

# **Nippon Life Insurance Company of America® (Nippon Life Benefits®) Formulary**

## **2023 List of Covered Drugs**

**Effective 10/01/2023 (last updated 10/01/2023)**

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

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 All previous versions of the Formulary are no longer in effect.

**You may contact us with questions at the following:**

English and Non-English Toll-Free Telephone Number: 1-800-374-1835 during normal business hours.

Japanese Toll-Free Telephone Number: 1-800-971-0638 during normal business hours.

Korean Toll-Free Telephone Number: 1-877-827-8713 during normal business hours.

<https://www.nipponlifebenefits.com/contact-us>

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## **Definitions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **What is the Nippon Life Benefits Formulary?**

A formulary is a list of covered drugs. Nippon Life Benefits works with a team of health care providers to choose drugs that provide quality treatment. The Nippon Life Benefits Formulary covers drugs on our drug list, as long as:

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

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

## **How do I use the Formulary?**

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

### **Medical Condition**

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

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

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

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

## **Alphabetical Listing**

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

1. Look in the Index and find your drug
2. Next to your drug, see the page number where you can find coverage information
3. Turn to the page listed in the Index and find the name of your drug in the first column of the list

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

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

- Example: carvedilol

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

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

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

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

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

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

- **Prior Authorization:** Nippon Life Benefits needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Nippon Life Benefits before you fill your prescriptions. If you don't get approval, Nippon Life Benefits may not cover the drug.
- **Quantity Limits:** For certain drugs, Nippon Life Benefits limits the amount of the drug that it will cover. Nippon Life Benefits also limits the amount of drugs you may receive within a class of drugs.

## **Filling a Prescription through a Network Pharmacy**

### **Local Pharmacy**

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

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

### **Mail Order Pharmacy**

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

Your initial order consists of three parts: the written Prescription from your Prescribing provider; a Patient/Profile Order form with preaddressed envelope; and

a Copay. These are described below. Allow 14 days for the order to be completed and shipped to you. All orders are mailed either by Federal Express or First Class U.S. Mail. If you wish to have your order shipped Federal Express, you will need to pay the cost.

### **The Written Prescription**

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

1. Patient name;
2. Prescription for a 90-day supply of medication (your Prescribing provider should indicate the total number of pills required for that period of time. For example, 270 tablets would be needed for medication that must be taken three times a day.);
3. Refills (many maintenance drugs can be prescribed for up to one year; therefore, a Prescription for a 90-day supply may specify up to three refills.);
4. Prescribing provider's signature.

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

### **Patient Profile/Order Form**

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

### **Copay**

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

### **Refills or Follow-up Orders**

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

### **Special Situations**

If a maintenance medication is prescribed for immediate use, you should obtain two Prescriptions--one for a 14-day supply to be filled immediately at a local member

pharmacy, and a second for an extended 90-day supply with refills, to be filled by the mail service pharmacy.

## **Questions**

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

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

## **Prescription Drugs Utilization Review Program**

### **For Maintenance Drugs and Medicines**

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

### **For all other Drugs and Medicines**

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

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

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

For certain drugs or classes of drugs designated by Nippon Life Benefits, we reserve the right to:

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

For all drugs requiring Prior Authorization, the pharmacy benefit manager must notify your Prescribing provider within 72 hours of receipt of a non-urgent request or 24 hours if exigent circumstances exist, whether the request is approved or disapproved. If the pharmacy benefit manager fails to respond within the respective timeframes, the request is deemed granted. If the request is disapproved, the notice of disapproval must contain an accurate and clear written explanation of the specific reasons for disapproving the Prior Authorization request or, if the request was incomplete, an accurate and clear written explanation that specifically identifies the missing material information that is necessary to approve or disapprove the Prior Authorization request.

### **Can the Drug List change?**

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

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

Members are notified in advance of formulary changes when:

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

## **What if I need a drug that requires an exception?**

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

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

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

## **For more information about your plan**

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

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

## **Have more questions about your pharmacy benefits?**

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

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

## **Legend**

<b>Term</b>	<b>Definition</b>
<b>#</b>	Brand Drug is covered with \$0 copayment if prescriber indicates "Dispense as Written" (DAW)
<b>ACA</b>	Preventive medications covered under the Affordable Care Act are not subject to co-payments, deductibles, or coinsurance when prescribed by a participating provider and provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration ("HRSA"), or if the items have an "A" or "B" rating from the United States Preventive Services Task Force ("USPSTF"), or if the immunizations are recommended by the Advisory Committee on Immunization Practices ("ACIP"). Refer to your booklet-certificate for benefits that are specific to your plan.
<b>AGE</b>	Age Restriction
<b>GNDR</b>	Gender Restriction
<b>ONC</b>	Oral oncology drugs might not be subject to a Copay amount. Refer to your booklet-certificate for benefits that are specific to your plan.
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit

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Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
ADDERALL TAB 5MG	3	PA
ADDERALL TAB 7.5MG	3	PA
ADDERALL TAB 10MG	3	PA
ADDERALL TAB 12.5MG	3	PA
ADDERALL TAB 15MG	3	PA
ADDERALL TAB 20MG	3	PA
ADDERALL TAB 30MG	3	PA
ADDERALL XR CAP 5MG	3	PA
ADDERALL XR CAP 10MG	3	PA
ADDERALL XR CAP 15MG	3	PA
ADDERALL XR CAP 20MG	3	PA
ADDERALL XR CAP 25MG	3	PA
ADDERALL XR CAP 30MG	3	PA
ADZENYS XR TAB 3.1MG	3	PA
ADZENYS XR TAB 6.3MG	3	PA
ADZENYS XR TAB 9.4MG	3	PA
ADZENYS XR TAB 12.5MG	3	PA
ADZENYS XR TAB 15.7 MG	3	PA
ADZENYS XR TAB 18.8MG	3	PA
<i>amphetamine sulfate tab 5 mg</i>	1	
<i>amphetamine sulfate tab 10 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate tab 5 mg</i>	1	
<i>dextroamphetamine sulfate tab 10 mg</i>	1	
<i>dextroamphetamine sulfate tab 15 mg</i>	1	
<i>dextroamphetamine sulfate tab 20 mg</i>	1	
<i>dextroamphetamine sulfate tab 30 mg</i>	1	
EVEKEO ODT TAB 5MG	3	PA
EVEKEO ODT TAB 10MG	3	PA
EVEKEO ODT TAB 15MG	3	PA
EVEKEO ODT TAB 20MG	3	PA
EVEKEO TAB 5MG	3	PA
EVEKEO TAB 10MG	3	PA
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	
<i>methamphetamine hcl tab 5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>procentra sol 5mg/5ml</i>	1	
VYVANSE CAP 10MG	2	
VYVANSE CAP 20MG	2	
VYVANSE CAP 30MG	2	
VYVANSE CAP 40MG	2	
VYVANSE CAP 50MG	2	
VYVANSE CAP 60MG	2	
VYVANSE CAP 70MG	2	
VYVANSE CHW 10MG	2	
VYVANSE CHW 20MG	2	
VYVANSE CHW 30MG	2	
VYVANSE CHW 40MG	2	
VYVANSE CHW 50MG	2	
VYVANSE CHW 60MG	2	
XELSTRYM PAD 4.5MG/9H	3	PA
XELSTRYM PAD 9MG/9HR	3	PA
XELSTRYM PAD 13.5/9HR	3	PA
XELSTRYM PAD 18MG/9HR	3	PA
ZENZEDI TAB 2.5MG	3	
<i>zenzedi tab 5mg</i>	1	
ZENZEDI TAB 7.5MG	3	
<i>zenzedi tab 10mg</i>	1	
<i>zenzedi tab 15mg</i>	1	
<i>zenzedi tab 20mg</i>	1	
<i>zenzedi tab 30mg</i>	1	

#### **ANALEPTICS**

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

#### **ANTI-OBESITY AGENTS**

IMCIVREE INJ 10MG/ML	3	PA, QL
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#### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
INTUNIV TAB 1MG	3	PA
INTUNIV TAB 2MG	3	PA
INTUNIV TAB 3MG	3	PA
INTUNIV TAB 4MG	3	PA
QELBREE CAP 100MG ER	2	
QELBREE CAP 150MG ER	2	
QELBREE CAP 200MG ER	2	
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB 4.45MG	2	PA, QL
WAKIX TAB 17.8MG	2	PA, QL
<b>STIMULANTS - MISC.</b>		
ADHANSIA XR CAP 25MG	3	PA
ADHANSIA XR CAP 35MG	3	PA
ADHANSIA XR CAP 45MG	3	PA
ADHANSIA XR CAP 55MG	3	PA
ADHANSIA XR CAP 70MG	3	PA
ADHANSIA XR CAP 85MG	3	PA
APTENSIO XR CAP 10MG	3	PA
APTENSIO XR CAP 15MG	3	PA
APTENSIO XR CAP 20MG	3	PA
APTENSIO XR CAP 30MG	3	PA
APTENSIO XR CAP 40MG	3	PA
APTENSIO XR CAP 50MG	3	PA
APTENSIO XR CAP 60MG	3	PA
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
AZSTARYS CAP 26.1-5.2	2	
AZSTARYS CAP 39.2-7.8	2	
AZSTARYS CAP 52.3-10.	2	
CONCERTA TAB 18MG	3	PA
CONCERTA TAB 27MG	3	PA
CONCERTA TAB 36MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CONCERTA TAB 54MG	3	PA
COTEMPLA XR TAB 8.6MG	3	PA
COTEMPLA XR TAB 17.3MG	3	PA
COTEMPLA XR TAB 25.9MG	3	PA
DAYTRANA DIS 10MG/9HR	3	PA
DAYTRANA DIS 15MG/9HR	3	PA
DAYTRANA DIS 20MG/9HR	3	PA
DAYTRANA DIS 30MG/9HR	3	PA
<i>dexamethylphenidate hcl cap er 24 hr 5 mg</i>	1	
<i>dexamethylphenidate hcl cap er 24 hr 10 mg</i>	1	
<i>dexamethylphenidate hcl cap er 24 hr 15 mg</i>	1	
<i>dexamethylphenidate hcl cap er 24 hr 20 mg</i>	1	
<i>dexamethylphenidate hcl cap er 24 hr 25 mg</i>	1	
<i>dexamethylphenidate hcl cap er 24 hr 30 mg</i>	1	
<i>dexamethylphenidate hcl cap er 24 hr 35 mg</i>	1	
<i>dexamethylphenidate hcl cap er 24 hr 40 mg</i>	1	
<i>dexamethylphenidate hcl tab 2.5 mg</i>	1	
<i>dexamethylphenidate hcl tab 5 mg</i>	1	
<i>dexamethylphenidate hcl tab 10 mg</i>	1	
FOCALIN XR CAP 5MG	3	PA
FOCALIN XR CAP 10MG	3	PA
FOCALIN XR CAP 15MG	3	PA
FOCALIN XR CAP 20MG	3	PA
FOCALIN XR CAP 25MG	3	PA
FOCALIN XR CAP 30MG	3	PA
FOCALIN XR CAP 35MG	3	PA
FOCALIN XR CAP 40MG	3	PA
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
methylphenidate hcl cap er 24hr 20 mg (xr)	1	
methylphenidate hcl cap er 24hr 30 mg (la)	1	
methylphenidate hcl cap er 24hr 30 mg (xr)	1	
methylphenidate hcl cap er 24hr 40 mg (la)	1	
methylphenidate hcl cap er 24hr 40 mg (xr)	1	
methylphenidate hcl cap er 24hr 50 mg (xr)	1	
methylphenidate hcl cap er 24hr 60 mg (la)	1	
methylphenidate hcl cap er 24hr 60 mg (xr)	1	
methylphenidate hcl cap er 30 mg (cd)	1	
methylphenidate hcl cap er 40 mg (cd)	1	
methylphenidate hcl cap er 50 mg (cd)	1	
methylphenidate hcl cap er 60 mg (cd)	1	
methylphenidate hcl chew tab 2.5 mg	1	
methylphenidate hcl chew tab 5 mg	1	
methylphenidate hcl chew tab 10 mg	1	
methylphenidate hcl soln 5 mg/5ml	1	
methylphenidate hcl soln 10 mg/5ml	1	
methylphenidate hcl tab 5 mg	1	
methylphenidate hcl tab 10 mg	1	
methylphenidate hcl tab 20 mg	1	
methylphenidate hcl tab er 10 mg	1	
methylphenidate hcl tab er 20 mg	1	
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	
methylphenidate td patch 10 mg/9hr	1	
methylphenidate td patch 15 mg/9hr	1	
methylphenidate td patch 20 mg/9hr	1	
methylphenidate td patch 30 mg/9hr	1	
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
NUVIGIL TAB 50MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUVIGIL TAB 150MG	3	PA
NUVIGIL TAB 200MG	3	PA
NUVIGIL TAB 250MG	3	PA
PROVIGIL TAB 100MG	3	PA
PROVIGIL TAB 200MG	3	PA
QUILLICHEW CHW 20MG ER	3	PA
QUILLICHEW CHW 30MG ER	3	PA
QUILLICHEW CHW 40MG ER	3	PA
QUILLIVANT SUS 25MG/5ML	3	PA
RELEXXII TAB 72MG	3	PA

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

### **ALLERGENIC EXTRACTS**

ACACIA EXTRA SOL 1:20	3	PA
ALDER EXTRAC SOL 1:20	3	PA
AMERICAN ELM SOL	3	PA
AMERICAN SOL BEECH	3	PA
AMERICAN SOL COCKROAC	3	PA
ARIZONA INJ CYPRESS	3	PA
ASPERGILLUS INJ 1:10	3	PA
ASPERGILLUS INJ 1:20	3	PA
AUREOBASIDIU SOL 1:20	3	PA
BAHIA SOL EXTRACT	3	PA
BALD CYPRESS INJ 1:20	3	PA
BAYBERRY WAX SOL MYR EXTR	3	PA
BERMUDA GRAS INJ 10000BAU	3	PA
BERMUDA SOL GRASS	3	PA
BOTRYTIS CIN INJ 1:20	3	PA
BOTRYTIS EXT SOL 1:10	3	PA
BROME SOL 1:20	3	PA
CALI PEPPER INJ TREE	3	PA
CANDIDA ALBI SOL 1:1000	3	PA
CANDIDA ALBI SOL 100MG/ML	3	PA
CAT HAIR EXT INJ 5000BAU	3	PA
CAT HAIR EXT INJ 10000BAU	3	PA
CAT HAIR SOL EXTRACT	3	PA
CATTLE EPITH SOL 1:20	3	PA
CEDAR ELM INJ 1:20	3	PA
CLADOSPORIUM INJ 1:20	3	PA
CLADOSPORIUM INJ CLADOSPO	3	PA
CLADOSPORIUM SOL 1:20	3	PA
COCKLEBUR EX SOL 1:20	3	PA
CORN POLLEN SOL 1:20	3	PA
DANDELION INJ 1:20	3	PA
DOCK-SORREL INJ 1:20	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOG EPITHELI SOL 1:20	3	PA
DOG FENNEL SOL 1:20	3	PA
DOG SOL EPITHELI	3	PA
EASTERN SOL COTTONWO	3	PA
EPICOCC NIGR INJ 1:10	3	PA
FIRE ANT EXT INJ 1:20	3	PA
FIRE ANT INJ 1:10	3	PA
GERMAN INJ COCKROAC	3	PA
GOLDENROD SOL 1:20	3	PA
GRASS POLLEN INJ MIX/KORT	3	PA
GRASS POLLEN SOL MIX OF 6	3	PA
GRASTEK SUB 2800BAU	2	
HACKBERRY EX SOL 1:20	3	PA
HORSE EPITHE INJ 1:10	3	PA
HORSE EPITHE INJ 1:20	3	PA
JOHNSON SOL GRASS	3	PA
JUNE GRASS SOL POLLEN	3	PA
KOCHIA EXTRA INJ 1:20	3	PA
LENSCALE INJ 1:20	3	PA
MARSH ELDER INJ 1:20	3	PA
MEADOW FESCU INJ 100000BA	3	PA
MELALEUCA INJ 1:20	3	PA
MESQUITE SOL EXTRACT	3	PA
mite SOL D.FARINA	3	PA
mite SOL D.PTERON	3	PA
mite SOL EXTRACT	3	PA
MIXED SOL FEATHERS	3	PA
MIXED SOL RAGWEED	3	PA
MOUNTAIN SOL CEDAR	3	PA
MOUSE EPITHE INJ 1:20	3	PA
MUCOR EXT INJ 1:20	3	PA
MUCOR INJ 1:20	3	PA
MUGWORT SOL EXTRACT	3	PA
OLIVE TREE INJ 1:20	3	PA
ORALAIR SUB 300 IR	2	
ORCHARD GRAS INJ 100000BA	3	PA
PALFORZIA CAP ESCALAT	3	PA
PALFORZIA CAP LEVEL 1	3	PA
PALFORZIA CAP LEVEL 2	3	PA
PALFORZIA CAP LEVEL 3	3	PA
PALFORZIA CAP LEVEL 4	3	PA
PALFORZIA CAP LEVEL 5	3	PA
PALFORZIA CAP LEVEL 6	3	PA
PALFORZIA CAP LEVEL 7	3	PA

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PALFORZIA CAP LEVEL 8	3	PA
PALFORZIA CAP LEVEL 9	3	PA
PALFORZIA CAP LEVEL 10	3	PA
PALFORZIA POW LEVEL 11	3	PA
PENICILLIUM INJ 1:20	3	PA
PENICILLIUM INJ NOTATUM	3	PA
PERENNIAL INJ RYE GRAS	3	PA
PRIVET EXT INJ 1:20	3	PA
QUEEN PALM SOL EXTRACT	3	PA
RABBIT EPITH INJ 1:20	3	PA
RABBIT INJ EPITHELI	3	PA
RAGWITEK SUB	2	
RED MAPLE INJ 1:20	3	PA
RED MULBERRY INJ 1:20	3	PA
RED TOP GRAS INJ 100000BA	3	PA
RGH PIGWEED SOL 1:20	3	PA
RUSS THISTLE SOL EXTRACT	3	PA
SACCHAROMYCE INJ 1:20	3	PA
SHAGBARK HCK SOL EXTRACT	3	PA
SHEEP SORREL INJ 1:20	3	PA
SHORT RAGWEE INJ 1:20	3	PA
SORREL/DOCK INJ EXTRACT	3	PA
SPINY SOL PIGWEED	3	PA
SPRING BIRCH INJ 1:20	3	PA
STANDARDIZED SOL MITE	3	PA
STANDARDIZED SOL MITE MIX	3	PA
SWEET GUM INJ 1:20	3	PA
SWEET VERNAL INJ GRASS PO	3	PA
TALL RAGWEED SOL 1:20	3	PA
TIMOTHY GRAS INJ 10000BAU	3	PA
TIMOTHY GRAS INJ POLLEN	3	PA
TIMOTHY SOL GRASS	3	PA
TRICOPHYTON SOL MENTAGRO	3	PA
WAX MYRTLE INJ 1:20	3	PA
WESTERN JUNI SOL 1:20	3	PA
WHITE BIRCH INJ 1:20	3	PA
WHITE MULBER SOL 1:20	3	PA
WHITE OAK SOL	3	PA
WHITE PINE INJ 1:20	3	PA
YELLOW DOCK INJ 1:20	3	PA

## **ALTERNATIVE MEDICINES**

### **ALTERNATIVE MEDICINE - A'S**

ALPHA-LIPOIC SOL ACID	3	PA
NEOKE RA LIP POW 800MG/GM	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><u>ALTERNATIVE MEDICINE - P'S</u></b>		
EC-RX DHEA CRE 4%	3	PA
EC-RX DHEA CRE 10%	3	PA
<b><u>ALTERNATIVE MEDICINE - U</u></b>		
COENZYME INJ Q-10	3	PA
<b>AMEBICIDES</b>		
<b><u>AMEBICIDES</u></b>		
SOLOSEC GRA 2GM	3	PA
<b>AMINOGLYCOSIDES</b>		
<b><u>AMINOGLYCOSIDES</u></b>		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
ARIKAYCE SUS	3	PA
BETHKIS NEB 300/4ML	3	PA, QL
GENTAM/NACL INJ 80MG	3	
GENTAM/NACL INJ 100MG	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
GENTAMICIN INJ 10MG/ML	3	PA
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
HUMATIN CAP 250MG	3	PA
KITABIS PAK NEB 300/5ML	3	PA, QL
<i>neomycin sulfate tab 500 mg</i>	1	
STREPTOMYCIN INJ 1GM	3	
TOBI NEB 300/5ML	3	PA, QL
TOBI PODHALR CAP 28MG	3	PA, QL
TOBRAMYCIN INJ 10MG/ML	3	
TOBRAMYCIN INJ 40MG/ML	3	
TOBRAMYCIN NEB 300/5ML	3	PA, QL
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL
<i>tobramycin sulfate for inj 1.2 gm</i>	1	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b><u>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</u></b>		
ADALIMU-ADAZ INJ 40/0.4ML	2	PA, QL
ADALIMU-FKJP KIT 20/0.4ML	3	PA, QL
ADALIMU-FKJP KIT 40/0.8ML	3	PA, QL
AMJEVITA INJ 10/0.2ML	3	PA, QL
AMJEVITA INJ 20/0.4ML	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMJEVITA INJ 40/0.8ML	3	PA, QL
CYLTEZO INJ 10/0.2ML	3	PA, QL
CYLTEZO INJ 20/0.4ML	3	PA, QL
CYLTEZO INJ 40/0.8ML	3	PA, QL
CYLTEZO INJ CROHNS	3	PA, QL
CYLTEZO INJ PSORIASI	3	PA, QL
HADLIMA INJ 40/0.4ML	3	PA, QL
HADLIMA INJ 40/0.8ML	3	PA, QL
HADLIMA PUSH INJ 40/0.4ML	3	PA, QL
HADLIMA PUSH INJ 40/0.8ML	3	PA, QL
HULIO INJ 40/0.8ML	3	PA, QL
HULIO KIT 20/0.4ML	3	PA, QL
HUMIRA INJ 10/0.1ML	2	PA, QL
HUMIRA INJ 20/0.2ML	2	PA, QL
HUMIRA INJ 40/0.4ML	2	PA, QL
HUMIRA KIT 40MG/0.8	2	PA, QL
HUMIRA PEDIA INJ CROHNS	2	PA, QL
HUMIRA PEN INJ 40/0.4ML	2	PA, QL
HUMIRA PEN INJ 40MG/0.8	2	PA, QL
HUMIRA PEN INJ 80/0.8ML	2	PA, QL
HUMIRA PEN INJ CD/UC/HS	2	PA, QL
HUMIRA PEN INJ PS/UV	2	PA, QL
HUMIRA PEN KIT CD/UC/HS	2	PA, QL
HUMIRA PEN KIT PED UC	2	PA, QL
HUMIRA PEN KIT PS/UV	2	PA, QL
HYRIMOZ INJ 10/0.1ML	2	PA, QL
HYRIMOZ INJ 20/0.2ML	2	PA, QL
HYRIMOZ INJ 40/0.4ML	2	PA, QL
HYRIMOZ INJ 80/0.8ML	2	PA, QL
HYRIMOZ-CROH INJ UC SP	2	PA, QL
HYRIMOZ-PED INJ CROHNS	2	PA, QL
HYRIMOZ-PLAQ INJ PSORIASI	2	PA, QL
IDACIO CROHN INJ DISEASE	3	PA, QL
IDACIO INJ 40/0.8ML	3	PA, QL
IDACIO PLAQU INJ PSORIASI	3	PA, QL
SIMPONI ARIA SOL 50MG/4ML	2	PA, QL
SIMPONI INJ 50/0.5ML	3	PA, QL
SIMPONI INJ 100MG/ML	3	PA, QL
YUFLYMA 1PEN KIT 40/0.4ML	3	PA, QL
YUFLYMA 2PEN KIT 40/0.4ML	3	PA, QL
YUFLYMA 2SYR KIT 40/0.4ML	3	PA, QL
YUSIMRY INJ 40/0.8ML	3	PA, QL

#### **ANTIRHEUMATIC - ENZYME INHIBITORS**

OLUMIANT TAB 1MG	3	PA, QL
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OLUMIANT TAB 2MG	3	PA, QL
OLUMIANT TAB 4MG	3	PA, QL
RINVOQ TAB 15MG ER	2	PA, QL
RINVOQ TAB 30MG ER	2	PA, QL
RINVOQ TAB 45MG ER	2	PA, QL
XELJANZ SOL 1MG/ML	2	PA, QL
XELJANZ TAB 5MG	2	PA, QL
XELJANZ TAB 10MG	2	PA, QL
XELJANZ XR TAB 11MG	2	PA, QL
XELJANZ XR TAB 22MG	2	PA, QL

#### ***ANTIRHEUMATIC ANTIMETABOLITES***

OTREXUP INJ 10MG	3	PA, QL
OTREXUP INJ 12.5/0.4	3	PA, QL
OTREXUP INJ 15MG	3	PA, QL
OTREXUP INJ 17.5/0.4	3	PA, QL
OTREXUP INJ 20MG	3	PA, QL
OTREXUP INJ 22.5/0.4	3	PA, QL
OTREXUP INJ 25MG	3	PA, QL
RASUVO INJ 7.5MG	2	PA, QL
RASUVO INJ 10MG	2	PA, QL
RASUVO INJ 12.5MG	2	PA, QL
RASUVO INJ 15MG	2	PA, QL
RASUVO INJ 17.5MG	2	PA, QL
RASUVO INJ 20MG	2	PA, QL
RASUVO INJ 22.5MG	2	PA, QL
RASUVO INJ 25MG	2	PA, QL
RASUVO INJ 30MG	2	PA, QL
REDITREX INJ 7.5/.3ML	3	PA, QL
REDITREX INJ 10/.4ML	3	PA, QL
REDITREX INJ 12.5/0.5	3	PA, QL
REDITREX INJ 15/.6ML	3	PA, QL
REDITREX INJ 17.5/0.7	3	PA, QL
REDITREX INJ 20/.8ML	3	PA, QL
REDITREX INJ 22.5/0.9	3	PA, QL
REDITREX INJ 25MG/ML	3	PA, QL

#### ***INTERLEUKIN-1 BLOCKERS***

ARCALYST INJ 220MG	3	PA, QL
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#### ***INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)***

KINERET INJ	3	PA, QL
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#### ***INTERLEUKIN-1BETA BLOCKERS***

ILARIS INJ 150MG/ML	2	PA
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#### ***INTERLEUKIN-6 RECEPTOR INHIBITORS***

ACTEMRA INJ 80MG/4ML	3	PA, QL
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTEMRA INJ 162/0.9	3	PA, QL
ACTEMRA INJ 200/10ML	3	PA, QL
ACTEMRA INJ 400/20ML	3	PA, QL
ACTEMRA INJ ACTPEN	3	PA, QL
KEVZARA INJ 150/1.14	2	PA, QL
KEVZARA INJ 200/1.14	2	PA, QL
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ANAPROX DS TAB 550MG	3	
ANJESO INJ 30MG/ML	3	PA
ARTHROTEC 50 TAB	3	PA
ARTHROTEC 75 TAB	3	PA
CELEBREX CAP 50MG	3	PA
CELEBREX CAP 100MG	3	PA
CELEBREX CAP 200MG	3	PA
CELEBREX CAP 400MG	3	PA
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DFS DR/MS/ KIT MENT/CAP	3	PA
DICLOFENAC CAP 35MG	3	PA
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	PA
<i>ec-naproxen tab 375mg</i>	1	
<i>ec-naproxen tab 500mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FENOPROFEN CAP 200MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLURBIPROFEN TAB 50MG	3	
<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 lysine iv soln 10 mg/ml (base equivalent)</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indocin sup 50mg</i>	1	
INDOCIN SUS 25MG/5ML	3	PA
INDOMETHACIN CAP 20MG	3	PA
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
INDOMETHACIN SUP 100MG	3	PA
<i>indomethacin suppos 50 mg</i>	1	
INFLATHERM PAK	3	PA
KETO-BUPIV- INJ KETAMINE	3	PA
KETO-ROP-KET INJ 30/50ML	3	PA
KETOPROFEN CAP 50MG	3	
KETOR TROMET SPR 15.75MG	3	PA, QL
KETOROLAC INJ 30MG/ML	3	PA
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL
LODINE TAB 400MG	3	PA
MECLOFEN SOD CAP 50MG	3	
MECLOFEN SOD CAP 100MG	3	
<i>mefenamic acid cap 250 mg</i>	1	
MELOXICAM SUS 7.5/5ML	3	PA
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NAPRELAN TAB 375MG CR	3	PA
NAPRELAN TAB 500MG CR	3	PA
NAPRELAN TAB 750MG CR	3	PA
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
NUDROXIPAK KIT DSDR-50	3	PA
NUDROXIPAK KIT DSDR-75	3	PA
NUDROXIPAK KIT E-400	3	PA
NUDROXIPAK KIT I-800	3	PA
NUDROXIPAK KIT M-15	3	PA
NUDROXIPAK KIT N-500	3	PA
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
PREVIDOLRX PAK ANALGESI	3	PA
<i>previdolrx pak plus</i>	1	PA
READYSHARP + KIT KETOROLA	3	PA
RELAFEN DS TAB 1000MG	3	PA
<i>relafen tab 500mg</i>	3	PA
<i>relafen tab 750mg</i>	3	PA
SPRIX SPR 15.75MG	3	PA, QL
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
TOLMETIN SOD CAP 400MG	3	
TOLMETIN SOD TAB 600MG	3	
VIMOVO TAB 375-20MG	3	PA
VIMOVO TAB 500-20MG	3	PA
ZORVOLEX CAP 18MG	3	PA
ZORVOLEX CAP 35MG	3	PA
ZYNRELEF INJ 200-6MG	3	PA
ZYNRELEF INJ 400-12MG	3	PA
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30	2	PA, QL
OTEZLA TAB 30MG	2	PA, QL
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLK INJ 125MG/ML	3	PA, QL
ORENCIA INJ 50/0.4ML	3	PA, QL
ORENCIA INJ 87.5/0.7	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENCIA INJ 125MG/ML	3	PA, QL
ORENCIA INJ 250MG	3	PA, QL
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML	2	PA, QL
ENBREL INJ 25MG	2	PA, QL
ENBREL INJ 50MG/ML	2	PA, QL
ENBREL MINI INJ 50MG/ML	2	PA, QL
ENBREL SRCLK INJ 50MG/ML	2	PA, QL
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
ALLZITAL TAB 25-325MG	3	PA
<i>bac tab</i>	1	
BUTAL/APAP TAB 25-325MG	3	PA
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
FIORICET CAP	3	PA
TENCON TAB 50-325MG	3	
<b>ANALGESICS OTHER</b>		
ACETAMINOPHE SOL 100MG	3	PA
<i>acetaminophen iv soln 10 mg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	1	
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	1	
<b>SALICYLATES</b>		
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA
CODEINE SULF TAB 30MG	3	PA
CODEINE SULF TAB 60MG	3	PA
<i>codeine sulfate tab 30 mg</i>	1	PA
DILAUDID INJ 0.2MG/ML	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DILAUDID INJ 1MG/ML	3	PA
DILAUDID INJ 2MG/ML	3	PA
DILAUDID LIQ 1MG/ML	3	PA
DILAUDID TAB 2MG	3	PA
DILAUDID TAB 4MG	3	PA
DILAUDID TAB 8MG	3	PA
<i>durmorph inj 0.5mg/ml</i>	1	
<i>durmorph inj 1mg/ml</i>	1	
FENTANYL/NACL INJ 1000MCG	3	PA
FENTANYL CIT INJ	3	PA
FENTANYL CIT INJ 0.05MG/1	3	
FENTANYL CIT INJ 5MCG/ML	3	PA
FENTANYL CIT INJ 10MCG/ML	3	PA
FENTANYL CIT INJ 16MCG/ML	3	PA
FENTANYL CIT INJ 20MCG	3	PA
FENTANYL CIT INJ 20MCG/ML	3	PA
FENTANYL CIT INJ 50MCG/ML	3	PA
FENTANYL CIT INJ 100/2ML	1	PA
FENTANYL CIT INJ 100/2ML	3	PA
FENTANYL CIT INJ 250/5ML	3	PA
FENTANYL CIT INJ 500MCG	3	
FENTANYL CIT INJ 550/55ML	3	PA
FENTANYL CIT INJ 1000MCG	3	PA
FENTANYL CIT INJ 1250MCG	3	PA
FENTANYL CIT INJ 1500/30	3	PA
FENTANYL CIT INJ 1500MCG	3	PA
FENTANYL CIT INJ 2750MCG	3	PA
FENTANYL CIT SOL 10MCG/ML	3	PA
FENTANYL CIT SOL 2500/50	3	PA
FENTANYL CIT SOL 2500MCG	3	PA
FENTANYL CIT SOL /NACL	3	PA
FENTANYL CIT TAB 100MCG	3	PA
FENTANYL CIT TAB 200MCG	3	PA
FENTANYL CIT TAB 400MCG	3	PA
FENTANYL CIT TAB 600MCG	3	PA
FENTANYL CIT TAB 800MCG	3	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl citrate preservative free (pf) inj 50 mcg/ml	1	
fentanyl citrate preservative free (pf) inj 100 mcg/2ml	1	
fentanyl citrate preservative free (pf) inj 250 mcg/5ml	1	
fentanyl citrate preservative free (pf) inj 1000 mcg/20ml	1	
fentanyl citrate preservative free (pf) inj 2500 mcg/50ml	1	
FENTANYL INJ 50MCG/ML	3	PA
FENTANYL INJ 5000/100	3	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA
fentanyl td patch 72hr 25 mcg/hr	1	PA
fentanyl td patch 72hr 37.5 mcg/hr	1	PA
fentanyl td patch 72hr 50 mcg/hr	1	PA
fentanyl td patch 72hr 62.5 mcg/hr	1	PA
fentanyl td patch 72hr 75 mcg/hr	1	PA
fentanyl td patch 72hr 87.5 mcg/hr	1	PA
fentanyl td patch 72hr 100 mcg/hr	1	PA
FENTNYL/NACL INJ 1.25/250	3	PA
FENTNYL/NACL INJ 1M/100ML	3	PA
FENTNYL/NACL INJ 2.5/250	3	PA
FENTNYL/NACL INJ 2/100ML	3	PA
FENTNYL/NACL INJ 10/2ML	3	PA
FENTNYL/NACL INJ 10MCG/ML	3	PA
FENTNYL/NACL INJ 500/50ML	3	PA
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
HYDRO/NACL INJ 10/50	3	PA
HYDRO/NACL INJ 20/100ML	3	PA
HYDRO/NACL INJ 30/30	3	PA
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA
HYDROCODONE CAP 10MG ER	3	PA
HYDROCODONE CAP 15MG ER	3	PA
HYDROCODONE CAP 20MG ER	3	PA
HYDROCODONE CAP 30MG ER	3	PA
HYDROCODONE CAP 40MG ER	3	PA
HYDROCODONE CAP 50MG ER	3	PA
HYDROMO/NACL INJ	3	PA
HYDROMO/NACL INJ 1MG/5ML	3	PA
HYDROMO/NACL INJ 1MG/ML	3	PA
HYDROMO/NACL INJ 2MG/ML	3	PA
HYDROMO/NACL INJ 5MG/25ML	3	PA
HYDROMO/NACL INJ 6MG/30ML	3	PA
HYDROMO/NACL INJ 10/50ML	3	PA
HYDROMO/NACL INJ 15/30ML	3	PA
HYDROMO/NACL INJ 20/100ML	3	PA
HYDROMO/NACL INJ 30/30ML	3	PA
HYDROMO/NACL INJ 50/50ML	3	PA
HYDROMO/NACL INJ 55/55ML	3	PA
HYDROMO/NACL INJ 100/50ML	3	PA
HYDROMO/NACL SOL 25/50ML	3	PA
HYDROMO/NACL SOL 50/50ML	3	PA
HYDROMORPHON INJ 0.2MG/ML	3	PA
HYDROMORPHON INJ 1MG/ML	3	PA
HYDROMORPHON INJ 2MG/ML	3	PA
HYDROMORPHON INJ 4MG/ML	3	PA
HYDROMORPHON INJ 30/30ML	3	PA
HYDROMORPHON INJ 50/50ML	3	PA
HYDROMORPHON SOL 0.2MG/ML	3	PA
HYDROMORPHON SOL 0.5MG/ML	3	PA
HYDROMORPHON SOL NACL	3	PA
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl liqd 1 mg/ml	1	PA
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	
hydromorphone hcl tab 2 mg	1	PA
hydromorphone hcl tab 4 mg	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydromorphone hcl tab 8 mg	1	PA
hydromorphone hcl tab er 24hr 8 mg	1	PA
hydromorphone hcl tab er 24hr 12 mg	1	PA
hydromorphone hcl tab er 24hr 16 mg	1	PA
hydromorphone hcl tab er 24hr 32 mg	1	PA
HYSINGLA ER TAB 20 MG	3	PA
HYSINGLA ER TAB 30 MG	3	PA
HYSINGLA ER TAB 40 MG	3	PA
HYSINGLA ER TAB 60 MG	3	PA
HYSINGLA ER TAB 80 MG	3	PA
HYSINGLA ER TAB 100 MG	3	PA
HYSINGLA ER TAB 120 MG	3	PA
LAZANDA SPR 100MCG	3	PA
LAZANDA SPR 400MCG	3	PA
levorphanol tartrate tab 3 mg	3	PA
meperidine hcl inj 25 mg/ml	1	
meperidine hcl inj 50 mg/ml	1	
meperidine hcl inj 100 mg/ml	1	
MEPERIDINE SOL 50MG/5ML	3	PA
MEPERIDINE TAB 50MG	3	PA
methadone con 10mg/ml	1	PA
methadone hcl conc 10 mg/ml	1	
methadone hcl soln 5 mg/5ml	1	PA
methadone hcl soln 10 mg/5ml	1	PA
methadone hcl tab 5 mg	1	PA
methadone hcl tab 10 mg	1	PA
methadone hcl tab for oral susp 40 mg	1	
METHADONE INJ 10MG/ML	3	PA
METHADONE SOL 5MG/5ML	3	PA
METHADONE SOL 10MG/5ML	3	PA
methadose tab 40mg	1	
mitigo inj 10mg/ml	1	
mitigo inj 25mg/ml	1	
MORPHIN SULF SOL 0.5MG/ML	3	PA
MORPHIN/NACL INJ 1MG/ML	3	PA
MORPHIN/NACL INJ 2MG-0.9%	3	PA
MORPHIN/NACL INJ 4MG-0.9%	3	PA
MORPHIN/NACL INJ 30/30ML	3	PA
MORPHIN/NACL INJ 50/50ML	3	PA
MORPHIN/NACL INJ 55/55ML	3	PA
MORPHIN/NACL INJ 100/100	3	PA
MORPHIN/NACL INJ 500/100	3	PA
MORPHIN/NACL SOL 50/50ML	3	PA
MORPHINE SUL CAP 10MG ER	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MORPHINE SUL CAP 20MG ER	3	
MORPHINE SUL CAP 30MG ER	3	
MORPHINE SUL CAP 45MG ER	3	
MORPHINE SUL CAP 50MG ER	3	
MORPHINE SUL CAP 60MG ER	3	
MORPHINE SUL CAP 75MG ER	3	
MORPHINE SUL CAP 80MG ER	3	
MORPHINE SUL CAP 90MG ER	3	
MORPHINE SUL CAP 100MG ER	3	
MORPHINE SUL CAP 120MG ER	3	
MORPHINE SUL INJ 2MG/ML	3	PA
MORPHINE SUL INJ 4MG/ML	3	PA
MORPHINE SUL INJ 5MG/5ML	3	PA
MORPHINE SUL INJ 5MG/ML	3	PA
MORPHINE SUL INJ 8MG/ML	3	
MORPHINE SUL INJ 8MG/ML	3	PA
MORPHINE SUL INJ 10MG/ML	3	
MORPHINE SUL INJ 10MG/ML	3	PA
MORPHINE SUL INJ 150/30ML	3	PA
MORPHINE SUL INJ 250MG/50	3	PA
MORPHINE SUL INJ NACL	3	PA
MORPHINE SUL SOL 20MG/5ML	3	PA
MORPHINE SUL TAB 15MG	3	PA
MORPHINE SUL TAB 30MG	3	PA
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	
<i>morphine sulfate inj pf 1 mg/ml</i>	1	
<i>morphine sulfate iv soln 4 mg/ml</i>	1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA
<i>morphine sulfate tab 15 mg</i>	1	PA
<i>morphine sulfate tab 30 mg</i>	1	PA
<i>morphine sulfate tab er 15 mg</i>	1	PA
<i>morphine sulfate tab er 30 mg</i>	1	PA
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	PA
MS CONTIN TAB 30MG ER	3	PA
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NUCYNTA ER TAB 50MG	3	PA
NUCYNTA ER TAB 100MG	3	PA

