

SilverScript®

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SilverScript Employer PDP sponsored by State of Maryland (SilverScript)

2020 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/16/2019. 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, 2020. 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, 2021, 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?

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

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

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

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines.

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 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 45-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of January 1, 2020. 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 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. 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. If your prescription is written for fewer than 90 days, we'll allow refills to provide up to a maximum 90-day supply of medication. After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

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

Cost-Sharing Tier 1: 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 before your individual or family maximum out-of-pocket is met:

	Network Retail Pharmacy (Up to a 45-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1 (Generics)	\$10.00	\$10.00
Tier 2 (Preferred Brands)	\$25.00	\$25.00
Tier 3 (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 2020 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2020-Medicare-Part-D-Outlook.php> for more information about the 2020 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>colchicine w/ probenecid</i>	1	
COLCRYS	2	
<i>febuxostat</i> (generic of ULORIC)	1	
KRYSTEXXA	3	NDS NM LA
MITIGARE	3	
<i>probenecid</i>	1	
ULORIC	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> TABS	1	
<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>flurbiprofen</i> TABS	1	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	
<i>meclofenamate sodium</i> CAPS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>meloxicam</i> (generic of MOBIC) TABS	1	
MOBIC	2	
<i>nabumetone</i> TABS	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg	1	
<i>naproxen</i> TABS 375mg, 500mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN) 375mg	1	
<i>naproxen dr</i> (generic of EC-NAPROXEN) 500mg	1	
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>oxaprozin</i> (generic of DAYPRO)	1	
<i>piroxicam</i> (generic of FELDENE) CAPS	1	
QMIIZ ODT	3	
<i>sulindac</i> TABS	1	
<i>tolmetin sodium</i>	1	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> 300-15mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> 300-30mg (generic of TYLENOL/CODEINE #3) QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> 300-60mg (generic of TYLENOL/CODEINE #4) QL (180 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine soln</i> QL (2700 mL / 30 days)	1	QL
<i>acetaminophen-caff-dihydroco d</i> QL (300 caps / 30 days)	1	QL
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	2	QL PA

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
BELBUCA 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA
<i>buprenorphine patch</i> (generic of BUTRANS) 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
<i>buprenorphine patch</i> 7.5mcg/hr QL (4 patches / 28 days)	1	QL PA
<i>butorphanol nasal spray</i> QL (10 mL / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN	1	
BUTRANS QL (4 patches / 28 days)	3	QL PA
CONZIP QL (30 caps / 30 days)	3	QL PA
<i>dvorah</i> QL (300 tabs / 30 days)	1	QL
<i>nalbuphine hcl</i> SOLN	1	
<i>tramadol hcl</i> CP24 QL (30 caps / 30 days)	1	QL PA
<i>tramadol hcl</i> TB24 QL (30 tabs / 30 days)	1	QL PA
<i>tramadol hcl er (biphasic)</i> 100mg QL (30 tabs / 30 days)	1	QL PA
<i>tramadol hcl er (biphasic)</i> 200mg QL (30 tabs / 30 days)	1	QL PA
<i>tramadol hcl er (biphasic)</i> 300mg QL (30 tabs / 30 days)	1	QL PA
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
<i>trezix</i> QL (300 caps / 30 days)	1	QL
TYLENOL/CODEINE #3 QL (360 tabs / 30 days)	3	QL
TYLENOL/CODEINE #4 QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
ULTRACET QL (240 tabs / 30 days)	3	QL
ULTRAM QL (240 tabs / 30 days)	2	QL
OPIOID ANALGESICS, CII		
ABSTRAL QL (120 tabs / 30 days)	3	NDS QL PA
ACTIQ QL (120 lozenges / 30 days)	3	NDS QL PA
ARYMO ER 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
ARYMO ER 60mg QL (90 tabs / 30 days)	3	NDS QL PA
<i>codeine sulfate</i> (generic of CODEINE SULFATE) 30mg QL (180 tabs / 30 days)	1	QL
CODEINE SULFATE 30mg, 60mg QL (180 tabs / 30 days)	3	QL
DILAUDID LIQD QL (600 mL / 30 days)	3	QL
DILAUDID SOLN	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL
DOLOPHINE QL (90 tabs / 30 days)	3	QL PA
DURAGESIC 12mcg/hr, 25mcg/hr QL (10 patches / 30 days)	3	QL PA
DURAGESIC 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	3	NDS QL PA
EMBEDA CAP 20-0.8MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 30-1.2MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 50-2MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 60-2.4MG QL (60 caps / 30 days)	2	QL PA
EMBEDA CAP 80-3.2MG QL (60 caps / 30 days)	2	QL PA

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Drug Name	Tier	Drug Requirements/ Limits
EMBEDA CAP 100-4MG QL (60 caps / 30 days)	2	QL PA
<i>endocet 2.5-325mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
<i>endocet 5-325mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
<i>endocet 7.5-325mg</i> (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
<i>endocet 10-325mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL
<i>fentanyl 37.5mcg/hr</i> QL (10 patches / 30 days)	1	QL PA
<i>fentanyl 62.5mcg/hr, 87.5mcg/hr</i> QL (10 patches / 30 days)	3	NDS QL PA
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	3	NDS QL PA
<i>fentanyl citrate</i> TABS QL (120 tabs / 30 days)	3	NDS QL PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA

Drug Name	Tier	Drug Requirements/ Limits
FENTORA QL (120 tabs / 30 days)	3	NDS QL PA
<i>hydrocodone-acetaminophen 5-300mg</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 7.5-300mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen 7.5-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 10-300mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	1	B/D
<i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D
<i>hydromorphone hcl</i> T24A 12mg, 16mg QL (30 tabs / 30 days)	1	QL PA
<i>hydromorphone hcl</i> T24A 32mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	1	QL
<i>hydromorphone hcl t24a 8mg</i> QL (30 tabs / 30 days)	1	QL PA

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
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
HYSINGLA ER QL (30 tabs / 30 days)	2	QL PA
KADIAN 40mg, 50mg, 200mg QL (60 caps / 30 days)	3	NDS QL PA
LAZANDA QL (30 bottles / 30 days)	3	NDS QL PA
<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	1	QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	1	QL
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	1	QL
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> (generic of METHADONE HCL) SOLN 10mg/ml	1	
<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	1	QL PA
<i>methadone tab 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	1	QL PA
<i>methadone tab 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	1	QL PA
MORPHABOND ER 15mg QL (90 tabs / 30 days)	3	QL PA
MORPHABOND ER 30mg, 60mg, 100mg QL (90 tabs / 30 days)	3	NDS QL PA
<i>morphine sul inj 1mg/ml</i>	1	B/D
<i>morphine sulfate</i> (generic of KADIAN) CP24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate</i> (generic of KADIAN) CP24 100mg QL (60 caps / 30 days)	3	NDS QL PA
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/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 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> TABS QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate beads</i> QL (30 caps / 30 days)	1	QL PA
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate oral soln</i> 10mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate oral soln</i> 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate oral soln</i> 100mg/5ml QL (180 mL / 30 days)	1	QL
MS CONTIN 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	NDS QL PA
NORCO TAB 5-325MG QL (240 tabs / 30 days)	3	QL
NORCO TAB 7.5-325MG QL (180 tabs / 30 days)	3	QL
NORCO TAB 10-325MG QL (180 tabs / 30 days)	3	QL
NUCYNTA 50mg, 75mg QL (180 tabs / 30 days)	2	QL
NUCYNTA 100mg QL (180 tabs / 30 days)	3	NDS QL
NUCYNTA ER QL (60 tabs / 30 days)	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
OPANA TABS 5mg QL (180 tabs / 30 days)	3	QL
OPANA TABS 10mg QL (180 tabs / 30 days)	3	NDS QL
OXAYDO 5mg QL (540 tabs / 30 days)	3	QL
OXAYDO 7.5mg QL (360 tabs / 30 days)	3	NDS QL
oxycodone hcl CAPS QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC QL (180 mL / 30 days)	1	QL
oxycodone hcl SOLN QL (900 mL / 30 days)	1	QL
oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
oxycodone-aspirin QL (360 tabs / 30 days)	1	QL
oxycodone-ibuprofen QL (120 tabs / 30 days)	1	QL
OXYCONTIN QL (60 tabs / 30 days)	2	QL PA
oxymorphone tabs (generic of OPANA) QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
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 (240 tabs / 30 days)	3	NDS QL
PERCOCET 10-325MG QL (180 tabs / 30 days)	3	NDS QL
ROXICODONE 5mg, 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE 30mg QL (180 tabs / 30 days)	3	NDS QL
SUBSYS SPRAY 100MCG QL (120 spray units / 30 days)	3	NDS QL PA
SUBSYS SPRAY 200MCG QL (120 spray units / 30 days)	3	NDS QL PA
SUBSYS SPRAY 400MCG QL (120 spray units / 30 days)	3	NDS QL PA
SUBSYS SPRAY 600MCG QL (120 sprays / 30 days)	3	NDS QL PA
SUBSYS SPRAY 800MCG QL (120 sprays / 30 days)	3	NDS QL PA
SUBSYS SPRAY 1200MCG QL (240 sprays / 30 days)	3	NDS QL PA
SUBSYS SPRAY 1600MCG QL (240 sprays / 30 days)	3	NDS QL PA
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER 36mg QL (240 caps / 30 days)	3	NDS QL PA
ZOHYDRO ER (ABUSE DETERRENT) QL (60 caps / 30 days)	3	QL PA
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE) 2%	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) .5%, 1%	1	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE)	1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	1	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i> (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj 2% preservative free (pf)</i> (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj 4% preservative free (pf)</i>	1	
XYLOCAINE	3	B/D
XYLOCAINE-MPF 1%	3	NDS B/D
XYLOCAINE-MPF .5%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	1	
ARIKAYCE	3	NDS NM LA
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	3	NDS
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 80mg/2ml</i>	1	
<i>tobramycin sulfate</i> SOLN	1	
ZEMDRI	3	NDS
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> (generic of ALBENZA) TABS	3	NDS
ALINIA	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>atovaquone</i> (generic of MEPRON) SUSP	3	NDS
AZACTAM/DEX INJ	3	
<i>aztreonam</i> (generic of AZACTAM)	1	
BACTRIM	2	
BACTRIM DS	2	
BILTRICIDE	3	
CAYSTON	3	NDS NM LA
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOLN 75MG/5ML	2	
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	1	
<i>clindamycin phosphate in d5w</i>	1	
CLINDAMYCIN PHOSPHATE IN NACL	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
<i>dapsone</i> TABS	1	
DAPTOMYCIN 350mg	3	NDS
<i>daptomycin</i> (generic of CUBICIN) 500mg	3	NDS
EMVERM	3	NDS
<i>ertapenem sodium</i> (generic of INVANZ)	1	
FIRVANQ	3	
FLAGYL	3	
FURADANTIN	3	NDS
HIPREX	3	
<i>imipenem-cilastatin</i>	1	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	1	

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Drug Name	Drug Requirements/ Tier	Limits
INVANZ	3	
<i>ivermectin</i> (generic of STROMECTOL) TABS	1	
<i>linezolid in sodium chloride</i>	1	
<i>linezolid inj</i> (generic of ZYVOX)	1	
<i>linezolid susp</i> (generic of ZYVOX)	3	NDS
<i>linezolid tab 600mg</i> (generic of ZYVOX)	1	
MACROBID	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	
<i>metronidazole</i> (generic of FLAGYL) CAPS	1	
METRONIDAZOLE SOLN	3	
<i>metronidazole</i> (generic of FLAGYL) 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)	2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	2	
ORBACTIV	3	NDS
PENTAM 300	3	
<i>pentamidine isethionate</i> (generic of PENTAM 300)	1	
<i>polymyxin b sulfate</i> SOLR	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	1	
PRIMAXIN	3	
SIVEXTRO	3	NDS
SOLOSEC	3	
STROMECTOL	3	
<i>sulfamethoxazole-trimethopri ds</i> (generic of BACTRIM DS)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethopri m inj</i>	1	
<i>sulfamethoxazole-trimethopri m susp</i>	1	
<i>sulfamethoxazole-trimethopri m tab 400-80mg</i> (generic of BACTRIM)	1	
SYNERCID	3	NDS
TIGECYCLINE 50mg	3	NDS
<i>tigecycline</i> (generic of TYGACIL) 50mg	3	NDS
<i>tinidazole</i> TABS	1	
<i>trimethoprim</i> TABS	1	
TYGACIL	3	NDS
VABOMERE	3	NDS
VANCOCIN HCL CAP 125MG	3	NDS
VANCOCIN HCL CAP 250MG	3	NDS
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	1	
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg	3	NDS
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR	3	
VANCOMYCIN IN NAACL	3	
VANCOMYCIN INJ 250MG	3	
VIBATIV	3	NDS
XIFAXAN TAB 200MG	3	NDS
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
CASPOFUNGIN ACETATE 50mg, 70mg	3	NDS
<i>casposfungin acetate</i> (generic of CANCIDAS) 50mg, 70mg	3	NDS
CRESEMBA	3	NDS
DIFLUCAN SUSR	3	
DIFLUCAN TABS 50mg, 100mg, 150mg	3	
DIFLUCAN TABS 200mg	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
ERAXIS 50mg	3	
ERAXIS 100mg	3	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR; TABS	1	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS	3	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	1	
<i>itraconazole</i> (generic of SPORANOX) SOLN	3	NDS
<i>ketoconazole</i> TABS	1	
MYCAMINE	3	NDS
NOXAFIL	3	NDS
<i>nystatin</i> TABS	1	
SPORANOX CAPS	3	NDS
SPORANOX PULSEPAK	3	NDS
SPORANOX SOL 10MG/ML	3	NDS
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	1	
TOLSURA	3	NDS
VFEND IV	3	NDS PA
VFEND SUS 40MG/ML	3	NDS PA
VFEND TAB	3	NDS
<i>voriconazole</i> (generic of VFEND) SUSR	3	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg	1	
<i>voriconazole</i> (generic of VFEND) TABS 200mg	3	NDS
<i>voriconazole inj 200mg</i> (generic of VFEND IV)	3	NDS PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS	1	
COARTEM	3	
KRINTAFEL	3	

