

Priority Partners (690)

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INTRODUCTION

Priority Partners is pleased to provide the 2022 Priority Partners MCO Formulary. The Priority Partners Formulary is a guide for health care providers and plan members. The formulary is updated on a regular basis, including when a new generic or brand-name medication becomes available, and as discontinued drugs are removed from the marketplace. **The Priority Partners Formulary is a closed formulary and only those drugs listed in this formulary are covered.**

The drugs selected for this formulary have been reviewed and approved by the Priority Partners Pharmacy and Therapeutics (P&T) Committee. Formulary drugs are clinically appropriate and cost-effective for patients who have their drug benefit administered through Priority Partners. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Non-Formulary request process, which is explained in the **NON-FORMULARY EXCEPTION REQUESTS** section of this document.

Please visit our website at www.jhhc.com for additional information regarding the Priority Partners MCO Formulary.

Notice of Nondiscrimination

It is the policy of Priority Partners MCO not to discriminate on the basis of race, color, national origin, sex, age or disability. Priority Partners MCO has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Ms. Jennifer Glenn, Johns Hopkins HealthCare Compliance Grievance Coordinator, Johns Hopkins HealthCare Corporate Compliance Department at 7231 Parkway Dr., Suite 100, Hanover, MD 21076, phone: 1-844-422-6957, fax: 1-410-762-1527, and email: compliance@jhhc.com, who has been designated to coordinate the efforts of Priority Partners MCO to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Priority Partners MCO to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Priority Partners MCO relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the President of Johns Hopkins HealthCare within 15 days of receiving the Section 1557 Coordinator's decision. The President of Johns Hopkins HealthCare shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health

and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019/TDD: 1-800-537-7697.

Complaint forms are available at: <https://www.hhs.gov/ocr/complaints/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Priority Partners MCO will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Language Accessibility Statement

Interpreter Services Are Available for Free

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-654-9728 (TTY: 1-800-201-7165).

አማርኛ (Amharic)

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-654-9728 (መስማት ለተሳናቸው፡ 1-800-201-7165)፡፡

العربية (Arabic)

ملحوظة: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية تتوافر لك مجانًا. اتصل برقم 1-800-654-9728 (رقم هاتف الصم والبكم: 1-800-201-7165).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-654-9728 (TTY: 1-800-201-7165)。

فارسی Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-654-9728 (TTY: 1-800-201-7165) تماس بگیرید.

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-654-9728 (TTY: 1-800-201-7165).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-654-9728 (ATS : 1-800-201-7165).

ગુજરાતી (Gujarati)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
ફોન કરો 1-800-654-9728 (TTY: 1-800-201-7165).

Kreyòl Ayisyen (Haitain Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-654-9728 (TTY: 1-800-201-7165).

Igbo asusu (Ibo)

IGE NTI: Ọ bụrụ na ị na-asụ Igbo, ọrụ enyemaka asụsụ dịrị gị, n'efu. Kpọọ 1-800-654-9728 (TTY: 1-800-201-7165).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-654-9728 (TTY: 1-800-201-7165)번으로 전화해 주십시오.

Bàsɔ̀wè-wùdù-po-nyò (Kru/Bassa)

Dè dè nià kè dyédé gbo: ɔ jǔ ké m̩ [Bàsɔ̀wè-wùdù-po-nyò] jǔ ní, n̩í, à wuɖu kà kò dò po-poɔ̀ b̩éin m̩ gbo kpáa. Ɖá 1-800-654-9728 (TTY: 1-800-201-7165).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-654-9728 (TTY: 1-800-201-7165).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-654-9728 (телетайп: 1-800-201-7165).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-654-9728 (TTY: 1-800-201-7165).

اُردُو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-654-9728 (TTY: 1-800-201-7165)۔

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-654-9728 (TTY: 1-800-201-7165).

èdè Yorùbá (Yoruba)

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-654-9728 (TTY: 1-800-201-7165).

PREFACE

The Priority Partners MCO Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are covered.

This formulary covers selected over-the-counter (OTC) products upon prescription. A complete list is included in this formulary. You are encouraged to recommend OTC products when clinically appropriate.

The Priority Partners formulary is now available online through Formulary Navigator at <https://client.formularynavigator.com/Search.aspx?siteCode=9396395883>

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The Priority Partners P&T Committee is comprised of faculty physicians from the Johns Hopkins School of Medicine and other Priority Partners practicing physicians from a variety of medical specialties. Additional members of the Committee include Clinical Pharmacists and Allied Health Professionals. The actions of the Priority Partners P&T Committee are communicated to Priority Partners network physicians in the Provider Pulse *Newsletter* which is distributed via electronic mail and available on provider website at www.jhhc.com.

PRODUCT SELECTION CRITERIA

The Priority Partners P&T Committee considers all new-to-market drugs for inclusion to the formulary. The evaluation includes a literature review and expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed in an effort to continually provide the most clinically useful and cost-effective agents.

All the information in the Priority Partners MCO Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

NON-FORMULARY EXCEPTION REQUESTS

A medical exception must be requested for drug products not listed in the Priority Partners MCO Formulary. To request a Non-Formulary Exception Request form, call 1-800-654-9728, or download a copy from the Priority Partners website at www.jhhc.com. Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than the prescribed brand-name product. Products designated in the formulary drug list by *lowercase italic* type have generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market.

The U.S. Food and Drug Administration's (FDA) generic drug review and approval process assures the following requirements have been met:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. Also, state laws or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent.

MARYLAND PREFERRED DRUG LIST

Maryland Department of Health (MDH) is responsible for formulary management of most drugs used for behavioral health purposes which are covered under the Medicaid Mental Health Formulary as well as Substance Use Disorder Medications. Drugs in these classes are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance. Some drugs are subject to the prior authorization requirements of the Preferred Drug List (PDL) and clinical criteria. Please refer to the Maryland Preferred Drug List for a complete listing of covered drugs at:

<https://mmcp.health.maryland.gov/pap/pages/Preferred-Drug-List.aspx>

Maryland Medicaid Mental Health Formulary

Drugs from the American Hospital Formulary Service (AHFS) therapeutic classes listed below are included in the Maryland Medicaid Mental Health Formulary available at:

<https://mmcp.health.maryland.gov/pap/docs/Mental%20Health%20Formulary.pdf>

Central Alpha-Agonist (AHFS Class No. 240816)
Anticonvulsants, Benzodiazepines (AHFS Class No. 281208)
Anticonvulsants, Miscellaneous (AHFS Class No. 281292)
Antidepressants (AHFS Class No. 281604)
Antipsychotic Agents (AHFS Class No. 281608)
Amphetamines (AHFS Class No. 282004)
Respiratory and Cerebral Stimulants (AHFS Class No. 282032)
Wakefulness-Promoting Agents (AHFS Class No. 282080)
Benzodiazepines, Anxiolytics, Sedatives and Hypnotics (AHFS Class No. 282408)
Anxiolytics, Sedatives and Hypnotics, Miscellaneous (AHFS Class No. 282492)
Antimanic Agents (AHFS Class No. 282800)
Anticholinergic Agents (AHFS Class No. 283608)
MAO Inhibitors (AHFS Class No. 283632)
Central Nervous System Agents, Miscellaneous (AHFS Class No. 289200)

Substance Use Disorder Medications

A list of Substance Use Disorder Medications can be found at:

<https://mmcp.health.maryland.gov/pap/docs/Substance%20Use%20Disorder%20%20Medication%20Clinical%20Criteria%20Final%20updated%20Aug2018.pdf>

OVER-THE-COUNTER DRUG COVERAGE

In addition to prescription benefits, all over-the-counter (OTC) medications on this list, up to a maximum 30-day supply, are covered by Priority Partners with a written or verbal prescription from a network provider. A prescription is not required for coverage of condoms, Plan B, or generic Plan B. OTC products covered are restricted to generics when available. Brand names are provided as reference only. If both prescription and OTC products are available, you are encouraged to prescribe OTC products when clinically appropriate.

An Abbott blood glucose meter may be provided at no charge by the manufacturer. For more information on how to obtain a blood glucose meter, call: 1-866-224-8892 or log in to: www.ChooseFreeStyle.com

PRIOR AUTHORIZATION

Certain medications require prior authorization (PA) before coverage is approved, to assure medical necessity, clinical appropriateness and/or cost effectiveness. Coverage of these drugs is subject to specific criteria approved by the Priority Partners P&T Committee. Established criteria are based upon medical literature, physician expert opinion, and FDA-approved labeling information.

To request a Prior authorization form, call 1-800-654-9728, or download a copy from the Priority Partners website at www.jhhc.com. Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

QUANTITY LIMITS

Certain prescription medications have specific dispensing limitations for quantity and maximum dose. These dispensing limitations are based on generally accepted guidelines, drug label information approved by the Food and Drug Administration (FDA), current medical literature and input from a committee of physicians and pharmacists. The Priority Partners Pharmacy and Therapeutics Committee may place a limit on the quantity of drug a plan participant may receive based upon cost and/or clinical reasons. The list of medications subject to quantity limits may change. The most up-to-date listing of quantity limits is available on the website www.jhhc.com.

STEP THERAPY

For some plan members who receive the pharmacy benefit, certain covered medications are required to satisfy specific step therapy criteria. Step therapy criteria simply means that for certain drug products, members must first have tried one or more prerequisite medications to treat their condition before other medications are covered through their benefit.

The following drugs and generic versions, if available, require step therapy. This list is subject to change and may not be all-inclusive.

aliskiren fumarate (generic of TEKTURN)	Two antihypertensives required first
amlodipine besylate-valsartan (generic of EXFORGE)	amlodipine besylate-benazepril or amlodipine with an ANGIOTENSIN II RECEPTOR ANTAGONIST required first
amlodipine-valsartan-hydrochlorothiazide	amlodipine besylate-benazepril or amlodipine with an ANGIOTENSIN II RECEPTOR ANTAGONIST required first
ANORO ELLIPTA	INCRUSE ELLIPTA required first
febuxostat (generic of ULORIC)	allopurinol required first
mesalamine tab delayed-release 1.2 gm (generic of LIALDA)	Other INFLAMMATORY BOWEL AGENT drug required first
OZEMPIC	metformin or metformin combinations required first
pimecrolimus cream (generic of ELIDEL)	Topical steroid required first

RYBELSUS	metformin or metformin combinations required first
SEGLUROMET	metformin or metformin combinations required first
SEREVENT DISKUS	Inhaled steroid required first
STEGLATRO	metformin or metformin combinations required first
STEGLUJAN	metformin or metformin combinations required first
tacrolimus ointment (generic of PROTOPIC)	Topical steroid required first
TRULICITY	metformin or metformin combinations required first
VICTOZA	metformin or metformin combinations required first
XADAGO	carbidopa-levodopa required first

SPECIALTY PHARMACY

Most of the injectable products listed in this formulary for Priority Partners plan participants are available through CVS Specialty™. Prior Authorization is required for most injectables. To request a Prior authorization form, call 1-800-654-9728, or download a copy from the Priority Partners website at www.jhhc.com. Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

In addition, CVS Specialty includes delivery services to the location of the plan participant's or the physician's choice. Other services include electronic claims processing and claims assistance designed to alleviate the administrative duties of physicians' offices. If a plan participant is unable to receive delivery of medication, specialty medication may be obtained from a retail pharmacy. Plan participants may contact Priority Partners to request obtaining specialty drugs from a retail pharmacy.

EDITOR

Your comments and suggestions regarding the Priority Partners Formulary are encouraged. Your input is vital to this formulary's continued success. Network providers may request Formulary changes by completing a Formulary Change Request Form. All responses will be reviewed and considered. Please send your comments or completed form to:

Chairperson
Pharmacy and Therapeutics Committee
Priority Partners MCO
7231 Parkway Drive, Suite 100
Hanover, MD 21076

Phone: 1-800-654-9728
Fax: 1-410-424-4607

LEGEND

Tier 1	Generic products
Tier 2	Brand-name products
\$0 copay	Zero Dollar Copay
AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
QL	Quantity Limits
SP	Specialty
ST	Step Therapy

NOTICE

The information contained in this Priority Partners Formulary and its appendices is provided by Priority Partners solely for the convenience of medical providers. Priority Partners does not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. The Priority Partners Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Priority Partners assumes no responsibility for the actions

or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Priority Partners.

Priority Partners does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by Priority Partners.

Effective 01/01/2022

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		

<i>clonidine hcl tab er 12hr 0.1 mg (generic of KAPVAY)</i>	1	AGE; Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl tab er 24hr 1 mg (base equiv) (generic of INTUNIV)</i>	1	AGE; Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl tab er 24hr 2 mg (base equiv) (generic of INTUNIV)</i>	1	AGE; Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl tab er 24hr 3 mg (base equiv) (generic of INTUNIV)</i>	1	AGE; Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl tab er 24hr 4 mg (base equiv) (generic of INTUNIV)</i>	1	AGE; Covered under Fee-for-Service for age 6-17

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

ORALAIR SUB 300 IR	2	SP, PA
PALFORZIA CAP ESCALAT	2	PA
PALFORZIA CAP LEVEL 1	2	PA
PALFORZIA CAP LEVEL 2	2	PA
PALFORZIA CAP LEVEL 3	2	PA
PALFORZIA CAP LEVEL 4	2	PA
PALFORZIA CAP LEVEL 5	2	PA
PALFORZIA CAP LEVEL 6	2	PA
PALFORZIA CAP LEVEL 7	2	PA
PALFORZIA CAP LEVEL 8	2	PA
PALFORZIA CAP LEVEL 9	2	PA
PALFORZIA CAP LEVEL 10	2	PA
PALFORZIA POW LEVEL 11	2	PA

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg (generic of HUMATIN)</i>	1	

ANALGESICS - ANTI-INFLAMMATORY**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40/0.4ML	2	SP, PA
HUMIRA PEN INJ 40MG/0.8	2	SP, PA
HUMIRA PEN INJ 80/0.8ML	2	SP, PA
HUMIRA PEN INJ CD/UC/HS	2	SP, PA
HUMIRA PEN INJ PS/UV	2	SP, PA
HUMIRA PEN KIT CD/UC/HS	2	SP, PA
HUMIRA PEN KIT PED UC	2	SP, PA
HUMIRA PEN KIT PS/UV	2	SP, PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ SOL 1MG/ML	2	SP, PA
XELJANZ TAB 5MG	2	SP, PA
XELJANZ TAB 10MG	2	SP, PA
XELJANZ XR TAB 11MG	2	SP, PA
XELJANZ XR TAB 22MG	2	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	2	SP, PA
KEVZARA INJ 200/1.14	2	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>cataflam tab 50mg</i>	1	
<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	1	
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	1	
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	1	
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	1	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg (generic of DICLOFENAC SODIUM DR)</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	1	
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg (generic of LODINE)</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibu tab 400mg</i>	1	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen chew tab 100 mg</i>	1	OTC
<i>ibuprofen susp 40 mg/ml</i>	1	OTC
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	OTC
<i>ibuprofen tab 100 mg</i>	1	OTC
<i>ibuprofen tab 200 mg</i>	1	OTC
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
INDOCIN SUS 25MG/5ML	2	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	1	QL (60 tabs / 25 days)
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	1	QL (60 tabs / 25 days)
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg (generic of ANAPROX DS)</i>	1	
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	1	
<i>naproxen tab ec 375 mg (generic of EC-NAPROSYN)</i>	1	
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	1	
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	1	
<i>relafen tab 500mg</i>	1	
<i>relafen tab 750mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg (generic of ARAVA)</i>	1	
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	SP, PA
ENBREL INJ 25MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	2	SP, PA
ENBREL MINI INJ 50MG/ML	2	SP, PA
ENBREL SRCLK INJ 50MG/ML	2	SP, PA

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac tab</i> (generic of ESGIC)	1	QL (8 tabs / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> (generic of FIORICET)	1	QL (8 caps / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (8 caps / 1 day)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (generic of ESGIC)	1	QL (8 tabs / 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
<i>esgic cap</i>	1	QL (8 caps / 1 day)
<i>zebutal cap</i>	1	QL (8 caps / 1 day)

ANALGESICS OTHER

<i>acetaminophen cap 500 mg</i>	1	OTC
<i>acetaminophen chew tab 80 mg</i>	1	OTC
<i>acetaminophen chew tab 160 mg</i>	1	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	1	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	1	OTC
<i>acetaminophen soln 160 mg/5ml</i>	1	OTC
<i>acetaminophen suppos 120 mg</i>	1	OTC
<i>acetaminophen susp 160 mg/5ml</i>	1	OTC
<i>acetaminophen tab 325 mg</i>	1	OTC
<i>acetaminophen tab 500 mg</i>	1	OTC