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NUCYNTA ER TAB 150MG	3	PA
NUCYNTA ER TAB 200MG	3	PA
NUCYNTA ER TAB 250MG	3	PA
NUCYNTA TAB 50MG	3	PA
NUCYNTA TAB 75MG	3	PA
NUCYNTA TAB 100MG	3	PA
OLINVYK SOL 1MG/ML	3	PA
OLINVYK SOL 2MG/2ML	3	PA
OLINVYK SOL 30MG/30	3	PA
OXAYDO TAB 5MG	3	PA
OXAYDO TAB 7.5MG	3	PA
<i>oxycodone hcl cap 5 mg</i>	1	PA
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA
<i>oxycodone hcl tab 5 mg</i>	1	PA
<i>oxycodone hcl tab 10 mg</i>	1	PA
<i>oxycodone hcl tab 15 mg</i>	1	PA
<i>oxycodone hcl tab 20 mg</i>	1	PA
<i>oxycodone hcl tab 30 mg</i>	1	PA
OXYCODONE TAB 10MG ER	3	PA
OXYCODONE TAB 20MG ER	3	PA
OXYCODONE TAB 40MG ER	3	PA
OXYCODONE TAB 80MG ER	3	PA
OXYCONTIN TAB 10MG ER	3	PA
OXYCONTIN TAB 15MG ER	3	PA
OXYCONTIN TAB 20MG ER	3	PA
OXYCONTIN TAB 30MG ER	3	PA
OXYCONTIN TAB 40MG ER	3	PA
OXYCONTIN TAB 60MG ER	3	PA
OXYCONTIN TAB 80MG ER	3	PA
<i>oxymorphone hcl tab 5 mg</i>	1	PA
<i>oxymorphone hcl tab 10 mg</i>	1	PA
OXYMORPHONE TAB 5MG ER	3	PA
OXYMORPHONE TAB 7.5MG ER	3	PA
OXYMORPHONE TAB 10MG ER	3	PA
OXYMORPHONE TAB 15MG ER	3	PA
OXYMORPHONE TAB 20MG ER	3	PA
OXYMORPHONE TAB 30MG ER	3	PA
OXYMORPHONE TAB 40MG ER	3	PA
QDOLO SOL 5MG/ML	3	PA
<i>remifentanil hcl for iv soln 1 mg</i>	1	
<i>remifentanil hcl for iv soln 2 mg</i>	1	
<i>remifentanil hcl for iv soln 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROXICODONE TAB 15MG	3	PA
ROXICODONE TAB 30MG	3	PA
ROXYBOND TAB 5MG	3	PA
ROXYBOND TAB 15MG	3	PA
ROXYBOND TAB 30MG	3	PA
SUBSYS SPR 100MCG	3	PA
SUBSYS SPR 200MCG	3	PA
SUBSYS SPR 400MCG	3	PA
SUBSYS SPR 600MCG	3	PA
SUBSYS SPR 800MCG	3	PA
SUBSYS SPR 1200MCG	3	PA
SUBSYS SPR 1600MCG	3	PA
<i>sufentanil citrate inj 50 mcg/ml</i>	1	
SUFENTANIL INJ 100/2ML	3	
SUFENTANIL INJ 250/5ML	3	
<i>tramadol hcl tab 50 mg</i>	1	PA
TRAMADOL HCL TAB 100MG ER	3	
TRAMADOL HCL TAB 200MG ER	3	
TRAMADOL HCL TAB 300MG ER	3	
<i>tramadol hcl tab er 24hr 100 mg</i>	1	
<i>tramadol hcl tab er 24hr 200 mg</i>	1	
<i>tramadol hcl tab er 24hr 300 mg</i>	1	
TRAMADOL SOL 5MG/ML	3	PA
XTAMPZA ER CAP 9MG	2	PA
XTAMPZA ER CAP 13.5MG	2	PA
XTAMPZA ER CAP 18MG	2	PA
XTAMPZA ER CAP 27MG	2	PA
XTAMPZA ER CAP 36MG	2	PA

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL
APADAZ TAB 4.08-325	3	PA, QL
APADAZ TAB 6.12-325	3	PA, QL
APADAZ TAB 8.16-325	3	PA, QL
APAP-CAFFEIN CAP DIHYDROC	3	QL
<i>ascomp/cod cap 30mg</i>	1	
BENZHY/ACETA TAB 4.08-325	3	PA, QL
BENZHY/ACETA TAB 6.12-325	3	PA, QL
BENZHY/ACETA TAB 8.16-325	3	PA, QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
<i>endocet tab 2.5-325</i>	1	PA, QL
<i>endocet tab 5-325mg</i>	1	PA, QL
<i>endocet tab 7.5-325</i>	1	PA, QL
<i>endocet tab 10-325mg</i>	1	PA, QL
<i>FENT-BUP-NAC INJ</i>	3	PA
<i>FENT/BUPIVAC INJ 0.2/100</i>	3	PA
<i>FENT/BUPIVAC INJ 0.5/250</i>	3	PA
<i>FENT/BUPIVAC INJ NACL</i>	3	PA
<i>FENT/BUPIVAC SOL NACL</i>	3	PA
<i>FENT/ROPIVAC INJ 0.2/100</i>	3	PA
<i>FENT/ROPIVAC INJ 0.4/200</i>	3	PA
<i>FENT/ROPIVAC INJ /NACL</i>	3	PA
<i>FENT/ROPIVAC INJ NACL</i>	3	PA
<i>FENTA/BUPIV INJ NACL</i>	3	PA
<i>FENTA/BUPIVA INJ NACL</i>	3	PA
<i>FENTA/ROPIVA INJ NACL</i>	3	PA
<i>FENTAN/ROPIV INJ NACL</i>	3	PA
<i>FENTAN/ROPIV SOL /NACL</i>	3	PA
<i>FENTANYL CIT INJ ROPIV</i>	3	PA
<i>FENTANYL ROP INJ 2MCG/ML</i>	3	PA
<i>FENTANYL ROP INJ NACL</i>	3	PA
<i>HYDROCOD/IBU TAB 5-200MG</i>	3	PA, QL
<i>HYDROCOD/IBU TAB 10-200MG</i>	3	PA, QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL
<i>LORTAB ELX 10-300MG</i>	3	PA, QL
<i>NALOCET TAB 2.5-300</i>	3	PA, QL
<i>OXY-ACETAMIN TAB 7.5-300</i>	3	PA, QL
<i>OXYCOD-APAP TAB 2.5-300</i>	3	PA, QL
<i>OXYCOD/ACETA SOL 10/300MG</i>	3	PA, QL

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OXYCOD/APAP TAB 5-300MG	3	PA, QL
OXYCOD/APAP TAB 10-300MG	3	PA, QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL
PERCO CET TAB 2.5-325	3	PA, QL
PERCO CET TAB 5-325MG	3	PA, QL
PERCO CET TAB 7.5-325	3	PA, QL
PERCO CET TAB 10-325MG	3	PA, QL
PROLATE SOL 10/300MG	3	PA, QL
PROLATE TAB 5-300MG	3	PA, QL
PROLATE TAB 7.5-300	3	PA, QL
PROLATE TAB 10-300MG	3	PA, QL
SEGMENTIS TAB 56-44MG	3	PA, QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL
TREZIX CAP	3	QL
XODOL TAB 5-300MG	3	PA, QL

#### **OPIOID PARTIAL AGONISTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	
buprenorphine td patch weekly 5 mcg/hr	1	PA
buprenorphine td patch weekly 7.5 mcg/hr	1	PA
buprenorphine td patch weekly 10 mcg/hr	1	PA
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
BUTORPHANOL INJ 1MG/ML	3	
BUTORPHANOL INJ 2MG/ML	3	
butorphanol tartrate nasal soln 10 mg/ml	1	QL
BUTRANS DIS 5MCG/HR	3	PA
BUTRANS DIS 7.5/HR	3	PA
BUTRANS DIS 10MCG/HR	3	PA
BUTRANS DIS 15MCG/HR	3	PA
BUTRANS DIS 20MCG/HR	3	PA
nalbuphine hcl inj 10 mg/ml	1	
nalbuphine hcl inj 20 mg/ml	1	
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
SUBOXONE MIS 2-0.5MG	3	PA
SUBOXONE MIS 4-1MG	3	PA
SUBOXONE MIS 8-2MG	3	PA
SUBOXONE MIS 12-3MG	3	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

## **ANDROGENS-ANABOLIC**

### **ANDROGENS**

ANDRODERM DIS 2MG/24HR	2	PA
ANDRODERM DIS 4MG/24HR	2	PA
ANDROGEL GEL 1%(25MG)	3	PA
ANDROGEL GEL 1.62%	3	PA
AVEED INJ 750/3ML	3	PA
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
depo-testost inj 100mg/ml	1	PA
depo-testost inj 200mg/ml	1	PA
EC-RX TESTOS CRE 0.2%	3	PA
EC-RX TESTOS CRE 0.4%	3	PA
EC-RX TESTOS CRE 10%	3	PA
EC-RX TESTOS CRE 20%	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORTESTA GEL 10MG/ACT	3	PA
JATENZO CAP 158MG	3	PA
JATENZO CAP 198MG	3	PA
JATENZO CAP 237MG	3	PA
KYZATREX CAP 100MG	3	PA
KYZATREX CAP 150MG	3	PA
KYZATREX CAP 200MG	3	PA
METHITEST TAB 10MG	3	PA
<i>methyltestosterone cap 10 mg</i>	1	PA
NATESTO GEL 5.5MG	2	PA
TESTIM GEL 1%(50MG)	3	PA
TESTOPEL MIS PELLETS	3	PA
TESTOST CYP INJ 200MG/ML	3	PA
TESTOST ENAN INJ 200MG/ML	3	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
TESTOSTERONE GEL 1%(50MG)	3	PA
TESTOSTERONE GEL PUMP 1%	3	PA
TESTOSTERONE MIS 25MG	3	PA
TESTOSTERONE MIS 50MG	3	PA
TESTOSTERONE MIS 100MG	3	PA
TESTOSTERONE MIS 200MG	3	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
TLANDO CAP 112.5 MG	3	PA
VOGELXO GEL 1%(50MG)	3	PA
VOGELXO GEL PUMP 1%	3	PA
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

<i>budesonide rectal foam 2 mg/act</i>	1
CORTIFOAM AER 90MG	2

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<b>RECTAL COMBINATIONS</b>		
<i>ana-lex kit</i>	1	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>PROCTOFOAM AER HC 1%</i>	2	
<b>RECTAL STEROIDS</b>		
<i>ANUSOL-HC CRE 2.5%</i>	3	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>procto-med cre hc 2.5%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tab 200 mg</i>	1	QL
<i>EMVERM CHW 100MG</i>	2	QL
<i>ivermectin tab 3 mg</i>	1	PA
<i>praziquantel tab 600 mg</i>	1	QL
<i>STROMECTOL TAB 3MG</i>	3	PA
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>FIRST-METRON SUS 50MG/ML</i>	3	PA
<i>METRONIDAZOL SUS 50MG/ML</i>	3	PA
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for inj soln 300 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>TRIMETHOPRIM TAB 100MG</i>	3	
<i>XIFAXAN TAB 550MG</i>	2	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
<b>ANTIPROTOZOAL AGENTS</b>		
atovaquone susp 750 mg/5ml	1	
nitazoxanide tab 500 mg	1	
<b>CARBAPENEMS</b>		
ertapenem sodium for inj 1 gm (base equivalent)	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
IMIPENEM/CIL INJ 250MG	3	
MEROP/NACL INJ 1GM/50ML	3	PA
MEROP/NACL INJ 500/50ML	3	PA
meropenem iv for soln 1 gm	1	
meropenem iv for soln 500 mg	1	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHEN INJ 1GM	3	
<b>CYCLIC LIPOPEPTIDES</b>		
daptomycin for iv soln 350 mg	1	
daptomycin for iv soln 500 mg	1	
DAPTOMYCIN SOL 350MG	3	
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML	3	PA
FIRVANQ SOL 50MG/ML	3	PA
KIMYRSA INJ 1200MG	3	PA
VANCOCIN CAP 125MG	3	
VANCOCIN CAP 250MG	3	
vancomycin hcl cap 125 mg (base equivalent)	1	
vancomycin hcl cap 250 mg (base equivalent)	1	
vancomycin hcl for iv soln 1 gm (base equivalent)	1	
vancomycin hcl for iv soln 1.5 gm (base equivalent)	1	
vancomycin hcl for iv soln 1.25 gm (base equivalent)	1	
vancomycin hcl for iv soln 5 gm (base equivalent)	1	
vancomycin hcl for iv soln 10 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
VANCOMYCIN INJ 1.5GM	3	
VANCOMYCIN INJ 100GM	3	
VANCOMYCIN SUS +SYRSPEN	3	PA, QL
<b>LEPROSTATICs</b>		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<b>LINCOSAMIDES</b>		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	PA
CLINDMYC/NAC INJ 600/50ML	3	PA
CLINDMYC/NAC INJ 900/50ML	3	PA
<i>lincomycin hcl inj 300 mg/ml</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
CAYSTON INH 75MG	3	PA, QL
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1	
<i>linezolid tab 600 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>POLYMYXINS</b>		
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	1	
<i>polymyxin b sulfate for inj 500000 unit</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	QL
<i>MACROBID CAP 100MG</i>	3	
<i>MACRODANTIN CAP 25MG</i>	3	PA
<i>MACRODANTIN CAP 50MG</i>	3	PA
<i>MACRODANTIN CAP 100MG</i>	3	PA
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate</i>	1	
<i>macrocrystalline cap 100 mg</i>		
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ASPRUZYO SPR GRA 500MG</i>	3	PA
<i>ASPRUZYO SPR GRA 1000MG</i>	3	PA
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
<b>NITRATES</b>		
<i>GONITRO POW 400MCG</i>	3	PA
<i>ISOSORB MONO TAB 10MG</i>	3	
<i>ISOSORB MONO TAB 20MG</i>	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>NITRO-DUR DIS 0.1MG/HR</i>	3	
<i>NITRO-DUR DIS 0.2MG/HR</i>	3	
<i>NITRO-DUR DIS 0.3MG/HR</i>	3	
<i>NITRO-DUR DIS 0.4MG/HR</i>	3	
<i>NITRO-DUR DIS 0.6MG/HR</i>	3	
<i>NITRO-DUR DIS 0.8MG/HR</i>	3	
<i>NITROGLY/D5W INJ 25MG</i>	3	

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NITROGLY/D5W INJ 50MG	3
NITROGLY/D5W INJ 100MG	3
<i>nitroglycerin sl tab 0.3 mg</i>	1
<i>nitroglycerin sl tab 0.4 mg</i>	1
<i>nitroglycerin sl tab 0.6 mg</i>	1
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1

## **ANTIANXIETY AGENTS**

### **ANTIANXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	1
<i>buspirone hcl tab 7.5 mg</i>	1
<i>buspirone hcl tab 10 mg</i>	1
<i>buspirone hcl tab 15 mg</i>	1
<i>buspirone hcl tab 30 mg</i>	1
DROPERIDOL INJ 2.5MG/ML	3
DROPERIDOL SOL NACL	3 PA
HYDROXYZ HCL INJ 25MG/ML	3
HYDROXYZ HCL INJ 50MG/ML	3
HYDROXYZ PAM CAP 100MG	3
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1
<i>hydroxyzine hcl tab 10 mg</i>	1
<i>hydroxyzine hcl tab 25 mg</i>	1
<i>hydroxyzine hcl tab 50 mg</i>	1
<i>hydroxyzine pamoate cap 25 mg</i>	1
<i>hydroxyzine pamoate cap 50 mg</i>	1
<i>meprobamate tab 200 mg</i>	1
<i>meprobamate tab 400 mg</i>	1

## **BENZODIAZEPINES**

<i>alprazolam orally disintegrating tab 0.5 mg</i>	1
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1
<i>alprazolam orally disintegrating tab 1 mg</i>	1
<i>alprazolam orally disintegrating tab 2 mg</i>	1
<i>alprazolam tab 0.5 mg</i>	1
<i>alprazolam tab 0.5mg xr</i>	1
<i>alprazolam tab 0.25 mg</i>	1
<i>alprazolam tab 1 mg</i>	1
<i>alprazolam tab 1mg xr</i>	1
<i>alprazolam tab 2 mg</i>	1
<i>alprazolam tab 2mg xr</i>	1

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
alprazolam tab 3mg xr	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
ATIVAN INJ 2MG/ML	3	PA
ATIVAN INJ 4MG/ML	3	PA
ATIVAN TAB 0.5MG	3	PA
ATIVAN TAB 1MG	3	PA
ATIVAN TAB 2MG	3	PA
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam inj 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam inj 2 mg/ml	1	
lorazepam inj 4 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
LOREEV XR CAP 1.5MG	3	PA
LOREEV XR CAP 1MG	3	PA
LOREEV XR CAP 2MG	3	PA
LOREEV XR CAP 3MG	3	PA
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
XANAX TAB 0.5MG	3	PA
XANAX TAB 0.25MG	3	PA
XANAX TAB 1MG	3	PA
XANAX TAB 2MG	3	PA
XANAX XR TAB 0.5MG	3	PA
XANAX XR TAB 1MG	3	PA
XANAX XR TAB 2MG	3	PA
XANAX XR TAB 3MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS - MISC.</b>		
<i>adenosine iv soln 6 mg/2ml</i>	1	
<i>adenosine iv soln 12 mg/4ml</i>	1	
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>NORPACE CAP 100MG</i>	3	PA
<i>NORPACE CAP 100MG CR</i>	3	
<i>NORPACE CAP 150MG</i>	3	PA
<i>NORPACE CAP 150MG CR</i>	3	
<i>procainamide hcl inj 100 mg/ml</i>	1	
<i>PROCAINAMIDE INJ 500MG/ML</i>	3	
<i>quinidine gluconate tab er 324 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>LIDOCA/NACL INJ 2%</i>	3	PA
<i>LIDOCAIN/D5W INJ 2MG/ML</i>	3	PA
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	1	
<i>LIDOCAINE INJ 10MG/ML</i>	3	
<i>LIDOCAINE INJ 20MG/ML</i>	3	
<i>LIDOCAINE INJ 20MG/ML</i>	3	PA
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
<i>LIDOCAINE SOL 100/10</i>	3	PA
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>RYTHMOL SR CAP 225MG</i>	3	
<i>RYTHMOL SR CAP 325MG</i>	3	
<i>RYTHMOL SR CAP 425MG</i>	3	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>AMIODARO/D5W INJ 450/250</i>	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMIODARO/D5W INJ 900/500	3	PA
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
AMIODARONE INJ 50MG/ML	3	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<i>ibutilide fumarate inj 1 mg/10ml</i>	1	
MULTAQ TAB 400MG	3	PA
NEXTERONE INJ	3	PA
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	1	
TIKOSYN CAP 125MCG	3	PA
TIKOSYN CAP 250MCG	3	PA
TIKOSYN CAP 500MCG	3	PA

## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	
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### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

CINQAIR INJ	3	PA, QL
FASENRA INJ 30MG/ML	2	PA, QL
FASENRA PEN INJ 30MG/ML	2	PA, QL
NUCALA INJ 40MG/0.4	2	PA, QL
NUCALA INJ 100MG	3	PA, QL
NUCALA INJ 100MG/ML	2	PA, QL
TEZSPIRE INJ 210MG	2	PA, QL
TEZSPIRE SOL 210MG	2	PA, QL
XOLAIR INJ 75/0.5	2	PA, QL
XOLAIR INJ 150MG/ML	2	PA, QL
XOLAIR SOL 150MG	2	PA, QL

### **BRONCHODILATORS - ANTICHOLINERGICS**

INCRUSE ELPT INH 62.5MCG	3	PA
<i>ipratropium bromide inhal soln 0.02%</i>	1	
LONHALA MAGN SOL 25MCG	3	PA
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDHLR	2	
SPIRIVA SPR 2.5MCG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	
TUDORZA PRES AER 400/ACT	3	PA
YUPELRI SOL	2	
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
SINGULAIR CHW 4MG	3	PA
SINGULAIR CHW 5MG	3	PA
SINGULAIR GRA 4MG	3	PA
SINGULAIR TAB 10MG	3	PA
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
<b>STEROID INHALANTS</b>		
ALVESCO AER 80MCG	3	PA
ALVESCO AER 160MCG	3	PA
ARMONAIR DIG AER 55MCG	3	PA
ARMONAIR DIG AER 113MCG	3	PA
ARMONAIR DIG AER 232MCG	3	PA
ARNUITY ELPT INH 50MCG	3	PA
ARNUITY ELPT INH 100MCG	3	PA
ARNUITY ELPT INH 200MCG	3	PA
ASMANEX 14 AER 220MCG	3	PA
ASMANEX 30 AER 110MCG	3	PA
ASMANEX 30 AER 220MCG	3	PA
ASMANEX 60 AER 220MCG	3	PA
ASMANEX 120 AER 220MCG	3	PA
ASMANEX HFA AER 50MCG	3	PA
ASMANEX HFA AER 100 MCG	3	PA
ASMANEX HFA AER 200 MCG	3	PA
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
FLOVENT DISK AER 50MCG	3	PA
FLOVENT DISK AER 100MCG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT DISK AER 250MCG	3	PA
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
QVAR REDIHA AER 80MCG	3	PA
QVAR REDIHAL AER 40MCG	3	PA
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50	1	
ADVAIR DISKU AER 250/50	1	
ADVAIR DISKU AER 500/50	1	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 45/21	3	PA
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 115/21	3	PA
ADVAIR HFA AER 230/21	2	
ADVAIR HFA AER 230/21	3	PA
AIRDUO DGHLR INH 55-14	3	PA
AIRDUO DGHLR INH 113-14	3	PA
AIRDUO DGHLR INH 232-14	3	PA
AIRDUO RESPI INH 55-14	3	PA
AIRDUO RESPI INH 113-14	3	PA
AIRDUO RESPI INH 232-14	3	PA
ALBUTEROL NEB 0.5%	3	PA
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	
BEVESPI AER 9-4.8MCG	3	PA
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 100-25	3	PA
BREO ELLIPTA INH 200-25	2	
BREO ELLIPTA INH 200-25	3	PA
BREZTRI AERO AER SPHERE	2	
DUAKLIR AER 400/12	3	PA
DULERA AER 50-5MCG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DULERA AER 100-5MCG	3	PA
DULERA AER 200-5MCG	3	PA
FLUTIC/SALME INH 55/14	3	PA
FLUTIC/SALME INH 113/14	3	PA
FLUTIC/SALME INH 232/14	3	PA
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
ISOPRO/NACL SOL 200MCG	3	PA
<i>isoproterenol hcl inj 0.2 mg/ml</i>	1	
LEVALBUTEROL AER 45/ACT	3	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	
PROAIR DIGIH AER	3	PA
PROAIR RESPI AER	3	PA
PROVENTIL AER HFA	3	PA
SEREVENT DIS AER 50MCG	2	
STIOLTO AER 2.5-2.5	2	
STRIVERDI AER 2.5MCG	2	
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	
TRELEGY AER 200MCG	2	
VENTOLIN HFA AER	3	PA
XOPENEX HFA AER	3	PA

## **XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	1	
<i>elixophyllin elx 80/15ml</i>	1	
THEO-24 CAP 100MG CR	3	PA
THEO-24 CAP 200MG CR	3	PA
THEO-24 CAP 300MG CR	3	PA
THEO-24 CAP 400MG ER	3	PA
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
THEOPHYLLINE TAB 100MG ER	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THEOPHYLLINE TAB 200MG ER	3	
<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**

### **ANTICOAGULANTS - MISC.**

ANTICOAGULNT INJ SOD CITR	3	PA
SODIUM CITRA SOL 4%	3	PA

### **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	

### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
SAVAYSA TAB 15MG	3	PA
SAVAYSA TAB 30MG	3	PA
SAVAYSA TAB 60MG	3	PA
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

ARIIXTRA INJ 2.5/0.5	3	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARIIXTRA INJ 5/0.4ML	3	
ARIIXTRA INJ 7.5/0.6	3	
ARIIXTRA INJ 10/0.8ML	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	PA
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
HEP SOD/D5W INJ 100/ML	3	PA
HEP SOD/D5W INJ 20000UNT	3	PA
HEP SOD/D5W INJ 25000UNT	3	PA
HEP SOD/DEXT INJ 25000UNT	3	PA
HEP SOD/NACL INJ 25000UNT	3	PA
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	1	
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	1	
HEPARIN SOD INJ 5000/0.5	3	PA

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HEPARIN SOD INJ 5000/ML	3	PA
HEPARIN SOD INJ NACL	3	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	
HEPARIN/NACL INJ 20/20ML	3	PA
HEPARIN/NACL INJ 50/50ML	3	PA
HEPARIN/NACL INJ 4000/0.9	3	PA
HEPARIN/NACL INJ 5000/0.9	3	PA
HEPARIN/NACL INJ 25000UNT	3	PA
HEPARIN/NACL INJ 30000/L	3	PA
HEPARIN/NACL SOL 500/500	3	PA
HEPARIN/NACL SOL 2500/500	3	PA
HEPMED KIT	3	PA
<b>IN VITRO/LOCK ANTICOAGULANTS</b>		
SOD CIT-GENT INJ 4%-320	3	PA
<b>THROMBIN INHIBITORS</b>		
ARGATRB/NACL INJ 50/50ML	3	PA
ARGATRB/NACL INJ 50MG/50	3	PA
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	1	
BIVALIRUDIN INJ 250/50ML	3	
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
PRADAXA CAP 75MG	3	PA
PRADAXA CAP 110MG	3	PA
PRADAXA CAP 150MG	3	PA
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
DIAZEPAM GEL 2.5MG	3	
DIAZEPAM GEL 10MG	3	
DIAZEPAM GEL 20MG	3	
NAYZILAM SPR 5MG	2	
ONFI SUS 2.5MG/ML	3	PA
ONFI TAB 10MG	3	PA
ONFI TAB 20MG	3	PA
SYMPAZAN MIS 5MG	3	PA
SYMPAZAN MIS 10MG	3	PA
SYMPAZAN MIS 20MG	3	PA
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BANZEL SUS 40MG/ML	3	PA
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT CAP 250MG	3	PA, QL
DIACOMIT CAP 500MG	3	PA, QL
DIACOMIT PAK 250MG	3	PA, QL
DIACOMIT PAK 500MG	3	PA, QL
ELEPSIA XR TAB 1000MG	3	PA
ELEPSIA XR TAB 1500MG	3	PA
EPIDIOLEX SOL 100MG/ML	3	PA, QL
<i>epitol tab 200mg</i>	1	
EPRONTIA SOL 25MG/ML	3	PA
FINTEPLA SOL 2.2MG/ML	3	PA, QL
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
GABAPENTIN TAB TINYTABS	3	PA
KEPPRA INJ 500/5ML	3	PA
KEPPRA SOL 100MG/ML	3	PA
KEPPRA TAB 250MG	3	PA
KEPPRA TAB 500MG	3	PA
KEPPRA TAB 750MG	3	PA
KEPPRA TAB 1000MG	3	PA
KEPPRA XR TAB 500MG	3	PA
KEPPRA XR TAB 750MG	3	PA
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
LAMICTAL CHW 5MG	3	PA
LAMICTAL CHW 25MG	3	PA
LAMICTAL KIT START 35	3	PA
LAMICTAL KIT START 49	3	PA
LAMICTAL KIT START 98	3	PA
LAMICTAL ODT KIT	3	PA
LAMICTAL ODT TAB 25MG	3	PA
LAMICTAL ODT TAB 50MG	3	PA
LAMICTAL ODT TAB 100MG	3	PA
LAMICTAL ODT TAB 200MG	3	PA
LAMICTAL TAB 25MG	3	PA
LAMICTAL TAB 100MG	3	PA
LAMICTAL TAB 150MG	3	PA

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LAMICTAL TAB 200MG	3	PA
LAMICTAL XR KIT	3	PA
LAMICTAL XR TAB 25MG	3	PA
LAMICTAL XR TAB 50MG	3	PA
LAMICTAL XR TAB 100MG	3	PA
LAMICTAL XR TAB 200MG	3	PA
LAMICTAL XR TAB 250MG	3	PA
LAMICTAL XR TAB 300MG	3	PA
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	PA
LYRICA CAP 50MG	3	PA
LYRICA CAP 75MG	3	PA
LYRICA CAP 100MG	3	PA
LYRICA CAP 150MG	3	PA
LYRICA CAP 200MG	3	PA
LYRICA CAP 225MG	3	PA
LYRICA CAP 300MG	3	PA
LYRICA SOL 20MG/ML	3	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
<i>pregabalin cap 25 mg</i>	1	
<i>pregabalin cap 50 mg</i>	1	
<i>pregabalin cap 75 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	
<i>pregabalin cap 150 mg</i>	1	
<i>pregabalin cap 200 mg</i>	1	
<i>pregabalin cap 225 mg</i>	1	
<i>pregabalin cap 300 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<i>primidone tab 50 mg</i>	1	
PRIMIDONE TAB 125MG	3	
<i>primidone tab 250 mg</i>	1	
<i>roweepra tab 500mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
SPRITAM TAB 250MG	3	PA
SPRITAM TAB 500MG	3	PA
SPRITAM TAB 750MG	3	PA
SPRITAM TAB 1000MG	3	PA
<i>subvenite kit start 35</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>subvenite kit start 49</i>	1	
<i>subvenite kit start 98</i>	1	
<i>subvenite tab 25mg</i>	1	
<i>subvenite tab 100mg</i>	1	
<i>subvenite tab 150mg</i>	1	
<i>subvenite tab 200mg</i>	1	
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
ZONEGRAN CAP 25MG	3	PA
ZONEGRAN CAP 100MG	3	PA
ZONISADE SUS 100MG/5	3	PA
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ZTALMY SUS 50MG/ML	3	PA, QL

### **CARBAMATES**

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

### **GABA MODULATORS**

SABRIL POW 500MG	3	PA, QL
SABRIL TAB 500MG	3	PA, QL
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL
<i>vigabatrin tab 500 mg</i>	1	PA, QL
<i>vigadroner powder 500mg</i>	1	PA, QL
<i>vigadroner tab 500mg</i>	1	PA, QL
<b>HYDANTOINS</b>		
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>PHENYTOIN INJ 50MG/ML</i>	3	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
mirtazapine tab 45 mg	1	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY TAB 45-105MG	3	PA
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
BUPROPN HCL TAB 450MG XL	3	PA
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZULRESSO INJ 100/20ML	3	PA
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
PHENELZINE TAB 15MG	3	
tranylcypromine sulfate tab 10 mg	1	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CITALOPRAM CAP 30MG	3	PA
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
FLUOXETINE CAP 90MG DR	3	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
LEXAPRO TAB 5MG	3	PA
LEXAPRO TAB 10MG	3	PA
LEXAPRO TAB 20MG	3	PA
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PAXIL CR TAB 12.5MG	3	PA
PAXIL CR TAB 25MG	3	PA
PAXIL CR TAB 37.5MG	3	PA
PAXIL SUS 10MG/5ML	3	PA
PAXIL TAB 10MG	3	PA
PAXIL TAB 20MG	3	PA
PAXIL TAB 30MG	3	PA
PAXIL TAB 40MG	3	PA
PEXEVA TAB 10MG	3	PA
PEXEVA TAB 20MG	3	PA
PEXEVA TAB 30MG	3	PA
PROZAC CAP 10MG	3	PA
PROZAC CAP 20MG	3	PA
PROZAC CAP 40MG	3	PA
SERTRALINE CAP 150MG	3	PA
SERTRALINE CAP 200MG	3	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
ZOLOFT CON 20MG/ML	3	PA
ZOLOFT TAB 25MG	3	PA
ZOLOFT TAB 50MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOLOFT TAB 100MG	3	PA
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE TAB 50MG	3	
NEFAZODONE TAB 100MG	3	
NEFAZODONE TAB 150MG	3	
NEFAZODONE TAB 200MG	3	
NEFAZODONE TAB 250MG	3	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	3	PA
VIIBRYD TAB 10MG	3	PA
VIIBRYD TAB 20MG	3	PA
VIIBRYD TAB 40MG	3	PA
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA CAP 20MG	3	PA
CYMBALTA CAP 30MG	3	PA
CYMBALTA CAP 60MG	3	PA
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
DRIZALMA CAP 20MG DR	3	PA
DRIZALMA CAP 30MG DR	3	PA
DRIZALMA CAP 40MG DR	3	PA
DRIZALMA CAP 60MG DR	3	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EFFEXOR XR CAP 37.5MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EFFEXOR XR CAP 75MG	3	PA
EFFEXOR XR CAP 150MG	3	PA
PRISTIQ TAB 25MG	3	PA
PRISTIQ TAB 50MG	3	PA
PRISTIQ TAB 100MG	3	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
VENLAFAKINE TAB 112.5MG	3	PA

#### ***TRICYCLIC AGENTS***

<i>amitriptyline hcl tab 10 mg</i>	1
<i>amitriptyline hcl tab 25 mg</i>	1
<i>amitriptyline hcl tab 50 mg</i>	1
<i>amitriptyline hcl tab 75 mg</i>	1
<i>amitriptyline hcl tab 100 mg</i>	1
<i>amitriptyline hcl tab 150 mg</i>	1
AMOXAPINE TAB 25MG	3
AMOXAPINE TAB 50MG	3
AMOXAPINE TAB 100MG	3
AMOXAPINE TAB 150MG	3
ANAFRANIL CAP 25MG	3
ANAFRANIL CAP 50MG	3
ANAFRANIL CAP 75MG	3
<i>clomipramine hcl cap 25 mg</i>	1
<i>clomipramine hcl cap 50 mg</i>	1
<i>clomipramine hcl cap 75 mg</i>	1
<i>desipramine hcl tab 10 mg</i>	1
<i>desipramine hcl tab 25 mg</i>	1
<i>desipramine hcl tab 50 mg</i>	1
<i>desipramine hcl tab 75 mg</i>	1

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

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

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

### **ANTIDIABETIC - AMYLIN ANALOGS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDIABETIC COMBINATIONS</b>		
ALOG/PIOGLIT TAB 12.5-15	3	PA
ALOG/PIOGLIT TAB 12.5-45	3	PA
ALOGLIPTIN/ TAB METFORM	3	PA
<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	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
INVOKAMET TAB 50-500MG	3	PA
INVOKAMET TAB 50-1000	3	PA
INVOKAMET TAB 150-500	3	PA
INVOKAMET TAB 150-1000	3	PA
INVOKAMET XR TAB 50-500MG	3	PA
INVOKAMET XR TAB 50-1000	3	PA
INVOKAMET XR TAB 150-500	3	PA
INVOKAMET XR TAB 150-1000	3	PA
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	3	PA
JENTADUETO TAB 2.5-850	3	PA
JENTADUETO TAB 2.5-1000	3	PA
JENTADUETO TAB XR	3	PA
KAZANO 12.5- TAB 500MG	3	PA
KAZANO 12.5- TAB 1000MG	3	PA
KOMBIGLYZ XR TAB 2.5-1000	3	PA
KOMBIGLYZ XR TAB 5-500MG	3	PA
KOMBIGLYZ XR TAB 5-1000MG	3	PA
OSENI TAB 12.5-15	3	PA
OSENI TAB 12.5-30	3	PA
OSENI TAB 12.5-45	3	PA
OSENI TAB 25-15MG	3	PA
OSENI TAB 25-30MG	3	PA
OSENI TAB 25-45MG	3	PA
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	

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<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
QTERN TAB 5-5MG	3	PA
QTERN TAB 10-5MG	3	PA
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	
SEGLUROMET TAB 2.5-500	3	PA
SEGLUROMET TAB 2.5-1000	3	PA
SEGLUROMET TAB 7.5-500	3	PA
SEGLUROMET TAB 7.5-1000	3	PA
SOLIQUA INJ 100/33	2	
STEGLUJAN TAB 5-100MG	3	PA
STEGLUJAN TAB 15-100MG	3	PA
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	

### **BIGUANIDES**

GLUMETZA TAB 500MG	3	PA
GLUMETZA TAB 1000MG	3	PA
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	ACA
<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	
METFORMIN TAB 625MG	3	PA
RIOMET SOL 500/5ML	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	3	PA
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GLUCAGON EMR SOL 1MG	3	PA
GLUCAGON KIT 1MG	3	PA
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	3	PA, QL
ZEGALOGUE INJ 0.6/0.6	2	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
ALOGLIPTIN TAB 12.5MG	3	PA
ALOGLIPTIN TAB 25MG	3	PA
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
NESINA TAB 6.25MG	3	PA
NESINA TAB 12.5MG	3	PA
NESINA TAB 25MG	3	PA
ONGLYZA TAB 2.5MG	3	PA
ONGLYZA TAB 5MG	3	PA
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	
TRADJENTA TAB 5MG	3	PA
<b>INCRETIN MIMETIC AGENTS</b>		
ADLYXIN INJ 10/20MCG	3	PA, QL
ADLYXIN INJ 20MCG	3	PA, QL
BYDUREON BC INJ 2/0.85ML	3	PA
BYETTA INJ 5MCG	3	PA
BYETTA INJ 10MCG	3	PA
MOUNJARO INJ 2.5/0.5	3	PA, QL
MOUNJARO INJ 5MG/0.5	3	PA, QL
MOUNJARO INJ 7.5/0.5	3	PA, QL
MOUNJARO INJ 10MG/0.5	3	PA, QL
MOUNJARO INJ 12.5/0.5	3	PA, QL
MOUNJARO INJ 15MG/0.5	3	PA, QL
OZEMPIC INJ 2MG/3ML	2	
OZEMPIC INJ 4MG/3ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC INJ 8MG/3ML	2	
RYBELSUS TAB 3MG	2	
RYBELSUS TAB 7MG	2	
RYBELSUS TAB 14MG	2	
TRULICITY INJ 0.75/0.5	2	
TRULICITY INJ 1.5/0.5	2	
TRULICITY INJ 3/0.5	2	
TRULICITY INJ 4.5/0.5	2	
VICTOZA INJ 18MG/3ML	2	

### ***INSULIN***

ADMELOG INJ 100U/ML	3	PA, QL
ADMELOG SOLO INJ 100U/ML	3	PA
AFREZZA POW 4-8 UNIT	3	PA
AFREZZA POW 4-8-12	3	PA
AFREZZA POW 4UNIT	3	PA
AFREZZA POW 8 UNIT	3	PA
AFREZZA POW 8-12UNIT	3	PA
AFREZZA POW 12 UNIT	3	PA
APIDRA INJ SOLOSTAR	3	PA
APIDRA INJ U-100	3	PA
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMALOG INJ 100/ML	3	PA, QL
HUMALOG JR INJ 100/ML	3	PA
HUMALOG KWIK INJ 100/ML	3	PA
HUMALOG KWIK INJ 200/ML	3	PA
HUMALOG MIX INJ 50/50	3	PA
HUMALOG MIX INJ 50/50KWP	3	PA
HUMALOG MIX INJ 75/25KWP	3	PA
HUMALOG MIX SUS 75/25	3	PA
HUMULIN INJ 70/30	3	PA, QL
HUMULIN INJ 70/30KWP	3	PA
HUMULIN N INJ U-100	3	PA
HUMULIN N INJ U-100KWP	3	PA
HUMULIN R INJ U-100	3	PA, QL
HUMULIN R INJ U-500	2	
INS ASP PROT INJ FLEXPEN	3	PA
INS DEGL FLX INJ 100UNIT	3	PA
INS DEGL FLX INJ 200UNIT	3	PA
INSULIN ASPA INJ 70/30	3	PA
INSULIN ASPA INJ 100/ML	3	PA
INSULIN ASPA INJ FLEXPEN	3	PA

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INSULIN ASPA INJ PENFILL	3	PA
INSULIN DEGL INJ 100UNIT	3	PA
INSULIN GLAR INJ 100U/ML	3	PA
INSULIN GLAR SOL 100U/ML	3	PA
INSULIN LISP INJ 100/ML	3	PA
INSULIN LISP INJ JUNIOR	3	PA, QL
INSULIN LISP INJ PROTAMIN	3	PA, QL
LANTUS INJ 100/ML	3	PA
LANTUS SOLOS INJ 100/ML	3	PA
LEVEMIR INJ	2	
LEVEMIR INJ FLEXPEN	2	
LYUMJEV INJ 100UT/ML	3	PA
LYUMJEV KWPN INJ 100UT/ML	3	PA, QL
LYUMJEV KWPN INJ 200UT/ML	3	PA
MYXREDLIN SOL 1UNIT/ML	3	PA
NOVOLIN70/30 INJ RELION	3	PA
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30	3	PA, QL
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP	3	PA
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ 100 UNIT	3	PA
NOVOLIN N INJ RELION	3	PA
NOVOLIN N INJ U-100	2	
NOVOLIN N INJ U-100	3	PA, QL
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ 100 UNIT	3	PA
NOVOLIN R INJ RELION	3	PA
NOVOLIN R INJ U-100	2	
NOVOLIN R INJ U-100	3	PA, QL
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEX REL	3	PA
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG INJ RELION	3	PA
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	PA
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG RELI INJ 70/30	3	PA
SEMGLEE INJ 100U/ML	3	PA
SEMGLEE SOL 100U/ML	3	PA
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	

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TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
<b>INSULIN SENSITIZING AGENTS</b>		
ACTOS TAB 15MG	3	PA
ACTOS TAB 30MG	3	PA
ACTOS TAB 45MG	3	PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<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	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	3	PA
INVOKANA TAB 300MG	3	PA
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
STEGLATRO TAB 5MG	3	PA
STEGLATRO TAB 15MG	3	PA
<b>SULFONYLUREAS</b>		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glipizide xl tab 2.5mg</i>	1	
<i>glipizide xl tab 5mg</i>	1	
<i>glipizide xl tab 10mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB 125MG	3	PA
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
BILAC CAP	3	PA
DERMACINRX CAP PROBISOL	3	PA
DERMACINRX CAP PROBITRA	3	PA
LACTEROL CAP	3	PA
PROBİNATE CAP	3	PA
PROMELLA CAP PREBIOTI	3	PA
XYBIOTIC CAP	3	PA
ZELAC CAP	3	PA
<b>ANTIDIARRHEAL/PROBIOTIC COMBINATIONS</b>		
PROBICHEW CHW	3	PA
<b>ANTIPERTISTALTIC AGENTS</b>		
DIPHEN/ATROP LIQ 2.5/5	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	3	
loperamide hcl cap 2 mg	1	
MOTOFEN TAB 1-0.025	3	PA
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
deferasirox granules packet 90 mg	1	PA
deferasirox granules packet 180 mg	1	PA
deferasirox granules packet 360 mg	1	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
deferasirox tab for oral susp 125 mg	1	PA
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
deferiprone tab 500 mg	1	PA
deferiprone tab 1000 mg	1	PA
DIMERCAPTOPR INJ 50MG/ML	3	PA
EXJADE TAB 125MG	3	PA
EXJADE TAB 250MG	3	PA
EXJADE TAB 500MG	3	PA
FERPRX 2-DAY TAB 1000MG	3	PA
FERRIPROX SOL 100MG/ML	3	PA
FERRIPROX TAB 500MG	3	PA
FERRIPROX TAB 1000MG	3	PA
JADENU SPRKL GRA 90MG	3	PA, QL