Drug Name	Drug Requirements/ Tier	Limits
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) 26.3mg	1	
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
<i>atazanavir sulfate</i> (generic of REYATAZ)	1	NM
CRIXIVAN	3	NM
<i>didanosine</i> (generic of VIDEX EC)	1	NM
EDURANT	3	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	1	NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	3	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) TABS	3	NDS NM
EMTRIVA	2	NM
EPIVIR SOL 10MG/ML	3	NM
EPIVIR TABS	3	NM
<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	3	NDS 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	2	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 susp 50 mg/5ml</i> (generic of VIRAMUNE)	1	NM

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Drug Name	Drug Requirements/ Tier	Limits
nevirapine tab 100mg er	1	NM
nevirapine tab 200mg (generic of VIRAMUNE)	1	NM
nevirapine tab 400mg er (generic of VIRAMUNE XR)	1	NM
NORVIR PACK	2	NM
NORVIR SOLN	2	NM
NORVIR TABS	2	NM
PIFELTRO	3	NDS 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 SYRP	2	NM
REYATAZ	3	NDS NM
ritonavir (generic of NORVIR)	1	NM
SELZENTRY SOLN	3	NDS NM
SELZENTRY TABS 25mg	3	NM
SELZENTRY TABS 75mg, 150mg, 300mg	3	NDS NM
stavudine 15mg, 20mg	1	NM
stavudine (generic of ZERIT) 30mg, 40mg	1	NM
SUSTIVA CAP 50MG	3	NM
SUSTIVA CAP 200MG	3	NDS NM
SUSTIVA TAB 600MG	3	NDS NM
tenofovir disoproxil fumarate (generic of VIREAD)	1	NM
TIVICAY 10mg	2	NM
TIVICAY 25mg, 50mg	3	NDS NM
TROGARZO	3	NDS NM LA
TYBOST	3	NM
VIDEX EC	2	NM
VIDEX PEDIATRIC	3	NM
VIRACEPT	3	NDS NM
VIRAMUNE	3	NDS NM
VIRAMUNE XR 400MG	3	NDS NM
VIREAD	3	NDS NM
ZIAGEN SOLN	3	NM
ZIAGEN TAB	3	NM
zidovudine cap 100mg (generic of RETROVIR)	1	NM
zidovudine syp 50mg/5ml (generic of RETROVIR)	1	NM

Drug Name	Drug Requirements/ Tier	Limits
zidovudine tab 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine (generic of EPZICOM)	1	NM
abacavir sulfate-lamivudine-zidovudine (generic of TRIZIVIR)	3	NDS NM
ATRIPLA	3	NDS NM
BIKTARVY	3	NDS NM
CIMDUO	3	NDS NM
COMBIVIR	3	NDS NM
COMPLERA	3	NDS NM
DELSTRIGO	3	NDS NM
DESCOVY	3	NDS NM
DOVATO	3	NDS NM
EPZICOM	3	NDS NM
EVOTAZ	3	NDS NM
GENVOYA	3	NDS NM
JULUCA	3	NDS NM
KALETRA SOL	3	NDS NM
KALETRA TAB 100-25MG	2	NM
KALETRA TAB 200-50MG	3	NDS NM
lamivudine-zidovudine (generic of COMBIVIR)	1	NM
lopinavir-ritonavir (generic of KALETRA)	1	NM
ODEFSEY	3	NDS NM
PREZCOBIX	3	NDS NM
STRIBILD	3	NDS NM
SYMFI	3	NDS NM
SYMFI LO	3	NDS NM
SYMTUZA	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		
cycloserine CAPS	3	NDS
ethambutol hcl (generic of MYAMBUTOL) TABS	1	
isoniazid SYRP	1	
isoniazid tabs	1	
MYAMBUTOL	2	

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Drug Name	Drug Requirements/ Tier	Limits
MYCOBUTIN	3	NDS
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	NDS
RIFAMATE	3	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	1	
RIFATER	3	
SIRTURO	3	NDS LA
TRECTOR	3	
ANTIVIRALS		
<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
CYTOVENE	3	B/D
<i>entecavir</i> (generic of BARACLUDE)	1	NM
EPCLUSA	3	NDS NM
EPIVIR HBV	3	NM
<i>famciclovir</i>	1	
FLUMADINE	3	
GANCICLOVIR INJ 500MG/10ML	3	B/D
<i>ganciclovir sodium</i> (generic of CYTOVENE)	1	B/D
HARVONI	3	NDS NM
HEPSERA	3	NDS NM
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	1	NM
MAVYRET	3	NDS NM
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS; SUSR	1	
PEGASYS	3	NDS NM
PEGASYS PROCLICK	3	NDS NM
PREVYMIS INJ	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
PREVYMIS TABS	3	NDS
REBETOL	3	NDS NM
RELENZA DISKHALER	2	
<i>ribasphere</i> CAPS	1	NM
<i>ribasphere</i> TABS 200mg	1	NM
<i>ribasphere</i> TABS 600mg	3	NDS NM
RIBASPHERE RIBAPAK 1000	3	NDS NM
RIBASPHERE RIBAPAK 1200	3	NDS NM
<i>ribavirin 200mg</i>	1	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
TAMIFLU CAPS	3	
TAMIFLU SUSR	3	
<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
VOSEVI	3	NDS NM
XOFLUZA	3	
ZOVIRAX CAPS; SUSP; TABS	3	
CEPHALOSPORINS		
AVYCAZ	3	NDS
<i>cefaclor</i>	1	
CEFACTOR 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	

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Drug Name	Drug Requirements/ Tier	Limits
CEFEPIME/DEXTROSE	3	
<i>cefixime</i> (generic of SUPRAX)	1	
CEFOTAN	3	
<i>cefotetan disodium</i> (generic of CEFOTAN) 1gm, 2gm	1	
<i>cefotetan disodium</i> 10gm	1	
CEFOXITIN SODIUM	3	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> SOLR	1	
CEFTAZIDIME/DEXTROSE	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i> (generic of KEFLEX) CAPS	1	
<i>cephalexin</i> SUSR; TABS	1	
MAXIPIME	3	
MAXIPIME IV	3	
SUPRAX CAPS	3	
SUPRAX CHEW; SUSR	2	
<i>tazicef</i> SOLR	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR; TABS	1	
<i>clarithromycin</i> SUSR; TABS	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24	1	
DIFICID	3	NDS
<i>e.e.s 400</i>	1	
<i>ery-tab</i>	1	
ERYTHROCIN LACTOBIONATE	3	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin cap 250mg ec</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
<i>erythromycin ethylsuccinate</i> TABS	1	
ZITHROMAX PACK	3	
ZITHROMAX SOLR	3	
ZITHROMAX SUSR	3	
ZITHROMAX TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
FLUOROQUINOLONES		
AVELOX TABS	3	
BAXDELA	3	NDS
CIPRO SUSP	3	
CIPRO TABS	3	
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	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>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> TABS	1	
<i>moxifloxacin hcl in sodium chloride</i>	1	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i> 200-28.5 chw tabs	1	
<i>amoxicillin & pot clavulanate</i> 200/5ml susr	1	
<i>amoxicillin & pot clavulanate</i> 250-125 tabs	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & pot clavulanate</i> 250/5ml susr (generic of AUGMENTIN)	1	
<i>amoxicillin & pot clavulanate</i> 400-57 chw tabs	1	
<i>amoxicillin & pot clavulanate</i> 400/5ml susr	1	
<i>amoxicillin & pot clavulanate</i> 500-125 tabs (generic of AUGMENTIN)	1	
<i>amoxicillin & pot clavulanate</i> 600/5ml susr	1	
<i>amoxicillin & pot clavulanate</i> 875-125 tabs	1	
<i>amoxicillin & pot clavulanate</i> er 12hr 1000-62.5 tabs	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 500mg</i>	1	
<i>ampicillin inj</i>	1	
<i>ampicillin sodium</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN SUS 125/5ML	3	NDS
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN TAB 500MG	3	
AUGMENTIN TAB 875MG	3	
BACTOCILL INJ DEX 1GM	3	
BACTOCILL INJ DEX 2GM	3	
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN IN DEXTROSE	3	
<i>nafcillin sodium</i> 1gm, 2gm	1	
<i>nafcillin sodium</i> 10gm	3	NDS
NAFCILLIN SODIUM FOR INJ 10GM	3	
<i>oxacillin sodium</i> 1gm, 2gm	1	
<i>oxacillin sodium</i> 10gm	3	NDS
PENICILLIN G POT IN DEXTROSE 1MU	3	

Drug Name	Drug Requirements/ Tier	Limits
PENICILLIN G POT IN DEXTROSE 2MU	3	
PENICILLIN G POT IN DEXTROSE 3MU	3	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<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; TABS	1	
<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR	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, 50mg, 100mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC	1	
<i>doxycycline hyclate tab 75 mg</i> <i>dr</i>	1	

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<i>doxycycline hyclate tab 100 mg dr</i>	1	
<i>doxycycline hyclate tab 150 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 tab 45mg er</i>	1	
<i>minocycline tab 55mg er</i> (generic of SOLODYN)	3	NDS
<i>minocycline tab 65mg er</i> (generic of SOLODYN)	3	NDS
<i>minocycline tab 80mg er</i> (generic of SOLODYN)	3	NDS
<i>minocycline tab 90mg er</i>	1	
<i>minocycline tab 105mg er</i> (generic of SOLODYN)	3	NDS
<i>minocycline tab 115mg er</i> (generic of SOLODYN)	3	NDS
<i>minocycline tab 135mg er</i>	1	
<i>mondoxylene nl cap 75mg</i>	1	
<i>mondoxylene nl cap 100mg</i>	1	
<i>morgidox cap 1x50mg</i>	1	
SOLODYN	3	NDS
<i>soloxide</i>	1	
TARGADOX	3	
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS	3	
VIBRAMYCIN SUSR; SYRP	2	
XIMINO	3	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	3	NDS B/D NM
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	3	B/D
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) CAPS 25mg, 50mg	1	B/D
<i>cyclophosphamide</i> SOLR	3	NDS B/D
<i>dacarbazine</i> 100mg	1	B/D
EMCYT	2	
GLEOSTINE 10mg	3	
GLEOSTINE 40mg, 100mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
IFEX INJ 3GM	3	B/D
<i>ifosfamide</i> SOLN	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
LEUKERAN	3	NDS
TREANDA	3	NDS B/D NM
ANTHRACYCLINES		
<i>adriamycin</i> SOLN	1	B/D
DOXIL	3	NDS B/D
<i>doxorubicin hcl</i>	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	3	NDS B/D
ELLECE	3	NDS B/D
<i>epirubicin hcl</i> 50mg/25ml	1	B/D
<i>epirubicin hcl</i> (generic of ELLECE) 200mg/100ml	1	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	3	NDS B/D
VALSTAR	3	NDS NM
ANTIMETABOLITES		
<i>adrucil inj</i>	1	B/D
ALIMTA	3	NDS B/D
<i>azacitidine</i> (generic of VIDAZA)	3	NDS B/D NM
<i>cytarabine</i>	1	B/D
DACOGEN	3	NDS B/D NM
<i>decitabine</i> (generic of DACOGEN)	3	NDS B/D NM
<i>fludarabine phosphate</i> SOLN	3	NDS B/D
<i>fludarabine phosphate</i> SOLR	1	B/D
<i>fluorouracil</i> SOLN	1	B/D
FOLOTYN	3	NDS NM
<i>gemcitabine hcl</i>	1	B/D
<i>gemcitabine inj soln</i> 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml	1	B/D
<i>gemcitabine inj soln</i> (generic of GEMCITABINE) 200mg/5.26ml	1	B/D
<i>gemcitabine inj solr</i>	1	B/D
INFUGEM	3	NDS B/D
<i>mercaptopurine</i> TABS	1	
<i>methotrexate sodium inj soln</i>	1	B/D
<i>methotrexate sodium inj solr</i>	1	B/D

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NIPENT	3	NDS B/D
PURIXAN	3	NDS NM
TABLOID	3	NDS
VIDAZA	3	NDS B/D NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	3	NDS B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	3	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	3	NDS B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
JEVTANA	3	NDS NM
<i>paclitaxel</i>	1	B/D
TAXOTERE	3	NDS B/D
ANTIMITOTIC, VINCA ALKALOIDS		
NAVELBINE	3	B/D
<i>vinblastine sulfate</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	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
BESPONSA	3	NDS NM LA
BORTEZOMIB	3	NDS B/D NM
CYRAMZA	3	NDS NM LA
DARZALEX	3	NDS NM LA
DAURISMO	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
HERCEPTIN HYLECTA	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
IBRANCE	3	NDS NM LA
IDHIFA	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
KYPROLIS	3	NDS NM LA
LARTRUVO	3	NDS NM LA
LIBTAYO	3	NDS NM LA
LUMOXITI	3	NDS NM LA
LYNPARZA	3	NDS NM LA
MYLOTARG	3	NDS NM LA
NINLARO	3	NDS NM
ODOMZO	3	NDS NM LA
OPDIVO	3	NDS NM LA
PERJETA	3	NDS NM
PORTRAZZA	3	NDS NM LA
POTELIGEO	3	NDS NM LA
RITUXAN	3	NDS NM LA
RITUXAN HYCELA	3	NDS NM LA
RUBRACA	3	NDS NM LA
TALZENNA	3	NDS NM LA
TECENTRIQ	3	NDS NM LA
<i>temsirolimus</i> (generic of TORISEL)	3	NDS B/D NM
TIBSOVO	3	NDS NM LA
TORISEL	3	NDS B/D NM
VECTIBIX	3	NDS B/D NM
VELCADE	3	NDS B/D NM
VENCLEXTA 10mg	3	NM LA
VENCLEXTA 50mg, 100mg	3	NDS NM LA
VENCLEXTA STARTING PACK	3	NDS NM LA
VERZENIO	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>abiraterone acetate</i> (generic of ZYTIGA)	3	NDS NM
<i>anastrozole</i> (generic of ARIMIDEX) TABS	1	

