

# SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



## ***SilverScript Employer PDP sponsored by State of Maryland (SilverScript)***

# **2019 Formulary (List of Covered Drugs)**

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

This formulary was updated on 08/20/2018. 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, 2019. 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, 2020, and from time to time during the year.

## What is the SilverScript Formulary?

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

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

## Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year, except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing amount for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the 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.

The enclosed formulary is current as of January 1, 2019. 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:**

	<b>Network Retail Pharmacy</b> (Up to a 45-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1</b> <b>(Generics)</b>	\$10.00	\$10.00
<b>Tier 2</b> <b>(Preferred Brands)</b>	\$25.00	\$25.00
<b>Tier 3</b> <b>(Non-Preferred Brands)</b>	\$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 2019 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2019-Medicare-Part-D-Outlook.php> for more information about the 2019 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
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	
DUZALLO	3	
KRYSTEXXA	3	NDS NM LA
MITIGARE	3	
<i>probenecid</i>	1	
ULORIC	2	
ZURAMPIC	3	
ZYLOPRIM	3	
<b>NSAIDS</b>		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CELEBREX	3	
<i>celecoxib</i> (generic of CELEBREX) CAPS	1	
DAYPRO	2	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i> TB24; TBEC	1	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 50)	1	
<i>diclofenac w/ misoprostol</i> (generic of ARTHROTEC 75)	1	
<i>diflunisal</i>	1	
DUEXIS	3	NDS
<i>etodolac</i> CAPS	1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>etodolac</i> TABS 500mg	1	
<i>etodolac</i> TB24	1	
FELDENE	3	
<i>fenoprofen calcium</i> CAPS 400mg	1	
<i>fenoprofen calcium</i> TABS	1	
<i>flurbiprofen</i> TABS	1	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ketoprofen</i> CAPS 75mg	1	
<i>ketoprofen</i> CP24	1	
<i>meclofenamate sodium</i> CAPS	1	
<i>meloxicam</i> (generic of MOBIC) TABS	1	
MOBIC	2	
<i>nabumetone</i> TABS	1	
NALFON	3	
NAPRELAN	3	NDS
<i>naproxen</i> (generic of NAPROSYN) SUSP	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	
<i>naproxen</i> TABS 375mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN)	1	
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>naproxen sodium</i> (generic of NAPRELAN) TB24	3	NDS
<i>oxaprozin</i> (generic of DAYPRO)	1	
<i>piroxicam</i> (generic of FELDENE) CAPS	1	
<i>profeno</i>	1	
<i>sulindac</i> TABS	1	
<i>tolmetin sodium</i>	1	
VIMOVO	3	NDS
VIVLODEX	3	
ZIPSOR	3	NDS
ZORVOLEX	3	
<b>OPIOID ANALGESICS</b>		
<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

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
acetaminophen w/ codeine 300-60mg (generic of TYLENOL/CODEINE #4) QL (180 tabs / 30 days)	1	QL
acetaminophen w/ codeine soln QL (2700 mL / 30 days)	1	QL
acetaminophen-caff-dihydroco d CAPS QL (300 caps / 30 days)	1	QL
acetaminophen-caff-dihydroco d TABS QL (300 tabs / 30 days)	1	QL
BELBUCA QL (60 buccal films / 30 days)	2	QL PA
butorphanol nasal spray QL (10 mL / 30 days)	1	QL
butorphanol tartrate SOLN	1	
BUTRANS QL (4 patches / 28 days)	2	QL PA
CONZIP QL (30 caps / 30 days)	3	QL PA
nalbuphine hcl SOLN	1	
panlor QL (300 tabs / 30 days)	1	QL
tramadol hcl CP24 QL (30 caps / 30 days)	1	QL PA
tramadol hcl TB24 QL (30 tabs / 30 days)	1	QL PA
tramadol hcl er (biphasic) 100mg QL (30 tabs / 30 days)	1	QL PA
tramadol hcl er (biphasic) 200mg QL (30 tabs / 30 days)	1	QL PA
tramadol hcl er (biphasic) 300mg QL (30 tabs / 30 days)	1	QL PA
tramadol hcl tab 50 mg (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL
tramadol-acetaminophen (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
trexix QL (300 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
TYLENOL/CODEINE #3 QL (360 tabs / 30 days)	3	QL
TYLENOL/CODEINE #4 QL (180 tabs / 30 days)	3	QL
ULTRACET QL (240 tabs / 30 days)	3	QL
ULTRAM QL (240 tabs / 30 days)	2	QL
<b>OPIOID ANALGESICS, CII</b>		
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
codeine sulfate QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD QL (600 mL / 30 days)	3	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS QL (180 tabs / 30 days)	3	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)	3	QL PA
EMBEDA CAP 30-1.2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 50-2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 60-2.4MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 80-3.2MG QL (60 caps / 30 days)	3	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
EMBEDA CAP 100-4MG QL (60 caps / 30 days)	3	NDS QL PA
endocet 2.5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
endocet 5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
endocet 7.5-325mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
endocet 10-325mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL
EXALGO 8mg, 12mg QL (30 tabs / 30 days)	3	QL PA
EXALGO 16mg, 32mg QL (30 tabs / 30 days)	3	NDS QL PA
fantanyl 37.5mcg/hr QL (10 patches / 30 days)	1	QL PA
fantanyl 62.5mcg/hr, 87.5mcg/hr QL (10 patches / 30 days)	3	NDS QL PA
fantanyl citrate (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	3	NDS QL PA
fantanyl patch 12 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
fantanyl patch 25 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
fantanyl patch 50 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
fantanyl patch 75 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
fantanyl patch 100 mcg/hr (generic of DURAGESIC) QL (10 patches / 30 days)	1	QL PA
FENTORA QL (120 tabs / 30 days)	3	NDS QL PA
HYCET QL (2700 mL / 30 days)	3	QL
hydrocodone-acetaminophen 2.5-325mg QL (360 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 5-300mg (generic of XODOL) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 5-325mg (generic of NORCO) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-300mg (generic of XODOL) QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-325mg (generic of NORCO) QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-300mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-325mg (generic of NORCO) QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD QL (600 mL / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml, 4mg/ml	1	B/D
hydromorphone hcl (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D

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LA - Limited Access    NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> (generic of EXALGO) T24A 8mg, 12mg QL (30 tabs / 30 days)	1	QL PA
<i>hydromorphone hcl</i> (generic of EXALGO) T24A 16mg, 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
HYSINGLA ER QL (30 tabs / 30 days)	2	QL PA
<i>ibudone tab 5-200mg</i> QL (150 tabs / 30 days)	1	QL
<i>ibudone tab 10-200mg</i> QL (150 tabs / 30 days)	1	QL
KADIAN 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
KADIAN 40mg, 50mg, 60mg, 80mg, 100mg, 200mg QL (60 caps / 30 days)	3	NDS QL PA
LAZANDA QL (30 bottles / 30 days)	3	NDS QL PA
<i>levorphanol tartrate</i> TABS QL (120 tabs / 30 days)	3	NDS QL
<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

Drug Name	Drug Requirements/ Tier	Limits
<i>methadone tab 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	1	QL PA
MORPHABOND ER 15mg, 30mg QL (60 tabs / 30 days)	3	QL PA
MORPHABOND ER 60mg, 100mg QL (60 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, 50mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL PA
<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 15mg QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> TABS 30mg QL (90 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) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	1	QL PA
<i>morphine sulfate ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	1	QL PA
<i>morphine sulfate oral soln 10mg/5ml</i> QL (900 mL / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>morphine sulfate oral soln</i> 20mg/5ml QL (750 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 QL (90 tabs / 30 days)	3	NDS QL PA
MS CONTIN 200mg QL (60 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 50mg, 100mg, 200mg, 250mg QL (60 tabs / 30 days)	2	QL PA
NUCYNTA ER 150mg QL (90 tabs / 30 days)	2	QL PA
OPANA TABS QL (180 tabs / 30 days)	3	QL
OXAYDO 5mg QL (540 tabs / 30 days)	3	QL
OXAYDO 7.5mg QL (360 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> CAPS QL (180 caps / 30 days)	1	QL
<i>oxycodone hcl</i> CONC QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>oxycodone-aspirin</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone-ibuprofen</i> QL (120 tabs / 30 days)	1	QL
OXYCONTIN QL (60 tabs / 30 days)	2	QL PA
<i>oxymorphone hcl</i> (generic of OPANA) TABS QL (180 tabs / 30 days)	1	QL
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 sprays / 30 days)	3	NDS QL PA
SUBSYS SPRAY 200MCG QL (120 sprays / 30 days)	3	NDS QL PA
SUBSYS SPRAY 400MCG QL (120 sprays / 30 days)	3	NDS QL PA

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Drug Name	Drug Requirements/ Tier	Limits
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
<i>vicodin</i> (generic of XODOL) QL (240 tabs / 30 days)	1	QL
<i>vicodin es</i> (generic of XODOL) QL (180 tabs / 30 days)	1	QL
<i>vicodin hp</i> QL (180 tabs / 30 days)	1	QL
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
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) 2%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) .5%, 1%	1	B/D
<i>lidocaine inj</i> 0.5% (generic of XYLOCAINE)	1	B/D
<i>lidocaine inj</i> 1% (generic of XYLOCAINE)	1	B/D
<i>lidocaine inj</i> 1.5% <i>preservative free</i> (pf) (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj</i> 2% <i>preservative free</i> (pf) (generic of XYLOCAINE-MPF)	1	B/D
<i>lidocaine inj</i> 4% <i>preservative free</i> (pf)	1	
XYLOCAINE	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
XYLOCAINE-MPF 1%	3	NDS B/D
XYLOCAINE-MPF 4%	3	
XYLOCAINE-MPF .5%, 1.5%, 2%	3	B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate</i> SOLN	1	
BETHKIS	3	NDS B/D NM
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i> SOLN	1	
KITABIS PAK	3	NDS B/D NM
<i>neomycin sulfate</i> TABS	1	
<i>paromomycin sulfate</i> CAPS	1	
<i>streptomycin sulfate</i> SOLR	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</i> 1.2 gm/30ml	1	
<i>tobramycin inj</i> 1.2gm	3	NDS
<i>tobramycin inj</i> 10mg/ml	1	
<i>tobramycin inj</i> 40mg/ml	1	
<i>tobramycin inj</i> 80mg/2ml	1	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
ALBENZA	3	NDS
ALINIA	3	NDS
<i>atovaquone</i> (generic of MEPRON) SUSP	3	NDS
AZACTAM IN ISO-OSMOTIC DE	3	
AZACTAM/DEX INJ	3	
<i>aztreonam</i> (generic of AZACTAM)	1	
BACTRIM	2	
BACTRIM DS	2	
BILTRICIDE	2	
CAYSTON	3	NDS NM LA
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN IN D5W	3	
CLEOCIN INJ	3	

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Drug Name	Drug Requirements/ Tier	Limits
CLEOCIN PED SOLN 75MG/5ML	2	
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS	1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN PHOSPHATE)	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	
<i>daptomycin</i> (generic of CUBICIN) 500mg	3	NDS
<i>doripenem</i>	1	
EMVERM	3	NDS
<i>ertapenem sodium</i>	1	
FLAGYL	3	
FURADANTIN	3	NDS
HIPREX	3	
<i>imipenem-cilastatin</i>	1	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	1	
INVANZ	3	
<i>ivermectin</i> (generic of STROMECTION) 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

Drug Name	Drug Requirements/ Tier	Limits
<i>linezolid tab 600mg</i> (generic of ZYVOX)	3	NDS
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>polymyxin b sulfate</i> SOLR	1	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	1	
PRIMAXIN	3	
SIVEXTRO	3	NDS
SOLOSEC	3	
STROMECTION	3	
<i>sulfamethoxazole-trimethopri</i> <i>ds</i> (generic of BACTRIM DS)	1	
<i>sulfamethoxazole-trimethopri</i> <i>m inj</i>	1	
<i>sulfamethoxazole-trimethopri</i> <i>m susp</i>	1	
<i>sulfamethoxazole-trimethopri</i> <i>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

