements/ Tier Limits
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
ACCURETIC	3
<i>amlodipine</i>	1
<i>besylate-benazepril hcl</i>	
<i>amlodipine</i>	1
<i>besylate-benazepril hcl</i> (generic of LOTREL)	
<i>benazepril &</i> <i>hydrochlorothiazide</i>	1
<i>benazepril &</i> <i>hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1
<i>captopril &</i> <i>hydrochlorothiazide</i>	1
<i>enalapril maleate &</i> <i>hydrochlorothiazide</i>	1
<i>enalapril maleate &</i> <i>hydrochlorothiazide</i> (generic of VASERETIC)	1
<i>fosinopril-hydrochlorothiazide</i> <i>tab 10/12.5mg</i>	1
<i>fosinopril-hydrochlorothiazide</i> <i>tab 20/12.5mg</i>	1
<i>lisinopril &</i> <i>hydrochlorothiazide</i> (generic of ZESTORETIC)	1
LOTREL	2
<i>moexipril-hydrochlorothiazide</i>	1
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1
TARKA	2
<i>trandolapril-verapamil hcl</i> (generic of TARKA)	1
VASERETIC	3
ZESTORETIC	3
ACE INHIBITORS	
ACCUPRIL	3
ALTACE	3
<i>benazepril hcl</i> TABS 5mg	1
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1
<i>captopril</i> TABS	1
<i>enalapril maleate</i> (generic of VASOTEC) TABS	1

Drug Name	Drug Requirements/ Tier Limits
EPANED	3
<i>fosinopril sodium</i>	1
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1
LOTENSIN	3
<i>moexipril hcl</i>	1
<i>perindopril erbumine</i> 2mg	1
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	1
PRINIVIL	3
QBRELIS	3 NDS
<i>quinapril hcl</i> (generic of ACCUPRIL)	1
<i>ramipril</i> (generic of ALTACE)	1
<i>trandolapril</i> 1mg, 2mg	1
<i>trandolapril</i> (generic of MAVIK) 4mg	1
VASOTEC 2.5mg, 5mg, 10mg	3
VASOTEC 20mg	3 NDS
ZESTRIL	3
ALDOSTERONE RECEPTOR ANTAGONISTS	
ALDACTONE	2
<i>eplerenone</i> (generic of INSPRA)	1
INSPRA	2
<i>spironolactone</i> (generic of ALDACTONE) TABS	1
ALPHA BLOCKERS	
CARDURA	3
<i>doxazosin mesylate</i> (generic of CARDURA)	1
MINIPRESS	3
<i>prazosin hcl</i> (generic of MINIPRESS)	1
<i>terazosin hcl</i>	1
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine</i>	1
<i>besylate-olmesartan</i>	
<i>medoxomil</i> (generic of AZOR)	

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Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan</i> (generic of EXFORGE)	1	
<i>amlodipine-valsartan-hydrochl</i> <i>orothiazide</i> (generic of EXFORGE HCT)	1	
ATACAND HCT	3	
AVALIDE	3	
AZOR	3	
BENICAR HCT	3	
BYVALSON	3	
<i>candesartan</i> <i>cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT)	1	
DIOVAN HCT	3	
EDARBYCLOR	3	
ENTRESTO	2	
EXFORGE	3	
EXFORGE HCT	3	
HYZAAR	3	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	1	
<i>losartan-hydrochlorothiazide</i> <i>tab 100-12.5mg</i> (generic of HYZAAR)	1	
<i>losartan-hydrochlorothiazide</i> <i>tab 100-25mg</i> (generic of HYZAAR)	1	
<i>losartan-hydrochlorothiazideta</i> <i>b 50-12.5mg</i> (generic of HYZAAR)	1	
MICARDIS HCT	3	
<i>olmesartan</i> <i>medoxomil-amlodipine-hydroc</i> <i>lorothiazide</i> (generic of TRIBENZOR)	1	
<i>olmesartan</i> <i>medoxomil-hydrochlorothiazid</i> <i>e</i> (generic of BENICAR HCT)	1	
<i>telmisartan-amlodipine</i> (generic of TWYNSTA)	1	
<i>telmisartan-hydrochlorothiazid</i> <i>e</i> (generic of MICARDIS HCT)	1	
TRIBENZOR	3	
TWYNSTA	3	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	1	

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	3	
AVAPRO	3	
BENICAR	3	
<i>candesartan cilexetil</i> (generic of ATACAND)	1	
COZAAR	3	
DIOVAN	3	
EDARBI	3	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i> (generic of AVAPRO)	1	
<i>losartan potassium</i> (generic of COZAAR)	1	
MICARDIS	3	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	1	
<i>telmisartan</i> (generic of MICARDIS)	1	
<i>valsartan</i> (generic of DIOVAN)	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i> (generic of NORPACE)	3	
<i>dofetilide</i> (generic of TIKOSYN)	1	NM
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE	3	
NORPACE CR	3	
<i>pacerone</i>	1	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	1	
<i>propafenone hcl</i> TABS	1	
<i>quinidine gluconate</i> TBCR	1	
<i>quinidine sulfate</i> TABS	1	
RYTHMOL SR 225mg	2	
RYTHMOL SR 325mg, 425mg	3	NDS
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
sorine 240mg	1	
sotalol af tab 120mg (generic of BETAPACE AF)	1	
sotalol hcl (afib/af) (generic of BETAPACE AF)	1	
sotalol hcl tab 80mg (generic of BETAPACE)	1	
sotalol hcl tab 120mg (generic of BETAPACE)	1	
sotalol hcl tab 160mg (generic of BETAPACE)	1	
sotalol hcl tab 240mg	1	
TIKOSYN	2	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	3	
atorvastatin calcium (generic of LIPITOR) TABS	1	
CRESTOR	3	
fluvastatin sodium (generic of LESCOL) CAPS 20mg	1	
fluvastatin sodium CAPS 40mg	1	
fluvastatin sodium (generic of LESCOL XL) TB24	1	
LESCOL XL	3	
LIPITOR	3	
LIVALO	3	
lovastatin 10mg, 20mg	1	
lovastatin (generic of MEVACOR) 40mg	1	
PRAVACHOL	3	
pravastatin sodium 10mg	1	
pravastatin sodium (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
rosuvastatin calcium (generic of CRESTOR)	1	
simvastatin (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
simvastatin (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR 5mg, 10mg, 20mg, 40mg	3	

Drug Name	Drug Requirements/ Tier	Limits
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	3	
cholestyramine (generic of QUESTRAN)	1	
cholestyramine light PACK	1	
cholestyramine light (generic of QUESTRAN LIGHT) POWD	1	
choline fenofibrate (generic of TRILIPIX)	1	
COLESTID	3	
colestipol hcl (generic of COLESTID)	1	
ezetimibe (generic of ZETIA)	1	
ezetimibe-simvastatin (generic of VYTORIN)	1	
fenofibrate CAPS	1	
fenofibrate (generic of FENOGLIDE) TABS 40mg	1	
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	1	
fenofibrate (generic of LOFIBRA) TABS 54mg	1	
fenofibrate (generic of FENOGLIDE) TABS 120mg	3	NDS
fenofibrate TABS 160mg	1	
fenofibrate micronized 43mg, 130mg	1	
fenofibrate micronized (generic of LOFIBRA) 67mg, 134mg, 200mg	1	
fenofibric acid	1	
FENOGLIDE 40mg	3	
FENOGLIDE 120mg	3	NDS
FIBRICOR	3	
gemfibrozil (generic of LOPID) TABS	1	
JUXTAPID	3	NDS NM LA PA
KYNAMRO	3	NDS NM
LIPOFEN	3	
LOPID	3	
LOVAZA	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN)	1	
<i>niacor</i>	1	
NIASPAN	3	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	1	
PRALUENT	3	NDS NM
<i>prevalite</i> PACK	1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
TRICOR	3	
TRIGLIDE	3	
TRILIPIX	3	
VASCEPA	2	
VYTORIN	2	
WELCHOL	2	
ZETIA	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
CORZIDE	3	
LOPRESSOR HCT	2	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
<i>nadolol & bendroflumethiazide</i> (generic of CORZIDE)	1	
<i>propranolol & hydrochlorothiazide</i>	1	
TENORETIC 50	2	
TENORETIC 100	2	
ZIAC	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	1	
<i>atenolol</i> TABS 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i> (generic of COREG)	1	
COREG	3	
COREG CR	2	
CORGARD	3	
INDERAL LA 60mg, 80mg	3	
INDERAL LA 120mg, 160mg	3	NDS
<i>labetalol hcl</i> SOLN; TABS	1	
LOPRESSOR	3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	
<i>metoprolol tartrate</i> SOCT	1	
<i>metoprolol tartrate</i> SOLN	1	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD) TABS	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i> (generic of INDERAL LA)	1	
<i>propranolol inj 1mg/ml</i>	1	
<i>propranolol oral sol</i>	1	
<i>propranolol tab</i>	1	
SOTYLIZE	3	
TENORMIN	3	
<i>timolol maleate</i> TABS	1	
TOPROL XL	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine</i>	1	
<i>besylate-atorvastatin calcium</i>		
<i>amlodipine</i>	1	
<i>besylate-atorvastatin calcium</i> (generic of CADUET)		
CADUET	3	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>afeditab cr</i> (generic of ADALAT CC)	1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	
CALAN	3	
CALAN SR 120mg, 240mg	3	
CARDIZEM	3	
CARDIZEM CD	3	NDS
CARDIZEM LA	3	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	1	
<i>cartia xt</i> 300mg	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg, 360mg	1	
<i>diltiazem cd</i> 300mg	1	
<i>diltiazem er tab 180mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem er tab 240mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem er tab 300mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem er tab 360mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem er tab 420mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> TABS 90mg	1	
<i>diltiazem hcl cap er/12hr</i>	1	
<i>diltiazem hcl cap sr 24hr</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of TIAZAC) 120mg	1	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 180mg, 360mg	1	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl extended release beads cap sr</i> 300mg	1	
<i>diltiazem inj</i>	1	
DILTIAZEM INJ 100MG	3	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i> (generic of CARDIZEM LA)	1	
<i>nicardipine hcl</i> CAPS	1	
<i>nifedical xl</i> (generic of PROCARDIA XL)	1	
<i>nifedipine</i> (generic of ADALAT CC) TB24 30mg, 60mg, 90mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS	3	NDS
<i>nisoldipine</i> (generic of SULAR) 8.5mg, 17mg, 34mg	1	
<i>nisoldipine</i> 20mg, 25.5mg, 30mg, 40mg	1	
NORVASC	3	
NYMALIZE	3	NDS
PROCARDIA XL	3	
SULAR	3	
<i>taztia xt</i> (generic of TIAZAC)	1	
TIAZAC	3	
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> CP24 360mg	1	
<i>verapamil hcl</i> SOLN	1	
<i>verapamil hcl</i> TABS 40mg	1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	1	
VERELAN	3	
VERELAN PM	3	