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ARIMIDEX	3	NDS
AROMASIN	3	NDS
<i>bicalutamide</i> (generic of CASODEX)	1	
CASODEX	3	NDS
DEPO-PROVERA INJ 400/ML	3	B/D
ELIGARD INJ 7.5MG	2	B/D NM
ELIGARD INJ 22.5MG	2	B/D NM
ELIGARD INJ 30MG	2	B/D NM
ELIGARD INJ 45MG	2	B/D NM
ERLEADA	3	NDS NM LA
<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
LUPRON DEPOT INJ 22.5MG (3-MONTH)	3	NDS NM
LUPRON DEPOT INJ 30MG (4-MONTH)	3	NDS NM
LYSODREN	2	
<i>megestrol ac sus 40mg/ml</i>	2	
<i>megestrol ac tab 20mg</i>	2	
<i>megestrol ac tab 40mg</i>	2	
<i>megestrol sus 625mg/5ml</i>	3	
<i>nilutamide</i> (generic of NILANDRON)	3	NDS
SOLTAMOX	3	NDS
<i>tamoxifen citrate</i> TABS	1	
<i>toremifene citrate</i> (generic of FARESTON)	3	NDS
TRELSTAR MIXJECT	3	NDS NM
VANTAS	3	NM
XTANDI	3	NDS NM LA

Drug Name	Drug Requirements/ Tier	Limits
ZOLADEX	3	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
ALIQOPA	3	NDS NM LA
ALUNBRIG	3	NDS NM LA
BALVERSA	3	NDS NM LA
BOSULIF	3	NDS NM
BRAFTOVI	3	NDS NM LA
CABOMETYX	3	NDS NM LA
CALQUENCE	3	NDS NM LA
CAPRELSA	3	NDS NM LA
COMETRIQ	3	NDS NM LA
COPIKTRA	3	NDS NM LA
COTELLIC	3	NDS NM LA
<i>erlotinib hcl</i> (generic of TARCEVA)	3	NDS NM
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	3	NDS NM LA
INLYTA	3	NDS NM LA
IRESSA	3	NDS NM LA
JAKAFI	3	NDS NM LA
LENVIMA 4 MG DAILY DOSE	3	NDS NM LA
LENVIMA 8 MG DAILY DOSE	3	NDS NM LA
LENVIMA 10 MG DAILY DOSE	3	NDS NM LA
LENVIMA 12MG 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

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Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 24 MG DAILY DOSE	3	NDS NM LA
LORBRENA	3	NDS NM LA
MEKINIST	3	NDS NM LA
MEKTOVI	3	NDS NM LA
NERLYNX	3	NDS NM LA
NEXAVAR	3	NDS NM LA
PIQRAY 200MG DAILY DOSE	3	NDS NM
PIQRAY 250MG DAILY DOSE	3	NDS NM
PIQRAY 300MG DAILY DOSE	3	NDS NM
RYDAPT	3	NDS NM
SPRYCEL	3	NDS NM
STIVARGA	3	NDS NM LA
SUTENT	3	NDS NM
TAFINLAR	3	NDS NM LA
TAGRISO	3	NDS NM LA
TARCEVA	3	NDS NM LA
TASIGNA	3	NDS NM
TYKERB	3	NDS NM LA
VITRAKVI	3	NDS NM LA
VIZIMPRO	3	NDS NM LA
VOTRIENT	3	NDS NM LA
XALKORI	3	NDS NM LA
XOSPATA	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
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	3	NDS NM
SYLVANT	3	NDS NM LA
SYNRIBO	3	NDS NM
TARGRETIN CAPS	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
<i>tretinoin</i> CAPS	3	NDS
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i> SOLN	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 hcl</i> (generic of ZINECARD)	3	NDS B/D
ELITEK	3	NDS B/D
FUSILEV	3	NDS B/D NM
KHAPZORY	3	NDS B/D NM
<i>leucovorin calcium</i> SOLN 500mg/50ml	1	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
<i>levoleucovorin calcium</i> 250mg/25ml	1	B/D NM
<i>levoleucovorin calcium 50mg</i> (generic of FUSILEV)	3	NDS B/D NM
LEVOLEUCOVORIN CALCIUM 175MG	3	NDS B/D NM
MESNEX TABS	3	NDS
TOTECT	3	NDS B/D
ZINECARD	3	NDS B/D
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	1	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 hcl</i> (generic of TOPOTECAN HCL) SOLN	3	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	3	NDS B/D
TOPOTECAN INJ 4MG/4ML	3	NDS B/D
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	

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<i>amlodipine besylate-benazepril hcl</i>	1	
<i>amlodipine besylate-benazepril hcl (generic of LOTREL)</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide (generic of LOTENSIN HCT)</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide (generic of VASERETIC)</i>	1	
<i>fosinopril-hydrochlorothiazide tab 10/12.5mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 20/12.5mg</i>	1	
<i>lisinopril & hydrochlorothiazide (generic of ZESTORETIC)</i>	1	
LOTREL	2	
<i>quinapril-hydrochlorothiazide (generic of ACCURETIC)</i>	1	
TARKA	2	
<i>trandolapril-verapamil hcl</i>	1	
<i>trandolapril-verapamil hcl (generic of TARKA)</i>	1	
VASERETIC	3	
ZESTORETIC	3	
ACE INHIBITORS		
ACCUPRIL	3	
ALTACE	3	
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl (generic of LOTENSIN)</i> TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate (generic of VASOTEC)</i> TABS	1	
EPANED	3	NDS
<i>fosinopril sodium</i>	1	
<i>lisinopril (generic of ZESTRIL)</i> TABS 2.5mg, 30mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lisinopril (generic of PRINIVIL)</i> TABS 5mg, 10mg, 20mg	1	
LOTENSIN	3	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL	3	
QBRELIS	3	NDS
<i>quinapril hcl (generic of ACCUPRIL)</i>	1	
<i>ramipril (generic of ALTACE)</i>	1	
<i>trandolapril</i> 1mg, 2mg	1	
<i>trandolapril (generic of MAVIK)</i> 4mg	1	
VASOTEC 2.5mg, 5mg	3	
VASOTEC 10mg, 20mg	3	NDS
ZESTRIL	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	2	
CAROSPIR	3	
<i>epplerenone (generic of INSPRA)</i>	1	
INSPRA	2	
<i>spironolactone (generic of ALDACTONE)</i> TABS	1	
ALPHA BLOCKERS		
CARDURA	3	
<i>doxazosin mesylate (generic of CARDURA)</i> TABS	1	
MINIPRESS	3	
<i>prazosin hcl (generic of MINIPRESS)</i>	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil (generic of AZOR)</i>	1	
<i>amlodipine besylate-valsartan (generic of EXFORGE)</i>	1	
<i>amlodipine-valsartan-hydrochl orothiazide (generic of EXFORGE HCT)</i>	1	
ATACAND HCT	3	
AVALIDE	3	

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Drug Name	Drug Requirements/ Tier Limits
AZOR	3
BENICAR HCT	3
<i>candesartan</i>	1
<i>cilexetil-hydrochlorothiazide</i> (generic of ATACAND HCT)	
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>	1
<i>medoxomil-amlodipine-hydroc</i> <i>hlorothiazide</i> (generic of TRIBENZOR)	
<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
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
ATACAND	3
AVAPRO	3
BENICAR	3
<i>candesartan cilexetil</i> (generic of ATACAND)	1

Drug Name	Drug Requirements/ Tier Limits
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 soln</i>	1
<i>amiodarone tab 100mg</i>	1
<i>amiodarone tab 200mg</i>	1
<i>amiodarone tab 400mg</i>	1
<i>disopyramide phosphate</i> (generic of NORPACE)	3
<i>dofetilide</i> (generic of TIKOSYN)	1 NM
<i>flecainide acetate</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 sulfate</i>	1
RYTHMOL SR	3 NDS
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1
<i>sorine</i> 240mg	1
<i>sotalol af tab 120mg</i> (generic of BETAPACE AF)	1
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	1
<i>sotalol hcl</i> 240mg	1
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	1

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Drug Name	Drug Requirements/ Tier Limits	
SOTYLIZE	3	
TIKOSYN	2	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	3	NDS
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1	
CRESTOR	3	
FLOLIPID	3	
<i>fluvastatin sodium</i> CAPS	1	
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24	1	
LESCOL XL	3	
LIPITOR	3	
LIVALO	3	
<i>lovastatin</i>	1	
PRAVACHOL	3	
<i>pravastatin sodium</i> 10mg	1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
<i>rosuvastatin calcium</i> (generic of CRESTOR)	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR 10mg, 20mg, 40mg	3	
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG	3	
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	3	
<i>cholestyramine</i> (generic of QUESTRAN)	1	
<i>cholestyramine light pack</i>	1	
<i>cholestyramine light powd</i> (generic of QUESTRAN LIGHT)	1	
<i>choline fenofibrate</i> (generic of TRILIPIX)	1	
<i>colesevelam hcl</i> (generic of WELCHOL)	1	

Drug Name	Drug Requirements/ Tier Limits	
COLESTID	3	
<i>colestipol hcl gran</i> (generic of COLESTID)	1	
<i>colestipol hcl pack</i> (generic of COLESTID)	1	
<i>colestipol hcl tabs</i> (generic of COLESTID)	1	
<i>ezetimibe</i> (generic of ZETIA)	1	
<i>ezetimibe-simvastatin</i> (generic of VYTORIN)	1	
<i>fenofibrate</i> CAPS	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibric acid</i>	1	
FIBRICOR	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	1	
JUXTAPID	3	NDS NM LA PA
LIPOFEN	3	
LOPID	3	
LOVAZA	3	
<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	
<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	3	
WELCHOL PAK	3	
WELCHOL TAB 625MG	3	

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Drug Name	Drug Requirements/ Tier	Limits
ZETIA	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 50)	1	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	1	
LOPRESSOR HCT	2	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
<i>nadolol & bendroflumethiazide</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	
ZIAC	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> (generic of TENORMIN) TABS	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i> (generic of COREG)	1	
<i>carvedilol er</i> (generic of COREG CR)	1	
COREG	3	
COREG CR	3	
CORGARD	3	
INDERAL LA	3	NDS
KAPSPARGO SPRINKLE	3	
<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, 75mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>timolol maleate</i> TABS	1	
TOPROL XL	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> (generic of CADUET)	1	
CADUET	3	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	3	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	
CALAN	3	
CALAN SR 120mg, 240mg	3	
CARDIZEM 30mg	3	
CARDIZEM 60mg, 120mg	3	NDS
CARDIZEM CD	3	NDS
CARDIZEM LA	3	
<i>cartia xt</i> (generic of CARDIZEM CD)	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i> (generic of CARDIZEM CD)	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	

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Drug Name	Drug Requirements/ Tier	Limits
<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 coated beads</i> (generic of CARDIZEM CD)	1	
<i>diltiazem hcl coated beads</i> <i>cap sr 24hr</i> (generic of CARDIZEM CD) 120mg	1	
<i>diltiazem hcl coated beads</i> <i>cap sr 24hr</i> (generic of TIAZAC) 120mg	1	
<i>diltiazem hcl extended release</i> <i>beads cap sr</i> (generic of TIAZAC) 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl extended release</i> <i>beads cap sr</i> (generic of CARDIZEM CD) 180mg, 300mg	1	
<i>diltiazem inj</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i> (generic of CARDIZEM LA)	1	
<i>nicardipine hcl</i> CAPS	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	