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Drug Name	Drug Requirements/ Tier	Limits
TINDAMAX	2	
<i>tinidazole</i> TABS 250mg	1	
<i>tinidazole</i> (generic of TINDAMAX) TABS 500mg	1	
<i>trimethoprim</i> TABS	1	
TYGACIL	3	NDS
VABOMERE	3	
VANCOCIN HCL	3	NDS
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	1	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 250mg	3	NDS
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	1	
VANCOMYCIN IN NAACL	3	
VIBATIV	3	NDS
XIFAXAN TAB 200MG	3	NDS
ZYVOX	3	NDS
<b>ANTIFUNGALS</b>		
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>caspofungin acetate</i> (generic of CANCIDAS) 50mg, 70mg	3	NDS
CRESEMBA	3	NDS
DIFLUCAN	3	
ERAXIS	3	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS	3	NDS
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicronsize</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>itraconazole</i> (generic of SPORANOX) CAPS	1	
<i>ketconazole</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	
VFEND IV	3	
VFEND SUS 40MG/ML	3	NDS
VFEND TAB	3	NDS
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	3	NDS
<i>voriconazole inj 200mg</i> (generic of VFEND IV)	1	
<b>ANTIMALARIALS</b>		
<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	
MALARONE	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	1	
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN)	1	NM
APTIVUS	3	NDS NM
<i>atazanavir sulfate</i> (generic of REYATAZ)	3	NDS NM
CRIVAN	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

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Drug Name	Drug Requirements/ Tier	Limits
efavirenz (generic of SUSTIVA) CAPS 200mg	3	NDS NM
efavirenz (generic of SUSTIVA) TABS	3	NDS NM
EMTRIVA	2	NM
EPIVIR SOL 10MG/ML	3	NM
EPIVIR TABS	3	NM
fosamprenavir tab 700 mg (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
lamivudine (generic of EPIVIR)	1	NM
LEXIVA SUSP	3	NM
LEXIVA TABS	3	NDS NM
nevirapine (generic of VIRAMUNE) TABS	1	NM
nevirapine (generic of VIRAMUNE XR) TB24	1	NM
NORVIR	2	NM
PREZISTA SUSP	3	NDS NM
PREZISTA TABS 75mg	2	NM
PREZISTA TABS 150mg, 600mg, 800mg	3	NDS NM
RESCRIPTOR	3	NM
RETROVIR CAPS	2	NM
RETROVIR 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 (generic of ZERIT)	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)	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
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 SUSP	2	NM
VIRAMUNE TABS	3	NDS NM
VIRAMUNE XR 400mg	3	NDS NM
VIREAD	3	NDS NM
ZERIT CAPS	2	NM
ZERIT SOLR	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
zidovudine tab 300mg	1	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
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
DESCOVY	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

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Drug Name	Drug Requirements/ Tier	Limits
STRIBILD	3	NDS NM
SYMFI	3	NDS NM
SYMFI LO	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
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS	3	NDS
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	1	
<i>isoniazid</i> SYRP	1	
<i>isoniazid</i> tabs	1	
MYAMBUTOL	2	
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	
<b>ANTIVIRALS</b>		
<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)	3	NDS NM
EPCLUSA	3	NDS NM
EPIVIR HBV	2	NM
<i>famciclovir</i> TABS	1	

Drug Name	Drug Requirements/ Tier	Limits
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
MODERIBA PAK	3	NDS NM
<i>moderiba tab 200mg</i>	1	NM
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS; SUSR	1	
PEGASYS	3	NDS NM
PEGASYS PROCLICK 180mcg/0.5ml	3	NDS NM
PREVYMIS	3	NDS
REBETOL SOLN	3	NDS NM
RELENZA DISKHALER	2	
RIBAPAK MIS 600/DAY	3	NDS NM
<i>ribasphere</i> (generic of REBETOL) CAPS	1	NM
<i>ribasphere</i> TABS 200mg	1	NM
<i>ribasphere</i> TABS 400mg, 600mg	3	NDS NM
RIBASPHERE RIBAPAK 800	3	NDS NM
RIBASPHERE RIBAPAK 1000	3	NDS NM
RIBASPHERE RIBAPAK 1200	3	NDS NM
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	1	NM
<i>ribavirin 200mg</i> TABS	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

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Drug Name	Drug Requirements/ Tier	Limits
VOSEVI	3	NDS NM
ZEPATIER	3	NDS NM
ZOVIRAX CAPS; SUSP; TABS	3	
<b>CEPHALOSPORINS</b>		
AVYCAZ	3	NDS
<i>cefaclor</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefadroxil</i>	1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	1	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	1	
CEFEPIME 1GM SOLN	3	
CEFEPIME 2GM SOLN	3	
<i>cefepime inj 1gm</i> (generic of MAXIPIME)	1	
<i>cefepime inj 2gm</i> (generic of MAXIPIME)	1	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i> (generic of SUPRAX)	1	
CEFOTAN	3	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) 1gm, 2gm	1	
<i>cefotetan disodium</i> 10gm	1	
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> (generic of ROCEPHIN) SOLR 1gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>cephalexin</i> (generic of KEFLEX) CAPS	1	
<i>cephalexin</i> SUSR; TABS	1	
MAXIPIME	3	
SUPRAX	2	
<i>tazicef</i> SOLR	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR; TABS	1	
<i>clarithromycin</i> SUSR	1	
<i>clarithromycin</i> TABS 250mg	1	
<i>clarithromycin</i> (generic of BIAXIN) TABS 500mg	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	
<i>erythromycin ethylsuccinate</i>	1	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>FLUOROQUINOLONES</b>		
AVELOX TABS	3	
BAXDELA	3	NDS
CIPRO SUSP	3	
CIPRO TABS	3	
CIPRO XR	3	
<i>ciprofloxacin</i> SUSR 250mg/5ml	1	
<i>ciprofloxacin</i> (generic of CIPRO) SUSR 500mg/5ml	1	
<i>ciprofloxacin er</i> (generic of CIPRO XR)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>ciprofloxacin hcl</i> TABS 100mg, 750mg	1
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1
<i>ciprofloxacin in d5w</i>	1
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	1
<i>levofloxacin</i> SOLN	1
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	1
<i>levofloxacin in d5w</i>	1
MOXIFLOXACIN HCL SOLN	3
<i>moxifloxacin hcl</i> (generic of AVELOX) TABS	1
<i>moxifloxacin hcl in sodium chloride</i>	1
<b>PENICILLINS</b>	
<i>amoxicillin</i>	1
<i>amoxicillin &amp; pot clavulanate</i> CHEW	1
<i>amoxicillin &amp; pot clavulanate</i> SUSR	1
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) SUSR	1
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	1
<i>amoxicillin &amp; pot clavulanate</i> TABS	1
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	1
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN XR) TB12	1
<i>ampicillin &amp; sulbactam sodium</i>	1
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN)	1
<i>ampicillin &amp; 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

Drug Name	Drug Requirements/ Tier Limits
AUGMENTIN	3
AUGMENTIN ES-600	3
AUGMENTIN XR	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
<i>oxacillin sodium</i> 1gm, 2gm	1
<i>oxacillin sodium</i> 10gm	3 NDS
PENICILLIN G POT IN DEXTROSE 1MU	3
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
<b>TETRACYCLINES</b>	
<i>demeclocycline hcl</i>	1
<i>doxy 100</i>	1
<i>doxycycline (monohydrate)</i> CAPS; TABS	1

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Drug Name	Drug Requirements/ Tier	Limits
<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, 100mg	1	
<i>doxycycline hyclate</i> (generic of DORYX) TBEC	1	
<i>doxycycline hyclate tab 75 mg dr</i>	1	
<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 65mg er</i> (generic of SOLODYN)	3	NDS
<i>minocycline tab 90mg er</i>	1	
<i>minocycline tab 115mg er</i> (generic of SOLODYN)	3	NDS
<i>minocycline tab 135mg er</i>	1	
<i>morgidox cap 1x50mg</i>	1	
SOLODYN	3	NDS
<i>soloxide</i>	1	
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS	3	
VIBRAMYCIN SUSR; SYRP	2	
XIMINO	3	NDS
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
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

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclophosphamide</i> SOLR	3	NDS B/D
<i>dacarbazine</i> 100mg	1	B/D
EMCYT	2	
GLEOSTINE 10mg, 40mg, 100mg	3	
HEXALEN	3	NDS
IFEX INJ 3GM	3	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	3	NDS
TREANDA	3	NDS B/D NM
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	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> (generic of ELLECE)	1	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	1	B/D
<i>mitomycin</i> SOLR	3	NDS B/D
VALSTAR	3	NDS NM
<b>ANTIMETABOLITES</b>		
<i>adrucil</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>	1	B/D
<i>fluorouracil</i> SOLN	1	B/D
FOLOTYN 20mg/ml	3	NDS NM
<i>gemcitabine inj soln</i>	1	B/D
<i>gemcitabine inj solr</i> (generic of GEMZAR) 1gm, 200mg	1	B/D
<i>gemcitabine inj solr</i> 2gm	1	B/D
<i>mercaptopurine</i> TABS	1	
<i>methotrexate sodium inj</i>	1	B/D
NIPENT	3	NDS B/D
PURIXAN	3	NDS NM
TABLOID	2	

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Drug Name	Drug Requirements/ Tier	Limits
VIDAZA	3	NDS B/D NM
<b>ANTIMITOTIC, TAXOIDS</b>		
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
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
NAVELBINE	3	B/D
<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	1	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
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
EMPLICITI	3	NDS NM LA
ERBITUX	3	NDS B/D NM
ERIVEDGE	3	NDS NM LA
FARYDAK	3	NDS NM LA
GAZYVA	3	NDS NM LA
HERCEPTIN	3	NDS B/D NM
IBRANCE	3	NDS NM LA
IDHIFA	3	NDS NM LA
IMFINZI	3	NDS NM LA
KADCYLA	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
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 30mg, 60mg	3	NDS NM LA
LARTRUVO	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
RITUXAN	3	NDS NM LA
RITUXAN HYCELA	3	NDS NM LA
RUBRACA	3	NDS NM LA
TECENTRIQ	3	NDS NM LA
TORISEL	3	NDS B/D NM
VECTIBIX	3	NDS B/D NM
VELCADE	3	NDS B/D NM
VENCLEXTA 10mg, 50mg	3	NM LA
VENCLEXTA 100mg	3	NDS NM LA
VENCLEXTA STARTING PACK	3	NDS NM LA
VERZENIO	3	NDS NM LA
YERVOY	3	NDS NM
ZALTRAP	3	NDS NM LA
ZEJULA	3	NDS NM LA
ZOLINZA	3	NDS NM
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	1	
ARIMIDEX	2	
AROMASIN	3	NDS
<i>bicalutamide</i> (generic of CASODEX)	1	
CASODEX	3	
DEPO-PROVERA INJ 400/ML	3	B/D
ELIGARD INJ 7.5MG	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	

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FARESTON	3	NDS
FASLODEX	3	NDS B/D
FEMARA	3	NDS
FIRMAGON 80mg	3	B/D NM
FIRMAGON 120mg <i>flutamide</i>	3 1	NDS B/D NM
<i>hydroxyprogesterone caproate (antineoplastic)</i>	3	NDS B/D
<i>letrozole (generic of FEMARA) TABS</i>	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	
MEGACE ES	3	NDS
<i>megestrol ac sus 40mg/ml</i>	3	
<i>megestrol ac tab 20mg</i>	2	
<i>megestrol ac tab 40mg</i>	2	
<i>megestrol sus 625mg/5ml (generic of MEGACE ES)</i>	3	
<i>nilutamide (generic of NILANDRON)</i>	3	NDS
SOLTAMOX	3	NDS
<i>tamoxifen citrate TABS</i>	1	
TRELSTAR MIXJECT	3	NDS NM
VANTAS	3	NM
XTANDI	3	NDS NM LA
ZOLADEX	2	NM
ZYTIGA	3	NDS NM LA
<b>IMMUNOMODULATORS</b>		
POMALYST	3	NDS NM LA
REVLIMID	3	NDS NM LA
THALOMID	3	NDS NM
<b>KINASE INHIBITORS</b>		
AFINITOR	3	NDS NM
AFINITOR DISPERZ	3	NDS NM
ALECENSA	3	NDS NM LA
ALIQOPA	3	NDS NM LA
ALUNBRIG	3	NDS NM LA