DIGITALIS GLYCOSIDES

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Drug Name	Drug Requirements/ Tier	Limits
<i>digitek</i> (generic of LANOXIN)	1	
<i>digox</i> (generic of LANOXIN)	1	
<i>digoxin</i> (generic of LANOXIN) TABS	1	
<i>digoxin inj 0.25 mg/ml</i> (generic of LANOXIN)	1	
<i>digoxin sol 50mcg/ml</i>	1	
LANOXIN SOLN	3	
LANOXIN TABS 62.5mcg, 187.5mcg	2	
LANOXIN TABS 125mcg, 250mcg	3	
LANOXIN PEDIATRIC	3	
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	2	
TEKTURNA HCT	2	
DIURETICS		
<i>acetazolamide</i> (generic of DIAMOX) CP12	1	
<i>acetazolamide</i> TABS	1	
<i>acetazolamide sodium</i>	1	
ALDACTAZIDE	3	
<i>amiloride</i> & <i>hydrochlorothiazide</i>	1	
<i>amiloride hcl</i> TABS	1	
<i>bumetanide</i> SOLN	1	
<i>bumetanide</i> (generic of BUMEX) TABS	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
DEMADEX	3	
DIAMOX	2	
DIURIL	3	
DYAZIDE	3	
EDECIN	3	NDS
<i>ethacrynic acid</i> (generic of EDECIN)	3	NDS
<i>furosemide</i> SOLN	1	
<i>furosemide</i> TABS 20mg, 40mg	1	
<i>furosemide</i> (generic of LASIX) TABS 80mg	1	
<i>furosemide oral soln 8 mg/ml</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	
<i>hydrochlorothiazide</i> TABS	1	
<i>indapamide</i>	1	
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	
<i>methazolamide</i> (generic of NEPTAZANE) TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
MICROZIDE	3	
NEPTAZANE	3	
SODIUM DIURIL	3	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
<i>toremide</i> 5mg, 100mg	1	
<i>toremide</i> (generic of DEMADEX) 10mg, 20mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 37.5-25mg (generic of DYAZIDE)	1	
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 50-25mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab</i> 37.5-25mg (generic of MAXZIDE-25)	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab</i> 75-50mg (generic of MAXZIDE)	1	
MISCELLANEOUS		
BIDIL	2	
CATAPRES TAB	2	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	1	
CORLANOR	2	
DEMSEER	3	NDS
DIBENZYLINE	3	NDS
<i>hydralazine hcl</i> SOLN; TABS	1	
KEYEYIS	3	NDS NM
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
NORTHERA	3	NDS NM LA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS	3	NDS
RANEXA	2	
NITRATES		
DILATRATE SR	3	
GONITRO	3	
ISORDIL TITRADOSE 5mg	2	
ISORDIL TITRADOSE 40mg	3	NDS
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	1	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i> (generic of NITRO-DUR)	1	
NITRO-BID	3	
NITRO-DUR	2	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	1	
<i>nitroglycerin lingual</i>	1	
<i>nitroglycerin td patch</i> .1mg/hr	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	1	
NITROLINGUAL	3	
PUMPSPRAY	3	
NITROMIST	3	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	3	NDS NM PA
ADEMPAS	3	NDS NM LA
<i>epoprostenol sodium</i> (generic of FLOLAN)	3	NDS B/D NM LA
FLOLAN	3	NDS B/D NM LA
LETAIRIS	3	NDS NM LA
OPSUMIT	3	NDS NM LA
ORENITRAM .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA
ORENITRAM .125mg	2	NM LA
REMODULIN	3	NDS B/D NM LA
REVATIO SOLN	3	NDS NM
REVATIO SUSR; TABS	3	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN	3	NDS NM
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS	1	NM PA
TRACLEER	3	NDS NM LA
TYVASO	3	NDS B/D NM
UPTRAVI	3	NDS NM LA
VELETRI	3	NDS B/D NM LA
VENTAVIS	3	NDS B/D NM
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
ALPRAZOLAM INTENSOL	3	
<i>alprazolam tab 0.5mg</i> (generic of XANAX)	1	
<i>alprazolam tab 0.25mg</i> (generic of XANAX)	1	
<i>alprazolam tab 1mg</i> (generic of XANAX)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>alprazolam tab 2mg</i> (generic of XANAX)	1	
ATIVAN INJ	3	
ATIVAN TABS	3	NDS
<i>bupirone hcl</i> TABS	1	
<i>fluvoxamine cap er</i>	1	
<i>fluvoxamine tab 25mg</i>	1	
<i>fluvoxamine tab 50mg</i>	1	
<i>fluvoxamine tab 100mg</i>	1	
<i>lorazepam</i> (generic of ATIVAN) SOLN; TABS	1	
<i>lorazepam intensol</i>	1	
XANAX	2	
ANTICONVULSANTS		
APTIOM	3	NDS
BANZEL	3	NDS
BRIVIACT SOLN 10mg/ml	3	NDS
BRIVIACT SOLN 50mg/5ml	3	
BRIVIACT TABS	3	NDS
<i>carbamazepine</i> CHEW	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	1	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	1	
<i>carbamazepine</i> TB12 100mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 200mg, 400mg	1	
CARBATROL	3	
CELONTIN	3	
<i>clonazepam</i> (generic of KLONOPIN) TABS	1	
<i>clonazepam</i> TBDP	1	
<i>clorazepate dipotassium</i> 3.75mg, 15mg	1	
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg	1	
DEPACON	3	NDS
DEPAKENE CAPS	3	
DEPAKENE SOLN	3	NDS
DEPAKOTE	3	
DEPAKOTE ER	3	

Drug Name	Drug Requirements/ Tier	Limits
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam</i> (generic of VALIUM) TABS	1	
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam intensol 5mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
DILANTIN	3	
DILANTIN-125	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	1	
<i>epitol</i> (generic of TEGRETOL)	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	1	
<i>felbamate</i> (generic of FELBATOL) SUSP	3	NDS
<i>felbamate</i> (generic of FELBATOL) TABS	1	
FELBATOL	3	NDS
FYCOMPA SUSP	3	NDS
FYCOMPA TABS 2mg	2	
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
<i>gabapentin</i> (generic of NEURONTIN) CAPS; SOLN; TABS	1	
GABITRIL	3	
KEPPRA SOLN	3	NDS
KEPPRA TABS 250mg	3	
KEPPRA TABS 500mg, 750mg, 1000mg	3	NDS
KEPPRA XR	3	NDS
KLONOPIN	3	
LAMICTAL CHEWABLE DISPERS 5mg	3	
LAMICTAL CHEWABLE DISPERS 25mg	3	NDS
LAMICTAL ODT	3	
LAMICTAL STARTER KIT	3	

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Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL TABS	3	NDS
LAMICTAL XR KIT	3	
LAMICTAL XR TB24 25mg, 50mg	3	
LAMICTAL XR TB24 100mg, 200mg, 250mg, 300mg	3	NDS
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
<i>lamotrigine</i> KIT	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	1	
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP	1	
LEVETIRACETAM SOLN	3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	1	
<i>levetiracetam</i> (generic of KEPPRA) TABS	1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	1	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	1	
LYRICA	2	
MYSOLINE	3	NDS
NEURONTIN CAPS; SOLN	3	
NEURONTIN TABS	3	NDS
ONFI	3	NDS
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	3	NDS
PEGANONE	3	
<i>phenobarbital</i> ELIX; TABS	3	
PHENOBARBITAL SODIUM SOLN 65mg/ml	3	
<i>phenobarbital sodium</i> SOLN 130mg/ml	3	
PHENYTEK	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	1	
<i>phenytoin inj 50mg/ml</i>	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	1	
<i>primidone</i> (generic of MYSOLINE) TABS	1	
QUDEXY XR	3	
<i>roovepra</i> (generic of KEPPRA)	1	
SABRIL	3	NDS NM LA
SPRITAM	3	
TEGRETOL	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i> (generic of GABITRIL)	1	
TOPAMAX 25mg, 50mg	3	
TOPAMAX 100mg, 200mg	3	NDS
TOPAMAX SPRINKLE 15mg	3	
TOPAMAX SPRINKLE 25mg	3	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	1	
<i>topiramate</i> CS24	1	
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TRILEPTAL SUSP	3	NDS
TRILEPTAL TABS 150mg, 300mg	3	
TRILEPTAL TABS 600mg	3	NDS
TROKENDI XR 25mg, 50mg, 100mg	2	
TROKENDI XR 200mg	3	NDS
VALIUM	2	
<i>valproate sodium</i> (generic of DEPACON) SOLN 100mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>valproate sodium</i> (generic of DEPAKENE) SOLN 250mg/5ml	1	
<i>valproic acid</i> (generic of DEPAKENE)	1	
VIMPAT SOLN	3	NDS
VIMPAT TABS 50mg	2	
VIMPAT TABS 100mg, 150mg, 200mg	3	NDS
ZARONTIN	3	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ANTIDEMENTIA		
ARICEPT	3	
<i>donepezil 5mg odt</i>	1	
<i>donepezil 10mg odt</i>	1	
<i>donepezil hydrochloride</i> (generic of ARICEPT)	1	
EXELON PATCHES	3	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS	1	
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER)	1	
<i>memantine hcl</i> SOLN PA if < 30 yrs	1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS PA if < 30 yrs	1	PA
NAMENDA PA if < 30 yrs	3	PA
NAMENDA XR PA if < 30 yrs	2	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	2	PA
NAMZARIC	2	
RAZADYNE	3	
RAZADYNE ER	3	
<i>rivastigmine tartrate</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>rivastigmine td patch 24hr 4.6mg/24hr</i> (generic of EXELON)	1	
<i>rivastigmine td patch 24hr 9.5mg/24hr</i> (generic of EXELON)	1	
<i>rivastigmine td patch 24hr 13.3mg/24hr</i> (generic of EXELON)	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg	3	
<i>amoxapine</i>	1	
ANAFRANIL	3	NDS
APLENZIN	3	NDS
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	1	
CELEXA	3	
<i>citalopram hydrobromide</i> SOLN	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS	3	
CYMBALTA	3	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ)	1	
<i>doxepin hcl</i> CAPS; CONC	3	
<i>duloxetine cap 20mg</i> (generic of CYMBALTA)	1	
<i>duloxetine cap 30mg</i> (generic of CYMBALTA)	1	
<i>duloxetine cap 60mg</i> (generic of CYMBALTA)	1	
EFFEXOR XR	3	
EMSAM	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>escitalopram oxalate</i> SOLN	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	1	
FETZIMA	3	
FETZIMA TITRATION PACK	3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS	1	
<i>fluoxetine hcl</i> CPDR	1	
<i>fluoxetine hcl</i> SOLN	1	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1	
FLUOXETINE HCL TABS 60mg	2	
FORFIVO XL	3	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	3	
<i>imipramine pamoate</i>	3	
LEXAPRO	3	
<i>maprotiline hcl</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine tab 15mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tab 30mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tab 45mg odt</i> (generic of REMERON SOLTAB)	1	
<i>mirtazapine tabs 7.5mg</i>	1	
<i>mirtazapine tabs</i> (generic of REMERON) 15mg, 30mg, 45mg	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
NORPRAMIN	2	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	1	
<i>nortriptyline hcl</i> SOLN	1	
PAMELOR	3	NDS
PARNATE	3	NDS
<i>paroxetine er tab</i> (generic of PAXIL CR)	1	
<i>paroxetine hcl tabs</i> (generic of PAXIL)	1	

Drug Name	Drug Requirements/ Tier	Limits
PAXIL	3	
PAXIL CR	3	
PEXEVA	3	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	1	
PRISTIQ	2	
<i>protriptyline hcl</i>	1	
PROZAC 10mg, 20mg	3	
PROZAC 40mg	3	NDS
REMERON	3	
REMERON SOLTAB	3	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC; TABS	1	
SURMONTIL	3	
TOFRANIL	3	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i> TABS	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	3	
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg	3	
TRINTELLIX	2	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	1	
<i>venlafaxine hcl 225mg</i>	1	
<i>venlafaxine tab</i>	1	
VIIBRYD STARTER PACK	2	
VIIBRYD TAB	2	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	NDS
ZOLOFT	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	3	NDS NM LA
AZILECT	2	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	1	
<i>benztropine mesylate</i> TABS	3	
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa</i> (generic of LODOSYN) TABS	3	NDS
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	1	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	1	
<i>carbidopa-levodopa</i> TBDP	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 50)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 75)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 100)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 125)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 150)	1	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 200)	1	
COGENTIN	3	
COMTAN	3	NDS
DUOPA	3	B/D NM
ELDEPRYL	3	
<i>entacapone</i> (generic of COMTAN)	1	
LODOSYN	3	NDS
MIRAPEX	3	
MIRAPEX ER	2	
NEUPRO	2	
PARLODEL	2	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab er</i> (generic of MIRAPEX ER)	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	1	