Drug Name	Drug Requirements/ Tier	Limits
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> CP24 300mg, 360mg	1	
<i>verapamil hcl</i> SOLN	1	
<i>verapamil hcl</i> TABS 40mg, 80mg	1	
<i>verapamil hcl</i> (generic of CALAN) TABS 120mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1	
<i>verapamil hcl</i> TBCR 180mg	1	
VERELAN	3	
VERELAN PM	3	
DIGITALIS GLYCOSIDES		
<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</i> (generic of LANOXIN)	1	
<i>digoxin sol 50mcg/ml</i>	1	
LANOXIN 0.25MG/ML INJ	3	
LANOXIN PEDIATRIC INJ	3	
LANOXIN TABS 62.5MCG	2	
DIURETICS		
<i>acetazolamide</i> CP12; TABS	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	
DIURIL	3	
DYAZIDE	3	
EDECIN	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>ethacrynic acid</i> (generic of EDECRIN)	3	NDS
<i>furosemide</i> SOLN	1	
<i>furosemide</i> (generic of LASIX) TABS	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
KEVEYIS	3	NDS NM
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	
<i>methazolamide</i> TABS	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
<i>toremide</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25mg</i> (generic of DYZAZIDE)	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25mg</i> (generic of MAXZIDE-25)	1	
<i>triamterene & hydrochlorothiazide tab 75-50mg</i> (generic of MAXZIDE)	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTURNA)	1	
BIDIL	2	
CATAPRES TAB	2	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	1	
<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-1) .1mg/24hr	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-2) .2mg/24hr	1	
<i>clonidine hcl ptwk</i> (generic of CATAPRES-TTS-3) .3mg/24hr	1	
CORLANOR TABS	2	
DEMSEER	3	NDS
DIBENZYLINE	3	NDS
<i>hydralazine hcl</i> SOLN; TABS	1	
<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	3	
<i>ranolazine</i> (generic of RANEXA)	1	
TEKTURNA	3	
TEKTURNA HCT	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	2	
NITRO-DUR	2	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	1	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	1	
<i>nitroglycerin td patch</i> .1mg/hr	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	1	
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	3	NDS NM PA
ADEMPAS	3	NDS NM LA
<i>alyq</i> (generic of ADCIRCA)	3	NDS NM PA
<i>ambrisentan</i> (generic of LETAIRIS)	3	NDS NM LA
<i>bosentan</i> (generic of TRACLEER)	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 SUSR; TABS	3	NDS NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO)	3	NDS NM PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i> (generic of REVATIO)	1	NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA)	3	NDS NM PA
TRACLEER	3	NDS NM LA
<i>treprostinil</i>	3	NDS B/D 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 ANTI-ANXIETY		
ALPRAZOLAM INTENSOL	3	

Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>alprazolam tab 2mg</i> (generic of XANAX)	1	
ATIVAN INJ	3	
ATIVAN TABS	3	NDS
<i>buspirone 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	3	
ANTICONVULSANTS		
APTIOM	3	NDS
BANZEL	3	NDS
BRIVIACT INJ 50MG/5ML	3	
BRIVIACT SOL 10MG/ML	3	NDS
BRIVIACT TAB 10MG	3	NDS
BRIVIACT TAB 25MG	3	NDS
BRIVIACT TAB 50MG	3	NDS
BRIVIACT TAB 75MG	3	NDS
BRIVIACT TAB 100MG	3	NDS
<i>carbamazepine</i> CHEW	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	1	
CARBATROL	3	
CELONTIN	3	
<i>clobazam</i> (generic of ONFI)	1	
<i>clonazepam</i> (generic of KLONOPIN) TABS	1	
<i>clonazepam</i> TBDP	1	
<i>clorazepate dipotassium</i>	1	
DEPAKOTE	3	
DEPAKOTE ER	3	

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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 gel</i>	1	
<i>diazepam inj</i>	1	
<i>diazepam intensol 5mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	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	
EPIDIOLEX	3	NDS NM LA PA
<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	

Drug Name	Drug Requirements/ Tier	Limits
LAMICTAL CHEWABLE DISPERS	3	NDS
LAMICTAL ODT KIT	3	
LAMICTAL ODT TBDP 25mg	3	
LAMICTAL ODT TBDP 50mg, 100mg, 200mg	3	NDS
LAMICTAL STARTER KIT	3	
LAMICTAL TABS	3	NDS
LAMICTAL XR KIT	3	
LAMICTAL XR TB24 25mg	3	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/NOT TAKI) KIT	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING C) KIT	1	
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	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	3	

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Drug Name	Drug Requirements/ Tier	Limits
MYSOLINE	3	NDS
NEURONTIN CAPS	3	
NEURONTIN SOLN; TABS	3	NDS
ONFI	3	NDS
<i>oxcarbazepine</i> (generic of TRILEPTAL)	1	
OXTELLAR XR 150mg, 300mg	2	
OXTELLAR XR 600mg	3	NDS
PEGANONE	3	
<i>phenobarbital</i> ELIX	3	
<i>phenobarbital</i> TABS	2	
PHENOBARBITAL SODIUM SOLN 65mg/ml	3	
<i>phenobarbital sodium</i> SOLN 130mg/ml	3	
PHENYTEK	3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	1	
<i>phenytoin sodium inj</i> 50mg/ml	1	
<i>primidone</i> (generic of MYSOLINE) TABS	1	
QUDEXY XR 25mg, 50mg, 100mg	3	
QUDEXY XR 150mg, 200mg	3	NDS
<i>roovepra</i> (generic of KEPPRA)	1	
<i>roovepra xr</i> (generic of KEPPRA XR)	1	
SABRIL	3	NDS NM LA
SPRITAM	3	
<i>subvenite starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>subvenite starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>subvenite starter kit</i> (generic of LAMICTAL STARTER/TAKING V) 25mg	1	
<i>subvenite tab</i> (generic of LAMICTAL)	1	
SYMPAZAN 5mg	3	
SYMPAZAN 10mg, 20mg	3	NDS
TEGRETOL	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i> (generic of GABITRIL)	1	
TOPAMAX 25mg	3	
TOPAMAX 50mg, 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 25mg, 50mg, 100mg, 150mg	1	
<i>topiramate</i> CS24 200mg	3	NDS
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TRILEPTAL SUSP	3	NDS
TRILEPTAL TABS 150mg	3	
TRILEPTAL TABS 300mg, 600mg	3	NDS
TROKENDI XR 25mg, 50mg	2	
TROKENDI XR 100mg, 200mg	3	NDS
VALIUM	2	
<i>valproate sodium</i> (generic of DEPACON) SOLN 100mg/ml	1	
<i>valproate sodium</i> SOLN 250mg/5ml	1	
<i>valproic acid</i> (generic of DEPAKENE) CAPS	1	
<i>vigabatrin powd pack</i> 500mg (generic of SABRIL)	3	NDS NM LA
<i>vigabatrin tab</i> 500mg (generic of SABRIL)	3	NDS NM LA
<i>vigadrone</i> (generic of SABRIL)	3	NDS NM LA
VIMPAT 50mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
VIMPAT 100mg, 150mg, 200mg	3	NDS
VIMPAT INJ 200MG/20ML	3	NDS
VIMPAT SOL 10MG/ML	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 cp24</i> (generic of NAMENDA XR) PA if < 30 yrs	1	PA
<i>memantine soln</i> PA if < 30 yrs	1	PA
<i>memantine tabs</i> (generic of NAMENDA) PA if < 30 yrs	1	PA
<i>memantine titration pak</i> (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA
NAMENDA TABS PA if < 30 yrs	3	PA
NAMENDA TITRATION PAK PA if < 30 yrs	3	PA
NAMENDA XR PA if < 30 yrs	3	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	3	PA
NAMZARIC	2	
RAZADYNE	3	

Drug Name	Drug Requirements/ Tier	Limits
RAZADYNE ER	3	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine td patch 24hr</i> 4.6mg/24hr (generic of EXELON)	1	
<i>rivastigmine td patch 24hr</i> 9.5mg/24hr (generic of EXELON)	1	
<i>rivastigmine td patch 24hr</i> 13.3mg/24hr (generic of EXELON)	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	2	
<i>amoxapine</i>	2	
ANAFRANIL	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 150mg, 300mg	1	
<i>bupropion hcl</i> TB24 450mg	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	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER	3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ)	1	
<i>doxepin hcl</i> CAPS; CONC	2	
<i>duloxetine cap 20mg</i> (generic of CYMBALTA)	1	
<i>duloxetine cap 30mg</i> (generic of CYMBALTA)	1	
<i>duloxetine cap 40mg</i>	1	
<i>duloxetine cap 60mg</i> (generic of CYMBALTA)	1	

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Drug Name	Drug Requirements/ Tier	Limits
EFFEXOR XR	3	
EMSAM	3	NDS
<i>escitalopram oxalate</i> SOLN	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	1	
FETZIMA	2	
FETZIMA TITRATION PACK	2	
<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	
<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1	
FLUOXETINE HYDROCHLORIDE TAB 60MG	3	
FORFIVO XL	3	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS	1	
<i>imipramine pamoate</i>	3	
KHEDEZLA	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</i> 7.5mg, 45mg	1	
<i>mirtazapine tabs</i> (generic of REMERON) 15mg, 30mg	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
NORPRAMIN	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	1	
<i>nortriptyline hcl</i> SOLN	3	
PAMELOR	3	NDS
PARNATE	3	NDS
<i>paroxetine er tab</i> (generic of PAXIL CR)	3	
<i>paroxetine hcl tabs</i> (generic of PAXIL)	1	
PAXIL	3	
PAXIL CR	3	
PEXEVA	3	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	1	
PRISTIQ	3	
<i>protriptyline hcl</i>	3	
PROZAC 10mg, 20mg	3	
PROZAC 40mg	3	NDS
REMERON	3	
REMERON SOLTAB	3	
<i>sertraline hcl</i> CONC	1	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	1	
SURMONTIL	3	
TOFRANIL	3	NDS
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i> TABS	1	
<i>trimipramine maleate</i> CAPS	3	
TRINTELLIX	2	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	1	
<i>venlafaxine tab</i>	1	
<i>venlafaxine tab 225mg er</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	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>benztropine mesylate inj</i> (generic of COGENTIN)	1	
<i>benztropine mesylate tab 0.5mg</i>	2	
<i>benztropine mesylate tab 1mg</i>	2	
<i>benztropine mesylate tab 2mg</i>	2	
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	1	
<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-entacapo ne</i> (generic of STALEVO 50)	1	
<i>carbidopa-levodopa-entacapo ne</i> (generic of STALEVO 75)	1	
<i>carbidopa-levodopa-entacapo ne</i> (generic of STALEVO 100)	1	
<i>carbidopa-levodopa-entacapo ne</i> (generic of STALEVO 125)	1	
<i>carbidopa-levodopa-entacapo ne</i> (generic of STALEVO 150)	1	
<i>carbidopa-levodopa-entacapo ne</i> (generic of STALEVO 200)	1	
COGENTIN	3	
COMTAN	3	NDS
DUOPA	3	NDS B/D NM
<i>entacapone</i> (generic of COMTAN)	1	
GOCOVRI	3	NDS LA
INBRIJA	3	NDS NM LA
LODOSYN	3	NDS
MIRAPEX ER	3	
NEUPRO	2	
OSMOLEX ER	3	
PARLODEL	3	
<i>pramipexole er</i> (generic of MIRAPEX ER)	1	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	1	

Drug Name	Drug Requirements/ Tier	Limits
<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>rasagiline mesylate</i> (generic of AZILECT) TABS	1	
<i>ropinirole er 2mg</i>	1	
<i>ropinirole er</i> (generic of REQUIP XL) 4mg, 6mg, 8mg, 12mg	1	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 0.25mg</i>	1	
<i>ropinirole tab 1mg</i>	1	
<i>ropinirole tab 2mg</i>	1	
<i>ropinirole tab 3mg</i>	1	
<i>ropinirole tab 4mg</i>	1	
<i>ropinirole tab 5mg</i>	1	
RYTARY	3	
<i>selegiline hcl</i> CAPS; 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>	2	
XADAGO	3	NDS
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)	1	
ARISTADA	3	NDS
ARISTADA INITIO	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
<i>chlorpromazine hcl</i> TABS	1	
CHLORPROMAZINE INJ	3	
<i>clozapine odt</i> (generic of FAZACLO)	1	
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	1	
<i>clozapine tab 50mg</i> (generic of CLOZAPINE)	1	
<i>clozapine tab 100mg</i> (generic of CLOZARIL)	1	
<i>clozapine tab 200mg</i> (generic of CLOZAPINE)	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
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON	3	NDS
GEODON INJ	3	
HALDOL	3	
HALDOL DECANOATE 50	3	
HALDOL DECANOATE 100	3	
<i>haloperidol</i> TABS	1	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate inj 5mg/ml</i> (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
INVEGA TRINZA	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
LATUDA	2	
<i>loxapine succinate</i>	1	
<i>molindone hcl</i>	1	
NUPLAZID CAPS	3	NDS NM LA
NUPLAZID TABS 10MG	3	NDS NM LA
<i>olanzapine</i> (generic of ZYPREXA)	1	
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS)	1	
<i>paliperidone</i> (generic of INVEGA)	1	
<i>perphenazine</i> TABS	1	
PERSERIS	3	NDS
<i>pimozide</i>	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24	1	
REXULTI	3	NDS
RISPERDAL SOLN	3	NDS
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
<i>risperidone</i> (generic of RISPERDAL)	1	
<i>risperidone odt</i>	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
<i>thioridazine hcl</i> TABS	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VERSACLOZ	3	NDS
VRAYLAR	3	NDS
VRAYLAR THERAPY PACK	2	