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JADENU SPRKL GRA 180MG	3	PA, QL
JADENU SPRKL GRA 360MG	3	PA, QL
JADENU TAB 90MG	3	PA
JADENU TAB 180MG	3	PA
JADENU TAB 360MG	3	PA
PENTETATE CA SOL 200MG/ML	3	PA
PENTETATE ZI SOL 200MG/ML	3	PA

### **ANTIDOTES AND SPECIFIC ANTAGONISTS**

<i>acetylcysteine inj 200 mg/ml</i>	1
BRIDION INJ 200/2ML	3 PA
BRIDION INJ 500/5ML	3 PA
<i>deferoxamine mesylate for inj 2 gm</i>	1 PA
<i>deferoxamine mesylate for inj 500 mg</i>	1 PA
DESFERAL INJ 500MG	3 PA
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	1
PROVAYBLUE INJ	3 PA
PROVAYBLUE INJ 50/10ML	3 PA
SOD THIOSULF INJ 25%	3
VISTOGARD PAK 10GM	2 QL

### **BENZODIAZEPINE ANTAGONISTS**

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

### **OPIOID ANTAGONISTS**

NALMEFENE INJ 1MG/ML	3 PA
<i>naloxone hcl inj 0.4 mg/ml</i>	1
<i>naloxone hcl inj 4 mg/10ml</i>	1
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1
NALOXONE INJ 0.4MG/ML	3
<i>naltrexone hcl tab 50 mg</i>	1
ZIMHI SOL	3 PA

### **ANTIEMETICS**

#### **5-HT3 RECEPTOR ANTAGONISTS**

<i>granisetron hcl inj 1 mg/ml</i>	1
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1
<i>granisetron hcl tab 1 mg</i>	1
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1
<i>ondansetron hcl tab 4 mg</i>	1
<i>ondansetron hcl tab 8 mg</i>	1
ONDANSETRON INJ 4MG/2ML	3

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
ONDANSETRON TAB 24MG	3	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	1	
PALONOSETRON INJ 0.25/5ML	3	PA
SANCUSO DIS 3.1MG	2	
SUSTOL INJ 10/0.4ML	3	PA
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
ANTIVERT CHW 25MG	3	PA
ANTIVERT TAB 50MG	3	PA
<i>meclizine hcl chew tab 25 mg</i>	3	PA
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
MECLIZINE TAB 50MG	1	PA
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TRANSDERM-SC DIS 1MG/3DAY	3	PA
<i>trimethobenzamide hcl cap 300 mg</i>	1	
<b>ANTIEMETICS - ANTIDOPAMINERGIC</b>		
BARHEMSYS INJ 5MG/2ML	3	PA
BARHEMSYS INJ 10MG/4ML	3	PA
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
SYNDROS SOL 5MG/ML	3	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	1	
<i>aprepitant capsule 80 mg</i>	1	
<i>aprepitant capsule 125 mg</i>	1	
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	
CINVANTI INJ 130/18ML	3	PA
FOSAPREPITAN SOL 150MG	3	
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	1	
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>caspofungin acetate for iv soln 50 mg</i>	1	
<i>caspofungin acetate for iv soln 70 mg</i>	1	
<i>micafungin sodium for iv soln 50 mg</i>	1	
<i>micafungin sodium for iv soln 100 mg</i>	1	

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<b>ANTIFUNGALS</b>		
<i>amphotericin b liposome iv for susp 50 mg</i>	1	
AMPHOTERICIN INJ 50MG	3	
<i>flucytosine cap 250 mg</i>	1	
<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	PA
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA CAP 186 MG	3	PA
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
FLUCONAZOLE SOL /NACL	3	PA
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	QL
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	
NOXAFL INJ 300/16.7	3	PA
NOXAFL PAK 300MG	3	PA
NOXAFL SUS 40MG/ML	3	PA
NOXAFL TAB 100MG	3	PA
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	
SPORANOX CAP 100MG	3	PA
SPORANOX SOL 10MG/ML	3	PA
TOLSURA CAP 65MG	3	PA
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VFEND TAB 200MG	3	
<i>voriconazole for inj 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

## **ANTIHISTAMINES**

### **ANTIHISTAMINES - ALKYLAMINES**

BROMPHENIRAM INJ 10MG/ML	3	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXCHLORPHEN SOL 2MG/5ML	3	PA
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
CARBINOXAMIN SOL 4MG/5ML	3	
CARBINOXAMIN TAB 6MG	3	PA
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
CLEMASTINE TAB 2.68MG	3	
<i>di-phen elx 12.5/5ml</i>	3	PA
<i>diphen elx 12.5/5ml</i>	3	PA
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
RYVENT TAB 6MG	3	PA
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
DESLORATADIN TAB 2.5 ODT	3	
DESLORATADIN TAB 5MG ODT	3	
<i>desloratadine tab 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
QUZYTIR INJ 10MG/ML	3	PA
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	
<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	
PROMETHEGAN SUP 50MG	3	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>ciproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>ciproheptadine hcl tab 4 mg</i>	1	
<b>ANTIHYPOLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB 180MG	2	
<b>ANGIOPOETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA INJ 345/2.3	3	PA, QL
EVKEEZA INJ 1200/8	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
EZETIM/ROSV TAB 10-5MG	3	PA
EZETIM/ROSV TAB 10-10MG	3	PA
EZETIM/ROSV TAB 10-20MG	3	PA
EZETIM/ROSV TAB 10-40MG	3	PA
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	
ROSZET TAB 5-10MG	3	PA
ROSZET TAB 10-10MG	3	PA
ROSZET TAB 20-10MG	3	PA
ROSZET TAB 40-10MG	3	PA
SURE RESULT KIT O3D3 SYS	3	PA
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	1	
VASCEPA CAP 1GM	1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
<i>prevalite pow 4gm pk</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
FENOFIB MICR CAP 90MG	3	
FENOFIBRATE CAP 150MG	3	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
FENOFIBRIC TAB 35MG	3	
FENOFIBRIC TAB 105MG	3	
FENOGLIDE TAB 120MG	3	PA
<i>gemfibrozil tab 600 mg</i>	1	
TRICOR TAB 48MG	3	PA
TRICOR TAB 145MG	3	PA
<b>HMG COA REDUCTASE INHIBITORS</b>		
ALTOPREV TAB 20MG ER	3	PA
ALTOPREV TAB 40MG ER	3	PA
ALTOPREV TAB 60MG ER	3	PA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	AGE; ACA
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	AGE; ACA
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
CRESTOR TAB 5MG	3	PA
CRESTOR TAB 10MG	3	PA
CRESTOR TAB 20MG	3	PA
CRESTOR TAB 40MG	3	PA
EZALLOR SPR CAP 5MG	3	PA
EZALLOR SPR CAP 10MG	3	PA
EZALLOR SPR CAP 20MG	3	PA
EZALLOR SPR CAP 40MG	3	PA
FLOLIPID SUS 20MG/5ML	3	PA
FLOLIPID SUS 40MG/5ML	3	PA
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	AGE; ACA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	AGE; ACA
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	AGE; ACA
LESCOL XL TAB 80MG	3	PA
LIPITOR TAB 10MG	3	PA
LIPITOR TAB 20MG	3	PA
LIPITOR TAB 40MG	3	PA
LIPITOR TAB 80MG	3	PA
LIVALO TAB 1MG	3	PA
LIVALO TAB 2MG	3	PA
LIVALO TAB 4MG	3	PA
<i>lovastatin tab 10 mg</i>	1	AGE; ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lovastatin tab 20 mg</i>	1	AGE; ACA
<i>lovastatin tab 40 mg</i>	1	AGE; ACA
<i>pravastatin sodium tab 10 mg</i>	1	AGE; ACA
<i>pravastatin sodium tab 20 mg</i>	1	AGE; ACA
<i>pravastatin sodium tab 40 mg</i>	1	AGE; ACA
<i>pravastatin sodium tab 80 mg</i>	1	AGE; ACA
<i>rosuvastatin calcium tab 5 mg</i>	1	AGE; ACA
<i>rosuvastatin calcium tab 10 mg</i>	1	AGE; ACA
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	AGE; ACA
<i>simvastatin tab 10 mg</i>	1	AGE; ACA
<i>simvastatin tab 20 mg</i>	1	AGE; ACA
<i>simvastatin tab 40 mg</i>	1	AGE; ACA
<i>simvastatin tab 80 mg</i>	1	
ZYPITAMAG TAB 2MG	3	PA
ZYPITAMAG TAB 4MG	3	PA

#### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	PA

#### **MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)**

#### **INHIBITORS**

JUXTAPID CAP 5MG	3	PA, QL
JUXTAPID CAP 10MG	3	PA, QL
JUXTAPID CAP 20MG	3	PA, QL
JUXTAPID CAP 30MG	3	PA, QL

#### **NICOTINIC ACID DERIVATIVES**

NIACIN TAB 500MG	3	PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIACOR TAB 500MG	3	PA

#### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

LEQVIO SOL	3	PA, QL
PRALUENT INJ 75MG/ML	3	PA, QL
PRALUENT INJ 150MG/ML	3	PA, QL
REPATHA INJ 140MG/ML	3	PA, QL
REPATHA PUSH INJ 420/3.5	3	PA, QL
REPATHA SURE INJ 140MG/ML	3	PA, QL

#### **ANTIHYPERTENSIVES**

##### **ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	

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<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</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 oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>enalaprilat iv inj 1.25 mg/ml</i>	1	
<i>EPANED SOL 1MG/ML</i>	3	PA
<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>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>PERINDOPRIL TAB 8MG</i>	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

#### **AGENTS FOR PHEOCHROMOCYTOMA**

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

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>ATACAND TAB 4MG</i>	3	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATACAND TAB 8MG	3	PA
ATACAND TAB 16MG	3	PA
ATACAND TAB 32MG	3	PA
BENICAR TAB 5MG	3	PA
BENICAR TAB 20MG	3	PA
BENICAR TAB 40MG	3	PA
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
COZAAR TAB 25MG	3	PA
COZAAR TAB 50MG	3	PA
COZAAR TAB 100MG	3	PA
DIOVAN TAB 40MG	3	PA
DIOVAN TAB 80MG	3	PA
DIOVAN TAB 160MG	3	PA
DIOVAN TAB 320MG	3	PA
EDARBI TAB 40MG	3	PA
EDARBI TAB 80MG	3	PA
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
MICARDIS TAB 20MG	3	PA
MICARDIS TAB 40MG	3	PA
MICARDIS TAB 80MG	3	PA
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
VALSARTAN SOL 20MG/5ML	3	PA
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
CLONIDINE ER TAB 0.17MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
METHYLDOPA TAB 250MG	3	PA
METHYLDOPA TAB 500MG	3	PA
NEXICLON XR TAB 0.17MG	3	PA
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	

#### **ANTIHYPERTENSIVE COMBINATIONS**

amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
ATACAND HCT TAB 16-12.5	3	PA
ATACAND HCT TAB 32-12.5	3	PA
ATACAND HCT TAB 32-25MG	3	PA
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
AZOR TAB 5-20MG	3	PA
AZOR TAB 5-40MG	3	PA
AZOR TAB 10-20MG	3	PA
AZOR TAB 10-40MG	3	PA
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
BENICAR HCT TAB 20-12.5	3	PA
BENICAR HCT TAB 40-12.5	3	PA
BENICAR HCT TAB 40-25MG	3	PA
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	

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candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
CAPTOPR/HCTZ TAB 25-15MG	3	
CAPTOPR/HCTZ TAB 25-25MG	3	
CAPTOPR/HCTZ TAB 50-15MG	3	
CAPTOPR/HCTZ TAB 50-25MG	3	
DIOVAN HCT TAB 80/12.5	3	PA
DIOVAN HCT TAB 160-12.5	3	PA
DIOVAN HCT TAB 160-25MG	3	PA
DIOVAN HCT TAB 320-12.5	3	PA
DIOVAN HCT TAB 320-25MG	3	PA
EDARBYCLOR TAB 40-12.5	3	PA
EDARBYCLOR TAB 40-25MG	3	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
EXFORGE TAB 5-160MG	3	PA
EXFORGE TAB 5-320MG	3	PA
EXFORGE TAB 10-160MG	3	PA
EXFORGE TAB 10-320MG	3	PA
EXFORGEH/5- TAB 160-12.5	3	PA
EXFORGEH/5- TAB 160-25	3	PA
EXFORGEH/10- TAB 160-12.5	3	PA
EXFORGEH/10- TAB 160-25	3	PA
EXFORGEH/10- TAB 320-25	3	PA
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
HYZAAR TAB 50-12.5	3	PA
HYZAAR TAB 100-12.5	3	PA
HYZAAR TAB 100-25	3	PA
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
MICARDIS HCT TAB 40/12.5	3	PA
MICARDIS HCT TAB 80-25MG	3	PA
MICARDIS HCT TAB 80/12.5	3	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
PRESTALIA TAB 3.5-2.5	3	PA
PRESTALIA TAB 7-5MG	3	PA
PRESTALIA TAB 14-10MG	3	PA
QNAPRIL/HCTZ TAB 20-12.5	3	
QNAPRIL/HCTZ TAB 20-25MG	3	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
TELMIS/AMLOD TAB 40-5MG	3	
TELMIS/AMLOD TAB 40-10MG	3	
TELMIS/AMLOD TAB 80-5MG	3	
TELMIS/AMLOD TAB 80-10MG	3	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TRANDO/VERAP TAB 1-240 ER	3	
TRANDO/VERAP TAB 2-180 ER	3	
TRANDO/VERAP TAB 2-240 ER	3	
TRANDO/VERAP TAB 4-240 ER	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ZESTORETIC TAB 10-12.5	3	PA
ZESTORETIC TAB 20-12.5	3	PA
ZESTORETIC TAB 20-25MG	3	PA
<b>DIRECT RENIN INHIBITORS</b>		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
<b>VASODILATORS</b>		
hydralazine hcl inj 20 mg/ml	1	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
NIPRIDE RTU INJ 20/100ML	3	PA
NIPRIDE RTU INJ 50/100ML	3	PA
nitroprusside sodium iv soln 25 mg/ml	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<hr/>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>MALARONE TAB 62.5-25</i>	3	
<i>MALARONE TAB 250-100</i>	3	
<i>PYRIME/LEUCO CAP 12.5/2.5</i>	3	PA
<i>PYRIME/LEUCO CAP 25/5MG</i>	3	PA
<i>PYRIME/LEUCO CAP 25/10MG</i>	3	PA
<i>PYRIME/LEUCO CAP 50/10MG</i>	3	PA
<i>PYRIME/LEUCO CAP 50/20MG</i>	3	PA
<i>PYRIME/LEUCO CAP 50/25MG</i>	3	PA
<i>PYRIME/LEUCO CAP 75/25MG</i>	3	PA
<hr/>		
<b>ANTIMALARIALS</b>		
<hr/>		
<i>ARAKODA TAB 100MG</i>	3	PA
<i>ARTESUNATE SOL 110MG</i>	3	PA
<i>chloroquine phosphate tab 250 mg</i>	1	Up to 10 day supply; Limit of one fill per 60 days
<i>chloroquine phosphate tab 500 mg</i>	1	Up to 10 day supply; Limit of one fill per 60 days
<i>DARAPRIM TAB 25MG</i>	3	PA
<i>hydroxychloroquine sulfate tab 100 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	Up to 10 day supply; Limit of one fill per 60 days
<i>hydroxychloroquine sulfate tab 300 mg</i>	1	
<i>hydroxychloroquine sulfate tab 400 mg</i>	1	
<i>KRINTAFEL TAB 150MG</i>	3	PA
<i>mefloquine hcl tab 250 mg</i>	1	
<i>PLAQUENIL TAB 200MG</i>	3	Up to 10 day supply; Limit of one fill per 60 days
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	
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<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<hr/>		
<i>FIRDAPSE TAB 10MG</i>	3	PA, QL
<i>NEOSTIG METH INJ 2MG/2ML</i>	3	PA
<i>NEOSTIG METH INJ 3MG/3ML</i>	3	PA
<i>NEOSTIG METH INJ 4MG/4ML</i>	3	PA
<hr/>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEOSTIG METH INJ 5MG/5ML	3	PA
NEOSTIGMINE INJ 5MG/5ML	3	PA
<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	1	
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	1	
<i>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</i>	1	
PYRIDOSTIGMI TAB 30MG	3	PA
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	

## **ANTIMYCOBACTERIAL AGENTS**

### **ANTIMYCOBACTERIAL AGENTS**

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
ISONIAZID INJ 100MG/ML	3	
<i>isoniazid syrup 50 mg/5ml</i>	1	
ISONIAZID TAB 100MG	3	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
RIFAMPIN SUS 25MG/ML	3	PA

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

BELRAPZO SOL 100/4ML	3	PA
<i>bendamustine hcl for iv soln 25 mg</i>	1	PA
<i>bendamustine hcl for iv soln 100 mg</i>	1	PA
BENDAMUSTINE SOL 100/4ML	3	PA
BENDEKA INJ 100/4ML	3	PA
<i>busulfan inj 6 mg/ml</i>	1	
<i>carboplatin iv soln 50 mg/5ml</i>	1	
<i>carboplatin iv soln 150 mg/15ml</i>	1	
<i>carboplatin iv soln 450 mg/45ml</i>	1	
<i>carboplatin iv soln 600 mg/60ml</i>	1	
<i>carmustine for inj 100 mg</i>	1	
CARMUSTINE INJ 50MG	3	PA
CARMUSTINE INJ 300MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	
CISPLATIN INJ 50/50ML	3	
CISPLATIN INJ 50MG	3	PA
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	
CISPLATIN INJ 200MG	3	
CYCLOPHOSPH CAP 25MG	3	ONC
CYCLOPHOSPH CAP 50MG	3	ONC
CYCLOPHOSPH INJ 1GM/5ML	3	
CYCLOPHOSPHA INJ 2GM/10ML	3	
CYCLOPHOSPHA INJ 500/2.5M	3	
<i>cyclophosphamide cap 25 mg</i>	1	ONC
<i>cyclophosphamide cap 50 mg</i>	1	ONC
<i>cyclophosphamide for inj 1 gm</i>	1	
<i>cyclophosphamide for inj 2 gm</i>	1	
<i>cyclophosphamide for inj 500 mg</i>	1	
EVOMELA INJ 50MG	3	PA
<i>ifosfamide for inj 1 gm</i>	1	
IFOSFAMIDE INJ 1GM/20ML	3	
IFOSFAMIDE INJ 3GM/60ML	3	
LEUKERAN TAB 2MG	3	ONC
<i>melphalan hcl for inj 50 mg (base equiv)</i>	1	
MELPHALAN TAB 2MG	3	ONC
MYLERAN TAB 2MG	3	ONC
<i>oxaliplatin for iv inj 50 mg</i>	1	
<i>oxaliplatin for iv inj 100 mg</i>	1	
OXALIPLATIN INJ 200MG	3	
<i>oxaliplatin iv soln 50 mg/10ml</i>	1	
<i>oxaliplatin iv soln 100 mg/20ml</i>	1	
PARAPLATIN INJ 1000MG	3	
TEMODAR INJ 100MG	3	PA
<i>temozolomide cap 5 mg</i>	1	PA; ONC
<i>temozolomide cap 20 mg</i>	1	PA; ONC
<i>temozolomide cap 100 mg</i>	1	PA; ONC
<i>temozolomide cap 140 mg</i>	1	PA; ONC
<i>temozolomide cap 180 mg</i>	1	PA; ONC
<i>temozolomide cap 250 mg</i>	1	PA; ONC
<i>thiotepa for inj 15 mg</i>	1	
<i>thiotepa for inj 100 mg</i>	1	
TREANDA INJ 25MG	3	PA
TREANDA INJ 100MG	3	PA
VIVIMUSTA INJ 100/4ML	3	PA
ZEPZELCA SOL 4MG	3	PA
<b>ANTIMETABOLITES</b>		
ALIMTA INJ 100MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALIMTA INJ 500MG	3	PA
<i>azacitidine for inj 100 mg</i>	1	PA
<i>capecitabine tab 150 mg</i>	1	PA; ONC
<i>capecitabine tab 500 mg</i>	1	PA; ONC
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>clofarabine iv soln 1 mg/ml</i>	1	
CYTARABINE INJ 20MG/ML	3	
<i>cytarabine inj pf 20 mg/ml</i>	1	
<i>cytarabine inj pf 100 mg/ml</i>	1	
<i>decitabine for inj 50 mg</i>	1	PA
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	
FOLOTYN INJ 20MG/ML	3	PA, QL
FOLOTYN INJ 40MG/2ML	3	PA
<i>gemcitabine hcl for inj 1 gm</i>	1	
<i>gemcitabine hcl for inj 2 gm</i>	1	
<i>gemcitabine hcl for inj 200 mg</i>	1	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1	
INFUGEM SOL 1200MG	3	PA
INFUGEM SOL 1300MG	3	PA
INFUGEM SOL 1400MG	3	PA
INFUGEM SOL 1500MG	3	PA
INFUGEM SOL 1600MG	3	PA
INFUGEM SOL 1700MG	3	PA
INFUGEM SOL 1800MG	3	PA
INFUGEM SOL 1900MG	3	PA
INFUGEM SOL 2000MG	3	PA
INFUGEM SOL 2200MG	3	PA
<i>mercaptopurine tab 50 mg</i>	1	ONC
METHOTREXATE INJ 25MG/ML	3	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	ONC
<i>nelarabine iv soln 5 mg/ml</i>	1	
ONUREG TAB 200MG	3	PA, QL; ONC
ONUREG TAB 300MG	3	PA, QL; ONC
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	1	
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	1	
PEMETREXED INJ 100MG	3	PA
PEMETREXED INJ 500MG	3	PA
PEMETREXED SOL 1GM/40ML	3	PA
PEMETREXED SOL 100/4ML	3	PA
PEMETREXED SOL 500/20ML	3	PA
PEMETREXED SOL 850/34ML	3	PA
PEMFEXY SOL 500/20ML	3	PA
PRALATREXATE INJ 20MG/ML	3	PA
PRALATREXATE INJ 40MG/2ML	3	PA
PURIXAN SUS 20MG/ML	3	PA, QL; ONC
TABLOID TAB 40MG	3	ONC
TREXALL TAB 5MG	3	ONC
TREXALL TAB 7.5MG	3	ONC
TREXALL TAB 10MG	3	ONC
TREXALL TAB 15MG	3	ONC
VIDAZA INJ 100MG	3	PA
XELODA TAB 150MG	3	PA; ONC
XELODA TAB 500MG	3	PA; ONC

#### **ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**

ALYMSYS SOL 100/4ML	3	PA
ALYMSYS SOL 400/16ML	3	PA
AVASTIN INJ	3	PA
AVASTIN INJ 400/16ML	3	PA
CYRAMZA INJ 100/10ML	3	PA
CYRAMZA INJ 500/50ML	3	PA
INLYTA TAB 1MG	2	PA; ONC

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Drug Name	Drug Tier	Requirements/Limits
INLYTA TAB 5MG	2	PA; ONC
LENVIMA CAP 4MG	2	PA; ONC
LENVIMA CAP 8 MG	2	PA; ONC
LENVIMA CAP 10 MG	2	PA; ONC
LENVIMA CAP 12MG	2	PA; ONC
LENVIMA CAP 14 MG	2	PA; ONC
LENVIMA CAP 18 MG	2	PA; ONC
LENVIMA CAP 20 MG	2	PA; ONC
LENVIMA CAP 24 MG	2	PA; ONC
MVASI INJ 100MG	3	PA
MVASI INJ 400MG	3	PA
VEGZELMA SOL 100/4ML	3	PA
VEGZELMA SOL 400/16ML	3	PA
ZALTRAP INJ 100/4ML	3	PA
ZALTRAP INJ 200/8ML	3	PA
ZIRABEV INJ 100/4ML	2	PA
ZIRABEV INJ 400/16ML	2	PA

## **ANTINEOPLASTIC - ANTI-HER2 AGENTS**

HERCEPTIN INJ 150MG	3	PA, QL
HERZUMA INJ 150MG	3	PA
HERZUMA INJ 420MG	3	PA
KANJINTI INJ 420MG	2	PA
KANJINTI SOL 150MG	2	PA
MARGENZA INJ 250/10ML	3	PA, QL
OGIVRI INJ 150MG	3	PA
OGIVRI INJ 420MG	3	PA
ONTRUZANT INJ 150MG	3	PA, QL
ONTRUZANT INJ 420MG	3	PA, QL
PERJETA INJ 420/14ML	2	PA
TRAZIMERA INJ 150MG	2	PA
TRAZIMERA INJ 420MG	2	PA
TUKYSA TAB 50MG	3	PA; ONC
TUKYSA TAB 150MG	3	PA; ONC

## **ANTINEOPLASTIC - ANTIBODIES**

ADCETRIS INJ 50MG	3	PA
ARZERRA CON 100/5ML	3	PA
BAVENCIO INJ 20MG/ML	3	PA
BESPONSA INJ 0.9MG	3	PA
BLENREP INJ 100MG	3	PA
BLINCYTO INJ 35MCG	3	PA
COLUMVI INJ 2.5MG	3	PA, QL
COLUMVI INJ 10/10ML	3	PA, QL
DANYELZA INJ 40/10ML	3	PA, QL
DARZALEX SOL 100MG/5M	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DARZALEX SOL 400MG/20	3	PA
ELAHERE INJ 5MG/ML	3	PA
EMPLICITI INJ 300MG	3	PA
EMPLICITI INJ 400MG	3	PA
ENHERTU INJ 100MG	3	PA
EPKINLY INJ 4/0.8ML	3	PA, QL
EPKINLY INJ 48/0.8ML	3	PA, QL
GAZYVA INJ 25MG/ML	3	PA
IMFINZI INJ 120/2.4	3	PA
IMFINZI INJ 500/10	3	PA
IMJUDO INJ 25/1.25	3	PA
IMJUDO INJ 300/15ML	3	PA
JEMPERLI SOL 500/10ML	3	PA, QL
KADCYLA INJ 100MG	3	PA
KADCYLA INJ 160MG	3	PA
KEYTRUDA INJ 100MG/4M	3	PA, QL
KIMMTRAK SOL 100MCG	3	PA, QL
LIBTAYO INJ 350/7ML	3	PA, QL
LUMOXITI SOL 1MG	3	PA
LUNSUMIO INJ 1MG/ML	3	PA, QL
LUNSUMIO INJ 30MG/30	3	PA, QL
MONJUVI INJ 200MG	3	PA
MYLOTARG INJ 4.5MG	3	PA
OPDIVO INJ 40MG/4ML	3	PA
OPDIVO INJ 100MG/10	3	PA
OPDIVO INJ 120MG/12	3	PA
OPDIVO INJ 240/24	3	PA
PADCEV INJ 20MG	3	PA, QL
PADCEV INJ 30MG	3	PA, QL
POLIVY INJ 30MG	3	PA
POLIVY INJ 140MG	3	PA
POTELIGEO INJ 20MG/5ML	3	PA
RIABNI SOL 100/10ML	3	PA
RIABNI SOL 500/50ML	3	PA
RITUXAN INJ 100MG	3	PA
RITUXAN INJ 500MG	3	PA
RUXIENCE INJ 100/10ML	2	PA
RUXIENCE INJ 500/50ML	2	PA
RYBREVANT SOL 350/7ML	3	PA, QL
SARCLISA SOL 100/5ML	3	PA
SARCLISA SOL 500/25ML	3	PA
TECENTRIQ INJ 840/14	3	PA
TECENTRIQ INJ 1200/20	3	PA
TECVAYLI INJ 30MG/3ML	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TECVAYLI INJ 153/1.7	3	PA
TIVDAK INJ 40MG	3	PA, QL
TRUXIMA INJ 100/10ML	3	PA
TRUXIMA INJ 500/50ML	3	PA
YEROVY INJ 50MG	3	PA
YEROVY INJ 200MG	3	PA
ZEVALIN KIT Y-90	3	PA
ZYNLONTA SOL 10MG	3	PA
ZYNYZ INJ 500/20ML	3	PA
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	3	PA; ONC
VENCLEXTA TAB 50MG	3	PA; ONC
VENCLEXTA TAB 100MG	3	PA, QL; ONC
VENCLEXTA TAB START PK	3	PA; ONC
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX INJ 100MG	3	PA
ERBITUX INJ 200MG	3	PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1	PA; ONC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1	PA; ONC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1	PA; ONC
EXKIVITY CAP 40MG	3	PA; ONC
<i>gefitinib tab 250 mg</i>	1	PA, QL
GILOTrif TAB 20MG	3	PA; ONC
GILOTrif TAB 30MG	3	PA; ONC
GILOTrif TAB 40MG	3	PA; ONC
IRESSA TAB 250MG	2	PA, QL
PORTRAZZA INJ 800/50ML	3	PA
TAGRISSO TAB 40MG	2	PA; ONC
TAGRISSO TAB 80MG	2	PA; ONC
TARCEVA TAB 25MG	3	PA; ONC
TARCEVA TAB 100MG	3	PA; ONC
TARCEVA TAB 150MG	3	PA; ONC
VECTIBIX INJ 100MG	3	PA
VECTIBIX INJ 400MG	3	PA
VIZIMPRO TAB 15MG	3	PA; ONC
VIZIMPRO TAB 30MG	3	PA; ONC
VIZIMPRO TAB 45MG	3	PA; ONC
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO TAB 25MG	3	PA; ONC
DAURISMO TAB 100MG	3	PA; ONC
ERIVEDGE CAP 150MG	2	PA; ONC
ODOMZO CAP 200MG	2	PA; ONC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	1	PA; ONC
<i>abiraterone acetate tab 500 mg</i>	1	PA; ONC
<i>anastrozole tab 1 mg</i>	1	AGE; ACA, ONC
ARIMIDEX TAB 1MG	3	ONC
AROMASIN TAB 25MG	3	ONC
<i>bicalutamide tab 50 mg</i>	1	ONC
CAMCEVI INJ 42MG	3	PA
ELIGARD INJ 7.5MG	2	PA
ELIGARD INJ 22.5MG	2	PA
ELIGARD INJ 30MG	2	PA
ELIGARD INJ 45MG	2	PA
EMCYT CAP 140MG	3	ONC
ERLEADA TAB 60MG	2	PA; ONC
ERLEADA TAB 240MG	2	PA; ONC
EULEXIN CAP 125MG	3	PA; ONC
<i>exemestane tab 25 mg</i>	1	AGE; ACA, ONC
FASLODEX INJ 250/5ML	3	PA
FEMARA TAB 2.5MG	3	ONC
FIRMAGON INJ 80MG	3	PA
FIRMAGON INJ 120MG	3	PA
FULVESTRANT INJ 250/5ML	3	PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	1	PA
HYDROXY CAPR INJ 1.25/5ML	3	
<i>letrozole tab 2.5 mg</i>	1	ONC
LEUPR/BUPIV SOL 25-5MG	3	PA
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	PA
LEUPROLIDE INJ 22.5MG	3	PA
LUPRON DEPOT INJ 3.75MG	3	PA
LUPRON DEPOT INJ 7.5MG	3	PA
LUPRON DEPOT INJ 11.25MG	3	PA
LUPRON DEPOT INJ 22.5MG	3	PA
LUPRON DEPOT INJ 30MG	3	PA
LUPRON DEPOT INJ 45MG	3	PA
LYSODREN TAB 500MG	3	ONC
<i>megestrol acetate susp 40 mg/ml</i>	1	ONC
<i>megestrol acetate tab 20 mg</i>	1	ONC
<i>megestrol acetate tab 40 mg</i>	1	ONC
NILANDRON TAB 150MG	3	PA; ONC
<i>nilutamide tab 150 mg</i>	1	ONC
NUBEQA TAB 300MG	2	PA; ONC
ORGOVYX TAB 120MG	3	PA; ONC
ORSERDU TAB 86MG	3	PA; ONC
ORSERDU TAB 345MG	3	PA; ONC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	AGE; ACA, ONC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	AGE; ACA, ONC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	ONC
TRELSTAR MIX INJ 3.75MG	3	PA
TRELSTAR MIX INJ 11.25MG	3	PA
TRELSTAR MIX INJ 22.5MG	3	PA
XTANDI CAP 40MG	2	PA; ONC
XTANDI TAB 40MG	2	PA; ONC
XTANDI TAB 80MG	2	PA; ONC
YONSA TAB 125MG	2	PA; ONC
ZOLADEX IMP 3.6MG	3	PA, QL
ZOLADEX IMP 10.8MG	3	PA
ZYTIGA TAB 250MG	3	PA; ONC
ZYTIGA TAB 500MG	3	PA; ONC
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB 40MG	3	PA; ONC
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	2	PA, QL; ONC
POMALYST CAP 2MG	2	PA, QL; ONC
POMALYST CAP 3MG	2	PA, QL; ONC
POMALYST CAP 4MG	2	PA, QL; ONC
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TAB 25MG	3	PA; ONC
AYVAKIT TAB 50MG	3	PA; ONC
AYVAKIT TAB 100MG	3	PA; ONC
AYVAKIT TAB 200MG	3	PA; ONC
AYVAKIT TAB 300MG	3	PA; ONC
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK 40MG	3	PA; ONC
XPOVIO PAK 50MG	3	PA; ONC
XPOVIO PAK 60MG	3	PA, QL; ONC
XPOVIO PAK 80MG	3	PA, QL; ONC
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
<i>adriamycin inj 50mg</i>	1	
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>dactinomycin for inj 0.5 mg</i>	1	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1	
DOXORUBICIN INJ 10MG	3	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	PA
<i>mutamycin inj 5mg</i>	1	
<i>mutamycin inj 20mg</i>	1	
<i>mutamycin inj 40mg</i>	1	
<i>valrubicin soln for intravesical instillation 40 mg/ml</i>	1	PA
VALSTAR SOL 40MG/ML	3	PA

#### **ANTINEOPLASTIC COMBINATIONS**

DARZALEX SOL FASPRO	3	PA
HERCEP HYLEC SOL 60-10000	3	PA
INQOVI TAB 35-100MG	3	PA, QL; ONC
KISQALI 200 PAK FEMARA	2	PA, QL; ONC
KISQALI 400 PAK FEMARA	2	PA, QL; ONC
KISQALI 600 PAK FEMARA	2	PA, QL; ONC
LONSURF TAB 15-6.14	2	PA; ONC
LONSURF TAB 20-8.19	2	PA; ONC
OPDUALAG SOL	3	PA, QL
PHESGO SOL	2	PA
RITUXAN INJ HYCELA	3	PA

#### **ANTINEOPLASTIC ENZYME INHIBITORS**

AFINITOR DIS TAB 2MG	3	PA; ONC
AFINITOR DIS TAB 3MG	3	PA; ONC
AFINITOR DIS TAB 5MG	3	PA; ONC
AFINITOR TAB 2.5MG	3	PA, QL; ONC
AFINITOR TAB 5MG	3	PA; ONC
AFINITOR TAB 7.5MG	3	PA; ONC
AFINITOR TAB 10MG	3	PA; ONC
ALECensa CAP 150MG	2	PA; ONC
ALIQOPA INJ 60MG	3	PA
ALUNBRIG PAK	2	PA; ONC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALUNBRIG TAB 30MG	2	PA; ONC
ALUNBRIG TAB 90MG	2	PA; ONC
ALUNBRIG TAB 180MG	2	PA; ONC
BALVERSA TAB 3MG	3	PA, QL
BALVERSA TAB 4MG	3	PA, QL
BALVERSA TAB 5MG	3	PA, QL
BELEODAQ INJ 500MG	3	PA
<i>bortezomib for inj 3.5 mg</i>	1	PA
BORTEZOMIB INJ 1MG	3	PA
BORTEZOMIB INJ 2.5MG	3	PA
BORTEZOMIB INJ 3.5/1.4	3	PA
BORTEZOMIB INJ 3.5MG	3	PA
BOSULIF TAB 100MG	2	PA; ONC
BOSULIF TAB 400MG	2	PA; ONC
BOSULIF TAB 500MG	2	PA; ONC
BRAFTOVI CAP 75MG	2	PA; ONC
BRUKINSA CAP 80MG	2	PA; ONC
CABOMETYX TAB 20MG	2	PA; ONC
CABOMETYX TAB 40MG	2	PA; ONC
CABOMETYX TAB 60MG	2	PA; ONC
CALQUENCE TAB 100MG	2	PA; ONC
CAPRELSA TAB 100MG	3	PA; ONC
CAPRELSA TAB 300MG	3	PA; ONC
COMETRIQ KIT 60MG	3	PA; ONC
COMETRIQ KIT 100MG	3	PA; ONC
COMETRIQ KIT 140MG	3	PA; ONC
COPIKTRA CAP 15MG	2	PA; ONC
COPIKTRA CAP 25MG	2	PA; ONC
COTELLIC TAB 20MG	2	PA; ONC
<i>everolimus tab 2.5 mg</i>	1	PA; ONC
<i>everolimus tab 5 mg</i>	1	PA; ONC
<i>everolimus tab 7.5 mg</i>	1	PA; ONC
<i>everolimus tab 10 mg</i>	1	PA; ONC
<i>everolimus tab for oral susp 2 mg</i>	1	PA; ONC
<i>everolimus tab for oral susp 3 mg</i>	1	PA; ONC
<i>everolimus tab for oral susp 5 mg</i>	1	PA; ONC
FOTIVDA CAP 0.89MG	3	PA; ONC
FOTIVDA CAP 1.34MG	3	PA; ONC
FYARRO SUS 100MG	3	PA
GAVRETO CAP 100MG	2	PA; ONC
GLEEVEC TAB 100MG	3	PA; ONC
GLEEVEC TAB 400MG	3	PA; ONC
IBRANCE CAP 75MG	2	PA; ONC
IBRANCE CAP 100MG	2	PA; ONC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IBRANCE CAP 125MG	2	PA; ONC
IBRANCE TAB 75MG	2	PA, QL; ONC
IBRANCE TAB 100MG	2	PA, QL; ONC
IBRANCE TAB 125MG	2	PA, QL; ONC
ICLUSIG TAB 10MG	3	PA; ONC
ICLUSIG TAB 15MG	3	PA; ONC
ICLUSIG TAB 30MG	3	PA; ONC
ICLUSIG TAB 45MG	3	PA; ONC
IDHIFA TAB 50MG	3	PA; ONC
IDHIFA TAB 100MG	3	PA; ONC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	PA; ONC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	PA; ONC
IMBRUWICA CAP 70MG	2	PA; ONC
IMBRUWICA CAP 140MG	2	PA; ONC
IMBRUWICA SUS 70MG/ML	2	PA; ONC
IMBRUWICA TAB 140MG	2	PA; ONC
IMBRUWICA TAB 280MG	2	PA; ONC
IMBRUWICA TAB 420MG	2	PA; ONC
INREBIC CAP 100MG	3	PA; ONC
ISTODAX OVR INJ 10MG	3	PA
JAKAFI TAB 5MG	3	PA; ONC
JAKAFI TAB 10MG	3	PA; ONC
JAKAFI TAB 15MG	3	PA; ONC
JAKAFI TAB 20MG	3	PA; ONC
JAKAFI TAB 25MG	3	PA; ONC
JAYPIRCA TAB 50MG	3	PA; ONC
JAYPIRCA TAB 100MG	3	PA; ONC
KISQALI TAB 200DOSE	2	PA, QL; ONC
KISQALI TAB 400DOSE	2	PA, QL; ONC
KISQALI TAB 600DOSE	2	PA, QL; ONC
KOSELUGO CAP 10MG	2	PA; ONC
KOSELUGO CAP 25MG	2	PA; ONC
KRAZATI TAB 200MG	3	PA; ONC
KYPROLIS SOL 10MG	3	PA; ONC
KYPROLIS SOL 30MG	3	PA
KYPROLIS SOL 60MG	3	PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1	PA; ONC
LORBRENA TAB 25MG	3	PA; ONC
LORBRENA TAB 100MG	3	PA; ONC
LUMAKRAS TAB 120MG	3	PA; ONC
LUMAKRAS TAB 320MG	3	PA; ONC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYNPARZA TAB 100MG	2	PA; ONC
LYNPARZA TAB 150MG	2	PA; ONC
LYTGOBI TAB 4MG	3	PA
LYTGOBI TAB 4MG	3	PA; ONC
MEKINIST SOL 0.05/ML	3	PA; ONC
MEKINIST TAB 0.5MG	3	PA; ONC
MEKINIST TAB 2MG	3	PA, QL; ONC
MEKTOVI TAB 15MG	2	PA; ONC
NERLYNX TAB 40MG	3	PA, QL; ONC
NEXAVAR TAB 200MG	2	PA; ONC
NINLARO CAP 2.3MG	2	PA, QL; ONC
NINLARO CAP 3MG	2	PA, QL; ONC
NINLARO CAP 4MG	2	PA, QL; ONC
PEMAZYRE TAB 4.5MG	3	PA; ONC
PEMAZYRE TAB 9MG	3	PA; ONC
PEMAZYRE TAB 13.5MG	3	PA; ONC
PIQRAY 200MG TAB DOSE	3	PA; ONC
PIQRAY 250MG TAB DOSE	3	PA; ONC
PIQRAY 300MG TAB DOSE	3	PA; ONC
QINLOCK TAB 50MG	3	PA; ONC
RETEVMO CAP 40MG	2	PA; ONC
RETEVMO CAP 80MG	2	PA; ONC
REZLIDHIA CAP 150MG	3	PA; ONC
<i>romidepsin for iv inj 10 mg</i>	1	PA
ROMIDEPSIN INJ 27.5MG	3	PA
ROZLYTREK CAP 100MG	2	PA; ONC
ROZLYTREK CAP 200MG	2	PA; ONC
RUBRACA TAB 200MG	3	PA; ONC
RUBRACA TAB 250MG	3	PA; ONC
RUBRACA TAB 300MG	3	PA; ONC
RYDAPT CAP 25MG	2	PA; ONC
SCEMBLIX TAB 20MG	3	PA; ONC
SCEMBLIX TAB 40MG	3	PA; ONC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1	PA; ONC
SPRYCEL TAB 20MG	2	PA; ONC
SPRYCEL TAB 50MG	2	PA; ONC
SPRYCEL TAB 70MG	2	PA; ONC
SPRYCEL TAB 80MG	2	PA; ONC
SPRYCEL TAB 100MG	2	PA; ONC
SPRYCEL TAB 140MG	2	PA; ONC
STIVARGA TAB 40MG	2	PA; ONC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	PA; ONC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1	PA; ONC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1	PA; ONC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1	PA; ONC
SUTENT CAP 12.5MG	3	PA; ONC
SUTENT CAP 25MG	3	PA; ONC
SUTENT CAP 37.5MG	3	PA; ONC
SUTENT CAP 50MG	3	PA; ONC
TABRECTA TAB 150MG	3	PA; ONC
TABRECTA TAB 200MG	3	PA; ONC
TAFINLAR CAP 50MG	3	PA; ONC
TAFINLAR CAP 75MG	3	PA; ONC
TAFINLAR TAB 10MG	3	PA; ONC
TALZENNA CAP 0.1MG	3	PA; ONC
TALZENNA CAP 0.5MG	3	PA; ONC
TALZENNA CAP 0.25MG	3	PA; ONC
TALZENNA CAP 0.35MG	3	PA; ONC
TALZENNA CAP 0.75MG	3	PA; ONC
TALZENNA CAP 1MG	3	PA; ONC
TASIGNA CAP 50MG	3	PA; ONC
TASIGNA CAP 150MG	3	PA; ONC
TASIGNA CAP 200MG	3	PA; ONC
TAZVERIK TAB 200MG	3	PA; ONC
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	1	PA
TEPMETKO TAB 225MG	3	PA; ONC
TIBSOVO TAB 250MG	3	PA; ONC
TORISEL INJ 25MG/ML	3	PA
TRUSELTIQ CAP 50MG	3	PA, QL; ONC
TRUSELTIQ CAP 75MG	3	PA, QL; ONC
TRUSELTIQ CAP 100MG	3	PA, QL; ONC
TRUSELTIQ CAP 125MG	3	PA, QL; ONC
TURALIO CAP 125MG	3	PA; ONC
TURALIO CAP 200MG	3	PA, QL; ONC
TYKERB TAB 250MG	3	PA; ONC
VELCADE INJ 3.5MG	3	PA
VERZENIO TAB 50MG	3	PA; ONC
VERZENIO TAB 100MG	3	PA; ONC
VERZENIO TAB 150MG	3	PA; ONC
VERZENIO TAB 200MG	3	PA; ONC
VITRAKVI CAP 25MG	2	PA; ONC
VITRAKVI CAP 100MG	2	PA; ONC
VITRAKVI SOL 20MG/ML	2	PA; ONC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VONJO CAP 100MG	3	PA; ONC
VOTRIENT TAB 200MG	3	PA; ONC
XALKORI CAP 200MG	3	PA; ONC
XALKORI CAP 250MG	3	PA; ONC
XOSPATA TAB 40MG	2	PA; ONC
ZEJULA TAB 100MG	2	PA; ONC
ZEJULA TAB 200MG	2	PA; ONC
ZEJULA TAB 300MG	2	PA; ONC
ZELBORAF TAB 240MG	2	PA; ONC
ZOLINZA CAP 100MG	3	PA; ONC
ZYDELIG TAB 100MG	2	PA; ONC
ZYDELIG TAB 150MG	2	PA; ONC
ZYKADIA TAB 150MG	2	PA; ONC