SALICYLATES

<i>aspirin chew tab 81 mg</i>	1	OTC
<i>aspirin tab 325 mg</i>	1	OTC
<i>aspirin tab 500 mg</i>	1	OTC
<i>aspirin tab delayed release 81 mg</i>	1	OTC
<i>aspirin tab delayed release 325 mg</i>	1	OTC
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tab 30 mg</i>	1	QL (180 tabs / 23 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches / 23 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches / 23 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches / 23 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches / 23 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches / 23 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches / 23 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches / 23 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches / 23 days)
HYDROMORPHON SUP 3MG	2	
<i>hydromorphone hcl liqd 1 mg/ml (generic of DILAUDID)</i>	1	
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	1	QL (180 tabs / 23 days)
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	1	QL (180 tabs / 23 days)
<i>hydromorphone hcl tab 8 mg (generic of DILAUDID)</i>	1	QL (180 tabs / 23 days)
<i>methadone hcl conc 10 mg/ml (generic of METHADOSE)</i>	1	
<i>methadone hcl soln 5 mg/5ml</i>	1	
<i>methadone hcl soln 10 mg/5ml</i>	1	
<i>methadone hcl tab 5 mg</i>	1	PA
<i>methadone hcl tab 10 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (1350 mL / 23 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (675 mL / 23 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (135 mL / 23 days)
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 supp / 23 days)
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 supp / 23 days)
<i>morphine sulfate suppos 20 mg</i>	1	QL (180 supp / 23 days)
<i>morphine sulfate suppos 30 mg</i>	1	QL (180 supp / 23 days)
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs / 23 days)
<i>morphine sulfate tab 30 mg</i>	1	QL (180 tabs / 23 days)
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	1	PA
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	1	PA
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	1	PA
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	1	PA
<i>morphine sulfate tab er 200 mg (generic of MS CONTIN)</i>	1	PA
<i>oxycodone hcl cap 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (90 mL / 23 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 23 days)
<i>oxycodone hcl tab 5 mg (generic of ROXICODONE)</i>	1	QL (180 tabs / 23 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 23 days)
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	1	QL (180 tabs / 23 days)
<i>oxycodone hcl tab 20 mg</i>	1	QL (180 tabs / 23 days)
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	1	QL (180 tabs / 23 days)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA
<i>tramadol hcl tab 50 mg (generic of ULTRAM)</i>	1	QL (180 tabs / 23 days)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (1000 mL / 23 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (180 tabs / 23 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (180 tabs / 23 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 23 days)
<i>ascomp/cod cap 30mg</i>	1	QL (180 caps / 23 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (180 caps / 23 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (180 caps / 23 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (180 caps / 23 days)
<i>endocet tab 2.5-325 (generic of PERCOCET)</i>	1	QL (180 tabs / 23 days)
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	1	QL (180 tabs / 23 days)
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	1	QL (180 tabs / 23 days)
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	1	QL (180 tabs / 23 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2750 mL / 23 days)
<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i>	1	QL (180 tabs / 23 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (180 tabs / 23 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (180 tabs / 23 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 23 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tabs / 23 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 23 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i>	1	QL (180 tabs / 23 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	1	QL (180 tabs / 23 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	1	QL (180 tabs / 23 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	1	QL (180 tabs / 23 days)
<i>tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET)</i>	1	QL (180 tabs / 23 days)
OPIOID PARTIAL AGONISTS		
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
ANDROGENS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml (generic of DEPO-TESTOSTERONE)</i>	1	
<i>testosterone cypionate im inj in oil 200 mg/ml (generic of DEPO-TESTOSTERONE)</i>	1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	QL (150 gm / 23 days)
<i>testosterone td gel 25 mg/2.5gm (1%) (generic of ANDROGEL)</i>	1	QL (150 gm / 23 days)
<i>testosterone td gel 50 mg/5gm (1%) (generic of ANDROGEL)</i>	1	QL (150 gm / 23 days)
<i>testosterone td gel 50 mg/5gm (1%) (generic of TESTIM)</i>	1	QL (150 gm / 23 days)
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RECTAL STEROIDS		
<i>anucort-hc sup 25mg</i>	1	
<i>hemmorex-hc sup 25mg</i>	1	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone perianal cream 2.5% (generic of ANUSOL-HC)</i>	1	
<i>procto-med cre hc 2.5% (generic of ANUSOL-HC)</i>	1	
<i>proctosol hc cre 2.5% (generic of ANUSOL- HC)</i>	1	
<i>proctozone cre -hc 2.5% (generic of ANUSOL-HC)</i>	1	
ANTACIDS		
ANTACID COMBINATIONS		
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg (generic of ALBENZA)</i>	1	
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	1	PA
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole cap 375 mg (generic of FLAGYL)</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg (generic of NEBUPENT)</i>	1	
<i>PRIMSOL SOL 50MG/5ML</i>	2	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg (generic of BACTRIM DS)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfatrim pd sus 200-40/5</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	1	
GLYCOPEPTIDES		
<i>FIRVANQ SOL 25MG/ML</i>	2	
<i>FIRVANQ SOL 50MG/ML</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOCIN HCL)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOCIN)</i>	1	
<i>VANCOMYCIN SOL 250/5ML</i>	2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg (generic of CLEOCIN)</i>	1	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	1	
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	1	
<i>linezolid tab 600 mg (generic of ZYVOX)</i>	1	QL (28 tabs / 25 days)
URINARY ANTI-INFECTIVES		
<i>nitrofurantoin macrocrystalline cap 25 mg (generic of MACRODANTIN)</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg (generic of RANEXA)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine tab er 12hr 1000 mg</i> (generic of RANEXA)	1	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i> (generic of ISORDIL TITRADOSE)	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 40 mg</i> (generic of ISORDIL TITRADOSE)	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i> (generic of NITROSTAT)	1	
<i>nitroglycerin sl tab 0.4 mg</i> (generic of NITROSTAT)	1	
<i>nitroglycerin sl tab 0.6 mg</i> (generic of NITROSTAT)	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray</i> (400 mcg/spray) (generic of NITROLINGUAL PUMPSPRAY)	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate cap 100 mg</i> (generic of NORPACE)	1	
<i>disopyramide phosphate cap 150 mg</i> (generic of NORPACE)	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i> (generic of TIKOSYN)	1	SP, PA
<i>dofetilide cap 250 mcg (0.25 mg)</i> (generic of TIKOSYN)	1	SP, PA
<i>dofetilide cap 500 mcg (0.5 mg)</i> (generic of TIKOSYN)	1	SP, PA
MULTAQ TAB 400MG	2	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 each / 25 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	2	
INCRUSE ELPT INH 62.5MCG	2	
<i>ipratropium bromide inhal soln 0.02%</i>	1	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i> (generic of SINGULAIR)	1	QL (90 tabs / 68 days)
<i>montelukast sodium chew tab 5 mg (base equiv)</i> (generic of SINGULAIR)	1	QL (90 tabs / 68 days)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> (generic of SINGULAIR)	1	QL (90 packets / 68 days)
<i>montelukast sodium tab 10 mg (base equiv)</i> (generic of SINGULAIR)	1	QL (90 tabs / 68 days)
STERIOD INHALANTS		
<i>budesonide inhalation susp 0.5 mg/2ml</i> (generic of PULMICORT)	1	Max of 90-Day Supply Per Fill
<i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT)	1	Max of 90-Day Supply Per Fill
<i>budesonide inhalation susp 1 mg/2ml</i> (generic of PULMICORT)	1	Max of 90-Day Supply Per Fill
FLOVENT DISK AER 50MCG	2	QL (180 inhalations / 68 days)
FLOVENT DISK AER 100MCG	2	QL (180 inhalations / 68 days)
FLOVENT DISK AER 250MCG	2	QL (180 inhalations / 68 days)
FLOVENT HFA AER 44MCG	2	QL (3 inhalers / 68 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AER 110MCG	2	QL (3 inhalers / 68 days)
FLOVENT HFA AER 220MCG	2	QL (3 inhalers / 68 days)
PULMICORT INH 90MCG	2	Max of 90-Day Supply Per Fill
PULMICORT INH 180MCG	2	Max of 90-Day Supply Per Fill
QVAR REDIHA AER 80MCG	2	Max of 90-Day Supply Per Fill
QVAR REDIHAL AER 40MCG	2	Max of 90-Day Supply Per Fill

SYMPATHOMIMETICS

ADVAIR HFA AER 45/21	2	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
ADVAIR HFA AER 115/21	2	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
ADVAIR HFA AER 230/21	2	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / 23 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROAIR HFA)</i>	1	QL (2 inhalers / 23 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	1	QL (2 inhalers / 23 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (375 each / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	QL (68 tabs / 25 days)
<i>albuterol sulfate tab 4 mg</i>	1	QL (68 tabs / 25 days)
ANORO ELLIPT AER 62.5-25	2	ST; Max of 90-Day Supply Per Fill

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
COMBIVENT AER 20-100	2	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	QL (3 inhalers / 68 days); \$0
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	1	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	QL (3 inhalers / 68 days); \$0
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	QL (3 inhalers / 68 days); \$0
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	1	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)</i>	1	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (generic of XOPENEX)</i>	1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (generic of XOPENEX)</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (generic of XOPENEX)</i>	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (generic of XOPENEX CONCENTRATE)</i>	1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	
SEREVENT DIS AER 50MCG	2	ST
STRIVERDI AER 2.5MCG	2	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER ELLIPTA	2	PA; Max of 90-Day Supply Per Fill

Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub aer 100/50</i> (generic of ADVAIR DISKUS)	1	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
<i>wixela inhub aer 250/50</i> (generic of ADVAIR DISKUS)	1	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill
<i>wixela inhub aer 500/50</i> (generic of ADVAIR DISKUS)	1	AGE; Covered for younger than age 19; Max of 90-Day Supply Per Fill

XANTHINES

<i>ELIXOPHYLLIN ELX 80/15ML</i>	2	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 30 mg/0.3ml</i> (generic of LOVENOX)	1	Greater than 30 days of therapy requires PA
<i>enoxaparin sodium inj 40 mg/0.4ml</i> (generic of LOVENOX)	1	Greater than 30 days of therapy requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 100 mg/ml (generic of LOVENOX)</i>	1	Greater than 30 days of therapy requires PA
<i>enoxaparin sodium inj 120 mg/0.8ml (generic of LOVENOX)</i>	1	Greater than 30 days of therapy requires PA
<i>enoxaparin sodium inj 150 mg/ml (generic of LOVENOX)</i>	1	Greater than 30 days of therapy requires PA
<i>enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)</i>	1	Greater than 30 days of therapy requires PA
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml (generic of LOVENOX)</i>	1	Greater than 30 days of therapy requires PA
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml (generic of LOVENOX)</i>	1	Greater than 30 days of therapy requires PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	

THROMBIN INHIBITORS

PRADAXA CAP 75MG	2	
PRADAXA CAP 110MG	2	
PRADAXA CAP 150MG	2	

ANTICONVULSANTS

ANTICONVULSANTS - MISC.

<i>primidone tab 50 mg (generic of MYSOLINE)</i>	1	
<i>primidone tab 250 mg (generic of MYSOLINE)</i>	1	

HYDANTOINS

DILANTIN CAP 30MG	2	
<i>phenytoin chew tab 50 mg (generic of DILANTIN INFATABS)</i>	1	
<i>phenytoin sodium extended cap 100 mg (generic of DILANTIN)</i>	1	
<i>phenytoin sodium extended cap 200 mg (generic of PHENYTEK)</i>	1	
<i>phenytoin sodium extended cap 300 mg (generic of PHENYTEK)</i>	1	
<i>phenytoin susp 125 mg/5ml (generic of DILANTIN-125)</i>	1	

SUCCINIMIDES

<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide cap 250 mg (generic of ZARONTIN)</i>	1	
<i>ethosuximide soln 250 mg/5ml (generic of ZARONTIN)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg (generic of PRECOSE)</i>	1	
<i>acarbose tab 50 mg (generic of PRECOSE)</i>	1	
<i>acarbose tab 100 mg (generic of PRECOSE)</i>	1	
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	\$0
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	\$0
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg (generic of ACTOPLUS MET)</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	1	
SEGLUROMET TAB 2.5-500	2	ST
SEGLUROMET TAB 2.5-1000	2	ST
SEGLUROMET TAB 7.5-500	2	ST
SEGLUROMET TAB 7.5-1000	2	ST
STEGLUJAN TAB 5-100MG	2	ST
STEGLUJAN TAB 15-100MG	2	ST
BIGUANIDES		
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
GLUCAGEN INJ HYPOKIT	2	
<i>glucagon (rdna) for inj kit 1 mg (generic of GLUCAGON EMERGENCY KIT)</i>	1	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	\$0

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	\$0
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	\$0
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML	2	ST
OZEMPIC INJ 4MG/3ML	2	ST
RYBELSUS TAB 3MG	2	ST
RYBELSUS TAB 7MG	2	ST
RYBELSUS TAB 14MG	2	ST
TRULICITY INJ 0.75/0.5	2	ST
TRULICITY INJ 1.5/0.5	2	ST
TRULICITY INJ 3/0.5	2	ST
TRULICITY INJ 4.5/0.5	2	ST
VICTOZA INJ 18MG/3ML	2	ST, QL (3 pens / 23 days)
INSULIN		
ADMELOG INJ 100U/ML	2	QL (4 vials / 25 days)
ADMELOG SOLO INJ 100U/ML	2	QL (10 pens / 25 days)
BASAGLAR INJ 100UNIT	2	QL (20 pens / 25 days)
HUMALOG JR INJ 100/ML	2	QL (10 pens / 25 days)
HUMALOG KWIK INJ 200/ML	2	QL (5 pens / 25 days)
HUMALOG MIX INJ 50/50	2	QL (4 vials / 25 days)
HUMALOG MIX INJ 50/50KWP	2	QL (10 pens / 25 days)
HUMALOG MIX INJ 75/25KWP	2	QL (10 pens / 25 days)
HUMALOG MIX SUS 75/25	2	QL (4 vials / 25 days)
HUMULIN INJ 70/30	2	QL (4 vials / 25 days), OTC
HUMULIN INJ 70/30KWP	2	QL (10 pens / 25 days), AGE, OTC; Covered for younger than age 18; PA required for age 18 and older
HUMULIN N INJ U-100	2	QL (4 vials / 25 days), OTC
HUMULIN N INJ U-100KWP	2	QL (10 pens / 25 days), AGE, OTC; Covered for younger than age 18; PA required for age 18 and older
HUMULIN R INJ U-100	2	QL (4 vials / 25 days), OTC
HUMULIN R INJ U-500	2	QL (30 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500	2	QL (10 pens / 25 days), AGE; Covered for younger than age 18; PA required for age 18 and older
INS ASP PROT INJ FLEXPEN	2	QL (10 pens / 25 days)
INSULIN ASPA INJ 70/30	2	QL (4 vials / 25 days)
INSULIN LISP INJ PROTAMIN	2	QL (10 pens / 25 days)
NOVOLIN70/30 INJ RELION	2	QL (4 vials / 25 days), OTC
NOVOLIN INJ 70/30	2	QL (4 vials / 25 days), OTC
NOVOLIN INJ 70/30 FP	2	QL (10 pens / 25 days), AGE, OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN N INJ 100 UNIT	2	QL (10 pens / 25 days), AGE, OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN N INJ RELION	2	QL (4 vials / 25 days), OTC
NOVOLIN N INJ U-100	2	QL (4 vials / 25 days), OTC
NOVOLIN R INJ 100 UNIT	2	QL (10 pens / 25 days), AGE, OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN R INJ RELION	2	QL (4 vials / 25 days), OTC
NOVOLIN R INJ U-100	2	QL (4 vials / 25 days), OTC
NOVOLOG MIX INJ 70/30	2	QL (4 vials / 25 days)
NOVOLOG MIX INJ FLEX REL	2	QL (10 pens / 25 days)
NOVOLOG MIX INJ FLEXPEN	2	QL (10 pens / 25 days)
NOVOLOG RELI INJ 70/30	2	QL (4 vials / 25 days)
SEMGLEE INJ 100U/ML	2	QL (20 pens / 25 days)
SEMGLEE SOL 100U/ML	2	QL (6 vials / 25 days)
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i> (generic of ACTOS)	1	QL (30 tabs / 25 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of ACTOS)	1	QL (30 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of ACTOS)	1	QL (30 tabs / 25 days)
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	2	PA
JARDIANCE TAB 25MG	2	PA
STEGLATRO TAB 5MG	2	ST
STEGLATRO TAB 15MG	2	ST
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i> (generic of AMARYL)	1	
<i>glimepiride tab 2 mg</i> (generic of AMARYL)	1	
<i>glimepiride tab 4 mg</i> (generic of AMARYL)	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	1	
<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	1	
<i>glipizide tab er 24hr 10 mg</i> (generic of GLUCOTROL XL)	1	
<i>glipizide xl tab 2.5mg</i> (generic of GLUCOTROL XL)	1	
<i>glipizide xl tab 5mg</i> (generic of GLUCOTROL XL)	1	
<i>glipizide xl tab 10mg</i> (generic of GLUCOTROL XL)	1	
<i>glyburide micronized tab 1.5 mg</i> (generic of GLYNASE)	1	
<i>glyburide micronized tab 3 mg</i> (generic of GLYNASE)	1	
<i>glyburide micronized tab 6 mg</i> (generic of GLYNASE)	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate chew tab 262 mg</i>	1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>bismuth subsalicylate tab 262 mg</i>	1	OTC
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>loperamide hcl tab 2 mg</i>	1	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	2	
<i>deferasirox tab 90 mg (generic of JADENU)</i>	1	SP, PA
<i>deferasirox tab 180 mg (generic of JADENU)</i>	1	SP, PA
<i>deferasirox tab 360 mg (generic of JADENU)</i>	1	SP, PA
<i>deferasirox tab for oral susp 125 mg (generic of EXJADE)</i>	1	SP, PA
<i>deferasirox tab for oral susp 250 mg (generic of EXJADE)</i>	1	SP, PA
<i>deferasirox tab for oral susp 500 mg (generic of EXJADE)</i>	1	SP, PA
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl inj 1 mg/ml</i>	1	PA, QL (6 mL / 25 days)
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	PA, QL (6 mL / 25 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (6 tabs / 25 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (180 mL / 23 days)
<i>ondansetron hcl tab 4 mg (generic of ZOFRAN)</i>	1	QL (90 tabs / 23 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (90 tabs / 23 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (60 tabs / 23 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (90 tabs / 23 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (90 tabs / 23 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl chew tab 25 mg (generic of ANTIVERT)</i>	1	
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
MECLIZINE TAB 50MG	2	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	
<i>aprepitant capsule 80 mg (generic of EMEND)</i>	1	QL (9 caps / 25 days)
<i>aprepitant capsule 125 mg</i>	1	QL (9 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (9 caps / 25 days)
EMEND SUS 125MG	2	QL (9 kits / 25 days)

ANTIFUNGALS

ANTIFUNGALS

<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	1	
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	1	
<i>fluconazole tab 50 mg (generic of DIFLUCAN)</i>	1	
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	1	
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	1	QL (30 tabs / 30 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole cap 100 mg (generic of SPORANOX)</i>	1	
<i>itraconazole oral soln 10 mg/ml (generic of SPORANOX)</i>	1	
<i>ketoconazole tab 200 mg</i>	1	QL (68 tabs / 25 days)
NOXAFIL SUS 40MG/ML	2	PA
<i>posaconazole tab delayed release 100 mg (generic of NOXAFIL)</i>	1	PA

ANTIHIISTAMINES

ANTIHIISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	1	OTC
<i>chlorpheniramine maleate tab 4 mg</i>	1	OTC