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Drug Name	Drug Requirements/ Tier	Limits
<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	3	NDS
ZYPREXA RELPREVV INJ 210MG	3	
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	
ADZENYS ER SUS 1.25MG	3	
ADZENYS XR-ODT	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	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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	3	
<i>atomoxetine hcl</i> (generic of STRATTERA)	1	
CONCERTA	3	
COTEMPLA XR-ODT	3	
DAYTRANA	3	
DEXEDRINE	3	NDS
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24	1	
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS	1	
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24	1	
<i>dextroamphetamine sulfate</i> TABS	1	
DYANAVAL XR	3	
FOCALIN	3	
FOCALIN XR	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>guanfacine er (adhd)</i> (generic of INTUNIV)	2	
INTUNIV	3	
<i>metadate er</i>	1	
METHYLIN	3	
<i>methylphenidate hcl</i> CHEW	1	
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 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 hcl tbc</i> 10 mg	1	
<i>methylphenidate hcl tbc</i> 20mg	1	
METHYLPHENIDATE HCL TBCR 72MG	1	
MYDAYIS CAP 12.5MG	2	
MYDAYIS CAP 25MG	2	
MYDAYIS CAP 37.5MG	2	
MYDAYIS CAP 50MG	2	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
RELEXXII	1	
RITALIN	3	
RITALIN LA	3	
STRATTERA	3	
VYVANSE	2	
<i>zenzedi</i>	1	
HYPNOTICS		
AMBIEN	3	
BELSOMRA	2	
HETLIOZ	3	NDS NM LA
RESTORIL 7.5mg, 15mg	3	NDS
SILENOR	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>temazepam</i> (generic of RESTORIL) 7.5mg, 15mg	1	
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS	1	
MIGRAINE		
AIMOVIG	2	
<i>almotriptan malate</i>	1	
AMERGE	3	
D.H.E. 45	3	NDS
<i>dihydroergotamine mesylate inj</i> 1 mg/ml (generic of D.H.E. 45)	3	NDS
<i>dihydroergotamine mesylate nasal spr</i> 4 mg/ml	3	NDS
<i>eletriptan hydrobromide</i> (generic of RELPAX)	1	
EMGALITY SOAJ	2	
EMGALITY SOSY 120mg/ml	2	
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	1	
FROVA	3	NDS
<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 4MG/0.5ML	3	NDS
IMITREX STATDOSE REFILL 6MG/0.5ML	3	NDS
IMITREX STATDOSE SYSTEM 4MG/0.5ML	3	NDS
IMITREX STATDOSE SYSTEM 6MG/0.5ML	3	NDS
MAXALT 10mg	3	
MAXALT-MLT	3	
<i>migergot</i>	3	NDS
MIGRANAL	3	NDS
<i>naratriptan hcl</i> (generic of AMERGE)	1	
ONZETRA XSAIL	3	NDS
RELPAX	3	
<i>rizatriptan benzoate</i> 5mg	1	
<i>rizatriptan benzoate</i> (generic of MAXALT) 10mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<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> (generic of IMITREX STATDOSE SYSTEM) SOAJ	1	
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT	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	
<i>sumatriptan-naproxen sodium</i> (generic of TRIXIMET)	1	
TRIXIMET 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	
ZOMIG TABS	3	NDS
ZOMIG ZMT	3	NDS
MISCELLANEOUS		
AUSTEDO	3	NDS NM LA
BRISDELLE	3	
EQUETRO	3	
FIRDAPSE	3	NDS NM LA
GRALISE	2	PA
GRALISE STARTER	2	PA
HORIZANT	3	PA
INGREZZA	3	NDS NM
<i>lithium carb tab 300mg</i>	1	
<i>lithium carbonate</i> CAPS	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
<i>lithium carbonate</i> TBCR 450mg	1	
LITHIUM SOLN 8MEQ/5ML	3	
LITHOBID	3	NDS
LYRICA CR	2	PA
MESTINON	3	NDS
MESTINON TIMESPAN	3	NDS
NUDEXTA	2	PA
<i>paroxetine mesylate</i> (<i>vasomotor</i>) (generic of BRISDELLE)	3	
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN	3	NDS
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR	1	
<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	1	
RADICAVA	3	NDS NM LA
RILUTEK	3	NDS
<i>riluzole</i> (generic of RILUTEK)	1	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
TEGSEDI	3	NDS NM LA
<i>tetrabenazine</i> (generic of XENAZINE)	3	NDS NM
TIGLUTIK	3	NDS
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
<i>dalfampridine</i> (generic of AMPYRA)	3	NDS NM
GILENYA CAP 0.5MG	3	NDS NM
<i>glatiramer acetate 20mg/ml</i> (generic of COPAXONE)	3	NDS NM
<i>glatiramer acetate 40mg/ml</i> (generic of COPAXONE)	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>glatopa</i> (generic of COPAXONE)	3	NDS NM
LEMTRADA	3	NDS NM LA
MAYZENT	3	NDS NM LA
OCREVUS	3	NDS NM LA
PLEGRIDY	3	NDS NM
PLEGRIDY STARTER PACK	3	NDS NM
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</i> TABS	1	
BOTOX	3	NDS PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	
DANTRIUM	2	
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	1	
<i>dantrolene sodium</i> CAPS 100mg	1	
DYSPORT	3	PA
MYOBLOC	3	PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS	1	
<i>tizanidine tabs</i> 2mg	1	
<i>tizanidine tabs</i> (generic of ZANAFLEX) 4mg	1	
XEOMIN INJ 50 UNITS	3	PA
XEOMIN INJ 100 UNITS	3	NDS PA
XEOMIN INJ 200 UNITS	3	NDS PA
ZANAFLEX CAPS	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL)	1	
<i>modafinil</i> (generic of PROVIGIL)	1	
NUVIGIL 50mg	3	
NUVIGIL 150mg, 200mg, 250mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
PROVIGIL	3	NDS
XYREM	3	NDS NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	1	
ANTABUSE	2	
BUNAVAIL MIS 2.1-0.3MG QL (90 films / 30 days)	2	QL
BUNAVAIL MIS 4.2-0.7MG QL (90 films / 30 days)	2	QL
BUNAVAIL MIS 6.3-1MG QL (60 films / 30 days)	2	QL
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	1	QL PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 2-0.5mg (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 4-1mg (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 8-2mg (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 12-3mg (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (smoking deterrent)	1	
CHANTIX CONTINUING MONTH	2	
CHANTIX STARTER PACK	2	
CHANTIX TABS	2	
<i>disulfiram</i> (generic of ANTABUSE) TABS	1	
<i>fluoxetine hcl</i> (pmd) (generic of SARAFEM) (generic of SARAFEM)	1	
LUCEMYRA	3	NDS
<i>naloxone inj</i> 0.4mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>naloxone inj 1mg/ml</i>	1	
<i>naltrexone hcl TABS</i>	1	
NARCAN	2	
NICOTROL INHALER	3	
NICOTROL NS	3	
SARAFEM	3	
SUBLOCADE	3	NDS
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
VIVITROL	3	NDS
ZUBSOLV SUB 0.7-0.18MG QL (90 tabs / 30 days)	2	QL
ZUBSOLV SUB 1.4-0.36MG QL (90 tabs / 30 days)	2	QL
ZUBSOLV SUB 2.9-0.71MG QL (90 tabs / 30 days)	2	QL
ZUBSOLV SUB 5.7-1.4MG QL (90 tabs / 30 days)	2	QL
ZUBSOLV SUB 8.6-2.1MG QL (60 tabs / 30 days)	2	QL
ZUBSOLV SUB 11.4-2.9MG QL (30 tabs / 30 days)	2	QL
ZYBAN	2	
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	3	NDS PA
ANDRODERM	2	PA
ANDROGEL 1.62%	3	PA
ANDROGEL 25MG/2.5GM	3	PA
ANDROGEL 50MG/5GM	3	PA
AVEED	3	NM LA PA
DEPO-TESTOSTERONE	3	PA
FORTESTA	3	PA
<i>oxandrolone TABS</i>	1	PA
STRIANT	3	PA
TESTIM	3	PA
<i>testosterone GEL 1%</i>	1	PA
<i>testosterone (generic of ANDROGEL PUMP) GEL 1.62%</i>	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone (generic of FORTESTA) GEL 10mg/act</i>	1	PA
<i>testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA
<i>testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate SOLN</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
VOGELXO 50 MG/5GM	3	PA
VOGELXO PUMP	3	PA
XYOSTED	3	PA
ANTIDIABETICS, INJECTABLE		
BASAGLAR KWIKPEN	2	
BD ALCOHOL SWABS	2	
BD ULTRAFINE INSULIN SYRINGE	2	
BD ULTRAFINE/NANO PEN NEEDLES	2	
BYDUREON BCISE	2	
BYDUREON PEN	2	
BYETTA	3	
FIASP	2	
FIASP FLEXTOUCH	2	
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 (brand RELION not covered)	2	
NOVOLIN 70/30 FLEXPEN (brand RELION not covered)	2	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN N (brand RELION not covered)	2		<i>glipizide-metformin 5-500mg</i>	1	
NOVOLIN R (brand RELION not covered)	2		GLUCOPHAGE	3	
NOVOLOG	2		GLUCOPHAGE XR	3	
NOVOLOG 70/30 FLEXPEN	2		GLUCOTROL	3	
NOVOLOG FLEXPEN	2		GLUCOTROL XL	3	
NOVOLOG MIX 70/30	2		GLYSET	3	
NOVOLOG PENFILL	2		JANUMET	2	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	2		JANUMET XR TAB 50-500MG	2	
OZEMPIC INJ 1MG/DOSE	2		JANUMET XR TAB 50-1000	2	
SOLIQUA 100/33	2		JANUMET XR TAB 100-1000	2	
SYMLINPEN 60	3	NDS	JANUVIA	2	
SYMLINPEN 120	3	NDS	JARDIANCE	2	
TRESIBA FLEXTOUCH	2		JENTADUETO	2	
TRESIBA INJ	2		JENTADUETO TAB XR 2.5-1000 MG	2	
TRULICITY	2		JENTADUETO TAB XR 5-1000 MG	2	
VICTOZA	2		<i>metformin er</i> (generic of GLUCOPHAGE XR) (generic of GLUCOPHAGE XR)	1	
XULTOPHY 100/3.6	2		<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS	1	
ANTIDIABETICS, ORAL			<i>miglitol</i> (generic of GLYSET)	1	
<i>acarbose</i> (generic of PRECOSE) TABS	1		<i>nateglinide</i> (generic of STARLIX)	1	
ACTOPLUS MET TAB 15-500MG	3		<i>pioglitazone hcl</i> (generic of ACTOS)	1	
ACTOPLUS MET TAB 15-850MG	3		<i>pioglitazone hcl-glimepiride</i> (generic of DUETACT)	1	
ACTOS	3		<i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET)	1	
AMARYL	3		PRANDIN	3	
DUETACT	3		PRECOSE	2	
FARXIGA	2		<i>repaglinide</i> (generic of PRANDIN) 1mg, 2mg	1	
<i>glimepiride</i> (generic of AMARYL)	1		<i>repaglinide</i> .5mg	1	
<i>glipizide</i> (generic of GLUCOTROL) TABS	1		<i>repaglinide-metformin hcl</i>	1	
<i>glipizide er</i> (generic of GLUCOTROL XL)	1		RIOMET	3	
<i>glipizide xl</i> (generic of GLUCOTROL XL)	1		STARLIX	3	
<i>glipizide-metformin 2.5-250 mg</i>	1		SYNJARDY TAB 5-500MG	2	
<i>glipizide-metformin 2.5-500 mg</i>	1		SYNJARDY TAB 5-1000MG	2	
			SYNJARDY TAB 12.5-500MG	2	

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Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY TAB 12.5-1000MG	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000MG	2	
SYNJARDY XR TAB 12.5-1000MG	2	
SYNJARDY XR TAB 25-1000MG	2	
TRADJENTA	2	
XIGDUO XR TAB 2.5-1000MG	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 5mg, 35mg, 150mg	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 INJ	3	B/D
BONIVA TAB 150MG	3	B/D
FOSAMAX	3	
FOSAMAX PLUS D	3	
<i>ibandronate sodium inj</i> (generic of BONIVA)	1	B/D
<i>ibandronate sodium tabs</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	

Drug Name	Drug Requirements/ Tier	Limits
<i>zoledronic acid inj 5mg/100ml</i> (generic of RECLAST)	1	B/D NM
<i>zoledronic inj 4mg/5ml</i>	1	B/D NM
ZOLEDRONIC INJ 4MG/100ML	3	B/D NM
CHELATING AGENTS		
CHEMET	3	
<i>deferasirox</i> (generic of EXJADE)	3	NDS NM
<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 SOLN	3	NDS NM LA
FERRIPROX TABS 500mg	3	NDS NM LA
JADENU	3	NDS NM LA
JADENU SPRINKLE	3	NDS NM LA
<i>kionex sus 15gm/60ml</i>	1	
LOKELMA	2	
<i>sodium polystyrene sulfonate</i> <i>powder</i>	1	
<i>sodium polystyrene sulfonate</i> <i>susp</i>	1	
<i>sps</i>	1	
SYPRINE	3	NDS
<i>trientine hcl</i> (generic of SYPRINE)	3	NDS
VELTASSA	3	NDS 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>	1	
<i>aranelle</i>	1	
<i>ashlyna</i> (generic of SEASONIQUE)	1	
<i>aubra</i>	1	
<i>aviane</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>balziva</i>	1
<i>bekyree</i> (generic of MIRCETTE)	1
BEYAZ	3
<i>blisovi 24 fe</i>	1
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1
<i>briellyn</i>	1
<i>camila</i>	1
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	1
<i>caziant pak</i>	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
<i>cyred tab</i>	1
<i>dasetta 1/35</i> (generic of ORTHO-NOVUM 1/35)	1
<i>dasetta 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	1
<i>deblitane</i>	1
<i>delyla</i>	1
DEPO-PROVERA CONTRACEPTIVE	2
DEPO-SUBQ PROVERA 104	2
<i>desogestrel & ethinyl estradiol</i>	1
<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
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i> (generic of SAFYRAL)	1
ELLA	3
<i>emoquette</i>	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>errin</i> (generic of ORTHO MICRONOR)	1
<i>estarylla tab 0.25-35</i>	1
ESTROSTEP FE	3
<i>ethynodiol diacet & eth estrad</i>	1
<i>ethynodiol tab 1-50</i>	1
<i>falmina</i>	1
<i>fayosim</i> (generic of QUARTETTE)	1
<i>femynor</i>	1
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	1
<i>hailey 24 fe</i>	1
<i>heather</i>	1
<i>incassia</i>	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa tab 0.15-0.03 mg</i>	1
<i>jolivette</i> (generic of ORTHO MICRONOR)	1
<i>juleber</i>	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>kelnor 1/50</i>	1
<i>kurvelo</i>	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