#### ***ANTINEOPLASTIC ENZYMES***

ASPARLAS INJ 3750/5ML	3	PA
ONCASPAR INJ 750/ML	3	PA
RYLAZE INJ 10/0.5ML	3	PA

#### ***ANTINEOPLASTIC RADIOPHARMACEUTICALS***

STRONTIUM INJ SR-89	3	PA
XOFIGO INJ 1100KBQ	3	PA

#### ***ANTINEOPLASTICS MISC.***

ACTIMMUNE INJ 2MU/0.5	3	PA
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	1	
BESREMI SOL 500MCG	3	PA, QL
<i>bexarotene cap 75 mg</i>	1	PA; ONC
<i>dacarbazine for inj 200 mg</i>	1	
DACARBAZINE INJ 100MG	3	
HYDREA CAP 500MG	3	ONC
<i>hydroxyurea cap 500 mg</i>	1	ONC
MATULANE CAP 50MG	3	ONC
PROLEUKIN INJ 22MU	3	PA
SYNRIBO INJ 3.5MG	3	PA
TARGETIN CAP 75MG	3	PA; ONC
<i>tretinoin cap 10 mg</i>	1	ONC

#### ***CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS***

COSELA INJ 300MG	3	PA
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1	
KHAPZORY SOL 175MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KHAPZORY SOL 300MG	3	PA
<i>leucovorin calcium for inj 50 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	1	
<i>leucovorin calcium for inj 500 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	ONC
<i>leucovorin calcium tab 10 mg</i>	1	ONC
<i>leucovorin calcium tab 15 mg</i>	1	ONC
<i>leucovorin calcium tab 25 mg</i>	1	ONC
LEUCOVORIN INJ 100/10ML	3	
LEUCOVORIN INJ 500/50ML	3	
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	1	PA
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	1	PA
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	1	PA
<i>mesna inj 100 mg/ml</i>	1	
PEDMARK INJ 12.5GM	3	PA
TOTECT INJ 500MG	3	PA

### **MITOTIC INHIBITORS**

<i>docetaxel for inj conc 20 mg/ml</i>	1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	1	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1	
ETOPOSIDE CAP 50MG	3	ONC
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	1	
HALAVEN INJ 1MG/2ML	3	PA
IXEMPRA KIT INJ 15MG	3	PA
IXEMPRA KIT INJ 45MG	3	PA
JEVTANA INJ 60/1.5ML	3	PA
PACLITAXEL INJ 100MG	3	PA
PACLITAXEL INJ 150/25ML	3	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VINBLASTINE INJ 1MG/ML	3	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	
<b>ONCOLYTIC VIRAL AGENTS</b>		
IMLYGIC INJ	3	PA
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP 0.25MG	3	PA; ONC
HYCAMTIN CAP 1MG	3	PA; ONC
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	1	
IRINOTECAN INJ 500MG/25	3	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1	
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	1	
TRODELVY SOL 180MG	3	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa tab 25 mg</i>	1	
NOURIANZ TAB 20MG	3	PA
NOURIANZ TAB 40MG	3	PA
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
TRIHEXYYPHEN SOL 0.4MG/ML	3	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	1	
ONGENTYS CAP 25MG	3	PA
ONGENTYS CAP 50MG	3	PA
<i>tolcapone tab 100 mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	3	PA, QL
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
CARB/LEVO TAB 10-100MG	3	PA
CARB/LEVO TAB 25-100MG	3	PA
CARB/LEVO TAB 25-250MG	3	PA
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
DHIVY TAB 25-100MG	3	PA
DUOPA SUS 4.63-20	3	PA
GOCOVRI CAP 68.5MG	3	PA
GOCOVRI CAP 137MG	3	PA
INBRIJA CAP 42MG	2	PA, QL
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
OSMOLEX ER TAB	3	PA
OSMOLEX ER TAB 129MG	3	PA
OSMOLEX ER TAB 193MG	3	PA
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
XADAGO TAB 50MG	3	PA
XADAGO TAB 100MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
LITHIUM CARB CAP 150MG	3	
LITHIUM CARB CAP 300MG	3	
LITHIUM CARB CAP 600MG	3	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHOBID TAB 300MG CR	3	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA CAP 10.5MG	2	
CAPLYTA CAP 21MG	2	
CAPLYTA CAP 42MG	2	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	3	PA, QL
NUPLAZID TAB 10MG	3	PA, QL
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
<b>BENZISOXAZOLES</b>		
FANAPT PAK	3	PA
FANAPT TAB 1MG	3	PA
FANAPT TAB 2MG	3	PA
FANAPT TAB 4MG	3	PA
FANAPT TAB 6MG	3	PA
FANAPT TAB 8MG	3	PA
FANAPT TAB 10MG	3	PA
FANAPT TAB 12MG	3	PA
INVEGA HAFYE INJ 1092MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA HAFYE INJ 1560MG	3	PA
INVEGA TRINZ INJ 273MG	3	PA
INVEGA TRINZ INJ 410MG	3	PA
INVEGA TRINZ INJ 546MG	3	PA
INVEGA TRINZ INJ 819MG	3	PA
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
RISPERIDONE TAB 0.25 ODT	3	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	

### **BUTYROPHENONES**

<i>haloperidol decanoate im soln 50 mg/ml</i>	1
<i>haloperidol decanoate im soln 100 mg/ml</i>	1
<i>haloperidol lactate inj 5 mg/ml</i>	1
<i>haloperidol lactate oral conc 2 mg/ml</i>	1
<i>haloperidol tab 0.5 mg</i>	1
<i>haloperidol tab 1 mg</i>	1
<i>haloperidol tab 2 mg</i>	1
<i>haloperidol tab 5 mg</i>	1
<i>haloperidol tab 10 mg</i>	1
<i>haloperidol tab 20 mg</i>	1

### **DIBENZAPINES**

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1
<i>clozapine orally disintegrating tab 25 mg</i>	1
<i>clozapine orally disintegrating tab 100 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<b>CLOZAPINE TAB 12.5/ODT</b>	3	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
<b>QUETIAPINE TAB 150MG</b>	3	PA
<b>SECUADO DIS 3.8MG</b>	3	PA
<b>SECUADO DIS 5.7MG</b>	3	PA
<b>SECUADO DIS 7.6MG</b>	3	PA
<b>SEROQUEL XR TAB 50MG</b>	3	PA
<b>SEROQUEL XR TAB 150MG</b>	3	PA
<b>SEROQUEL XR TAB 200MG</b>	3	PA
<b>SEROQUEL XR TAB 300MG</b>	3	PA
<b>SEROQUEL XR TAB 400MG</b>	3	PA
<b>DIHYDROINDOLONES</b>		
<b>MOLINDONE TAB HCL 5MG</b>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOLINDONE TAB HCL 10MG	3	
MOLINDONE TAB HCL 25MG	3	
<b>PHENOTHIAZINES</b>		
CHLORPROMAZI CON 30MG/ML	3	PA
CHLORPROMAZI CON 100MG/ML	3	PA
<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>compro sup 25mg</i>	1	
FLUPHENAZINE CON 5MG/ML	3	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
FLUPHENAZINE ELX 2.5/5ML	3	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
FLUPHENAZINE INJ 2.5MG/ML	3	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>QUINOLINONE DERIVATIVES</i></b>		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
ABILIFY MYCI TAB 2MG MANT	3	PA
ABILIFY MYCI TAB 2MG STRT	3	PA
ABILIFY MYCI TAB 5MG MANT	3	PA
ABILIFY MYCI TAB 5MG STRT	3	PA
ABILIFY MYCI TAB 10MG MNT	3	PA
ABILIFY MYCI TAB 10MG STR	3	PA
ABILIFY MYCI TAB 15MG MNT	3	PA
ABILIFY MYCI TAB 15MG STR	3	PA
ABILIFY MYCI TAB 20MG MNT	3	PA
ABILIFY MYCI TAB 20MG STR	3	PA
ABILIFY MYCI TAB 30MG MNT	3	PA
ABILIFY MYCI TAB 30MG STR	3	PA
ABILIFY TAB 2MG	3	PA
ABILIFY TAB 5MG	3	PA
ABILIFY TAB 10MG	3	PA
ABILIFY TAB 15MG	3	PA
ABILIFY TAB 20MG	3	PA
ABILIFY TAB 30MG	3	PA
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
<b><i>THIOXANTHENES</i></b>		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<b><i>ANTISEPTICS &amp; DISINFECTANTS</i></b>		
<b><i>ANTISEPTICS &amp; DISINFECTANTS</i></b>		
FORMALDEHYDE SOL 10%	3	
HYDROGEN PER SOL 30%	3	
<b><i>ANTIVIRALS</i></b>		
<b><i>ANTIRETROVIRALS</i></b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL
APRETUDE SUS 600MG ER	3	PA, QL
APTIVUS CAP 250MG	3	PA, QL
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL
ATRIPLA TAB	3	PA, QL
BIKTARVY TAB	2	QL
CABENUVA SUS 400-600	3	PA, QL
CABENUVA SUS 600-900	3	PA
CIMDUO TAB 300-300	2	QL
COMPLERA TAB	3	PA, QL
<i>darunavir tab 600 mg</i>	1	QL
<i>darunavir tab 800 mg</i>	1	QL
DELSTRIGO TAB	3	PA, QL
DESCOVY TAB 120-15MG	2	QL; ACA
DESCOVY TAB 200/25MG	2	QL; ACA
DOVATO TAB 50-300MG	2	QL
EDURANT TAB 25MG	3	QL
EFAVIRENZ CAP 50MG	3	QL
EFAVIRENZ CAP 200MG	3	QL
<i>efavirenz tab 600 mg</i>	1	QL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL
<i>emtricitabine caps 200 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL; ACA
EMTRIVA CAP 200MG	3	QL
EMTRIVA SOL 10MG/ML	3	QL
<i>etravirine tab 100 mg</i>	1	QL
<i>etravirine tab 200 mg</i>	1	QL
EVOTAZ TAB 300-150	2	QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL
FUZEON INJ 90MG	3	PA, QL
GENVOYA TAB	2	QL
INTELENCE TAB 25MG	3	QL
INTELENCE TAB 100MG	3	QL
INTELENCE TAB 200MG	3	QL
ISENTRESS CHW 25MG	2	QL
ISENTRESS CHW 100MG	2	QL
ISENTRESS HD TAB 600MG	2	QL
ISENTRESS POW 100MG	2	QL
ISENTRESS TAB 400MG	2	QL
<i>lamivudine oral soln 10 mg/ml</i>	1	QL
<i>lamivudine tab 150 mg</i>	1	QL
<i>lamivudine tab 300 mg</i>	1	QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL
LEXIVA SUS 50MG/ML	3	PA, QL
LEXIVA TAB 700MG	3	PA, QL
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL
<i>maraviroc tab 150 mg</i>	1	QL
<i>maraviroc tab 300 mg</i>	1	QL
NEVIRAPINE SUS 50MG/5ML	3	QL
NEVIRAPINE TAB 100MG	3	QL
<i>nevirapine tab 200 mg</i>	1	QL
<i>nevirapine tab er 24hr 400 mg</i>	1	QL
NORVIR POW 100MG	2	QL
NORVIR TAB 100MG	2	QL
ODEFSEY TAB	2	QL
PIFELTRO TAB 100MG	3	PA, QL
PREZCOBIX TAB 800-150	2	QL
PREZISTA SUS 100MG/ML	2	QL
PREZISTA TAB 75MG	2	QL
PREZISTA TAB 150MG	2	QL
PREZISTA TAB 600MG	2	QL
PREZISTA TAB 800MG	2	QL
RETROVIR CAP 100MG	3	QL
RETROVIR SYP 50MG/5ML	3	QL
<i>ritonavir tab 100 mg</i>	1	QL
STRIBILD TAB	2	QL
SYMTUZA TAB	2	QL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIVICAY PD TAB 5MG	2	QL
TIVICAY TAB 10MG	2	QL
TIVICAY TAB 25MG	2	QL
TIVICAY TAB 50MG	2	QL
TRIUMEQ PD TAB	2	QL
TRIUMEQ TAB	2	QL
TRUVADA TAB 100-150	3	PA, QL
TRUVADA TAB 133-200	3	PA, QL
TRUVADA TAB 167-250	3	PA, QL
TRUVADA TAB 200-300	3	PA, QL
VIRACEPT TAB 250MG	3	PA, QL
VIRACEPT TAB 625MG	3	PA, QL
VIREAD POW 40MG/GM	3	QL
VIREAD TAB 150MG	3	QL
VIREAD TAB 200MG	3	QL
VIREAD TAB 250MG	3	QL
VIREAD TAB 300MG	3	QL
<i>zidovudine cap 100 mg</i>	1	QL
<i>zidovudine syrup 10 mg/ml</i>	1	QL
<i>zidovudine tab 300 mg</i>	1	QL

#### **ANTIVIRAL COMBINATIONS**

ACYCLOVIX PAK	3	PA
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#### **CMV AGENTS**

<i>cidofovir iv inj 75 mg/ml</i>	1	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	1	
GANCICLOVIR INJ 500/25	3	PA
GANCICLOVIR INJ 500MG	3	PA
<i>ganciclovir sodium for inj 500 mg</i>	1	
LIVTENCITY TAB 200MG	3	PA, QL
VALCYTE SOL 50MG/ML	3	PA, QL
VALCYTE TAB 450MG	3	PA, QL
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL

#### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE TAB 0.5MG	3	PA, QL
BARACLUDE TAB 1MG	3	PA, QL
<i>entecavir tab 0.5 mg</i>	1	QL
<i>entecavir tab 1 mg</i>	1	QL
EPCLUSA PAK 150-37.5	2	PA, QL
EPCLUSA PAK 200-50MG	2	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPCLUSA TAB 200-50MG	2	PA, QL
EPCLUSA TAB 400-100	2	PA, QL
HARVONI PAK	2	PA, QL
HARVONI PAK 45-200MG	2	PA, QL
HARVONI TAB 45-200MG	2	PA, QL
HARVONI TAB 90-400MG	2	PA, QL
<i>lamivudine tab 100 mg (hbv)</i>	1	
MAVYRET PAK 50-20MG	3	PA, QL
MAVYRET TAB 100-40MG	3	PA, QL
PEGASYS INJ	3	PA
PEGASYS INJ 180MCG/M	3	PA
RIBAVIRIN CAP 200MG	3	
RIBAVIRIN TAB 200MG	3	
SOVALDI PAK 150MG	3	PA, QL
SOVALDI PAK 200MG	3	PA, QL
SOVALDI TAB 200MG	3	PA, QL
SOVALDI TAB 400MG	3	PA, QL
VIEKIRA PAK TAB	3	PA, QL
VOSEVI TAB	2	PA, QL
ZEPATIER TAB 50-100MG	3	PA, QL

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	3	PA
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALTREX TAB 1GM	3	PA
VALTREX TAB 500MG	3	PA

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL
RELENZA MIS DISKHALE	2	QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RIMANTADINE TAB 100MG	3	
XOFLUZA TAB 40MG	3	PA
XOFLUZA TAB 80MG	3	PA

#### **MISC. ANTIVIRALS**

REMDESIVIR INJ 100MG	3	PA, QL
VEKLURY INJ 100MG	3	PA, QL

#### **BETA BLOCKERS**

##### **ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl iv soln 5 mg/ml</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	
LABETALOL INJ 20/4ML	3	PA
LABETALOL INJ 20MG/4ML	3	PA
LABETALOL INJ 200/200	3	PA
LABETALOL INJ NACL	3	PA

##### **BETA BLOCKERS CARDIO-SELECTIVE**

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
ATENOLOL SUS 1MG/ML	3	PA
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>esmolol hcl inj 100 mg/10ml</i>	1	
ESMOLOL HCL INJ 100/10ML	3	PA
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	1	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	1	
KAPSPARGO CAP 25MG	3	PA
KAPSPARGO CAP 50MG	3	PA
KAPSPARGO CAP 100MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KAPSPARGO CAP 200MG	3	PA
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TOPROL XL TAB 25MG	3	PA
TOPROL XL TAB 50MG	3	PA
TOPROL XL TAB 100MG	3	PA
TOPROL XL TAB 200MG	3	PA

#### **BETA BLOCKERS NON-SELECTIVE**

BETAPACE AF TAB 80MG	3	PA
BETAPACE AF TAB 120MG	3	PA
BETAPACE AF TAB 160MG	3	PA
BETAPACE TAB 80MG	3	PA
BETAPACE TAB 120MG	3	PA
BETAPACE TAB 160MG	3	PA
INDERAL LA CAP 60MG	3	PA
INDERAL LA CAP 80MG	3	PA
INDERAL LA CAP 120MG	3	PA
INDERAL LA CAP 160MG	3	PA
INDERAL XL CAP 80MG	3	PA
INDERAL XL CAP 120MG	3	PA
INNOPRAN XL CAP 80MG	3	PA
INNOPRAN XL CAP 120MG	3	PA
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<b>PROPRANOLOL SOL 40MG/5ML</b>	<b>3</b>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<b>AMLODIPINE SUS 1MG/ML</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM CD CAP 120MG/24</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM CD CAP 180MG/24</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM CD CAP 240MG/24</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM CD CAP 300MG/24</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM CD CAP 360MG/24</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM LA TAB 120MG</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM LA TAB 180MG</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM LA TAB 240MG</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM LA TAB 300MG/24</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM LA TAB 360MG</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM LA TAB 420MG/24</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM TAB 30MG</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM TAB 60MG</b>	<b>3</b>	<b>PA</b>
<b>CARDIZEM TAB 120MG</b>	<b>3</b>	<b>PA</b>

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
CONJUPRI TAB 2.5MG	3	PA
CONJUPRI TAB 5MG	3	PA
<i>dilt-xr cap 120mg</i>	1	
<i>dilt-xr cap 180mg</i>	1	
<i>dilt-xr cap 240mg</i>	1	
DILTIAZ/NACL INJ	3	PA
DILTIAZEM HC SOL NACL	3	PA
<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	
<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</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
DILTIAZEM SOL NACL	3	PA
DILTIAZM/D5W INJ 125/125	3	PA
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
KATERZIA SUS 1MG/ML	3	PA
LEVAMLODIPIN TAB 2.5MG	3	PA
LEVAMLODIPIN TAB 5MG	3	PA
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nicardipine hcl iv soln 2.5 mg/ml	1	
NICARDIPINE INJ NACL	3	PA
NICARDIPINE SOL 20/200ML	3	PA
NICARDIPINE SOL 40/200ML	3	PA
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
NISOLDIPINE TAB 20MG ER	3	
NISOLDIPINE TAB 25.5MG	3	
NISOLDIPINE TAB 30MG ER	3	
NISOLDIPINE TAB 40MG ER	3	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 34 mg	1	
NORLIQVA SOL 1MG/ML	3	PA
NORVASC TAB 2.5MG	3	PA
NORVASC TAB 5MG	3	PA
NORVASC TAB 10MG	3	PA
taztia xt cap 120mg/24	1	
taztia xt cap 180mg/24	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
taztia xt cap 240mg/24	1	
taztia xt cap 300mg er	1	
taztia xt cap 360mg/24	1	
tiadylt cap 120mg/24	1	
tiadylt cap 180mg/24	1	
tiadylt cap 240mg/24	1	
tiadylt cap 300mg/24	1	
tiadylt cap 360mg/24	1	
tiadylt cap 420mg/24	1	
VERAPAMIL CAP 100MG ER	3	
VERAPAMIL CAP 200MG ER	3	
VERAPAMIL CAP 300MG ER	3	
VERAPAMIL CAP 360MG SR	3	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl iv soln 2.5 mg/ml	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	

## CARDIOTONICS

### CARDIAC GLYCOSIDES

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

### INOTROPES

DOBUTAM/D5W INJ 1MG/ML	3	PA
DOBUTAM/D5W INJ 2MG/ML	3	PA
DOBUTAM/D5W INJ 4MG/ML	3	PA
dobutamine hcl inj 12.5 mg/ml	1	
dopamine hcl inj 40 mg/ml	1	
DOPAMINE INJ 40MG/ML	3	PA
DOPAMINE/D5W INJ 0.8MG/ML	3	PA
DOPAMINE/D5W INJ 1.6MG/ML	3	PA
DOPAMINE/D5W INJ 3.2MG/ML	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	1	
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	1	
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	1	
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	1	
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	1	

## **CARDIOVASCULAR AGENTS - MISC.**

### **CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAP 2.5MG	3	PA, QL
CAMZYOS CAP 5MG	3	PA, QL
CAMZYOS CAP 10MG	3	PA, QL
CAMZYOS CAP 15MG	3	PA, QL

### **CARDIOPLEGIC SOLUTIONS**

<i>cardioplegic soln</i>	1	
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### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>BIDIL TAB</i>	2	
<i>ENTRESTO TAB 24-26MG</i>	2	
<i>ENTRESTO TAB 49-51MG</i>	2	
<i>ENTRESTO TAB 97-103MG</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<b>IMPOTENCE AGENTS</b>		
BI-MIX INJ 150-5MG	3	PA, QL
CIALIS TAB 2.5MG	3	PA, QL
CIALIS TAB 5MG	3	PA, QL
CIALIS TAB 10MG	3	PA, QL
CIALIS TAB 20MG	3	PA, QL
MUSE SUP 250MCG	2	QL, AGE
MUSE SUP 500MCG	2	QL, AGE
MUSE SUP 1000MCG	2	QL, AGE
PHENYLEPHRIN INJ 1MG/1ML	3	PA, QL
QUAD-MIX INJ	3	PA, QL
<i>sildenafil citrate tab 25 mg</i>	1	QL, AGE
<i>sildenafil citrate tab 50 mg</i>	1	QL, AGE
<i>sildenafil citrate tab 100 mg</i>	1	QL, AGE
STENDRA TAB 50MG	3	PA, QL
STENDRA TAB 100MG	3	PA, QL
STENDRA TAB 200MG	3	PA, QL
SUPER BI-MIX INJ 150-10MG	3	PA, QL
SUPER INJ QUAD-MIX	3	PA, QL
SUPER INJ TRI-MIX	3	PA, QL
<i>tadalafil tab 2.5 mg</i>	1	QL, AGE
<i>tadalafil tab 5 mg</i>	1	QL, AGE
<i>tadalafil tab 10 mg</i>	1	QL, AGE
<i>tadalafil tab 20 mg</i>	1	QL, AGE
TRI-MIX INJ	3	PA, QL
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL, AGE
<i>vardenafil hcl tab 2.5 mg</i>	1	QL, AGE
<i>vardenafil hcl tab 5 mg</i>	1	QL, AGE
<i>vardenafil hcl tab 10 mg</i>	1	QL, AGE
<i>vardenafil hcl tab 20 mg</i>	1	QL, AGE
VIAGRA TAB 25MG	3	PA, QL
VIAGRA TAB 50MG	3	PA, QL
VIAGRA TAB 100MG	3	PA, QL
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium for inj 0.5 mg</i>	1	PA
<i>epoprostenol sodium for inj 1.5 mg</i>	1	PA
FLOLAN INJ 0.5MG	3	PA
FLOLAN INJ 1.5MG	3	PA
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
ORENITRAM TAB MONTH 1	2	PA
ORENITRAM TAB MONTH 2	2	PA
ORENITRAM TAB MONTH 3	2	PA
REMODULIN INJ 1MG/ML	3	PA
REMODULIN INJ 2.5MG/ML	3	PA
REMODULIN INJ 5MG/ML	3	PA
REMODULIN INJ 10MG/ML	3	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	1	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	1	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	1	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	1	PA
TYVASO DPI POW 16-32-48	3	PA, QL
TYVASO DPI POW 16-32MCG	3	PA, QL
TYVASO DPI POW 16MCG	3	PA, QL
TYVASO DPI POW 32-48MCG	3	PA, QL
TYVASO DPI POW 32MCG	3	PA, QL
TYVASO DPI POW 48MCG	3	PA, QL
TYVASO DPI POW 64MCG	3	PA, QL
TYVASO REFIL SOL 0.6MG/ML	3	PA, QL
TYVASO SOL 0.6MG/ML	3	PA, QL
TYVASO START SOL 0.6MG/ML	3	PA, QL
VELETRI INJ 0.5MG	3	PA
VELETRI INJ 1.5MG	3	PA
VENTAVIS SOL 10MCG/ML	3	PA, QL
VENTAVIS SOL 20MCG/ML	3	PA, QL

#### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<i>ambrisentan tab 5 mg</i>	1	PA, QL
<i>ambrisentan tab 10 mg</i>	1	PA, QL
<i>bosentan tab 62.5 mg</i>	1	PA, QL
<i>bosentan tab 125 mg</i>	1	PA, QL
LETAIRIS TAB 5MG	3	PA, QL
LETAIRIS TAB 10MG	3	PA, QL
OPSUMIT TAB 10MG	2	PA, QL
TRACLEER TAB 32MG	3	PA, QL
TRACLEER TAB 62.5MG	3	PA, QL
TRACLEER TAB 125MG	3	PA, QL

#### **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

ADCIRCA TAB 20MG	3	PA, QL
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
alyq tab 20mg	1	PA, QL
LIQREV SUS 10MG/ML	3	PA, QL
REVATIO INJ	3	PA
REVATIO SUS 10MG/ML	3	PA, QL
REVATIO TAB 20MG	3	PA, QL
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	1	PA
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL
TADLIQ SUS 20MG/5ML	3	PA, QL

**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI INJ 1800MCG	2	PA
UPTRAVI PACK TAB 200/800	2	PA, QL
UPTRAVI TAB 200MCG	2	PA, QL
UPTRAVI TAB 400MCG	2	PA, QL
UPTRAVI TAB 600MCG	2	PA, QL
UPTRAVI TAB 800MCG	2	PA, QL
UPTRAVI TAB 1000MCG	2	PA, QL
UPTRAVI TAB 1200MCG	2	PA, QL
UPTRAVI TAB 1400MCG	2	PA, QL
UPTRAVI TAB 1600MCG	2	PA, QL

**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE**

**STIMULATOR**

ADEMPAS TAB 0.5MG	2	PA, QL
ADEMPAS TAB 1.5MG	2	PA, QL
ADEMPAS TAB 1MG	2	PA, QL
ADEMPAS TAB 2.5MG	2	PA, QL
ADEMPAS TAB 2MG	2	PA, QL

**SEPTAL AGENTS**

ABLYSINOL SOL	3	PA
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**SINUS NODE INHIBITORS**

CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	

**TRANSTHYRETIN STABILIZERS**

VYNDAMAX CAP 61MG	3	PA, QL
VYndaQEL CAP 20MG	3	PA, QL

**VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**

VERQUVO TAB 2.5MG	2	
VERQUVO TAB 5MG	2	
VERQUVO TAB 10MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<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	
CEFADROXIL TAB 1GM	3	
CEFAZOL/DEXT SOL 2G/100ML	3	PA
CEFAZOL/NACL INJ 2/100ML	3	PA
CEFAZOL/NACL INJ 3/100ML	3	PA
CEFAZOLIN INJ 1GM	3	
CEFAZOLIN INJ 1GM/10ML	3	PA
CEFAZOLIN INJ 2GM	3	
CEFAZOLIN INJ 2GM/20ML	3	PA
CEFAZOLIN INJ 3GM/30ML	3	PA
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
CEFAZOLIN SOL	3	PA
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
CEPHALEXIN CAP 750MG	3	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
CEPHALEXIN TAB 250MG	3	
CEPHALEXIN TAB 500MG	3	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR CAP 250MG	3	
CEFACLOR CAP 500MG	3	
CEFACLOR SUS 125/5ML	3	
CEFACLOR SUS 250/5ML	3	
CEFACLOR SUS 375/5ML	3	
CEFOTETAN INJ 1GM/10ML	3	
CEFOTETAN INJ 2GM/20ML	3	
<i>cefoxitin sodium for iv soln 1 gm</i>	1	
<i>cefoxitin sodium for iv soln 2 gm</i>	1	
<i>cefoxitin sodium for iv soln 10 gm</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>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	1	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	1	

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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>CEPHALOSPORINS - 3RD GENERATION</i></b>		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</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>ceftazidime for inj 1 gm</i>	1	
<i>ceftazidime for inj 6 gm</i>	1	
<i>ceftazidime for iv soln 2 gm</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	
<i>CEFTRIAXONE/ INJ DEX 1GM</i>	3	
<i>CEFTRIAXONE/ INJ DEX 2GM</i>	3	
<i>SUPRAX CAP 400MG</i>	2	
<i>SUPRAX CHW 100MG</i>	2	
<i>SUPRAX CHW 200MG</i>	2	
<i>SUPRAX SUS 200/5ML</i>	2	
<i>SUPRAX SUS 500/5ML</i>	2	
<i>tazicef inj 1gm</i>	1	
<i>TAZICEF INJ 1GM</i>	3	
<i>tazicef inj 2gm</i>	1	
<i>TAZICEF INJ 6GM</i>	3	PA
<b><i>CEPHALOSPORINS - 4TH GENERATION</i></b>		
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for iv soln 2 gm</i>	1	
<i>CEFEPIIME SOL 100GM</i>	3	PA
<b>CONTRACEPTIVES</b>		
<b><i>COMBINATION CONTRACEPTIVES - ORAL</i></b>		
<i>afirmelle tab 0.1-0.02</i>	1	ACA
<i>altavera tab</i>	1	ACA
<i>alyacen tab 1/35</i>	1	ACA
<i>alyacen tab 7/7/7</i>	1	ACA
<i>amethia tab</i>	1	ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amethyst tab 90-20mcg</i>	1	ACA
<i>apri tab</i>	1	ACA
<i>aranelle tab</i>	1	ACA
<i>ashlyna tab</i>	1	ACA
<i>aubra eq tab 0.1-0.02</i>	1	ACA
<i>aurovela 24 tab fe 1/20</i>	1	ACA
<i>aurovela fe tab 1.5/30</i>	1	ACA
<i>aurovela fe tab 1/20</i>	1	ACA
<i>aurovela tab 1.5/30</i>	1	ACA
<i>aurovela tab 1/20</i>	1	ACA
<i>aviane tab</i>	1	ACA
<i>ayuna tab</i>	1	ACA
<i>azurette tab</i>	1	ACA
<i>BALCOLTRA TAB 0.1-20</i>	3	PA; ACA
<i>balziva tab</i>	1	ACA
<i>blisovi 24 tab fe 1/20</i>	1	ACA
<i>blisovi fe tab 1.5/30</i>	1	ACA
<i>blisovi fe tab 1/20</i>	1	ACA
<i>briellyn tab</i>	1	ACA
<i>camrese lo tab</i>	1	ACA
<i>camrese tab</i>	1	ACA
<i>charlotte 24 chw fe 1/20</i>	1	ACA
<i>chateal eq tab 0.15/30</i>	1	ACA
<i>cryselle-28 tab 28 tabs</i>	1	ACA
<i>cyred eq tab</i>	1	ACA
<i>dasetta tab 1/35</i>	1	ACA
<i>dasetta tab 7/7/7</i>	1	ACA
<i>daysee tab</i>	1	ACA
<i>delyla tab 0.1-0.02</i>	1	ACA
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA
<i>dolishale tab 90-20mcg</i>	1	ACA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	ACA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA
<i>elinest tab</i>	1	ACA
<i>enpresse-28 tab</i>	1	ACA
<i>enskyce tab</i>	1	ACA
<i>estarrylla tab 0.25-35</i>	1	ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	ACA
<i>falmina tab</i>	1	ACA
<i>finzala chw fe 1/20</i>	1	ACA
<i>gemmily cap 1/20</i>	1	ACA
<i>hailey 24 tab fe</i>	1	ACA
<i>hailey fe tab 1.5/30</i>	1	ACA
<i>hailey fe tab 1/20</i>	1	ACA
<i>hailey tab 1.5/30</i>	1	ACA
<i>iclevia tab</i>	1	ACA
<i>introvale tab</i>	1	ACA
<i>isibloom tab</i>	1	ACA
<i>jaimiess tab</i>	1	ACA
<i>jasmiel tab 3-0.02mg</i>	1	ACA
<i>jolessa tab</i>	1	ACA
<i>joyeaux tab 0.1-20</i>	1	ACA
<i>juleber tab</i>	1	ACA
<i>junel 1.5/30 tab</i>	1	ACA
<i>junel 1/20 tab</i>	1	ACA
<i>junel fe 24 tab 1/20</i>	1	ACA
<i>junel fe tab 1.5/30</i>	1	ACA
<i>junel fe tab 1/20</i>	1	ACA
<i>kaitlib fe chw</i>	1	ACA
<i>kalliga tab</i>	1	ACA
<i>kariva tab 28 day</i>	1	ACA
<i>kelnor 1/50 tab</i>	1	ACA
<i>kelnor tab 1/35</i>	1	ACA
<i>kurvelo tab 0.15/30</i>	1	ACA
<i>larin 24 tab fe 1/20</i>	1	ACA
<i>larin fe tab 1.5/30</i>	1	ACA
<i>larin fe tab 1/20</i>	1	ACA
<i>larin tab 1.5/30</i>	1	ACA
<i>larin tab 1/20</i>	1	ACA
<i>layolis fe chw</i>	1	ACA
<i>leena tab</i>	1	ACA
<i>lessina tab</i>	1	ACA
<i>levonest tab</i>	1	ACA
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	1	ACA
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	ACA
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	ACA
<i>levora-28 tab 0.15/30</i>	1	ACA
<i>LO LOESTRIN TAB 1-10-10</i>	2	ACA
<i>lo-zumandimi tab 3-0.02mg</i>	1	ACA
<i>loestrin 21 tab 1.5/30</i>	1	ACA
<i>loestrin fe tab 1.5/30</i>	1	ACA
<i>loestrin fe tab 1/20</i>	1	ACA
<i>loestrin tab 1/20-21</i>	1	ACA
<i>lojaimiess tab</i>	1	ACA
<i>loryna tab 3-0.02mg</i>	1	ACA
<i>low-ogestrel tab</i>	1	ACA
<i>lutera tab</i>	1	ACA
<i>marlissa tab 0.15/30</i>	1	ACA
<i>merzee cap 1/20</i>	1	ACA
<i>mibelas 24 chw fe</i>	1	ACA
<i>micrgstin 24 tab fe 1/20</i>	1	ACA
<i>microgestin tab 1.5/30</i>	1	ACA
<i>microgestin tab 1/20</i>	1	ACA
<i>microgestin tab fe1.5/30</i>	1	ACA
<i>microgestin tab fe 1/20</i>	1	ACA
<i>mili tab 0.25/35</i>	1	ACA
<i>mono-linyah tab 0.25-35</i>	1	ACA
<i>NATAZIA TAB</i>	2	ACA
<i>necon tab 0.5/35</i>	1	ACA
<i>NEXTSTELLIS TAB 3-14.2MG</i>	3	PA; ACA
<i>nikki tab 3-0.02mg</i>	1	ACA
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	ACA
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	ACA
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	ACA
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	ACA
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	ACA
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	ACA
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	ACA
norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg	1	ACA
norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg	1	ACA
nortrel tab 0.5/35	1	ACA
nortrel tab 1/35	1	ACA
nortrel tab 7/7/7	1	ACA
nylia tab 1/35	1	ACA
nylia tab 7/7/7	1	ACA
nymyo tab 0.25-35	1	ACA
ocella tab 3-0.03mg	1	ACA
philith tab 0.4-35	1	ACA
pimtrea tab	1	ACA
portia-28 tab	1	ACA
reclipsen tab	1	ACA
rivilsa tab	1	ACA
setlakin tab	1	ACA
simliya tab 28 day	1	ACA
simpesse tab	1	ACA
sprintec 28 tab 28 day	1	ACA
sronyx tab	1	ACA
syeda tab 3-0.03mg	1	ACA
tarina 24 fe tab	1	ACA
tarina fe tab 1/20 eq	1	ACA
taysofy cap 1/20	1	ACA
tilia fe tab	1	ACA
tri-estaryll tab	1	ACA
tri-legest tab fe	1	ACA
tri-linyah tab	1	ACA
tri-lo tab estaryll	1	ACA
tri-lo- tab marzia	1	ACA
tri-lo- tab sprintec	1	ACA
tri-lo-mili tab	1	ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-mili tab</i>	1	ACA
<i>tri-nymyo tab</i>	1	ACA
<i>tri-sprintec tab</i>	1	ACA
<i>tri-vylibra tab</i>	1	ACA
<i>tri-vylibra tab lo</i>	1	ACA
<i>trivora-28 tab</i>	1	ACA
TYBLUME CHW 0.1-0.02	3	PA; ACA
<i>tydemy tab</i>	1	ACA
VELIVET PAK	3	ACA
<i>vestura tab 3-0.02mg</i>	1	ACA
<i>vienna tab 0.1-20</i>	1	ACA
<i>viorele tab</i>	1	ACA
<i>volnea tab</i>	1	ACA
<i>vyfemla tab 0.4-35</i>	1	ACA
<i>vylibra tab 0.25-35</i>	1	ACA
<i>wera tab 0.5/35</i>	1	ACA
<i>wymzya fe chw 0.4mg-35</i>	1	ACA
<i>zovia 1/35 tab</i>	1	ACA
<i>zumandimine tab 3-0.03mg</i>	1	ACA

#### **COMBINATION CONTRACEPTIVES - TRANSDERMAL**

TWIRLA DIS 120-30	3	PA; ACA
xulane dis 150-35	1	ACA
zafemy dis 150/35	1	ACA

#### **COMBINATION CONTRACEPTIVES - VAGINAL**

ANNOVERA MIS	2	QL; ACA
NUVARING MIS	1	QL; #

#### **PROGESTIN CONTRACEPTIVES - INJECTABLE**

DEPO-PROVERA INJ 150MG/ML	3	QL; #
DEPO-SQ PROV INJ 104	3	QL; ACA
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL; ACA
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL; ACA