Drug Name	Drug Requirements/ Tier	Limits
BOSULIF	3	NDS NM
CABOMETYX	3	NDS NM LA
CALQUENCE	3	NDS NM LA
CAPRELSA	3	NDS NM LA
COMETRIQ	3	NDS NM LA
COTELLIC	3	NDS NM LA
GILOTRIF TAB 20MG	3	NDS NM LA
GILOTRIF TAB 30MG	3	NDS NM LA
GILOTRIF TAB 40MG	3	NDS NM LA
GLEEVEC	3	NDS NM
ICLUSIG	3	NDS NM LA
<i>imatinib mesylate (generic of GLEEVEC)</i>	3	NDS NM
IMBRUVICA	3	NDS NM LA
INLYTA	3	NDS NM LA
IRESSA	3	NDS NM LA
JAKAFI	3	NDS NM LA
LENVIMA 8 MG DAILY DOSE	3	NDS NM LA
LENVIMA 10 MG DAILY DOSE	3	NDS NM LA
LENVIMA 14 MG DAILY DOSE	3	NDS NM LA
LENVIMA 18 MG DAILY DOSE	3	NDS NM LA
LENVIMA 20 MG DAILY DOSE	3	NDS NM LA
LENVIMA 24 MG DAILY DOSE	3	NDS NM LA
MEKINIST	3	NDS NM LA
NERLYNX	3	NDS NM LA
NEXAVAR	3	NDS NM LA
RYDAPT	3	NDS NM
SPRYCEL	3	NDS NM
STIVARGA	3	NDS NM LA
SUTENT	3	NDS NM
TAFINLAR	3	NDS NM LA
TAGRISO	3	NDS NM LA
TARCEVA	3	NDS NM LA
TASIGNA	3	NDS NM
TYKERB	3	NDS NM LA
VOTRIENT	3	NDS NM LA
XALKORI	3	NDS NM LA
ZELBORAF	3	NDS NM LA
ZYDELIG	3	NDS NM LA
ZYKADIA	3	NDS NM LA

**MISCELLANEOUS**

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Drug Name	Drug Requirements/ Tier	Limits
<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 KIT 200MCG	3	NDS NM
SYLATRON KIT 300MCG	3	NDS NM
SYLATRON KIT 600MCG	3	NDS NM
SYLVANT	3	NDS NM LA
SYNRIBO	3	NDS NM
TARGRETIN CAPS	3	NDS NM
<i>tretinoin</i> CAPS	3	NDS
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
<i>oxaliplatin inj 50mg</i>	3	NDS B/D
<i>oxaliplatin inj 50mg/10ml</i>	1	B/D
<i>oxaliplatin inj 100mg</i>	3	NDS B/D
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i> (generic of ZINECARD) 500mg	3	NDS B/D
ELITEK	3	NDS B/D
FUSILEV	3	NDS B/D NM
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>levoleucovorin calcium</i> 175mg/17.5ml	3	NDS B/D NM
LEVOLEUCOVORIN CALCIUM 250mg/25ml	3	NDS B/D NM
<i>levoleucovorin calcium 50mg</i> (generic of FUSILEV)	3	NDS B/D NM
LEVOLEUCOVORIN CALCIUM 175MG	3	NDS B/D NM
MESNEX TABS	3	NDS
TOTECT	3	NDS B/D
ZINECARD 500mg	3	NDS B/D
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide</i> SOLN	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<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 HYCANTIN) SOLR	3	NDS B/D
TOPOTECAN INJ 4MG/4ML	3	NDS B/D
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
ACCURETIC	3	
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i>		
<i>amlodipine</i>	1	
<i>besylate-benazepril hcl</i> (generic of LOTREL)		
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i> (generic of LOTENSIN HCT)	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i> (generic of VASERETIC)	1	
<i>fosinopril-hydrochlorothiazide tab 10/12.5mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 20/12.5mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i> (generic of ZESTORETIC)	1	
LOTREL	2	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	1	
TARKA	2	
<i>trandolapril-verapamil hcl</i>	1	
<i>trandolapril-verapamil hcl</i> (generic of TARKA)	1	

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VASERETIC	3	
ZESTORETIC	3	
<b>ACE INHIBITORS</b>		
ACCUPRIL	3	
ALTACE	3	
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	1	
EPANED	3	NDS
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	
LOTENSIN	3	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL	3	
QBRELIS	3	NDS
<i>quinapril hcl</i> (generic of ACCUPRIL)	1	
<i>ramipril</i> (generic of ALTACE)	1	
<i>trandolapril</i> 1mg, 2mg	1	
<i>trandolapril</i> (generic of MAVIK) 4mg	1	
VASOTEC 2.5mg, 5mg	3	
VASOTEC 10mg, 20mg	3	NDS
ZESTRIL	3	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
ALDACTONE	2	
CAROSPIR	3	
<i>eplerenone</i> (generic of INSPRA)	1	
INSPRA	2	
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	
<b>ALPHA BLOCKERS</b>		
CARDURA	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	1	
MINIPRESS	3	
<i>prazosin hcl</i> (generic of MINIPRESS)	1	
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine</i>	1	
<i>besylate-olmesartan</i>		
<i>medoxomil</i> (generic of AZOR)		
<i>amlodipine besylate-valsartan</i> (generic of EXFORGE)	1	
<i>amlodipine-valsartan-hydrochl</i>	1	
<i>orothiazide</i> (generic of EXFORGE HCT)		
ATACAND HCT	3	
AVALIDE	3	
AZOR	3	
BENICAR HCT	3	
BYVALSON	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 tab 100-12.5mg</i> (generic of HYZAAR)	1	
<i>losartan-hydrochlorothiazide tab 100-25mg</i> (generic of HYZAAR)	1	
<i>losartan-hydrochlorothiazideta b 50-12.5mg</i> (generic of HYZAAR)	1	
MICARDIS HCT	3	

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Drug Name	Drug Requirements/ Tier Limits
<i>olmesartan</i>	1
<i>medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	
<i>olmesartan</i>	1
<i>medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	
<i>telmisartan-amlodipine</i> (generic of TWYNSTA)	1
<i>telmisartan-hydrochlorothiazide</i> (generic of MICARDIS HCT)	1
TRIBENZOR	3
TWYNSTA	3
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	1
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
ATACAND	3
AVAPRO	3
BENICAR	3
<i>candesartan cilexetil</i> (generic of ATACAND)	1
COZAAR	3
DIOVAN	3
EDARBI	3
<i>eprosartan mesylate</i>	1
<i>irbesartan</i> (generic of AVAPRO)	1
<i>losartan potassium</i> (generic of COZAAR)	1
MICARDIS	3
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	1
<i>telmisartan</i> (generic of MICARDIS)	1
<i>valsartan</i> (generic of DIOVAN)	1
<b>ANTIARRHYTHMICS</b>	
<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

Drug Name	Drug Requirements/ Tier Limits
<i>dofetilide</i> (generic of TIKOSYN)	1 NM
<i>flecainide acetate</i>	1
<i>mexiletine hcl</i>	1
MULTAQ	2
NORPACE	3
NORPACE CR	3
<i>pacerone</i>	1
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	1
<i>propafenone hcl</i> TABS	1
<i>quinidine gluconate</i> TBCR	1
<i>quinidine sulfate</i> TABS	1
RYTHMOL SR	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 (afib/af)</i> (generic of BETAPACE AF)	1
<i>sotalol hcl tab 80mg</i> (generic of BETAPACE)	1
<i>sotalol hcl tab 120mg</i> (generic of BETAPACE)	1
<i>sotalol hcl tab 160mg</i> (generic of BETAPACE)	1
<i>sotalol hcl tab 240mg</i>	1
TIKOSYN	2 NM
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>	
ALTOPREV	3 NDS
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1
CRESTOR	3
FLOLIPID	3
<i>fluvastatin sodium</i> (generic of LESCOL) CAPS 20mg	1
<i>fluvastatin sodium</i> CAPS 40mg	1
<i>fluvastatin sodium</i> (generic of LESCOL XL) TB24	1
LESCOL XL	3
LIPITOR	3

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Drug Name	Drug Requirements/ Tier	Limits
LIVALO	3	
lovastatin 10mg, 20mg	1	
lovastatin (generic of MEVACOR) 40mg	1	
PRAVACHOL	3	
pravastatin sodium 10mg	1	
pravastatin sodium (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
rosuvastatin calcium (generic of CRESTOR)	1	
simvastatin (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
simvastatin (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR 5mg, 10mg, 20mg, 40mg	3	
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG	3	
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
ANTARA	3	
cholestyramine (generic of QUESTRAN)	1	
cholestyramine light PACK	1	
cholestyramine light (generic of QUESTRAN LIGHT) POWD	1	
choline fenofibrate (generic of TRILIPIX)	1	
colesevelam hcl (generic of WELCHOL)	1	
COLESTID	3	
colestipol hcl gran (generic of COLESTID)	1	
colestipol hcl pack (generic of COLESTID)	1	
colestipol hcl tabs (generic of COLESTID)	1	
ezetimibe (generic of ZETIA)	1	
ezetimibe-simvastatin (generic of VYTORIN)	1	
fenofibrate CAPS	1	

Drug Name	Drug Requirements/ Tier	Limits
fenofibrate (generic of FENOGLIDE) TABS 40mg	1	
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	1	
fenofibrate TABS 54mg, 160mg	1	
fenofibrate (generic of FENOGLIDE) TABS 120mg	3	NDS
fenofibrate micronized	1	
fenofibric acid	1	
FENOGLIDE 40mg	3	
FENOGLIDE 120mg	3	NDS
FIBRICOR	3	
gemfibrozil (generic of LOPID) TABS	1	
JUXTAPID	3	NDS NM LA PA
KYNAMRO	3	NDS NM
LIPOFEN	3	
LOPID	3	
LOVAZA	3	
niacin er (antihyperlipidemic) (generic of NIASPAN)	1	
niacor	1	
NIASPAN	3	
omega-3-acid ethyl esters (generic of LOVAZA)	1	
PRALUENT	3	NDS NM
prevalite PACK	1	
prevalite (generic of QUESTRAN LIGHT) POWD	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
TRICOR	3	
TRIGLIDE	3	
TRILIPIX	3	
VASCEPA	2	
VYTORIN	3	
WELCHOL PAK	2	
WELCHOL TAB 625MG	3	
ZETIA	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		

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Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol &amp; chlorthalidone</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide</i> (generic of ZIAC)	1	
CORZIDE	3	
LOPRESSOR HCT	2	
<i>metoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	1	
<i>nadolol &amp; bendroflumethiazide</i> (generic of CORZIDE)	1	
<i>propranolol &amp; hydrochlorothiazide</i>	1	
TENORETIC 50	2	
TENORETIC 100	2	
ZIAC	2	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	1	
<i>atenolol</i> TABS 50mg, 100mg	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
<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	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nadolol</i> (generic of CORGARD) TABS	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i> (generic of INDERAL LA)	1	
<i>propranolol inj 1mg/ml</i>	1	
<i>propranolol oral sol</i>	1	
<i>propranolol tab</i>	1	
SOTYLIZE	3	
TENORMIN	3	
<i>timolol maleate</i> TABS	1	
TOPROL XL	3	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
<i>amlodipine</i>	1	
<i>beylate-atorvastatin calcium</i>		
<i>amlodipine</i>	1	
<i>beylate-atorvastatin calcium</i> (generic of CADUET)		
CADUET	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
ADALAT CC	3	
<i>afeditab cr</i> (generic of ADALAT CC)	1	
<i>amlodipine beylate</i> (generic of NORVASC) TABS	1	
CALAN	3	
CALAN SR 120mg, 240mg	3	
CARDIZEM	3	
CARDIZEM CD	3	NDS
CARDIZEM LA	3	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	1	
<i>cartia xt</i> 300mg	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg, 360mg	1	
<i>diltiazem cd</i> 300mg	1	
<i>diltiazem er tab 180mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem er tab 240mg</i> (generic of CARDIZEM LA)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem er tab 300mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem er tab 360mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem er tab 420mg</i> (generic of CARDIZEM LA)	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl</i> TABS 90mg	1	
<i>diltiazem hcl cap er/12hr</i>	1	
<i>diltiazem hcl cap sr 24hr</i>	1	
<i>diltiazem hcl coated beads</i> <i>cap sr 24hr</i> (generic of TIAZAC) 120mg	1	
<i>diltiazem hcl coated beads</i> <i>cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 360mg	1	
<i>diltiazem hcl extended release</i> <i>beads cap sr</i> (generic of CARDIZEM CD) 180mg	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> 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	

Drug Name	Drug Requirements/ Tier	Limits
NYMALIZE	3	NDS
PROCARDIA XL	3	
SULAR	3	
<i>taztia xt</i> (generic of TIAZAC)	1	
TIAZAC	3	
<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> CP24 360mg	1	
<i>verapamil hcl</i> SOLN	1	
<i>verapamil hcl</i> TABS 40mg	1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	1	
VERELAN	3	
VERELAN PM	3	
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<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 SOLN	3	
LANOXIN TABS 62.5mcg, 187.5mcg	2	
LANOXIN PEDIATRIC	3	
<b><i>DIRECT RENIN INHIBITORS/COMBINATIONS</i></b>		
TEKTURNA	2	
TEKTURNA HCT	2	
<b><i>DIURETICS</i></b>		
<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	