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Drug Name	Drug Requirements/ Tier Limits
<i>larissia tab</i>	1
<i>layolis fe chw</i> (generic of GENERESS FE)	1
<i>leena tab</i>	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
<i>levonorgestrel-ethinyl estradiol (91-day)</i> (generic of LOSEASONIQUE)	1
<i>levonorgestrel-ethinyl estradiol (91-day)</i> (generic of QUARTETTE)	1
<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>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</i> (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	1
<i>melodetta 24 fe</i> (generic of MINASTRIN 24 FE)	1
<i>mibelas 24 fe</i> (generic of MINASTRIN 24 FE)	1
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	1

Drug Name	Drug Requirements/ Tier Limits
<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
<i>mili</i>	1
MINASTRIN 24 FE	3
MIRCETTE	2
<i>mono-lynyah tab 0.25-35</i>	1
NATAZIA	2
<i>necon 0.5/35-28</i>	1
<i>nikki</i> (generic of YAZ)	1
<i>nora-be tab</i>	1
<i>nore/eth/fer chw 0.4mg-35</i>	1
<i>noreth/ethin chw fe</i> (generic of GENERESS FE)	1
<i>norethin acet & estrad-fe</i> (generic of MINASTRIN 24 FE) CHEW	1
<i>norethin acet & estrad-fe</i> TABS	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>	1
<i>norgestimate-ethinyl estradiol</i> (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1
<i>norgestimate-ethinyl estradiol</i> (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	1
<i>norlyroc</i>	1
<i>nortrel 0.5/35 (28)</i>	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

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Drug Name	Drug Requirements/ Tier Limits
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	1
<i>orsythia</i>	1
ORTHO MICRONOR	2
ORTHO TRI-CYCLEN LO	3
ORTHO-NOVUM 1/35	3
ORTHO-NOVUM 7/7/7	3
<i>philith</i>	1
<i>pimtrea</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>	1
QUARTETTE	3
<i>reclipsen</i>	1
<i>rivelsa</i> (generic of QUARTETTE)	1
SAFYRAL	3
SEASONIQUE	3
<i>setlakin tab</i>	1
<i>sharobel</i> (generic of ORTHO MICRONOR)	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
TAYTULLA	2
<i>tilia fe</i> (generic of ESTROSTEP FE)	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	1
<i>tri-linyah</i>	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
<i>tri-mili</i>	1
<i>tri-previfem</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>tulana</i>	1
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vienva</i>	1
<i>viorele</i> (generic of MIRCETTE)	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wymzya fe</i>	1
<i>xulane dis 150-35</i>	1
YASMIN 28	3
YAZ	3
<i>zarah</i> (generic of YASMIN 28)	1
<i>zovia 1/35e</i>	1
ENDOMETRIOSIS	
<i>danazol CAPS</i>	1
LUPANETA PACK	3 NDS NM
ORLISSA	3 NDS
SYNAREL	3 NDS
ENZYME REPLACEMENTS	
ALDURAZYME	3 NDS NM LA
BUPHENYL POWD	3 NDS NM
BUPHENYL TABS	3 NDS NM LA
CARBAGLU	3 NDS NM LA
CARNITOR SOLN 200mg/ml	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
GALAFOLD	3 NDS NM LA
KANUMA	3 NDS NM LA
KUVAN	3 NDS NM LA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	1 B/D
LUMIZYME	3 NDS NM LA

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Drug Name	Drug Requirements/ Tier	Limits
<i>miglustat</i> (generic of ZAVESCA)	3	NDS NM
NAGLAZYME	3	NDS NM LA
NITYR	3	NDS NM LA
ORFADIN	3	NDS NM LA
PALYNZIQ	3	NDS NM LA
PROCYSBI	3	NDS NM LA
RAVICTI	3	NDS NM LA
REVCOVI	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 .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
CLIMARA	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
<i>doti</i> (generic of VIVELLE-DOT)	2	
ESTRACE	3	
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW	2	
<i>estradiol</i> (generic of CLIMARA) PTWK	2	
<i>estradiol</i> (generic of ESTRACE) TABS	1	
<i>estradiol vaginal cream</i> (generic of ESTRACE)	1	
<i>estradiol vaginal tab</i> (generic of VAGIFEM)	1	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL	1	
ESTRING	2	
FEMRING	3	
<i>fyavolv</i>	2	
<i>fyavolv</i> (generic of FEMHRT LOW DOSE)	2	
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>jinteli</i>	2	
MENEST	3	

Drug Name	Drug Requirements/ Tier	Limits
MENOSTAR	3	
MINIVELLE	3	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE)	2	
PREMARIN CREAM	2	
PREMARIN INJ	3	
PREMARIN TABS	2	
PREMPHASE	2	
PREMPRO	2	
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	3	B/D
DEXAMETHASONE CONC	3	
<i>dexamethasone</i> ELIX; SOLN; TABS	1	
<i>dexamethasone sodium phosphate</i> 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>dexamethasone sodium phosphate</i> (generic of DEXAMETHASONE SODIUM PHOS) 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	1	
KENALOG-10	3	B/D
KENALOG-40	3	B/D
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 ss inj</i> (generic of SOLU-MEDROL)	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<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
<i>methylpred tab 32mg</i> (generic of MEDROL)	1	B/D
<i>methylprednisolone acetate</i> (generic of DEPO-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	3	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	1	B/D
<i>prednisolone sodium phosphate</i> SOLN	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
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
SOLU-CORTEF 100MG	3	
SOLU-CORTEF 250MG	3	
SOLU-CORTEF 500MG	3	
SOLU-CORTEF 1000MG	3	
SOLU-MEDROL	3	B/D
<i>triamcinolone acetanide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	

Drug Name	Drug Requirements/ Tier	Limits
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal spray</i> (generic of MIACALCIN)	1	B/D
CHORIONIC GONADOTROPIN SOLR	3	NM PA
<i>cinacalcet hcl</i>	3	NDS B/D NM
EGRIFTA	3	NDS NM LA
EVISTA	3	
FORTEO	3	NDS NM
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
INCRELEX	3	NDS NM LA
JYNARQUE	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-MONTH)	3	NDS NM
LUPRON DEPOT-PED (1-MONTH)	3	NDS NM
LUPRON DEPOT-PED (3-MONTH)	3	NDS NM
MYALEPT	3	NDS NM LA
NATPARA	3	NDS NM
NORDITROPIN FLEXPOR	3	NDS NM PA
NOVAREL	3	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
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml	1	NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>octreotide acetate</i> 200mcg/ml	1	NM
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	3	NDS NM
<i>octreotide acetate</i> 1000mcg/ml	3	NDS NM
<i>octreotide inj 100mcg/ml</i> (generic of SANDOSTATIN)	1	NM
OMNITROPE 5.8MG	3	NDS NM LA PA
OMNITROPE 5MG	3	NDS NM LA PA
OMNITROPE 10MG	3	NDS NM LA PA
OSPHENA	2	PA
PREGNYL W/DILUENT BENZYL	3	NM PA
PROLIA	2	NM
<i>raloxifene hcl</i> (generic of EVISTA)	1	
SAIZEN	3	NDS NM LA PA
SAIZENPREP RECONSTITUTION	3	NDS NM LA PA
SAMSCA	3	NDS NM LA
SANDOSTATIN	3	NDS NM
SANDOSTATIN LAR DEPOT	3	NDS NM
SENSIPAR TAB 30MG	3	NDS B/D NM
SENSIPAR TAB 60MG	3	NDS B/D NM
SENSIPAR TAB 90MG	3	NDS B/D NM
SEROSTIM	3	NDS NM LA
SIGNIFOR	3	NDS NM LA
SIGNIFOR LAR	3	NDS NM LA
SOMATULINE DEPOT	3	NDS NM
SOMAVERT	3	NDS NM LA
TYMLOS	3	NDS NM
XGEVA	3	NDS B/D NM
ZOMACTON 5mg	3	NM PA
ZOMACTON 10mg	3	NDS NM PA
ZORBTIVE	3	NDS NM
PHOSPHATE BINDER AGENTS		
AURYXIA	3	NDS PA
<i>calcium acetate</i> (phosphate binder)	1	
FOSRENOL	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>lanthanum chew tab</i> (generic of FOSRENOL)	3	NDS
PHOSLYRA	2	
RENAGEL	3	NDS
REVELA PAK	3	NDS
REVELA TAB 800MG	3	NDS
<i>sevelamer carbonate</i> (generic of REVELA) PACK	3	NDS
<i>sevelamer carbonate</i> (generic of REVELA) TABS	1	
<i>sevelamer tab 400mg</i>	1	
<i>sevelamer tab 800mg</i> (generic of RENAGEL)	1	
VELPHORO	3	NDS
PROGESTINS		
AYGESTIN	3	
CRINONE	2	PA
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	1	
<i>progesterone micronized</i> (generic of PROMETRIUM) CAPS	1	
PROMETRIUM	3	
PROVERA	3	
THYROID AGENTS		
CYTOMEL	2	
<i>levo-t</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	1	
<i>levoxyl</i> (generic of SYNTHROID)	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	1	
<i>methimazole</i> (generic of TAPAZOLE) TABS	1	
<i>propylthiouracil</i> TABS	1	
SYNTHROID	2	
TAPAZOLE	2	
TIROSINT	3	
TIROSINT-SOL	3	

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Drug Name	Drug Requirements/ Tier Limits	
<i>unithroid</i> (generic of SYNTHROID)	1	
VASOPRESSINS		
DDAVP SOLN	3	NDS
DDAVP SPRAY	3	NDS
DDAVP SPRAY (REFRIGERATED)	2	
DDAVP TAB 0.1MG	3	NDS
DDAVP TAB 0.2MG	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS	1	
<i>desmopressin acetate spray</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	1	
STIMATE	3	NDS NM
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAPS	3	B/D
AKYNZEO SOLR	3	
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
CINVANTI	3	
<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	NDS B/D
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D
MARINOL 2.5mg	3	B/D
MARINOL 5mg, 10mg	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 hcl inj</i>	1	

Drug Name	Drug Requirements/ Tier Limits	
<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>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hcl</i> (generic of ALOXI) SOLN	1	
<i>palonosetron hcl</i> SOSY	1	
PALONOSETRON HYDROCHLORID 0.25MG/2ML	3	
PALONOSETRON HYDROCHLORIDE 0.25MG/5ML	3	
<i>phenadoz</i>	3	
PHENERGAN INJ	3	
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl</i> SUPP	3	
<i>promethazine hcl</i> SYRP; TABS	1	
<i>promethazine hcl inj</i> (generic of PHENERGAN)	3	
<i>promethegan</i>	3	
REGLAN	3	
SANCUSO	3	NDS
<i>scopolamine</i> (generic of TRANSDERM SCOP)	3	
SUSTOL	3	
SYNDROS	3	NDS B/D
TRANSDERM-SCOP	3	
VARUBI INJ	2	
VARUBI TAB 90MG	2	B/D
ZOFRAN TAB 4MG	3	NDS B/D
ZOFRAN TAB 8MG	3	NDS B/D
ZUPLENZ	3	NDS B/D
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
BENTYL	3	
CUVPOSA	3	
<i>dicyclomine hcl cap 10mg</i>	2	
<i>dicyclomine hcl inj (generic of BENTYL)</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	3	
<i>dicyclomine hcl tab 20mg</i>	2	
GLYCATE	3	
<i>glycopyrrolate SOLN</i>	1	
GLYCOPYRROLATE SOSY	3	
<i>.2mg/ml, .4mg/2ml</i>		
<i>glycopyrrolate tab 1mg</i>	1	
<i>glycopyrrolate tab 2mg</i>	1	
<i>methscopolamine bromide TABS</i>	1	
PAMINE	3	
PAMINE FORTE	3	
<i>propantheline bromide TABS</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine TABS</i>	1	
<i>cimetidine oral soln</i>	1	
<i>famotidine SUSR</i>	1	
<i>famotidine (generic of PEPCID) TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl</i>	1	
<i>famotidine inj</i>	1	
<i>nizatidine</i>	1	
PEPCID	3	
<i>ranitidine hcl CAPS</i>	1	
<i>ranitidine hcl SYRP</i>	1	
<i>ranitidine hcl (generic of ZANTAC) TABS 150mg</i>	1	
<i>ranitidine hcl TABS 300mg</i>	1	
<i>ranitidine hcl inj (generic of ZANTAC)</i>	1	
ZANTAC INJ 25MG/ML	3	
ZANTAC INJ 50MG/2ML	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	3	NDS
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>balsalazide disodium (generic of COLAZAL)</i>	1	
<i>budesonide (generic of ENTOCORT EC) CPEP</i>	1	
<i>budesonide (generic of UCERIS) TB24</i>	3	NDS
CANASA	3	NDS
<i>colocort (generic of CORTENEMA)</i>	1	
CORTENEMA	3	
DELZICOL	3	
DIPENTUM	3	NDS
ENTOCORT EC	3	NDS
ENTYVIO	3	NDS NM
<i>hydrocortisone (enema) (generic of CORTENEMA)</i>	1	
LIALDA	3	
<i>mesalamine (generic of DELZICOL) CPDR</i>	1	
<i>mesalamine (generic of CANASA) SUPP</i>	3	NDS
<i>mesalamine (generic of LIALDA) TBEC 1.2gm</i>	1	
<i>mesalamine (generic of ASACOL HD) TBEC 800mg</i>	1	
<i>mesalamine enema</i>	1	
<i>mesalamine w/ cleanser (generic of ROWASA)</i>	1	
PENTASA	3	NDS
ROWASA KIT 4GM	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine dr (generic of AZULFIDINE EN-TABS)</i>	1	
<i>sulfasalazine ir (generic of AZULFIDINE)</i>	1	
UCERIS FOAM	3	
UCERIS TAB	3	NDS
LAXATIVES		
CLENPIQ	3	
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c (generic of COLYTE-FLAVOR PACKS)</i>	1	
<i>gavilyte-g (generic of GOLYTELY)</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>gavilyte-n/</i> flavor pack (generic of NULYTELY/FLAVOR PACKS)	1	
<i>generlac</i>	1	
GOLYTELY	3	
KRISTALOSE	3	
<i>lactulose</i> SOLN	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>	1	
PLENVU	3	
PREPOPIK	3	
SUPREP BOWEL PREP KIT	2	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	3	NDS
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	1	
CARAFATE	3	
CHOLBAM	3	NDS NM LA
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	3	NDS
CYTOTEC	2	
<i>diphenoxylate w/ atropine</i> LIQD	3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	2	
GASTROCROM	3	NDS
GATTEX	3	NDS NM LA
LINZESS	3	
LOMOTIL	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>loperamide hcl</i> CAPS	1	
LOTROXEX	3	NDS
<i>misoprostol</i> (generic of CYTOTEC) TABS	1	
MOTEGRITY	3	
MOVANTIK	2	
OCALIVA	3	NDS NM LA
OMECLAMOX-PAK	3	
RELISTOR	3	NDS
SUCRAID	3	NDS LA
<i>sucralfate</i> (generic of CARAFATE) TABS	1	
SYMPROIC	3	
TRULANCE	3	
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	
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	
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	