ANTIHIISTAMINES - ETHANOLAMINES

<i>diphenhydramine hcl cap 25 mg</i>	1	OTC
<i>diphenhydramine hcl cap 50 mg</i>	1	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	1	OTC
<i>diphenhydramine hcl tab 25 mg</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTI HISTAMINES - NON-SEDATING		
<i>cetirizine hcl chew tab 5 mg</i>	1	QL (30 tabs / 25 days), OTC
<i>cetirizine hcl chew tab 10 mg</i>	1	QL (30 tabs / 25 days), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	OTC
<i>cetirizine hcl tab 5 mg</i>	1	QL (30 tabs / 25 days), OTC
<i>cetirizine hcl tab 10 mg</i>	1	QL (30 tabs / 25 days), OTC
<i>fexofenadine hcl susp 30 mg/5ml (6 mg/ml)</i>	1	OTC
<i>fexofenadine hcl tab 60 mg</i>	1	QL (60 tabs / 25 days), OTC
<i>fexofenadine hcl tab 180 mg</i>	1	QL (30 tabs / 25 days), OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>loratadine rapidly-disintegrating tab 10 mg</i>	1	OTC
<i>loratadine syrup 5 mg/5ml</i>	1	QL (300 mL / 25 days), OTC
<i>loratadine tab 10 mg</i>	1	QL (30 tabs / 23 days), OTC
ANTI HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
ANTI HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	1	
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i> (generic of QUESTRAN LIGHT)	1	
<i>cholestyramine powder 4 gm/dose</i> (generic of QUESTRAN)	1	
<i>colestipol hcl granule packets 5 gm</i> (generic of COLESTID)	1	
<i>colestipol hcl granules 5 gm</i> (generic of COLESTID)	1	
<i>colestipol hcl tab 1 gm</i> (generic of COLESTID)	1	
<i>prevalite pow 4gm</i> (generic of QUESTRAN LIGHT)	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i> (generic of TRICOR)	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i> (generic of TRICOR)	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
<i>gemfibrozil tab 600 mg</i> (generic of LOPID)	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> (generic of LIPITOR)	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> (generic of LIPITOR)	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> (generic of LIPITOR)	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> (generic of LIPITOR)	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg (generic of PRAVACHOL)</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	1	
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	1	
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	1	
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	1	
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	1	
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	1	
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	1	
<i>simvastatin tab 80 mg (generic of ZOCOR)</i>	1	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	1	
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NICOTINIC ACID DERIVATIVES

<i>niacin tab er 500 mg (antihyperlipidemic) (generic of NIASPAN)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic) (generic of NIASPAN)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic) (generic of NIASPAN)</i>	1	

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	1	
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	1	
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	1	
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tab 10 mg</i> (generic of VASOTEC)	1	
<i>enalapril maleate tab 20 mg</i> (generic of VASOTEC)	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i> (generic of ZESTRIL)	1	
<i>lisinopril tab 5 mg</i> (generic of ZESTRIL)	1	
<i>lisinopril tab 10 mg</i> (generic of ZESTRIL)	1	
<i>lisinopril tab 20 mg</i> (generic of ZESTRIL)	1	
<i>lisinopril tab 30 mg</i> (generic of ZESTRIL)	1	
<i>lisinopril tab 40 mg</i>	1	
<i>lisinopril tab 40 mg</i> (generic of ZESTRIL)	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>quinapril hcl tab 5 mg</i> (generic of ACCUPRIL)	1	
<i>quinapril hcl tab 10 mg</i> (generic of ACCUPRIL)	1	
<i>quinapril hcl tab 20 mg</i> (generic of ACCUPRIL)	1	
<i>quinapril hcl tab 40 mg</i> (generic of ACCUPRIL)	1	
<i>ramipril cap 1.25 mg</i> (generic of ALTACE)	1	QL (30 caps / 25 days)
<i>ramipril cap 2.5 mg</i> (generic of ALTACE)	1	QL (30 caps / 25 days)
<i>ramipril cap 5 mg</i> (generic of ALTACE)	1	QL (30 caps / 25 days)
<i>ramipril cap 10 mg</i> (generic of ALTACE)	1	QL (30 caps / 25 days)
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i> (generic of MAVIK)	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i> (generic of ATACAND)	1	
<i>candesartan cilexetil tab 8 mg</i> (generic of ATACAND)	1	
<i>candesartan cilexetil tab 16 mg</i> (generic of ATACAND)	1	
<i>candesartan cilexetil tab 32 mg</i> (generic of ATACAND)	1	
<i>irbesartan tab 75 mg</i> (generic of AVAPRO)	1	QL (30 tabs / 25 days)
<i>irbesartan tab 150 mg</i> (generic of AVAPRO)	1	QL (30 tabs / 25 days)
<i>irbesartan tab 300 mg</i> (generic of AVAPRO)	1	QL (30 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	1	
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	1	
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	1	
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	1	QL (30 tabs / 25 days)
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	1	QL (30 tabs / 25 days)
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	1	QL (30 tabs / 25 days)
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	1	QL (30 tabs / 25 days)

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 4 mg (generic of CARDURA)</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	1	
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	1	
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	1	ST
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	1	ST
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	1	ST
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	1	ST
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	ST
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	ST
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	ST
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	ST
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	ST
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	1	
<i>trando/verap tab 2-180 er</i>	2	
<i>trando/verap tab 2-240 er</i>	2	
<i>trando/verap tab 4-240 er</i>	2	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	1	

DIRECT RENIN INHIBITORS

<i>aliskiren fumarate tab 150 mg (base equivalent) (generic of TEKTURN)</i>	1	ST
<i>aliskiren fumarate tab 300 mg (base equivalent) (generic of TEKTURN)</i>	1	ST

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	1	

ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)</i>	1	
<i>KRINTAFEL TAB 150MG</i>	2	
<i>mefloquine hcl tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate tab 26.3 mg (15 mg base) (generic of PRIMAQUINE PHOSPHATE)</i>	1	
<i>pyrimethamine tab 25 mg (generic of DARAPRIM)</i>	1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

<i>pyridostigmine bromide oral soln 60 mg/5ml (generic of MESTINON)</i>	1	
<i>pyridostigmine bromide tab 60 mg (generic of MESTINON)</i>	1	
<i>pyridostigmine bromide tab er 180 mg (generic of MESTINON TIMESPAN)</i>	1	

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg (generic of MYAMBUTOL)</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg (generic of MYCOBUTIN)</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	1	
<i>cyclophosphamide cap 50 mg</i>	1	
GLEOSTINE CAP 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
LEUKERAN TAB 2MG	2	
<i>melphalan tab 2 mg</i>	1	
MYLERAN TAB 2MG	2	
<i>temozolomide cap 5 mg</i>	1	SP, PA
<i>temozolomide cap 20 mg</i>	1	SP, PA
<i>temozolomide cap 100 mg (generic of TEMODAR)</i>	1	SP, PA
<i>temozolomide cap 140 mg (generic of TEMODAR)</i>	1	SP, PA
<i>temozolomide cap 180 mg (generic of TEMODAR)</i>	1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide cap 250 mg (generic of TEMODAR)</i>	1	SP, PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg (generic of XELODA)</i>	1	SP, PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	1	SP, PA
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
ONUREG TAB 200MG	2	SP, PA
ONUREG TAB 300MG	2	SP, PA
PURIXAN SUS 20MG/ML	2	SP, PA
TABLOID TAB 40MG	2	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	2	SP, PA
INLYTA TAB 5MG	2	SP, PA
LENVIMA CAP 4MG	2	SP, PA
LENVIMA CAP 8 MG	2	SP, PA
LENVIMA CAP 10 MG	2	SP, PA
LENVIMA CAP 12MG	2	SP, PA
LENVIMA CAP 14 MG	2	SP, PA
LENVIMA CAP 18 MG	2	SP, PA
LENVIMA CAP 20 MG	2	SP, PA
LENVIMA CAP 24 MG	2	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	2	PA
TUKYSA TAB 150MG	2	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	2	PA
VENCLEXTA TAB 50MG	2	PA
VENCLEXTA TAB 100MG	2	PA
VENCLEXTA TAB START PK	2	PA

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i> (generic of TARCEVA)	1	SP, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i> (generic of TARCEVA)	1	SP, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i> (generic of TARCEVA)	1	SP, PA
EXKIVITY CAP 40MG	2	PA
GILOTRIF TAB 20MG	2	SP, PA
GILOTRIF TAB 30MG	2	SP, PA
GILOTRIF TAB 40MG	2	SP, PA
IRESSA TAB 250MG	2	SP, PA
TAGRISSE TAB 40MG	2	SP, PA
TAGRISSE TAB 80MG	2	SP, PA
VIZIMPRO TAB 15MG	2	SP, PA
VIZIMPRO TAB 30MG	2	SP, PA
VIZIMPRO TAB 45MG	2	SP, PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	2	SP, PA
DAURISMO TAB 100MG	2	SP, PA
ERIVEDGE CAP 150MG	2	SP, PA
ODOMZO CAP 200MG	2	SP, PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i> (generic of ZYTIGA)	1	SP, PA
<i>abiraterone acetate tab 500 mg</i> (generic of ZYTIGA)	1	SP, PA
<i>anastrozole tab 1 mg</i> (generic of ARIMIDEX)	1	
<i>bicalutamide tab 50 mg</i> (generic of CASODEX)	1	
EMCYT CAP 140MG	2	
ERLEADA TAB 60MG	2	SP, PA
<i>exemestane tab 25 mg</i> (generic of AROMASIN)	1	
<i>flutamide cap 125 mg</i>	1	
<i>letrozole tab 2.5 mg</i> (generic of FEMARA)	1	
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i> (generic of NILANDRON)	1	
NUBEQA TAB 300MG	2	SP, PA
ORGOVYX TAB 120MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
<i>toremifene citrate tab 60 mg (base equivalent) (generic of FARESTON)</i>	1	
XTANDI CAP 40MG	2	SP, PA
XTANDI TAB 40MG	2	SP, PA
XTANDI TAB 80MG	2	SP, PA
YONSA TAB 125MG	2	SP, PA
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB 40MG	2	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	2	SP, PA
POMALYST CAP 2MG	2	SP, PA
POMALYST CAP 3MG	2	SP, PA
POMALYST CAP 4MG	2	SP, PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	2	PA
AYVAKIT TAB 50MG	2	PA
AYVAKIT TAB 100MG	2	PA
AYVAKIT TAB 200MG	2	PA
AYVAKIT TAB 300MG	2	PA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	2	PA
XPOVIO PAK 50MG	2	PA
XPOVIO PAK 60MG	2	PA
XPOVIO PAK 80MG	2	PA
XPOVIO PAK 100MG	2	PA
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	2	SP, PA
KISQALI 200 PAK FEMARA	2	SP, PA
KISQALI 400 PAK FEMARA	2	SP, PA
KISQALI 600 PAK FEMARA	2	SP, PA
LONSURF TAB 15-6.14	2	SP, PA
LONSURF TAB 20-8.19	2	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	2	SP, PA
ALUNBRIG PAK	2	SP, PA
ALUNBRIG TAB 30MG	2	SP, PA
ALUNBRIG TAB 90MG	2	SP, PA
ALUNBRIG TAB 180MG	2	SP, PA
BALVERSA TAB 3MG	2	PA
BALVERSA TAB 4MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TAB 5MG	2	PA
BOSULIF TAB 100MG	2	SP, PA
BOSULIF TAB 400MG	2	SP, PA
BOSULIF TAB 500MG	2	SP, PA
BRAFTOVI CAP 75MG	2	SP, PA
BRUKINSA CAP 80MG	2	PA
CABOMETYX TAB 20MG	2	SP, PA
CABOMETYX TAB 40MG	2	SP, PA
CABOMETYX TAB 60MG	2	SP, PA
CALQUENCE CAP 100MG	2	PA
CAPRELSA TAB 100MG	2	PA
CAPRELSA TAB 300MG	2	PA
COMETRIQ KIT 60MG	2	SP, PA
COMETRIQ KIT 100MG	2	SP, PA
COMETRIQ KIT 140MG	2	SP, PA
COPIKTRA CAP 15MG	2	PA
COPIKTRA CAP 25MG	2	PA
COTELLIC TAB 20MG	2	SP, PA
<i>everolimus tab 2.5 mg (generic of AFINITOR)</i>	1	SP, PA
<i>everolimus tab 5 mg (generic of AFINITOR)</i>	1	SP, PA
<i>everolimus tab 7.5 mg (generic of AFINITOR)</i>	1	SP, PA
<i>everolimus tab 10 mg (generic of AFINITOR)</i>	1	SP, PA
<i>everolimus tab for oral susp 2 mg (generic of AFINITOR DISPERZ)</i>	1	SP, PA
<i>everolimus tab for oral susp 3 mg (generic of AFINITOR DISPERZ)</i>	1	SP, PA
<i>everolimus tab for oral susp 5 mg (generic of AFINITOR DISPERZ)</i>	1	SP, PA
FARYDAK CAP 10MG	2	SP, PA
FARYDAK CAP 15MG	2	SP, PA
FARYDAK CAP 20MG	2	SP, PA
FOTIVDA CAP 0.89MG	2	PA
FOTIVDA CAP 1.34MG	2	PA
GAVRETO CAP 100MG	2	SP, PA
IBRANCE CAP 75MG	2	SP, PA
IBRANCE CAP 100MG	2	SP, PA
IBRANCE CAP 125MG	2	SP, PA
IBRANCE TAB 75MG	2	SP, PA
IBRANCE TAB 100MG	2	SP, PA
IBRANCE TAB 125MG	2	SP, PA
ICLUSIG TAB 10MG	2	PA
ICLUSIG TAB 15MG	2	SP, PA
ICLUSIG TAB 30MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TAB 45MG	2	SP, PA
IDHIFA TAB 50MG	2	SP, PA
IDHIFA TAB 100MG	2	SP, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i> (generic of GLEEVEC)	1	SP, PA, QL (60 tabs / 25 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i> (generic of GLEEVEC)	1	SP, PA, QL (60 tabs / 25 days)
IMBRUVICA CAP 70MG	2	PA
IMBRUVICA CAP 140MG	2	PA
IMBRUVICA TAB 140MG	2	PA
IMBRUVICA TAB 280MG	2	PA
IMBRUVICA TAB 420MG	2	PA
IMBRUVICA TAB 560MG	2	PA
INREBIC CAP 100MG	2	SP, PA
JAKAFI TAB 5MG	2	SP, PA
JAKAFI TAB 10MG	2	SP, PA
JAKAFI TAB 15MG	2	SP, PA
JAKAFI TAB 20MG	2	SP, PA
JAKAFI TAB 25MG	2	SP, PA
KISQALI TAB 200DOSE	2	SP, PA
KISQALI TAB 400DOSE	2	SP, PA
KISQALI TAB 600DOSE	2	SP, PA
KOSELUGO CAP 10MG	2	PA
KOSELUGO CAP 25MG	2	PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> (generic of TYKERB)	1	SP, PA
LORBRENA TAB 25MG	2	SP, PA
LORBRENA TAB 100MG	2	SP, PA
LUMAKRAS TAB 120MG	2	SP, PA
LYNPARZA TAB 100MG	2	SP, PA
LYNPARZA TAB 150MG	2	SP, PA
MEKINIST TAB 0.5MG	2	SP, PA
MEKINIST TAB 2MG	2	SP, PA
MEKTOVI TAB 15MG	2	SP, PA
NERLYNX TAB 40MG	2	SP, PA
NEXAVAR TAB 200MG	2	SP, PA
NINLARO CAP 2.3MG	2	SP, PA
NINLARO CAP 3MG	2	SP, PA
NINLARO CAP 4MG	2	SP, PA
PEMAZYRE TAB 4.5MG	2	PA
PEMAZYRE TAB 9MG	2	PA
PEMAZYRE TAB 13.5MG	2	PA
PIQRAY 200MG TAB DOSE	2	SP, PA
PIQRAY 250MG TAB DOSE	2	SP, PA
PIQRAY 300MG TAB DOSE	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
QINLOCK TAB 50MG	2	PA
RETEVMO CAP 40MG	2	SP, PA
RETEVMO CAP 80MG	2	SP, PA
ROZLYTREK CAP 100MG	2	SP, PA
ROZLYTREK CAP 200MG	2	SP, PA
RUBRACA TAB 200MG	2	SP, PA
RUBRACA TAB 250MG	2	SP, PA
RUBRACA TAB 300MG	2	SP, PA
RYDAPT CAP 25MG	2	SP, PA
SPRYCEL TAB 20MG	2	SP, PA
SPRYCEL TAB 50MG	2	SP, PA
SPRYCEL TAB 70MG	2	SP, PA
SPRYCEL TAB 80MG	2	SP, PA
SPRYCEL TAB 100MG	2	SP, PA
SPRYCEL TAB 140MG	2	SP, PA
STIVARGA TAB 40MG	2	SP, PA
<i>sunitinib malate cap 12.5 mg (base equivalent) (generic of SUTENT)</i>	1	SP, PA
<i>sunitinib malate cap 25 mg (base equivalent) (generic of SUTENT)</i>	1	SP, PA
<i>sunitinib malate cap 50 mg (base equivalent) (generic of SUTENT)</i>	1	SP, PA
TABRECTA TAB 150MG	2	SP, PA
TABRECTA TAB 200MG	2	SP, PA
TAFINLAR CAP 50MG	2	SP, PA
TAFINLAR CAP 75MG	2	SP, PA
TALZENNA CAP 0.25MG	2	SP, PA
TALZENNA CAP 1MG	2	SP, PA
TASIGNA CAP 50MG	2	SP, PA
TASIGNA CAP 150MG	2	SP, PA
TASIGNA CAP 200MG	2	SP, PA
TAZVERIK TAB 200MG	2	PA
TEPMETKO TAB 225MG	2	PA
TIBSOVO TAB 250MG	2	PA
TRUSELTIQ CAP 50MG	2	PA
TRUSELTIQ CAP 75MG	2	PA
TRUSELTIQ CAP 100MG	2	PA
TRUSELTIQ CAP 125MG	2	PA
TURALIO CAP 200MG	2	PA
UKONIQ TAB 200MG	2	PA
VERZENIO TAB 50MG	2	SP, PA
VERZENIO TAB 100MG	2	SP, PA
VERZENIO TAB 150MG	2	SP, PA
VERZENIO TAB 200MG	2	SP, PA
VITRAKVI CAP 25MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAP 100MG	2	SP, PA
VITRAKVI SOL 20MG/ML	2	SP, PA
VOTRIENT TAB 200MG	2	SP, PA
XALKORI CAP 200MG	2	SP, PA
XALKORI CAP 250MG	2	SP, PA
XOSPATA TAB 40MG	2	PA
ZEJULA CAP 100MG	2	SP, PA
ZELBORAF TAB 240MG	2	SP, PA
ZOLINZA CAP 100MG	2	SP, PA
ZYDELIG TAB 100MG	2	SP, PA
ZYDELIG TAB 150MG	2	SP, PA
ZYKADIA TAB 150MG	2	SP, PA
ANTINEOPLASTICS MISC.		
<i>bexarotene cap 75 mg (generic of TARGRETIN)</i>	1	SP, PA
<i>hydroxyurea cap 500 mg (generic of HYDREA)</i>	1	
INTRON A INJ 10MU	2	SP, PA
INTRON A INJ 18MU	2	SP, PA
INTRON A INJ 25MU	2	SP, PA
INTRON A INJ 50MU	2	SP, PA
MATULANE CAP 50MG	2	
<i>tretinoin cap 10 mg</i>	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
MESNEX TAB 400MG	2	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	2	SP, PA
HYCAMTIN CAP 1MG	2	SP, PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
NOURIANZ TAB 20MG	2	
NOURIANZ TAB 40MG	2	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg (generic of COMTAN)</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	1	
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	1	
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>selegiline hcl cap 5 mg</i>	1	
XADAGO TAB 50MG	2	ST
XADAGO TAB 100MG	2	ST
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
PHENOTHIAZINES		
<i>compro sup 25mg</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
ANTISEPTIC PAD WIPES	2	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)</i>	1	
<i>abacavir sulfate tab 300 mg (base equiv) (generic of ZIAGEN)</i>	1	
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)</i>	1	
APTIVUS CAP 250MG	2	
<i>atazanavir sulfate cap 150 mg (base equiv) (generic of REYATAZ)</i>	1	
<i>atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)</i>	1	
<i>atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)</i>	1	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMPLERA TAB	2	
CRIXIVAN CAP 400MG	2	
DELSTRIGO TAB	2	
DESCOVY TAB 200/25MG	2	
DOVATO TAB 50-300MG	2	
EDURANT TAB 25MG	2	
<i>efavirenz cap 50 mg (generic of SUSTIVA)</i>	1	
<i>efavirenz cap 200 mg (generic of SUSTIVA)</i>	1	
<i>efavirenz tab 600 mg</i>	1	
<i>efavirenz tab 600 mg (generic of SUSTIVA)</i>	1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	1	
<i>emtricitabine caps 200 mg (generic of EMTRIVA)</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	1	
EMTRIVA SOL 10MG/ML	2	
<i>etravirine tab 100 mg (generic of INTELENCE)</i>	1	
<i>etravirine tab 200 mg (generic of INTELENCE)</i>	1	
EVOTAZ TAB 300-150	2	
<i>fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)</i>	1	
GENVOYA TAB	2	
INTELENCE TAB 25MG	2	
INVIRASE TAB 500MG	2	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
JULUCA TAB 50-25MG	2	
<i>lamivudine oral soln 10 mg/ml (generic of EPIVIR)</i>	1	
<i>lamivudine tab 150 mg (generic of EPIVIR)</i>	1	
<i>lamivudine tab 300 mg (generic of EPIVIR)</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i>	1	
LEXIVA SUS 50MG/ML	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 100 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg (generic of VIRAMUNE XR)</i>	1	
NORVIR POW 100MG	2	
NORVIR SOL 80MG/ML	2	
ODEFSEY TAB	2	
PIFELTRO TAB 100MG	2	
PREZCOBIX TAB 800-150	2	

Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
REYATAZ POW 50MG	2	
<i>ritonavir tab 100 mg</i> (generic of NORVIR)	1	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
SELZENTRY TAB 150MG	2	
SELZENTRY TAB 300MG	2	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
STRIBILD TAB	2	
SYMTUZA TAB	2	
TEMIXYS TAB 300-300	2	
<i>tenofovir disoproxil fumarate tab 300 mg</i> (generic of VIREAD)	1	
TIVICAY PD TAB 5MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
TRIUMEQ TAB	2	
TYBOST TAB 150MG	2	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
<i>zidovudine cap 100 mg</i> (generic of RETROVIR)	1	
<i>zidovudine syrup 10 mg/ml</i> (generic of RETROVIR)	1	
<i>zidovudine tab 300 mg</i>	1	
CMV AGENTS		
PREVYMIS TAB 240MG	2	PA
PREVYMIS TAB 480MG	2	PA
<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv) (generic of VALCYTE)	1	
<i>valganciclovir hcl tab 450 mg</i> (base equivalent) (generic of VALCYTE)	1	QL (98 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i> (generic of HEPSERA)	1	
BARACLUDE SOL	2	
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	1	
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	1	
EPIVIR HBV SOL 5MG/ML	2	
HARVONI PAK	2	SP, PA
HARVONI PAK 45-200MG	2	SP, PA
HARVONI TAB 45-200MG	2	SP, PA
<i>lamivudine tab 100 mg (hbv)</i> (generic of EPIVIR HBV)	1	
<i>ledip-sofosb tab 90-400mg</i>	2	SP, PA, QL (1 tab / 1 day)
MAVYRET TAB 100-40MG	2	SP, PA
PEGASYS INJ	2	SP, PA
PEGASYS INJ 180MCG/M	2	SP, PA
<i>ribavirin cap 200 mg</i>	1	SP, PA
<i>ribavirin tab 200 mg</i>	1	SP, PA
SOVALDI PAK 150MG	2	SP, PA
SOVALDI PAK 200MG	2	SP, PA
SOVALDI TAB 200MG	2	SP, PA
SOVALDI TAB 400MG	2	SP, PA, QL (1 tab / 1 day)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i> (generic of ZOVIRAX)	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	1	
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i> (generic of TAMIFLU)	1	QL (20 caps / 180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> (generic of TAMIFLU)	1	QL (10 caps / 180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> (generic of TAMIFLU)	1	QL (10 caps / 180 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> (generic of TAMIFLU)	1	QL (180 mL / 90 days)
RELENZA MIS DISKHALE	2	

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tab 3.125 mg (generic of COREG)</i>	1	
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	1	
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	1	
<i>carvedilol tab 25 mg (generic of COREG)</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	1	
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	1	
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg (generic of CORGARD)</i>	1	
<i>nadolol tab 40 mg (generic of CORGARD)</i>	1	
<i>nadolol tab 80 mg (generic of CORGARD)</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	1	
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	1	
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	1	
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sorine tab 80mg (generic of BETAPACE)</i>	1	QL (60 tabs / 25 days)
<i>sorine tab 120mg (generic of BETAPACE)</i>	1	QL (60 tabs / 25 days)
<i>sorine tab 160mg (generic of BETAPACE)</i>	1	QL (60 tabs / 25 days)
<i>sorine tab 240mg</i>	1	QL (60 tabs / 25 days)
<i>sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)</i>	1	QL (60 tabs / 25 days)
<i>sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)</i>	1	QL (60 tabs / 25 days)
<i>sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)</i>	1	QL (60 tabs / 25 days)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	1	QL (60 tabs / 25 days)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	1	QL (60 tabs / 25 days)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	1	QL (60 tabs / 25 days)
<i>sotalol hcl tab 240 mg</i>	1	QL (60 tabs / 25 days)

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	1	
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	1	
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	1	
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	1	
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	1	
<i>dilt-xr cap 120mg</i>	1	
<i>dilt-xr cap 180mg</i>	1	
<i>dilt-xr cap 240mg</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg (generic of CARDIZEM CD)</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg (generic of CARDIZEM LA)</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg (generic of CARDIZEM LA)</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg (generic of CARDIZEM LA)</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg (generic of CARDIZEM LA)</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 420 mg (generic of CARDIZEM LA)</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	QL (30 tabs / 25 days)
<i>felodipine tab er 24hr 5 mg</i>	1	QL (30 tabs / 25 days)
<i>felodipine tab er 24hr 10 mg</i>	1	QL (30 tabs / 25 days)
<i>matzim la tab 180mg/24 (generic of CARDIZEM LA)</i>	1	
<i>matzim la tab 240mg/24 (generic of CARDIZEM LA)</i>	1	
<i>matzim la tab 300mg/24 (generic of CARDIZEM LA)</i>	1	
<i>matzim la tab 360mg/24 (generic of CARDIZEM LA)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la tab 420mg/24 (generic of CARDIZEM LA)</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg (generic of SULAR)</i>	1	
<i>nisoldipine tab er 24hr 17 mg (generic of SULAR)</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg (generic of SULAR)</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	1	
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	1	
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	1	
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	1	
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	1	
<i>tiadylt cap 120mg/24 (generic of TIAZAC)</i>	1	
<i>tiadylt cap 180mg/24 (generic of TIAZAC)</i>	1	
<i>tiadylt cap 240mg/24 (generic of TIAZAC)</i>	1	
<i>tiadylt cap 300mg/24 (generic of TIAZAC)</i>	1	
<i>tiadylt cap 360mg/24 (generic of TIAZAC)</i>	1	
<i>tiadylt cap 420mg/24 (generic of TIAZAC)</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg (generic of VERELAN)</i>	1	
<i>verapamil hcl cap er 24hr 180 mg (generic of VERELAN)</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg (generic of VERELAN)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg (generic of CALAN SR)</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg (generic of CALAN SR)</i>	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digitek tab 0.25mg (generic of LANOXIN)</i>	1	
<i>digitek tab 0.125mg (generic of LANOXIN)</i>	1	
<i>digox tab 0.25mg (generic of LANOXIN)</i>	1	
<i>digox tab 0.125mg (generic of LANOXIN)</i>	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg) (generic of LANOXIN)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg) (generic of LANOXIN)</i>	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

BIDIL TAB	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	

PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium for inj 0.5 mg (generic of FLOLAN)</i>	1	SP, PA
<i>epoprostenol sodium for inj 0.5 mg (generic of VELETRI)</i>	1	SP, PA
<i>epoprostenol sodium for inj 1.5 mg (generic of FLOLAN)</i>	1	SP, PA
<i>epoprostenol sodium for inj 1.5 mg (generic of VELETRI)</i>	1	SP, PA
TYVASO REFIL SOL 0.6MG/ML	2	SP, PA
TYVASO SOL 0.6MG/ML	2	SP, PA
TYVASO START SOL 0.6MG/ML	2	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR

ANTAGONISTS

<i>ambrisentan tab 5 mg (generic of LETAIRIS)</i>	1	SP, PA
<i>ambrisentan tab 10 mg (generic of LETAIRIS)</i>	1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tab 62.5 mg</i> (generic of TRACLEER)	1	SP, PA
<i>bosentan tab 125 mg</i> (generic of TRACLEER)	1	SP, PA
TRACLEER TAB 32MG	2	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>alyq tab 20mg</i> (generic of ADCIRCA)	1	SP, PA
<i>sildenafil citrate for suspension 10 mg/ml</i> (generic of REVATIO)	1	SP, PA
<i>sildenafil citrate iv soln 10 mg/12.5ml</i> (base equivalent) (generic of REVATIO)	1	SP, PA
<i>sildenafil citrate tab 20 mg</i> (generic of REVATIO)	1	SP, PA
<i>tadalafil tab 20 mg (pah)</i> (generic of ADCIRCA)	1	SP, PA

SINUS NODE INHIBITORS

CORLANOR SOL 5MG/5ML	2	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml (generic of SUPRAX)</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle tab 0.1-0.02</i>	1	
<i>altavera tab</i>	1	
<i>alyacen tab 1/35</i>	1	
<i>alyacen tab 7/7/7</i>	1	
<i>amethia tab (generic of SEASONIQUE)</i>	1	
<i>amethyst tab 90-20mcg</i>	1	
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	
<i>ashlyna tab (generic of SEASONIQUE)</i>	1	
<i>aubra eq tab 0.1-0.02</i>	1	
<i>aubra tab 0.1-0.02</i>	1	
<i>aurovela 24 tab fe 1/20</i>	1	
<i>aurovela fe tab 1.5/30</i>	1	
<i>aurovela fe tab 1/20</i>	1	
<i>aurovela tab 1.5/30</i>	1	
<i>aurovela tab 1/20</i>	1	
<i>aviane tab</i>	1	
<i>ayuna tab</i>	1	
<i>azurette tab (generic of MIRCETTE)</i>	1	
<i>azurette tab 28 day (generic of MIRCETTE)</i>	1	
<i>balziva tab</i>	1	
<i>bekyree tab (generic of MIRCETTE)</i>	1	
<i>blisovi 24 tab fe 1/20</i>	1	
<i>blisovi fe tab 1.5/30</i>	1	
<i>blisovi fe tab 1/20</i>	1	
<i>briellyn tab</i>	1	
<i>camrese lo tab (generic of LOSEASONIQUE)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>camrese tab</i> (generic of SEASONIQUE)	1	
<i>caziant pak</i>	1	
<i>chateal eq tab 0.15/30</i>	1	
<i>chateal tab 0.15/30</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>cyred eq tab</i>	1	
<i>cyred tab</i>	1	
<i>dasetta tab 1/35</i>	1	
<i>dasetta tab 7/7/7</i>	1	
<i>daysee tab</i> (generic of SEASONIQUE)	1	
<i>delyla tab 0.1-0.02</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>dolishale tab 90-20mcg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	1	
<i>elinest tab</i>	1	
<i>emoquette tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>enskyce tab</i>	1	
<i>estarylla tab 0.25-35</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>falmina tab</i>	1	
<i>femynor tab 0.25-35</i>	1	
<i>hailey 24 tab fe</i>	1	
<i>hailey fe tab 1.5/30</i>	1	
<i>hailey fe tab 1/20</i>	1	
<i>hailey tab 1.5/30</i>	1	
<i>iclevia tab</i>	1	
<i>introvale tab</i>	1	
<i>isibloom tab</i>	1	
<i>jaimiess tab</i> (generic of SEASONIQUE)	1	
<i>jasmiel tab 3-0.02mg</i> (generic of YAZ)	1	
<i>jolessa tab</i>	1	
<i>juleber tab</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>june fe 24 tab 1/20</i>	1	
<i>june fe tab 1.5/30</i>	1	
<i>june fe tab 1/20</i>	1	
<i>kalliga tab</i>	1	
<i>kariva tab 28 day</i> (generic of MIRCETTE)	1	
<i>kelnor 1/50 tab</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>kurvelo tab 0.15/30</i>	1	
<i>larin 24 tab fe 1/20</i>	1	
<i>larin fe tab 1.5/30</i>	1	
<i>larin fe tab 1/20</i>	1	
<i>larin tab 1.5/30</i>	1	
<i>larin tab 1/20</i>	1	
<i>larissia tab</i>	1	
<i>leena tab</i>	1	
<i>lessina tab</i>	1	
<i>levonest tab</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
<i>lillow tab 0.15/30</i>	1	
<i>lo-zumandimi tab 3-0.02mg</i> (generic of YAZ)	1	
<i>loestrin 21 tab 1.5/30</i>	1	
<i>loestrin fe tab 1.5/30</i>	1	
<i>loestrin fe tab 1/20</i>	1	
<i>loestrin tab 1/20-21</i>	1	
<i>lojaimiess tab</i> (generic of LOSEASONIQUE)	1	
<i>loryna tab 3-0.02mg</i> (generic of YAZ)	1	
<i>low-ogestrel tab</i>	1	
<i>lutra tab</i>	1	
<i>marlissa tab 0.15/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>micrgstin 24 tab fe 1/20</i>	1	
<i>microgestin tab 1.5/30</i>	1	
<i>microgestin tab 1/20</i>	1	
<i>microgestin tab fe1.5/30</i>	1	
<i>microgestin tab fe 1/20</i>	1	
<i>mili tab 0.25/35</i>	1	
<i>mono-linyah tab 0.25-35</i>	1	
<i>necon tab 0.5/35</i>	1	
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
<i>nylia tab 7/7/7</i>	1	
<i>nymyo tab 0.25-35</i>	1	
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	1	
<i>orsythia tab</i>	1	
<i>philith tab 0.4-35</i>	1	
<i>pimtrea tab (generic of MIRCETTE)</i>	1	
<i>pirmella tab 1/35</i>	1	
<i>pirmella tab 7/7/7</i>	1	
<i>portia-28 tab</i>	1	
<i>previfem tab</i>	1	
<i>reclipsen tab</i>	1	
<i>setlakin tab</i>	1	
<i>simliya tab 28 day (generic of MIRCETTE)</i>	1	
<i>simpesse tab (generic of SEASONIQUE)</i>	1	
<i>sprintec 28 tab 28 day</i>	1	
<i>sronyx tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	1	
<i>tarina 24 fe tab</i>	1	
<i>tarina fe tab 1/20</i>	1	
<i>tarina fe tab 1/20 eq</i>	1	
<i>tilia fe tab</i> (generic of ESTROSTEP FE)	1	
<i>tri femynor tab</i>	1	
<i>tri-estaryll tab</i>	1	
<i>tri-legest tab fe</i> (generic of ESTROSTEP FE)	1	
<i>tri-linyah tab</i>	1	
<i>tri-lo tab estaryll</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>tri-mili tab</i>	1	
<i>tri-nymyo tab</i>	1	
<i>tri-previfem tab</i>	1	
<i>tri-sprintec tab</i>	1	
<i>tri-vylibra tab</i>	1	
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>trivora-28 tab</i>	1	
<i>velivet pak</i>	1	
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	1	
<i>vienva tab 0.1-20</i>	1	
<i>violele tab</i> (generic of MIRCETTE)	1	
<i>volnea tab</i> (generic of MIRCETTE)	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>vylibra tab 0.25-35</i>	1	
<i>wera tab 0.5/35</i>	1	
<i>wymzya fe chw 0.4mg-35</i>	1	
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	1	
<i>zovia 1/35 tab</i>	1	
<i>zovia 1/35e tab</i>	1	
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane dis 150-35</i>	1	
<i>zafemy dis 150/35</i>	1	