#### **PROGESTIN CONTRACEPTIVES - IUD**

KYLEENA IUD 19.5MG	2	
MIRENA IUD SYSTEM	2	
SKYLA IUD 13.5MG	2	

#### **PROGESTIN CONTRACEPTIVES - ORAL**

<i>camila tab 0.35mg</i>	1	ACA
<i>deblitane tab 0.35mg</i>	1	ACA
<i>errin tab 0.35mg</i>	1	ACA
<i>heather tab 0.35mg</i>	1	ACA
<i>incassia tab 0.35mg</i>	1	ACA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>jencycla tab 0.35mg</i>	1	ACA
<i>lyleq tab 0.35mg</i>	1	ACA
<i>lyza tab 0.35mg</i>	1	ACA
<i>nora-be tab 0.35mg</i>	1	ACA
<i>norethindrone tab 0.35 mg</i>	1	ACA
<i>norlyroc tab 0.35mg</i>	1	ACA
<i>sharobel tab 0.35mg</i>	1	ACA
<b>SLYND TAB 4MG</b>	<b>3</b>	<b>PA; ACA</b>

## CORTICOSTEROIDS

### GLUCOCORTICOSTEROIDS

ALKINDI SPRI CAP 0.5MG	3	PA
ALKINDI SPRI CAP 1MG	3	PA
ALKINDI SPRI CAP 2MG	3	PA
ALKINDI SPRI CAP 5MG	3	PA
BETA 1 KIT KIT 30MG/5ML	3	PA
BETA-PHOS/AC INJ 3-3MG/ML	3	PA
BETAMETH COM INJ 7MG/ML	3	PA
BETAMETH INJ 12MG/2ML	3	PA
<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i>	1	
BSP 0820 KIT	3	PA
<i>budesonide delayed release particles cap 3 mg</i>	1	
DEXABLISS TAB 1.5MG	3	PA
DEXAM SOD PH INJ NACL	3	PA
DEXAM/BUPIV SOL EPINEPHR	3	PA
DEXAMETH PHO INJ 10MG/ML	3	PA
DEXAMETHASON SOL 0.5/5ML	3	
DEXAMETHASON SUS 8MG/ML	3	PA
DEXAMETHASON TAB 0.5MG	3	
DEXAMETHASON TAB 0.75MG	3	
DEXAMETHASON TAB 1MG	3	
DEXAMETHASON TAB 10-DAY	3	
DEXAMETHASON TAB 13-DAY	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dexamethasone sodium phosphate inj 100 mg/10ml	1	
dexamethasone sodium phosphate inj 120 mg/30ml	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
DEXONTO 0.4% SOL 20MG/5ML	3	PA
DMT SUIK KIT 10MG/ML	3	PA
DXEVO 11-DAY PAK 1.5MG	3	PA
EMFLAZA SUS 22.75/ML	3	PA, QL
EMFLAZA TAB 6MG	3	PA, QL
EMFLAZA TAB 18MG	3	PA, QL
EMFLAZA TAB 30MG	3	PA, QL
EMFLAZA TAB 36MG	3	PA, QL
HEMADY TAB 20MG	3	PA
HEXATRIONE SUS 20MG/ML	3	PA
hidex 6-day pak 1.5mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
LIDOCIDEX I INJ 5-10MG	3	PA
MAS CARE-PAK KIT 10MG/ML	3	PA
METHY-BUPIVA SUS 8-5MG/ML	3	PA
METHYL-BUPIV SUS 40-5MG	3	PA
METHYLP/LIDO INJ 40-10/ML	3	PA
METHYLP/LIDO INJ 80-10/ML	3	PA
METHYLPREDNI SUS 50MG/ML	3	PA
methylprednisolone acetate inj susp 40 mg/ml	1	
methylprednisolone acetate inj susp 80 mg/ml	1	
methylprednisolone sod succ for inj 40 mg (base equiv)	1	
methylprednisolone sod succ for inj 125 mg (base equiv)	1	
methylprednisolone sod succ for inj 500 mg (base equiv)	1	
methylprednisolone sod succ for inj 1000 mg (base equiv)	1	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	

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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORTIKOS CAP 6MG ER	3	PA
ORTIKOS CAP 9MG ER	3	PA
P-CARE K40 KIT 40MG/ML	3	PA
P-CARE K40MX KIT	3	PA
P-CARE K80 KIT 40MG/ML	3	PA
P-CARE K80MX KIT	3	PA
POD-CARE100C INJ 30MG/5ML	3	PA
POD-CARE 100 KIT 40MG/ML	3	PA
POD-CARE 100 KIT CMX	3	PA
POD-CARE 100 KIT KMX	3	PA
POINT OF CAR KIT LM DEP 2	3	PA
POINT OF KIT CARE KM	3	PA
POINT OF KIT CARE L.2	3	PA
POINT OF KIT CARE L.5	3	PA
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</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 soln 15 mg/5ml</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	3	
<i>prednisolone tab 5 mg</i>	1	
PREDNISOLONE TAB 10MG ODT	3	
PREDNISOLONE TAB 15MG ODT	3	
PREDNISOLONE TAB 30MG ODT	3	
PREDNISONE SOL 5MG/5ML	3	
<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	
RAYOS TAB 1MG	3	PA
RAYOS TAB 2MG	3	PA
RAYOS TAB 5MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
READYSHARP + KIT BETAMETH	3	PA
READYSHARP + KIT DEXAMETH	3	PA
READYSHARP + KIT METHYLPR	3	PA
TARPEYO CAP 4MG	3	PA, QL
TOPIDEX KIT 10MG/1ML	3	PA
TRIAM-BUPIVA SUS 40-5MG	3	PA
TRIAMCINOLON INJ 80MG/ML	3	PA
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	1	
UCERIS TAB 9MG	1	
ZCORT 7-DAY TAB 1.5MG	3	PA
ZILRETTA INJ 32MG	3	PA
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
HYCODAN SYP 5-1.5/5	3	PA
HYCODAN TAB 5-1.5MG	3	PA
<i>hydrocodone bitart-homatropine</i>	1	
<i>methylbrom soln 5-1.5 mg/5ml</i>		
<i>hydrocodone bitart-homatropine</i>	1	
<i>methylbromide tab 5-1.5 mg</i>		
<i>hydromet syp 5-1.5/5</i>	1	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm sol 2-30-10</i>	1	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
PROMETH VC SYP 6.25-5/5	3	
PROMETH VC/ SYP CODEINE	3	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER TAB 54.3-8MG	3	PA
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>nebusal neb 3%</i>	1	
<i>pulmosal neb 7%</i>	1	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ABSORICA LD CAP 8MG	3	PA
ABSORICA LD CAP 16MG	3	PA
ABSORICA LD CAP 24MG	3	PA
ABSORICA LD CAP 32MG	3	PA
ACANYA GEL 1.2-2.5%	3	PA
<i>accutane cap 10mg</i>	1	
<i>accutane cap 20mg</i>	1	
<i>accutane cap 30mg</i>	1	
<i>accutane cap 40mg</i>	1	
ACIOXIAY CRE 15-4%	3	PA
ADAINZDE GEL	3	PA
ADAINZOXIA GEL	3	PA
<i>adapalene cream 0.1%</i>	1	AGE
<i>adapalene gel 0.1%</i>	1	AGE
<i>adapalene gel 0.3%</i>	1	AGE
ADAPALENE SOL 0.1%	3	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
ADEINZDE GEL	3	PA
AKLIEF CRE 0.005%	2	
ALTRENO LOT 0.05%	3	PA
<i>amnesteem cap 10mg</i>	1	
<i>amnesteem cap 20mg</i>	1	
<i>amnesteem cap 40mg</i>	1	
AMZEEQ AER 4%	3	PA
ARAZLO LOT 0.045%	2	AGE
<i>avita cre 0.025%</i>	1	AGE
AZELEX CRE 20%	3	PA
BENZ PER FOR LOT HC 7.5-1	3	PA
BENZ PEROXID GEL 6.5%	3	PA
BENZEPRO AER 5.2%	3	PA
<i>benzepro aer 5.3%</i>	1	
BENZEPRO AER 9.7%	3	PA
BENZEPRO LIQ 6.8%	3	PA
BENZEPRO MIS 5.8%	3	PA
BENZOYL PER AER 9.8%	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BENZOYL PERX LIQ 6.9%	3	PA
<i>claravis cap 10mg</i>	1	
<i>claravis cap 20mg</i>	1	
<i>claravis cap 30mg</i>	1	
<i>claravis cap 40mg</i>	1	
<i>clindacin aer 1%</i>	1	
<i>clindacin mis etz 1%</i>	1	
<i>clindacin-p pad 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	AGE
CLINDAVIX KIT	3	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DEOXIA GEL	3	PA
DEOXIA LOT	3	PA
DEOXIADEMTAR GEL	3	PA
DEOXIATAR SOL	3	PA
DIADIMAXIA GEL	3	PA
DIAOXIA GEL	3	PA
DIASAXIATAR GEL	3	PA
DIASDIMAXIA GEL	3	PA
DIASOXIA GEL	3	PA
DIFFERIN LOT 0.1%	3	PA
DIMOXIA GEL	3	PA
DRAXACE LOT SUS CLEANSER	3	PA
DRAXACE SUS	3	PA
DRIXECE SUS	3	PA
ECEOXIA CRE	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
EPSOLAY CRE 5%	3	PA
ERY PAD 2%	3	
<i>erythromycin gel 2%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin soln 2%</i>	1	
ETHOXIA CRE	3	PA
FABIOR AER 0.1%	3	PA
FLUOXIA CRE 0.05-4%	3	PA
IDYXXIATAR GEL 5-0.025%	3	PA
INZDEAXIATAR GEL	3	PA
INZDEAXIAVAR GEL	3	PA
INZDEOXIA GEL 1-2.5-4%	3	PA
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 25 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 35 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
ITHOXIA CRE	3	PA
<i>neuac gel 1.2-5%</i>	1	
NUCARACLINPA KIT	3	PA
ONEXTON GEL 1.2-3.75	2	
ONZDEAXIADEM GEL TAR	3	PA
ONZDEAXIADEM GEL VAR	3	PA
ONZDEAXIATAR GEL	3	PA
ONZDEAXIAVAR GEL	3	PA
ONZDEAXIAZAR GEL	3	PA
ONZDEOXIA GEL 1-5-4%	3	PA
OXIACE LOT 4-15%	3	PA
OXIATAR CRE 4-0.025%	3	PA
OXIavar CRE 4-0.05%	3	PA
OXIAVARRY CRE 4-0.05%	3	PA
OXIAVARY CRE 4-0.1%	3	PA
OXIAZAR CRE 4-0.1%	3	PA
<i>resorcinol-sulfur lotion 2-5%</i>	1	
SAROXIA CRE 4-0.05%	3	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfamez emu 10-1%</i>	1	
TARDEOXIA CRE	3	PA
TARDIMAXIA GEL	3	PA
TAROXIA CRE	3	PA
TAROXIA GEL	3	PA
TAZAROTENE AER 0.1%	3	PA
<i>tretinoin cream 0.1%</i>	1	AGE
<i>tretinoin cream 0.05%</i>	1	AGE
<i>tretinoin cream 0.025%</i>	1	AGE

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin gel 0.01%</i>	1	AGE
<i>tretinoin gel 0.05%</i>	1	AGE
<i>tretinoin gel 0.025%</i>	1	AGE
<i>tretinoin microsphere gel 0.1%</i>	1	AGE
<i>tretinoin microsphere gel 0.04%</i>	1	AGE
<i>tretinoin microsphere gel 0.08%</i>	1	AGE
TWYNÉO CRE 0.1-3%	2	AGE
VARDIMAXIA GEL	3	PA
VAROXIA CRE	3	PA
VAROXIA GEL	3	PA
VELTIN GEL	3	PA
WINLEVI CRE 1%	2	
<i>zenatane cap 10mg</i>	1	
<i>zenatane cap 20mg</i>	1	
<i>zenatane cap 30mg</i>	1	
<i>zenatane cap 40mg</i>	1	
ZIANA GEL	3	PA
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OIN 15%	3	PA
<b>ANALGESICS - TOPICAL</b>		
NEURAPTINE CRE 10%	3	PA, QL
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>capsfenac pak</i>	3	PA
DFS/MS/MENTH KIT /CAP PAK	3	PA
DICLOFENAC DIS 1.3%	3	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
DICLOFONO GEL 1.6%	3	PA
<i>dicloheal-60 mis</i>	3	PA
DICLOPR KIT 1-10-30%	3	PA
DICLOSTREAM PAK 1.5-10%	3	PA
DICLOVIX DM PAK 1.5-8%	3	PA
DICLOVIX KIT	3	PA
DIMENTHO PAK	3	PA
ENOVARX CRE 2.5%	3	PA, QL
FROTEK CRE 10%	3	PA, QL
<i>kapzin dc mis</i>	3	PA
LICART DIS 1.3%	3	PA
<i>pennsaicin mis</i>	3	PA
PENNSAID SOL 2%	3	PA
TRIPLE COMPL CRE 3 KIT	3	PA
<i>valcoprep100 kit 1%</i>	3	PA
VAROPHEN KIT 1.5%	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VP GKL CRE KIT	3	PA
<b>ANTIBIOTICS - TOPICAL</b>		
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
IDARAN OIN 1-2%	3	PA
mupirocin oint 2%	1	
NANRAN OIN 2-2%	3	PA
NEO-SYNALAR CRE	3	PA
NEO-SYNALAR KIT	3	PA
<b>ANTIFUNGALS - TOPICAL</b>		
ciclodan sol 8%	1	PA
ciclopirox gel 0.77%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	PA
clotrimazole cream 1%	1	
clotrimazole soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
corti-sav cre 1-1%	3	PA
DERMETAZOLE PAK 2-20%	3	PA
DIFMETIOXRIM SOL	3	PA
econazole nitrate cream 1%	1	
FUNGIMEZ SOL	3	PA
HEXIOUNYL LOT 3-5-20%	3	PA
HIXDEFRIMA SOL 8-1-1%	3	PA
IMIOXIA CRE	3	PA
JUBLIA SOL 10%	3	PA
KERYDIN SOL 5%	3	PA
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	
LOPROX CRE 0.77%	3	PA
LOPROX KIT 0.77%	3	PA
LOPROX SUS 0.77%	3	PA
MICO-ZN-PETR OIN	3	
NAFTIFINE CRE HCL 1%	3	
naftifine hcl cream 2%	1	
naftifine hcl gel 2%	1	
NAFTIN GEL 1%	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAFTIN GEL 2%	2	
<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	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop pow 100000</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
PHEDRAX SHA 2-2%	3	PA
PHEODOYO CRE	3	PA
PHEOXIA CRE 2-4%	3	PA
PHEYO CRE	3	PA
PODIATROLE PAK 2-20%	3	PA
RECURA CRE	3	PA
RIMI SOL 5%	3	PA
SULCONAZOLE CRE 1%	3	
SULCONAZOLE SOL 1%	3	
XOLEGEL GEL 2%	3	PA

#### ***ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL***

AMELUZ GEL 10%	3	PA
<i>bexarotene gel 1%</i>	1	PA
CARAC CRE 0.5%	3	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil cream 5%</i>	1	
FLUOROURACIL SOL 2%	3	
FLUOROURACIL SOL 5%	3	
KLISYRI OIN 1%	3	PA
ORMECA KIT	3	PA
QUIDROXZAR GEL 5-30-0.1	3	PA
QUIHOXAXIA GEL 5-1-2%	3	PA
QUIHOXVAR GEL	3	PA
QUITAR GEL 5-0.025%	3	PA
ROAOXIA GEL 3-4%	3	PA
TARGRETIN GEL 1%	3	PA
TOLAK CRE 4%	2	
VALCHLOR GEL 0.016%	3	PA, QL

#### ***ANTIPRURITICS - TOPICAL***

<i>doxepin hcl cream 5%</i>	1
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#### ***ANTIPSORIATICS***

<i>acitretin cap 10 mg</i>	1
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# - Covered at Tier 0 with DAW (dispense as written)    ACA - Preventive Medications

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AGE - Age Limit    GNDR - Gender Edit    ONC - Oral Oncology Medications    PA - Prior Authorization    QL - Quantity Limits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
CALCIPOTRIEN AER 0.005%	3	PA
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitrene oin 0.005%	1	
CALCITRIOL OIN 3MCG/GM	3	PA
calsodore kit 0.005%	1	
COSENTYX INJ 75MG/0.5	2	PA, QL
COSENTYX INJ 150MG/ML	2	PA, QL
COSENTYX INJ 300DOSE	2	PA, QL
COSENTYX PEN INJ 150MG/ML	2	PA, QL
COSENTYX PEN INJ 300DOSE	2	PA, QL
COSENTYX UNO INJ 300/2ML	2	PA, QL
DIOOXIA CRE 0.005-4%	3	PA
ILUMYA SOL 100MG/ML	2	PA, QL
METHOXSALEN CAP 10MG	3	
NUDERMRXPAK PAK 60	3	PA
NUDERMRXPAK PAK 120	3	PA
SILIQ INJ 210/1.5	3	PA, QL
SKYRIZI INJ 150MG/ML	2	PA, QL
SKYRIZI PEN INJ 150MG/ML	2	PA, QL
SORILUX AER 0.005%	3	PA
SOTYKTU TAB 6MG	3	PA, QL
SPEVIGO INJ 450/7.5	3	PA, QL
STELARA INJ 45MG/0.5	2	PA, QL
STELARA INJ 90MG/ML	2	PA, QL
TALTZ INJ 80MG/ML	3	PA, QL
tazarotene cream 0.1%	1	PA
tazarotene gel 0.1%	1	PA
tazarotene gel 0.05%	1	PA
TAZORAC CRE 0.1%	3	PA
TAZORAC CRE 0.05%	3	PA
TAZORAC GEL 0.1%	3	PA
TAZORAC GEL 0.05%	3	PA
TREMFYA INJ 100MG/ML	2	PA, QL
VECTICAL OIN 3MCG/GM	3	PA
VTAMA CRE 1%	3	PA
ZORYVE CRE 0.3%	3	PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
ESKATA SOL 40%	3	PA
HAXCHLO SHA	3	PA
HAXCHLODREX SHA	3	PA
HAXDRAX SHA 0.77-2%	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTRASEB CRE	3	PA
PROMISEB CRE	3	PA
<i>selenium sulfide lotion 2.5%</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir oint 5%</i>	1	
<i>penciclovir cream 1%</i>	1	
<b>BURN PRODUCTS</b>		
<i>mafénide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	3	
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
ADV ALLERGY KIT COLLECTI	3	PA
<i>ala-cort cre 1%</i>	1	
ALA-SCALP LOT 2%	3	PA
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
AMCINONIDE LOT 0.1%	3	PA
AMCINONIDE OIN 0.1%	3	PA
APEXICON E CRE 0.05%	3	PA
BETA DIPROP GEL 0.05%	3	PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</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	
BRYHALI LOT 0.01%	2	PA
CAPEX SHA 0.01%	3	PA
CHLOHUX SHA 0.05-2%	3	PA
CHLOOXIA CRE	3	PA
CHLOOXIA OIN	3	PA
CHLOOXIA SOL	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
CLOBETAVIX KIT 0.05%	3	PA
CLOBEX LOT 0.05%	3	PA
CLOBEX SHA 0.05%	3	PA
CLOBEX SPR 0.05%	3	PA
<i>clodan sha 0.05%</i>	1	
CLODERM CRE 0.1%	3	PA
CORDRAN 80X3 TAP 4MCG/CM	3	PA
CORDRAN CRE 0.05%	3	PA
CORDRAN CRE 0.025%	3	PA
CORDRAN LOT 0.05%	3	PA
CORDRAN OIN 0.05%	3	PA
DERMA-SMOOTH OIL /FS BODY	3	PA
DERMA-SMOOTH OIL /FS SCLP	3	PA
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
DESOWEN CRE 0.05%	3	PA
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>desoximetasone spray 0.25%</i>	1	
<i>desrx gel 0.05%</i>	3	PA
DIFLORASONE CRE 0.05%	3	PA
DIOCHLOY SOL	3	PA
DIPROLENE OIN 0.05%	3	PA
DUOBRII LOT	3	PA
ENSTILAR AER	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	

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<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	
FLUOVIX PAK 0.1%	3	PA
FLUOVIX PLUS PAK 0.1%	3	PA
<i>flurandrenolide oint 0.05%</i>	3	PA
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
HALOBETASOL AER 0.05%	3	PA
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HALOG CRE 0.1%	3	PA
HALOG OIN 0.1%	3	PA
HALOG SOL 0.1%	3	PA
HC BUTYRATE CRE 0.1%	3	PA
HC BUTYRATE SOL 0.1%	3	PA
HC-LIDOCAINE CRE 1-1%	3	PA
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
IMPEKLO LOT 0.05%	3	PA
IMPOYZ CRE 0.025%	3	PA
KENALOG AER SPRAY	3	PA
LEXETTE AER 0.05%	3	PA
LOCOID LIPO CRE 0.1%	3	PA
LOCOID LOT 0.1%	3	PA
LUXIQ AER 0.12%	3	PA
<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	
nolix cre 0.05%	3	PA
nolix lot 0.05%	3	PA
<i>nutriarx kit creampak</i>	1	
OLUX AER 0.05%	3	PA
OLUX-E AER 0.05%	3	PA
OXIACHLO SOL 0.05-4%	3	PA
PANDEL CRE 0.1%	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QUINIXIL PAK 0.1%-5%	3	PA
<i>sanadermrx kit skin rep</i>	1	
SCARZEN SKIN KIT REPAIR	3	PA
SERNIVO SPR	3	PA
SERNIVO SPR 0.05%	3	PA
SILA III PAK	3	PA
SYNALAR CRE 0.025%	3	PA
SYNALAR OIN 0.025%	3	PA
SYNALAR SOL 0.01%	3	PA
TETOXIA CRE 0.01-4%	3	PA
TEXACORT SOL 2.5%	3	PA
TOPICORT CRE 0.05%	3	PA
TOPICORT CRE 0.25%	3	PA
TOPICORT GEL 0.05%	3	PA
TOPICORT OIN 0.05%	3	PA
TOPICORT OIN 0.25%	3	PA
TOPICORT SPR 0.25%	3	PA
TOVET KIT KIT 0.05%	3	PA
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.5%</i>	1	
TRIDESILON CRE 0.05%	3	PA
<i>tritocin oin 0.05%</i>	3	PA
ULTRAVATE LOT 0.05%	3	PA
VANOS CRE 0.1%	3	PA
VERDESO AER 0.05%	3	PA
WYNZORA CRE	3	PA

### **ECZEMA AGENTS**

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

### **EMOLlient/KERATOLYTIC AGENTS**

cerovel lot 40%	1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UREA AER 35%	3	PA
<i>urea cream 40%</i>	1	
<i>uredeb cre 39%</i>	1	
<i>uremez-40 cre 40%</i>	1	
URESOL CRE 42.5%	3	PA
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<b>ENZYMES - TOPICAL</b>		
SANTYL OIN 250/GM	3	PA
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
JEUVEAU INJ 100UNIT	3	PA
<b>HAIR GROWTH AGENTS</b>		
FINAPID SOL 0.1-5%	3	PA
FINAPOD SOL 0.1-7%	3	PA
FINAPODTAR SOL	3	PA
FLYPROGPIDTA SOL	3	PA
OXOPID SOL 0.05-5%	3	PA
OXOPIDAXIAQU SOL	3	PA
OXOPOD SOL 0.05-7%	3	PA
PIDPROGTAR SOL	3	PA
PODOXIA SOL 7-4%	3	PA
PODPORG SOL 7-0.1%	3	PA
PODPROGTAR SOL	3	PA
PODTAR SOL 7-0.025%	3	PA
TETPIDTAR SOL	3	PA
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CRE 1%	3	PA
HYFTOR GEL 0.2%	3	PA
NUJO SOL 0.1%	3	PA
NUJU CRE 0.1%	3	PA
OXIANUJI OIN 4-0.03%	3	PA
OXIANUJO CRE 4-0.1%	3	PA
OXIANUJO OIN 4-0.1%	3	PA
<i>pimecrolimus cream 1%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CANTHARIDIN SOL 0.7%	3	PA
CONDYLOX GEL 0.5%	3	
METDRAY GEL 2-17%	3	PA
PODOFILOX SOL 0.5%	3	
SALIMEZ CRE 6%	3	PA
YCANTH SOL 0.7%	3	PA
<b>LINIMENTS</b>		
METHYL SALIC LIQ	3	PA
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>anodyne lpt kit 2.5-2.5%</i>	1	PA
ASTERO GEL 4%	3	PA, QL
DERMALID PAK	3	PA
ENZNONUTY OIN	3	PA
ETHYL CHLOR AER SPRAY	3	
<i>glydo gel 2%</i>	1	QL
L.E.T. GEL	3	PA
LDO PLUS GEL 4%	3	PA, QL
LIDO-EP-TETR GEL	3	PA
LIDO-EP-TETR SOL	3	PA
<i>lidocaine hcl lotion 3%</i>	1	PA
<i>lidocaine hcl soln 4%</i>	1	QL
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL
<i>lidocaine oint 5%</i>	1	QL
<i>lidocaine patch 5%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	PA
<i>lidocan pad 5%</i>	1	
LIDODERM DIS 5%	3	
<i>lidopac kit 5%</i>	3	PA
<i>lidopin cre 3%</i>	1	PA
LIDOSOL KIT 5%	3	PA
LIDOSOL-50 KIT 5%	3	PA
LIDOSTREAM KIT 5% & 10%	3	PA
LIDOTHOL PAD 4.5-5%	3	PA
LIDTOPIC MAX CRE 10%	3	PA
LMR PLUS KIT	3	PA
<i>moxicaine kit</i>	3	PA
NENDRUX GEL 5-40%	3	PA
NYNUTEY CRE 23-7%	3	PA
PAINGO KFT KIT	3	PA
PLIAGLIS CRE 7-7%	3	PA, QL
PLIAGLIS KIT 7-7%	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREPIV SUPPL KIT	3	PA
<i>relador pak kit 2.5-2.5%</i>	1	PA
<i>relador pak kit plus</i>	1	PA
STERILE TOPI GEL L.E.T.	3	PA
SX1 POST-OP KIT MEDICATE	3	PA
<i>7t lido gel 2%</i>	1	QL
VENIPUNCTURE KIT PHLEBOTO	3	PA
WPR PLUS MIS	3	PA
<i>zeruvia pad 4-1%</i>	1	PA
<i>ziloval kit 5%</i>	3	PA

### **MISC. DERMATOLOGICAL PRODUCTS**

ALADERM PLUS EMU	3	PA
ALEVAMAX CRE	3	PA
ALEVICYN GEL	3	PA
ALEVICYN SG GEL ANTIPRUR	3	PA
ATOPADERM CRE	3	PA
ATOPICLAIR CRE	3	PA
CERACADE EMU	3	PA
CERAMAX CRE	3	PA
CERAMAX LOT	3	PA
DEXERYL CRE	3	PA
ELETONE CRE	3	PA
EMULSION SB EMU	3	PA
EPICERAM EMU	3	PA
GENADUR LIQ	3	PA
HALUCORT GEL	3	PA
HPR PLUS AER	3	PA
HPR PLUS CRE	3	PA
HPR PLUS KIT	3	PA
HYLAGUARD CRE	3	PA
HYLATOPIC CRE PLUS	3	PA
HYLATOPIC LOT PLUS	3	PA
ILIDERM SPR	3	PA
KAMDOY EMU	3	PA
KIVIK EMU	3	PA
LEVICYN GEL	3	PA
LOYON SOL	3	PA
MIMYX CRE	3	PA
NEOSALUS AER	3	PA
NEOSALUS CRE	3	PA
NEOSALUS LOT	3	PA
NIVATOPIC CRE PLUS	3	PA
NUVAIL SOL 16%	3	PA
PENLEN EMU SPRAY	3	PA

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PHLAG SPR	3	PA
PR CREAM KIT	3	PA
PRESERA AER	3	PA
PRUCLAIR CRE	3	PA
PRUMYX CRE	3	PA
REMIGEN CREA CRE	3	PA
SEBUDERM GEL	3	PA
STRATA CTX GEL	3	PA
STRATA MARK GEL	3	PA
STRATA XRT GEL	3	PA
SYNERDERM EMU	3	PA
TETRIX CRE	3	PA
XERALUX CRE	3	PA

**MISC. TOPICAL**

ACUICYN SOL	3	PA
AVENOVA SOL 0.01%	3	PA
<i>benzoin compound tincture</i>	1	
EPICYN SPR	3	PA
HYCLODEX SOL 0.012%	3	PA
HYPOCYN SOL 0.012%	3	PA
NUSURGEPAK KIT SURGICAL	3	PA

**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

EUCRISA OIN 2%	2	PA
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**PIGMENTING-DEPIGMENTING AGENTS**

KATARAXAP EMU	3	PA
KATARYA EMU	3	PA
KATARYAXN EMU	3	PA
KAXM EMU	3	PA
KEIDO EMU	3	PA
KETARYA EMU	3	PA
KEVARAXAP EMU	3	PA
KEVARTIA EMU 6-0.05%	3	PA
KEVARYA EMU	3	PA
KEXM EMU	3	PA
KEYA EMU	3	PA
KOTARAXAP EMU	3	PA
KUTAR EMU 8-0.025%	3	PA
KUTARVIA EMU 8-0.025%	3	PA
KUTARYAXM EMU	3	PA
KUTARYAXMPA EMU	3	PA
KUTEA EMU	3	PA
KUVARYA EMU	3	PA
KUVARYE EMU	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KUXM EMU	3	PA
PROOXIA CRE 10-4%	3	PA
YAXATARXYN EMU	3	PA
YOKATAR EMU	3	PA
<b>ROSACEA AGENTS</b>		
AVEIDA GEL 1-1%	3	PA
AVEIDAOXIA GEL	3	PA
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
DAZAVEIDAOXI GEL	3	PA
DAZOMON GEL 0.25%	3	PA
FINACEA AER 15%	2	
FINACEA GEL 15%	3	PA
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	PA
NORITATE CRE 1%	3	PA
ORACEA CAP 40MG	1	
RHOFADE CRE 1%	2	
SOOLANTRA CRE 1%	1	
ZILXI AER 1.5%	3	PA
<b>SCABICIDES &amp; PEDICULICIDES</b>		
CROTAN LOT 10%	3	
<i>malathion lotion 0.5%</i>	1	
OVIDE LOT 0.5%	3	
<i>permethrin cream 5%</i>	1	
SPINOSAD SUS 0.9%	3	
<b>TAR PRODUCTS</b>		
COAL TAR SOL 20%	3	
<b>WOUND CARE PRODUCTS</b>		
ACESO AG PAD 4"X4"	3	PA
ACTCT FLEX 3 PAD 4"X4"	3	PA
ACTI ANTIMIC PAD 2"X2"	3	PA
ACTI ANTIMIC PAD 4"X4"	3	PA
ACTICOAT 7 PAD 2"X2"	3	PA
ACTICOAT 7 PAD 4"X5"	3	PA
ACTICOAT MIS 4"X4"	3	PA
ALEVICYN SOL DERMAL	3	PA
ALLEVYN AG MIS 6-3/4"	3	PA
ALLEVYN AG MIS 9"X9"SAC	3	PA

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ALLEVYN AG PAD 2"X2"	3	PA
ALLEVYN AG PAD 3"X3"	3	PA
ALLEVYN AG PAD 4"X4"	3	PA
ALLEVYN AG PAD 5"X5"	3	PA
ALLEVYN AG PAD 6"X6"	3	PA
ALLEVYN AG PAD 7"X7"	3	PA
ALLEVYN GENT PAD 4"X4	3	PA
ALLEVYN GENT PAD 8"X8"	3	PA
AMORPH WOUND GEL DRESSING	3	PA
AQUACEL AG PAD 5"X4"	3	PA
AQUACEL FOAM PAD 5"X5"	3	PA
AQUACEL FOAM PAD 7"X7"	3	PA
ARIDA GEL	3	PA
ATOPAVO EMU	3	PA
ATRAPRO CP KIT	3	PA
ATRAPRO DERM SPR	3	PA
ATRAPRO GEL HYDROGEL	3	PA
AVO CREAM EMU	3	PA
AZADROX GEL	3	PA
B & C OIN	3	PA
BALSAM PERU OIN CASTOR	3	PA
BASADROX GEL	3	PA
BIAFINE EMU	3	PA
BIONECT AER 0.2%	3	PA
BIONECT CRE 0.2%	3	PA
BIONECT GEL 0.2%	3	PA
BIOSTEP MIS 4"X4"	3	PA
BPCO OIN	3	PA
CA ALGINATE MIS 12" ROPE	3	PA
CA ALGINATE PAD 2"X2"	3	PA
CA ALGINATE PAD 4"X4"	3	PA
CA ALGINATE PAD 4"X8"	3	PA
COLLANEX POW	3	PA
CURAFOAM AG PAD 4"X4"	3	PA
CURITY HYPER MIS 1/2"X15'	3	PA
CURITY NACL PAD 6"X6-3/4	3	PA
DELUO SPR	3	PA
DERPIXIA GEL	3	PA
DURAFIBER AG PAD 2"X2"	3	PA
DURAFIBER AG PAD 4"X4"	3	PA
DURAFIBER AG PAD 6"X6"	3	PA
DYNAFOAM AG PAD 4"X4"	3	PA
DYNAGINATE MIS 12" ROPE	3	PA
DYNAGINATE PAD 4"X5"	3	PA

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DYNAGINATE PAD 4"X8"	3	PA
DYNAGINATE PAD AG 2"X2"	3	PA
ENDO DERMAL MIS 5X5 CM	3	PA
HAPRODERM GEL	3	PA
HYDRFRA BLUE PAD RDY 2.5"	3	PA
HYDRFRA BLUE PAD RDY 4X5"	3	PA
HYDRFRA BLUE PAD RDY 8X8"	3	PA
HYDRFRA MRF PAD 2"X2.75"	3	PA
HYDROFERA PAD BLUE 2X2	3	PA
HYDROFERA PAD BLUE 4X4	3	PA
HYDROFERA PAD BLUE 6X6	3	PA
HYDROFERA PAD BLUE 9MM	3	PA
HYDROFERA PAD MRF4"X4"	3	PA
HYDROFERA PAD MRF 2.5"	3	PA
HYDROFRA MRF PAD 2-1/4X8"	3	PA
HYDROGEL DRE PAD 2"X3"	3	PA
HYDROGEL DRE PAD 4"X5"	3	PA
HYGEL GEL 2.5%	3	PA
KERAGEL GEL WOUND	3	PA
KERAGELT GEL	3	PA
KERAMATRIX MIS 2X3CM	3	PA
KERAMATRIX MIS 5X5CM	3	PA
KERAMATRIX MIS 10X10CM	3	PA
KERASTAT CRE	3	PA
KERASTAT GEL 5%	3	PA
L-MESITRAN GEL SOFT	3	PA
LEVICYN SOL DERMAL	3	PA
LUXAMEND CRE	3	PA
MEDIHONEY GEL WOUND	3	PA
MEDIHONEY PAD 2"X2"	3	PA
MEDIHONEY PAD 3/4"X12"	3	PA
MEDIHONEY PAD 4"X5"	3	PA
MEDIHONEY PST WOUND	3	PA
MEPILEX AG PAD 4"X4"	3	PA
MICROCYN LIQ	3	PA
NORMLGEL AG GEL	3	PA
PETROL GAUZE MIS 3"X9"	3	PA
RADIAPLEXRX GEL	3	PA
REGENECARE GEL	3	PA, QL
RESTORE SILV PAD 2"X2"	3	PA
RESTORE SILV PAD 4"X4"	3	PA
RESTORE SILV PAD 4"X4.75"	3	PA
RESTORE SILV PAD 4"X5"	3	PA
RESTORE SILV PAD 6"X8"	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SILIGENTLE PAD 2"X2"	3	PA
SILIGENTLE PAD 4"X5"	3	PA
SILIGENTLE PAD 6"X6"	3	PA
SILIGENTLE PAD AG 2"X2"	3	PA
SILIGENTLE PAD AG 4"X4"	3	PA
SILVRSTAT GEL DRESSING	3	PA
SOLOX GEL	3	PA
SONAFINE EMU	3	PA
STRATA GRG GEL	3	PA
TEGADERM AG PAD 2"X2"	3	PA
TEGADERM AG PAD 4"X5"	3	PA
VASHE CLEANS SOL	3	PA
VASHE WOUND SOL	3	PA
VENELEX OIN	3	PA
WOUNDGELHA GEL MATRIX	3	PA
XCELLISTEM POW 250MG	3	PA
XEROFORM OCL PAD 1X8"	3	PA
XEROFORM OCL PAD 4"X4"	3	PA
XEROFORM OIL MIS 1"X8"	3	PA
XEROFORM OIL MIS ROLL 4X9	3	PA
XEROFORM OIL PAD 2"X2"	3	PA
XEROFORM PET PAD 4X4 DRES	3	PA
XEROFORM PET PAD 5X9 DRES	3	PA
XEROFRM GAUZ MIS 1"X8"	3	PA
XEROFRM GAUZ MIS 5"X9"	3	PA
XEROFRM GAUZ PAD 5"X9"	3	PA
XEROFRM PETR PAD 2"X2"	3	PA
XEROFRM PETR PAD 4"X4"	3	PA
XEROFRM ROLL MIS 4"X9'	3	PA
ZANABIN GEL HYDROGEL	3	PA
ZENIFIBER AG PAD 2"X2"	3	PA
ZENIFIBER AG PAD 4"X5"	3	PA
ZENIFIBER AG PAD 6"X6"	3	PA
ZENIFIBER AG PAD 8"X8"	3	PA
ZENIFOAM AG PAD 2"X2"	3	PA
ZENIFOAM AG PAD 4"X5"	3	PA
ZENPHOR GEL WOUND	3	PA
ZENPHOR PAD WOUND	3	PA