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Drug Name	Drug Requirements/ Tier Limits
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDP	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>	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
<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) CAPS	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	3
<i>silodosin</i> (generic of RAPAFLO)	1
<i>tamsulosin hcl</i> (generic of FLOMAX)	1
MISCELLANEOUS	

Drug Name	Drug Requirements/ Tier Limits
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	1
ELMIRON	3 NDS
INTRAROSA	3 PA
<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
THIOLA	3 NDS
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 PUMP	3
MYRBETRIQ	2
<i>oxybutynin chloride</i> SYRP	1
<i>oxybutynin chloride</i> TABS	1
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg	1
<i>oxybutynin chloride</i> TB24 15mg	1
OXYTROL	3
<i>solifenacin succinate</i> (generic of VESICARE)	1
<i>tolterodine er</i> (generic of DETROL LA)	1
<i>tolterodine tartrate</i> (generic of DETROL)	1
TOVIAZ	2
<i>tropium chloride</i>	1
VESICARE	3
VAGINAL ANTI-INFECTIVES	

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Drug Name	Drug Requirements/ Tier	Limits
AVC	3	
CLEOCIN CREA	2	
CLEOCIN SUPP	3	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
CLINDESSE	3	
GYNAZOLE-1	3	
METROGEL-VAGINAL	2	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	1	
<i>miconazole 3 SUPP</i>	1	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	1	
<i>terconazole vaginal CREA .8%</i>	1	
<i>terconazole vaginal SUPP</i>	1	
<i>vandazole</i>	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA	3	NDS
COUMADIN	3	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
<i>enoxaparin sodium</i> (generic of LOVENOX)	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	1	
<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 sod (porcine) in d5w</i>	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

Drug Name	Drug Requirements/ Tier	Limits
<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	3	NDS B/D NM
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	B/D NM
ARANESP ALBUMIN FREE SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS B/D NM
LEUKINE	3	NDS NM
MOZOBIL	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	3	NDS B/D NM
ZARXIO	3	NDS NM
MISCELLANEOUS		
AGRYLIN	3	NDS
<i>anagrelide hcl 1mg</i>	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
BERINERT	3	NDS NM LA
CABLIVI	3	NDS NM LA
<i>cilostazol</i>	1	
CINRYZE	3	NDS NM LA
DOPTELET	3	NDS NM LA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI	3	NDS NM LA
FIRAZYR	3	NDS NM
HAEGARDA	3	NDS NM LA
KALBITOR	3	NDS NM LA
LYSTEDA	3	
MULPLETA	3	NDS NM
<i>pentoxifylline</i> TBCR	1	
PROMACTA	3	NDS NM LA
RUCONEST	3	NDS NM
SOLIRIS	3	NDS NM LA
TAKHZYRO	3	NDS NM LA
TAVALISSE	3	NDS NM LA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	1	
ULTOMIRIS	3	NDS NM LA
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	1	
BRILINTA	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	1	
EFFIENT	3	
PLAVIX	3	
<i>prasugrel hcl</i> (generic of EFFIENT)	1	
ZONTIVITY	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA	3	NDS
HUMIRA	3	NDS NM
HUMIRA INJ 10MG/0.2ML	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
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 CD/UC/HS STARTER	3	NDS NM
HUMIRA PEN INJ CD/UC/HS STARTER	3	NDS NM
HUMIRA PEN INJ PS/UV STARTER	3	NDS NM
HUMIRA PEN-PS/UV STARTER	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	
RENFLEXIS	3	NDS NM LA
STELARA SOLN 45mg/0.5ml	3	NDS NM LA
STELARA SOSY	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
CUTAQUIG	3	NDS B/D NM LA
CUVITRU 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml	3	NDS B/D NM LA
CYTOGAM	3	NDS NM
GAMASTAN S/D	2	B/D NM
GAMMAGARD LIQUID	3	NDS B/D NM
GAMMAGARD S/D	3	NDS B/D NM
GAMMAKED	3	NDS B/D NM
GAMMAPLEX	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	3	NDS B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
PANZYGA	3	NDS B/D NM
PRIVIGEN	3	NDS B/D NM
IMMUNOMODULATORS		
ACTIMMUNE	3	NDS NM LA
ARCALYST	3	NDS NM
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	
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
<i>azathioprine</i> (generic of IMURAN) TABS	1	B/D
BENLYSTA	3	NDS NM
CELLCEPT CAP	3	NDS 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
<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)	1	B/D NM
IMURAN	2	B/D
<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 tbec</i> (generic of MYFORTIC)	1	B/D NM
MYFORTIC 180mg	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
MYFORTIC 360mg	3	NDS B/D NM
NEORAL	3	B/D NM
NULOJIX	3	NDS B/D NM
PROGRAF CAPS 5mg	3	NDS B/D NM
PROGRAF CAPS .5mg, 1mg	3	B/D NM
PROGRAF PACK	3	B/D NM
RAPAMUNE	3	NDS B/D NM
SANDIMMUNE CAP 25MG	3	B/D NM
SANDIMMUNE CAP 100MG	3	NDS B/D NM
SANDIMMUNE INJ	3	B/D NM
SANDIMMUNE SOLN 100MG/ML	3	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) SOLN	3	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	3	NDS B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS	1	B/D NM
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
ZORTRESS TAB 1MG	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	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	2	
IXIARO	3	
KINRIX	3	
M-M-R II	3	

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Drug Name	Drug Requirements/ Tier	Limits
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	2	
ROTATEQ	3	
SHINGRIX	3	
TDVAX	3	B/D
TENIVAC	3	B/D
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	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con pak 20meq</i>	1	
<i>klor-con spr cap 8meq</i>	1	
<i>klor-con spr cap 10meq</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate</i> SOLN 50%	1	

Drug Name	Drug Requirements/ Tier	Limits
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	1	
<i>magnesium sulfate inj 50%</i>	1	
MICRO-K	2	
<i>potassium chloride</i> CPCR	1	
<i>potassium chloride</i> PACK	1	
<i>potassium chloride</i> SOLN 10%, 20%	1	
<i>potassium chloride</i> TBCR 8meq, 10meq	1	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
<i>potassium chloride microencapsulated crystals er</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	
TPN ELECTROLYTES	3	B/D
IV NUTRITION		
AMINOSYN II	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJ 10%	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 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 INJ 4.25/D10	3	B/D
<i>clinisol sf 15%</i>	1	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>hepatamine</i>	1	B/D
INTRALIPID 30%	3	B/D
INTRALIPID INJ 20%	3	B/D
NEPHRAMINE	3	B/D
NUTRILIPID INJ 20%	3	B/D
<i>plenamine</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%/NACL 0.3%	3	
<i>dextrose 10%</i>	1	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
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/NACL 0.9%	3	
KCL 0.15%/D5W/NACL 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	
<i>potassium chloride SOLN</i> .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<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>sodium chloride SOLN .9%, 3%, 5%</i>	1	
<i>sodium chloride 0.45%</i>	1	
VITAMINS		
<i>calcitriol (generic of ROCALTROL) CAPS; SOLN</i>	1	B/D
<i>calcitriol inj</i>	1	B/D
<i>doxercalciferol CAPS</i>	1	B/D
M-NATAL PLUS	2	
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	1	B/D
<i>paricalcitol CAPS 4mcg</i>	1	B/D
PNV FOLIC ACID + IRON MUL	2	
PRENATAL	2	
PRENATAL PLUS	2	
PRENATAL PLUS LOW IRON	2	
RAYALDEE	3	NDS
ROCALTROL	2	B/D
TRICARE	2	
ZEMPLAR CAPS 1mcg	3	B/D
ZEMPLAR CAPS 2mcg	3	NDS 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 (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
<i>sulfacetamide</i>	1	
<i>sod-prednisolone</i>		

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Drug Name	Drug Requirements/ Tier Limits
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> (ophth)	1
<i>levofloxacin (ophth)</i>	1
MOXEZA	2
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX)	1
NATACYN	3
<i>neomycin-bacitracin</i> <i>zn-polymyxin</i>	1
<i>neomycin-polymyxin-gramicidin</i>	1
OCUFLOX	3
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	1
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	1
POLYTRIM	3
<i>sulfacetamide sodium (ophth)</i> OINT	1
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10) SOLN	1
<i>tobramycin (ophth)</i> (generic of TOBEX)	1
TOBEX	3

Drug Name	Drug Requirements/ Tier Limits
<i>trifluridine</i>	1
VIGAMOX	3
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
ILEVRO	2
INVELTYS	3
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) .4%	1
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) .5%	1
LOTEMAX	3
<i>loteprednol etabonate</i> (generic of LOTEMAX)	1
MAXIDEX	2
NEVANAC	2
OMNIPRED	3
PRED MILD	2
<i>prednisolone acetate (ophth)</i> (generic of PRED FORTE)	1
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3
PROLENSA	3
ANTIALLERGICS	
ALOCRIAL	3
ALOMIDE	3
<i>azelastine hcl (ophth)</i>	1

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Drug Name	Drug Requirements/ Tier Limits
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1
<i>epinastine hcl (ophth)</i>	1
LASTACAFT	2
<i>olopatadine hcl 0.1% (generic of PATANOL)</i>	1
<i>olopatadine hcl 0.2% (generic of PATADAY)</i>	1
PATADAY	3
PATANOL	3
PAZEO	2
ANTIGLAUCOMA	
ALPHAGAN P	2
AZOPT	2
<i>betaxolol hcl (ophth)</i>	1
BETIMOL	2
BETOPTIC-S	2
<i>brimonidine sol 0.2%</i>	1
<i>brimonidine sol 0.15% (generic of ALPHAGAN P)</i>	1
<i>carteolol hcl (ophth)</i>	1
COMBIGAN	2
COSOPT	3
COSOPT PF	3
<i>dorzol/timol sol 22.3-6.8 pf (generic of COSOPT PF)</i>	1
<i>dorzolamide hcl (generic of TRUSOPT)</i>	1
<i>dorzolamide hcl-timolol maleate (generic of COSOPT)</i>	1
ISOPTO CARPINE	3
ISTALOL	3
<i>latanoprost (generic of XALATAN) SOLN</i>	1
<i>levobunolol hcl</i>	1
LUMIGAN	2
PHOSPHOLINE IODIDE	3
<i>pilocarpine hcl (generic of ISOPTO CARPINE) SOLN</i>	1
RHOPRESSA	3
SIMBRINZA	2
<i>timolol maleate (ophth) soln (generic of TIMOPTIC)</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>timolol maleate gel (generic of TIMOPTIC-XE)</i>	1
<i>timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)</i>	1
TIMOPTIC	3
TIMOPTIC OCUDOSE	3
TIMOPTIC-XE	3
TRAVATAN Z	3
TRUSOPT	3
XALATAN	3
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	2
CYSTARAN	3 NDS NM LA
EYLEA	3 NDS NM LA
LACRISERT	3
LUCENTIS SOLN	3 NDS NM LA
LUCENTIS SOSY .3mg/0.05ml	3 NDS NM LA
<i>proparacaine hcl (generic of ALCAINE) SOLN</i>	1
RESTASIS	3
RESTASIS MULTIDOSE	2
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPTA	2
BEVESPI AEROSPHERE	2
COMBIVENT RESPIMAT	2
<i>ipratropium-albuterol</i>	1 B/D
TRELEGY ELLIPTA	2
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 1.25MCG/ACT	2
SPIRIVA RESPIMAT 2.5MCG/ACT	2
SPIRIVA RESPIMAT 2.5MCG/ACT (INSTITUTIONAL PACK)	2