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng mis</i> (generic of NUVARING)	1	
<i>etonogestrel-ethinyl estradiol va ring</i> 0.120-0.015 mg/24hr (generic of NUVARING)	1	
EMERGENCY CONTRACEPTIVES		
<i>levonorgestrel tab 1.5 mg</i>	1	QL (2 tabs / year), OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	1	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	1	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	2	SP
LILETTA IUD 52MG	2	SP
MIRENA IUD SYSTEM	2	SP
SKYLA IUD 13.5MG	2	SP
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tab 0.35mg</i>	1	
<i>deblitane tab 0.35mg</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>heather tab 0.35mg</i>	1	
<i>incassia tab 0.35mg</i>	1	
<i>jencycla tab 0.35mg</i>	1	
<i>lyleq tab 0.35mg</i>	1	
<i>lyza tab 0.35mg</i>	1	
<i>nora-be tab 0.35mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norlyda tab 0.35mg</i>	1	
<i>norlyroc tab 0.35mg</i>	1	
<i>sharobel tab 0.35mg</i>	1	
<i>tulana tab 0.35mg</i>	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i> (generic of ENTOCORT EC)	1	
<i>decadron tab 0.5mg</i>	1	
<i>decadron tab 0.75mg</i>	1	
<i>decadron tab 4mg</i>	1	
<i>decadron tab 6mg</i>	1	
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	1	
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	1	
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	1	
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	1	
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	1	
<i>methylprednisolone tab 32 mg (generic of MEDROL)</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISONE CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg (generic of TESSALON PERLES)</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>dextromethorphan hbr syrup 15 mg/5ml</i>	1	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (generic of HYCODAN)</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
<i>hydromet syp 5-1.5/5 (generic of HYCODAN)</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i>	1	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	1	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	1	QL (60 tabs / 25 days), OTC
<i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>	1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	1	OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	1	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	1	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	1	OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	1	QL (60 tabs / 25 days), OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	1	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	1	OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	1	OTC
<i>prometh vc syp 6.25-5/5</i>	1	
<i>prometh vc/ syp codeine</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
EXPECTORANTS		
<i>guaifenesin liquid 100 mg/5ml</i>	1	OTC
<i>guaifenesin syrup 100 mg/5ml</i>	1	OTC
<i>guaifenesin tab 400 mg</i>	1	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	1	OTC
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane cap 20mg</i>	1	PA, QL (60 caps / 25 days)
<i>accutane cap 30mg</i>	1	PA, QL (60 caps / 25 days)
<i>accutane cap 40mg</i>	1	PA, QL (60 caps / 25 days)
<i>acne medicat gel 2.5%</i>	1	OTC
<i>adapalene cream 0.1% (generic of DIFFERIN)</i>	1	AGE; Covered for younger than age 36; PA required for age 36 and older
<i>adapalene gel 0.1%</i>	1	AGE; Covered for younger than age 36; PA required for age 36 and older
<i>adapalene gel 0.3% (generic of DIFFERIN)</i>	1	AGE; Covered for younger than age 36; PA required for age 36 and older
<i>adapalene pads 0.1%</i>	1	AGE; Covered for younger than age 36; PA required for age 36 and older
<i>amnesteeem cap 10mg</i>	1	PA, QL (60 caps / 25 days)
<i>amnesteeem cap 20mg</i>	1	PA, QL (60 caps / 25 days)
<i>amnesteeem cap 40mg</i>	1	PA, QL (60 caps / 25 days)
<i>avar cleanse liq 10-5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>avar-e emoll cre 10-5%</i>	1	
<i>avar-e green cre 10-5%</i>	1	
<i>avita cre 0.025%</i> (generic of RETIN-A)	1	
<i>avita gel 0.025%</i>	1	
BENZOYL PEROXIDE GEL 2.5%	1	OTC
<i>benzoyl peroxide gel 5%</i>	1	OTC
<i>benzoyl peroxide gel 10%</i>	1	OTC
<i>benzoyl peroxide liq 5%</i>	1	OTC
<i>benzoyl peroxide liq 10%</i>	1	OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)	1	QL (47 gm / 25 days)
<i>bp 10-1 emu</i>	1	
<i>bp wash liq 2.5%</i>	1	
<i>claravis cap 10mg</i>	1	PA, QL (60 caps / 25 days)
<i>claravis cap 20mg</i>	1	PA, QL (60 caps / 25 days)
<i>claravis cap 30mg</i>	1	PA, QL (60 caps / 25 days)
<i>claravis cap 40mg</i>	1	PA, QL (60 caps / 25 days)
<i>clindacin mis etz 1%</i>	1	
<i>clindacin-p pad 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%	1	
<i>clindamycin phosphate foam 1%</i> (generic of EVOCLIN)	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate gel 1%</i> (generic of CLINDAGEL)	1	
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (generic of BENZACLIN)	1	
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i> (generic of ERYGEL)	1	
<i>erythromycin soln 2%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	PA, QL (60 caps / 25 days)
<i>isotretinoin cap 10 mg</i> (generic of ABSORICA)	1	PA, QL (60 caps / 25 days)
<i>isotretinoin cap 20 mg</i>	1	PA, QL (60 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 20 mg (generic of ABSORICA)</i>	1	PA, QL (60 caps / 25 days)
<i>isotretinoin cap 30 mg</i>	1	PA, QL (60 caps / 25 days)
<i>isotretinoin cap 30 mg (generic of ABSORICA)</i>	1	PA, QL (60 caps / 25 days)
<i>isotretinoin cap 40 mg</i>	1	PA, QL (60 caps / 25 days)
<i>isotretinoin cap 40 mg (generic of ABSORICA)</i>	1	PA, QL (60 caps / 25 days)
<i>myorisan cap 10mg</i>	1	PA, QL (60 caps / 25 days)
<i>myorisan cap 20mg</i>	1	PA, QL (60 caps / 25 days)
<i>myorisan cap 30mg</i>	1	PA, QL (60 caps / 25 days)
<i>myorisan cap 40mg</i>	1	PA, QL (60 caps / 25 days)
<i>neuac gel 1.2-5%</i>	1	
<i>sss 10-5 aer 10-5%</i>	1	
<i>sss cre 10%-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	
<i>sulfamez emu 10-1%</i>	1	
<i>tretinoin cream 0.1% (generic of RETIN-A)</i>	1	
<i>tretinoin cream 0.05% (generic of RETIN-A)</i>	1	
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	1	
<i>tretinoin gel 0.01% (generic of RETIN-A)</i>	1	
<i>tretinoin gel 0.025% (generic of RETIN-A)</i>	1	
<i>zenatane cap 10mg</i>	1	PA, QL (60 caps / 25 days)
<i>zenatane cap 20mg</i>	1	PA, QL (60 caps / 25 days)
<i>zenatane cap 30mg</i>	1	PA, QL (60 caps / 25 days)
<i>zenatane cap 40mg</i>	1	PA, QL (60 caps / 25 days)

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac epolamine patch 1.3%</i>	1	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium gel 1% (generic of VOLTAREN)</i>	1	
ANTIBIOTICS - TOPICAL		
<i>bacitracin oint 500 unit/gm</i>	1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	1	OTC
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>neomycin-bacitracin-polymyxin oint</i>	1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	1	OTC
ANTIFUNGALS - TOPICAL		
<i>butenafine hcl cream 1%</i>	1	OTC
<i>ciclodan sol 8%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox kit 8%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv) (generic of LOPROX)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)</i>	1	
<i>CICLOPIROX POW OLAMINE</i>	2	
<i>ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)</i>	1	
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole cream 1%</i>	1	OTC
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>dermazene cre 1-1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>miconazole nitrate aerosol pow 2%</i>	1	OTC
<i>miconazole nitrate cream 2%</i>	1	OTC
<i>miconazole nitrate powder 2%</i>	1	OTC
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop pow 100000</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>FLUOROPLEX CRE 1%</i>	2	
<i>fluorouracil cream 5% (generic of EFUDEX)</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
ANTIPSORIATICS		
<i>calcipotriene cream 0.005% (generic of DOVONEX)</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitrene oin 0.005%</i>	1	
<i>COSENTYX INJ 75MG/0.5</i>	2	SP, PA
<i>COSENTYX INJ 150MG/ML</i>	2	SP, PA
<i>COSENTYX INJ 300DOSE</i>	2	SP, PA
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>SILIQ INJ 210/1.5</i>	2	SP, PA
<i>tazarotene cream 0.1% (generic of TAZORAC)</i>	1	
<i>TAZORAC CRE 0.05%</i>	2	
<i>TAZORAC GEL 0.1%</i>	2	
<i>TAZORAC GEL 0.05%</i>	2	
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	1	
BURN PRODUCTS		
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	1	
<i>ssd cre 1% (generic of SILVADENE)</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05% (generic of DIPROLENE AF)</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12% (generic of LUXIQ)</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064% (generic of TACLONEX)</i>	1	
<i>clobetasol e cre 0.05%</i>	1	
<i>clobetasol propionate cream 0.05% (generic of TEMOVATE)</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate foam 0.05% (generic of OLUX)</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05% (generic of CLOBEX)</i>	1	
<i>clobetasol propionate oint 0.05% (generic of TEMOVATE)</i>	1	
<i>clobetasol propionate shampoo 0.05% (generic of CLOBEX)</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clodan sha 0.05% (generic of CLOBEX)</i>	1	
<i>desonide cream 0.05% (generic of DESOWEN)</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05% (generic of TOPICORT)</i>	1	
<i>desoximetasone cream 0.25% (generic of TOPICORT)</i>	1	
<i>desoximetasone gel 0.05% (generic of TOPICORT)</i>	1	
<i>desoximetasone oint 0.05% (generic of TOPICORT)</i>	1	
<i>desoximetasone oint 0.25% (generic of TOPICORT)</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (generic of DERMA-SMOOTH/FS BODY)	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (generic of DERMA-SMOOTH/FS SCALP)	1	
<i>fluocinolone acetonide oint 0.025%</i> (generic of SYNALAR)	1	
<i>fluocinolone acetonide soln 0.01%</i> (generic of SYNALAR)	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone acetate cream 1%</i>	1	OTC
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 0.5%</i>	1	OTC
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	OTC
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone gel 1%</i>	1	OTC
<i>hydrocortisone lotion 1%</i>	1	OTC
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 0.5%</i>	1	OTC
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 1%</i>	1	OTC
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone soln 1%</i>	1	OTC
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone-aloe vera cream 0.5%</i>	1	OTC
<i>hydrocortisone-aloe vera cream 1%</i>	1	OTC
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
TEXACORT SOL 2.5%	2	
TRIAMCINOLON POW ACETONID	2	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i> (generic of KENALOG)	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	
<i>triderm cre 0.5%</i>	1	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>cerovel lot 40%</i>	1	
<i>urea cream 10%</i>	1	OTC
<i>urea cream 20%</i>	1	OTC
<i>urea cream 40%</i>	1	
<i>urea cream 40%</i>	1	OTC
<i>urea lotion 10%</i>	1	OTC
<i>urea lotion 40%</i>	1	
<i>uremez-40 cre 40%</i>	1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	OTC
ENZYMES - TOPICAL		
<i>SANTYL OIN 250/GM</i>	2	PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5% (generic of ALDARA)</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	1	ST, QL (100 gm / 25 days), AGE; Covered for age 2 and older
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	1	ST, QL (100 gm / 25 days), AGE; Covered for age 15 and older
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	1	ST, QL (100 gm / 25 days), AGE; Covered for age 2 and older
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid pad 2%</i>	1	OTC
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine cream 4%</i>	1	OTC
<i>lidocaine hcl gel 2%</i>	1	OTC
<i>lidocaine hcl soln 4%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine oint 5%</i>	1	QL (60 gm / 25 days)
<i>lidocaine patch 4%</i>	1	QL (90 patches / 24 days), OTC
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
<i>7t lido gel 2%</i>	1	
MISC. TOPICAL		
<i>aluminum sulfate & calcium acetate powd pack</i>	1	OTC
DRYSOL SOL 20%	2	
ISOPROPYL ALCOHOL SWABS 70%	2	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	PA, QL (60 gm / 23 days)
ROSACEA AGENTS		
<i>metronidazole cream 0.75% (generic of METROCREAM)</i>	1	
<i>metronidazole gel 1% (generic of METROGEL)</i>	1	QL (60 gm / 25 days)
<i>rosadan cre 0.75% (generic of METROCREAM)</i>	1	
SCABICIDES & PEDICULICIDES		
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>permethrin creme rinse 1%</i>	1	OTC
<i>permethrin lotion 1%</i>	1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	1	OTC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
DIASTIX TES STRIPS	2	QL (100 strips / 25 days), OTC
FREESTYLE TES	2	AGE, OTC; Quantity Limit of 306/25 days for younger than age 18; Limit of 153/25 days for age 18 and older
FREESTYLE TES INSULINX	2	AGE, OTC; Quantity Limit of 306/25 days for younger than age 18; Limit of 153/25 days for age 18 and older
FREESTYLE TES LITE	2	AGE, OTC; Quantity Limit of 306/25 days for younger than age 18; Limit of 153/25 days for age 18 and older

Drug Name	Drug Tier	Requirements/Limits
PRECISION TES XTRA	2	AGE, OTC; Quantity Limit of 306/25 days for younger than age 18; Limit of 153/25 days for age 18 and older
PRECISN XTRA TES KETONE	2	OTC
URINE GLUCOSE-KETONE TEST STRIPS	2	OTC
URINE KETONE TEST STRIPS	2	OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2
CREON CAP 6000UNIT	2
CREON CAP 12000UNT	2
CREON CAP 24000UNT	2
CREON CAP 36000UNT	2
ZENPEP CAP 3000UNIT	2
ZENPEP CAP 5000UNIT	2
ZENPEP CAP 10000UNT	2
ZENPEP CAP 15000UNT	2
ZENPEP CAP 20000UNT	2
ZENPEP CAP 25000	2
ZENPEP CAP 40000	2

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	1
<i>acetazolamide tab 125 mg</i>	1
<i>acetazolamide tab 250 mg</i>	1
<i>methazolamide tab 25 mg</i>	1
<i>methazolamide tab 50 mg</i>	1

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	2
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	1
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	1

LOOP DIURETICS

<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	1
<i>bumetanide tab 1 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tab 2 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg (generic of LASIX)</i>	1	
<i>furosemide tab 40 mg (generic of LASIX)</i>	1	
<i>furosemide tab 80 mg (generic of LASIX)</i>	1	
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>	1	
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	1	
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	1	
<i>triamterene cap 50 mg (generic of DYRENIUM)</i>	1	
<i>triamterene cap 100 mg (generic of DYRENIUM)</i>	1	

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
THALITONE TAB 15MG	2	

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) nasal soln 200 unit/act (generic of MIACALCIN)</i>	1	
FORTEO INJ 620/2.48	2	SP, PA
FOSAMAX + D TAB 70-2800	2	
FOSAMAX + D TAB 70-5600	2	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg (generic of ACTONEL)</i>	1	
<i>risedronate sodium tab 150 mg (generic of ACTONEL)</i>	1	
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONES		
NORDITROPIN INJ 5/1.5ML	2	SP, PA
NORDITROPIN INJ 10/1.5ML	2	SP, PA
NORDITROPIN INJ 15/1.5ML	2	SP, PA
NORDITROPIN INJ 30/3ML	2	SP, PA
SAIZEN INJ 5MG	2	SP, PA
SAIZEN INJ 8.8MG	2	SP, PA
SAIZENPREP INJ 8.8MG	2	SP, PA
SEROSTIM INJ 5MG	2	SP, PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg (generic of EVISTA)</i>	1	
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	1	
<i>calcitriol cap 0.25 mcg (generic of ROCALTROL)</i>	1	
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	1	
<i>cinacalcet hcl tab 30 mg (base equiv) (generic of SENSIPAR)</i>	1	SP, PA
<i>cinacalcet hcl tab 60 mg (base equiv) (generic of SENSIPAR)</i>	1	SP, PA
<i>cinacalcet hcl tab 90 mg (base equiv) (generic of SENSIPAR)</i>	1	SP, PA
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>levocarnitine tab 330 mg (generic of CARNITOR)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	QL (10 mL / 25 days)
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	QL (10 mL / 25 days)
<i>desmopressin acetate tab 0.1 mg (generic of DDAVP)</i>	1	
<i>desmopressin acetate tab 0.2 mg (generic of DDAVP)</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
ESTROGENS		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY	2	
<i>covaryx hs tab</i>	1	
<i>covaryx tab 1.25-2.5</i>	1	
<i>eemt hs tab</i>	1	
<i>eemt tab 1.25-2.5</i>	1	
<i>est estrogen tab mtest hs</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	
<i>fyavolv tab 0.5-2.5 (generic of FEMHRT)</i>	1	
<i>fyavolv tab 1-5</i>	1	
<i>jinteli tab 1mg-5mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT)</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
<i>estradiol tab 0.5 mg (generic of ESTRACE)</i>	1	
<i>estradiol tab 1 mg (generic of ESTRACE)</i>	1	
<i>estradiol tab 2 mg (generic of ESTRACE)</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr (generic of CLIMARA)</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr (generic of CLIMARA)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.06 mg/24hr</i> (generic of CLIMARA)	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i> (generic of CLIMARA)	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i> (generic of CLIMARA)	1	
<i>estradiol td patch weekly 0.0375 mg/24hr</i> (37.5 mcg/24hr) (generic of CLIMARA)	1	
<i>estradiol valerate im in oil 20 mg/ml</i> (generic of DELESTROGEN)	1	
<i>estradiol valerate im in oil 40 mg/ml</i> (generic of DELESTROGEN)	1	
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO (5%) SUS 250MG/5	2	
CIPRO (10%) SUS 500MG/5	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> (generic of CIPRO)	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> (generic of CIPRO)	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i> (generic of LEVAQUIN)	1	
<i>levofloxacin tab 500 mg</i> (generic of LEVAQUIN)	1	
<i>levofloxacin tab 750 mg</i> (generic of LEVAQUIN)	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

GASTROINTESTINAL AGENTS - MISC.