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Drug Name	Drug Requirements/ Tier	Limits
<i>bumetanide</i> (generic of BUMEX) TABS	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
DIAMOX	2	
DIURIL	3	
DYAZIDE	3	
EDECRIN	3	NDS
<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> (generic of MICROZIDE) CAPS	1	
<i>hydrochlorothiazide</i> TABS	1	
<i>indapamide</i>	1	
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	
<i>methazolamide</i> TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
MICROZIDE	3	
NEPTAZANE	3	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
<i>toremide</i> 5mg, 100mg	1	
<i>toremide</i> (generic of DEMADEX) 10mg, 20mg	1	
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 37.5-25mg (generic of DYAZIDE)	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab</i> 37.5-25mg (generic of MAXZIDE-25)	1	
<i>triamterene</i> & <i>hydrochlorothiazide tab</i> 75-50mg (generic of MAXZIDE)	1	

Drug Name	Drug Requirements/ Tier	Limits
<b>MISCELLANEOUS</b>		
BIDIL	2	
CATAPRES TAB	2	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	1	
CORLANOR	2	
DEMSEER	3	NDS
DIBENZYLINE	3	NDS
<i>hydralazine hcl</i> SOLN; TABS	1	
KEVEYIS	3	NDS NM
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
NORTHERA	3	NDS NM LA
<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS	3	NDS
RANEXA	2	
<b>NITRATES</b>		
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	

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Drug Name	Drug Requirements/ Tier	Limits
<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	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	1	
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	3	NDS NM PA
ADEMPAS	3	NDS NM LA
<i>epoprostenol sodium</i> (generic of FLOLAN)	3	NDS B/D NM LA
FLOLAN	3	NDS B/D NM LA
LETAIRIS	3	NDS NM LA
OPSUMIT	3	NDS NM LA
ORENITRAM .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA
ORENITRAM .125mg	2	NM LA
REMODULIN	3	NDS B/D NM LA
REVATIO SUSR; TABS	3	NDS NM PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO)	1	NM PA
TRACLEER	3	NDS NM LA
TYVASO	3	NDS B/D NM
UPTRAVI	3	NDS NM LA
VELETRI	3	NDS B/D NM LA
VENTAVIS	3	NDS B/D NM
<b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>		
ALPRAZOLAM INTENSOL	3	
<i>alprazolam tab 0.5mg</i> (generic of XANAX)	1	
<i>alprazolam tab 0.25mg</i> (generic of XANAX)	1	

Drug Name	Drug Requirements/ Tier	Limits
<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>bupirone hcl</i> TABS	1	
<i>fluvoxamine cap er</i>	1	
<i>fluvoxamine tab 25mg</i>	1	
<i>fluvoxamine tab 50mg</i>	1	
<i>fluvoxamine tab 100mg</i>	1	
<i>lorazepam</i> (generic of ATIVAN) SOLN; TABS	1	
<i>lorazepam intensol</i>	1	
XANAX	2	
<b>ANTICONVULSANTS</b>		
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>clonazepam</i> (generic of KLONOPIN) TABS	1	
<i>clonazepam</i> TBDP	1	
<i>clorazepate dipotassium</i> 3.75mg, 15mg	1	
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	

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Drug Name	Drug Requirements/ Tier	Limits
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	
<i>epitol</i> (generic of TEGRETOL)	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	1	
<i>felbamate</i> (generic of FELBATOL) SUSP	3	NDS
<i>felbamate</i> (generic of FELBATOL) TABS	1	
FELBATOL	3	NDS
FYCOMPA SUSP	3	NDS
FYCOMPA TABS 2mg	2	
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
<i>gabapentin</i> (generic of NEURONTIN) CAPS; SOLN; TABS	1	
GABITRIL	3	
KEPPRA SOLN	3	NDS
KEPPRA TABS 250mg	3	
KEPPRA TABS 500mg, 750mg, 1000mg	3	NDS
KEPPRA XR	3	NDS
KLONOPIN	3	
LAMICTAL CHEWABLE DISPERS 5mg	3	
LAMICTAL CHEWABLE DISPERS 25mg	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
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	2	
MYSOLINE	3	NDS
NEURONTIN CAPS	3	

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Drug Name	Drug Requirements/ Tier	Limits
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, 150mg	3	
QUDEXY XR 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	
TEGRETOL	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i> (generic of GABITRIL)	1	
TOPAMAX 25mg, 50mg	3	
TOPAMAX 100mg, 200mg	3	NDS
TOPAMAX SPRINKLE 15mg	3	
TOPAMAX SPRINKLE 25mg	3	NDS
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	1	
<i>topiramate</i> CS24	1	
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TRILEPTAL SUSP	3	NDS
TRILEPTAL TABS 150mg	3	
TRILEPTAL TABS 300mg, 600mg	3	NDS
TROKENDI XR 25mg, 50mg, 100mg	2	
TROKENDI XR 200mg	3	NDS
VALIUM	2	
<i>valproate sodium</i> (generic of DEPACON) SOLN 100mg/ml	1	
<i>valproate sodium</i> (generic of DEPAKENE) SOLN 250mg/5ml	1	
<i>valproic acid</i> (generic of DEPAKENE)	1	
<i>vigabatrin powd pack</i> 500mg (generic of SABRIL)	3	NDS NM LA
VIMPAT 50mg	2	
VIMPAT 100mg, 150mg, 200mg	3	NDS
VIMPAT INJ 200MG/20ML	3	NDS
VIMPAT SOL 10MG/ML	3	NDS
ZARONTIN	3	

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Drug Name	Drug Requirements/ Tier	Limits
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
zonisamide CAPS 50mg	1	
<b>ANTIDEMENTIA</b>		
ARICEPT	3	
donepezil 5mg odt	1	
donepezil 10mg odt	1	
donepezil hydrochloride (generic of ARICEPT)	1	
EXELON PATCHES	3	
galantamine hydrobromide SOLN	1	
galantamine hydrobromide (generic of RAZADYNE) TABS	1	
galantamine hydrobromide er (generic of RAZADYNE ER)	1	
memantine hcl cp24 (generic of NAMENDA XR) PA if < 30 yrs	1	PA
memantine soln PA if < 30 yrs	1	PA
memantine tabs (generic of NAMENDA) PA if < 30 yrs	1	PA
memantine titration pak (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	
RAZADYNE ER	3	
rivastigmine tartrate	1	
rivastigmine td patch 24hr 4.6mg/24hr (generic of EXELON)	1	

Drug Name	Drug Requirements/ Tier	Limits
rivastigmine td patch 24hr 9.5mg/24hr (generic of EXELON)	1	
rivastigmine td patch 24hr 13.3mg/24hr (generic of EXELON)	1	
<b>ANTIDEPRESSANTS</b>		
amitriptyline hcl TABS	2	
amoxapine	2	
ANAFRANIL	3	NDS
APLENZIN	3	NDS
bupropion hcl TABS	1	
bupropion hcl (generic of WELLBUTRIN SR) TB12	1	
bupropion hcl (generic of WELLBUTRIN XL) TB24	1	
CELEXA	3	
citalopram hydrobromide SOLN	1	
citalopram hydrobromide (generic of CELEXA) TABS	1	
clomipramine hcl (generic of ANAFRANIL) CAPS	3	
CYMBALTA	3	
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	3	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER	3	
desvenlafaxine succinate (generic of PRISTIQ)	1	
doxepin hcl CAPS; CONC	2	
duloxetine cap 20mg (generic of CYMBALTA)	1	
duloxetine cap 30mg (generic of CYMBALTA)	1	
duloxetine cap 40mg	1	
duloxetine cap 60mg (generic of CYMBALTA)	1	
EFFEXOR XR	3	
EMSAM	3	NDS
escitalopram oxalate SOLN	1	
escitalopram oxalate (generic of LEXAPRO) TABS	1	
FETZIMA	2	

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Drug Name	Drug Requirements/ Tier	Limits
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	2	
<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 7.5mg, 45mg</i>	1	
<i>mirtazapine tabs</i> (generic of REMERON) 15mg, 30mg	1	
NARDIL	2	
<i>nefazodone hcl</i>	1	
NORPRAMIN	2	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<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> (generic of ZOLOFT) CONC; TABS	1	
SURMONTIL	3	
TOFRANIL	3	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i> TABS	1	
<i>trimipramine maleate</i> (generic of SURMONTIL) 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 TABS	3	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	3	NDS NM LA
AZILECT	3	NDS
<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	

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Drug Name	Drug Requirements/ Tier	Limits
<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
ELDEPRYL	3	
<i>entacapone</i> (generic of COMTAN)	1	
GOCOVRI	3	NDS LA
LODOSYN	3	NDS
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	2	
OSMOLEX ER	3	
PARLODEL	3	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	1	
<i>pramipexole tab er</i> (generic of MIRAPEX ER)	1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	1	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 1mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 2mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 3mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 4mg</i> (generic of REQUIP)	1	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	1	
<i>ropinirole tab er</i> (generic of REQUIP XL)	1	
RYTARY	3	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	1	
<i>selegiline hcl</i> TABS	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 50	3	
STALEVO 75	3	NDS
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	NDS
STALEVO 200	3	NDS
<i>trihexyphenidyl hcl</i>	2	
XADAGO	3	NDS
ZELAPAR	3	NDS
<b>ANTIPSYCHOTICS</b>		
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

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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) 12.5mg, 25mg, 100mg, 150mg	1	
<i>clozapine odt</i> (generic of FAZACLO) 200mg	3	NDS
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	1	
<i>clozapine tab 50mg</i>	1	
<i>clozapine tab 100mg</i> (generic of CLOZARIL)	1	
<i>clozapine tab 200mg</i>	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	

Drug Name	Drug Requirements/ Tier	Limits
INVEGA SUSTENNA 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS
INVEGA TRINZA	3	NDS
LATUDA	2	
<i>loxapine succinate</i>	1	
NUPLAZID TABS 17mg	3	NDS NM LA
<i>olanzapine</i> (generic of ZYPREXA)	1	
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS)	1	
ORAP	3	
<i>paliperidone</i> (generic of INVEGA)	3	NDS
<i>perphenazine</i> TABS	1	
<i>pimozide</i> (generic of ORAP)	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

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Drug Name	Drug Requirements/ Tier	Limits
VRAYLAR	3	NDS
VRAYLAR THERAPY PACK	2	
ziprasidone hcl (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
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
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	
amphetamine-dextroamphetamine cap sr 24hr 5 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap sr 24hr 10 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap sr 24hr 15 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap sr 24hr 20 mg (generic of ADDERALL XR)	1	

Drug Name	Drug Requirements/ Tier	Limits
amphetamine-dextroamphetamine cap sr 24hr 25 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine cap sr 24hr 30 mg (generic of ADDERALL XR)	1	
amphetamine-dextroamphetamine mine tab 5 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine mine tab 7.5 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine mine tab 10 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine mine tab 12.5 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine mine tab 15 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine mine tab 20 mg (generic of ADDERALL)	1	
amphetamine-dextroamphetamine mine tab 30 mg (generic of ADDERALL)	1	
APTENSIO XR	3	
atomoxetine hcl (generic of STRATTERA)	1	
CONCERTA	3	
COTEMPLA XR-ODT	3	
DAYTRANA	3	
DEXEDRINE	3	NDS
dexmethylphenidate hcl (generic of FOCALIN XR) CP24	1	
dexmethylphenidate hcl (generic of FOCALIN) TABS	1	
dextroamphetamine sulfate (generic of DEXEDRINE) CP24	1	
dextroamphetamine sulfate TABS	1	
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 72mg er</i>	1	
<i>methylphenidate tab 10mg er</i>	1	
<i>methylphenidate tab 20mg er</i>	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	
RITALIN	3	
RITALIN LA	3	
STRATTERA	3	
VYVANSE	2	
<i>zenzedi</i>	1	
<b>HYPNOTICS</b>		
AMBIEN	3	
BELSOMRA	2	
HETLIOZ	3	NDS NM LA
RESTORIL 7.5mg, 15mg	3	NDS
SILENOR	2	
<i>temazepam</i> (generic of RESTORIL) 7.5mg, 15mg	1	
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS	1	