## DIAGNOSTIC PRODUCTS

### DIAGNOSTIC BIOLOGICALS

BOTRYTIS CIN INJ 1:20	3	PA
<i>candida albicans</i> skin test antigen	1	
MOSQUITO INJ 1:100	3	PA
SACCHAROMYCE INJ 1:20	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIAGNOSTIC DRUGS</b>		
adenosine iv soln 3 mg/ml (diagnostic)	1	
ARIDOL KIT	3	PA
cosyntropin for inj 0.25 mg	1	
DIPYRIDAMOLE INJ 5MG/ML	3	
INDOCYANINE INJ 25MG	3	
isosulfan blue subcutaneous soln 1%	1	
MACRILEN PAK 60MG	3	PA
regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml)	1	
THYROGEN INJ 0.9MG	3	PA
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
ultrasound - gel	1	
<b>DIAGNOSTIC RADIOPHARMACEUTICALS</b>		
TECHNELITE KIT HEU	3	PA
TECHNELITE KIT LEU	3	PA
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK TES AVIVA PL	2	
ACCU-CHEK TES GUIDE	2	
ACCU-CHEK TES GUIDE	3	PA
ACCU-CHEK TES SMART	2	
ACCUTREND TES GLUCOSE	3	PA, QL
ADVANCE TES INTUITIO	3	PA, QL
ADVANCE TES MICRO-DW	3	PA, QL
ADVOCATE TES	3	PA
ADVOCATE TES REDI-COD	3	PA, QL
ADVOCATE TES REDICODE	3	PA, QL
AGAMATRIX TES AMP	3	PA
AGAMATRIX TES JAZZ	3	PA
AGAMATRIX TES KEYNOTE	3	PA, QL
AGAMATRIX TES PRESTO	3	PA
ASSURE 3 TES	3	PA, QL
ASSURE 4 TES	3	PA, QL
ASSURE II TES	3	PA, QL
ASSURE II TES CHECK	3	PA
ASSURE PRISM TES MULTI	3	PA, QL
ASSURE PRO TES	3	PA, QL
ASSURE TES PLATINUM	3	PA, QL
AUTOCODE TES BLD GLUC	3	PA
BLOOD GLUCOS TES	3	PA, QL
BLOOD GLUCOS TES LE1	3	PA
BLOOD GLUCOS TES PREMIUM	3	PA, QL
BLOOD GLUCOS TES STRIPS	3	PA, QL
BLULINK TES STRIPS	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARESENS N TES	3	PA, QL
CARETOUCH MIS TST STRP	3	PA
CLEVER CHEK TES	3	PA
CLEVER CHEK TES AUTO CD	3	PA
CLEVER CHEK TES TALK	3	PA
CLEVER CHEK TES VOICE	3	PA, QL
CLEVER CHOIC TES MICRO	3	PA
CLEVR CHOICE TES AUTO-CD	3	PA
CLEVR CHOICE TES NOCODE	3	PA
CONFIRM/MICR TES GLUCOSE	3	PA
CONTOUR TES BLD GLUC	3	PA
CONTOUR TES NEXT	3	PA, QL
COOL BLOOD TES GLUCOSE	3	PA
CVS ADVANCED TES GLUCOSE	3	PA, QL
CVS GLUCOSE TES TEST STR	3	PA
D-CARE BLOOD TES GLUCOSE	3	PA
DIATHRIVE MIS TEST STR	3	PA
DIATHRIVE+ MIS TEST STR	3	PA
DIATRUE PLUS TES STRIPS	3	PA
DUO-CARE TES	3	PA, QL
EASY PLUS II TES BLD GLUC	3	PA
EASY STEP TES	3	PA
EASY TALK TES BLD GLUC	3	PA
EASY TALK TES PLUS II	3	PA
EASY TOUCH TES GLUCOSE	3	PA
EASY TOUCH TES HEALTHPR	3	PA
EASY TOUCH TES STRIPS	3	PA, QL
EASY TRAK II TES BLD GLUC	3	PA
EASY TRAK TES BLD GLUC	3	PA
EASYGLUCO TES	3	PA, QL
EASymax 15 TES	3	PA
EASymax TES	3	PA
EASYPRO PLUS TES	3	PA
EASYPRO TES BLD GLUC	3	PA
ELEMENT TES	3	PA
ELEMNT COMPA TES STRIPS	3	PA
EMBRACE EVO TES	3	PA
EMBRACE PRO TES	3	PA, QL
EMBRACE TALK TES STRIPS	3	PA
EMBRACE TES BLD GLUC	3	PA, QL
EVOLUTION TES AUTOCODE	3	PA
FIFTY50 GLUC TES 2.0	3	PA
FORA 6 MIS CONNECT	3	PA
FORA ADVANCE TES PRO	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORA BLOOD TES GLUCOSE	3	PA
FORA D15G TES BLD GLUC	3	PA
FORA D20 TES BLD GLUC	3	PA
FORA D40/G31 TES GLUCOSE	3	PA
FORA G20 TES BLD GLUC	3	PA
FORA G30/V10 TES BLD GLUC	3	PA
FORA GD20 TES BLD GLUC	3	PA
FORA GD50 TES	3	PA
FORA GTel TES BLD GLUC	3	PA
FORA TN'G TES TN'G VOI	3	PA
FORA V10 TES BLD GLUC	3	PA
FORA V12 TES BLD GLUC	3	PA
FORA V20 TES BLD GLUC	3	PA
FORA V30A TES BLD GLUC	3	PA
FORACARE TES GD40	3	PA
FORACARE TES PREM V10	3	PA
FORACARE TES TST N GO	3	PA
FORTISCARE TES BLD GLUC	3	PA
FORTISCARE TES G1 BLOOD	3	PA
FREESTYLE TES	3	PA, QL
FREESTYLE TES INSULINX	3	PA
FREESTYLE TES LITE	3	PA, QL
FREESTYLE TES PREC NEO	3	PA
GE100 BLOOD TES GLUCOSE	3	PA, QL
GENULTIMATE TES	3	PA
GHT TEST TES STRIPS	3	PA
GLUCO PERFEC TES 3	3	PA
GLUCOCARD 01 TES PLUS	3	PA, QL
GLUCOCARD 01 TES SENSOR	3	PA, QL
GLUCOCARD TES EXPRESSI	3	PA, QL
GLUCOCARD TES SHINE	3	PA
GLUCOCARD TES VITAL	3	PA, QL
GLUCOCARD TES X-SENSOR	3	PA, QL
GLUCOCOM TES	3	PA
GLUCONAVII TES STRIPS	3	PA, QL
GLUCOSE TES STRIPS	3	PA
GNP TRU METR TES STRIPS	3	PA
GNP TRUETRAC TES SMRT SYS	3	PA
GOJJI BLOOD TES GLUCOSE	3	PA
GOJJI STRIPS MIS W/LANCET	3	PA
HOME PAP KIT	3	PA
HW EMBRACE TES PRO	3	PA
HW EMBRACE TES STRIPS	3	PA
IGLUCOSE TES	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IN TOUCH TES BLOOD	3	PA
INFINITY TES BLD GLUC	3	PA, QL
INFINITY TES VOICE	3	PA
KROGER BLOOD TES GLUCOSE	3	PA, QL
LIBERTY NEXT TES GEN	3	PA
LIBERTY TES	3	PA
MEIJER BLOOD TES GLUCOSE	3	PA
MEIJER TES TRUETEST	3	PA
MEIJER TES TRUETRAC	3	PA
MICRODOT TES	3	PA, QL
MICRODOT TES XTRA	3	PA
MYGLUCOHEALT TES BLD GLUC	3	PA
NEUTEK 2TEK TES STRIPS	3	PA, QL
NO CODING TES BLD GLUC	3	PA
NOVA MAX TES GLUCOSE	3	PA, QL
ONE DROP TES BLD GLUC	3	PA
ONETOUCH TES ULTRA	2	
ONETOUCH TES VERIO	2	
OPTIUMEZ TES	3	PA
POCKETCHEM TES EZ	3	PA, QL
POGO AUTOMAT TES CARTRIDG	3	PA
PRECISION TES XTRA	3	PA
PREMIUM BLOO MIS GLUCOSE	3	PA, QL
PRO VOICE TES V8/V9	3	PA
PRODIGY NO TES CODING	3	PA, QL
PTS PANELS TES EGLU	3	PA
QUICKTEK TES	3	PA, QL
QUINTET AC TES BLD GLUC	3	PA
QUINTET TES BLD GLUC	3	PA
REFUAH PLUS TES BLD GLUC	3	PA
RELION PREMI TES GLUCOSE	3	PA, QL
RELION PRIME TES	3	PA
RELION PRIME TES GLUCOSE	3	PA, QL
RELION TES ULTIMA	3	PA, QL
RELION TRUE TES METRIX	3	PA
RIGHTEST TES GS100	3	PA
RIGHTEST TES GS300	3	PA
RIGHTEST TES GS550	3	PA
RIGHTEST TES GT333	3	PA
SMART SENSE TES TEST	3	PA
SMARTEST TES BLD GLUC	3	PA
SOLUS V2 TES AUDIBLE	3	PA
SUPREME TES	3	PA, QL
TRU METRIX TES STRIPS	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE FOCUS MIS BLOOD	3	PA, QL
TRUE METRIX TES GLUCOSE	3	PA, QL
TRUETEST TES	3	PA, QL
TRUETRACK TES	3	PA, QL
TRUETRACK TES BLD GLUC	3	PA
TRUETRACK TES STRIPS	3	PA
UNISTRIP1 TES GENERIC	3	PA
VERASENS TES	3	PA
VIVAGUARD TES INO	3	PA, QL

#### **DIGITAL DIAGNOSTIC AIDS**

CANVAS DX MIS AUTISM	3	PA
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#### **MISCELLANEOUS CONTRAST MEDIA**

<i>clariscan inj 2.5mmol</i>	1
<i>clariscan inj 5mmol</i>	1
<i>clariscan inj 7.5mmol</i>	1
<i>clariscan inj 10mmol</i>	1
<i>clariscan inj 50mmol</i>	1
<i>gadobutrol inj 1 mmol/ml (604.72 mg/ml)</i>	1
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i>	1
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i>	1

#### **RADIOGRAPHIC CONTRAST MEDIA**

<i>iodixanol inj 270 mg/ml (iodine equivalent)</i>	1
<i>iodixanol inj 320 mg/ml (iodine equivalent)</i>	1
<i>iopamidol inj 41%</i>	1
<i>iopamidol inj 61%</i>	1

#### **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

##### **DIETARY MANAGEMENT PRODUCTS**

ASTAMED MYO CAP	3	PA
ELFOLATE PLU TAB 3-35-2MG	3	PA
ENTERAGAM POW 5GM	3	PA
FOSTEUM CAP	3	PA
FOSTEUM PLUS CAP	3	PA
GALAXTRA POW	3	PA
L-METHYL- TAB B6-B12	3	PA
LDL CARE POW	3	PA
LORMATE CAP	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEOKE BHB POW	3	PA
NICAPRIN TAB	3	PA
PROLEEVA CAP	3	PA
RHEUMATE CAP	3	PA
TOBAIKIENT CAP	3	PA
VASCULERA TAB	3	PA
VB6 P5P POW	3	PA
XAQUIL XR TAB 30MG	3	PA
XYZBAC TAB	3	PA

### ***NUTRITIONAL SUPPLEMENTS***

<i>asilnasal cap rms</i>	1	
ENU PRO3 POW PLUS	3	PA
EQUACARE JR POW CHOCOLA	3	PA
EQUACARE JR POW UNFLAVO	3	PA
EQUACARE JR POW VANILLA	3	PA
ESSENTIAL POW CARE JR	3	PA
GLYTACTIN POW BETTRMLK	3	PA
HCU EASY TAB	3	PA
MSUD EASY TAB	3	PA
PHENYLD GMP POW DHA/FIBR	3	PA
PKU EASY TAB	3	PA
TYR EASY TAB	3	PA

### **DIGESTIVE AIDS**

#### ***DIGESTIVE ENZYMES***

CREON CAP 3000UNIT	2
CREON CAP 6000UNIT	2
CREON CAP 12000UNT	2
CREON CAP 24000UNT	2
CREON CAP 36000UNT	2
VIOKACE TAB 10440	2
VIOKACE TAB 20880	2
ZENPEP CAP 3000UNIT	2
ZENPEP CAP 5000UNIT	2
ZENPEP CAP 10000UNT	2
ZENPEP CAP 15000UNT	2
ZENPEP CAP 20000UNT	2
ZENPEP CAP 25000UNT	2
ZENPEP CAP 40000UNT	2

### **DIURETICS**

#### ***CARBONIC ANHYDRASE INHIBITORS***

<i>acetazolamide cap er 12hr 500 mg</i>	1
<i>acetazolamide sodium for inj 500 mg</i>	1
<i>acetazolamide tab 125 mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	1	PA, QL
KEVEYIS TAB 50MG	3	PA, QL
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
<b>DIURETIC COMBINATIONS</b>		
AMILOR/HCTZ TAB 5-50	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75- 50 mg	1	
<b>LOOP DIURETICS</b>		
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
ethacrynone sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	1	
FUROSCIX KIT 80/10ML	3	PA
furosemide inj 10 mg/ml	1	
FUROSEMIDE INJ NACL	3	PA
furosemide oral soln 10 mg/ml	1	
FUROSEMIDE SOL 40MG/5ML	3	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
SOAANZ TAB 20MG	3	PA
SOAANZ TAB 40MG	3	PA
SOAANZ TAB 60MG	3	PA
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
<b>OSMOTIC DIURETICS</b>		
mannitol iv soln 20%	1	
mannitol iv soln 25%	1	
OSMITROL INJ 10%	3	
osmitrol vfx inj 20%	1	
<b>POTASSIUM SPARING DIURETICS</b>		
ALDACTONE TAB 25MG	3	

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ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
CAROSPIR SUS 25MG/5ML	3	PA
DYRENIUM CAP 50MG	3	PA
DYRENIUM CAP 100MG	3	PA
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	

### **THIAZIDES AND THIAZIDE-LIKE DIURETICS**

<i>chlorothiazide sodium for inj 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<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	3	PA

### **ENDOCRINE AND METABOLIC AGENTS - MISC.**

#### **ADRENAL STEROID INHIBITORS**

ISTURISA TAB 1MG	3	PA, QL
ISTURISA TAB 5MG	3	PA, QL
ISTURISA TAB 10MG	3	PA, QL
RECORLEV TAB 150MG	3	PA, QL

#### **BONE DENSITY REGULATORS**

<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ALENDRONATE TAB 5MG	3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
EVENITY INJ 105MG	3	PA, QL
FORTEO INJ 600/2.4	2	PA, QL
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
MIACALCIN INJ 200/ML	3	PA
MIACALCIN INJ 400/2ML	3	PA
NATPARA INJ 25MCG	3	PA, QL
NATPARA INJ 50MCG	3	PA, QL
NATPARA INJ 75MCG	3	PA, QL
NATPARA INJ 100MCG	3	PA, QL
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
PROLIA INJ 60MG/ML	2	PA, QL
RECLAST INJ 5/100ML	3	PA
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TERIPARATIDE INJ	3	PA, QL
TYMLOS INJ	2	PA, QL
XGEVA INJ	3	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	1	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	1	PA
ZOLEDRONIC INJ 4/100ML	3	PA
ZOLEDRONIC INJ 4MG/100	3	PA
<b>CORTICOTROPIN</b>		
ACTHAR INJ 80UNIT	3	PA, QL
CORTROPHIN GEL 80UNIT	3	PA, QL
<b>FERTILITY REGULATORS</b>		
CHOR GONADOT INJ 10000UNT	3	PA
CLOMID TAB 50MG	3	
FOLLISTIM AQ INJ 300UNIT	3	PA, QL
FOLLISTIM AQ INJ 600UNIT	3	PA, QL
FOLLISTIM AQ INJ 900UNIT	3	PA, QL
GONAL-F INJ 450UNIT	2	PA, QL
GONAL-F INJ 1050UNIT	2	PA, QL
GONAL-F RFF INJ 75UNIT	2	PA, QL
GONAL-F RFF INJ 300/0.5	2	PA, QL
GONAL-F RFF INJ 450/0.75	2	PA, QL
GONAL-F RFF INJ 900/1.5	2	PA, QL
MENOPUR INJ 75UNIT	2	PA
NOVAREL INJ 5000UNIT	3	PA
NOVAREL INJ 10000UNT	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OVIDREL INJ	2	PA
PREGNYL INJ 10000UUNT	3	PA
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG	2	PA
<i>fyremadel sol 250/0.5</i>	1	PA
GANIRELIX AC INJ 250/0.5	3	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1	PA
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ 10MG	3	PA, QL
SOMAVERT INJ 15MG	3	PA, QL
SOMAVERT INJ 20MG	3	PA, QL
SOMAVERT INJ 25MG	3	PA, QL
SOMAVERT INJ 30MG	3	PA, QL
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA SV INJ 2MG	3	PA, QL
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ 0.2MG	2	PA
GENOTROPIN INJ 0.4MG	2	PA
GENOTROPIN INJ 0.6MG	2	PA
GENOTROPIN INJ 0.8MG	2	PA
GENOTROPIN INJ 1.2MG	2	PA
GENOTROPIN INJ 1.4MG	2	PA
GENOTROPIN INJ 1.6MG	2	PA
GENOTROPIN INJ 1.8MG	2	PA
GENOTROPIN INJ 1MG	2	PA
GENOTROPIN INJ 2MG	2	PA
GENOTROPIN INJ 5MG	2	PA
GENOTROPIN INJ 12MG	2	PA
HUMATROPE INJ 6MG	3	PA
HUMATROPE INJ 12MG	3	PA
HUMATROPE INJ 24MG	3	PA
NGENLA INJ 24/1.2ML	3	PA
NGENLA INJ 60/1.2ML	3	PA
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
NUTROPIN AQ INJ 10MG/2ML	3	PA
NUTROPIN AQ INJ 20MG/2ML	3	PA
NUTROPIN AQ INJ NUSPIN 5	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNITROPE INJ 5.8MG	3	PA, QL
OMNITROPE INJ 5/1.5ML	3	PA
OMNITROPE INJ 10/1.5ML	3	PA
SAIZEN INJ 5MG	3	PA
SAIZEN INJ 8.8MG	3	PA
SAIZENPREP INJ 8.8MG	3	PA, QL
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA
SEROSTIM INJ 6MG	3	PA
SKYTROFA INJ 3.6MG	3	PA
SKYTROFA INJ 3MG	3	PA
SKYTROFA INJ 4.3MG	3	PA
SKYTROFA INJ 5.2MG	3	PA
SKYTROFA INJ 6.3MG	3	PA
SKYTROFA INJ 7.6MG	3	PA
SKYTROFA INJ 9.1MG	3	PA
SKYTROFA INJ 11MG	3	PA
SKYTROFA INJ 13.3MG	3	PA, QL
SOGROYA INJ 5MG/1.5	3	PA, QL
SOGROYA INJ 10MG/1.5	3	PA, QL
SOGROYA INJ 15MG/1.5	3	PA, QL
ZOMACTON INJ 5MG	3	PA
ZOMACTON INJ 10MG	3	PA
ZORBTIVE INJ 8.8MG	3	PA

#### **HORMONE RECEPTOR MODULATORS**

OSPHENA TAB 60MG	3	PA
<i>raloxifene hcl tab 60 mg</i>	1	AGE; ACA

#### **INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS**

TEPEZZA INJ 500MG	3	PA
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#### **INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**

INCRELEX INJ 40MG/4ML	3	PA
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#### **LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**

FENSOLVI INJ 45MG	2	PA
LUPR DEP-PED INJ 3M 30MG	2	PA
LUPR DEP-PED INJ 7.5MG	2	PA
LUPR DEP-PED INJ 11.25MG	2	PA
LUPR DEP-PED INJ 15MG	2	PA
LUPRON DEPOT INJ PED 6MON	2	PA
SUPPRELIN LA KIT 50MG	2	PA
TRIPTODUR SUS 22.5MG	2	PA

#### **METABOLIC MODIFIERS**

ALDURAZYME INJ 2.9MG/5M	3	PA
<i>betaine powder for oral solution</i>	1	PA

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**AGE** - Age Limit    **GNDR** - Gender Edit    **ONC** - Oral Oncology Medications    **PA** - Prior Authorization    **QL** - Quantity Limits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BUPHENYL POW	3	PA, QL
BUPHENYL TAB 500MG	3	PA, QL
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	3	PA
<i>carglumic acid soluble tab 200 mg</i>	1	PA
CARNITOR SF SOL 1GM/10ML	3	PA
CARNITOR SOL 1GM/10ML	3	PA
CARNITOR TAB 330MG	3	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL
CITRULLINE TAB EASY 1GM	3	PA
CRYSVITA INJ 10MG/ML	3	PA, QL
CRYSVITA INJ 20MG/ML	3	PA, QL
CRYSVITA INJ 30MG/ML	3	PA, QL
CYSTADANE POW	3	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>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	1	
ELAPRASE INJ 6MG/3ML	3	PA
ELFABRIO SOL 20/10ML	3	PA
FABRAZYME INJ 5MG	3	PA
FABRAZYME INJ 35MG	3	PA
GALAFOLD CAP 123MG	3	PA, QL
<i>javygtor pak 100mg</i>	1	PA
<i>javygtor pow 500mg</i>	1	PA
<i>javygtor tab 100mg</i>	1	PA
KANUMA INJ 20/10ML	3	PA
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA, QL
KUVAN TAB 100MG	3	PA
L-CARNITINE INJ 500MG/ML	3	PA
LAMZEDE INJ 10MG	3	PA
<i>levocarnitine inj 200 mg/ml</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
LUMIZYME INJ 50MG	3	PA
MEPSEVII INJ 10MG/5ML	3	PA
MYALEPT INJ 11.3MG	3	PA, QL
NAGLAZYME INJ 1MG/ML	3	PA
NEXVIAZYME INJ 100MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	PA
NITYR TAB 2MG	3	PA
NITYR TAB 5MG	3	PA
NITYR TAB 10MG	3	PA
NULIBRY INJ 9.5MG	3	PA, QL
OLPRUVA PAK 2GM	3	PA, QL
OLPRUVA PAK 3GM	3	PA, QL
OLPRUVA PAK 4 GM	3	PA, QL
OLPRUVA PAK 5GM	3	PA, QL
OLPRUVA PAK 6.67GM	3	PA, QL
OLPRUVA PAK 6GM	3	PA, QL
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
PALYNZIQ INJ 2.5/0.5	3	PA, QL
PALYNZIQ INJ 10/0.5ML	3	PA, QL
PALYNZIQ INJ 20MG/ML	3	PA, QL
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>paricalcitol iv soln 2 mcg/ml</i>	1	
<i>paricalcitol iv soln 5 mcg/ml</i>	1	
PARSABIV INJ 2.5-0.5	3	PA
PARSABIV INJ 5MG/ML	3	PA, QL
PARSABIV INJ 10MG/2ML	3	PA
PHEBURANE MIS 483/GM	3	PA, QL
RAVICTI LIQ 1.1GM/ML	3	PA
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	3	PA, QL
SENSIPAR TAB 60MG	3	PA, QL
SENSIPAR TAB 90MG	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sodium benzoate & sodium phenylacetate iv soln 10-10%	1	
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL
sodium phenylbutyrate tab 500 mg	1	PA, QL
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
VIMIZIM INJ 5MG/5ML	3	PA
XENPOZYME INJ 4MG	3	PA
XENPOZYME SOL 20MG	3	PA
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB 10MG	2	
KERENDIA TAB 20MG	2	
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO INJ 0.4MG	3	PA, QL
VOXZOGO INJ 0.56MG	3	PA, QL
VOXZOGO INJ 1.2MG	3	PA, QL
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate inj 4 mcg/ml	1	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
DESMOPRESSIN SOL 1.5MG/ML	3	PA
TERLIVAZ INJ 0.85MG	3	PA
VASO/DEXTROS SOL	3	PA
VASOPRE/NACL INJ 2UNITS	3	PA
VASOPRE/NACL INJ 20/100ML	3	PA
VASOPRE/NACL INJ 40/100ML	3	PA
vasopressin iv soln 20 unit/ml (for iv infusion)	1	
VASOPRESSIN SOL 5UT/5ML	3	PA
VASOPRESSIN SOL DEXTROSE	3	PA
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
mifepristone tab 200 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
LANREOTIDE INJ 120/.5ML	3	PA, QL
MYCAPSSA CAP 20MG	3	PA, QL
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL
OCTREOTIDE INJ 50MCG/ML	3	PA, QL
OCTREOTIDE INJ 100MCG	3	PA, QL
OCTREOTIDE INJ 500MCG	3	PA, QL
SANDOSTATIN INJ 50MCG/ML	3	PA, QL
SANDOSTATIN INJ 100MCG	3	PA, QL
SANDOSTATIN INJ 500MCG	3	PA, QL
SANDOSTATIN KIT LAR 10MG	3	PA, QL
SANDOSTATIN KIT LAR 20MG	3	PA, QL
SANDOSTATIN KIT LAR 30MG	3	PA, QL
SIGNIFOR INJ 0.3MG/ML	3	PA, QL
SIGNIFOR INJ 0.6MG/ML	3	PA, QL
SIGNIFOR INJ 0.9MG/ML	3	PA, QL
SIGNIFOR LAR INJ 10MG	3	PA, QL
SIGNIFOR LAR INJ 20MG	3	PA, QL
SIGNIFOR LAR INJ 30MG	3	PA, QL
SIGNIFOR LAR INJ 40MG	3	PA, QL
SIGNIFOR LAR INJ 60MG	3	PA, QL
SOMATULINE INJ 60/0.2ML	2	PA, QL
SOMATULINE INJ 90/0.3ML	2	PA, QL
SOMATULINE INJ 120/.5ML	2	PA, QL
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK 15MG	3	PA, QL
JYNARQUE PAK 30-15MG	3	PA, QL
JYNARQUE PAK 45-15MG	3	PA, QL
JYNARQUE PAK 60-30MG	3	PA, QL
JYNARQUE PAK 90-30MG	3	PA, QL
JYNARQUE TAB 15MG	3	PA, QL
JYNARQUE TAB 30MG	3	PA, QL
SAMSCA TAB 15MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAMSCA TAB 30MG	3	PA
<i>tolvaptan tab 15 mg</i>	1	PA
<i>tolvaptan tab 30 mg</i>	1	PA

## **ESTROGENS**

### **ESTROGEN COMBINATIONS**

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

## **ESTROGENS**

DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
<i>dotti dis 0.1mg</i>	1	
<i>dotti dis 0.05mg</i>	1	
<i>dotti dis 0.025mg</i>	1	
<i>dotti dis 0.075mg</i>	1	
<i>dotti dis 0.0375mg</i>	1	
EC-RX ESTRAD CRE 0.4%	3	PA
EC-RX ESTRAD CRE 0.6%	3	PA
ESTRADIOL MIS 6MG	3	PA
<i>estradiol tab 0.5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
EVAMIST SPR 1.53MG	2	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	1	
MENEST TAB 0.3MG	3	PA
MENEST TAB 0.625MG	3	PA
MENEST TAB 1.25MG	3	PA
MINIVELLE DIS 0.1MG	3	PA
MINIVELLE DIS 0.05MG	3	PA
MINIVELLE DIS 0.025MG	3	PA
MINIVELLE DIS 0.075MG	3	PA
MINIVELLE DIS 0.0375MG	3	PA
PREMARIN TAB 0.3MG	3	PA
PREMARIN TAB 0.9MG	3	PA
PREMARIN TAB 0.45MG	3	PA
PREMARIN TAB 0.625MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREMARIN TAB 1.25MG	3	PA
VIVELLE-DOT DIS 0.1MG	3	PA
VIVELLE-DOT DIS 0.05MG	3	PA
VIVELLE-DOT DIS 0.025MG	3	PA
VIVELLE-DOT DIS 0.075MG	3	PA
VIVELLE-DOT DIS 0.0375MG	3	PA

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

<i>ciprofloxacin 200 mg/100ml in d5w</i>	1
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1
CIPROFLOXACN TAB 100MG	3
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1
LEVOFLOXACIN INJ 25MG/ML	3
LEVOFLOXACIN SOL 25MG/ML	3
<i>levofloxacin tab 250 mg</i>	1
<i>levofloxacin tab 500 mg</i>	1
<i>levofloxacin tab 750 mg</i>	1
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1
MOXIFLOXACIN INJ 400/250	3
MOXIFLOXACIN INJ 400/250	3
OFLOXACIN TAB 300MG	3
<i>ofloxacin tab 400 mg</i>	1

## **GASTROINTESTINAL AGENTS - MISC.**

### **5-HT4 RECEPTOR AGONISTS**

MOTEGRITY TAB 1MG	3	PA
MOTEGRITY TAB 2MG	3	PA

### **BILE ACID SYNTHESIS DISORDER AGENTS**

CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA

### **FARNESOID X RECEPTOR (FXR) AGONISTS**

OCALIVA TAB 5MG	3	PA, QL
OCALIVA TAB 10MG	3	PA, QL

### **GALLSTONE SOLUBILIZING AGENTS**

CHENODAL TAB 250MG	3	PA
RELTONE CAP 200MG	3	PA
RELTONE CAP 400MG	3	PA
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
URSODIOL CAP 200MG	3	PA
<i>ursodiol cap 300 mg</i>	1	
URSODIOL CAP 400MG	3	PA
URSODIOL SUS 30MG/ML	3	PA
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP 8MCG	3	PA
AMITIZA CAP 24MCG	3	PA
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
<b>GASTROINTESTINAL STIMULANTS</b>		
DEXPANTHENOL INJ 250MG/ML	3	PA
GIMOTI SPR 15MG	3	PA
METOCLOPRAM TAB 5MG ODT	3	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAP 200MCG	3	PA, QL
BYLVAY CAP 400MCG	3	PA, QL
BYLVAY CAP 600MCG	3	PA, QL
BYLVAY CAP 1200MCG	3	PA, QL
LIVMARLI SOL 9.5MG/ML	3	PA, QL
<b>INFLAMMATORY BOWEL AGENTS</b>		
ASACOL HD TAB 800MG	3	PA
AVSOLA INJ 100MG	3	PA, QL
<i>balsalazide disodium cap 750 mg</i>	1	
CIMZIA KIT 200MG	3	PA, QL
CIMZIA PREFL KIT 200MG/ML	3	PA, QL
CIMZIA START KIT 200MG/ML	3	PA, QL
COLAZAL CAP 750MG	3	PA
DELZICOL CAP 400MG	3	PA
ENTYVIO INJ 300MG	3	PA, QL
INFLECTRA INJ 100MG	3	PA, QL
INFLIXIMAB INJ 100MG	3	PA, QL
LIALDA TAB 1.2GM	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
MESALAMINE TAB 800MG DR	3	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
PENTASA CAP 250MG CR	3	PA
PENTASA CAP 500MG CR	3	PA
REMICADE INJ 100MG	2	PA, QL
RENFLEXIS INJ 100MG	3	PA, QL
SKYRIZI INJ 180/1.2	2	PA, QL
SKYRIZI INJ 360/2.4	2	PA, QL
SKYRIZI SOL 60MG/ML	2	PA, QL
STELARA INJ 5MG/ML	2	PA, QL
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose sol 10gm/15</i>	1	
<i>generlac sol 10gm/15</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	PA
IBSRELA TAB 50MG	3	PA
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	PA
LOTRONEX TAB 1MG	3	PA
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA SUS FECAL	3	PA
VOWST CAP	3	PA, QL
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan cap 12 mg</i>	1	
MOVANTIK TAB 12.5MG	3	PA
MOVANTIK TAB 25MG	3	PA
SYMPROIC TAB 0.2MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	2	
calcium acetate ( <i>phosphate binder</i> ) cap 667 mg (169 mg ca)	1	
calcium acetate ( <i>phosphate binder</i> ) tab 667 mg	1	
FOSRENOL CHW 500MG	3	PA
FOSRENOL CHW 750MG	3	PA
FOSRENOL CHW 1000MG	3	PA
FOSRENOL POW 750MG	3	PA
FOSRENOL POW 1000MG	3	PA
PHOSLYRA SOL	2	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
SEVELAMER TAB 400MG	3	
VELPHORO CHW 500MG	2	
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT 5MG	3	PA, QL
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB 250MG	3	PA; ONC
<b>GENERAL ANESTHETICS</b>		
<b>ANESTHETICS - MISC.</b>		
ANESTHESIA KIT S/I-40A	3	PA
ANESTHESIA KIT S/I-40H	3	PA
<i>etomidate iv soln 2 mg/ml</i>	1	
KETAMIN/NACL INJ 10MG/ML	3	PA
KETAMIN/NACL INJ 20MG/2ML	3	PA
KETAMIN/NACL INJ 50/5ML	3	PA
KETAMIN/NACL INJ 50MG/5ML	3	PA
KETAMIN/NACL SOL 100/10ML	3	PA
KETAMINE HCL INJ 0.6MG/ML	3	PA
KETAMINE HCL INJ 1MG/ML	3	PA
<i>ketamine hcl inj 10 mg/ml</i>	1	
KETAMINE HCL INJ 30MG/3ML	3	PA
<i>ketamine hcl inj 50 mg/ml</i>	1	
KETAMINE HCL INJ 50MG/5ML	3	PA
<i>ketamine hcl inj 100 mg/ml</i>	1	
KETAMINE HCL INJ 100/2ML	3	PA
KETAMINE HCL INJ 100/10ML	3	PA
KETAMINE HCL INJ NACL	3	PA
KETAMINE HCL SOL	3	PA
KETAMINE HCL SOL 20MG/2ML	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KETAMINE HCL SOL 50MG/ML	3	PA
KETAMINE HCL TRO 100MG	3	PA
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	1	
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i>	1	
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i>	1	
<i>propoven inj</i>	1	
<i>propoven inj 200/20ml</i>	1	
<i>propoven inj 500/50ml</i>	1	
<b>BARBITURATE ANESTHETICS</b>		
METHOHEX SOD INJ 100/10ML	3	PA
<b>VOLATILE ANESTHETICS</b>		
<i>desflurane inhal soln</i>	1	
<i>isoflurane inhal soln</i>	1	
<i>sevoflurane inhal soln</i>	1	
<i>terrell sol</i>	1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
CYTRA K GRA CRYSTALS	3	
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
PROSYSBI CAP 25MG	3	PA, QL
PROSYSBI CAP 75MG	3	PA, QL
PROSYSBI GRA 75MG	3	PA, QL
PROSYSBI GRA 300MG	3	PA, QL
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	1	
<i>argyl saline sol 0.9% irr</i>	1	
<i>curity salin sol 0.9% irr</i>	1	
<i>glycine irrigation soln 1.5%</i>	1	
NEO/POLY GU SOL 40/ML IR	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sodium chloride irrigation soln 0.9%	1	
<b>HYPEROXALURIA AGENTS</b>		
OXLUMO INJ 94.5/0.5	3	PA, QL
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI TAB 200MG	3	PA, QL
FILSPARI TAB 400MG	3	PA, QL
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP 100MG	3	PA
PENTOSAN CAP 150MG	3	PA
PENTOSAN CAP 200MG	3	PA
RIMSO-50 SOL 50%	3	PA
<b>PROSTATIC HYPERSTROPHY AGENTS</b>		
alfuzosin hcl tab er 24hr 10 mg	1	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
ENTADFI CAP 5-5MG	3	PA
finasteride tab 5 mg	1	
JALYN CAP	3	PA
RAPAFLO CAP 4MG	3	PA
RAPAFLO CAP 8MG	3	PA
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
UROXATRAL TAB 10MG	3	PA
<b>URINARY ANALGESICS</b>		
phenazo tab 200mg	1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TAB 250MG	3	PA
THIOLA EC TAB 100MG	3	PA
THIOLA EC TAB 300MG	3	PA
THIOLA TAB 100MG	3	PA
tiopronin tab 100 mg	1	PA
<b>OUT AGENTS</b>		
<b>GOOT AGENT COMBINATIONS</b>		
colchicine w/ probenecid tab 0.5-500 mg	1	
<b>GOOT AGENTS</b>		
allopurinol sodium for inj 500 mg	1	
allopurinol tab 100 mg	1	
ALLOPURINOL TAB 200MG	3	PA
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
COLCRYS TAB 0.6MG	3	PA
febuxostat tab 40 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
febuxostat tab 80 mg	1	
KRYSTEXXA INJ 8MG/ML	3	PA
MITIGARE CAP 0.6MG	1	
ULORIC TAB 40MG	3	PA
ULORIC TAB 80MG	3	PA
<b>URICOSURICS</b>		
probenecid tab 500 mg	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI INJ 189MG/ML	3	PA
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE INJ 250UNIT	2	PA
ADVATE INJ 500UNIT	2	PA
ADVATE INJ 1000UNIT	2	PA
ADVATE INJ 1500UNIT	2	PA
ADVATE INJ 2000UNIT	2	PA
ADVATE INJ 3000UNIT	2	PA
ADVATE INJ 4000UNIT	2	PA
ADYNOVATE INJ 250UNIT	2	PA
ADYNOVATE INJ 500UNIT	2	PA
ADYNOVATE INJ 750UNIT	2	PA
ADYNOVATE INJ 1000UNIT	2	PA
ADYNOVATE INJ 1500UNIT	2	PA
ADYNOVATE INJ 2000UNIT	2	PA
ADYNOVATE INJ 3000UNIT	2	PA
AFSTYLA KIT 250UNIT	2	PA
AFSTYLA KIT 500UNIT	2	PA
AFSTYLA KIT 1000UNIT	2	PA
AFSTYLA KIT 1500UNIT	2	PA
AFSTYLA KIT 2000UNIT	2	PA
AFSTYLA KIT 2500UNIT	2	PA
AFSTYLA KIT 3000UNIT	2	PA
ALPHANATE INJ 250 UNIT	3	PA, QL
ALPHANATE INJ 500 UNIT	3	PA, QL
ALPHANATE INJ 1000UNIT	3	PA, QL
ALPHANATE INJ 1500UNIT	3	PA, QL
ALPHANATE INJ 2000UNIT	3	PA, QL
ALPHANINE SD INJ 500UNIT	3	PA, QL
ALPHANINE SD INJ 1000UNIT	3	PA, QL
ALPHANINE SD INJ 1500UNIT	3	PA, QL
ALPROLIX INJ 250UNIT	2	PA
ALPROLIX INJ 500UNIT	2	PA
ALPROLIX INJ 1000UNIT	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALPROLIX INJ 2000UNIT	2	PA
ALPROLIX INJ 3000UNIT	2	PA
ALPROLIX INJ 4000UNIT	2	PA
ALTUVIPIO INJ 250 UNIT	3	PA
ALTUVIPIO INJ 250UNIT	3	PA
ALTUVIPIO INJ 500UNIT	3	PA
ALTUVIPIO INJ 1000UNIT	3	PA
ALTUVIPIO INJ 2000UNIT	3	PA
ALTUVIPIO INJ 3000UNIT	3	PA
ALTUVIPIO INJ 4000UNIT	3	PA
BENEFIX INJ 250UNIT	3	PA
BENEFIX INJ 500UNIT	3	PA
BENEFIX INJ 1000UNIT	3	PA
BENEFIX INJ 2000UNIT	3	PA
BENEFIX INJ 3000UNIT	3	PA
COAGADEX INJ 250UNIT	3	PA, QL
COAGADEX INJ 500UNIT	3	PA, QL
CORIFACT KIT	3	PA
ELOCTATE INJ 250UNIT	2	PA
ELOCTATE INJ 500UNIT	2	PA
ELOCTATE INJ 750UNIT	2	PA
ELOCTATE INJ 1000UNIT	2	PA
ELOCTATE INJ 1500UNIT	2	PA
ELOCTATE INJ 2000UNIT	2	PA
ELOCTATE INJ 3000UNIT	2	PA
ELOCTATE INJ 4000UNIT	2	PA
ELOCTATE INJ 5000UNIT	2	PA
ELOCTATE INJ 6000UNIT	2	PA
ESPEROCT INJ 500UNIT	2	PA
ESPEROCT INJ 1000UNIT	2	PA
ESPEROCT INJ 1500UNIT	2	PA
ESPEROCT INJ 2000UNIT	2	PA
ESPEROCT INJ 3000UNIT	2	PA
FEIBA INJ	3	PA
FIBRYGA INJ 1GM	3	PA, QL
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
HEMOFIL M INJ 250UNIT	3	PA
HEMOFIL M INJ 500UNIT	3	PA
HEMOFIL M INJ 1000UNIT	3	PA
HEMOFIL M INJ 1700UNIT	3	PA
HUMATE-P SOL 250-600	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMATE-P SOL 500-1200	3	PA, QL
HUMATE-P SOL 2400UNIT	3	PA, QL
IDEVION SOL 250UNIT	3	PA
IDEVION SOL 500UNIT	3	PA
IDEVION SOL 1000UNIT	3	PA
IDEVION SOL 2000UNIT	3	PA
IDEVION SOL 3500UNIT	3	PA
IXINITY INJ 250UNIT	3	PA, QL
IXINITY INJ 500UNIT	3	PA, QL
IXINITY INJ 1000UNIT	3	PA, QL
IXINITY INJ 1500UNIT	3	PA, QL
IXINITY INJ 2000UNIT	3	PA, QL
IXINITY INJ 3000UNIT	3	PA, QL
JIVI INJ 500 UNIT	2	PA
JIVI INJ 1000UNIT	2	PA
JIVI INJ 2000UNIT	2	PA
JIVI INJ 3000UNIT	2	PA
KOATE INJ 250UNIT	3	PA, QL
KOATE INJ 500 UNIT	3	PA
KOATE INJ 1000UNIT	3	PA, QL
KOATE-DVI INJ 500UNIT	3	PA
KOATE-DVI INJ 1000UNIT	3	PA
KOGENATE FS INJ 250UNIT	2	PA
KOGENATE FS INJ 500UNIT	2	PA
KOGENATE FS INJ 1000UNIT	2	PA
KOGENATE FS INJ 2000UNIT	2	PA
KOGENATE FS INJ 3000UNIT	2	PA
KOVALTRY INJ 250UNIT	2	PA
KOVALTRY INJ 500UNIT	2	PA
KOVALTRY INJ 1000UNIT	2	PA
KOVALTRY INJ 2000UNIT	2	PA
KOVALTRY INJ 3000UNIT	2	PA
NOVOEIGHT INJ 250UNIT	2	PA
NOVOEIGHT INJ 500UNIT	2	PA
NOVOEIGHT INJ 1000UNIT	2	PA
NOVOEIGHT INJ 1500UNIT	2	PA
NOVOEIGHT INJ 2000UNIT	2	PA
NOVOEIGHT INJ 3000UNIT	2	PA
NOVOSEVEN RT INJ 1MG	2	PA
NOVOSEVEN RT INJ 2MG	2	PA
NOVOSEVEN RT INJ 5MG	2	PA
NOVOSEVEN RT INJ 8MG	2	PA
NUWIQ INJ 250UNIT	2	PA
NUWIQ INJ 500UNIT	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUWIQ INJ 1000UNIT	2	PA
NUWIQ INJ 1500UNIT	2	PA
NUWIQ INJ 2000UNIT	2	PA
NUWIQ INJ 2500UNIT	2	PA
NUWIQ INJ 3000UNIT	2	PA
NUWIQ INJ 4000UNIT	2	PA
NUWIQ KIT 250UNIT	2	PA
NUWIQ KIT 500UNIT	2	PA
NUWIQ KIT 1000UNIT	2	PA
NUWIQ KIT 1500UNIT	2	PA
NUWIQ KIT 2000UNIT	2	PA
NUWIQ KIT 2500UNIT	2	PA
NUWIQ KIT 3000UNIT	2	PA
NUWIQ KIT 4000UNIT	2	PA
OBIZUR INJ 500 UNIT	3	PA
PROFILNINE INJ 500UNIT	3	PA, QL
PROFILNINE INJ 1000UNIT	3	PA
PROFILNINE INJ 1500UNIT	3	PA
REBINYN INJ 3000UNIT	2	PA
REBINYN SOL 500UNIT	2	PA
REBINYN SOL 1000UNIT	2	PA
REBINYN SOL 2000UNIT	2	PA
RECOMBINATE INJ	3	PA
RECOMBINATE INJ 220-400	3	PA
RECOMBINATE INJ 401-800	3	PA
RECOMBINATE INJ 801-1240	3	PA
RIASTAP SOL 1GM	3	PA
RIXUBIS INJ 250 UNIT	3	PA
RIXUBIS INJ 500UNIT	3	PA
RIXUBIS INJ 1000UNIT	3	PA
RIXUBIS INJ 2000UNIT	3	PA
RIXUBIS INJ 3000UNIT	3	PA
SEVENFACT INJ 1MG	2	PA
SEVENFACT INJ 5MG	2	PA
TRETEN INJ	3	PA
VONVENDI INJ 650UNIT	3	PA
VONVENDI INJ 1300UNIT	3	PA
WILATE INJ	3	PA
XYNTHA INJ 250UNIT	2	PA
XYNTHA INJ 500UNIT	2	PA
XYNTHA INJ 1000UNIT	2	PA
XYNTHA INJ 2000UNIT	2	PA
XYNTHA SOLOF INJ 500UNIT	2	PA
XYNTHA SOLOF INJ 1000UNIT	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XYNTHA SOLOF INJ 2000UNIT	2	PA
XYNTHA SOLOF INJ 3000UNIT	2	PA
XYNTHA SOLOF KIT 250UNIT	2	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ 30MG/3ML	3	PA, QL
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	PA, QL
<i>sajazir inj 30mg/3ml</i>	1	PA, QL
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ 500UNIT	3	PA, QL
CINRYZE SOL 500 UNIT	3	PA, QL
EMPAVELI INJ 1080MG	2	PA, QL
ENJAYMO SOL	3	PA, QL
HAEGARDA INJ 2000UNIT	3	PA, QL
HAEGARDA INJ 3000UNIT	3	PA, QL
RUCONEST INJ 2100UNIT	2	PA, QL
SOLIRIS INJ 10MG/ML	3	PA
TAVNEOS CAP 10MG	3	PA, QL
ULTOMIRIS INJ 100MG/ML	3	PA
<b>HEMATOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB 100MG	2	PA, QL
TAVALISSE TAB 150MG	2	PA, QL
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	
<b>PLASMA EXPANDERS</b>		
<i>hetastarch in sodium chloride inj 6-0.9%</i>	1	
LMD 10%/D5W INJ	3	
LMD 10%/NACL INJ 0.9%	3	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR INJ 10MG/ML	3	PA, QL
ORLADEYO CAP 110MG	2	PA, QL
ORLADEYO CAP 150MG	2	PA, QL
TAKHZYRO INJ 150MG/ML	2	PA, QL
TAKHZYRO INJ 300/2ML	2	PA, QL
<b>PLASMA PROTEINS</b>		
ALBUMINEX SOL 5%	3	PA
ALBUMINEX SOL 25%	3	PA
RYPLAZIM SOL 68.8MG	3	PA
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRASTAT INJ 3.75/15	3	PA
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	