Drug Name	Drug Requirements/ Tier	Limits
REQUIP	3	
REQUIP XL	3	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 1mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 2mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 3mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 4mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	1	
<i>ropinirole tab er</i> (generic of REQUIP XL)	1	
RYTARY	3	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	1	
<i>selegiline hcl</i> TABS	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 50	3	
STALEVO 75	3	NDS
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	NDS
STALEVO 200	3	NDS
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	NDS
ANTIPSYCHOTICS		
ABILIFY MAINTENA	3	NDS
ABILIFY TABS	3	NDS
<i>aripiprazole odt</i>	3	NDS
<i>aripiprazole oral solution 1 mg/ml</i>	3	NDS
<i>aripiprazole tabs</i> (generic of ABILIFY) 2mg, 5mg, 10mg, 15mg	1	
<i>aripiprazole tabs</i> (generic of ABILIFY) 20mg, 30mg	3	NDS
ARISTADA	3	NDS
<i>chlorpromazine hcl</i> TABS	1	
CHLORPROMAZINE INJ	3	

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Drug Name	Drug Requirements/ Tier	Limits
clozapine odt 12.5mg	1	
clozapine odt (generic of FAZACLO) 25mg, 100mg, 150mg	1	
clozapine odt (generic of FAZACLO) 200mg	3	NDS
clozapine tab 25mg (generic of CLOZARIL)	1	
clozapine tab 50mg	1	
clozapine tab 100mg (generic of CLOZARIL)	1	
clozapine tab 200mg	1	
CLOZARIL 25mg	3	
CLOZARIL 100mg	3	NDS
FANAPT	3	
FANAPT TITRATION PACK	3	
FAZACLO 12.5mg, 25mg	3	
FAZACLO 100mg, 150mg, 200mg	3	NDS
fluphenazine decanoate SOLN	1	
fluphenazine hcl	1	
GEODON	3	NDS
GEODON INJ	3	
HALDOL	3	
HALDOL DECANOATE 50	3	
HALDOL DECANOATE 100	3	
haloperidol TABS	1	
haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
haloperidol lactate	1	
haloperidol lactate inj 5 mg/ml (generic of HALDOL)	1	
INVEGA	3	NDS
INVEGA SUSTENNA 39mg/0.25ml	3	
INVEGA SUSTENNA 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
INVEGA TRINZA	3	NDS
LATUDA	2	
loxapine succinate	1	
NUPLAZID	3	NDS NM LA
olanzapine (generic of ZYPREXA)	1	
olanzapine odt (generic of ZYPREXA ZYDIS)	1	
ORAP	3	
paliperidone (generic of INVEGA)	3	NDS
perphenazine TABS	1	
pimozide (generic of ORAP)	1	
quetiapine fumarate (generic of SEROQUEL) TABS	1	
quetiapine fumarate (generic of SEROQUEL XR) TB24	1	
REXULTI	3	NDS
RISPERDAL SOLN	3	
RISPERDAL TABS 2mg, 3mg, 4mg	3	NDS
RISPERDAL TABS .25mg, .5mg, 1mg	3	
RISPERDAL INJ 12.5MG	2	
RISPERDAL INJ 25MG	2	
RISPERDAL INJ 37.5MG	3	NDS
RISPERDAL INJ 50MG	3	NDS
RISPERDAL M-TAB 2mg, 3mg, 4mg	3	NDS
RISPERDAL M-TAB .5mg, 1mg	3	
risperidone (generic of RISPERDAL)	1	
risperidone odt (generic of RISPERDAL M-TAB) .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone odt .25mg	1	
SAPHRIS	3	
SEROQUEL 25mg, 50mg, 100mg	3	
SEROQUEL 200mg, 300mg, 400mg	3	NDS
SEROQUEL XR 50mg, 150mg, 200mg, 300mg	3	
SEROQUEL XR 400mg	3	NDS
thioridazine hcl TABS	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VERSACLOZ	3	NDS
VRAYLAR	3	NDS
VRAYLAR THERAPY PACK	2	
<i>ziprasidone hcl</i> (generic of GEODON)	1	
ZYPREXA SOLR	3	
ZYPREXA TABS 2.5mg, 5mg, 7.5mg, 10mg	3	
ZYPREXA TABS 15mg, 20mg	3	NDS
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG	3	NDS
ZYPREXA RELPREVV INJ 405MG	3	NDS
ZYPREXA ZYDIS 5mg, 10mg	3	
ZYPREXA ZYDIS 15mg, 20mg	3	NDS
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG	3	
ADDERALL TAB 7.5MG	3	
ADDERALL TAB 10MG	3	
ADDERALL TAB 12.5MG	3	
ADDERALL TAB 15MG	3	
ADDERALL TAB 20MG	3	
ADDERALL TAB 30MG	3	
ADDERALL XR CAP 5MG	3	
ADDERALL XR CAP 10MG	3	
ADDERALL XR CAP 15MG	3	
ADDERALL XR CAP 20MG	3	
ADDERALL XR CAP 25MG	3	
ADDERALL XR CAP 30MG	3	
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR)	1	
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)	1	
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)	1	
APTENSIO XR	2	
<i>atomoxetine hcl</i> (generic of STRATTERA)	1	
CONCERTA	3	
DAYTRANA	3	
<i>guanfacine er (adhd)</i> (generic of INTUNIV)	3	
INTUNIV	3	
METADATE CD	3	
<i>metadate er</i>	1	
METHYLIN	3	
<i>methylphenidate hcl</i> CHEW	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 20mg, 30mg, 40mg	1	
<i>methylphenidate hcl</i> CP24 60mg	1	
<i>methylphenidate hcl</i> CPCR	1	
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN	1	
<i>methylphenidate hcl</i> (generic of RITALIN) TABS	1	
<i>methylphenidate hcl</i> TB24	1	
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR	1	
<i>methylphenidate tab 10mg er</i>	1	
<i>methylphenidate tab 20mg er</i>	1	
QUILLICHEW ER	3	
QUILLIVANT XR	2	
RITALIN	3	
RITALIN LA	3	
STRATTERA	2	
VYVANSE CAPS	2	
VYVANSE CHEW	3	
HYPNOTICS		
AMBIEN	3	
HETLIOZ	3	NDS NM LA
RESTORIL 7.5mg, 15mg	3	
SILENOR	2	
<i>temazepam</i> (generic of RESTORIL) 7.5mg, 15mg	1	
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS	3	
MIGRAINE		
<i>almotriptan malate</i> (generic of AXERT)	1	
AMERGE	3	
AXERT	3	
D.H.E. 45	3	NDS
<i>dihydroergotamine mesylate 1mg/ml</i> (generic of D.H.E. 45)	3	NDS
<i>dihydroergotamine mesylate nasal</i>	3	NDS
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	1	
FROVA	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>frovatriptan succinate</i> (generic of FROVA)	1	
IMITREX SOLN 5mg/act, 20mg/act	3	
IMITREX SOLN 6mg/0.5ml	3	NDS
IMITREX TABS	3	
IMITREX STATDOSE REFILL	3	NDS
IMITREX STATDOSE SYSTEM	3	NDS
MAXALT	3	
MAXALT-MLT	3	
<i>migergot</i>	3	NDS
MIGRANAL	3	NDS
<i>naratriptan hcl</i> (generic of AMERGE)	1	
ONZETRA XSAIL	2	
RELPAX	2	
<i>rizatriptan benzoate</i> (generic of MAXALT)	1	
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT)	1	
<i>sumatriptan</i> (generic of IMITREX) SOLN	1	
<i>sumatriptan inj 4mg/0.5ml</i>	1	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ	1	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT	1	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN	1	
<i>sumatriptan inj 6mg/0.5ml</i> SOSY	1	
<i>sumatriptan succinate</i> (generic of IMITREX) TABS	1	
SUMAVEL DOSEPRO	3	NDS
TREXIMET 10-60MG	2	
TREXIMET 85-500MG	3	NDS
ZEMBRACE SYMTOUCH	3	NDS
<i>zolmitriptan</i> (generic of ZOMIG) TABS	1	
<i>zolmitriptan</i> (generic of ZOMIG ZMT) TBDP	1	
ZOMIG NASAL SPRAY	2	

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Drug Name	Drug Requirements/ Tier	Limits
ZOMIG TABS	3	
ZOMIG ZMT	3	
MISCELLANEOUS		
AUSTEDO	3	NDS NM LA
BRISDELLE	2	
EQUETRO	3	
GRALISE	2	
GRALISE STARTER	2	
HORIZANT	3	
<i>lithium carb tab 300mg</i>	1	
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate (generic of LITHOBID) TBCR 300mg</i>	1	
<i>lithium carbonate TBCR 450mg</i>	1	
LITHIUM SOLN 8MEQ/5ML	3	
LITHOBID	2	
MESTINON	3	NDS
MESTINON TIMESPAN	3	NDS
NUDEXTA	2	
<i>pyridostigmine bromide (generic of MESTINON TIMESPAN) TBCR</i>	1	
<i>pyridostigmine tab 60mg (generic of MESTINON)</i>	1	
RILUTEK	3	NDS
<i>riluzole (generic of RILUTEK)</i>	1	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
<i>tetrabenazine (generic of XENAZINE)</i>	3	NDS NM
XENAZINE	3	NDS NM LA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	3	NDS NM LA
AUBAGIO	3	NDS NM LA
AVONEX	3	NDS NM
AVONEX PEN	3	NDS NM
BETASERON	3	NDS NM
COPAXONE	3	NDS NM
GILENYA CAP 0.5MG	3	NDS NM
<i>glatopa (generic of COPAXONE)</i>	3	NDS NM
LEMTRADA	3	NDS NM LA
PLEGRIDY	3	NDS NM
PLEGRIDY STARTER PACK	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
REBIF	3	NDS NM
REBIF REBIDOSE	3	NDS NM
REBIF REBIDOSE TITRATION	3	NDS NM
REBIF TITRATION PACK	3	NDS NM
TECFIDERA	3	NDS NM LA
TECFIDERA STARTER PACK	3	NDS NM LA
TYSABRI	3	NDS NM LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen TABS</i>	1	
BOTOX	3	NDS NM PA
<i>cyclobenzaprine hcl TABS 5mg, 10mg</i>	3	
DANTRIUM	2	
<i>dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg</i>	1	
<i>dantrolene sodium CAPS 100mg</i>	1	
DYSPORT	3	NM PA
MYOBLOC	3	NM PA
<i>tizanidine hcl (generic of ZANAFLEX) CAPS</i>	1	
<i>tizanidine tabs 2mg</i>	1	
<i>tizanidine tabs (generic of ZANAFLEX) 4mg</i>	1	
XEOMIN INJ 50 UNITS	3	NM PA
XEOMIN INJ 100 UNITS	3	NDS NM PA
XEOMIN INJ 200 UNITS	3	NDS NM PA
ZANAFLEX CAPS	3	
ZANAFLEX TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil (generic of NUVIGIL)</i>	1	
<i>modafinil (generic of PROVIGIL)</i>	1	
NUVIGIL	3	
PROVIGIL	3	NDS
XYREM	3	NDS LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	1	
ANTABUSE	2	
BUNAVAIL MIS 2.1-0.3MG	3	
BUNAVAIL MIS 4.2-0.7MG	3	