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i> (generic of URSO 250)	1	
<i>ursodiol tab 500 mg</i> (generic of URSO FORTE)	1	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml</i> (generic of GASTROCROM)	1	
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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	PA
<i>lubiprostone cap 24 mcg</i>	1	PA
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	1	
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit (generic of ROWASA)</i>	1	
<i>mesalamine suppos 1000 mg (generic of CANASA)</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	ST
<i>mesalamine tab delayed release 1.2 gm (generic of LIALDA)</i>	1	ST
<i>mesalamine tab delayed release 800 mg (generic of ASACOL HD)</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	1	
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose sol 10gm/15</i>	1	
<i>generlac sol 10gm/15</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	OTC
FOSRENOL POW 750MG	2	
FOSRENOL POW 1000MG	2	
<i>lanthanum carbonate chew tab 500 mg (elemental) (generic of FOSRENOL)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew tab 750 mg (elemental)</i> (generic of FOSRENOL)	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i> (generic of FOSRENOL)	1	
<i>sevelamer carbonate packet 0.8 gm</i> (generic of RENVELA)	1	
<i>sevelamer carbonate packet 2.4 gm</i> (generic of RENVELA)	1	
<i>sevelamer carbonate tab 800 mg</i> (generic of RENVELA)	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i> (generic of RENAGEL)	1	

GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS

<i>ORACIT SOL</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i> (generic of UROCIT-K 5)	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (generic of UROCIT-K 10)	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (generic of UROCIT-K 15)	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg</i> (generic of UROXATRAL)	1	
<i>dutasteride cap 0.5 mg</i> (generic of AVODART)	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> (generic of JALYN)	1	
<i>finasteride tab 5 mg</i> (generic of PROSCAR)	1	QL (30 tabs / 25 days)
<i>tamsulosin hcl cap 0.4 mg</i> (generic of FLOMAX)	1	

URINARY ANALGESICS

<i>phenazo tab 200mg</i>	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	

GOUT AGENTS

GOUT AGENTS

<i>allopurinol tab 100 mg</i> (generic of ZYLOPRIM)	1	
<i>allopurinol tab 300 mg</i> (generic of ZYLOPRIM)	1	
<i>colchicine tab 0.6 mg</i> (generic of COLCRYS)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tab 40 mg (generic of ULORIC)</i>	1	ST
<i>febuxostat tab 80 mg (generic of ULORIC)</i>	1	ST
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg (generic of AGRYLIN)</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	1	QL (30 tabs / 25 days)
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv) (generic of EFFIENT)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv) (generic of EFFIENT)</i>	1	
<i>ZONTIVITY TAB 2.08MG</i>	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR SICKLE CELL DISEASE		
<i>DROXIA CAP 200MG</i>	2	
<i>DROXIA CAP 300MG</i>	2	
<i>DROXIA CAP 400MG</i>	2	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
FOLIC ACID/FOLATES		
<i>folic acid tab 1 mg</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
<i>ARANESP INJ 10MCG</i>	2	SP, QL (4 syringes / 23 days)
<i>ARANESP INJ 25MCG</i>	2	SP, QL (4 syringes / 23 days)
<i>ARANESP INJ 25MCG</i>	2	SP, QL (4 vials / 23 days)
<i>ARANESP INJ 40MCG</i>	2	SP, QL (4 syringes / 23 days)

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 40MCG	2	SP, QL (4 vials / 23 days)
ARANESP INJ 60MCG	2	SP, QL (4 syringes / 23 days)
ARANESP INJ 60MCG	2	SP, QL (4 vials / 23 days)
ARANESP INJ 100MCG	2	SP, QL (4 syringes / 23 days)
ARANESP INJ 100MCG	2	SP, QL (4 vials / 23 days)
ARANESP INJ 150MCG	2	SP, QL (4 syringes / 23 days)
ARANESP INJ 200MCG	2	SP, QL (4 syringes / 23 days)
ARANESP INJ 200MCG	2	SP, QL (4 vials / 23 days)
ARANESP INJ 300MCG	2	SP, QL (4 syringes / 23 days)
ARANESP INJ 500MCG	2	SP, QL (4 syringes / 23 days)
EPOGEN INJ 2000/ML	2	SP, QL (4 vials / 25 days)
EPOGEN INJ 3000/ML	2	SP, QL (4 vials / 25 days)
EPOGEN INJ 4000/ML	2	SP, QL (4 vials / 25 days)
EPOGEN INJ 10000/ML	2	SP, QL (4 vials / 25 days)
EPOGEN INJ 20000/ML	2	SP, QL (4 vials / 25 days)
GRANIX INJ 300/0.5	2	SP, QL (24 syringes / 25 days)
GRANIX INJ 300/1ML	2	SP, QL (12 vials / 23 days)
GRANIX INJ 480/0.8	2	SP, QL (15 syringes / 25 days)
GRANIX INJ 480/1.6	2	SP, QL (12 vials / 23 days)
LEUKINE INJ 250MCG	2	SP
NEUPOGEN INJ 300/0.5	2	SP, QL (24 syringes / 23 days)
NEUPOGEN INJ 300MCG	2	SP, QL (12 vials / 25 days)
NEUPOGEN INJ 480/0.8	2	SP, QL (15 syringes / 23 days)
NEUPOGEN INJ 480MCG	2	SP, QL (7.5 vials / 25 days)

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 2000/ML	2	SP, QL (4 vials / 25 days)
PROCRIT INJ 3000/ML	2	SP, QL (4 vials / 25 days)
PROCRIT INJ 4000/ML	2	SP, QL (4 vials / 25 days)
PROCRIT INJ 10000/ML	2	SP, QL (4 vials / 25 days)
PROCRIT INJ 20000/ML	2	SP, QL (4 vials / 25 days)
PROCRIT INJ 40000/ML	2	SP, QL (4 vials / 25 days)
PROMACTA PAK 25MG	2	SP, PA
PROMACTA POW 12.5MG	2	SP, PA
PROMACTA TAB 12.5MG	2	SP, PA
PROMACTA TAB 25MG	2	SP, PA
PROMACTA TAB 50MG	2	SP, PA
PROMACTA TAB 75MG	2	SP, PA
RETACRIT INJ 2000UNIT	2	SP, QL (4 vials / 25 days)
RETACRIT INJ 3000UNIT	2	SP, QL (4 vials / 25 days)
RETACRIT INJ 4000UNIT	2	SP, QL (4 vials / 25 days)
RETACRIT INJ 10000UNT	2	SP, QL (4 vials / 25 days)
RETACRIT INJ 20000UNI	2	SP, QL (4 vials / 25 days)
RETACRIT INJ 40000UNT	2	SP, QL (4 vials / 25 days)

HEMATOPOIETIC MIXTURES

<i>iferex 150 cap forte</i>	1	
<i>poly-iron cap 150 fort</i>	1	
<i>polysacchari cap iron</i>	1	

IRON

<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	1	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	1	OTC
FERROUS SULFATE LIQUID 220 MG/5ML (44 MG/5ML ELEMENTAL FE)	2	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	1	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	1	OTC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid inj 250 mg/ml</i>	1	
<i>aminocaproic acid oral soln 0.25 gm/ml (generic of AMICAR)</i>	1	
<i>aminocaproic acid tab 500 mg (generic of AMICAR)</i>	1	
<i>aminocaproic acid tab 1000 mg (generic of AMICAR)</i>	1	
<i>tranexamic acid tab 650 mg (generic of LYSTEDA)</i>	1	QL (30 tabs / 25 days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTI-HISTAMINE HYPNOTICS		
<i>doxylamine succinate (sleep) tab 25 mg</i>	1	OTC
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
LAXATIVES		
BULK LAXATIVES		
<i>METAMUCIL CAP 0.36GM</i>	2	OTC
<i>methylcellulose powder laxative</i>	1	OTC
<i>methylcellulose tab 500 mg</i>	1	OTC
<i>psyllium cap 0.52 gm</i>	1	OTC
<i>psyllium cap 400 mg</i>	1	OTC
<i>psyllium powder 25%</i>	1	OTC
<i>psyllium powder 28.3%</i>	1	OTC
<i>psyllium powder 30%</i>	1	OTC
<i>psyllium powder 30.9%</i>	1	OTC
<i>psyllium powder 33%</i>	1	OTC
<i>psyllium powder 43%</i>	1	OTC
<i>psyllium powder 48.57%</i>	1	OTC
<i>psyllium powder 49%</i>	1	OTC
<i>psyllium powder 51.7%</i>	1	OTC
<i>psyllium powder 58.6%</i>	1	OTC
<i>psyllium powder 95%</i>	1	OTC
<i>psyllium powder 100%</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
LAXATIVE COMBINATIONS		
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i> (generic of GOLYTELY)	1	
<i>gavilyte-n sol flav pk</i> (generic of NULYTELY)	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (generic of NULYTELY)	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose sol 10gm/15</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	OTC
SALINE LAXATIVES		
<i>magnesium citrate soln</i>	1	OTC
STIMULANT LAXATIVES		
<i>bisacodyl tab delayed release 5 mg</i>	1	OTC
<i>sennosides cap 8.6 mg</i>	1	OTC
<i>sennosides chew tab 15 mg</i>	1	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	1	OTC
<i>sennosides tab 8.6 mg</i>	1	OTC
<i>sennosides tab 15 mg</i>	1	OTC
<i>sennosides tab 17.2 mg</i>	1	OTC
<i>sennosides tab 25 mg</i>	1	OTC
SURFACTANT LAXATIVES		
<i>docusate sodium cap 100 mg</i>	1	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	1	OTC
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 100 mg/5ml</i> (generic of ZITHROMAX)	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i> (generic of ZITHROMAX)	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i> (generic of ZITHROMAX)	1	
<i>azithromycin tab 500 mg</i> (generic of ZITHROMAX)	1	
<i>azithromycin tab 600 mg</i>	1	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg (generic of BIAxin XL)</i>	1	

ERYTHROMYCINS

<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml (generic of ERYPED 400)</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FIDAXOMICIN

DIFICID SUS	2	PA
DIFICID TAB 200MG	2	PA

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

CAYA DPR	2	
CONDOMS - FEMALE	2	OTC
CONDOMS - MALE	2	OTC
CONDOMS LATEX LUBRICATED	2	OTC
CONDOMS LATEX NON-LUBRICATED	2	OTC
CONDOMS NON-LATEX LUBRICATED	2	OTC
FEMCAP MIS 22MM	2	
FEMCAP MIS 26MM	2	
FEMCAP MIS 30MM	2	
OMNIFLEX DPR	2	
WIDE-SEAL DPR KIT 60	2	
WIDE-SEAL DPR KIT 65	2	
WIDE-SEAL DPR KIT 70	2	
WIDE-SEAL DPR KIT 75	2	
WIDE-SEAL DPR KIT 80	2	
WIDE-SEAL DPR KIT 85	2	
WIDE-SEAL DPR KIT 90	2	

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 95	2	
DIABETIC SUPPLIES		
DEXCOM G6 MIS RECEIVER	2	QL (1 each / year); PA; \$0
DEXCOM G6 MIS SENSOR	2	QL (3 boxes / 23 days); PA; \$0
DEXCOM G6 MIS TRANSMIT	2	QL (1 box / 68 days); PA; \$0
FREESTY LIBR KIT 2 SENSOR	2	QL (2 boxes / 21 days); PA; \$0
FREESTY LIBR MIS 2 READER	2	QL (1 each / year); PA; \$0
FREESTYLE KIT SENSOR	2	QL (2 boxes / 21 days); PA; \$0
FREESTYLE MIS READER	2	QL (1 each / year); PA; \$0
LANCET DEVICES	2	OTC
LANCETS	2	OTC
LANCETS KIT	2	OTC
LANCETS MISC	2	OTC
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	2	
ALCOH-WIPE MIS 12"X12"	2	
ESSENTRA MIS 9X9"	2	
ISOPROPYL ALCOHOL SWABS	2	OTC
PARENTERAL THERAPY SUPPLIES		
BD PEN NEEDL MIS 32GX4MM	2	
INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	2	OTC
INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16")	2	OTC
INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	2	OTC
INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	2	OTC
INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	2	OTC
INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	2	OTC
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	2	OTC
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	2	OTC
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	2	OTC
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	2	OTC
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	2	OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	2	OTC
INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	2	OTC
INSULIN SYRG MIS 0.3/29G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 0.3/30G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 0.3/31G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 0.5/28G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 0.5/29G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 0.5/30G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 1ML	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 1ML/27G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/28G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 1ML/29G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRG MIS 1ML/30G	2	AGE; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE (DISP) U-100 1 ML	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 15/64"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 0.5 ML 30 X 15/64"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 0.5 ML 32 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 5/8"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 26 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 15/64"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100 2 ML 27.5 X 5/8"	2	AGE, OTC; Quantity Limit of 200/25 days for younger than age 19; Limit of 100/25 days for age 19 and older
MM PENTIPS MIS 29GX12MM	2	
MM PENTIPS MIS 31GX5MM	2	
MM PENTIPS MIS 31GX8MM	2	
MM PENTIPS MIS 32GX4MM	2	
PENTIPS MIS 29GX12MM	2	
PENTIPS MIS 31GX5MM	2	
PENTIPS MIS 31GX8MM	2	
PENTIPS MIS 32GX4MM	2	
PRO COMFORT MIS 31GX8MM	2	
PRO COMFORT MIS 32GX4MM	2	
PRO COMFORT MIS 32GX5MM	2	
SHARPS CONTAINER	2	OTC

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	2	
AERCHMBR PLS MIS FLOW-VU	2	QL (1 spacer / year)
AERCHMBR PLS MIS LRG MASK	2	QL (1 spacer / year)
AERCHMBR PLS MIS MED MASK	2	QL (1 spacer / year)
AERCHMBR PLS MIS SM MASK	2	QL (1 spacer / year)
AERCHMBR Z- MIS STAT PLS	2	QL (1 spacer / year)
AEROCHAMBER MIS FLOSIGNA	2	
AEROCHAMBER MIS MV	2	
AEROCHAMBER MIS PLUS	2	QL (1 spacer / year)
AEROSOL MASK MIS ADULT	2	
BUBBLES PEDIATRIC MASK	2	OTC
CONVERSION MIS BABY SZ1	2	
CONVERSION MIS BABY SZ2	2	
CONVERSION MIS BABY SZ3	2	
EASIVENT MIS	2	
EASIVENT MIS MASK LG	2	QL (1 spacer / year)
EASIVENT MIS MASK MED	2	QL (1 spacer / year)
EASIVENT MIS MASK SM	2	QL (1 spacer / year)
INSPIREASE MIS DD SYST	2	
INSPIREASE MIS RES BAG	2	
MICROCHAMBER MIS	2	
VORTEX VALVE MIS CHAMBER	2	QL (1 spacer / year)

Drug Name	Drug Tier	Requirements/Limits
VORTEX/MASK MIS CHILDS	2	QL (1 spacer / year)
VORTEX/MASK MIS TODDLER	2	QL (1 spacer / year)

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ 225/1.5	2	PA
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MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
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SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i> (generic of AMERGE)	1	QL (8 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> (generic of AMERGE)	1	QL (8 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> (generic of MAXALT-MLT)	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> (generic of MAXALT)	1	QL (12 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i> (generic of IMITREX)	1	QL (12 inhalers / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i> (generic of IMITREX)	1	QL (12 inhalers / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i> (generic of IMITREX)	1	QL (16 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM)	1	QL (16 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM)	1	QL (16 injections / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL)	1	QL (16 injections / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL)	1	QL (16 injections / 25 days)
<i>sumatriptan succinate tab 25 mg</i> (generic of IMITREX)	1	QL (16 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i> (generic of IMITREX)	1	QL (16 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i> (generic of IMITREX)	1	QL (16 tabs / 25 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i> (generic of ZOMIG)	1	QL (12 inhalers / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray 5 mg/spray unit (generic of ZOMIG)</i>	1	QL (12 bottles / 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (18 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg (generic of ZOMIG)</i>	1	QL (18 tabs / 25 days)
<i>zolmitriptan tab 5 mg (generic of ZOMIG)</i>	1	QL (15 tabs / 25 days)

MINERALS & ELECTROLYTES

ELECTROLYTE MIXTURES

<i>oral electrolyte solution</i>	1	OTC
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FLUORIDE

<i>fluoritab dro 0.125mg</i>	1	
<i>nafrinse chw 1mg f</i>	1	
<i>nafrinse dro 0.125mg</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

PHOSPHATE

<i>phospha 250 tab neutral</i>	1	
<i>phospho-trin tab 250 neut</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>virt-phos tab 250 neut</i>	1	

POTASSIUM

<i>effer-k tab 25meq ef</i>	1	
<i>k-prime tab 25meq ef</i>	1	
<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
<i>klor-con m10 tab 10meq er</i>	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>klor-con pak 20meq</i>	1	
<i>klor-con/ef tab 25meq fr</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystal tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 10 meq (generic of K-TAB)</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	1	

ZINC

<i>GALZIN CAP 25MG</i>	2	
<i>GALZIN CAP 50MG</i>	2	
<i>WILZIN CAP 25MG</i>	2	

MISCELLANEOUS THERAPEUTIC CLASSES

IMMUNOMODULATORS

<i>REVLIMID CAP 2.5MG</i>	2	SP, PA
<i>REVLIMID CAP 5MG</i>	2	SP, PA
<i>REVLIMID CAP 10MG</i>	2	SP, PA
<i>REVLIMID CAP 15MG</i>	2	SP, PA
<i>REVLIMID CAP 20MG</i>	2	SP, PA
<i>REVLIMID CAP 25MG</i>	2	SP, PA
<i>THALOMID CAP 50MG</i>	2	SP, PA
<i>THALOMID CAP 100MG</i>	2	SP, PA
<i>THALOMID CAP 150MG</i>	2	SP, PA
<i>THALOMID CAP 200MG</i>	2	SP, PA

IMMUNOSUPPRESSIVE AGENTS

<i>AZASAN TAB 75 MG</i>	1	
<i>AZASAN TAB 100MG</i>	1	
<i>azathioprine tab 50 mg (generic of IMURAN)</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	1	
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	1	
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral soln 100 mg/ml</i> (generic of NEORAL)	1	
<i>engraf cap 25mg</i> (generic of NEORAL)	1	
<i>engraf cap 100mg</i> (generic of NEORAL)	1	
<i>engraf sol 100mg/ml</i> (generic of NEORAL)	1	
LUPKYNIS CAP 7.9MG	2	PA
<i>mycophenolate mofetil cap 250 mg</i> (generic of CELLCEPT)	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i> (generic of CELLCEPT)	1	
<i>mycophenolate mofetil tab 500 mg</i> (generic of CELLCEPT)	1	
<i>mycophenolate sodium tab dr 180 mg</i> (mycophenolic acid equiv) (generic of MYFORTIC)	1	
<i>mycophenolate sodium tab dr 360 mg</i> (mycophenolic acid equiv) (generic of MYFORTIC)	1	
<i>sirolimus oral soln 1 mg/ml</i> (generic of RAPAMUNE)	1	
<i>sirolimus tab 0.5 mg</i> (generic of RAPAMUNE)	1	
<i>sirolimus tab 1 mg</i> (generic of RAPAMUNE)	1	
<i>sirolimus tab 2 mg</i> (generic of RAPAMUNE)	1	
<i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF)	1	
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	1	
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps sus 15gm/60</i>	1	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	2	SP, PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i> (generic of PERIDEX)	1	
<i>periogard sol 0.12%</i> (generic of PERIDEX)	1	
DENTAL PRODUCTS		
<i>cavarest gel 1.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>denta 5000 cre plus</i>	1	
<i>denta 5000 cre plus 2pk</i>	1	
<i>dentagel gel 1.1%</i>	1	
<i>sf 5000 plus cre 1.1%</i>	1	
<i>sf gel 1.1%</i>	1	
<i>sod fluoride gel 1.1%</i>	1	
<i>sodium fluor cre 5000 pls</i>	1	
<i>sodium fluor cre 5000 ppm</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	

STEROIDS - MOUTH/THROAT/DENTAL

<i>oralone dent pst 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	

THROAT PRODUCTS - MISC.