**MIGRAINE**

Drug Name	Drug Requirements/ Tier	Limits
<i>almotriptan malate</i>	1	
AMERGE	3	
CAMBIA	3	
D.H.E. 45	3	NDS
<i>dihydroergotamine mesylate inj 1 mg/ml</i> (generic of D.H.E. 45)	3	NDS
<i>dihydroergotamine mesylate nasal</i>	3	NDS
<i>eletriptan hydrobromide</i> (generic of RELPAX)	1	
<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	2	
RELPAX	3	
<i>rizatriptan benzoate</i> 5mg	1	
<i>rizatriptan benzoate</i> (generic of MAXALT) 10mg	1	
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT)	1	
<i>sumatriptan</i> (generic of IMITREX) SOLN	1	

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Drug Name	Drug Requirements/ Tier	Limits
<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 succinate</i> (generic of IMITREX) TABS	1	
<i>sumatriptan-naproxen sodium</i> (generic of TREXIMET)	1	
TREXIMET 10-60MG	3	NDS
TREXIMET 85-500MG	3	NDS
ZEMBRACE SYMTOUCH	3	NDS
<i>zolmitriptan</i> (generic of ZOMIG) TABS	1	
<i>zolmitriptan</i> (generic of ZOMIG ZMT) TBDP	1	
ZOMIG NASAL SPRAY	2	
ZOMIG TABS	3	
ZOMIG ZMT	3	
<b>MISCELLANEOUS</b>		
AUSTEDO	3	NDS NM LA
BRISDELLE	3	
EQUETRO	3	
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	
<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

Drug Name	Drug Requirements/ Tier	Limits
LYRICA CR	3	PA
MESTINON	3	NDS
MESTINON TIMESPAN	3	NDS
NUEDEXTA	2	PA
<i>paroxetine mesylate</i> ( <i>vasomotor</i> ) (generic of BRISDELLE)	3	
<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	
<i>tetrabenazine</i> (generic of XENAZINE)	3	NDS NM
XENAZINE	3	NDS NM LA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	3	NDS NM LA
AUBAGIO	3	NDS NM LA
AVONEX	3	NDS NM
AVONEX PEN	3	NDS NM
BETASERON	3	NDS NM
COPAXONE	3	NDS NM
GILENYA CAP 0.5MG	3	NDS NM
<i>glatiramer acetate 20mg/ml</i> (generic of COPAXONE)	3	NDS NM
<i>glatiramer acetate 40mg/ml</i> (generic of COPAXONE)	3	NDS NM
<i>glatopa</i> (generic of COPAXONE)	3	NDS NM
LEMTRADA	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

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Drug Name	Drug Requirements/ Tier	Limits
TYSABRI	3	NDS NM LA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<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	
ZANAFLEX TABS	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> (generic of NUVIGIL)	1	
<i>modafinil</i> (generic of PROVIGIL)	1	
NUVIGIL 50mg	3	
NUVIGIL 150mg, 200mg, 250mg	3	NDS
PROVIGIL	3	NDS
XYREM	3	NDS NM LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	1	
ANTABUSE	2	
BUNAVAIL MIS 2.1-0.3MG QL (90 films / 30 days)	3	QL
BUNAVAIL MIS 4.2-0.7MG QL (90 films / 30 days)	3	QL
BUNAVAIL MIS 6.3-1MG QL (60 films / 30 days)	3	QL
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (smoking <i>deterrent</i> ) (generic of ZYBAN)	1	
CHANTIX CONTINUING MONTH	2	
CHANTIX STARTER PACK	2	
CHANTIX TABS	2	
<i>disulfiram</i> (generic of ANTABUSE) TABS	1	
<i>fluoxetine hcl</i> (pmd) (generic of SARAFEM) (generic of SARAFEM)	1	
<i>naloxone inj 0.4mg/ml</i>	1	
<i>naloxone inj 1mg/ml</i>	1	
<i>naltrexone hcl</i> TABS	1	
NARCAN	2	
NICOTROL INHALER	3	
NICOTROL NS	3	
SARAFEM	3	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	2	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	2	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	2	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	2	QL
VIVITROL	3	NDS NM
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 (60 tabs / 30 days)	2	QL
ZYBAN	2	
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANADROL-50	3	NDS PA

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Drug Name	Drug Requirements/ Tier	Limits
ANDRODERM	2	PA
ANDROGEL 1.62%	2	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</i> TABS 2.5mg	1	PA
<i>oxandrolone</i> (generic of OXANDRIN) TABS 10mg	1	PA
STRIANT	3	PA
TESTIM	3	PA
<i>testosterone</i> GEL 1%	1	PA
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act	1	PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm	1	PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	1	PA
<i>testosterone enanthate</i> SOLN	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
VOGELXO 50 MG/5GM	3	PA
VOGELXO PUMP	3	PA
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	2	
BASAGLAR KWIKPEN	2	
BD ULTRAFINE INSULIN SYRINGE	2	
BD ULTRAFINE/NANO PEN NEEDLES	2	
BYDUREON BCISE	2	
BYDUREON INJ	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	

Drug Name	Drug Requirements/ Tier	Limits
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG PENFILL	2	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	2	
OZEMPIC INJ 1MG/DOSE	2	
SOLIQUA 100/33	2	
SYMLINPEN 60	3	NDS
SYMLINPEN 120	3	NDS
TRESIBA FLEXTOUCH	2	
TRULICITY	2	
VICTOZA	2	
XULTOPHY 100/3.6	3	
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i> (generic of PRECOSE)	1	
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
ACTOPLUS MET XR 15-1000MG	3	
ACTOPLUS MET XR 30-1000MG	3	
ACTOS	3	
AMARYL	3	
DUETACT	3	
FARXIGA	2	
<i>glimepiride</i> (generic of AMARYL)	1	
<i>glipizide</i> (generic of GLUCOTROL) TABS	1	
<i>glipizide er</i> (generic of GLUCOTROL XL)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>glipizide xl</i> (generic of GLUCOTROL XL)	1
<i>glipizide-metformin 2.5-250 mg</i>	1
<i>glipizide-metformin 2.5-500 mg</i>	1
<i>glipizide-metformin 5-500mg</i>	1
GLUCOPHAGE	3
GLUCOPHAGE XR	3
GLUCOTROL	3
GLUCOTROL XL	3
GLYSET	3
JANUMET	2
JANUMET XR TAB 50-500MG	2
JANUMET XR TAB 50-1000	2
JANUMET XR TAB 100-1000	2
JANUVIA	2
JARDIANCE	2
JENTADUETO	2
JENTADUETO TAB XR 2.5-1000 MG	2
JENTADUETO TAB XR 5-1000 MG	2
<i>metformin er</i> (generic of GLUCOPHAGE XR) (generic of GLUCOPHAGE XR)	1
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS	1
<i>miglitol</i> (generic of GLYSET)	1
<i>nateglinide</i> (generic of STARLIX)	1
<i>pioglitazone hcl</i> (generic of ACTOS)	1
<i>pioglitazone hcl-glimepiride</i> (generic of DUETACT)	1
<i>pioglitazone hcl-metformin hcl</i> (generic of ACTOPLUS MET)	1
PRANDIN	3
PRECOSE	2
<i>repaglinide</i> (generic of PRANDIN) 1mg, 2mg	1
<i>repaglinide</i> .5mg	1
<i>repaglinide-metformin hcl</i>	1

Drug Name	Drug Requirements/ Tier Limits
RIOMET	3
STARLIX	3
SYNJARDY TAB 5-500MG	2
SYNJARDY TAB 5-1000MG	2
SYNJARDY TAB 12.5-500MG	2
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
<b>BISPHOSPHONATES</b>	
ACTONEL	3
<i>alendronate sodium</i> SOLN	1
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1
AELVIA	3
BINOSTO	3
BONIVA INJ	3 B/D
BONIVA TAB 150MG	3 B/D
FOSAMAX	3
FOSAMAX PLUS D	3
<i>ibandronate sodium</i> (generic of BONIVA)	1 B/D
<i>ibandronate tab 150mg</i> (generic of BONIVA)	1 B/D
PAMIDRONATE DISODIUM 6mg/ml	3 B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1 B/D
<i>pamidronate inj 30mg</i>	1 B/D
<i>pamidronate inj 90mg</i>	1 B/D

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Drug Name	Drug Requirements/ Tier	Limits
RECLAST	3	B/D NM
<i>risedronate sodium</i> (generic of ACTONEL) TABS	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC	1	
<i>zoledronic acid inj 5mg/100ml</i> (generic of RECLAST)	1	B/D NM
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	1	B/D NM
ZOLEDRONIC INJ 4MG/100ML	3	B/D NM
ZOMETA	3	NDS B/D NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR TAB 30MG	3	NDS B/D NM
SENSIPAR TAB 60MG	3	NDS B/D NM
SENSIPAR TAB 90MG	3	NDS B/D NM
<b>CHELATING AGENTS</b>		
CHEMET	3	
<i>deferoxamine mesylate</i> 2gm	1	B/D NM
<i>deferoxamine mesylate</i> (generic of DESFERAL) 500mg	1	B/D NM
DEPEN TITRATABS	3	NDS
DESFERAL	3	B/D NM
EXJADE	3	NDS NM LA
FERRIPROX	3	NDS NM LA
JADENU	3	NDS NM LA
JADENU SPRINKLE	3	NDS NM LA
<i>kionex sus 15gm/60ml</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
<i>sps</i>	1	
SYPRINE	3	NDS
<i>trientine hcl</i> (generic of SYPRINE)	3	NDS
VELTASSA	3	NDS LA
<b>CONTRACEPTIVES</b>		
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>apri</i>	1	
<i>aranelle</i> (generic of TRI-NORINYL 28)	1	
<i>ashlyna</i> (generic of SEASONIQUE)	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
BEYAZ	3	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	1	
<i>blisovi fe 1/20</i> (generic of LOESTRIN FE 1/20)	1	
<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 &amp; 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	

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Drug Name	Drug Requirements/ Tier Limits
<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
<i>errin</i> (generic of ORTHO MICRONOR)	1
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	1
ESTROSTEP FE	3
<i>ethynodiol diacet &amp; 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> (generic of ORTHO-CYCLEN)	1
GENERESS FE	3
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	1
<i>heather</i>	1
<i>introvale</i>	1
<i>isibloom</i>	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>kimidess</i> (generic of MIRCETTE)	1

Drug Name	Drug Requirements/ Tier Limits
<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
<i>larissia tab</i>	1
<i>layolis fe chw</i> (generic of GENERESS FE)	1
<i>leena tab</i> (generic of TRI-NORINYL 28)	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor/ethi tab</i>	1
<i>levonorgestrel &amp; 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>lomedica 24 fe</i>	1
<i>loryna</i> (generic of YAZ)	1
LOSEASONIQUE	3
<i>low-ogestrel</i>	1
<i>lutera</i>	1
<i>lyza</i> (generic of ORTHO MICRONOR)	1
<i>marlissa</i>	1

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Drug Name	Drug Requirements/ Tier Limits
<i>medroxyprogesterone acetate</i> (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
<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> (generic of ORTHO-CYCLEN)	1
MINASTRIN 24 FE	3
MIRCETTE	2
<i>mono-linyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	1
<i>mononessa</i> (generic of ORTHO-CYCLEN)	1
<i>myzilra</i>	1
NATAZIA	2
<i>necon 0.5/35-28</i>	1
<i>necon 1/50-28</i>	1
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	1
<i>nikki</i> (generic of YAZ)	1
<i>nora-be tab</i>	1
<i>norethin acet &amp; estrad-fe</i> (generic of MINASTRIN 24 FE) CHEW	1
<i>norethin acet &amp; estrad-fe</i> TABS	1
<i>norethindrone &amp; ethinyl estradiol-fe</i> (generic of FEMCON FE)	1
<i>norethindrone &amp; ethinyl estradiol-fe</i> (generic of GENERESS FE)	1
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	1

Drug Name	Drug Requirements/ Tier Limits
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1/20-21)	1
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	1
<i>norgestimate-ethinyl estradiol</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 (generic of ORTHO TRI-CYCLEN)	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
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	1
<i>ogestrel</i>	1
<i>orsythia</i>	1
ORTHO MICRONOR	2
ORTHO TRI-CYCLEN LO	3
ORTHO-CYCLEN	3
ORTHO-NOVUM 1/35	3
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> (generic of ORTHO-CYCLEN)	1
QUARTETTE	3
<i>quasense</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i> (generic of QUARTETTE)	1
SAFYRAL	3