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Drug Name	Drug Requirements/ Tier	Limits
BUNAVAIL MIS 6.3-1MG	3	
<i>buprenorphine hcl</i> SUBL	1	
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	
<i>buprenorphine hcl-naloxone hcl sl</i>	1	
<i>bupropion hcl (smoking deterrent)</i> (generic of ZYBAN)	1	
CHANTIX CONTINUING MONTH	2	
CHANTIX STARTER PACK	2	
CHANTIX TABS	2	
<i>disulfiram</i> (generic of ANTABUSE) TABS	1	
<i>fluoxetine hcl (pmd)</i> (generic of SARAFEM) (generic of SARAFEM)	1	
<i>naloxone inj 0.4mg/ml</i>	1	
<i>naloxone inj 1mg/ml</i>	1	
<i>naltrexone hcl</i> TABS	1	
NICOTROL INHALER	3	
NICOTROL NS	3	
SARAFEM	3	
SUBOXONE MIS 2-0.5MG	2	
SUBOXONE MIS 4-1MG	2	
SUBOXONE MIS 8-2MG	2	
SUBOXONE MIS 12-3MG	2	
VIVITROL	3	NDS NM
ZUBSOLV SUB 0.7-0.18MG	2	
ZUBSOLV SUB 1.4-0.36MG	2	
ZUBSOLV SUB 2.9-0.71MG	2	
ZUBSOLV SUB 5.7-1.4MG	2	
ZUBSOLV SUB 8.6-2.1MG	2	
ZUBSOLV SUB 11.4-2.9MG	2	
ZYBAN	2	
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	3	NDS PA
ANDRODERM	2	PA
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm	2	PA
ANDROGEL 25mg/2.5gm	3	PA
ANDROGEL 1%	3	PA

Drug Name	Drug Requirements/ Tier	Limits
ANDROGEL 1.62%	2	PA
AVEED	3	NM LA PA
AXIRON	2	PA
DEPO-TESTOSTERONE	3	PA
FORTESTA	3	PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS	1	PA
STRIANT	3	PA
TESTIM	3	PA
<i>testosterone</i> GEL 1%	1	PA
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act	1	PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm	1	PA
<i>testosterone</i> (generic of AXIRON) SOLN	1	PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	1	PA
<i>testosterone enanthate</i> SOLN	1	PA
VOGELXO	3	PA
VOGELXO PUMP	3	PA
ANTIDIABETICS, INJECTABLE		
ADLYXIN	3	
ADLYXIN STARTER PACK	3	
ALCOHOL SWABS	2	
BASAGLAR KWIKPEN	2	
BYDUREON INJ	2	
BYDUREON PEN	2	
BYETTA	3	
GAUZE PADS 2X2	2	
HUMULIN R U-500 (CONCENTRATE)	3	NDS B/D
HUMULIN R U-500 KWIKPEN	3	NDS
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	

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Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG PENFILL	2	
SYMLINPEN 60	3	NDS
SYMLINPEN 120	3	NDS
TRESIBA FLEXTOUCH	2	
TRULICITY	2	
VICTOZA	2	
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	1	
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
ACTOPLUS MET XR 15-1000MG	3	
ACTOPLUS MET XR 30-1000MG	3	
ACTOS	3	
AMARYL	3	
DUETACT	3	
FARXIGA	2	
<i>glimepiride</i> (generic of AMARYL)	1	
<i>glipizide</i> (generic of GLUCOTROL) TABS	1	
<i>glipizide er</i> (generic of GLUCOTROL XL)	1	
<i>glipizide xl</i> (generic of GLUCOTROL XL)	1	
<i>glipizide-metformin 2.5-250 mg</i>	1	
<i>glipizide-metformin 2.5-500 mg</i>	1	
<i>glipizide-metformin 5-500mg</i>	1	
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLYSET	3	
INVOKAMET TAB 50-500MG	2	

Drug Name	Drug Requirements/ Tier	Limits
INVOKAMET TAB 50-1000MG	2	
INVOKAMET TAB 150-500MG	2	
INVOKAMET TAB 150-1000MG	2	
INVOKAMET XR TAB 50-500MG	2	
INVOKAMET XR TAB 50-1000MG	2	
INVOKAMET XR TAB 150-500MG	2	
INVOKAMET XR TAB 150-1000MG	2	
INVOKANA TAB 100MG	2	
INVOKANA TAB 300MG	2	
JANUMET	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JANUVIA	2	
JENTADUETO	2	
JENTADUETO TAB XR 2.5-1000 MG	2	
JENTADUETO TAB XR 5-1000 MG	2	
<i>metformin er</i> (generic of GLUCOPHAGE XR) (generic of GLUCOPHAGE XR)	1	
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS	1	
<i>migliol</i> (generic of GLYSET)	1	
<i>nateglinide</i> (generic of STARLIX)	1	
<i>pioglitazone hcl</i> (generic of ACTOS)	1	
<i>pioglitazone hcl-glimepiride</i> (generic of DUETACT)	1	
<i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET)	1	
PRANDIN	3	
PRECOSE	2	
<i>repaglinide</i> (generic of PRANDIN) 1mg, 2mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>repaglinide</i> .5mg	1	
<i>repaglinide-metformin hcl</i>	1	
RIOMET	3	
STARLIX	3	
TRADJENTA	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000MG	2	
BISPHOSPHONATES		
ACTONEL	3	
<i>alendronate sodium</i> SOLN	1	
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
ATELVIA	3	
BINOSTO	3	
BONIVA	3	B/D
FOSAMAX	3	
FOSAMAX PLUS D	3	
<i>ibandronate sodium inj</i> (generic of BONIVA)	1	B/D
<i>ibandronate tab 150mg</i> (generic of BONIVA)	1	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1	B/D
<i>pamidronate inj 30mg</i>	1	B/D
<i>pamidronate inj 90mg</i>	1	B/D
RECLAST	3	B/D NM
<i>risedronate sodium</i> (generic of ACTONEL) TABS	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC	1	
ZOLEDRONIC INJ 4MG	3	B/D NM
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	1	B/D NM
<i>zoledronic inj 5/100ml</i> (generic of RECLAST)	1	B/D NM
ZOMETA	3	NDS B/D NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	2	NDS NM
SENSIPAR TAB 60MG	2	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
SENSIPAR TAB 90MG	2	NDS NM
CHELATING AGENTS		
CHEMET	3	
<i>deferoxamine mesylate</i> 2gm	1	B/D NM
<i>deferoxamine mesylate</i> (generic of DESFERAL) 500mg	1	B/D NM
DEPEN TITRATABS	3	NDS
DESFERAL	3	B/D NM
EXJADE	3	NDS NM LA
FERRIPROX	3	NDS NM LA
JADENU	3	NDS NM LA
JADENU SPRINKLE	3	NDS NM LA
<i>kionex powder</i>	1	
<i>kionex sus 15gm/60ml</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
SYPRINE	3	NDS
VELTASSA	2	LA
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<i>alyacen 1/35</i> (generic of ORTHO-NOVUM 1/35)	1	
<i>amethia</i> (generic of SEASONIQUE)	1	
<i>amethia lo</i> (generic of LOSEASONIQUE)	1	
<i>apri</i> (generic of DESOGEN)	1	
<i>aranelle</i> (generic of TRI-NORINYL 28)	1	
<i>ashlyna</i> (generic of SEASONIQUE)	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>bekyree</i> (generic of MIRCETTE)	1	
BEYAZ	2	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1	
<i>blisovi fe 1/20</i> (generic of LOESTRIN FE 1/20)	1	
BREVICON-28	3	
<i>briellyn</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>camila</i>	1
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	1
<i>caziant pak</i> (generic of CYCLESSA)	1
<i>cryselle-28</i>	1
<i>cyclafem 1/35</i> (generic of ORTHO-NOVUM 1/35)	1
<i>cyclafem 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	1
CYCLESSA	3
<i>cyred tab</i> (generic of DESOGEN)	1
<i>deblitane</i>	1
<i>delyla</i>	1
DEPO-PROVERA CONTRACEPTIVE	2
DEPO-SUBQ PROVERA 104	2
DESOGEN	3
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	1
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	1
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	1
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i> (generic of BEYAZ)	1
ELLA	3
<i>emoquette</i> (generic of DESOGEN)	1
<i>enpresse-28</i>	1
<i>errin</i> (generic of ORTHO MICRONOR)	1
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	1
ESTROSTEP FE	3
<i>ethynodiol tab 1-50</i>	1
<i>falmina</i>	1
<i>fayosim</i> (generic of QUARTETTE)	1
<i>femynor</i> (generic of ORTHO-CYCLEN)	1
GENERESS FE	3

Drug Name	Drug Requirements/ Tier Limits
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	1
<i>gildagia</i>	1
<i>heather</i>	1
<i>introvale</i>	1
<i>jolessa tab 0.15-0.03 mg</i>	1
<i>jolivette</i> (generic of ORTHO MICRONOR)	1
<i>juleber</i> (generic of DESOGEN)	1
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i> (generic of GENERESS FE)	1
<i>kariva</i> (generic of MIRCETTE)	1
<i>kelnor 1/35</i>	1
<i>kimidess</i> (generic of MIRCETTE)	1
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
<i>larissia tab</i>	1
<i>layolis fe chw</i> (generic of GENERESS FE)	1
<i>leena tab</i> (generic of TRI-NORINYL 28)	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor/ethi tab</i>	1
<i>levonorgestrel & eth estradiol</i>	1
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1

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Drug Name	Drug Requirements/ Tier Limits
<i>levonorgestrel-ethinyl estradiol (91-day)</i> (generic of SEASONIQUE)	1
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1
<i>levora 0.15/30-28</i>	1
LO LOESTRIN FE	2
LOESTRIN 1.5/30 21 DAY	3
LOESTRIN 1/20 21 DAY	3
LOESTRIN FE 1.5/30 28 DAY	3
LOESTRIN FE 1/20 28 DAY	3
<i>lomedea 24 fe</i>	1
<i>loryna</i> (generic of YAZ)	1
LOSEASONIQUE	3
<i>low-ogestrel</i>	1
<i>lutra</i>	1
<i>lyza</i> (generic of ORTHO MICRONOR)	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	1
<i>mibelas 24 fe</i>	1
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	1
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
MINASTRIN 24 FE	2
MIRCETTE	2
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	1
<i>mononessa</i> (generic of ORTHO-CYCLEN)	1
<i>myzilra</i>	1
NATAZIA	2
<i>necon 0.5/35-28</i> (generic of BREVICON-28)	1
<i>necon 1/50-28</i>	1
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	1

Drug Name	Drug Requirements/ Tier Limits
NECON 10/11 28 DAY	3
<i>nikki</i> (generic of YAZ)	1
NOR-QD	2
<i>nora-be tab</i>	1
<i>norethin acet & estrad-fe</i>	1
<i>norethindrone & ethinyl estradiol-fe</i> (generic of FEMCON FE)	1
<i>norethindrone & ethinyl estradiol-fe</i> (generic of GENERESS FE)	1
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	1
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	1
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	1
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i> (generic of ORTHO TRI-CYCLEN)	1
NORINYL 1+35	3
<i>norlyroc</i>	1
<i>nortrel 0.5/35 (28)</i> (generic of BREVICON-28)	1
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	1
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	1
NUVARING	2
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	1
<i>ogestrel</i>	1
<i>orsythia</i>	1
ORTHO MICRONOR	2
ORTHO TRI-CYCLEN LO	3
ORTHO-CYCLEN	3
ORTHO-NOVUM 1/35	3

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Drug Name	Drug Requirements/ Tier Limits
ORTHO-NOVUM 7/7/7	3
OVCON 35 28 DAY	3
<i>philith</i>	1
<i>pimtreea</i> (generic of MIRCETTE)	1
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	1
<i>portia-28</i>	1
<i>previfem</i> (generic of ORTHO-CYCLEN)	1
QUARTETTE	3
<i>quasense</i>	1
<i>reclipsen</i> (generic of DESOGEN)	1
<i>rivelsa</i> (generic of QUARTETTE)	1
SAFYRAL	2
SEASONIQUE	3
<i>setlakin tab</i>	1
<i>sharobel</i> (generic of ORTHO MICRONOR)	1
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
TAYTULLA	3
<i>tilia fe</i> (generic of ESTROSTEP FE)	1
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	1
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
TRI-NORINYL 28	3
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	1