<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	1	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	1	

MULTIVITAMINS

B-COMPLEX W/ FOLIC ACID

<i>activite tab</i>	1	
<i>b-plex tab</i>	1	
<i>dialyvite tab</i>	1	
<i>DIALYVITE/ TAB ZINC</i>	2	
<i>genicin tab vita-s</i>	1	
<i>nephronex tab</i>	1	
<i>vitasure tab</i>	1	
<i>vp-vite rx tab</i>	1	
<i>xvite tab</i>	1	

IRON W/ VITAMINS

<i>geritol tab complete</i>	1	OTC
<i>vitafol tab</i>	1	

MULTIPLE VITAMINS W/ IRON

<i>daily multi tab vit/iron</i>	1	OTC
<i>daily vit tab +iron</i>	1	OTC
<i>daily vit tab iron</i>	1	OTC
<i>daily vite tab iron</i>	1	OTC
<i>daily-vitam tab</i>	1	OTC
<i>multi vitam tab w/iron</i>	1	OTC
<i>multi-day tab /iron</i>	1	OTC
<i>multi-vit/fe tab</i>	1	OTC
<i>multiple vitamins w/ iron tab</i>	1	OTC
<i>multiv/iron tab adult</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>nat-rul dail tab vit/iron</i>	1	OTC
<i>one daily mv tab /iron</i>	1	OTC
<i>one-daily tab /iron</i>	1	OTC
<i>sm multiple tab vit/iron</i>	1	OTC
<i>stress b com tab w/iron</i>	1	OTC
<i>tab-a-vite tab /iron</i>	1	OTC
MULTIPLE VITAMINS W/ MINERALS		
<i>b-plex plus tab</i>	1	
<i>biocel tab</i>	1	
<i>lysiplex tab plus</i>	1	
<i>multiple vitamins w/ minerals liquid</i>	1	OTC
<i>multiple vitamins w/ minerals tab</i>	1	OTC
<i>nutrifac zx tab</i>	1	
<i>vita s forte tab</i>	1	
<i>vitacel tab</i>	1	
MULTIVITAMINS		
<i>multiple vitamin tab</i>	1	OTC
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/fe dro /fl 0.25</i>	1	OTC
<i>multi-vit/fl dro /fe 0.25</i>	1	
PED MULTIPLE VITAMINS W/ MINERALS		
<i>pediatric multiple vitamin w/ minerals & c chew tab</i>	1	OTC
PED MV W/ FLUORIDE		
<i>multi vit/fl dro 0.5mg/ml</i>	1	OTC
<i>multi-vit/fl dro 0.5mg/ml</i>	1	
<i>multivit/fl dro 0.25mg</i>	1	
<i>tri-vit/fluor dro 0.25mg</i>	1	
<i>vit a/c/d/fl dro 0.25mg</i>	1	
PEDIATRIC MULTIPLE VITAMINS		
<i>pediatric multiple vitamin w/ c & fa chew tab</i>	1	OTC
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i>	1	OTC
PEDIATRIC VITAMINS		
HONEY BEARS CHW	2	OTC
MULTIVITAMIN CHW CHILD	2	OTC
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL TAB RX	2	
CO-NATAL FA TAB 29-1MG	2	
<i>inatal gt tab</i>	1	
M-NATAL PLUS TAB	2	
NEONATAL PLS TAB 27-1MG	2	
NEONATAL TAB COMPLETE	2	
NEONATAL TAB COMPLTE	2	
NEONATAL TAB PLUS	2	
NIVA-PLUS TAB	2	
OB COMPLETE TAB	2	
ONE VITE TAB 1MG PLUS	2	
PNV TABS TAB 29-1MG	2	
<i>pnv-dha cap</i>	1	
<i>pnv-select tab</i>	1	
<i>prenatabs rx tab</i>	1	
PRENATAL 19 CHW 29-1MG	2	
<i>prenatal 19 chw tab</i>	1	
PRENATAL 19 TAB 29-1MG	2	
PRENATAL TAB 27-1MG	2	
PRENATAL VIT TAB LOW IRON	2	
PRENATAL+FE TAB 29-1MG	2	
PRENATRIX TAB	2	
PRENATRYL TAB	2	
PREPLUS TAB 27-1MG	2	
PRETAB TAB 29-1MG	2	
SE-NATAL 19 CHW	2	
SE-NATAL 19 TAB	2	
SELECT-OB+ PAK DHA	2	
THRIVITE RX TAB 29-1MG	2	
TRICARE TAB PRENATAL	2	
<i>trinate tab</i>	1	
VINATE ONE TAB	2	
VITAFOL CHW GUMMIES	2	
VITAFOL-OB TAB 65-1MG	2	
VITATHELY TAB	2	
WESTAB PLUS TAB 27-1MG	2	

SPECIALTY VITAMINS PRODUCTS

<i>specialty vitamin product tab</i>	1	OTC
<i>urosex tab</i>	1	

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol tab 350 mg (generic of SOMA)</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i> (generic of ZANAFLEX)	1	
<i>vanadom tab 350mg (generic of SOMA)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg (generic of DANTRIUM)</i>	1	
<i>dantrolene sodium cap 50 mg (generic of DANTRIUM)</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
<i>nozin nasal kit sanitize</i>	2	OTC
NOZIN NASAL MIS SANITIZE	2	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (1 bottle / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (1 bottle / 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL (30 mL / 25 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL (15 mL / 25 days)
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 25 days), OTC
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	AGE; Covered for age 2 to 4
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	QL (2 bottles / 25 days), OTC
SYMPATHOMIMETIC DECONGESTANTS		
<i>phenylephrine hcl tab 10 mg</i>	1	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	1	OTC
NUTRIENTS		
PROTEINS		
<i>levocarnitine (dietary) oral soln 1 gm/10ml</i>	1	OTC
<i>levocarnitine cap 250 mg</i>	1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>altalube oin</i>	1	OTC
<i>artifi tears dro 1-0.3%</i>	1	OTC
<i>artifi tears oin op</i>	1	OTC
<i>artifi tears sol 1.4% op</i>	1	OTC
<i>artificial dro tears</i>	1	OTC
<i>artificial oin eye</i>	1	OTC
<i>artificial sol 0.5-0.6%</i>	1	OTC
<i>artificial sol tears</i>	1	OTC
<i>biolle gel 1%</i>	1	OTC
<i>biolle tears dro 0.5% op</i>	1	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	1	OTC
<i>cvs dry eye dro relief</i>	1	OTC
<i>cvs lubrican dro 0.5%</i>	1	OTC
<i>cvs lubricat oin</i>	1	OTC
<i>cvs lubricnt dro 0.5% op</i>	1	OTC
<i>cvs natural dro tears</i>	1	OTC
<i>dry eye relf oin night</i>	1	OTC
<i>dry eye rlf dro</i>	1	OTC
<i>dry-eye relf oin nighttim</i>	1	OTC
<i>eq lubricant dro eye drop</i>	1	OTC
<i>eq restore oin pm</i>	1	OTC
<i>eye drops dro 0.25%</i>	1	OTC
<i>eye drops sol relief</i>	1	OTC
<i>eye lubrican oin op</i>	1	OTC
<i>for sty reli oin</i>	1	OTC
<i>genteal tear oin nt-time</i>	1	OTC
<i>genteal tear sol mild</i>	1	OTC
<i>genteal tear sol moderate</i>	1	OTC
<i>gnp eye drop dro 0.4-0.3%</i>	1	OTC
<i>hm dry eye sol relief</i>	1	OTC
<i>hypotears oin op</i>	1	OTC
<i>just tears sol eye drop</i>	1	OTC
<i>lubric tears sol 0.4-0.3%</i>	1	OTC
<i>lubricant dro eye</i>	1	OTC
<i>lubricant dro eye 0.6%</i>	1	OTC
<i>lubricant oin eye</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lubricant oin eye pm</i>	1	OTC
<i>lubricant pm oin</i>	1	OTC
<i>lubricant sol eye drop</i>	1	OTC
<i>lubricat eye dro 0.4-0.3%</i>	1	OTC
<i>lubricating dro 0.5%</i>	1	OTC
<i>lubricating sol 0.4-0.3%</i>	1	OTC
<i>lubricating sol tears</i>	1	OTC
<i>lubricnt eye dro</i>	1	OTC
<i>lubricnt eye dro 0.1-0.3%</i>	1	OTC
<i>lubricnt eye dro 0.4-0.3%</i>	1	OTC
<i>lubricnt eye dro 0.5% op</i>	1	OTC
<i>lubricnt eye dro 0.6%</i>	1	OTC
<i>lubricnt eye oin fast act</i>	1	OTC
<i>lubricnt eye oin nighttim</i>	1	OTC
<i>lubricnt gel dro 1%</i>	1	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	1	OTC
<i>puralube oin</i>	1	OTC
<i>ra lubricant dro 0.4-0.3%</i>	1	OTC
<i>refresh cell gel 1% op</i>	1	OTC
<i>refresh lacr oin op</i>	1	OTC
<i>refresh p.m. oin op</i>	1	OTC
<i>restore plus dro 0.5% op</i>	1	OTC
<i>restore tear dro 0.5% op</i>	1	OTC
<i>retaine cmc sol 0.5% op</i>	1	OTC
<i>retaine pm oin</i>	1	OTC
<i>sm artificia sol tears</i>	1	OTC
<i>sm dry eye sol relief</i>	1	OTC
<i>sm lubricant dro 0.4-0.3%</i>	1	OTC
<i>soothe xp dro</i>	1	OTC
<i>stye oin</i>	1	OTC
<i>systane dro contacts</i>	1	OTC
<i>systane oin</i>	1	OTC
<i>tears pure sol</i>	1	OTC
<i>theratears gel 1% ophth</i>	1	OTC
<i>ult lub eye dro 0.4-0.3%</i>	1	OTC
<i>ultra eye dr dro 0.4-0.3%</i>	1	OTC
<i>ultra fresh dro 0.5% op</i>	1	OTC
<i>ultra fresh oin pm</i>	1	OTC

BETA-BLOCKERS - OPHTHALMIC

BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
BETOPTIC-S SUS 0.25% OP	2	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i>	1	
<i>22.3-6.8 mg/ml</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	1	
<i>timolol maleate ophth gel forming soln 0.5% (generic of TIMOPTIC-XE)</i>	1	
<i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)</i>	1	
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>ATROPINE SUL SOL 1% OP</i>	2	
<i>atropine sulfate ophth oint 1%</i>	1	
<i>homatropaire sol 5% op</i>	1	
<i>ISOPTO ATROP SOL 1% OP</i>	2	
MIOTICS		
<i>pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)</i>	1	
<i>pilocarpine hcl ophth soln 2% (generic of ISOPTO CARPINE)</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>ALPHAGAN P SOL 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15% (generic of ALPHAGAN P)</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
<i>AZASITE SOL 1%</i>	2	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>KLARITY-A DRO 1%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic of MOXEZA)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	1	
<i>neo-polycin oin op</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	1	
<i>tobramycin ophth soln 0.3% (generic of TOBREX)</i>	1	
TOBREX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
OPHTHALMIC STEROIDS		
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
<i>loteprednol etabonate ophth susp 0.5% (generic of LOTEMAX)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	2	
PRED-G S.O.P OIN OP	2	
PRED-G SUS OP	2	
<i>prednisolone acetate ophth susp 1% (generic of PRED FORTE)</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	1	
OPHTHALMICS - MISC.		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>brinzolamide ophth susp 1% (generic of AZOPT)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	1	
<i>ketorolac tromethamine ophth soln 0.4% (generic of ACULAR LS)</i>	1	
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	1	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	1	OTC
NEVANAC SUS 0.1%	2	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost ophth soln 0.005%</i>	1	QL (6 mL / 25 days)
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	1	QL (6 mL / 25 days)
<i>LUMIGAN SOL 0.01%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (generic of TRAVATAN Z)</i>	1	

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

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

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

OTIC COMBINATIONS

<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)</i>	1	
<i>cortic-nd dro</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	

OTIC STEROIDS

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
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OXYTOCICS

OXYTOCICS

<i>methergine tab 0.2mg</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

<i>RHOPHYLAC INJ 1500/2ML</i>	2	SP
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PENICILLINS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	

PROGESTINS

PROGESTINS

<i>hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)</i>	1	SP, QL (4 mL / 23 days)
<i>MAKENA INJ 275MG</i>	2	SP, QL (4 injections / 25 days)
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	1	
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	1	
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	1	
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	1	
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	1	
<i>donepezil hydrochloride tab 23 mg (generic of ARICEPT)</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg (generic of NAMENDA XR)</i>	1	
<i>memantine hcl cap er 24hr 14 mg (generic of NAMENDA XR)</i>	1	
<i>memantine hcl cap er 24hr 21 mg (generic of NAMENDA XR)</i>	1	
<i>memantine hcl cap er 24hr 28 mg (generic of NAMENDA XR)</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> (generic of EXELON)	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> (generic of EXELON)	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> (generic of EXELON)	1	

MOVEMENT DISORDER DRUG THERAPY

<i>tetrabenazine tab 12.5 mg</i> (generic of XENAZINE)	1	SP, PA
<i>tetrabenazine tab 25 mg</i> (generic of XENAZINE)	1	SP, PA

MULTIPLE SCLEROSIS AGENTS

AVONEX PEN KIT 30MCG	2	SP, PA
AVONEX PREFL KIT 30MCG	2	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i> (generic of AMPYRA)	1	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg</i> (generic of TECFIDERA)	1	SP, PA
<i>dimethyl fumarate capsule delayed release 240 mg</i> (generic of TECFIDERA)	1	SP, PA
EXTAVIA INJ 0.3MG	2	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (generic of COPAXONE)	1	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (generic of COPAXONE)	1	SP, PA
<i>glatopa inj 20mg/ml</i> (generic of COPAXONE)	1	SP, PA
<i>glatopa inj 40mg/ml</i> (generic of COPAXONE)	1	SP, PA
PLEGRIDY INJ	2	SP, PA
PLEGRIDY INJ PEN	2	SP, PA
PLEGRIDY INJ STARTER	2	SP, PA
PLEGRIDY PEN INJ STARTER	2	SP, PA
REBIF INJ 22/0.5	2	SP, PA
REBIF INJ 44/0.5	2	SP, PA
REBIF REBIDO INJ 22/0.5	2	SP, PA
REBIF REBIDO INJ 44/0.5	2	SP, PA
REBIF REBIDO INJ TITRATN	2	SP, PA
REBIF TITRTN INJ PACK	2	SP, PA

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUEDEXTA CAP 20-10MG	2	
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RESPIRATORY AGENTS - MISC.