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Drug Name	Drug Requirements/ Tier Limits
SEASONIQUE	3
<i>setlakin tab</i>	1
<i>sharobel</i> (generic of ORTHO MICRONOR)	1
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	1
TAYTULLA	3
<i>tilia fe</i> (generic of ESTROSTEP FE)	1
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	1
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>tri-mili</i> (generic of ORTHO TRI-CYCLEN)	1
TRI-NORINYL 28	3
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	1
<i>tri-vylibra</i> (generic of ORTHO TRI-CYCLEN)	1
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	1
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	1
<i>trivora-28</i>	1
<i>tulana</i>	1
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i> (generic of MIRCETTE)	1
<i>vyfemla</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>vylibra</i> (generic of ORTHO-CYCLEN)	1
<i>wymzya fe</i> (generic of FEMCON FE)	1
<i>xulane dis 150-35</i>	1
YASMIN 28	3
YAZ	3
<i>zarah</i> (generic of YASMIN 28)	1
<i>zenchent tab</i>	1
<i>zovia 1/35e</i>	1
<i>zovia 1/50e</i>	1
<b>ENDOMETRIOSIS</b>	
<i>danazol</i> CAPS	1
LUPANETA PACK	3 NDS NM
SYNAREL	3 NDS
<b>ENZYME REPLACEMENTS</b>	
ADAGEN	3 NDS NM LA
ALDURAZYME	3 NDS NM LA
BUPHENYL POWD	3 NDS NM
BUPHENYL TABS	3 NDS NM LA
CARBAGLU	3 NDS NM LA
CARNITOR 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
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
<i>miglustat</i>	3 NDS NM
NAGLAZYME	3 NDS NM LA
ORFADIN	3 NDS NM LA
PROCYSBI	3 NDS NM LA
RAVICTI	3 NDS NM LA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	3 NDS NM
STRENSIQ	3 NDS NM LA
VIMIZIM	3 NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
VPRIV	3	NDS NM
ZAVESCA	3	NDS NM LA
<b>ESTROGENS</b>		
ALORA	3	
CLIMARA	3	
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
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	
<i>jinteli</i>	2	
MENEST	3	
MENOSTAR	3	
MINIVELLE	3	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE)	2	
PREMARIN SOLR	3	
PREMARIN TABS	2	
PREMARIN CREAM	2	
PREMPHASE	2	
PREMPRO	2	
VAGIFEM	3	
VIVELLE-DOT	3	
<i>yuvafem vaginal tablet 10 mcg</i> (generic of VAGIFEM)	1	
<b>GLUCOCORTICOIDS</b>		

Drug Name	Drug Requirements/ Tier	Limits
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>	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
<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 SOL 6.7/5ML	3	B/D
<i>pred sod pho sol 5mg/5ml</i>	1	B/D
<i>prednisolone sodium phosphate</i> (generic of MILLIPRED) SOLN 10mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone sodium phosphate</i> (generic of VERIPRED 20) SOLN 20mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of ORAPRED ODT) TBDP	1	B/D
<i>prednisolone sol 15mg/5ml</i>	1	B/D
<i>prednisolone sol 25mg/5ml</i>	1	B/D
PREDNISON CON 5MG/ML	3	B/D
<i>prednisone pak 5mg</i>	1	
<i>prednisone pak 10mg</i>	1	
<i>prednisone sol 5mg/5ml</i>	1	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
RAYOS TAB 1MG	3	NDS B/D
RAYOS TAB 2MG	3	NDS B/D
RAYOS TAB 5MG	3	NDS B/D
SOLU-CORTEF 100MG	3	
SOLU-CORTEF 250MG	3	
SOLU-CORTEF 500MG	3	
SOLU-CORTEF 1000MG	3	
SOLU-MEDROL	3	B/D
<i>triamcinolone acetanide</i> (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
VERIPRED	3	B/D
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
<b>MISCELLANEOUS</b>		
AFREZZA 4unit, 8unit	3	
AFREZZA 12unit	3	NDS
AFREZZA 4/8/12UNITS	3	NDS
AFREZZA 4/8UNITS	3	
AFREZZA 8/12UNITS	3	
<i>cabergoline</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>calcitonin (salmon) nasal spray</i> (generic of MIACALCIN)	1	B/D
CHORIONIC GONADOTROPIN SOLR	3	NM PA
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
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 5000unit	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
<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

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Drug Name	Drug Requirements/ Tier	Limits
OMNITROPE 5.8MG	3	NDS NM LA PA
OMNITROPE 5MG	3	NDS NM LA PA
OMNITROPE 10MG	3	NDS NM LA 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
SANDOSTATIN	3	NDS NM
SANDOSTATIN LAR DEPOT	3	NDS 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
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	3	NDS
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	1	
<i>calcium acetate (phosphate binder)</i> TABS	1	
FOSRENOL	3	NDS
<i>lanthanum chew tab</i> (generic of FOSRENOL)	3	NDS
PHOSLYRA	2	
RENAGEL 400mg	3	
RENAGEL 800mg	3	NDS
REVELA PAK	3	NDS
REVELA TAB 800MG	3	NDS
<i>sevelamer carbonate</i> (generic of REVELA) PACK	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
<i>sevelamer carbonate</i> (generic of REVELA) TABS	1	
VELPHORO	3	NDS
<b>PROGESTINS</b>		
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	
<b>THYROID AGENTS</b>		
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	
<i>unithroid</i> (generic of SYNTHROID)	1	
<b>VASOPRESSINS</b>		
DDAVP SOLN	3	NDS
DDAVP SPRAY	3	NDS
DDAVP SPRAY (REFRIGERATED)	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	3	NDS
<i>desmopressin acetate</i> (generic of DDAVP) TABS	1	
<i>desmopressin acetate spray</i> (generic of DDAVP)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin inj 4mcg/ml (generic of DDAVP)</i>	1	
STIMATE	3	NDS NM
<b>GASTROINTESTINAL ANTIEMETICS</b>		
AKYNZEO CAPS	3	B/D
AKYNZEO SOLR	3	
ALOXI	3	NDS
<i>aprepitant (generic of EMEND)</i>	1	B/D
<i>aprepitant pak 80mg &amp; 125mg</i>	1	B/D
CESAMET	3	NDS B/D
CINVANTI	3	
<i>compro</i>	1	
<i>dronabinol (generic of MARINOL)</i>	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 SOLN</i>	1	
<i>granisetron hcl TABS</i>	1	B/D
MARINOL 2.5mg	3	B/D
MARINOL 5mg, 10mg	3	NDS B/D
<i>meclizine hcl TABS</i>	1	
<i>metoclopramide hcl SOLN</i>	1	
<i>metoclopramide hcl (generic of REGLAN) TABS</i>	1	
<i>metoclopramide hcl inj</i>	1	
<i>metoclopramide odt 5mg</i>	1	
METOCLOPRAMIDE ODT 10MG	3	
<i>ondansetron hcl (generic of ZOFRAN) TABS 4mg, 8mg</i>	1	B/D
<i>ondansetron hcl TABS 24mg</i>	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln (generic of ZOFRAN)</i>	1	B/D
<i>ondansetron odt (generic of ZOFRAN ODT)</i>	1	B/D
<i>palonosetron hcl (generic of ALOXI)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
PALONOSETRON HYDROCHLORID	3	
<i>phenadoz</i>	3	
PHENERGAN INJ	3	
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl SUPP</i>	3	
<i>promethazine hcl SYRP; TABS</i>	1	
<i>promethazine hcl inj (generic of PHENERGAN)</i>	3	
<i>promethegan</i>	3	
REGLAN	3	
SANCUSO	3	NDS
<i>scopolamine patch (generic of TRANSDERM-SCOP)</i>	3	
SUSTOL	3	
SYNDROS	3	NDS B/D
TRANSDERM-SCOP	3	
VARUBI INJ	2	
VARUBI TAB 90MG	2	B/D
ZOFRAN TABS	3	NDS B/D
ZOFRAN ODT 4mg	3	B/D
ZOFRAN ODT 8mg	3	NDS B/D
ZUPLENZ	3	B/D
<b>ANTISPASMODICS</b>		
<i>atropine sulfate SOSY .25mg/5ml, 1mg/10ml</i>	3	
BENTYL SOLN	3	
CUVPOSA	3	
<i>dicyclomine hcl cap 10mg (generic of BENTYL)</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	
<i>glycopyrrolate (generic of ROBINUL) SOLN</i>	1	
<i>glycopyrrolate (generic of ROBINUL) TABS 1mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	1	
<i>methscopolamine bromide</i> TABS	1	
PAMINE	3	
PAMINE FORTE	3	
<i>propantheline bromide</i> TABS	1	
ROBINUL	3	
ROBINUL FORTE	3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i> TABS	1	
<i>cimetidine oral soln</i>	1	
<i>famotidine</i> (generic of PEPCID) SUSR	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl</i>	1	
<i>famotidine inj</i>	1	
<i>nizatidine</i>	1	
PEPCID	3	
<i>ranitidine hcl</i> CAPS; SYRP	1	
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN; TABS	1	
<i>ranitidine inj</i> (generic of ZANTAC)	1	
ZANTAC INJ 25MG/ML	3	
ZANTAC INJ 50MG/2ML	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	2	
ASACOL HD	3	NDS
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i> (generic of COLAZAL)	1	
<i>budesonide</i> (generic of ENTOCORT EC) CPEP	3	NDS
<i>budesonide</i> TB24	3	NDS
CANASA	2	
<i>colocort</i> (generic of CORTENEMA)	1	
CORTENEMA	3	
DELZICOL	3	
DIPENTUM	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
ENTOCORT EC	3	NDS
ENTYVIO	3	NDS NM
GIAZO	3	NDS
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	1	
LIALDA	3	
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm	1	
<i>mesalamine</i> (generic of ASACOL HD) TBEC 800mg	1	
<i>mesalamine enema</i>	1	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	1	
PENTASA 250mg	2	
PENTASA 500mg	3	NDS
ROWASA	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine dr</i> (generic of AZULFIDINE EN-TABS)	1	
<i>sulfasalazine ir</i> (generic of AZULFIDINE)	1	
UCERIS FOAM	3	
UCERIS TAB	3	NDS
<b>LAXATIVES</b>		
CLENPIQ	3	
COLYTE-FLAVOR PACKS	3	
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/ flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>generlac</i>	1	
GOLYTELY	3	
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
PREPOPIK	3	
SUPREP BOWEL PREP KIT	2	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	1	
<b>MISCELLANEOUS</b>		
ACTIGALL	2	
<i>alosetron hcl</i> (generic of LOTRONEX)	3	NDS
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
<i>amoxicillin-clarithromycin w/ lansoprazole</i> (generic of PREVPAC)	1	
CARAFATE	2	
CHOLBAM	3	NDS NM LA
<i>cromolyn sodium</i> ( <i>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	2	
LOMOTIL	2	
<i>loperamide hcl</i> CAPS	1	
LOTRONEX	3	NDS
<i>misoprostol</i> (generic of CYTOTEC) TABS	1	
MOVANTIK	2	
OALIVA	3	NDS NM LA
OMECLAMOX-PAK	3	
PREVPAC	3	NDS

Drug Name	Drug Requirements/ Tier	Limits
PYLERA	3	NDS
RELISTOR	3	NDS
SUCRAID	3	NDS LA
<i>sucrafate</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
<b>PANCREATIC ENZYMES</b>		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
VIOKACE 10	2	
VIOKACE 20	3	NDS
ZENPEP	2	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX	3	
ACIPHEX SPRINKLE	3	
DEXILANT	2	
<i>esomeprazole magnesium</i> (generic of NEXIUM)	1	
<i>esomeprazole sodium inj</i> 20mg	1	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR	1	
<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	

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Drug Name	Drug Requirements/ Tier	Limits
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	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<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	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	1	
ELMIRON	3	NDS
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 15) 15meq	1	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 5) 540mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 10) 1080mg	1	
THIOLA	3	NDS
URECHOLINE	2	
UROCID-K 5	2	
UROCID-K 10	2	
UROCID-K 15	2	
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide</i> (generic of ENABLEX)	1	
DETROL	3	
DETROL LA	3	
DITROPAN XL 5mg, 10mg	3	
ENABLEX	3	
GELNIQUE PUMP	3	
MYRBETRIQ	2	
<i>oxybutynin chloride</i> SYRP; TABS	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	1	
OXYTROL	3	
<i>tolterodine er</i> (generic of DETROL LA)	1	
<i>tolterodine tartrate</i> (generic of DETROL)	1	
TOVIAZ	2	
<i>tropium chloride</i>	1	
VESICARE	2	
<b>VAGINAL ANTI-INFECTIVES</b>		
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</i> SUPP	1	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>terconazole vaginal</i> .8%	CREA	1
<i>terconazole vaginal</i>	SUPP	1
<i>vandazole</i>		1
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
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
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	2	
XARELTO STARTER PACK	2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
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
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	B/D NM
EPOGEN 20000unit/ml	3	NDS B/D NM
GRANIX	3	NDS NM
LEUKINE	3	NDS NM
MOZOBIL	3	NDS NM
NEULASTA	3	NDS NM
NEULASTA ONPRO KIT	3	NDS NM
NEUPOGEN	3	NDS NM
NPLATE	3	NDS NM
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	B/D NM
PROCRIT 20000unit/ml, 40000unit/ml	3	NDS B/D NM
ZARXIO	3	NDS NM
<b>MISCELLANEOUS</b>		
AGRYLIN	2	
<i>anagrelide hcl</i> 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	1	
BERINERT	3	NDS NM LA
<i>cilostazol</i>	1	
CINRYZE	3	NDS NM LA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	