Drug Name	Drug Requirements/ Tier Limits
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	1
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>velivet</i> (generic of CYCLESSA)	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i> (generic of MIRCETTE)	1
<i>vyfemla</i>	1
<i>wymzya fe</i> (generic of FEMCON FE)	1
<i>xulane dis 150-35</i>	1
YASMIN 28	3
YAZ	3
<i>zarah</i> (generic of YASMIN 28)	1
<i>zenchent fe</i> (generic of FEMCON FE)	1
<i>zenchent tab</i>	1
<i>zovia 1/35e</i>	1
<i>zovia 1/50e</i>	1
ENDOMETRIOSIS	
<i>danazol</i> CAPS	1
LUPANETA PACK	3 NDS NM
SYNAREL	3 NDS
ENZYME REPLACEMENTS	
ADAGEN	3 NDS NM LA
ALDURAZYME	3 NDS NM LA
BUPHENYL POWD	3 NDS NM
BUPHENYL TABS	3 NDS NM LA
CARBAGLU	3 NDS NM LA
CARNITOR	3 B/D
CERDELGA	3 NDS NM
CEREZYME	3 NDS NM LA
CYSTADANE	3 NDS NM LA
CYSTAGON	3 NM LA
ELAPRASE	3 NDS NM LA
ELELYSO	3 NDS NM
FABRAZYME	3 NDS NM LA
KANUMA	3 NDS NM LA
KUVAN	3 NDS NM LA

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Drug Name	Drug Requirements/ Tier	Limits
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml	1	B/D
<i>levocarnitine (metabolic modifiers)</i> SOLN 200mg/ml	1	B/D
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS	1	B/D
LUMIZYME	3	NDS NM LA
NAGLAZYME	3	NDS NM LA
ORFADIN	3	NDS NM LA
PROCYSBI	3	NDS NM LA
RAVICTI	3	NDS NM LA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	3	NDS NM
STRENSIQ	3	NDS NM LA
VIMIZIM	3	NDS NM
VPRIV	3	NDS NM
ZAVESCA	3	NDS NM LA
ESTROGENS		
ALORA	3	
CLIMARA	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
ESTRACE CREA	2	
ESTRACE TABS	3	
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW	3	
<i>estradiol</i> (generic of CLIMARA) PTWK	3	
<i>estradiol</i> (generic of ESTRACE) TABS	3	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL	1	
ESTRING	3	
FEMRING	3	
<i>fyavolv tab 1-5mg</i>	3	
<i>jinteli</i>	3	
MENOSTAR	3	
MINIVELLE	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
PREMARIN CREAM	2	
PREMARIN INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
VAGIFEM	3	
VIVELLE-DOT	3	
<i>yuvafem vaginal tablet 10 mcg</i> (generic of VAGIFEM)	1	
GLUCOCORTICOIDS		
CORTEF	3	
<i>cortisone acetate</i> TABS	1	
DEPO-MEDROL INJ 20MG/ML	3	B/D
DEPO-MEDROL INJ 40MG/ML	3	B/D
DEPO-MEDROL INJ 80MG/ML	3	B/D
DEXAMETHASONE CONC	3	
<i>dexamethasone</i> ELIX; SOLN; TABS	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	1	
MEDROL PAK 4MG	3	
MEDROL TAB 2MG	3	B/D
MEDROL TAB 4MG	3	B/D
MEDROL TAB 8MG	3	B/D
MEDROL TAB 16MG	3	B/D
MEDROL TAB 32MG	3	B/D
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	1	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	1	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpr ss inj 125mg</i> (generic of SOLU-MEDROL)	1	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	1	
<i>methylpred tab 4mg</i> (generic of MEDROL)	1	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	1	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylpred tab 32mg</i> (generic of MEDROL)	1	B/D
ORAPRED ODT TAB 10MG	2	B/D
ORAPRED ODT TAB 15MG	2	B/D
ORAPRED ODT TAB 30MG	2	B/D
PEDIAPRED SOL 6.7/5ML	3	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	1	B/D
<i>prednisolone sodium phosphate</i> (generic of MILLIPRED) SOLN 10mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of VERIPRED 20) SOLN 20mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of ORAPRED ODT) TBDP	1	B/D
<i>prednisolone sol 15mg/5ml</i>	1	B/D
<i>prednisolone sol 25mg/5ml</i>	1	B/D
<i>prednisolone syrup 15 mg/5ml</i>	1	B/D
PREDNISONE CON 5MG/ML	3	B/D
<i>prednisone pak 5mg</i>	1	
<i>prednisone pak 10mg</i>	1	
<i>prednisone sol 5mg/5ml</i>	1	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
RAYOS TAB 1MG	3	NDS B/D
RAYOS TAB 2MG	3	NDS B/D
RAYOS TAB 5MG	3	NDS B/D
SOLU-CORTEF 100MG	3	
SOLU-CORTEF 250MG	3	
SOLU-CORTEF 500MG	3	
SOLU-CORTEF 1000MG	3	
SOLU-MEDROL INJ 1GM	3	B/D
SOLU-MEDROL INJ 2GM	3	B/D
SOLU-MEDROL INJ 40MG	3	B/D
SOLU-MEDROL INJ 125MG	3	B/D
SOLU-MEDROL INJ 500MG	3	B/D
VERIPRED	3	B/D

GLUCOSE ELEVATING AGENTS

Drug Name	Drug Requirements/ Tier	Limits
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
HUMAN GROWTH HORMONES		
GENOTROPIN	3	NDS NM PA
GENOTROPIN MINIQUICK .2mg	3	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
HUMATROPE	3	NDS NM PA
HUMATROPE COMBO PACK	3	NDS NM PA
NORDITROPIN FLEXPPO	3	NDS NM PA
NUTROPIN AQ NUSPIN 5	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 10	3	NDS NM LA PA
NUTROPIN AQ NUSPIN 20	3	NDS NM LA PA
OMNITROPE 5.8MG	3	NDS NM LA PA
OMNITROPE 5MG	3	NDS NM LA PA
OMNITROPE 10MG	3	NDS NM LA PA
SAIZEN	3	NDS NM LA PA
SAIZEN CLICK.EASY	3	NDS NM LA PA
SEROSTIM	3	NDS NM LA
ZOMACTON 5mg	3	NM PA
ZOMACTON 10mg	3	NDS NM PA
ZORBTIVE	3	NDS NM
MISCELLANEOUS		
AFREZZA 4unit, 8unit	3	
AFREZZA 12unit	3	NDS
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal spray</i> (generic of MIACALCIN)	1	B/D
<i>chorionic gonadotropin SOLR</i>	1	NM
EGRIFTA 1mg	3	NDS NM LA
EVISTA	3	

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Drug Name	Drug Requirements/ Tier	Limits
FORTEO	3	NDS NM
INCRELEX	3	NDS NM LA
KORLYM	3	NDS NM LA
LUPRON DEP-PED INJ 7.5MG	3	NDS NM
LUPRON DEP-PED INJ 11.25MG	3	NDS NM
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	3	NDS NM
LUPRON DEP-PED INJ 15MG	3	NDS NM
LUPRON DEP-PED INJ 30MG (3-MONTH)	3	NDS NM
MIACALCIN INJ 200U/ML	3	NDS B/D
MYALEPT	3	NDS NM LA
NATPARA	3	NDS NM
<i>novarel inj 10000unt</i>	1	NM
<i>octreotide acetate (generic of SANDOSTATIN) 50mcg/ml, 200mcg/ml</i>	1	NM
<i>octreotide acetate (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml</i>	3	NDS NM
<i>octreotide inj 100mcg/ml (generic of SANDOSTATIN)</i>	1	NM
<i>pregnyl w/diluent benzyl</i>	1	NM
PROLIA	2	NM
<i>raloxifene hcl (generic of EVISTA)</i>	1	
SAMSCA	3	NDS NM
SANDOSTATIN	3	NDS NM
SANDOSTATIN LAR DEPOT	3	NDS NM
SIGNIFOR	3	NDS NM LA
SIGNIFOR LAR	3	NDS NM LA
SOMATULINE DEPOT	3	NDS NM
SOMAVERT	3	NDS NM LA
XGEVA	3	NDS B/D NM
PHOSPHATE BINDER AGENTS		
AURYXIA	3	NDS
<i>calcium acetate (phosphate binder) (generic of PHOSLO) CAPS</i>	1	
<i>calcium acetate (phosphate binder) (generic of ELIPHOS) TABS</i>	1	
ELIPHOS	3	

Drug Name	Drug Requirements/ Tier	Limits
FOSRENOL	3	NDS
PHOSLYRA	2	
RENAGEL 400mg	3	
RENAGEL 800mg	3	NDS
REVELA PAK	2	
REVELA TAB 800MG	2	
VELPHORO	3	NDS
PROGESTINS		
AYGESTIN	3	
CRINONE	2	PA
<i>medroxyprogesterone acetate (generic of PROVERA)</i>	1	
<i>norethindrone acetate (generic of AYGESTIN) TABS</i>	1	
<i>progesterone micronized (generic of PROMETRIUM) CAPS</i>	1	
PROMETRIUM	3	
PROVERA	3	
THYROID AGENTS		
CYTOMEL	2	
<i>levothyroxine sodium (generic of SYNTHROID) TABS</i>	1	
<i>levoxyl (generic of SYNTHROID)</i>	1	
<i>liothyronine sodium (generic of TRIOSTAT) SOLN</i>	1	
<i>liothyronine sodium (generic of CYTOMEL) TABS</i>	1	
<i>methimazole (generic of TAPAZOLE) TABS</i>	1	
<i>propylthiouracil TABS</i>	1	
SYNTHROID	2	
TAPAZOLE	2	
TIROSINT	3	
TRIOSTAT	3	
<i>unithroid (generic of SYNTHROID)</i>	1	
VASOPRESSINS		
DDAVP SOLN	3	NDS
DDAVP SPRAY	3	NDS
DDAVP SPRAY (REFRIGERATED)	2	
DDAVP TAB 0.1MG	2	