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<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
CABLIVI KIT 11MG	3	PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<i>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</i>	1	
<i>eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)</i>	1	
<i>eptifibatide iv soln 200 mg/100ml (2 mg/ml)</i>	1	
KENGREAL SOL 50MG	3	PA
PLAVIX TAB 75MG	3	PA
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<i>tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)</i>	1	
<i>tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)</i>	1	
YOSPRALA TAB 81-40MG	3	PA
YOSPRALA TAB 325-40MG	3	PA
ZONTIVITY TAB 2.08MG	3	PA
<b>PROTAMINE</b>		
PROTAMINE SU SOL 10MG/ML	3	
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND TAB 5MG	3	PA, QL
PYRUKYND TAB 5MG TP	3	PA, QL
PYRUKYND TAB 20MG	3	PA, QL
PYRUKYND TAB 20MGX5MG	3	PA, QL
PYRUKYND TAB 50MG	3	PA, QL
PYRUKYND TAB 50MGX20M	3	PA, QL
<b>THROMBOLYTIC AGENT - MISC</b>		
DEFITELIO INJ 200/2.5	3	PA
<b>THROMBOLYTIC ENZYMES</b>		
RETAVASE INJ FULL KIT	3	PA
RETAVASE INJ HALF-KIT	3	PA

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<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP 84MG		
CERDELGA CAP 84MG	2	PA, QL
CEREZYME INJ 400UNIT	2	PA, QL
ELELYSO INJ 200UNIT	3	PA, QL
<i>miglustat cap 100 mg</i>	1	PA, QL
VPRIV INJ 400UNIT	3	PA, QL
ZAVESCA CAP 100MG	3	PA, QL
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ENDARI POW 5GM	2	PA, QL
OXBRYTA TAB 300MG	3	PA, QL
OXBRYTA TAB 500MG	3	PA, QL
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	ONC
<b>COBALAMINS</b>		
CYANOCOBALAM SOL 2000MCG	3	PA
METHYLCOBALA INJ 1MG/ML	3	PA
METHYLCOBALA INJ 5MG/ML	3	PA
METHYLCOBALA INJ 10MG/ML	3	PA
METHYLCOBALA INJ 10000MCG	3	PA
METHYLCOBALA INJ 50000MCG	3	PA
VITAMIN KIT SYS-B12	3	PA
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	3	PA
ARANESP INJ 25MCG	3	PA
ARANESP INJ 40MCG	3	PA
ARANESP INJ 60MCG	3	PA
ARANESP INJ 100MCG	3	PA
ARANESP INJ 150MCG	3	PA
ARANESP INJ 200MCG	3	PA
ARANESP INJ 300MCG	3	PA
ARANESP INJ 500MCG	3	PA
DOPTELET TAB 20MG	2	PA, QL
EPOGEN INJ 2000/ML	3	PA
EPOGEN INJ 3000/ML	3	PA
EPOGEN INJ 4000/ML	3	PA
EPOGEN INJ 10000/ML	3	PA
EPOGEN INJ 20000/ML	3	PA
FULPHILA INJ 6/0.6ML	3	PA, QL
FYLNETRA INJ 6MG/0.6	2	PA, QL
GRANIX INJ 300/0.5	3	PA, QL
GRANIX INJ 300/1ML	3	PA
GRANIX INJ 480/0.8	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GRANIX INJ 480/1.6	3	PA
LEUKINE INJ 250MCG	3	PA
MIRCERA INJ 30MCG	3	PA
MIRCERA INJ 50MCG	3	PA
MIRCERA INJ 75MCG	3	PA
MIRCERA INJ 100MCG	3	PA
MIRCERA INJ 120MCG	3	PA
MIRCERA INJ 150MCG	3	PA
MIRCERA INJ 200MCG	3	PA
MULPLETA TAB 3MG	3	PA, QL
NEULASTA INJ 6MG/0.6M	3	PA, QL
NEULASTA KIT 6MG/0.6M	3	PA, QL
NEUPOGEN INJ 300/0.5	3	PA, QL
NEUPOGEN INJ 300MCG	3	PA
NEUPOGEN INJ 480/0.8	3	PA, QL
NEUPOGEN INJ 480MCG	3	PA
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NPLATE INJ 125MCG	3	PA
NPLATE INJ 250MCG	3	PA
NPLATE INJ 500MCG	3	PA
NYVEPRIA INJ 6/0.6ML	2	PA, QL
PROCRIT INJ 2000/ML	3	PA
PROCRIT INJ 3000/ML	3	PA
PROCRIT INJ 4000/ML	3	PA
PROCRIT INJ 10000/ML	3	PA
PROCRIT INJ 20000/ML	3	PA
PROCRIT INJ 40000/ML	3	PA
PROMACTA PAK 25MG	2	PA, QL
PROMACTA POW 12.5MG	2	PA, QL
PROMACTA TAB 12.5MG	2	PA, QL
PROMACTA TAB 25MG	2	PA, QL
PROMACTA TAB 50MG	2	PA, QL
PROMACTA TAB 75MG	2	PA, QL
REBLOZYL INJ 25MG	3	PA
REBLOZYL INJ 75MG	3	PA
RELEUKO INJ 300MCG	3	PA
RELEUKO INJ 480MCG	3	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA
ROLVEDON INJ 13.2MG	3	PA, QL
STIMUFEND INJ 6/0.6ML	3	PA, QL
UDENYCA INJ 6MG/0.6	2	PA
UDENYCA INJ 6MG/.6ML	3	PA, QL
ZARXIO INJ 300/0.5	3	PA, QL
ZARXIO INJ 480/0.8	3	PA, QL
ZIEXTENZO INJ 6/0.6ML	3	PA, QL

#### ***HEMATOPOIETIC MIXTURES***

BENTIVITE TAB 35-1MG	3	PA
BIOPAR DELTA CAP FORTE	3	PA
CHOLECAL DF TAB	3	PA
FEONYX TAB	3	PA
FERIVA TAB 21/7	3	PA
FERRO-PLEX TAB	3	PA
FOLI-D TAB	3	PA
FOLIC D3 CAP	3	PA
FOLITE TAB	3	PA
GENICIN TAB VITA-D	3	PA
ICAR-C PLUS TAB	3	PA
LIPO-B INJ	3	PA
METHIO/INOS/ INJ CHOL/B12	3	PA
ORTHO DF CAP 1-3775IU	3	PA
OSTACHOL TAB	3	PA
OVEEZA CAP	3	PA
TALIVA CAP	3	PA

#### ***IRON***

ACCRUFER CAP 30MG	3	PA
MONOFERRIC INJ 1000/10	3	PA
TRIFERIC INJ AVNU	3	PA
TRIFERIC POW 272MG	3	PA
TRIFERIC SOL 27.2/5ML	3	PA

#### ***STEM CELL MOBILIZERS***

MOZOBIL INJ	3	PA
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	1	PA

#### ***HEMOSTATICS***

##### ***HEMOSTATICS - SYSTEMIC***

AMICAR SOL 0.25/ML	3	PA
<i>aminocaproic acid inj 250 mg/ml</i>	1	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
TRANEXAMIC INJ ACID	3	PA
<b>HEMOSTATICS - TOPICAL</b>		
GEL-FLOW KIT	3	PA
GELFOAM-JMI KIT POWDER	3	PA
GELFOAM-JMI KIT SPONGE	3	PA
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>pentobarbital sodium inj 50 mg/ml</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital sodium inj 65 mg/ml</i>	1	
<i>phenobarbital sodium inj 130 mg/ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
SILENOR TAB 3MG	3	PA
SILENOR TAB 6MG	3	PA
<b>NON-BARBITURATE HYPNOTICS</b>		
BYFAVO INJ 20MG	3	PA
DEXMED/D5W INJ 200/50ML	3	PA
DEXMED/D5W INJ 400/100	3	PA
DEXMEDETOMID INJ 400/4ML	3	PA
DEXMEDETOMID INJ 1000/10	3	PA
<i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml</i>	1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</i>	1	
<i>dexmedetomidine hcl iv soln 200 mcg/2ml</i>	1	
EDLUAR SUB 5MG	3	PA, QL
EDLUAR SUB 10MG	3	PA, QL
<i>estazolam tab 1 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	QL
<i>eszopiclone tab 2 mg</i>	1	QL
<i>eszopiclone tab 3 mg</i>	1	QL
IGALMI MIS 120MCG	3	PA
IGALMI MIS 180MCG	3	PA
LUNESTA TAB 1MG	3	PA, QL
LUNESTA TAB 2MG	3	PA, QL
LUNESTA TAB 3MG	3	PA, QL
MIDAZO/NACL INJ 100/100	3	PA
MIDAZOL NACL SOL 30/30ML	3	PA
MIDAZOL-NACL INJ	3	PA
MIDAZOL/NACL INJ 50/50ML	3	PA
MIDAZOL/NACL INJ 60/30ML	3	PA
MIDAZOL/NACL SOL 2MG/2ML	3	PA
MIDAZOL/NACL SOL 5MG/5ML	3	PA
MIDAZOL/NACL SOL 50/50ML	3	PA
MIDAZOL/NACL SOL 55/55ML	3	PA
MIDAZOL/NACL SOL 100/100	3	PA
MIDAZOL/NACL SOL 100MG	3	PA
<i>midazolam 50 mg/50ml-sodium chloride 0.9% iv soln</i>	1	
<i>midazolam 100 mg/100ml-sodium chloride 0.9% iv soln</i>	1	
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	1	
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	1	
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
midazolam hcl syrup 2 mg/ml (base equivalent)	1	
MIDAZOLAM INJ 1MG/ML	3	PA
MIDAZOLAM INJ 2MG/2ML	3	PA
MIDAZOLAM INJ 3MG/3ML	3	PA
MIDAZOLAM INJ 5MG/5ML	3	
MIDAZOLAM INJ 5MG/5ML	3	PA
MIDAZOLAM INJ 30MG/30M	3	PA
MIDAZOLAM INJ 50/50ML	3	PA
MIDAZOLAM INJ 150/30ML	3	PA
MIDAZOLAM INJ NACL	3	PA
MIDAZOLAM SOL 2MG/2ML	3	PA
MIDAZOLAM SOL 50/50	3	PA
MIDAZOLAM SOL 50/50ML	3	PA
MIDAZOLAM SOL 100MG	3	PA
MIDAZOLAM SOL /NACL	3	PA
MIDAZOLAM SOL NACL	3	PA
MIDAZOLAM SUS 1MG/ML	3	PA
QUAZEPAM TAB 15MG	3	PA
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	QL
zaleplon cap 10 mg	1	QL
ZOLPIDEM TAR SUB 1.75MG	3	PA, QL
ZOLPIDEM TAR SUB 3.5MG	3	PA, QL
zolpidem tartrate tab 5 mg	1	QL
zolpidem tartrate tab 10 mg	1	QL
zolpidem tartrate tab er 6.25 mg	1	QL
zolpidem tartrate tab er 12.5 mg	1	QL
ZOLPIMIST SPR 5MG	3	PA
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	2	
DAYVIGO TAB 10MG	2	
QUVIVIQ TAB 25MG	2	
QUVIVIQ TAB 50MG	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ CAP 20MG	3	PA, QL
HETLIOZ LQ SUS 4MG/ML	3	PA, QL
<i>ramelteon tab 8 mg</i>	1	QL
ROZEREM TAB 8MG	3	PA, QL
<i>tasimelteon capsule 20 mg</i>	1	PA, QL

## LAXATIVES

### LAXATIVE COMBINATIONS

CLENPIQ SOL	2	AGE; ACA
GAVILYTE-C SOL	3	
<i>gavilyte-g sol</i>	1	
GOLYTELY SOL	3	PA
MOVIPREP SOL	3	PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	3	PA; ACA
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENUV SOL	3	PA; ACA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	AGE; ACA
SUPREP BOWEL SOL PREP KIT	3	PA
SUTAB TAB	3	PA; ACA

### LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	1	
LACTULOSE PAK 10GM	3	PA
<i>lactulose solution 10 gm/15ml</i>	1	

### LUBRICANT LAXATIVES

mineral oil	1	
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### SALINE LAXATIVES

OSMOPREP TAB 1.5GM	3	PA
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## LOCAL ANESTHETICS-PARENTERAL

### LOCAL ANESTHETIC COMBINATIONS

<i>articadent inj dental</i>	1	
BUFFERD LIDO INJ 0.5%	3	PA
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIDO/EPI INJ 2%	3	
LIDO/TETRA INJ 0.4-0.2%	3	PA
LIDOC/BICARB INJ 1-8.4%	3	PA
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	1	
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:200000</i>	1	
LIDOMAR INJ	3	PA
POINT OF CAR KIT LM-2.2	3	PA
POINT OF CAR KIT LM-2.5	3	PA
READYSHARP-A KIT 1%/0.5%	3	PA
RECK INJ	3	PA
ROP-CLON-KET INJ 15/50ML	3	PA
<i>sensorcaine inj -mpf/epi</i>	1	
<i>sensorcaine/ inj epi 0.5%</i>	1	
<i>sensorcaine/ inj epi 0.25</i>	1	

#### **LOCAL ANESTHETICS - AMIDES**

BONE MARROW KIT BIOPSY	3	PA
BUPIVAC HCL INJ 0.125%	3	PA
BUPIVAC/NACL INJ 0.25-0.9	3	PA
BUPIVAC/NACL INJ 0.125%	3	PA
<i>bupivacaine 0.75% in dextrose inj 8.25%</i>	1	
<i>bupivacaine hcl inj 0.5%</i>	1	
<i>bupivacaine hcl inj 0.25%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.5%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.25%</i>	1	
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i>	1	
BUPIVACAINE INJ 0.25%	3	PA
<i>bupivacaine inj spinal</i>	1	
LIDOCAIN HCL INJ 10MG/ML	3	PA
LIDOCAIN HCL INJ 60MG/3ML	3	PA
LIDOCAINE HC INJ 200/10ML	3	PA
<i>lidocaine hcl local inj 0.5%</i>	1	
<i>lidocaine hcl local inj 1%</i>	1	
<i>lidocaine hcl local inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	
LIDOCAINE INJ 1%	3	PA
LIDOCAINE INJ 4%	3	
LIDOCAINE INJ 9MG/ML	3	PA
LIDOCAINE INJ 100/5ML	3	PA
LIDOMARK 1/5 KIT	3	PA
LIDOMARK 2/5 KIT	3	PA
POLOCAINE INJ 1%	3	
POLOCAINE INJ 2%	3	
POLOCAINE INJ -MPF 1%	3	
POLOCAINE INJ -MPF 2%	3	
POLOCAINE INJ MPF 1.5%	3	
POSIMIR SOL 660/5ML	3	PA
ROPIVAC/NACL INJ 0.2-0.9%	3	PA
ROPIVAC/NACL INJ 0.15-0.9	3	PA
ROPIVAC/NACL INJ 2MG/ML	3	PA
<i>ropivacaine hcl inj 2 mg/ml</i>	1	
<i>ropivacaine hcl inj 5 mg/ml</i>	1	
<i>ropivacaine hcl inj 7.5 mg/ml</i>	1	
<i>ropivacaine hcl inj 10 mg/ml</i>	1	
ROPIVACAINE INJ 0.2%	3	PA
ROPIVACAINE INJ 0.5%	3	PA
ROPIVACAINE SOL 0.2%	3	PA
<i>sensorcaine inj 0.5%</i>	1	
<i>sensorcaine inj 0.25%</i>	1	
<i>sensorcaine inj mpf0.25%</i>	1	
<i>sensorcaine inj mpf0.75%</i>	1	
<i>sensorcaine inj mpf 0.5%</i>	1	
XARACOLL IMP 100MG	3	PA

#### **LOCAL ANESTHETICS - ESTERS**

<i>chloroprocaine hcl preservative free (pf) inj 2%</i>	1
<i>chloroprocaine hcl preservative free (pf) inj 3%</i>	1

#### **MACROLIDES**

##### **AZITHROMYCIN**

<i>azithromycin for susp 100 mg/5ml</i>	1
<i>azithromycin for susp 200 mg/5ml</i>	1
<i>azithromycin iv for soln 500 mg</i>	1
AZITHROMYCIN POW 1GM PAK	3

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azithromycin tab 250 mg</i>	1	QL (6 tabs / 5 days); Limit of one fill per 60 days
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<b>CLARITHROMYCIN</b>		
<i>CLARITHROMYC SUS 125/5ML</i>	3	
<i>CLARITHROMYC SUS 250/5ML</i>	3	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
<b>ERYTHROMYCINS</b>		
<i>E.E.S. 400 TAB 400MG</i>	3	
<i>E.E.S. GRAN SUS 200/5ML</i>	3	PA
<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>ERYPED SUS 200/5ML</i>	3	PA
<i>ERYPED SUS 400/5ML</i>	3	PA
<i>erythrocin inj 500mg</i>	1	
<i>ERYTHROCIN TAB 250MG</i>	3	
<i>ERYTHROM ETH TAB 400MG</i>	3	
<i>ERYTHROMYCIN CAP 250MG EC</i>	3	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin lactobionate for inj 500 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	
<b>FIDAXOMICIN</b>		
<i>DIFICID SUS</i>	2	
<i>DIFICID TAB 200MG</i>	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
<i>ACTI-LANCE MIS 28G</i>	3	
<i>ACTI-LANCE MIS LITE 28G</i>	3	
<i>ACTI-LANCE MIS SPEC 17G</i>	3	
<i>ACTI-LANCE MIS UNIV 23G</i>	3	
<i>ADVCAFE SAFE MIS LANC 26G</i>	3	
<i>ADVOCATE MIS LANC 30G</i>	3	

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ADVOCATE MIS LANCETS	3
AGAMATRIX MIS 33G	3
AIMSCO TWIST MIS 32G	3
AIMSCO TWIST MIS 33G	3
AQUALANCE MIS 30G	3
ASSURE CMFRT MIS 28G	3
ASSURE LANCE MIS 21G	3
ASSURE LANCE MIS 28G	3
ASSURE LANCE MIS LOW FLOW	3
ASSURE LANCE MIS MICRO	3
ASSURE LANCE MIS SAFE 25G	3
ASSURE LANCE MIS SAFE 30G	3
ASSURE PLUS MIS HIGH 18G	3
ASSURE PLUS MIS LOW 25G	3
ASSURE PLUS MIS MCRO 28G	3
ASSURE PLUS MIS NORM 21G	3
ASSURE PLUS MIS PEDIATRI	3
AURORA LANCE MIS 30G	3
AURORA LANCE MIS THIN 23G	3
AUTO LANCET MIS	3
AUTOLET PLAT MIS 1.8MM	3
AUTOLET PLAT MIS 2.4MM	3
AUTOLET PLAT MIS 3.0MM	3
BD MICROTAIN MIS LANCETS	3
CAREONE LANC MIS 30G	3
CAREONE LANC MIS THIN 23G	3
CARESENS 30G MIS LANCETS	3
CARETOUCH MIS LANC 26G	3
CARETOUCH MIS LANC 28G	3
CARETOUCH MIS LANC 30G	3
CARETOUCH MIS TWIST 28	3
CARETOUCH MIS TWIST 30	3
CARETOUCH MIS TWIST 33	3
CLEANLET 28G MIS LANCETS	3
CLEVER CHECK MIS	3
CLEVER CHECK MIS 30G	3
COAGUCHEK MIS LANCETS	3
COMFORT ASSU MIS LANC 28G	3
COMFORT ASSU MIS LANC 33G	3
COMFORT EZ MIS 21G	3
COMFORT EZ MIS 23G	3
COMFORT EZ MIS 28G	3
COMFORT TCH MIS LANC 28G	3
COMFORT TCH MIS LANC 30G	3

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
COMFORT TCH MIS LANC 31G	3
COMFORTOUCH MIS LANCET	3
CVS LANCETS MIS 21G	3
CVS LANCETS MIS 30G	3
CVS LANCETS MIS 33G	3
CVS LANCETS MIS ORIGINAL	3
CVS LANCETS MIS THIN 26G	3
CVS LANCETS MIS THIN 30G	3
CVS LANCETS MIS THIN 33G	3
DIATHRIVE MIS LANCETS	3
DIATHRIVE MIS UT 30G	3
DROPLET LANC MIS 30G	3
DROPLET PERS MIS LANC 30G	3
E-Z JECT MIS 21G	3
E-Z JECT MIS 21G COLR	3
E-Z JECT MIS 30G	3
E-Z JECT MIS 32G COLR	3
E-Z JECT MIS LANC 21G	3
E-Z JECT MIS THIN 26G	3
E-ZJECT LANC MIS 33G	3
EASY COMFORT MIS 30G	3
EASY COMFORT MIS LANC/30G	3
EASY COMFORT MIS TWIST	3
EASY TOUCH MIS LANC/21G	3
EASY TOUCH MIS LANC/23G	3
EASY TOUCH MIS LANC/26G	3
EASY TOUCH MIS LANC/28G	3
EASY TOUCH MIS LANC/30G	3
EASY TOUCH MIS LANC/32G	3
EASY TOUCH MIS LANC/33G	3
EMBRACE LANC MIS 21G	3
EMBRACE LANC MIS 28G	3
EMBRACE LANC MIS THIN 30G	3
EQL LANCETS MIS 21G COLR	3
EQL LANCETS MIS 33G COLR	3
EQL LANCETS MIS THIN 26G	3
EQL LANCETS MIS THIN 30G	3
EZ-LETS 21G MIS LANCETS	3
EZ-LETS 26G MIS LANCETS	3
EZ-LETS 28G MIS LANCETS	3
EZ-LETS 30G MIS LANCETS	3
FASTCLIX MIS LANCETS	3
FIFTY50 SAFE MIS LANCETS	3
FINE 30 MIS	3

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
FINGERSTIX MIS LANCETS	3
FORA LANCETS MIS 30G	3
FORA MIS LANCETS	3
FREESTYLE MIS LANCETS	3
GENTEEL MIS LANCETS	3
GENTEEL MIS NOZZLES	3
GENTEEL TIPS MIS BLUE	3
GENTEEL TIPS MIS CLEAR	3
GENTEEL TIPS MIS GREEN	3
GENTEEL TIPS MIS ORANGE	3
GENTEEL TIPS MIS RAINBOW	3
GENTEEL TIPS MIS VIOLET	3
GENTEEL TIPS MIS YELLOW	3
GENTLE-LET MIS 26G	3
GENTLE-LET MIS 28G	3
GENTLE-LET MIS LANCETS	3
GENTLE-LET MIS PLATFORM	3
GLOBAL 28G MIS LANCETS	3
GLOBAL 30G MIS LANCETS	3
GLUCOCOM MIS 28G	3
GLUCOCOM MIS 30G	3
GLUCOCOM MIS 33G	3
GNP LANCETS MIS 21G	3
GNP LANCETS MIS 28G	3
GNP LANCETS MIS 30G	3
GNP LANCETS MIS 33G	3
GNP LANCETS MIS THIN 26G	3
GOJJI LANCET MIS 30G	3
GOODSENSE MIS LANC 26G	3
GOODSENSE MIS LANC 30G	3
GOODSENSE MIS LANC 33G	3
HAEMOLANCE MIS HIGH FLO	3
HAEMOLANCE MIS LOW FLOW	3
HAEMOLANCE MIS PLUS	3
HAEMOLANCE MIS PLUS LOW	3
HAEMOLANCE MIS PLUS MAX	3
HAEMOLANCE MIS PLUS PED	3
HAEMOLANCE MIS RETRACT	3
IN TOUCH LAN MIS 30G	3
INCONTROL MIS LANC 28G	3
INCONTROL MIS LANC 30G	3
INCONTROL MIS LANC 33G	3
KINNEY MIS LANCETS	3
KINNEY THIN MIS LANCETS	3

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
KROGER LANCE MIS	3
KROGER LANCE MIS 26G	3
KROGER LANCE MIS THIN	3
KROGER LANCE MIS THIN 30G	3
LANCET CARRY MIS CASE	3
LANCET MICRO MIS THIN 33G	3
LANCET STAND MIS 21G	3
LANCET SUPER MIS THIN 30G	3
LANCET ULTRA MIS THIN 30G	3
LANCETS MICR MIS THIN 33G	3
LANCETS MIS	3
LANCETS MIS 21G	3
LANCETS MIS 21G COLR	3
LANCETS MIS 26G	3
LANCETS MIS 28G	3
LANCETS MIS 30G	3
LANCETS MIS 33G	3
LANCETS MIS ORIGINAL	3
LANCETS MIS THIN	3
LANCETS MIS THIN 26G	3
LANCETS MIS THIN 30G	3
LANCETS SUPR MIS THIN 28G	3
LANCETS THIN MIS	3
LANCETS THIN MIS 26G	3
LANCETS ULTR MIS THIN	3
LANCETS ULTR MIS THIN 31G	3
LITE TOUCH MIS LANCETS	3
LITETOUGH MIS LANCETS	3
LONGS LANCET MIS STANDARD	3
LONGS LANCET MIS THIN	3
LONGS LANCET MIS ULTRA TH	3
MEDICHOICE MIS LANCET	3
MEDLANCE MIS 30G PLUS	3
MEDLANCE MIS EXTR 21G	3
MEDLANCE MIS LITE 25G	3
MEDLANCE MIS PLUS	3
MEDLANCE MIS PLUS 30G	3
MEDLANCE MIS UNV 21G	3
MEDLANCE PLS MIS 0.8MM	3
MEDLANCE PLS MIS EXTR 21G	3
MEDLANCE PLS MIS LITE 25G	3
MEDLANCE PLS MIS UNIV 21G	3
MEIJER LANCE MIS COLOR	3
MEIJER LANCE MIS UNIV 21G	3

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEIJER LANCE MIS UNIV 30G	3	
MEIJER LANCE MIS UNIVERSA	3	
MEIJER MIS LANCETS	3	
MICRO THIN MIS LANC 33G	3	
MICROLET MIS LANCETS	3	
MM TWIST MIS LANCETS	3	
MOBILE LANCE MIS 30G	3	
MONOLET MIS LANCETS	3	
MONOLET OPD MIS LANCETS	3	
MONOLETTOR MIS LANCETS	3	
MPD SFTY LAN MIS 21G	3	
MPD SFTY LAN MIS 23G	3	
MPD SFTY LAN MIS 28G	3	
MPD SFTY LAN MIS 30G	3	
MYGLUCOHEALT MIS LANC 30G	3	
NOVA SAFETY MIS LANC 23G	3	
NOVA SAFETY MIS LANC 28G	3	
NOVA SURE MIS LANCETS	3	
OMNIPOD 5 G6 KIT INTRO	2	QL
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD MIS POD PALS	3	PA
ON-THE-GO MIS LANC 30G	3	
ONETOUCH DEL MIS PLUS 30G	3	
ONETOUCH DEL MIS PLUS 33G	3	
ONETOUCH US MIS 2 30G	3	
PERFECT 28G MIS LANCETS	3	
PERFECT 30G MIS LANCETS	3	
PHARMACY COU MIS LANCETS	3	
PIP LANCETS MIS 28G	3	
PIP LANCETS MIS 30G	3	
PRO COMFORT MIS 31G	3	
PRO COMFORT MIS LANC 30G	3	
PRO COMFORT MIS LANCETS	3	
PRODIGY MIS 26G	3	
PRODIGY MIS 28G	3	
PSS SAFE LAN MIS	3	
PSS SEL LANC MIS	3	
PSS SEL PLAT MIS	3	
PURE COMFORT MIS 30G LAN	3	
PX LANCETS MIS 28G	3	
PX LANCETS MIS 33G	3	
QC LANCETS MIS 28G	3	
QC LANCETS MIS 30G	3	
RA E-ZJECT MIS 28G	3	

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
RA E-ZJECT MIS THIN 26G	3
RA E-ZJECT MIS THIN 28G	3
RA E-ZJECT MIS ULT THIN	3
READYLANCE MIS 21G	3
READYLANCE MIS 23G	3
READYLANCE MIS 26G	3
READYLANCE MIS 28G	3
READYLANCE MIS 30G	3
REALITY MIS LANCETS	3
REALITY TRIG MIS LANCETS	3
RELION LANCE MIS THIN 26G	3
RELION LANCE MIS THIN 30G	3
RELION MICRO MIS THIN 33G	3
RELION ULTRA MIS THIN 30G	3
RELION ULTRA MIS THIN PLS	3
RIGHTEST ALT MIS ADAPTOR	3
RIGHTEST MIS GL300	3
SAFE-T-LANCE MIS 21G	3
SAFE-T-LANCE MIS 25G	3
SAFE-T-LANCE MIS HI FLOW	3
SAFE-T-LANCE MIS LOW FLOW	3
SAFE-T-LANCE MIS NOR FLOW	3
SAFE-T-PRO MIS LANCETS	3
SAFE-T-PRO MIS PLUS	3
SAFETY 21G MIS LANCETS	3
SAFETY 23G MIS LANCETS	3
SAFETY 28G MIS LANCETS	3
SAFETY 30G MIS LANCETS	3
SAFETY MIS LANCETS	3
SAPS HEALTH MIS TWIST	3
SAPS TWIST MIS 30G	3
SAPSCARE MIS TWIST	3
SB LANCETS MIS THIN	3
SB LANCETS MIS ULTR THN	3
SINGLE-LET MIS 23G	3
SM LANCETS MIS 33G	3
SMART SENSE MIS LANC 21G	3
SMART SENSE MIS LANC 26G	3
SMART SENSE MIS LANC 30G	3
SMART SENSE MIS LANC 33G	3
SMARTEST MIS LANCETS	3
SOFTCLIX MIS LANCETS	3
SOLUS V2 MIS LANC 28G	3
SOLUS V2 MIS LANC 30G	3

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
STERILANCE MIS 1.8MM	3
STERILANCE MIS TL 28G	3
STERILANCE MIS TL 30G	3
STERILANCE MIS TL 32G	3
SUPER THIN MIS LANC 28G	3
SUPER THIN MIS LANCETS	3
SURE COMFORT MIS LANC 18G	3
SURE COMFORT MIS LANC 21G	3
SURE COMFORT MIS LANC 23G	3
SURE COMFORT MIS LANC 30G	3
SURE COMFORT MIS LANCETS	3
SUREFLEX MIS LANCETS	3
SURELITE MIS LANCETS	3
TECHLITE AST MIS LANCETS	3
TECHLITE MIS LANC 30G	3
TECHLITE MIS LANCETS	3
TGT LANCET MIS 26G	3
TGT LANCET MIS 30G	3
TGT LANCET MIS 33G	3
THIN LANCETS MIS 26G	3
THIN LANCETS MIS 30G	3
THINLETS GP MIS 26G	3
TOPCARE MIS LANC 33G	3
TRAVEL LANCE MIS ADV 28G	3
TRUE COMFORT MIS LANC 30G	3
TRUPLUS LANC MIS 26G	3
TRUPLUS LANC MIS 28G	3
TRUPLUS LANC MIS 30G	3
TRUPLUS LANC MIS 33G	3
TWIST LANCET MIS 30G	3
TWIST LANCET MIS 30G MULT	3
ULTILET MIS 26G	3
ULTILET MIS 28G	3
ULTILET MIS 30G	3
ULTILET MIS 33G	3
ULTILET MIS LANCETS	3
ULTILET MIS SAFETY	3
ULTILET SAFE MIS 21G	3
ULTRA THIN MIS 28G	3
ULTRA THIN MIS 30G	3
ULTRA THIN MIS 31G	3
ULTRA THIN MIS 33G	3
ULTRA THIN MIS LAN 31G	3
ULTRA THIN MIS LANC 28G	3

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNISTIK TOUC MIS LANC 30G	3	
UNITSTIK PRO MIS LANC 25G	3	
UNIVERSAL 1 MIS 33G	3	
UNIVERSAL 1 MIS LANC 26G	3	
UNIVERSAL 1 MIS LANC 30G	3	
VERIFINE LAN MIS MINI 21G	3	
VERIFINE LAN MIS MINI 23G	3	
VERIFINE LAN MIS MINI 28G	3	
VERIFINE LAN MIS MINI 30G	3	
VERIFINE MIS UNIV 28G	3	
VERIFINE MIS UNIV 30G	3	
VERIFINE MIS UNIV 33G	3	
VIVAGUARD MIS 28G	3	
VIVAGUARD MIS 30G	3	
ZEVRX TWIST MIS LANC 30G	3	
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
URESTA START MIS KIT	3	PA
<b>MISC. DEVICES</b>		
CEFALY KIT MIS	3	PA
CLEVER CHOIC MIS TENS UNI	3	PA
DIGITAL TENS MIS UNIT	3	PA
EMJOI TENS MIS	3	PA
GAMMACORE D MIS SAPPHIRE	3	PA
GAMMACORE MIS	3	PA
GAMMACORE MIS REFILL	3	PA
GAMMACORE MIS SAPPHIRE	3	PA
MONARCH ETNS MIS SYSTEM	3	PA
NERIVIO MIS	3	PA
NS-2 ELECTRI MIS PATCH	3	PA
PRO COMFORT MIS TENS UNT	3	PA
TENS S2000 MIS PAIN REL	3	PA
ZEWA TENS/ MIS EMS UNIT	3	PA
<b>OPTICAL AND OPHTHALMIC SUPPLIES</b>		
SUSVIMO IMP	3	PA
<b>PARENTERAL THERAPY SUPPLIES</b>		
ABOUTTIME MIS 30GX5/16	3	PA
ABOUTTIME MIS 31GX3/16	3	PA
ABOUTTIME MIS 31GX5/16	3	PA
ABOUTTIME MIS 32GX5/32	3	PA
ASSURE ID MIS 0.5/31G	3	PA
ASSURE ID MIS 1ML/31G	3	PA, QL
ASSURE ID MIS 30GX5/16	3	PA, QL
AUM MINI PEN MIS 32GX4MM	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUM MINI PEN MIS 32GX5MM	3	PA
AUM MINI PEN MIS 32GX6MM	3	PA
AUM MINI PEN MIS 32GX8MM	3	PA
AUM MINI PEN MIS 33GX4MM	3	PA
AUM MINI PEN MIS 33GX5MM	3	PA
AUM MINI PEN MIS 33GX6MM	3	PA
AUM READYGRD MIS 32GX4MM	3	PA
AUM SAFETY MIS 31GX4MM	3	PA
AUM SAFETY MIS 31GX5MM	3	PA
AUTOSHIELD MIS 30GX5MM	2	
BD PEN NEEDL MIS 29GX12.7	2	
BD PEN NEEDL MIS 31GX5MM	2	
BD PEN NEEDL MIS 31GX8MM	2	
BD PEN NEEDL MIS 32GX4MM	2	
BD PEN NEEDL MIS 32GX6MM	2	
BD U-500 MIS 31GX6MM	2	
CAREFINE MIS 31GX8MM	3	PA
CAREFINE MIS 32GX4MM	3	PA
CAREFINE MIS 32GX5MM	3	PA
CAREFINE MIS 32GX6MM	3	PA
CARETOUCH MIS 31GX5MM	3	PA
CARETOUCH MIS 31GX6MM	3	PA
CARETOUCH MIS 31GX8MM	3	PA
CARETOUCH MIS 32GX4MM	3	PA
CARETOUCH MIS 32GX5MM	3	PA
CLICKFINE MIS 31GX1/4"	3	PA, QL
CLICKFINE MIS 31GX3/16	3	PA, QL
CLICKFINE MIS 31GX5/16	3	PA, QL
CLICKFINE MIS 31GX8MM	3	PA
CLICKFINE MIS 32GX5/32	3	PA, QL
COMFORT EZ MIS 31GX5/16	3	PA
COMFORT EZ MIS 31GX5MM	3	PA
COMFORT EZ MIS 31GX6MM	3	PA
COMFORT EZ MIS 31GX8MM	3	PA
COMFORT EZ MIS 32GX4MM	3	PA
COMFORT EZ MIS 32GX5MM	3	PA, QL
COMFORT EZ MIS 32GX6MM	3	PA, QL
COMFORT EZ MIS 32GX8MM	3	PA
COMFORT EZ MIS 33GX4MM	3	PA, QL
COMFORT EZ MIS 33GX5MM	3	PA
COMFORT EZ MIS 33GX6MM	3	PA
COMFORT EZ MIS 33GX8MM	3	PA
COMFORT TOUC MIS 31GX4MM	3	PA
COMFORT TOUC MIS 31GX5MM	3	PA

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**AGE** - Age Limit    **GNDR** - Gender Edit    **ONC** - Oral Oncology Medications    **PA** - Prior Authorization    **QL** - Quantity Limits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMFORT TOUC MIS 31GX6MM	3	PA
COMFORT TOUC MIS 31GX8MM	3	PA
COMFORT TOUC MIS 32GX4MM	3	PA
COMFORT TOUC MIS 32GX5MM	3	PA
COMFORT TOUC MIS 32GX6MM	3	PA
COMFORT TOUC MIS 32GX8MM	3	PA
COMFORT TOUC MIS 33GX1/4"	3	PA
COMFORT TOUC MIS 33GX3/16	3	PA
COMFORT TOUC MIS 33GX5/32	3	PA
DIATHRIVE MIS 31GX5MM	3	PA
DIATHRIVE MIS 31GX6MM	3	PA
DIATHRIVE MIS 31GX8MM	3	PA
DIATHRIVE MIS 32GX4MM	3	PA
DROPLET MICR MIS 34GX9/64	3	PA
DROPSAFE MIS 31GX5MM	3	PA
EASY COMFORT MIS 31GX1/4"	3	PA
EASY COMFORT MIS 31GX3/16	3	PA
EASY COMFORT MIS 31GX5/16	3	PA
EASY COMFORT MIS 32GX5/32	3	PA
EASY TOUCH MIS 29GX1/2"	3	PA, QL
EASY TOUCH MIS 29GX5MM	3	PA
EASY TOUCH MIS 29GX8MM	3	PA
EASY TOUCH MIS 30G	3	PA, QL
EASY TOUCH MIS 31GX1/4"	3	PA, QL
EASY TOUCH MIS 31GX3/16	3	PA, QL
EASY TOUCH MIS 31GX5/16	3	PA, QL
EASY TOUCH MIS 32GX1/4"	3	PA
EASY TOUCH MIS 32GX3/16	3	PA
EASY TOUCH MIS 32GX5/32	3	PA
EASY TOUCH MIS 32GX5MM	3	PA
EASY TOUCH MIS 32GX6MM	3	PA
FIFTY50 MIS 31GX3/16	3	PA, QL
FIFTY50 MIS 31GX5/16	3	PA, QL
FIFTY50 MIS 31GX5MM	3	PA
FIFTY50 PEN MIS 31GX8MM	3	PA
FIFTY50 PEN MIS 32GX4MM	3	PA, QL
FIFTY50 PEN MIS 32GX6MM	3	PA
GNP ULTICARE MIS 31GX5/16	3	PA, QL
GNP ULTICARE MIS 31GX5MM	3	PA
GNP ULTICARE MIS 32GX1/4"	3	PA, QL
GNP ULTICARE MIS 32GX5/32	3	PA, QL
HM INSULIN S MIS 0.3/31G	3	PA
HM INSULIN S MIS 1ML/30G	3	PA
HM ULTICARE MIS 31GX8MM	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IN CONTROL MIS 31GX3/16	3	PA, QL
IN CONTROL MIS 31GX5MM	3	PA
IN CONTROL MIS 31GX6MM	3	PA
IN CONTROL MIS 31GX8MM	3	PA
INCONTROL MIS 31GX6MM	3	PA, QL
INCONTROL MIS 31GX8MM	3	PA, QL
INCONTROL MIS 32GX4MM	3	PA, QL
INS SY 0.3ML MIS 30GX1/2"	3	PA
INS SY 0.3ML MIS 31GX5/16	3	PA, QL
INS SY 0.5ML MIS 30GX1/2"	3	PA
INS SY 0.5ML MIS 30GX5/16	3	PA
INS SY 1/2ML MIS 30GX1/2"	3	PA
INS SYR 1ML MIS 30GX1/2"	3	PA, QL
INS SYR 1ML MIS 30GX5/16	3	PA
INS SYR 1ML MIS 31GX5/16	3	PA, QL
INS SYR .3ML MIS 30GX1/2"	3	PA
INSULIN PEN MIS 29GX12MM	3	PA, QL
INSULIN PEN MIS 31GX4MM	3	PA, QL
INSULIN PEN MIS 31GX8MM	3	PA, QL
INSULIN SRYG MIS 1ML/32G	3	PA
INSULIN SYRG MIS 0.3/29G	2	
INSULIN SYRG MIS 0.3/29G	3	PA, QL
INSULIN SYRG MIS 0.3/29G	3	PA, QL
INSULIN SYRG MIS 0.3/30G	2	
INSULIN SYRG MIS 0.3/30G	3	PA, QL
INSULIN SYRG MIS 0.3/30G	3	PA, QL
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.3/31G	3	PA
INSULIN SYRG MIS 0.3/31G	3	PA, QL
INSULIN SYRG MIS 0.3ML/30	3	PA
INSULIN SYRG MIS 0.3ML/31	3	PA
INSULIN SYRG MIS 0.5/27G	3	PA, QL
INSULIN SYRG MIS 0.5/28G	2	
INSULIN SYRG MIS 0.5/28G	3	PA, QL
INSULIN SYRG MIS 0.5/28G	3	PA, QL
INSULIN SYRG MIS 0.5/29G	2	
INSULIN SYRG MIS 0.5/29G	3	PA, QL
INSULIN SYRG MIS 0.5/29G	3	PA, QL
INSULIN SYRG MIS 0.5/30G	2	
INSULIN SYRG MIS 0.5/30G	3	PA, QL
INSULIN SYRG MIS 0.5/30G	3	PA, QL
INSULIN SYRG MIS 0.5/31G	2	
INSULIN SYRG MIS 0.5/31G	3	PA