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Drug Name	Drug Requirements/ Tier	Limits
ENDARI	3	NDS NM LA
FIRAZYR	3	NDS NM
HAEGARDA	3	NDS NM LA
KALBITOR	3	NDS NM LA
LYSTEDA	3	
<i>pentoxifylline</i> TBCR	1	
PROMACTA	3	NDS NM LA
RUCONEST	3	NDS NM
SOLIRIS	3	NDS NM LA
TAVALISSE	3	NDS NM LA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOX	3	
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	1	
BRILINTA	2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS	1	
EFFIENT	3	
PLAVIX	3	
<i>prasugrel hcl</i> (generic of EFFIENT)	1	
YOSPRALA	3	
ZONTIVITY	3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ARAVA	3	NDS
DUPIXENT	3	NDS NM
ENBREL	3	NDS NM
ENBREL MINI	3	NDS NM
ENBREL SURECLICK	3	NDS NM
HUMIRA	3	NDS NM
HUMIRA INJ 10MG/0.2ML	3	NDS NM
HUMIRA KIT 20MG/0.4ML	3	NDS NM
HUMIRA KIT 40MG/0.8ML	3	NDS NM
HUMIRA PEDIATRIC CROHNS DISEASE	3	NDS NM
HUMIRA PEN	3	NDS NM
HUMIRA PEN INJ CD/UC/HS STARTER	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN INJ 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	
REMICADE	3	NDS NM
TREXALL	2	B/D
XATMEP	3	B/D
XELJANZ	3	NDS NM
XELJANZ XR	3	NDS NM
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	3	NDS B/D NM
CARIMUNE NANOFILTERED	3	NDS B/D NM
CUVITRU	3	NDS B/D NM LA
CYTOGAM	3	NDS NM
FLEBOGAMMA DIF	3	NDS B/D NM
GAMASTAN S/D	2	B/D NM
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
PRIVIGEN	3	NDS B/D NM
<b>IMMUNOMODULATORS</b>		
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	
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL 5mg	3	NDS B/D NM
ASTAGRAF XL .5mg, 1mg	3	B/D NM
ATGAM	3	NDS B/D

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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	2	B/D NM
MYFORTIC 360mg	3	NDS B/D NM
NEORAL	2	B/D NM
NULOJIX	3	NDS B/D NM
PROGRAF CAPS 5mg	3	NDS B/D NM
PROGRAF CAPS .5mg, 1mg	2	B/D NM
RAPAMUNE	3	NDS B/D NM
SANDIMMUNE CAP 25MG	2	B/D NM
SANDIMMUNE CAP 100MG	3	NDS B/D NM
SANDIMMUNE INJ	3	B/D NM
SANDIMMUNE SOLN 100MG/ML	2	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS	1	B/D NM
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
<b>VACCINES</b>		
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	
IPOLE INACTIVATED IPV	2	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
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	
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	

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Drug Name	Drug Requirements/ Tier	Limits
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
K-TAB 8meq, 20meq	3	
K-TAB 10meq	2	
<i>klor-con 8</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	
<i>klor-con pak 20meq</i>	1	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	1	
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	1	
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	
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> (generic of MICRO-K) CPCR	1	
<i>potassium chloride</i> PACK	1	
<i>potassium chloride</i> SOLN 10%, 20%	1	
<i>potassium chloride</i> TBCR 8meq, 10meq	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride tab cr 10 meq</i>	1	
<i>sodium chloride</i> SOLN 2.5meq/ml	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>tpn electrolytes</i>	1	B/D
<b>IV NUTRITION</b>		
AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
<i>aminosyn 8.5%/electro</i>	1	B/D
AMINOSYN II	3	B/D
<i>aminosyn ii 8.5%/electrol</i>	1	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5	3	B/D
CLINIMIX 4.25%/DEXTROSE 5	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE	3	B/D
CLINIMIX E 4.25%/DEXTROSE	3	B/D
CLINIMIX E 5%/DEXTROSE 15	3	B/D
CLINIMIX E 5%/DEXTROSE 20	3	B/D
CLINIMIX E 5%/DEXTROSE 25	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D

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CLINIMIX INJ 4.25/D25	3	B/D
<i>clinisol sf 15%</i>	1	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
<i>hepatamine</i>	1	B/D
INTRALIPID 30%	3	B/D
<i>intralipid inj 20%</i>	1	B/D
NEPHRAMINE	3	B/D
<i>nutrilipid inj 20%</i>	1	B/D
<i>plenamine</i>	1	B/D
<i>premasol 6%</i>	1	B/D
PREMASOL 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>dextrose SOLN</i>	1	
<i>dextrose 5%</i>	1	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/NAACL 0.3%	3	
<i>dextrose 10%</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
DEXTROSE W/ SODIUM CHLORIDE	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.3%/D5W/LR	3	
KCL 0.3%/D5W/NAACL 0.9%	3	
KCL 0.15%/D5W/NAACL 0.225%	3	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	1	
<i>kcl/nacl inj 0.15%-0.9%</i>	1	
<i>lactated ringer's</i>	1	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
NORMOSOL-R IN D5W	3	
PLASMA-LYTE A	3	

Drug Name	Drug Requirements/ Tier	Limits
PLASMA-LYTE-148	3	
<i>potassium chloride SOLN</i> .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	1	
<i>potassium chloride 0.15% in nacl 0.45%</i>	1	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in dextrose &amp; 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	
<b>VITAMINS</b>		
<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
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	1	B/D
<i>paricalcitol CAPS 4mcg</i>	1	B/D
PNV PRENATAL TAB PLUS	2	
RAYALDEE	3	NDS
ROCALTROL	2	B/D
ZEMPLAR CAPS 1mcg	2	B/D
ZEMPLAR CAPS 2mcg	3	NDS B/D
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<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
<b>ANTI-INFECTIVES</b>	
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> (generic of NEOSPORIN)	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> (generic of VIROPTIC) SOLN	1
VIGAMOX	3
VIROPTIC	2
ZIRGAN	3
ZYMAXID	3
<b>ANTI-INFLAMMATORIES</b>	
ACULAR	3
ACULAR LS	3
ACUVAIL	2
ALREX	3
<i>bromfenac sodium (ophth)</i>	1
BROMSITE	3
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i>	1
<i>diclofenac sodium (ophth)</i>	1
DUREZOL	2
FLAREX	2
<i>fluorometholone (ophth)</i>	1
<i>flurbiprofen sodium</i>	1
FML	2
FML FORTE	2
FML LIQUIFILM	3
ILEVRO	2
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) .4%	1
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) .5%	1
LOTEMAX	3
MAXIDEX	2
NEVANAC	2
OMNIPRED	3
PRED MILD	2
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	1
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3
PROLENSA	3
<b>ANTIALLERGICS</b>	
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
ELESTAT	3
EMADINE	3
<i>epinastine hcl (ophth)</i> (generic of ELESTAT)	1
LASTACAFT	2
<i>olopatadine hcl 0.1%</i> (generic of PATANOL)	1
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	1
PATADAY	3
PATANOL	3
PAZEO	2
<b>ANTIGLAUCOMA</b>	
ALPHAGAN P	2
AZOPT	2
BETAGAN	3
<i>betaxolol hcl (ophth)</i>	1
BETIMOL	2
BETOPTIC-S	2
<i>brimonidine sol 0.2%</i>	1
<i>brimonidine sol 0.15%</i> (generic of ALPHAGAN P)	1
<i>carteolol hcl (ophth)</i>	1
COMBIGAN	2
COSOPT	3
COSOPT PF	3
<i>dorzolamide hcl</i> (generic of TRUSOPT)	1
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	1
ISOPTO CARPINE	3
ISTALOL	3
<i>latanoprost</i> (generic of XALATAN) SOLN	1
<i>levobunolol hcl</i> (generic of BETAGAN)	1
LUMIGAN	2
<i>metipranolol</i>	1
PHOSPHOLINE IODIDE	3
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	1
SIMBRINZA	2

Drug Name	Drug Requirements/ Tier Limits
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	1
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE)	1
<i>timolol maleate ophth soln 0.5% (once-daily)</i> (generic of ISTALOL)	1
TIMOPTIC	3
TIMOPTIC OCUDOSE	3
TIMOPTIC-XE .25%	3
TRAVATAN Z	2
TRUSOPT	3
XALATAN	3
<b>MISCELLANEOUS</b>	
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</i> (generic of ALCAINE) SOLN	1
RESTASIS	2
RESTASIS MULTIDOSE	2
XIIDRA	2
<b>RESPIRATORY</b>	
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
ANORO ELLIPTA	2
BEVESPI AEROSPHERE	2
COMBIVENT RESPIMAT	2
<i>ipratropium-albuterol</i>	1 B/D
STIOLTO RESPIMAT	2
TRELEGY ELLIPTA	2
<b>ANTICHOLINERGICS</b>	
ATROVENT HFA	3
INCRUSE ELLIPTA	2
<i>ipratropium bromide (nasal)</i>	1
<i>ipratropium sol inhal</i>	1 B/D
LONHALA MAGNAIR REFILL KIT	3 NDS
LONHALA MAGNAIR STARTER KIT	3 NDS
SPIRIVA HANDIHALER	2

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Drug Name	Drug Requirements/ Tier	Limits
SPIRIVA RESPIMAT	2	
<b>ANTI-HISTAMINE COMBINATIONS</b>		
CLARINEX-D 12 HOUR	3	
DYMISTA	2	
SEMPREX-D	3	
<b>ANTI-HISTAMINES</b>		
ASTEPRO	3	
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 TDBP	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	
XYZAL SOL	2	
<b>BETA AGONISTS</b>		
albuterol sulfate NEBU	1	B/D
albuterol sulfate SYRP; TABS; TB12	1	
ARCAPTA NEOHALER	3	
BROVANA	3	NDS B/D
levalbuterol hcl (generic of XOPENEX) NEBU	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
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	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
terbutaline sulfate SOLN	3	NDS
terbutaline sulfate TABS	1	
VENTOLIN HFA	3	
XOPENEX	3	B/D
XOPENEX CONCENTRATE	3	B/D
XOPENEX HFA	3	
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE	3	
montelukast sodium (generic of SINGULAIR) CHEW; PACK; TABS	1	
SINGULAIR	3	
zafirlukast (generic of ACCOLATE)	1	
zileuton (generic of ZYFLO CR)	3	NDS
<b>MAST CELL STABILIZERS</b>		
cromolyn sod neb 20mg/2ml	1	B/D
<b>MISCELLANEOUS</b>		
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP	3	NDS NM LA
CINQAIR	3	NDS NM LA
DALIRESP	2	
ELIXOPHYLLIN	3	
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
ESBRIET	3	NDS NM
FASENRA INJ 30MG/ML	3	NDS NM LA
GLASSIA	3	NDS NM LA
KALYDECO	3	NDS NM
NUCALA	3	NDS NM LA
OFEV	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Limits
ORKAMBI TABS	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
<b>NASAL STEROIDS</b>		
BECONASE AQ	3	
<i>flunisolide (nasal)</i>	1	
<i>fluticasone propionate (nasal)</i> (generic of FLONASE)	1	
<i>mometasone furoate (nasal)</i> (generic of NASONEX)	1	
NASONEX	3	
OMNARIS	3	
QNASL	3	
QNASL CHILDRENS	3	
ZETONNA	3	
<b>STEROID INHALANTS</b>		
ALVESCO	3	
ARNUIITY ELLIPTA	2	
ASMANEX	2	
ASMANEX HFA	2	
ASMANEX TWISTHALER 30 MET	2	
ASMANEX TWISTHALER 60 MET	2	
ASMANEX TWISTHALER 120 ME	2	
<i>budesonide (inhalation)</i> (generic of PULMICORT)	1	B/D
FLOVENT DISKUS	2	
FLOVENT HFA	2	
PULMICORT	3	B/D
PULMICORT FLEXHALER	2	
QVAR	2	
QVAR REDHALER	2	
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
BREO ELLIPTA	2	