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Drug Name	Drug Requirements/ Tier	Limits
DDAVP TAB 0.2MG	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) SOLN; TABS	1	
<i>desmopressin acetate spray</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i>	1	
STIMATE	3	NDS NM
GASTROINTESTINAL ANTIEMETICS		
ALOXI	3	NDS
<i>aprepitant</i> (generic of EMEND)	1	B/D
<i>aprepitant pak 80mg & 125mg</i>	1	B/D
CESAMET	3	NDS B/D
<i>compro</i>	1	
<i>dronabinol</i> (generic of MARINOL)	1	B/D
EMEND CAPS 40mg, 80mg	3	B/D
EMEND CAPS 125mg	3	NDS B/D
EMEND SOLR	3	
EMEND SUSR	3	B/D
EMEND PAK 80 & 125	3	B/D
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D
MARINOL	3	NDS B/D
<i>meclizine hcl</i> TABS	1	
<i>metoclopramide hcl</i> SOLN	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	1	
<i>metoclopramide inj</i>	1	
<i>metoclopramide odt 5mg</i>	1	
METOCLOPRAMIDE ODT 10MG	3	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> TABS 24mg	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	1	B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	1	B/D
<i>phenadoz</i>	3	
PHENERGAN INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenergan supp</i>	3	
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN	3	
<i>promethazine hcl</i> SUPP; SYRP; TABS	3	
<i>promethegan</i>	3	
REGLAN	3	
SANCUSO	3	NDS
SUSTOL	3	
TRANSDERM-SCOP	3	
VARUBI	2	B/D
ZOFRAN	3	NDS B/D
ZOFRAN ODT 4mg	3	B/D
ZOFRAN ODT 8mg	3	NDS B/D
ZUPLENZ	3	B/D
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	1	
BENTYL CAPS	2	
BENTYL SOLN	3	
CUVPOSA	3	
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS	1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	1	
<i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml	1	
<i>dicyclomine hcl</i> (generic of BENTYL) TABS	1	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN	1	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE) TABS 2.5mg	1	
<i>methscopolamine bromide</i> (generic of PAMINE FORTE) TABS 5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
PAMINE	3	
PAMINE FORTE	3	
ROBINUL	3	
ROBINUL FORTE	3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS	1	
<i>cimetidine oral soln</i>	1	
<i>famotidine</i> (generic of PEPCID) SUSR	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine inj</i>	1	
<i>nizatidine</i>	1	
PEPCID	3	
<i>ranitidine hcl</i> CAPS	1	
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN	1	
<i>ranitidine hcl</i> SYRP	1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	1	
ZANTAC	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>budesonide</i> (generic of ENTOCORT EC) CPEP	3	NDS
CANASA	2	
<i>colocort</i> (generic of CORTENEMA)	1	
CORTENEMA	3	
DELZICOL	3	
DIPENTUM	3	NDS
ENTOCORT EC	3	NDS
ENTYVIO	3	NDS NM
GIAZO	3	NDS
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	1	
LIALDA	2	
<i>mesalamine</i> ENEM; TBEC	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine enema</i> (generic of ROWASA)	1	
PENTASA 250mg	2	
PENTASA 500mg	3	NDS
ROWASA	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS)	1	
<i>sulfasalazine ir</i> (generic of AZULFIDINE)	1	
UCERIS FOAM	3	
UCERIS TAB	3	NDS
LAXATIVES		
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/ flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>generlac</i>	1	
GOLYTELY	3	
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
PREPOPIK	3	
SUPREP BOWEL PREP KIT	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	1	
MISCELLANEOUS		
ACTIGALL	2	
<i>alosetron hcl</i> (generic of LOTRONEX)	3	NDS
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
<i>amoxicillin-clarithromycin w/ lansoprazole</i> (generic of PREVPAC)	1	
CARAFATE	2	
CHOLBAM	3	NDS NM LA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	3	NDS
CYTOTEC	2	
<i>diphenoxylate w/ atropine</i> LIQD	1	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	1	
GASTROCROM	3	NDS
GATTEX	3	NDS NM LA
LINZESS	2	
LOMOTIL	2	
<i>loperamide hcl</i> CAPS	1	
LOTROXON	3	NDS
<i>misoprostol</i> (generic of CYTOTEC) TABS	1	
MOVANTI	2	
OCALIVA	3	NDS NM LA
PREVPAC	3	NDS
PYLERA	3	NDS
RELISTOR	3	NDS
SUCRAID	3	NDS LA
<i>sucralfate</i> (generic of CARAFATE) TABS	1	
URSO 250	2	
URSO FORTE	2	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
VIBERZI	3	NDS
XERMELO	3	NDS NM LA
XIFAXAN TAB 550MG	3	NDS
PANCREATIC ENZYMES		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
VIOKACE 10	2	
VIOKACE 20	3	NDS
ZENPEP	2	
PROTON PUMP INHIBITORS		
ACIPHEX	3	
ACIPHEX SPRINKLE	3	
DEXILANT	2	
<i>esomeprazole magnesium</i> (generic of NEXIUM)	1	
<i>esomeprazole sodium inj</i> 20mg	1	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR	1	
NEXIUM CAP 20MG	3	
NEXIUM CAP 40MG	3	
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	
NEXIUM GRA 20MG DR	3	
NEXIUM GRA 40MG DR	3	
NEXIUM I.V.	3	
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i> (generic of PRILOSEC)	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR; TBEC	1	
PREVACID	3	
PREVACID SOLUTAB	3	
PRILOSEC	3	
PROTONIX	3	
PROTONIX INJ	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>rabeprazole sodium</i> (generic of ACIPHEX)	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	1	
AVODART	3	
CARDURA XL	3	
<i>dutasteride</i> (generic of AVODART)	1	
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
FLOMAX	3	
JALYN	3	
PROSCAR	3	
RAPAFLO	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	1	
ELMIRON	3	NDS
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 15) 15meq	1	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 5) 540mg	1	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 10) 1080mg	1	
URECHOLINE	2	
UROCIT-K 5	2	
UROCIT-K 10	2	
UROCIT-K 15	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> (generic of ENABLEX)	1	
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
ENABLEX	3	
GELNIQUE	3	

Drug Name	Drug Requirements/ Tier	Limits
MYRBETRIQ	2	
<i>oxybutynin chloride</i> SYRP; TABS	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	1	
OXYTROL	3	
<i>tolterodine er</i> (generic of DETROL LA)	1	
<i>tolterodine tartrate</i> (generic of DETROL)	1	
TOVIAZ	2	
<i>trospium chloride</i>	1	
VESICARE	2	
VAGINAL ANTI-INFECTIVES		
AVC	3	
CLEOCIN CREA	2	
CLEOCIN SUPP	3	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
CLINDESSE	3	
METROGEL-VAGINAL	2	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>miconazole 3</i> SUPP	1	
NUVESSA	3	
TERAZOL 7	2	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	1	
<i>terconazole vaginal</i> CREA .8%	1	
<i>terconazole vaginal</i> SUPP	1	
<i>vandazole</i>	1	
<i>zazole cream 0.8%</i>	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA	3	NDS
COUMADIN	3	
ELIQUIS	2	
<i>enoxaparin sodium</i> (generic of LOVENOX)	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	2	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	3	NDS
<i>heparin (porcine) in sodium chloride 100u/ml</i>	1	
<i>heparin sod (porcine) in d5w</i>	1	
<i>heparin sod (porcine) in d5w</i> (generic of HEPARIN SODIUM/D5W)	1	
<i>heparin sod inj 5000u/0.5ml</i>	1	B/D
<i>heparin sodium (porcine) 1000 u/ml</i>	1	B/D
<i>heparin sodium (porcine) 5000 u/ml</i>	1	B/D
<i>heparin sodium (porcine) 10000 u/ml</i>	1	B/D
<i>heparin sodium (porcine) 20000 u/ml</i>	1	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i> (generic of COUMADIN)	1	
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 300mg/3ml	2	
LOVENOX 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	3	NDS
PRADAXA	3	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	2	
XARELTO STARTER PACK	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml	2	B/D NM
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml	2	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
ARANESP ALBUMIN FREE SOLN 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	B/D NM
ARANESP ALBUMIN FREE SOLN 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	2	NDS B/D NM
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	B/D NM
EPOGEN 20000unit/ml	3	NDS B/D NM
GRANIX	3	NDS NM
LEUKINE	3	NDS NM
MOZOBIL	3	NDS NM
NEULASTA	3	NDS NM
NEULASTA ONPRO KIT	3	NDS NM
NEUPOGEN	3	NDS NM
NPLATE	3	NDS NM
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	B/D NM
PROCRIT 20000unit/ml, 40000unit/ml	2	NDS B/D NM
ZARXIO	3	NDS NM
MISCELLANEOUS		
AGRYLIN	2	
<i>anagrelide hcl</i> 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	1	
BERINERT	3	NDS NM LA
<i>cilostazol</i>	1	
CINRYZE	3	NDS NM LA
CYKLOKAPRON	3	
FIRAZYR	3	NDS NM
KALBITOR	3	NDS NM LA
LYSTEDA	3	
<i>pentoxifylline</i> TBCR	1	
PROMACTA	3	NDS NM LA
RUCONEST	3	NDS NM
SOLIRIS	3	NDS NM LA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	1	
PLATELET AGGREGATION INHIBITORS		

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Drug Name	Drug Requirements/ Tier	Limits
AGGRENOX	3	
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	1	
BRILINTA	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS	1	
EFFIENT	2	
PLAVIX	3	
YOSPRALA	3	
ZONTIVITY	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA	3	NDS
DUPIXENT	3	NDS NM
ENBREL	3	NDS NM
ENBREL SURECLICK	3	NDS NM
HUMIRA INJ 10MG/0.2ML	3	NDS NM
HUMIRA KIT 20MG/0.4ML	3	NDS NM
HUMIRA KIT 40MG/0.8ML	3	NDS NM
HUMIRA PEDIATRIC CROHNS DISEASE	3	NDS NM
HUMIRA PEN	3	NDS NM
HUMIRA PEN-CROHNS DISEASE	3	NDS NM
HUMIRA PEN-PSORIASIS	3	NDS NM
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	1	
<i>leflunomide</i> (generic of ARAVA) TABS	1	
<i>methotrexate sodium tabs</i>	1	
PLAQUENIL	2	
REMICADE	3	NDS NM
TREXALL	2	B/D
XATMEP	3	B/D
XELJANZ	3	NDS NM
XELJANZ XR	3	NDS NM
IMMUNOGLOBULINS		
BIVIGAM	3	NDS B/D NM
CARIMUNE NANOFILTERED	3	NDS B/D NM
CUVITRU	3	NDS B/D NM LA
CYTOGAM	3	NDS NM
FLEBOGAMMA DIF	3	NDS B/D NM
GAMASTAN S/D	2	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
GAMMAGARD LIQUID	3	NDS B/D NM
GAMMAGARD S/D	3	NDS B/D NM
GAMMAKED	3	NDS B/D NM
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	3	NDS B/D NM
GAMMAPLEX 10GM/100ML	3	NDS B/D NM
GAMUNEX-C	3	NDS B/D NM
HIZENTRA	3	NDS B/D NM LA
HYQVIA	3	NDS B/D NM
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	3	NDS B/D NM
PRIVIGEN	3	NDS B/D NM
IMMUNOMODULATORS		
ACTIMMUNE	3	NDS B/D NM LA
ARCALYST	3	NDS NM
GRASTEK	2	
ILARIS	3	NDS NM LA
INTRON-A INJ 10MU	3	NDS B/D NM
INTRON-A INJ 18MU	3	NDS B/D NM
INTRON-A INJ 25MU	3	NDS B/D NM
INTRON-A INJ 50MU	3	NDS B/D NM
ORALAIR	2	NM
RAGWITEK	2	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL 5mg	3	NDS B/D NM
ASTAGRAF XL .5mg, 1mg	3	B/D NM
ATGAM	3	NDS B/D
AZASAN	2	B/D
AZATHIOPRINE SOLR	3	B/D
<i>azathioprine</i> (generic of IMURAN) TABS	1	B/D
BENLYSTA SOLR	3	NDS NM
CELLCEPT CAP	3	NDS B/D NM
CELLCEPT INTRAVENOUS	3	B/D NM
CELLCEPT SUSP	3	NDS B/D NM
CELLCEPT TAB	3	NDS B/D NM
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	1	B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	1	B/D NM
ENVARUSUS XR	3	B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg	1	B/D NM
<i>gengraf</i> CAPS 50mg	1	B/D NM
<i>gengraf</i> (generic of NEORAL) SOLN	1	B/D NM
IMURAN	2	B/D
<i>mycophenolate inj 500mg</i> (generic of CELLCEPT INTRAVENOUS)	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	3	NDS B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC)	1	B/D NM
MYFORTIC 180mg	2	B/D NM
MYFORTIC 360mg	3	NDS B/D NM
NEORAL	2	B/D NM
NULOJIX	3	NDS B/D NM
PROGRAF CAPS 5mg	3	NDS B/D NM
PROGRAF CAPS .5mg, 1mg	2	B/D NM
PROGRAF SOLN	3	B/D NM
RAPAMUNE SOLN	3	NDS B/D NM
RAPAMUNE TABS 1mg, 2mg	3	NDS B/D NM
RAPAMUNE TABS .5mg	2	B/D NM
SANDIMMUNE CAP 25MG	2	B/D NM
SANDIMMUNE CAP 100MG	3	NDS B/D NM
SANDIMMUNE INJ	3	B/D NM
SANDIMMUNE SOLN 100MG/ML	2	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS	1	B/D NM
THYMOGLOBULIN	3	NDS B/D
ZORTRESS TAB 0.5MG	3	NDS B/D NM
ZORTRESS TAB 0.25MG	3	NDS B/D NM
ZORTRESS TAB 0.75MG	3	NDS B/D NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
I POL INACTIVATED IPV	2	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	2	
ROTATEQ	3	
SYNAGIS	3	NDS NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	

NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES**

K-TAB 8meq, 20meq	3	
K-TAB 10meq	2	
<i>klor-con 8</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	1	
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	1	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 50%	1	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	1	
MICRO-K	2	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	1	
<i>potassium chloride</i> PACK	1	
<i>potassium chloride</i> SOLN 10%, 20%	1	
<i>potassium chloride</i> TBCR	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride tab cr 10 meq</i>	1	
<i>sodium chloride</i> SOLN 2.5meq/ml	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>tpn electrolytes</i>	1	B/D

IV NUTRITION

AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
<i>aminosyn 8.5%/electro</i>	1	B/D
AMINOSYN II	3	B/D
<i>aminosyn ii 8.5%/electrol</i>	1	B/D
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5	3	B/D
CLINIMIX 4.25%/DEXTROSE 5	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE	3	B/D
CLINIMIX E 4.25%/DEXTROSE	3	B/D
CLINIMIX E 5%/DEXTROSE 15	3	B/D
CLINIMIX E 5%/DEXTROSE 20	3	B/D
CLINIMIX E 5%/DEXTROSE 25	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
CLINIMIX INJ 4.25/D25	3	B/D
<i>clinisol sf 15%</i>	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
<i>hepatamine</i>	1	B/D
INTRALIPID 30%	3	B/D
<i>intralipid inj 20%</i>	1	B/D
NEPHRAMINE	3	B/D
<i>nutrilipid inj 20%</i>	1	B/D
<i>plenamine</i>	1	B/D
<i>premasol 6%</i>	1	B/D
PREMASOL 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose SOLN</i>	1	
<i>dextrose 5%</i>	1	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/NAACL 0.3%	3	
<i>dextrose 10%</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
DEXTROSE W/ SODIUM CHLORIDE	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.3%/D5W/LR	3	
KCL 0.3%/D5W/NAACL 0.9%	3	
KCL 0.15%/D5W/NAACL 0.225%	3	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	1	
<i>kcl/nacl inj 0.15%-0.9%</i>	1	
<i>lactated ringer's</i>	1	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
NORMOSOL-R IN D5W	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride SOLN</i> .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	1	
<i>potassium chloride 0.15% in nacl 0.45%</i>	1	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose & sodium chloride</i>	1	
<i>potassium chloride in nacl</i>	1	
POTASSIUM CHLORIDE/DEXTRO	3	
<i>ringer's</i>	1	
<i>sodium chloride SOLN .9%, 3%, 5%</i>	1	
<i>sodium chloride 0.45%</i>	1	
VITAMINS		
<i>calcitriol (generic of ROCALTROL) CAPS</i>	1	B/D
<i>calcitriol SOLN 1mcg/ml</i>	1	B/D
<i>calcitriol (generic of ROCALTROL) SOLN 1mcg/ml</i>	1	B/D
<i>doxercalciferol (generic of HECTOROL) CAPS 1mcg, 2.5mcg</i>	3	NDS B/D
<i>doxercalciferol (generic of HECTOROL) CAPS .5mcg</i>	1	B/D
<i>doxercalciferol (generic of HECTOROL) SOLN</i>	1	B/D
HECTOROL CAPS 1mcg, 2.5mcg	3	NDS B/D
HECTOROL CAPS .5mcg	2	B/D
HECTOROL SOLN	3	B/D
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	1	B/D
<i>paricalcitol CAPS 4mcg</i>	1	B/D
<i>paricalcitol (generic of ZEMPLAR) SOLN</i>	1	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	1	
RAYALDEE	3	
ROCALTROL	2	B/D
ZEMPLAR CAPS 1mcg	2	B/D

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Drug Name	Drug Requirements/ Tier	Limits
ZEMPLAR CAPS 2mcg	3	NDS B/D
ZEMPLAR SOLN	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
MAXITROL	3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc</i> (<i>ophth</i>)	1	
PRED-G	3	
PRED-G S.O.P.	3	
<i>sulfacetamide</i> <i>sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	1	
ZYLET	2	
ANTI-INFECTIVES		
AZASITE	3	
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
BLEPH-10	3	
CILOXAN OINT	2	
CILOXAN SOLN	3	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	1	
<i>gentak</i>	1	
<i>gentamicin sulfate soln</i> (<i>ophth</i>)	1	
<i>levofloxacin (ophth)</i>	1	
MOXEZA	2	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX)	1	
NATACYN	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-bacitracin</i>	1	
<i>zn-polymyxin</i>		
<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	1	
NEOSPORIN	3	
OCUFLOX	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1	
POLYTRIM	3	
<i>sulfacet sod oin 10% op</i>	1	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10)	1	
<i>tobramycin (ophth)</i> (generic of TOBEX)	1	
TOBEX	3	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	1	
VIGAMOX	2	
VIROPTIC	2	
ZIRGAN	3	
ZYMAXID	3	
ANTI-INFLAMMATORIES		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	2	
ALREX	3	
<i>bromfenac sodium (ophth)</i>	1	
BROMSITE	3	
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	
FLAREX	2	
<i>fluorometholone (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
ILEVRO	2	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR LS) .4%	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	1
LOTEMAX	3
MAXIDEX	2
OCUFEN	3
OMNIPRED	3
PRED MILD	2
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	1
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3
PROLENSA	3
ANTIALLERGICS	
ALOCRIAL	3
ALOMIDE	3
<i>azelastine hcl (ophth)</i>	1
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1
ELESTAT	3
EMADINE	3
<i>epinastine hcl (ophth)</i> (generic of ELESTAT)	1
LASTACAFT	2
<i>olopatadine hcl 0.1%</i> (generic of PATANOL)	1
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	1
PATADAY	2
PATANOL	3
PAZEO	2
ANTI GLAUCOMA	
ALPHAGAN P	2
AZOPT	2
BETAGAN	3
<i>betaxolol hcl (ophth)</i>	1
BETIMOL	2
BETOPTIC-S	2
<i>brimonidine sol 0.2%</i>	1
<i>brimonidine sol 0.15%</i> (generic of ALPHAGAN P)	1
<i>carteolol hcl (ophth)</i>	1
COMBIGAN	2
COSOPT	3

Drug Name	Drug Requirements/ Tier Limits
COSOPT PF	3
<i>dorzolamide hcl</i> (generic of TRUSOPT)	1
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	1
ISOPTO CARPINE	3
ISTALOL	3
<i>latanoprost</i> (generic of XALATAN) SOLN	1
<i>levobunolol hcl</i> (generic of BETAGAN)	1
LUMIGAN	2
<i>metipranolol</i>	1
PHOSPHOLINE IODIDE	3
<i>pilocarpine hcl</i> SOLN	1
SIMBRINZA	2
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	1
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	1
TIMOPTIC	3
TIMOPTIC OCUDOSE	3
TIMOPTIC-XE	3
TRAVATAN Z	2
TRUSOPT	3
XALATAN	3
MISCELLANEOUS	
CYSTARAN	3 NDS NM LA
EYLEA	3 NDS NM LA
LACRISERT	3
LUCENTIS SOLN	3 NDS NM LA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	1
RESTASIS	2
RESTASIS MULTIDOSE	2
XIIDRA	2
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPTA	2
BEVESPI AEROSPHERE	2
COMBIVENT RESPIMAT	2
<i>ipratropium-albuterol</i>	1 B/D
STIOLTO RESPIMAT	2

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Drug Name	Drug Requirements/ Tier	Limits
ANTICHOLINERGICS		
ATROVENT HFA	3	
INCRUSE ELLIPTA	2	
<i>ipratropium bromide (nasal)</i>	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
ANTI HISTAMINE COMBINATIONS		
CLARINEX-D 12 HOUR	3	
DYMISTA	2	
SEMPREX-D	3	
ANTI HISTAMINES		
ASTEPRO	3	
<i>azelastine hcl SOLN .1%</i>	1	
<i>azelastine hcl (generic of ASTEPRO) SOLN .15%</i>	1	
<i>cetirizine hcl SYRP</i>	1	
CLARINEX	3	
<i>cyproheptadine hcl SYRP; TABS</i>	3	
<i>desloratadine (generic of CLARINEX) TABS</i>	1	
<i>desloratadine TBP</i>	1	
<i>diphenhydram inj 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN; SYRP; TABS</i>	3	
<i>hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg</i>	3	
<i>hydroxyzine pamoate CAPS 100mg</i>	3	
<i>levocetirizine oral soln (generic of XYZAL)</i>	1	
<i>levocetirizine tab 5 mg (generic of XYZAL)</i>	1	
<i>olopatadine hcl (nasal) (generic of PATANASE)</i>	1	
PATANASE	3	
VISTARIL	3	
XYZAL SOLN	3	
XYZAL TABS	2	
BETA AGONISTS		
<i>albuterol sulfate NEBU</i>	1	B/D
<i>albuterol sulfate SYRP; TABS</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate (generic of VOSPIRE ER) TB12</i>	1	
ARCAPTA NEOHALER	3	
BROVANA	3	NDS B/D
<i>levalbuterol hcl (generic of XOPENEX) NEBU</i>	1	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (generic of XOPENEX CONCENTRATE)</i>	1	B/D
<i>levalbuterol tartrate hfa</i>	1	
PERFOROMIST	3	NDS B/D
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate SOLN</i>	3	NDS
<i>terbutaline sulfate TABS</i>	1	
VENTOLIN HFA	3	
XOPENEX	3	B/D
XOPENEX CONCENTRATE	3	B/D
XOPENEX HFA	3	
LEUKOTRIENE MODULATORS		
ACCOLATE	3	
<i>montelukast sodium (generic of SINGULAIR) CHEW; PACK; TABS</i>	1	
SINGULAIR	3	
<i>zafirlukast (generic of ACCOLATE)</i>	1	
<i>zileuton (generic of ZYFLO CR)</i>	3	NDS
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	1	B/D
ARALAST NP	3	NDS NM LA
CINQAIR	3	NDS NM LA
DALIRESP	2	
<i>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)</i>	1	
ESBRIET	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
GLASSIA	3	NDS NM LA
KALYDECO	3	NDS NM
NUCALA	3	NDS NM LA
OFEV	3	NDS NM
ORKAMBI	3	NDS NM
PROLASTIN-C	3	NDS NM LA
PULMOZYME	3	NDS B/D NM
XOLAIR	3	NDS NM LA
ZEMAIRA	3	NDS NM LA

NASAL STEROIDS

BECONASE AQ	3	
<i>budesonide (nasal)</i> (generic of RHINOCORT AQUA)	1	
<i>flunisolide (nasal)</i>	1	
<i>fluticasone propionate (nasal)</i> (generic of FLONASE)	1	
<i>mometasone furoate (nasal)</i> (generic of NASONEX)	1	
NASONEX	3	
OMNARIS	3	
QNASL	3	
QNASL CHILDRENS	3	
ZETONNA	3	

STEROID INHALANTS

AEROSPAN	3	
ALVESCO	3	
ARNUITY ELLIPTA	3	
ASMANEX	2	
ASMANEX HFA	2	
ASMANEX TWISTHALER 30 MET	2	
ASMANEX TWISTHALER 60 MET	2	
ASMANEX TWISTHALER 120 ME	2	
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	B/D
FLOVENT DISKUS	2	
FLOVENT HFA	2	
PULMICORT	3	B/D
PULMICORT FLEXHALER	2	
QVAR	2	