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Drug Name	Drug Requirements/ Tier	Limits
ANTI-HISTAMINE COMBINATIONS		
CLARINEX-D 12 HOUR	3	
DYMISTA	2	
SEMPREX-D	3	
ANTI-HISTAMINES		
azelastine hcl SOLN .1%	1	
azelastine hcl (generic of ASTEPRO) SOLN .15%	1	
cetirizine hcl SOLN	1	
CLARINEX	3	
cyproheptadine hcl SYRP; TABS	2	
desloratadine (generic of CLARINEX) TABS	1	
desloratadine TBDP	1	
diphenhydramine hcl inj 50mg/ml	1	
hydroxyzine hcl SYRP	2	
hydroxyzine hcl TABS	1	
hydroxyzine hcl inj	3	
hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg	1	
hydroxyzine pamoate CAPS 100mg	1	
levocetirizine oral soln	1	
levocetirizine tab 5 mg	1	
olopatadine hcl (nasal) (generic of PATANASE)	1	
PATANASE	3	
VISTARIL	3	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act (generic of Proair HFA)	1	
albuterol sulfate AERS 108mcg/act (generic of Proventil HFA)	1	
albuterol sulfate AERS 108mcg/act (generic of Ventolin HFA)	1	
albuterol sulfate NEBU	1	B/D
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
albuterol sulfate TB12	1	

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
ESBRIET	3	NDS NM
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
SYMDEKO	3	NDS NM LA
THEO-24	3	
<i>theophylline</i>	1	
XOLAIR	3	NDS NM LA
ZEMAIRA	3	NDS NM LA
NASAL STEROIDS		
BECONASE AQ	3	
<i>flunisolide (nasal)</i>	1	
<i>fluticasone propionate (nasal)</i>	1	
<i>mometasone furoate (nasal)</i> (generic of NASONEX)	1	
NASONEX	3	
OMNARIS	3	
QNASL	3	
QNASL CHILDRENS	3	
XHANCE	3	
ZETONNA	3	
STEROID INHALANTS		
ARNUITY ELLIPTA	2	
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	B/D
FLOVENT DISKUS	2	
FLOVENT HFA	2	
PULMICORT	3	B/D
PULMICORT FLEXHALER	2	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
BREO ELLIPTA	2	
SYMBICORT	2	
TOPICAL DERMATOLOGY, ACNE		

Drug Name	Drug Requirements/ Tier	Limits
ABSORICA	3	NDS
ACANYA	3	
ACZONE	3	
<i>adapalene (generic of DIFFERIN) CREA; GEL</i>	1	
ADAPALENE SOLN	3	
<i>adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)</i>	1	
AKTIPAK	3	
ALTRENO	3	
<i>amnesteam</i>	1	
ATRALIN	3	
<i>avita (generic of RETIN-A) CREA</i>	1	
<i>avita GEL</i>	1	
AZELEX	3	
BENZAACLIN WITH PUMP	3	
BENZAMYCIN	3	
<i>benzoyl peroxide-erythromycin (generic of BENZAMYCIN)</i>	1	
<i>claravis</i>	1	
CLEOCIN-T GEL	3	NDS
CLEOCIN-T LOTN; SWAB	3	
<i>clindacin-p</i>	1	
CLINDAGEL	3	NDS
<i>clindam/benz gel 1.2-2.5% (generic of ACANYA)</i>	1	
<i>clindamy/ben gel 1-5% (generic of BENZAACLIN)</i>	1	
<i>clindamycin phosphate (topical) (generic of EVOCLIN) FOAM</i>	1	
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL; LOTN</i>	1	
<i>clindamycin phosphate (topical) SOLN; SWAB</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) (generic of DUAC)</i>	1	
<i>clindamycin phosphate-tretinoin (generic of ZIANA)</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>dapsone gel 5%</i> (generic of ACZONE)	1	
DIFFERIN	3	
DUAC	3	
EPIDUO	3	
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	
<i>isotretinoin</i> CAPS	1	
KLARON	3	
<i>myorisan</i>	1	
<i>neuac gel 1.2-5%</i> (generic of DUAC)	1	
ONEXTON	2	
RETIN-A	3	
RETIN-A MICRO	3	NDS
RETIN-A MICRO PUMP	3	NDS
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	1	
<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	2	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL	3	
CENTANY	3	
CORTISPORIN	3	
<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK	1	
<i>mupirocin</i> OINT	1	
SILVADENE	2	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ssd</i> (generic of SILVADENE)	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	3	NDS
XEPI	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> (generic of LOPROX) CREA; SUSP	1	
<i>clotrimazole (topical)</i>	1	
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	1	
<i>clotrimazole w/ betamethasone</i> LOTN	1	
<i>econazole nitrate</i> CREA	1	
ERTACZO	3	NDS
EXELDERM	3	
EXTINA	3	NDS
JUBLIA	3	NDS
<i>ketoconazole cream</i>	1	
<i>ketoconazole foam</i> (generic of EXTINA)	1	
LOPROX CREA; SUSP	3	
<i>luliconazole</i>	1	
LUZU	3	
MENTAX	3	
<i>naftifine hcl 1%</i>	1	
<i>naftifine hcl</i> (generic of NAFTIN) 2%	1	
NAFTIN	2	
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
<i>nystop</i>	1	
OXISTAT LOTN	3	PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	1	
<i>acitretin 17.5mg</i>	1	
<i>calcipotriene</i> OINT; SOLN	1	PA
<i>calcitrene</i>	1	PA
<i>methoxsalen rapid</i> (generic of OXSORALEN ULTRA)	3	NDS
OXSORALEN ULTRA	3	NDS
SORIATANE	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits
SORILUX	3	NDS PA
<i>tazarotene</i> (generic of TAZORAC) CREA	1	
TAZORAC CREAM 0.1%	2	
TAZORAC CREAM 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	1	
NIZORAL	3	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		
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>bese</i> (generic of CUTIVATE) LOTN	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	1	
<i>betamethasone dipropionate augmented</i> GEL; LOTN	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM	1	
BRYHALI	3	
<i>calcipotriene-betamethasone dipropionate</i> (generic of TACLONEX)	1	PA
CAPEX	2	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA; OINT	1	
<i>clobetasol propionate</i> (generic of OLUX) FOAM	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> GEL; SOLN	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD; LOTN; SHAM	1	
<i>clobetasol propionate emo</i>	1	
<i>clobetasol propionate emulsion</i> (generic of OLUX-E)	1	
CLOBEX LIQD	3	
CLOBEX LOTN	2	
CLOBEX SHAM	3	NDS
<i>clodan</i> (generic of CLOBEX)	1	
CORDRAN TAPE	3	
CUTIVATE CREAM 0.05%	3	
CUTIVATE LOT 0.05%	3	NDS
DERMA-SMOOTH/FS BODY	2	
DERMA-SMOOTH/FS SCALP	2	
DESONATE	3	
<i>desonide</i> (generic of DESOWEN) CREA	1	
<i>desonide</i> LOTN; OINT	1	
DESOWEN	2	
<i>desoximetasone</i> (generic of TOPICORT) LIQD	1	
DIPROLENE	2	
DIPROLENE AF	3	
DUOBRII	3	NDS
ELOCON	3	
ENSTILAR	2	PA
<i>fluocinolone acetonide</i> CREA .01%	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	1	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide oil body (generic of DERMA-SMOOTH/FS SCALP)</i>	1	
<i>fluocinonide CREA .05%</i>	1	
<i>fluocinonide GEL</i>	1	
<i>fluocinonide OINT</i>	1	
<i>fluocinonide SOLN</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>flurandrenolide (generic of CORDRAN) CREA; LOTN</i>	1	
<i>fluticasone propionate CREA; OINT</i>	1	
<i>fluticasone propionate (generic of CUTIVATE) LOTN</i>	1	
<i>halobetasol propionate CREA; OINT</i>	1	
HALOBETASOL PROPIONATE FOAM	3	NDS
HALOG	3	NDS
<i>hydrocortisone (topical) cream 1%</i>	1	
<i>hydrocortisone (topical) cream 2.5%</i>	1	
<i>hydrocortisone (topical) lotion 2.5%</i>	1	
<i>hydrocortisone (topical) oint 1%</i>	1	
<i>hydrocortisone (topical) oint 2.5%</i>	1	
<i>hydrocortisone butyrate cream 0.1% (generic of LOCOID)</i>	1	
<i>hydrocortisone butyrate cream 0.1% lipo base (generic of LOCOID LIPOCREAM)</i>	1	
<i>hydrocortisone butyrate lotion 0.1% (generic of LOCOID)</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1% (generic of LOCOID)</i>	1	
IMPOYZ	3	
KENALOG	3	
LEXETTE	3	NDS
LOCOID	3	

Drug Name	Drug Requirements/ Tier	Limits
LOCOID LIPOCREAM	3	NDS
LOCOID SOLN	3	
MICORT-HC	3	
<i>mometasone furoate (generic of ELOCON) CREA</i>	1	
<i>mometasone furoate OINT; SOLN</i>	1	
<i>nolix (generic of CORDRAN)</i>	1	
OLUX	3	NDS
OLUX-E	3	NDS
PANDEL	3	NDS
<i>prednicarbate</i>	1	
SERNIVO	3	NDS
SYNALAR CREA; OINT	3	
SYNALAR SOLN	2	
TACLONEX	3	NDS PA
TEMOVATE CREA	3	
TEMOVATE OINT	2	
TEXACORT	2	
TOPICORT LIQD	3	
<i>triamcinolone acetonide (topical) (generic of KENALOG) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA; LOTN; OINT</i>	1	
<i>triderm</i>	1	
TRIDESILON	2	
ULTRAVATE	3	NDS
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	1	PA
<i>lidocaine OINT</i>	1	PA
<i>lidocaine (generic of LIDODERM) PTCH</i>	1	PA
<i>lidocaine hcl GEL</i>	1	PA
<i>lidocaine hcl SOLN 4%</i>	1	PA
<i>lidocaine-prilocaine</i>	1	PA
LIDODERM	2	PA
ZTLIDO	3	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical (generic of ZOVIRAX) CREA</i>	3	NDS
<i>acyclovir topical (generic of ZOVIRAX) OINT</i>	1	
ALDARA	3	

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Drug Name	Drug Requirements/ Tier	Limits
ANUSOL-HC CREA	2	
<i>azelaic acid</i> (generic of FINACEA) GEL	1	
CONDYLOX	2	
CORTIFOAM	2	
DENAVIR	3	NDS
<i>diclofenac sodium</i> (topical) 1% gel (generic of VOLTAREN)	1	PA
<i>diclofenac sodium</i> (topical) 1.5% soln	1	PA
<i>diclofenac sodium</i> (topical) 3% gel	3	NDS PA
<i>doxycycline</i> (rosacea)	1	
EFUDEX	3	
ELIDEL	3	
FINACEA AER 15%	2	
FINACEA GEL 15%	3	
<i>fluorouracil</i> (topical) cream 5% (generic of EFUDEX)	1	
<i>fluorouracil</i> (topical) soln	1	
<i>imiquimod</i> (generic of ALDARA) CREA 5%	1	
LAC-HYDRIN	2	
<i>lactic acid</i> (ammonium lactate)	1	
METROCREAM	3	
METROLOTION	3	
<i>metronidazole</i> (topical) (generic of METROCREAM) CREA	1	
<i>metronidazole</i> (topical) (generic of METROLOTION) LOTN	1	
<i>metronidazole gel</i> 0.75%	1	
MIRVASO	3	
NORITATE	3	NDS
ORACEA	3	NDS
PANRETIN	3	NDS
PENNSAID	3	NDS PA
PICATO	3	
<i>pimecrolimus</i> (generic of ELIDEL)	1	
<i>podofilox</i> SOLN	1	
<i>procto-med hc</i> (generic of ANUSOL-HC)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>procto-pak</i> (generic of PROCTOCORT)	1	
<i>proctosol hc cre</i> 2.5% (generic of ANUSOL-HC)	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	1	
PROTOPIC	3	
RECTIV	3	
<i>rosadan cre</i> 0.75% (generic of METROCREAM)	1	
<i>tacrolimus</i> (topical) (generic of PROTOPIC)	1	
TARGETIN GEL	3	NDS NM
VALCHLOR	3	NDS NM LA
VOLTAREN GEL 1%	3	PA
XERESE	3	NDS
ZOVIRAX CREA; OINT	3	NDS
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> (generic of EURAX)	1	
ELIMITE	2	
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	
NATROBA	3	
OVIDE	2	
<i>permethrin cre</i> 5% (generic of ELIMITE)	1	
SKLICE	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid</i> .25%	1	
<i>neomycin/polymyxin b gu</i>	1	
REGRANEX	3	NDS
SANTYL	3	
<i>sodium chloride</i> 0.9% irrigation	1	
<i>water for irrigation, sterile</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	1	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX)	1	
<i>clotrimazole</i> LOZG	1	
EVOXAC	2	
<i>lidocaine hcl</i> (mouth-throat)	1	

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	
	Tier	Limits
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ORAVIG	3	NDS
<i>paroex sol 0.12% (generic of PERIDEX)</i>	1	
<i>perio gard (generic of PERIDEX)</i>	1	
<i>pilocarpine hcl (oral) (generic of SALAGEN)</i>	1	
SALAGEN	2	
<i>triamcinolone acetonide (mouth)</i>	1	
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CIPRO HC	3	
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CORTISPORIN-TC	3	
DERMOTIC	3	
<i>flac (generic of DERMOTIC)</i>	1	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic) (generic of FLOXIN OTIC)</i>	1	
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<i>diltiazem cd</i>20	<i>donepezil hydrochloride</i>26	<i>duloxetine cap 40mg</i>26
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<i>mcg/hr</i>	3	ELIGARD INJ 7.5MG	15	<i>entecavir</i>	10
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<i>dutasteride</i>	46	ELITEK	16	ENVARBUS XR	49
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This formulary was updated on 08/16/2019. 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 and/or pharmacy network may change at any time. You will receive notice when necessary.