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG	2	SP, PA
OFEV CAP 150MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
SULFONAMIDES		
<i>SULFONAMIDES</i>		
SULFADIAZINE TAB 500MG	2	
TETRACYCLINES		
<i>TETRACYCLINES</i>		
<i>avidoxy tab 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i> (generic of VIBRAMYCIN)	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i> (generic of VIBRAMYCIN)	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>lymepak tab 100mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i> (generic of MINOCIN)	1	
<i>mondoxyne nl cap 100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN SYP 50MG/5ML	2	
THYROID AGENTS		
<i>ANTITHYROID AGENTS</i>		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
<i>THYROID HORMONES</i>		
ARMOUR THYRO TAB 180MG	2	
ARMOUR THYRO TAB 240MG	2	
ARMOUR THYRO TAB 300MG	2	
<i>euthyrox tab 25mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 50mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 75mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 88mcg</i> (generic of SYNTHROID)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>euthyrox tab 100mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 112mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 125mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 137mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 150mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 175mcg</i> (generic of SYNTHROID)	1	
<i>euthyrox tab 200mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 25mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 50mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 75mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 88mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 100mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 112mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 125mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 137mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 150mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 175mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 200 mcg</i> (generic of SYNTHROID)	1	
<i>levo-t tab 300 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 25 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 50 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 75 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 88 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 100 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 112 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 125 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 137 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 150 mcg</i> (generic of SYNTHROID)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 175 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 200 mcg</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium tab 300 mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 25mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 50mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 75mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 88mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 100mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 112mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 125mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 137mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 150mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 175mcg</i> (generic of SYNTHROID)	1	
<i>levoxyl tab 200mcg</i> (generic of SYNTHROID)	1	
<i>liothyronine sodium tab 5 mcg</i> (generic of CYTOMEL)	1	
<i>liothyronine sodium tab 25 mcg</i> (generic of CYTOMEL)	1	
<i>liothyronine sodium tab 50 mcg</i> (generic of CYTOMEL)	1	
<i>np thyroid tab 15mg</i>	1	
<i>np thyroid tab 30mg</i>	1	
<i>np thyroid tab 60mg</i>	1	
<i>np thyroid tab 90mg</i>	1	
<i>np thyroid tab 120mg</i>	1	
<i>unithroid tab 25mcg</i> (generic of SYNTHROID)	1	
<i>unithroid tab 50mcg</i> (generic of SYNTHROID)	1	
<i>unithroid tab 75mcg</i> (generic of SYNTHROID)	1	
<i>unithroid tab 88mcg</i> (generic of SYNTHROID)	1	
<i>unithroid tab 100mcg</i> (generic of SYNTHROID)	1	
<i>unithroid tab 112mcg</i> (generic of SYNTHROID)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid tab 125mcg (generic of SYNTHROID)</i>	1	
<i>unithroid tab 137mcg (generic of SYNTHROID)</i>	1	
<i>unithroid tab 150mcg (generic of SYNTHROID)</i>	1	
<i>unithroid tab 175mcg (generic of SYNTHROID)</i>	1	
<i>unithroid tab 200mcg (generic of SYNTHROID)</i>	1	
<i>unithroid tab 300mcg (generic of SYNTHROID)</i>	1	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>ed-spaz tab 0.125mg</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>hyosyne dro 0.125/ml</i>	1	
<i>hyosyne elx 0.125/5</i>	1	
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sr tab 0.375mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
<i>phenohydro tab</i>	1	

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 10 mg</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tab 20 mg</i>	1	OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	1	
<i>famotidine tab 40 mg (generic of PEPCID)</i>	1	
<i>nizatidine cap 150 mg</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	1	
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	1	
PROTON PUMP INHIBITORS		
<i>acid reducer tab 20mg dr</i>	1	OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (60 caps / 23 days), OTC
<i>esomeprazole magnesium cap delayed release 40 mg (base eq) (generic of NEXIUM)</i>	1	
<i>esomeprazole magnesium tab delayed release 20 mg</i>	1	QL (60 tabs / 23 days), OTC
<i>lansoprazole cap delayed release 15 mg</i>	1	
<i>lansoprazole cap delayed release 15 mg</i>	1	OTC
<i>lansoprazole cap delayed release 30 mg (generic of PREVACID)</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	OTC
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>omeprazole delayed release tab 20 mg</i>	1	OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	1	OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	1	OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	1	
<i>rabeprazole sodium ec tab 20 mg (generic of ACIPHEX)</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	QL (112 ea / 14 days)
HELIDAC MIS THERAPY	2	
PYLERA CAP	2	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS		
(ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (generic of ENABLEX)</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg (generic of DETROL LA)</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg (generic of DETROL LA)</i>	1	
<i>tolterodine tartrate tab 1 mg (generic of DETROL)</i>	1	
<i>tolterodine tartrate tab 2 mg (generic of DETROL)</i>	1	
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	1	
<i>clotrimazole vaginal cream 1%</i>	1	OTC
<i>clotrimazole vaginal cream 2%</i>	1	OTC
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>MICONAZOLE 1 KIT COMBO</i>	2	OTC
<i>miconazole 3 sup 200mg</i>	1	
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	1	OTC
<i>miconazole nitrate vaginal cream 2%</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	1	OTC
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	1	OTC
MONISTAT 3 KIT COMBO PK	2	OTC
MONISTAT 7 KIT COMBO PK	2	OTC
MONISTAT 7 KIT COMPLETE	2	OTC
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>vandazole gel 0.75%</i>	1	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	1	
<i>estradiol vaginal tab 10 mcg (generic of VAGIFEM)</i>	1	
PREMARIN VAG CRE 0.625MG	2	
<i>yuvaferm tab 10mcg (generic of VAGIFEM)</i>	1	
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100	2	
PROGESTERONE SUP VGS 200	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (8 pens / year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)</i>	1	QL (8 pens / year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)</i>	1	QL (8 pens / year)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (4 pens / year)
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>aqueous e dro 50unt/ml</i>	1	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i>	1	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	1	OTC
<i>cvs e cap 200iu</i>	1	OTC
<i>cvs e oil oil 30000unt</i>	1	OTC
<i>cvs vit e cap 400unit</i>	1	OTC
<i>cvs vitam e cap 180mg</i>	1	OTC
<i>d3 adult chw 1000unit</i>	1	OTC
<i>d3 max st dro 5000unit</i>	1	OTC
<i>e200 cap 200unit</i>	1	OTC
<i>e400 cap</i>	1	OTC
<i>e400 cap 400unit</i>	1	OTC
<i>e600 cap 600unit</i>	1	OTC
<i>e-200 cap 200unit</i>	1	OTC
<i>e-400 cap</i>	1	OTC
<i>e-400 cap 400unit</i>	1	OTC
<i>e-400 clear cap</i>	1	OTC
<i>e-oil oil 30000unt</i>	1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	1	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	1	OTC
<i>gnp d chw 2000unit</i>	1	OTC
<i>gnp vit e cap 200unit</i>	1	OTC
<i>gnp vit e cap 400unit</i>	1	OTC
<i>hm e vitamin cap 400unit</i>	1	OTC
<i>kids vit d3 chw 1000unit</i>	1	OTC
<i>kp vitamin e cap 100unit</i>	1	OTC
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	1	
<i>qc vitamin e cap 400unit</i>	1	OTC
<i>ra nat vit e cap 400unit</i>	1	OTC
<i>ra vitamin e cap 200unit</i>	1	OTC
<i>ra vitamin e cap 400unit</i>	1	OTC
<i>sm vitamin e cap 200unit</i>	1	OTC
<i>sm vitamin e cap 400unit</i>	1	OTC
<i>soluvita e sol 50unt/ml</i>	1	OTC
<i>vit d3 gumm chw 1000unit</i>	1	OTC
<i>vit e d-alph cap 200unit</i>	1	OTC
<i>vitajoy daly chw d 1000iu</i>	1	OTC
<i>vitamin d3 chw 25mcg</i>	1	OTC
<i>vitamin d3 chw 50mcg</i>	1	OTC
<i>vitamin d3 chw 1000unit</i>	1	OTC
<i>vitamin d3 chw ex str</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>vitamin d chw 1000unit</i>	1	OTC
<i>vitamin e cap 45 mg (100 unit)</i>	1	OTC
<i>vitamin e cap 90 mg (200 unit)</i>	1	OTC
<i>vitamin e cap 100 unit</i>	1	OTC
<i>vitamin e cap 134 mg (200 unit)</i>	1	OTC
<i>vitamin e cap 180 mg (400 unit)</i>	1	OTC
<i>vitamin e cap 200 unit</i>	1	OTC
<i>vitamin e cap 268 mg (400 unit)</i>	1	OTC
<i>vitamin e cap 400 unit</i>	1	OTC
<i>vitamin e cap 400unit</i>	1	OTC
<i>vitamin e oral oil 45 mg/0.25ml (100 unit/0.25ml)</i>	1	OTC
<i>vitamin e oral oil 67 mg/0.25ml (100 unit/0.25ml)</i>	1	OTC
<i>vitamin e soln 6.75 mg/0.3ml (15 unit/0.3ml)</i>	1	OTC
WATER SOLUBLE VITAMINS		
<i>niacin tab 50 mg</i>	1	OTC
<i>niacin tab 100 mg</i>	1	OTC
<i>niacin tab 250 mg</i>	1	OTC
<i>niacin tab 500 mg</i>	1	OTC
<i>pyridoxine hcl tab 25 mg</i>	1	OTC

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<i>mg/24hr</i>	44	<i>celecoxib cap 200 mg</i>	20
CATAPRES-TTS-2		<i>celecoxib cap 400 mg</i>	20
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<i>cefaclor for susp 250 mg/5ml</i>	66	<i>cephalexin for susp 125 mg/5ml</i>	66
<i>cefaclor for susp 375 mg/5ml</i>	66	<i>cephalexin for susp 250 mg/5ml</i>	66
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<i>cefdinir for susp 125 mg/5ml</i>	66	<i>cetirizine hcl chew tab 5 mg</i>	40
<i>cefdinir for susp 250 mg/5ml</i>	67	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefixime for susp 100 mg/5ml</i>	67	<i>mg/5ml)</i>	40
<i>cefixime for susp 200 mg/5ml</i>	67	<i>cetirizine hcl tab 10 mg</i>	40
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<i>chlorzoxazone tab 500 mg</i>	111	<i>0.3-0.1%</i>	116
<i>cholecalciferol chew tab 25 mcg (1000</i>		<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>unit)</i>	126	<i>equivalent)</i>	114
<i>cholecalciferol drops 125 mcg/ml (5000</i>		<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>unit/ml)</i>	127	<i>equivalent)</i>	116
<i>cholecalciferol oral liquid 10 mcg/ml</i>		<i>ciprofloxacin hcl tab 100 mg (base</i>	
<i>(400 unit/ml)</i>	127	<i>equiv)</i>	88
<i>cholestyramine light powder 4 gm/dose</i>		<i>ciprofloxacin hcl tab 250 mg (base</i>	
<i>.....</i>	41	<i>equiv)</i>	88
<i>cholestyramine powder 4 gm/dose ...</i>	41	<i>ciprofloxacin hcl tab 500 mg (base</i>	
<i>ciclodan sol 8%</i>	78	<i>equiv)</i>	88
<i>ciclopirox gel 0.77%</i>	78	<i>ciprofloxacin hcl tab 750 mg (base</i>	
<i>ciclopirox kit 8%</i>	78	<i>equiv)</i>	88
<i>ciclopirox olamine cream 0.77% (base</i>		CITRANATAL CAP HARMONY	109
<i>equiv)</i>	78	CITRANATAL MIS	109
<i>ciclopirox olamine susp 0.77% (base</i>		CITRANATAL MIS 90 DHA.....	109
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<i>ciclopirox shampoo 1%</i>	78	CITRANATAL PAK DHA	109
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<i>cimetidine tab 200 mg</i>	123	<i>clarithromycin tab 250 mg</i>	96
<i>cimetidine tab 300 mg</i>	123	<i>clarithromycin tab 500 mg</i>	96
<i>cimetidine tab 400 mg</i>	123	<i>clarithromycin tab er 24hr 500 mg ...</i>	96
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<i>cinacalcet hcl tab 90 mg (base equiv)</i>		<i>cream 2%</i>	125
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<i>(base equiv)</i>	88	CLEOCIN-T	
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see estradiol td patch weekly 0.05 mg/24hr	87	clodan sha 0.05%	80
see estradiol td patch weekly 0.06 mg/24hr	88	clonidine hcl tab 0.1 mg	44
see estradiol td patch weekly 0.075 mg/24hr	88	clonidine hcl tab 0.2 mg	44
see estradiol td patch weekly 0.1 mg/24hr	87	clonidine hcl tab 0.3 mg	44
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clindamycin hcl cap 150 mg	27	clotrimazole cream 1%	78
clindamycin hcl cap 300 mg	27	clotrimazole soln 1%	78
clindamycin hcl cap 75 mg	27	clotrimazole troche 10 mg	107
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	27	clotrimazole vaginal cream 1%	125
clindamycin phosphate-benzoyl peroxide gel 1-5%	76	clotrimazole vaginal cream 2%	125
clindamycin phosphate foam 1%	76	clotrimazole w/ betamethasone cream 1-0.05%	78
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clindamycin phosphate swab 1%	76	colchicine tab 0.6 mg	90
clindamycin phosphate vaginal cream 2%	125	COLCRYS	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	76	see colchicine tab 0.6 mg	90
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clobetasol propionate cream 0.05% ..	80	see colestipol hcl granule packets 5 gm	41
clobetasol propionate emollient base cream 0.05%	80	see colestipol hcl granules 5 gm ...	41
clobetasol propionate foam 0.05% ...	80	see colestipol hcl tab 1 gm	41
clobetasol propionate gel 0.05%	80	colestipol hcl granule packets 5 gm ..	41
clobetasol propionate lotion 0.05% ...	80	colestipol hcl granules 5 gm	41
clobetasol propionate oint 0.05%	80	colestipol hcl tab 1 gm	41
clobetasol propionate shampoo 0.05%	80	COMBIGAN SOL 0.2/0.5%	113
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CONVERSION MIS BABY SZ2	103	CREON CAP 36000UNT	84
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<i>syringe 20 mg/ml</i>	119	42
see <i>glatiramer acetate soln prefilled</i>		see <i>rosuvastatin calcium tab 20 mg</i>	
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see <i>carvedilol tab 25 mg</i>	61	88
see <i>carvedilol tab 3.125 mg</i>	61	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
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see <i>nadolol tab 20 mg</i>	61	<i>cvs dry eye dro relief</i>	112
see <i>nadolol tab 40 mg</i>	61	<i>cvs e cap 200iu</i>	127
see <i>nadolol tab 80 mg</i>	61	<i>cvs e oil oil 30000unt</i>	127
CORLANOR SOL 5MG/5ML	66	<i>cvs lubrican dro 0.5%</i>	112
CORLANOR TAB 5MG	66	<i>cvs lubricat oin</i>	112
CORLANOR TAB 7.5MG	66	<i>cvs lubricnt dro 0.5% op</i>	112
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cyred tab68

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see dantrolene sodium cap 50 mg111

dantrolene sodium cap 100 mg111

dantrolene sodium cap 25 mg111

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15 mg (base equiv)125

darifenacin hydrobromide tab er 24hr

7.5 mg (base equiv)125

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decadron tab 0.75mg72

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DELESTROGEN

see estradiol valerate im in oil 20

mg/ml.....88

see estradiol valerate im in oil 40

mg/ml.....88

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delyla tab 0.1-0.02.....68

denta 5000 cre plus.....108

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DEPO-PROVERA CONTRACEPTIV

see medroxyprogesterone acetate im

susp 150 mg/ml72

see medroxyprogesterone acetate im

susp prefilled syr 150 mg/ml.....72

DEPO-SQ PROV INJ 10472

DEPO-TESTOSTERONE

see testosterone cypionate im inj in

oil 100 mg/ml25

see testosterone cypionate im inj in

oil 200 mg/ml25

DERMA-SMOOTH/FS BODY

see fluocinolone acetonide oil 0.01%

(body oil)81

DERMA-SMOOTH/FS SCALP

see fluocinolone acetonide oil 0.01%

(scalp oil)81

dermazene cre 1-1%78

DESCOVY TAB 200/25MG57

desmopressin acetate nasal spray soln

0.01%87

<i>desmopressin acetate nasal spray soln</i> 0.01% (refrigerated)	87
<i>desmopressin acetate tab 0.1 mg</i>	87
<i>desmopressin acetate tab 0.2 mg</i>	87
<i>desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	68
<i>desogestrel & ethinyl estradiol tab 0.15</i> mg-30 mcg	68
<i>desonide cream 0.05%</i>	80
<i>desonide lotion 0.05%</i>	80
<i>desonide oint 0.05%</i>	80
DESOWEN see <i>desonide cream 0.05%</i>	80
<i>desoximetasone cream 0.05%</i>	80
<i>desoximetasone cream 0.25%</i>	80
<i>desoximetasone gel 0.05%</i>	80
<i>desoximetasone oint 0.05%</i>	80
<i>desoximetasone oint 0.25%</i>	80
DETROL see <i>tolterodine tartrate tab 1 mg</i>	125
see <i>tolterodine tartrate tab 2 mg</i>	125
DETROL LA see <i>tolterodine tartrate cap er 24hr 2</i> mg	125
see <i>tolterodine tartrate cap er 24hr 4</i> mg	125
DEXAMETHASON CON 1MG/ML	72
<i>dexamethasone elixir 0.5 mg/5ml</i>	72
<i>dexamethasone sodium phosphate</i> <i>ophth soln 0.1%</i>	115
<i>dexamethasone soln 0.5 mg/5ml</i>	73
<i>dexamethasone tab 0.5 mg</i>	73
<i>dexamethasone tab 0.75 mg</i>	73
<i>dexamethasone tab 1.5 mg</i>	73
<i>dexamethasone tab 1 mg</i>	73
<i>dexamethasone tab 2 mg</i>	73
<i>dexamethasone tab 4 mg</i>	73
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<i>dextromethorphan-guaifenesin liquid</i> 10-200 mg/5ml	74
<i>dextromethorphan-guaifenesin liquid 5-</i> 100 mg/5ml	74
<i>dextromethorphan-guaifenesin syrup</i> 10-100 mg/5ml	74
<i>dextromethorphan-guaifenesin tab er</i> 12hr 30-600 mg	74
<i>dextromethorphan hbr syrup 15</i> mg/5ml	74
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<i>diclofenac epolamine patch 1.3%</i>	77
<i>diclofenac potassium tab 50 mg</i>	20
DICLOFENAC SODIUM DR see <i>diclofenac sodium tab delayed</i> <i>release 75 mg</i>	20
<i>diclofenac sodium gel 1%</i>	78
<i>diclofenac sodium tab delayed release</i> 25 mg	20
<i>diclofenac sodium tab delayed release</i> 50 mg	20
<i>diclofenac sodium tab delayed release</i> 75 mg	20
<i>diclofenac sodium tab er 24hr 100 mg</i>	20
<i>dicloxacillin sodium cap 250 mg</i>	117
<i>dicloxacillin sodium cap 500 mg</i>	117
<i>dicyclomine hcl cap 10 mg</i>	123
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	123
<i>dicyclomine hcl tab 20 mg</i>	123
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see <i>fluconazole for susp 40 mg/ml</i>	39
see <i>fluconazole tab 100 mg</i>	39
see <i>fluconazole tab 150 mg</i>	39
see <i>fluconazole tab 200 mg</i>	39
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<i>digitek tab 0.125mg</i>	65
<i>digitek tab 0.25mg</i>	65
<i>digoxin oral soln 0.05 mg/ml</i>	65
<i>digoxin tab 125 mcg (0.125 mg)</i>	65
<i>digoxin tab 250 mcg (0.25 mg)</i>	65
<i>digox tab 0.125mg</i>	65

<i>digox tab 0.25mg</i>	65
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<i>see phenytoin susp 125 mg/5ml</i>	33
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