STEROID/BETA-AGONIST COMBINATIONS

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR DISKUS	2	
ADVAIR HFA	2	
BREO ELLIPTA	2	
SYMBICORT	2	

XANTHINES

<i>aminophylline inj</i>	1	
ELIXOPHYLLIN	3	
THEO-24	3	
<i>theophylline</i>	1	

TOPICAL**DERMATOLOGY, ACNE**

ABSORICA	3	NDS
ACANYA	2	
ACZONE	3	
<i>adapalene</i> (generic of DIFFERIN) CREA; GEL	1	
ATRALIN	2	
<i>avita</i> (generic of RETIN-A) CREA	1	
<i>avita</i> GEL	1	
AZELEX	3	
BENZACLIN	2	
BENZAMYCIN	3	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	1	
<i>claravis</i>	1	
CLEOCIN-T	3	
<i>clindacin-p</i> (generic of CLEOCIN-T)	1	
CLINDAGEL	3	NDS
<i>clindamax</i> (generic of CLEOCIN-T)	1	
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	1	
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZACLIN)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> (generic of DUAC)	1	
<i>clindamycin phosphate-tretinoin</i> (generic of ZIANA)	1	
DIFFERIN	2	
DUAC	3	
EPIDUO	2	
EPIDUO FORTE	2	
<i>ery pad 2%</i>	1	
ERYGEL	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	1	
<i>erythromycin (acne aid)</i> SOLN	1	
EVOCLIN	3	
KLARON	3	
<i>myorisan</i>	1	
<i>neuac gel 1.2-5%</i> (generic of DUAC)	1	
ONEXTON	3	
RETIN-A	3	
RETIN-A MICRO	3	NDS
RETIN-A MICRO PUMP	3	NDS
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	1	
TRETIN-X CRE 0.075%	3	
<i>tretinoin</i> (generic of RETIN-A) CREA	1	
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025%	1	
<i>tretinoin</i> (generic of ATRALIN) GEL .05%	1	
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO)	1	
<i>zenatane</i>	1	
ZIANA	3	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN	2	
BACTROBAN NASAL	3	
CENTANY	3	
CORTISPORIN	3	
<i>gentamicin sulfate (topical)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>mupirocin</i> (generic of BACTROBAN) OINT	1	
<i>mupirocin calcium (topical)</i> (generic of BACTROBAN)	1	
SILVADENE	2	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	1	
<i>ssd</i> (generic of SILVADENE)	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	3	NDS
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL	1	
<i>ciclopirox</i> (generic of LOPROX SHAMPOO) SHAM	1	
<i>ciclopirox olamine</i> (generic of LOPROX) CREA; SUSP	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i> CREA	1	
ERTACZO	3	NDS
EXELDERM	3	
EXTINA	3	
<i>ketoconazole cream</i>	1	
<i>ketoconazole foam</i> (generic of EXTINA)	1	
<i>ketodan aer 2%</i> (generic of EXTINA)	1	
LOPROX CREA; SUSP	3	
LOPROX SHAMPOO	3	NDS
LUZU	2	
MENTAX	3	
<i>naftifine hcl 1%</i>	1	
<i>naftifine hcl</i> (generic of NAFTIN) 2%	1	
NAFTIN	2	
<i>nyamyc</i>	1	
<i>nyata</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i> (generic of OXISTAT)	1	
OXISTAT	3	

DERMATOLOGY, ANTIPSORIATICS

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Drug Name	Drug Requirements/ Tier	Limits
<i>acitretin</i> (generic of SORIATANE)	3	NDS
<i>calcipotriene</i> (generic of DOVONEX) CREA	1	
<i>calcipotriene</i> OINT; SOLN	1	
<i>calcitrene</i>	1	
<i>calcitriol</i> (topical) DOVONEX	1 3	
<i>methoxsalen rapid</i> (generic of OXSORALEN ULTRA)	3	NDS
OXSORALEN ULTRA	3	NDS
SORIATANE	3	NDS
SORILUX	3	
<i>tazarotene</i> (generic of TAZORAC) CREA	1	
TAZORAC CREAM 0.1%	3	
TAZORAC CREAM 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
VECTICAL	3	NDS
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	1	
NIZORAL	3	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		
ACLOVATE	2	
ALA SCALP	3	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i> CREA; LOTN	1	
AMCINONIDE OINT	3	
APEXICON E	3	NDS
<i>betamethasone dipropionate</i> (topical)	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	1	
<i>betamethasone dipropionate augmented</i> GEL	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM	1	
<i>calcipotriene-betamethasone dipropionate</i> (generic of TACLONEX)	1	
CAPEX	2	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA; GEL; OINT; SOLN	1	
<i>clobetasol propionate</i> (generic of OLUX) FOAM	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD; LOTN; SHAM	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i> (generic of OLUX-E)	1	
CLOBEX LIQD	3	NDS
CLOBEX LOTN; SHAM	2	
<i>clocortolone pivalate</i>	1	
<i>clodan</i> (generic of CLOBEX)	1	
CLODERM PUMP	3	
CORDRAN TAPE	3	
<i>cormax scalp application</i> (generic of TEMOVATE)	1	
CUTIVATE CREA	3	
CUTIVATE LOTN	3	NDS
DERMA-SMOOTH/FS BODY	2	
DERMA-SMOOTH/FS SCALP	2	
DERMATOP	3	
DERMATOP OIN 0.1%	3	
DESONATE	3	
<i>desonide</i> (generic of DESOWEN) CREA; LOTN	1	
<i>desonide</i> OINT	1	
DESOWEN	2	
<i>desoximetasone</i> (generic of TOPICORT) CREA; GEL; OINT	1	
<i>diflorasone diacetate</i>	1	
DIPROLENE OINT	2	
DIPROLENE AF	3	
ELOCON CREA	3	

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Drug Name	Drug Requirements/ Tier	Limits
ELOCON OINT	2	
ENSTILAR	3	NDS
fluocinolone acetonide CREA .01%	1	
fluocinolone acetonide (generic of SYNALAR) CREA .025%	1	
fluocinolone acetonide (generic of SYNALAR) OINT	1	
fluocinolone acetonide (generic of SYNALAR) SOLN	1	
fluocinolone acetonide oil body (generic of DERMA-SMOOTH/FS BODY)	1	
fluocinolone acetonide oil scalp (generic of DERMA-SMOOTH/FS SCALP)	1	
fluocinonide CREA .05%	1	
fluocinonide GEL	1	
fluocinonide OINT	1	
fluocinonide SOLN	1	
fluocinonide emulsified base	1	
flurandrenolide (generic of CORDRAN)	1	
fluticasone propionate (generic of CUTIVATE) CREA; LOTN	1	
fluticasone propionate OINT	1	
halobetasol propionate (generic of ULTRAVATE)	1	
HALOG	3	
hydrocortisone (topical)	1	
hydrocortisone butyrate cream 0.1% (generic of LOCOID)	1	
hydrocortisone butyrate hydrophilic lipo base (generic of LOCOID LIPOCREAM)	1	
hydrocortisone butyrate oint 0.1% (generic of LOCOID)	1	
hydrocortisone butyrate soln 0.1% (generic of LOCOID)	1	

Drug Name	Drug Requirements/ Tier	Limits
hydrocortisone valerate CREA	1	
hydrocortisone valerate (generic of WESTCORT) OINT	1	
KENALOG	3	
LOCOID	3	
LOCOID LIPOCREAM	3	
lokara (generic of DESOWEN)	1	
MICORT-HC	3	
mometasone furoate (generic of ELOCON) CREA; OINT	1	
mometasone furoate SOLN	1	
nolix (generic of CORDRAN)	1	
OLUX	3	NDS
OLUX-E	3	NDS
PANDEL	3	NDS
prednicarbate (generic of DERMATOP)	1	
PSORCON	3	NDS
SERNIVO	3	NDS
SYNALAR CREA; OINT	3	
SYNALAR SOLN	2	
TACLONEX	3	NDS
TEMOVATE CREA	3	
TEMOVATE OINT	2	
TEXACORT	2	
TOPICORT CREA; LIQD	3	
TOPICORT GEL; OINT	2	
triamcinolone acetonide (topical) (generic of KENALOG) AERS	1	
triamcinolone acetonide (topical) CREA; LOTN; OINT	1	
TRIANEX	3	
triderm	1	
TRIDESILON	2	
ULTRAVATE	3	NDS
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine OINT	1	PA
lidocaine (generic of LIDODERM) PTCH	1	PA
lidocaine hcl GEL	1	

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Drug Name	Drug Requirements/ Tier Limits	
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	1	
<i>lidocaine-prilocaine</i>	1	B/D
LIDODERM	2	PA
SYNERA	3	NDS B/D
XYLOCAINE 4%	3	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX)	1	
ALDARA	3	NDS
ANUSOL-HC CREA	2	
CARAC	3	NDS
CONDYLOX	2	
CORTIFOAM	2	
DENAVIR	3	NDS
<i>diclofenac sodium (topical) 1% gel</i> (generic of VOLTAREN)	1	
<i>diclofenac sodium (topical) 1.5% soln</i>	1	
<i>diclofenac sodium (topical) 3% gel</i> (generic of SOLARAZE)	3	NDS
<i>doxycycline (rosacea)</i>	1	
EFUDEX CREAM 5%	3	
ELIDEL	2	
EUCRISA	3	
FINACEA	2	
<i>fluorouracil (topical) cream</i> (generic of EFUDEX) 5%	1	
<i>fluorouracil (topical) cream</i> (generic of CARAC) .5%	3	NDS
<i>fluorouracil (topical) soln</i>	1	
<i>imiquimod</i> (generic of ALDARA) CREA	1	
LAC-HYDRIN	2	
<i>lactic acid (ammonium lactate)</i> (generic of LAC-HYDRIN)	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	1	
<i>metronidazole (topical)</i> (generic of METROGEL) GEL	1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	1	
<i>metronidazole gel 0.75%</i>	1	
NORITATE	3	NDS
ORACEA	2	
PANRETIN	3	NDS
PENNSAID	3	NDS
PICATO	2	
<i>podofilox</i> SOLN	1	
<i>procto-med hc</i> (generic of ANUSOL-HC)	1	
<i>procto-pak</i>	1	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	1	
PROTOPIC	3	
RECTIV	3	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	1	
SOLARAZE	3	NDS
SOOLANTRA	2	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	1	
TARGRETIN GEL	3	NDS NM
TOLAK	3	
VALCHLOR	3	NDS NM LA
VOLTAREN GEL 1%	2	
XERESE	3	NDS
ZOVIRAX CREA; OINT	3	NDS
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
ELIMITE	2	
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	
OVIDE	2	
<i>permethrin cre 5%</i> (generic of ELIMITE)	1	

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Drug Name	Drug Requirements/ Tier Limits	
SKLICE	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
<i>neomycin/polymyxin b irrigation soln</i> (generic of NEOSPORIN GU IRRIGANT)	1	
REGRANEX	3	NDS
SANTYL	3	
<i>sodium chloride 0.9% irrigation</i>	1	
<i>water for irrigation, sterile</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	1	
<i>clotrimazole</i> LOZG	1	
EVOXAC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	NDS
<i>paroex sol 0.12%</i> (generic of PERIDEX)	1	
<i>periogard</i> (generic of PERIDEX)	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	1	
SALAGEN	2	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetazol hc</i>	1	
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
DERMOTIC	3	
FLOXIN OTIC	3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	1	
<i>hydrocortisone w/acetic acid</i>	1	

Drug Name	Drug Requirements/ Tier Limits	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	1	
<i>neomycin-polymyxin-hc (otic)</i> SUSP	1	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	1	
OTOVEL	3	

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<i>mg-mcg</i>35	<i>chloride-sod</i>	<i>olopatadine hcl 0.1%</i>50
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SilverScript®

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This formulary was updated on 08/23/2017. For more recent information or other questions, please contact SilverScript Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.

The Formulary may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

ATTENTION: If you speak Spanish or other languages, language assistance services, free of charge, are available to you. Call 1-844-460-8767 (TTY: 711). ATENCIÓN: Si usted habla español o otros idiomas, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-844-460-8767 (TTY: 711).

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.