Drug Name	Drug Requirements/ Tier	Limits
SYMBICORT	2	
<b>TOPICAL DERMATOLOGY, ACNE</b>		
ABSORICA	3	NDS
ACANYA	3	
ACZONE	3	
<i>adapalene</i> (generic of DIFFERIN) CREA; GEL	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	1	
AKTIPAK	3	
<i>amnesteam</i>	1	
ATRALIN	2	
<i>avita</i> (generic of RETIN-A) CREA	1	
<i>avita</i> GEL	1	
AZELEX	3	
BENZAACLIN WITH PUMP	3	
BENZAMYCIN	3	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	1	
<i>claravis</i>	1	
CLEOCIN-T	3	
<i>clindacin-p</i> (generic of CLEOCIN-T)	1	
CLINDAGEL	3	NDS
<i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM	1	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	1	
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of ACANYA)	1	
<i>clindamycin phosphate-benzoyl peroxide</i> (generic of BENZAACLIN)	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> (generic of DUAC)	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin</i>	1	
<i>phosphate-tretinoin</i> (generic of ZIANA)		
<i>dapsone gel 5%</i> (generic of ACZONE)	1	
DIFFERIN	2	
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	3	
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	3	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
BACTROBAN	2	
BACTROBAN NASAL	3	
CENTANY	3	
CORTISPORIN	3	
<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> (generic of SULFAMYLON) PACK	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>mupirocin</i> OINT	1	
<i>mupirocin calcium (topical)</i> (generic of BACTROBAN)	1	
SILVADENE	2	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	1	
<i>ssd</i> (generic of SILVADENE)	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	3	NDS
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> GEL	1	
<i>ciclopirox</i> (generic of LOPROX SHAMPOO) SHAM	1	
<i>ciclopirox olamine</i> (generic of LOPROX) CREA; SUSP	1	
<i>clotrimazole (topical)</i>	1	
<i>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	
LOPROX SHAMPOO	3	NDS
<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	
<i>oxiconazole nitrate</i> (generic of OXISTAT)	1	

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Drug Name	Drug Requirements/ Tier	Limits
OXISTAT	3	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	3	NDS
<i>acitretin</i> 17.5mg	3	NDS
<i>calcipotriene</i> (generic of DOVONEX) CREA	1	PA
<i>calcipotriene</i> OINT; SOLN	1	PA
<i>calcitrene</i>	1	PA
<i>calcitriol</i> (topical)	1	
DOVONEX	3	NDS PA
<i>methoxsalen rapid</i> (generic of OXSORALEN ULTRA)	3	NDS
OXSORALEN ULTRA	3	NDS
SORIATANE	3	NDS
SORILUX	3	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	
VECTICAL	3	NDS
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	1	
NIZORAL	3	
<i>selenium sulfide</i> LOTN	1	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ALA SCALP	3	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i> CREA; LOTN	1	
AMCINONIDE OINT	3	
APEXICON E	3	NDS
<i>betamethasone dipropionate</i> (topical)	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	1	
<i>betamethasone dipropionate augmented</i> GEL	1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	1	

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

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

Drug Name	Drug Requirements/ Tier	Limits
hydrocortisone butyrate soln 0.1% (generic of LOCOID)	1	
hydrocortisone valerate	1	
IMPOYZ	3	
KENALOG	3	
LOCOID	3	
LOCOID LIPOCREAM	3	
MICORT-HC	3	
mometasone furoate (generic of ELOCON) CREA; OINT	1	
mometasone furoate SOLN	1	
nolix (generic of CORDRAN)	1	
OLUX	3	NDS
OLUX-E	3	NDS
PANDEL	3	NDS
prednicarbate	1	
PSORCON	3	NDS
SERNIVO	3	NDS
SYNALAR CREA; OINT	3	
SYNALAR SOLN	2	
TACLONEX	3	NDS PA
TEMOVATE CREA	3	
TEMOVATE OINT	2	
TEXACORT	2	
TOPICORT CREA; LIQD	3	
TOPICORT GEL; OINT	2	
triamcinolone acetonide (topical) (generic of KENALOG) AERS	1	
triamcinolone acetonide (topical) CREA; LOTN; OINT	1	
TRIANEX	3	
triderm	1	
TRIDESILON	2	
ULTRAVATE	3	NDS
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
glydo	1	PA
lidocaine OINT	1	PA
lidocaine (generic of LIDODERM) PTCH	1	PA
lidocaine hcl GEL	1	PA
lidocaine hcl SOLN 4%	1	PA
lidocaine-prilocaine	1	PA
LIDODERM	2	PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	1	
<i>metronidazole gel 0.75%</i>	1	
MIRVASO	3	
NORITATE	3	NDS
ORACEA	2	
PANRETIN	3	NDS
PENNSAID	3	NDS
PICATO	2	
<i>podofilox</i> SOLN	1	
<i>procto-med hc</i> (generic of ANUSOL-HC)	1	
<i>procto-pak</i> (generic of PROCTOCORT)	1	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	1	
PROTOPIC	3	
RECTIV	3	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	1	
SOOLANTRA	2	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	1	
TARGRETIN GEL	3	NDS NM
VALCHLOR	3	NDS NM LA
VOLTAREN GEL 1%	3	
XERESE	3	NDS
ZOVIRAX CREA; OINT	3	NDS
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
ELIMITE	2	
EURAX	3	
<i>malathion</i> (generic of OVIDE)	1	
NATROBA	3	
OVIDE	2	
<i>permethrin cre 5%</i> (generic of ELIMITE)	1	
SKLICE	3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid .25%</i>	1	
<i>neomycin/polymyxin b gu</i>	1	
REGRANEX	3	NDS

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
SANTYL	3	
<i>sodium chloride 0.9% irrigation</i>	1	
<i>water for irrigation, sterile</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl (generic of EVOXAC)</i>	1	
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)</i>	1	
<i>clotrimazole LOZG</i>	1	
EVOXAC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	NDS
<i>paroex sol 0.12% (generic of PERIDEX)</i>	1	
<i>periogard (generic of PERIDEX)</i>	1	
<i>pilocarpine hcl (oral) (generic of SALAGEN)</i>	1	
SALAGEN	2	
<i>triamcinolone acetonide (mouth)</i>	1	
<b>OTIC</b>		
<i>acetazol hc</i>	1	
<i>acetic acid (otic)</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
DERMOTIC	3	
FLOXIN OTIC	3	
<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	
OTOVEL	3	

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<i>tri-lo-estarylla</i> .....	39	see <i>acetaminophen w/</i>	VAGIFEM .....	40
<i>tri-lo-sprintec</i> .....	39	<i>codeine 300-60mg</i> .....	see <i>estradiol vaginal tab</i>	40
<i>trilyte</i> .....	45	TYMLOS .....	see <i>yuvaferm vaginal tablet</i>	
<i>trimethoprim</i> .....	8	TYPHIM VI.....	10 mcg .....	40
<i>tri-mili</i> .....	39	TYSABRI .....	<i>valacyclovir hcl</i> .....	10
<i>trimipramine maleate</i> .....	27	TYVASO .....	VALCHLOR .....	59
<i>trinessa</i> .....	39	<b>U</b>	VALCYTE .....	10
<i>trinessa lo</i> .....	39	UCERIS FOAM.....	see <i>valganciclovir hcl</i> ...	10
TRI-NORINYL 28 .....	39	UCERIS TAB .....	<i>valganciclovir hcl</i> .....	10
see <i>aranelle</i> .....	36	ULORIC .....	VALIUM .....	25
see <i>leena tab</i> .....	37	ULTRACET.....	see <i>diazepam</i> .....	24
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<i>tri-previfem</i> .....	39	<i>tramadol-acetaminophen</i> .....	<i>valproic acid</i> .....	25
<i>tri-sprintec</i> .....	39	ULTRAM .....	<i>valsartan</i> .....	18
TRIUMEQ .....	10	see <i>tramadol hcl tab 50</i>	<i>valsartan-hydrochlorothiazid</i>	
<i>trivora-28</i> .....	39	<i>mg</i> .....	<i>e</i> .....	18
<i>tri-vylibra</i> .....	39	ULTRAVATE.....	VALSTAR .....	13
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see <i>abacavir</i>		<i>propionate</i> .....	see <i>valacyclovir hcl</i> .....	10
<i>sulfate-lamivudine-zidovud</i>		UNASYN.....	VANCOGIN HCL.....	8
<i>ine</i> .....	9	see <i>ampicillin &amp; sulbactam</i>	see <i>vancomycin hcl</i> .....	8
TROGARZO.....	9	<i>sodium</i> .....	<i>vancomycin hcl</i> .....	8
TROKENDI XR .....	25	UNASYN BULK PACK.....	VANCOMYCIN IN NAACL ...	8
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<i>trosipium chloride</i> .....	46	<i>sodium</i> .....	VANTAS .....	15
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TRULICITY .....	34	UPTRAVI .....	VARIVAX .....	50
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VENTAVIS.....	23	VIMPAT.....	25	warfarin sodium.....	47
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VERELAN.....	21	vinblastine sulfate.....	14	see colesevelam hcl.....	19
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.....	35	YAZ.....	39	ZETIA .....	19
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.....	35	<i>estradiol</i> .....	36	ZETONNA .....	55
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XIMINO .....	13	see <i>loryna</i> .....	37	see <i>bisoprolol &amp;</i>	
XODOL		see <i>nikki</i> .....	38	<i>hydrochlorothiazide</i> .....	20
see		see <i>vestura</i> .....	39	ZIAGEN	
<i>hydrocodone-acetaminoph</i>		YERVOY .....	14	see <i>abacavir sulfate</i> .....	8
<i>en 5-300mg</i> .....	3	YF-VAX.....	50	ZIAGEN SOLN.....	9
see		YOSPRALA .....	48	ZIAGEN TAB .....	9
<i>hydrocodone-acetaminoph</i>		<i>yuvafem vaginal tablet 10</i>		ZIANA .....	56
<i>en 7.5-300mg</i> .....	3	<i>mcg</i> .....	40	see <i>clindamycin</i>	
see <i>vicodin</i> .....	6	<b>Z</b>		<i>phosphate-tretinoin</i> .....	56
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XOLAIR.....	55	ZALTRAP .....	14	<i>zidovudine syp 50mg/5ml</i> ...	9
XOPENEX.....	54	ZANAFLEX .....	33	<i>zidovudine tab 300mg</i> .....	9
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.....	54	ZANTAC		see <i>dexrazoxane</i> .....	16
see <i>levulbuterol hcl soln</i>		see <i>ranitidine hcl</i> .....	44	<i>ziprasidone hcl</i> .....	30
<i>nebu conc 1.25 mg/0.5ml</i>		see <i>ranitidine inj</i> .....	44	ZIPSOR .....	1
.....	54	ZANTAC INJ 25MG/ML ....	44	ZIRGAN .....	52
XOPENEX HFA .....	54	ZANTAC INJ 50MG/2ML ..	44	ZITHROMAX .....	11
XTAMPZA ER .....	6	<i>zarah</i> .....	39	see <i>azithromycin</i> .....	11
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see <i>lidocaine inj 0.5%</i> .....	6	ZELBORAF.....	15	see <i>ondansetron hcl oral</i>	
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<i>preservative free (pf)</i> .....	6	<i>zenzedi</i> .....	31	<i>5mg/100ml</i> .....	36
XYREM .....	33	ZEPATIER .....	11	ZOLEDRONIC INJ	
XYZAL SOL .....	54	ZERBAXA .....	11	4MG/100ML.....	36
<b>Y</b>		ZERIT .....	9	<i>zoledronic inj 4mg/5ml</i> .....	36
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<i>see zoledronic inj 4mg/5ml</i>		<i>see piper/tazoba inj</i>		ZYFLO CR	
.....	36	<i>4-0.5gm</i> .....	12	<i>see zileuton</i> .....	54
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ZORTRESS TAB 0.75MG.....	49	ZUBSOLV SUB 5.7-1.4MG		<i>see olanzapine odt</i> .....	29
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# SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



This formulary was updated on 08/20/2018. 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.

This information is not a complete description of benefits. Call 1-844-460-8767 (TTY: 711) for more information.

ATENCIÓN: Si usted habla español u otros idiomas, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-844-460-8767 (TTY: 711).

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