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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN SYRG MIS 0.5/31G	3	PA, QL
INSULIN SYRG MIS 0.5/32G	3	PA
INSULIN SYRG MIS 1/2ML/30	3	PA
INSULIN SYRG MIS 1/2ML/31	3	PA
INSULIN SYRG MIS 1ML	2	
INSULIN SYRG MIS 1ML	3	PA
INSULIN SYRG MIS 1ML/25G	3	PA
INSULIN SYRG MIS 1ML/27G	2	
INSULIN SYRG MIS 1ML/27G	3	PA
INSULIN SYRG MIS 1ML/27G	3	PA, QL
INSULIN SYRG MIS 1ML/28G	2	
INSULIN SYRG MIS 1ML/28G	3	PA, QL
INSULIN SYRG MIS 1ML/28G	3	PA, QL
INSULIN SYRG MIS 1ML/29G	2	
INSULIN SYRG MIS 1ML/29G	3	PA, QL
INSULIN SYRG MIS 1ML/29G	3	PA, QL
INSULIN SYRG MIS 1ML/30G	2	
INSULIN SYRG MIS 1ML/30G	3	PA, QL
INSULIN SYRG MIS 1ML/30G	3	PA, QL
INSULIN SYRG MIS 1ML/31G	2	
INSULIN SYRG MIS 1ML/31G	3	PA
INSULIN SYRG MIS 1ML/31G	3	PA, QL
INSULIN SYRG MIS 2/27.5G	2	
INSULIN SYRG MIS 27GX1/2"	3	PA, QL
INSULIN SYRG MIS 28GX1/2"	3	PA, QL
INSULIN SYRG MIS 29GX1/2"	3	PA, QL
INSULIN SYRG MIS 30GX1/2"	3	PA
INSULIN SYRG MIS 30GX5/16	3	PA, QL
INSULIN SYRG MIS 31GX5/16	3	PA, QL
INSULIN SYRI MIS 0.3/31G	3	PA
INSUPEN MIS 31GX5MM	3	PA
INSUPEN MIS 31GX8MM	3	PA
INSUPEN MIS 32GX4MM	3	PA, QL
INSUPEN MIS 33GX4MM	3	PA
INSUPEN SENS MIS 32GX6MM	3	PA, QL
INSUPEN SENS MIS 32GX8MM	3	PA, QL
INSUPEN ULTR MIS 30GX8MM	3	PA, QL
INSUPEN ULTR MIS 31GX6MM	3	PA, QL
INSUPEN ULTR MIS 31GX8MM	3	PA, QL
LITETOUGH MIS 29GX12.7	3	PA
LITETOUGH MIS 31GX8MM	3	PA, QL
MAXICOMFORT MIS 27GX1/2	3	PA
MAXICOMFORT MIS 27GX1/2"	3	PA
MAXICOMFORT MIS 31GX1/4"	3	PA

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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MM PENTIPS MIS 31GX5MM	3	PA
MM PENTIPS MIS 31GX8MM	3	PA
MM PENTIPS MIS 32GX4MM	3	PA
NOVOFINE AUT MIS 30GX8MM	3	PA
NOVOFINE MIS 32GX6MM	3	PA
NOVOFINE PLS MIS 32GX4MM	3	PA
OMNITROPE 5 MIS DEVICE	3	PA
OMNITROPE 5 MIS DEVICE	3	PA
OMNITROPE 10 MIS DEVICE	3	PA
PEN NEEDLE MIS 29GX1/2"	3	PA, QL
PEN NEEDLE MIS 29GX3/16	3	PA, QL
PEN NEEDLE MIS 29GX5/16	3	PA, QL
PEN NEEDLE MIS 31GX3/16	3	PA, QL
PEN NEEDLE MIS 31GX5/16	3	PA, QL
PEN NEEDLE MIS 31GX5MM	3	PA, QL
PEN NEEDLE MIS 31GX6MM	3	PA
PEN NEEDLE MIS 31GX8MM	3	PA, QL
PEN NEEDLE MIS 32GX1/4"	3	PA, QL
PEN NEEDLE MIS 32GX4MM	3	PA, QL
PEN NEEDLE MIS 32GX5/32	3	PA, QL
PEN NEEDLE MIS 32GX6MM	3	PA, QL
PEN NEEDLE MIS 33GX4MM	3	PA
PEN NEEDLE MIS 33GX5/32	3	PA
PEN NEEDLES MIS 29GX1/2"	3	PA, QL
PEN NEEDLES MIS 29GX10MM	3	PA, QL
PEN NEEDLES MIS 29GX12.7	3	PA, QL
PEN NEEDLES MIS 29GX12MM	3	PA, QL
PEN NEEDLES MIS 30GX3/16	3	PA, QL
PEN NEEDLES MIS 30GX5/16	3	PA, QL
PEN NEEDLES MIS 30GX5MM	3	PA
PEN NEEDLES MIS 30GX8MM	3	PA
PEN NEEDLES MIS 31GX1/4"	3	PA, QL
PEN NEEDLES MIS 31GX3/16	3	PA, QL
PEN NEEDLES MIS 31GX5/16	3	PA, QL
PEN NEEDLES MIS 31GX5MM	3	PA, QL
PEN NEEDLES MIS 31GX6MM	3	PA, QL
PEN NEEDLES MIS 31GX8MM	3	PA, QL
PEN NEEDLES MIS 32GX1/4	3	PA
PEN NEEDLES MIS 32GX1/4"	3	PA, QL
PEN NEEDLES MIS 32GX3/16	3	PA, QL
PEN NEEDLES MIS 32GX4MM	3	PA, QL
PEN NEEDLES MIS 32GX5/16	3	PA
PEN NEEDLES MIS 32GX5/32	3	PA, QL
PEN NEEDLES MIS 32GX5MM	3	PA, QL

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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 32GX6MM	3	PA, QL
PEN NEEDLES MIS 32GX8MM	3	PA
PEN NEEDLES MIS 33GX4MM	3	PA
PEN NEEDLES MIS 33GX5/32	3	PA, QL
PEN NEEDLES MIS 33GX5MM	3	PA
PEN NEEDLES MIS 33GX6MM	3	PA
PENTIPS MIS 29GX12MM	3	PA, QL
PENTIPS MIS 29GX12MM	3	PA, QL
PENTIPS MIS 31GX5MM	3	PA, QL
PENTIPS MIS 31GX5MM	3	PA, QL
PENTIPS MIS 31GX6MM	3	PA, QL
PENTIPS MIS 31GX8MM	3	PA, QL
PENTIPS MIS 31GX8MM	3	PA, QL
PENTIPS MIS 32GX4MM	3	PA, QL
PENTIPS MIS 32GX4MM	3	PA, QL
PENTIPS MIS 32GX6MM	3	PA
PREVENT DROP MIS 31GX1/4"	3	PA
PREVENT DROP MIS 31GX5/16	3	PA
PREVENT SAFE MIS 31GX1/4"	3	PA
PREVENT SAFE MIS 31GX5/16	3	PA
PRO COMFORT MIS 0.5/30G	3	PA
PRO COMFORT MIS 0.5/31G	3	PA
PRO COMFORT MIS 1ML/30G	3	PA
PRO COMFORT MIS 1ML/31G	3	PA
PRO COMFORT MIS 31GX8MM	3	PA
PRO COMFORT MIS 32GX4MM	3	PA
PRO COMFORT MIS 32GX5MM	3	PA
PRO COMFORT MIS 32GX6MM	3	PA
PURE COMFORT MIS 32GX4MM	3	PA
PURE COMFORT MIS 32GX5MM	3	PA
PURE COMFORT MIS 32GX6MM	3	PA
PURE COMFORT MIS 32GX8MM	3	PA
RA PEN NEEDL MIS 31GX3/16	3	PA
RAYA SURE MIS 29GX12MM	3	PA
RAYA SURE MIS 31GX4MM	3	PA
RAYA SURE MIS 31GX5MM	3	PA
RAYA SURE MIS 31GX6MM	3	PA
RAYA SURE MIS 31GX8MM	3	PA
RELION PEN MIS 31GX1/4"	3	PA, QL
RELION PEN MIS 31GX5/16	3	PA, QL
RELION PEN MIS 31GX6MM	3	PA, QL
RELION PEN MIS 31GX8MM	3	PA, QL
RELION PEN MIS 32GX4MM	3	PA, QL
RELION PEN MIS 32GX5/32	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SECURESAFE MIS 0.5/29G	3	PA
SECURESAFE MIS 29GX1/2"	3	PA
SECURESAFE MIS 30GX5/16	3	PA
SURE COMFORT MIS 0.5/31G	3	PA
SURE COMFORT MIS 29GX1/2"	3	PA
SURE COMFORT MIS 30GX5/16	3	PA
SURE COMFORT MIS 31GX1/4	3	PA, QL
SURE COMFORT MIS 31GX3/16	3	PA
SURE COMFORT MIS 31GX5/16	3	PA
SURE COMFORT MIS 31GX6MM	3	PA
SURE COMFORT MIS 32GX5/32	3	PA, QL
SURE COMFORT MIS 32GX5/32	3	PA
SURE COMFORT MIS 32GX6MM	3	PA
SYRINGE MIS 0.5/30G	3	PA
1ML SYRINGE MIS 29G	3	PA
1ML SYRINGE MIS 30G	3	PA, QL
1ST TIER UNI MIS 31GX5MM	3	PA
1ST TIER UNI MIS 31GX6MM	3	PA
1ST TIER UNI MIS 31GX8MM	3	PA
1ST TIER UNI MIS 32GX4MM	3	PA
TIER UNI PLS MIS 31GX8MM	3	PA
ULTICARE MIC MIS 32GX4MM	3	PA, QL
ULTICARE MIS 30GX3/16	3	PA, QL
ULTICARE MIS 30GX5/16	3	PA, QL
ULTICARE PEN MIS 31GX5MM	3	PA, QL
ULTICARE PEN MIS 31GX6MM	3	PA, QL
ULTICARE PEN MIS 31GX8MM	3	PA, QL
ULTIGUARD MIS 31GX5MM	3	PA, QL
ULTIGUARD MIS 31GX6MM	3	PA, QL
ULTIGUARD MIS 31GX8MM	3	PA, QL
ULTIGUARD MIS 32GX4MM	3	PA, QL
ULTIGUARD MIS 32GX6MM	3	PA, QL
ULTILET PEN MIS 29GX12.7	3	PA
ULTILET PEN MIS 31GX5MM	3	PA
ULTILET PEN MIS 31GX8MM	3	PA
ULTILET PEN MIS 32GX4MM	3	PA
ULTRA FLO MIS 31GX5MM	3	PA
ULTRA FLO MIS 31GX8MM	3	PA
ULTRA FLO MIS PEN NEED	3	PA
UNFINE PNTP MIS 32GX4MM	3	PA, QL
UNFINE PLUS MIS 31GX1/4"	3	PA, QL
UNFINE PLUS MIS 31GX3/16	3	PA, QL
UNFINE PLUS MIS 31GX5/16	3	PA, QL
UNFINE PLUS MIS 32GX5/32	3	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PLUS MIS 33GX5/32	3	PA, QL
UNIFINE PNTP MIS 29GX1/2"	3	PA, QL
UNIFINE PNTP MIS 29GX12MM	3	PA, QL
UNIFINE PNTP MIS 30GX3/16	3	PA
UNIFINE PNTP MIS 31GX3/16	3	PA, QL
UNIFINE PNTP MIS 31GX5/16	3	PA, QL
UNIFINE PNTP MIS 31GX5MM	3	PA, QL
UNIFINE PNTP MIS 31GX6MM	3	PA, QL
UNIFINE PNTP MIS 31GX8MM	3	PA, QL
UNIFINE PNTP MIS 32GX4MM	3	PA, QL
UNIFINE PNTP MIS 32GX5/32	3	PA, QL
UNIFINE PNTP MIS 32GX6MM	3	PA, QL
UNIFINE PNTP MIS 33GX4MM	3	PA, QL
UNIFINE SAFE MIS 32GX4MM	3	PA, QL
UNIFINE ULTR MIS 31GX5MM	3	PA
UNIFINE ULTR MIS 31GX6MM	3	PA
UNIFINE ULTR MIS 31GX8MM	3	PA
UNIFINE ULTR MIS 32GX4MM	3	PA
ZEVRX MIS 31GX5MM	3	PA
ZEVRX MIS 31GX6MM	3	PA
ZEVRX MIS 31GX8MM	3	PA
ZEVRX MIS 32GX4MM	3	PA

## **MIGRAINE PRODUCTS**

## **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST**

AIMOVIG INJ 70MG/ML	2
AIMOVIG INJ 140MG/ML	2
AJOVY INJ 225/1.5	2
EMGALITY INJ 100MG/ML	2
EMGALITY INJ 120MG/ML	2
NURTEC TAB 75MG ODT	2
QULIPTA TAB 10MG	2
QULIPTA TAB 30MG	2
QULIPTA TAB 60MG	2
UBRELVY TAB 50MG	2
UBRELVY TAB 100MG	2
VYEPTI INJ 100MG/ML	3 PA

## **MIGRAINE COMBINATIONS**

CAFERGOT TAB 1-100MG	3	PA
TREXIMET TAB 85-500MG	3	PA, QL

## **MIGRAINE PRODUCTS**

*dihydroergotamine mesylate inj 1 mg/ml* 1

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#### **MIGRATION PRODUCTS - NSATDS**

CAMBIA POW 50MG 3 PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac potassium (migraine) packet 50 mg</i>	1	
<i>ELYXXYB SOL 120/4.8</i>	3	PA
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate tab 6.25 mg</i>	1	QL
<i>almotriptan malate tab 12.5 mg</i>	1	QL
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL
<i>MAXALT TAB 10MG</i>	3	PA, QL
<i>MAXALT-MLT TAB 10MG</i>	3	PA, QL
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL
<i>ONZETRA XSAI MIS 11MG</i>	2	QL
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL
<i>SUMATRIPTAN INJ 4MG/0.5</i>	3	QL
<i>SUMATRIPTAN INJ 6MG/0.5</i>	3	QL
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL
<i>sumatriptan succinate tab 25 mg</i>	1	QL
<i>sumatriptan succinate tab 50 mg</i>	1	QL
<i>sumatriptan succinate tab 100 mg</i>	1	QL
<i>TOSYMRA SOL 10MG</i>	3	PA, QL
<i>ZEMBRACE SYM INJ 3/0.5ML</i>	2	QL
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL
<i>zolmitriptan tab 2.5 mg</i>	1	QL
<i>zolmitriptan tab 5 mg</i>	1	QL

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>			
<b>MINERALS &amp; ELECTROLYTES</b>				
<b>BICARBONATES</b>				
SOD BICARB SOL D5W	3	PA		
<b>CALCIUM</b>				
CAL GLU/NACL INJ 1/100ML	3	PA		
CAL GLU/NACL INJ 1GM/50ML	3	PA		
CAL GLU/NACL INJ 2/100ML	3	PA		
CALCIUM GLUC INJ 1000/10	3	PA		
<b>ELECTROLYTE MIXTURES</b>				
KCI/LIDOCAIN INJ NACL	3	PA		
POT CHL/NACL INJ 20/250ML	3	PA		
POT CHL/NACL SOL 40MEQ	3	PA		
<b>MAGNESIUM</b>				
MAG SUL/NACL INJ 2/50-0.9	3	PA		
<b>PHOSPHATE</b>				
K PHOS/NACL INJ 15/250ML	3	PA		
POT PHOSPHAT INJ 3MM/ML	3	PA		
POTASSIUM INJ PHOSPHAT	3	PA		
SODIUM PHOSP SOL 150/50ML	3	PA		
<b>POTASSIUM</b>				
effer-k tab 25meq ef	1			
k-prime tab 25meq ef	1			
K-TAB TAB 10MEQ CR	3			
klor-con 8 tab 8meq er	1			
klor-con 10 tab 10meq er	1			
klor-con m10 tab 10meq er	1			
klor-con m15 tab 15meq er	1			
klor-con m20 tab 20meq er	1			
klor-con pak 20meq	1			
klor-con/ef tab 25meq fr	1			
POT ACETATE INJ 2MEQ/ML	3	PA		
POT CHLORIDE INJ 10MEQ	3	PA		
POT CHLORIDE INJ 20MEQ	3	PA		
POT CHLORIDE INJ 40MEQ	3	PA		
POT CHLORIDE TAB 8MEQ ER	3			
potassium acetate inj 2 meq/ml	1			
potassium chloride cap er 8 meq	1			
potassium chloride cap er 10 meq	1			
potassium chloride inj 2 meq/ml	1			
potassium chloride inj 10 meq/50ml	1			
potassium chloride inj 10 meq/100ml	1			
potassium chloride inj 20 meq/50ml	1			
potassium chloride inj 20 meq/100ml	1			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride inj 40 meq/100ml</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
POTASSIUM INJ 100MEQ	3	PA

### **SODIUM**

SOD CHLORIDE INJ 4MEQ/ML	3	PA
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### **TRACE MINERALS**

LIQUILIFT KIT TRACE	3	PA
MULTRY'S INJ	3	PA
SELENIOUS AC INJ 60MCG/ML	3	PA
SELENIOUS AC SOL 12MCG/2M	3	PA
TRALEMENT INJ	3	PA

### **MISCELLANEOUS THERAPEUTIC CLASSES**

#### **CHELATING AGENTS**

CUPRIMINE CAP 250MG	3	PA
EDETATE DISO INJ 150MG/ML	3	PA
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
SYPRINE CAP 250MG	3	PA
<i>trientine hcl cap 250 mg</i>	1	

### **CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS**

PHOXILLUM SOL B22K/40	3	PA
PHOXILLUM SOL BK4/2.5	3	PA
TRISOD CITRA SOL 0.5%CRRT	3	PA

### **ENZYMES**

AMPHADASE INJ 150/ML	3	PA
XIAFLEX INJ 0.9MG	3	PA

### **IMMUNOMODULATORS**

JOENJA TAB 70MG	3	PA, QL
<i>lenalidomide cap 5 mg</i>	1	PA; ONC
<i>lenalidomide cap 10 mg</i>	1	PA; ONC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
lenalidomide cap 15 mg	1	PA; ONC
lenalidomide cap 20 mg	1	PA, QL; ONC
lenalidomide cap 25 mg	1	PA, QL; ONC
lenalidomide caps 2.5 mg	1	PA; ONC
REVLIMID CAP 2.5MG	2	PA; ONC
REVLIMID CAP 5MG	2	PA; ONC
REVLIMID CAP 10MG	2	PA; ONC
REVLIMID CAP 15MG	2	PA; ONC
REVLIMID CAP 20MG	2	PA, QL; ONC
REVLIMID CAP 25MG	2	PA, QL; ONC
REZUROCK TAB 200MG	3	PA; ONC
RYSTIGGO INJ 280/2ML	3	PA, QL
THALOMID CAP 50MG	2	PA; ONC
THALOMID CAP 100MG	2	PA; ONC
THALOMID CAP 150MG	2	PA; ONC
THALOMID CAP 200MG	2	PA; ONC
VYVGART INJ 400/20ML	3	PA, QL
VYVGART INJ HYTRULO	3	PA, QL

### **IMMUNOSUPPRESSIVE AGENTS**

azasan tab 75 mg	1	
azasan tab 100mg	1	
AZATHIOPRINE INJ 100MG	3	PA
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine iv soln 50 mg/ml	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	2	PA, QL
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
everolimus tab 1 mg	1	
gengraf cap 25mg	1	
gengraf cap 100mg	1	
gengraf sol 100mg/ml	1	
IMURAN TAB 50MG	3	
LUPKYNIS CAP 7.9MG	3	PA, QL
mycophenolate mofetil cap 250 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
UPLIZNA SOL 100MG	3	PA
<b>IRRIGATION SOLUTIONS</b>		
<i>argyl saline sol 100ml</i>	1	
<i>lactated ringer's for irrigation</i>	1	
<i>physiolyte sol</i>	1	
<i>physiosol sol irrigat</i>	1	
<i>ringer's solution for irrigation</i>	1	
<i>tis-u-sol sol</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
<b>LYMPHATIC AGENTS</b>		
SYLVANT SOL 100MG	3	PA
SYLVANT SOL 400MG	3	PA
<b>MISC NATURAL PRODUCTS</b>		
IMUBOLIC CAP	3	PA
ULTRA HERS CAP RX	3	PA
ULTRA HIS CAP	3	PA
ULTRA PCOS CAP	3	PA
XYZMUNE CAP	3	PA
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
PHENOL INJ 6%	3	PA
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE TAB 50MG	3	PA, QL
VIJOICE TAB 125MG	3	PA, QL
VIJOICE TAB 250MG	3	PA, QL
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate powder</i>	1	
SPS SUS 15GM/60	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY CAP 50MG	3	PA, QL
ZOKINVY CAP 75MG	3	PA, QL
<b>SCLEROSING AGENTS</b>		
POLYOX LAURY INJ 5%	3	PA
<i>sodium tetradecyl sulfate inj 3%</i>	1	
SOTRADECOL INJ 1%	3	
<i>sotradecol inj 3%</i>	1	
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA INJ 120MG	3	PA
BENLYSTA INJ 200MG/ML	3	PA, QL
BENLYSTA INJ 400MG	3	PA
SAPHNELO SOL 300/2ML	3	PA, QL
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA INJ 50MCG/ML	3	PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	1	
LIDOCAINE SOL 4%	3	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>periogard sol 0.12%</i>	1	
<b>PERIODONTAL PRODUCTS</b>		
ARESTIN MIS 1MG	3	PA
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq pst 0.1%</i>	1	
<i>oralone dent pst 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
AQUORAL SPR	3	PA
BOCASAL POW	3	PA
<i>cevimeline hcl cap 30 mg</i>	1	
EPISIL LIQ	2	
EVOXAC CAP 30MG	3	
GELX GEL	3	PA
MUCOSITISRX POW	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MUCOTROL WAF	3	PA
MUGARD LIQ	2	PA
NEUTRASAL POW	3	PA
NUMOISYN LIQ	3	PA
ORAFATE PST 10%	3	PA
ORAMAGICRX SUS	3	PA
ORAPEUTIC GEL	3	PA
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
PROTHELIAL PST 10%	3	PA
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
SALIVAMAX POW	3	PA
SILATRIX GEL 10%	3	PA

## **MULTIVITAMINS**

### **B-COMPLEX VITAMINS**

B-COMPLEX INJ	3	PA
B-COMPLEX INJ HYDRXCB	3	PA

### **B-COMPLEX W/ FOLIC ACID**

xvite tab	3	PA
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### **MULTIPLE VITAMINS W/ MINERALS**

DAYAVITE TAB	3	PA
FOLAGENT CAP DHA	3	PA
FOLAMAX TAB	3	PA
FOLAMED DHA CAP	3	PA
HYLAZINC TAB	3	PA
NEOVITE TAB	3	PA
NICADAN TAB	3	PA
NICAZEL TAB	3	PA
NICAZEL TAB FORTE	3	PA
PROFOLA TAB	3	PA
REMIDENT CAP	3	PA

### **MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID**

QUFLORA FE CHW	3	PA
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## **MULTIVITAMINS**

AMLADEX TAB	3	PA
GENICIN TAB VITA-Q	3	PA

### **PED MULTI VITAMINS W/FL & FE**

QUFLORA FE DRO 0.25-9.5	3	PA
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### **PED MV W/ FLUORIDE**

QUFLORA CHW	3	PA
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### **PREGNATAL VITAMINS**

ATABEX EC TAB 29-1MG	3	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATABEX OB TAB 29-1MG	3	PA
AZESCO TAB 13-1MG	3	PA
C-NATE DHA CAP 28-1-200	3	PA
CADEAU DHA CAP	3	PA
CITRANATAL CAP HARMONY	3	PA
CITRANATAL CAP MEDLEY	3	PA
CITRANATAL MIS 90 DHA	3	PA
CITRANATAL MIS B-CALM	3	PA
CITRANATAL PAK ASSURE	3	PA
CITRANATAL PAK DHA	3	PA
CITRANATAL TAB BLOOM	3	PA
CO-NATAL FA TAB 29-1MG	3	PA
COMPLETE NAT PAK DHA	3	PA
COMPLETENATE CHW	3	PA
CONCEPT DHA CAP	3	PA
CONCEPT OB CAP	3	PA
CVS PRENATAL CHW GUMMY	3	PA
DERMACINRX TAB PRETRATE	3	PA
DUET DHA 400 MIS 25-1-400	3	PA
DUET DHA MIS BALANCED	3	PA
ELITE-OB TAB	3	PA
ENBRACE HR CAP	3	PA
FOLIVANE-OB CAP	3	PA
INATAL GT TAB	3	PA
JENLIVA CAP	3	PA
KOSHR PRENAT TAB 30-1MG	3	PA
M-NATAL PLUS TAB	3	PA
MULTI-MAC TAB	3	PA
NATACHEW CHW	3	PA
NATALVIT TAB 75-1MG	3	PA
NEEVO DHA CAP 27-1.13	3	PA
NEONATAL 19 TAB	3	PA
NEONATAL FE TAB	3	PA
NEONATAL PLS TAB 27-1MG	3	PA
NEONATAL TAB COMPLETE	3	PA
NEONATAL TAB COMPLTE	3	PA
NEONATAL TAB PLUS	3	PA
NEONATAL/DHA MIS	3	PA
NESTABS DHA PAK	3	PA
NESTABS ONE CAP	3	PA
NESTABS TAB	3	PA
NIVA-PLUS TAB	3	PA
OB COMPLETE CAP ONE	3	PA
OB COMPLETE CAP PETITE	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OB COMPLETE TAB	3	PA
OB COMPLETE TAB PREMIER	3	PA
OB COMPLETE/ CAP DHA	3	PA
OBSTETRIX EC TAB	3	PA
OBSTETRX ONE CAP 38-1-225	3	PA
ONE A DAY CAP PRENATAL	3	PA
ONE A DAY CHW PRENATAL	3	PA
ONE VITE TAB 1MG PLUS	3	PA
PNV PRENATAL TAB PLUS	3	PA
PNV TAB 20-1 TAB	3	PA
PNV-DHA CAP	3	PA
PNV-DHA CAP DOCUSATE	3	PA
PNV-OMEGA CAP	3	PA
PNV-SELECT TAB	3	PA
PREGEN DHA CAP	3	PA
PREGENNA TAB	3	PA
PREMESISRX TAB	3	PA
PRENA1 CHW	3	PA
PRENA1 PEARL CAP	3	PA
PRENA 1 TRUE MIS	3	PA
PRENAISSANCE CAP	3	PA
PRENAISSANCE CAP PLUS	3	PA
PRENAT DHA CHW 0.4-25MG	3	PA
PRENATAL 19 CHW 29-1MG	3	PA
PRENATAL 19 CHW TAB	3	PA
PRENATAL 19 TAB 29-1MG	3	PA
PRENATAL DHA PAK MULTI	3	PA
PRENATAL GUM CHW 0.4-32.5	3	PA
PRENATAL MUL CAP DHA	3	PA
PRENATAL TAB 27-1MG	3	PA
PRENATAL TAB PLUS	3	PA
PRENATAL VIT TAB LOW IRON	3	PA
PRENATAL-U CAP 106.5-1	3	PA
PRENATAL/FA CAP +DHA	3	PA
PRENATE AM TAB 1MG	3	PA
PRENATE CAP ENHANCE	3	PA
PRENATE CAP ESSENT	3	PA
PRENATE CAP PIXIE	3	PA
PRENATE CAP RESTORE	3	PA
PRENATE CHW 0.6-0.4	3	PA
PRENATE DHA CAP	3	PA
PRENATE MINI CAP	3	PA
PRENATE TAB ELITE	3	PA
PRENATRIX TAB	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATRYL TAB	3	PA
PRENATVITE TAB COMPLETE	3	PA
PRENATVITE TAB PLUS	3	PA
PRENATVITE TAB RX	3	PA
PRIMACARE CAP	3	PA
PROVIDA OB CAP	3	PA
REDICHEW RX CHW	3	PA
RELNATE DHA CAP	3	PA
SE-NATAL 19 CHW	3	PA
SE-NATAL 19 TAB	3	PA
SELECT-OB CHW	3	PA
SELECT-OB+ PAK DHA	3	PA
TARON-C DHA CAP	3	PA
THERANATAL CAP ONE	3	PA
THRIVITE RX TAB 29-1MG	3	PA
TRICARE TAB PRENATAL	3	PA
TRINATAL RX TAB 1	3	PA
TRINATE TAB	3	PA
TRISTART CAP FREE	3	PA
TRISTART DHA CAP	3	PA
TRISTART ONE CAP 35-1-215	3	PA
VINATE DHA CAP 27-1.13	3	PA
VINATE II TAB	3	PA
VINATE ONE TAB	3	PA
VIRT-NATE CAP DHA	3	PA
VIRT-PN DHA CAP	3	PA
VITAFOL CAP ULTRA	3	PA
VITAFOL CHW GUMMIES	3	PA
VITAFOL FE+ CAP	3	PA
VITAFOL STRP MIS 1MG	3	PA
VITAFOL-NANO TAB	3	PA
VITAFOL-OB PAK +DHA	3	PA
VITAFOL-OB TAB 65-1MG	3	PA
VITAFOL-ONE CAP	3	PA
VITAPEarl CAP	3	PA
VITATHELY TAB	3	PA
VITATRUE MIS	3	PA
VIVA DHA CAP	3	PA
WESCAP-C DHA CAP	3	PA
WESCAP-PN CAP DHA	3	PA
WESNATAL DHA PAK COMPLETE	3	PA
WESNATE DHA CAP	3	PA
WESTAB PLUS TAB 27-1MG	3	PA
WESTGEL DHA CAP	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZALVIT TAB 13-1MG	3	PA
ZATEAN-PN CAP DHA	3	PA
ZIPHEX TAB 13-1MG	3	PA
<b>VITAMIN MIXTURES</b>		
NICOMIDE TAB	3	PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>ARTICULAR CARTILAGE REPAIR THERAPY</b>		
MACI MIS	3	PA
<b>CENTRAL MUSCLE RELAXANTS</b>		
AMRIX CAP 15MG	3	PA
AMRIX CAP 30MG	3	PA
BACLOFEN INJ 50MCG/ML	3	PA
<i>baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)</i>	1	
<i>baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)</i>	1	
<i>baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)</i>	1	
BACLOFEN SOL 5MG/5ML	3	PA
<i>baclofen susp 25 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
FLEQSUVY SUS 25MG/5ML	3	PA
LYVISPAH GRA 5MG	3	PA
LYVISPAH GRA 10MG	3	PA
LYVISPAH GRA 20MG	3	PA
<i>metaxalone tab 800 mg</i>	1	
METHOCARBAMO TAB 1000MG	3	PA
<i>methocarbamol inj 1000 mg/10ml</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
ORPHENADRINE INJ 30MG/ML	3	
OZOBAX SOL 5MG/5ML	3	PA
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIRECT MUSCLE RELAXANTS</b>		
DANTRIUM CAP 25MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium for iv soln 20 mg</i>	1	
<i>revonto inj 20mg</i>	1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
METAXALL CP KIT 0.025%	3	PA
NORGESIC TAB FORTE	3	PA
<b>VISCOSUPPLEMENTS</b>		
DUROLANE INJ 60MG/3ML	2	PA
EUFLEXXA INJ 10MG/ML	2	PA
GEL-ONE INJ 30MG/3ML	3	PA
GELSYN-3 INJ 16.8/2ML	2	PA
GENVISC 850 INJ 25/2.5	3	PA
HYALGAN INJ 20MG/2ML	3	PA
HYMOVIS INJ 24MG/3ML	3	PA
MONOVISC INJ 88MG/4ML	3	PA
ORTHOVISC INJ 15MG/ML	3	PA
SUPARTZ FX INJ 25/2.5ML	2	PA
SYNOJOYNT INJ 20MG/2ML	3	PA
SYNVISC INJ 8MG/ML	3	PA
SYNVISC ONE INJ 8MG/ML	3	PA
TRILURON INJ 20MG/2ML	3	PA
TRIVISC INJ 25/2.5ML	3	PA
VISCO-3 INJ 25/2.5ML	3	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
DYMISTA SPR 137-50	3	PA
RYALTRIS SPR 665-25	3	PA
<b>NASAL ANESTHETICS</b>		
COCAINE HCL SOL 40MG/ML	3	PA
GOPRELTO SOL 40MG/ML	3	PA
NUMBRINO SOL 40MG/ML	3	PA
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
<b>NASAL STEROIDS</b>		
BECONASE AQ SUS 0.042%	3	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
OMNARIS SPR	3	PA
QNASL AER 80MCG	3	PA
QNASL CHILD SPR 40MCG	3	PA
SINUVA IMP 1350MCG	3	PA
ZETONNA AER 37MCG	3	PA
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>epinephrine hcl nasal soln 0.1%</i>	1	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
EXSERVAN MIS 50MG	3	PA
RADICAVA INJ 30MG	3	PA, QL
RADICAVA ORS SUS 105/5ML	3	PA, QL
RADICAVA ORS SUS STARTER	3	PA, QL
RELYVRIA PAK 3-1GM	3	PA, QL
<i>riluzole tab 50 mg</i>	1	
TIGLUTIK SUS 50/10ML	3	PA
<b>DEPOLARIZING MUSCLE RELAXANTS</b>		
SUCCINYL CHO INJ 100/5ML	3	PA
SUCCINYL CHO INJ 140/7ML	3	PA
SUCCINYL CHO INJ 200/10ML	3	PA
SUCCINYLCHOL INJ 20MG/ML	3	PA
SUCCINYLCHOL INJ 100/5ML	3	PA
SUCCINYLCHOL INJ 140/7ML	3	PA
SUCCINYLCHOL INJ 200/10ML	3	PA
<i>succinylcholine chloride inj 20 mg/ml</i>	1	
<b>FRIEDRICH'S ATAXIA AGENTS</b>		
SKYCLARYS CAP 50MG	3	PA, QL
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45 INJ 50MG/ML	3	PA, QL
EXONDYS 51 SOL 100/2ML	3	PA, QL
EXONDYS 51 SOL 500/10ML	3	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VILTEPSO SOL	3	PA, QL
VYONDYS 53 INJ 100/2ML	3	PA, QL

## **NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS**

BOTOX INJ 100UNIT	3	PA
BOTOX INJ 200UNIT	3	PA
DYSPORT INJ 300UNIT	3	PA
DYSPORT INJ 500UNIT	3	PA
MYOBLOC INJ 2500/0.5	3	PA
MYOBLOC INJ 5000/ML	3	PA
MYOBLOC INJ 10000/2	3	PA
XEOMIN INJ 50 UNIT	3	PA
XEOMIN INJ 100UNIT	3	PA
XEOMIN INJ 200UNIT	3	PA

# **NONDEPOLARIZING MUSCLE RELAXANTS**

<i>atracurium besylate iv soln 100 mg/10ml</i>	1	
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	1	
<i>cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)</i>	1	
<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	1	
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	1	
<i>ROCURON BRO SOL 100/10ML</i>	3	PA
<i>ROCURON BROM INJ 50MG/5ML</i>	3	PA
<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	1	
<i>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</i>	1	
<i>ROCURONIUM INJ 75/7.5ML</i>	3	PA
<i>VECURON BROM INJ 10/10ML</i>	3	PA
<i>vecuronium bromide for inj 10 mg</i>	1	
<i>vecuronium bromide for inj 20 mg</i>	1	

## **SPINAL MUSCULAR ATROPHY AGENTS (SMA)**

**EVRYSSDI SOL** 3 PA, QL

# **NUTRIENTS**

# **CARBOHYDRATES**

<i>dextrose inj 5%</i>	1
<i>dextrose inj 10%</i>	1
<b>DEXTROSE INJ 25%</b>	3
<i>dextrose inj 50%</i>	1
<i>dextrose inj 70%</i>	1

**LIPIDS**

**CLINOLIPID EMU 20%** 3 PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOJOLVI LIQ 100%	3	PA
INTRALIPID INJ 20%	3	PA
NEOKE MCT70 POW	3	PA
NUTRILIPID EMU 20%	3	PA
OMEGAVEN INJ 5GM/50ML	3	PA
OMEGAVEN INJ 10/100ML	3	PA
<b>LIPOTROPICS</b>		
LIPO INJ 50-50-25	3	PA
LIPO-C INJ	3	PA
MIC/L-CARNIT INJ	3	PA
<b>PROTEINS</b>		
AMIN/DEX/CAL SOL /HEP 4%	3	PA
AMINO ACID INJ 5%	3	PA
AMINO/DEXTRO SOL CAL/HEPA	3	PA
<i>aminoam cap rms</i>	1	
AMINOPROTECT INJ 5%	3	PA
<i>aminorelief cap rms</i>	1	
<i>aminosyn ii sol 15%</i>	1	
<i>clinisol sf inj 15%</i>	1	
ELCYS INJ 50MG/ML	3	PA
GLUTATHIONE INJ 6GM/30ML	3	PA
GLUTATHIONE INJ 200MG/ML	3	PA
GLYCINE INJ 50MG/ML	3	PA
L-ARGININE INJ 200MG/ML	3	PA
L-LYSINE HCL INJ 100MG/ML	3	PA
NEOKE ALCAR POW	3	PA
<i>plenamine inj 15%</i>	1	
TAURINE INJ 50MG/ML	3	PA
TRI-AMINO INJ	3	PA
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
LACRISERT MIS 5MG OP	3	PA
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL SOL 0.5% OP	3	
BETIMOL SOL 0.5%	3	PA
BETIMOL SOL 0.25%	3	PA
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
CARTEOLOL SOL 1% OP	3	
DORZOL/TIMOL SOL 22.3-6.8	3	PA
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
LEVOBUNOLOL SOL 0.5% OP	3	
TIM/BRIM/DOR SOL	3	PA
TIM/DORZ/LAT SOL	3	PA
TIMOL/BRIM SOL DORZ/LAT	3	PA
TIMOL/LATAN SOL	3	PA
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once- daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	3	PA
TIMOPTIC OCU SOL 0.25% OP	3	PA
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA SOL 0.03MG	3	PA
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>altafrin sol 2.5% op</i>	1	
<i>altafrin sol 10% op</i>	1	
ATROPINE SUL SOL 0.01%	3	PA
<i>atropine sulfate ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
PHENYLEPHRIN SOL 1.5%	3	PA
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
TROP-CYC-PE DRO 1-1-2.5	3	PA
TROP-PHENYL SOL 1-2.5%	3	PA
TROP/CYC/PE/ SOL KETO/PRO	3	PA
TROP/CYC/PE/ SOL KETOROLA	3	PA
TROP/CYCL/PE SOL KETOROLA	3	PA
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
<b>MIOTICS</b>		
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
VUITY SOL 1.25% OP	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
BEOVU INJ 6/0.05ML	3	PA
BEVACIZUMAB INJ 1.25MG	3	PA
BEVACIZUMAB INJ 2.5/.1ML	3	PA
BEVACIZUMAB INJ 3.25/.13	3	PA
BEVACIZUMAB INJ 3.75/.15	3	PA
BYOOVIZ INJ 0.5MG	3	PA
CIMERLI INJ 0.3MG	3	PA
CIMERLI INJ 0.5MG	3	PA
EYLEA HD INJ 8MG	3	PA
EYLEA INJ 2/0.05ML	2	PA
LUCENTIS INJ 0.3MG	2	PA
LUCENTIS INJ 0.5MG	2	PA
SUSVIMO INJ 10/0.1ML	3	PA
VABYSMO INJ 6/0.05ML	3	PA
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
APRACLONIDIN SOL 0.5% OP	3	
BRIMO/DORZO SOL 0.15-2%	3	PA
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
EPINEPHRINE SOL 1MG/ML	3	PA
SIMBRINZA SUS 1-0.2%	2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1%	3	PA
BACITRACIN OIN OP	3	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
CILOXAN OIN 0.3% OP	3	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
KLARITY-A DRO 1%	3	PA
LEVOFLOXACIN SOL 1.5%	3	
MITOMYCIN SOL 0.02%	3	PA
MITOMYCIN SOL 0.04%	3	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
MOXIFLOXACIN INJ 0.1%	3	PA
MOXIFLOXACIN INJ 0.3MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOXIFLOXACIN INJ 1MG/ML	3	PA
MOXIFLOXACIN SOL 0.5%	3	
MOXIFLOXACIN SOL 0.5%	3	PA
MOXIFLOXACIN SOL 0.16%	3	PA
MOXIFLOXACIN SOL 1MG/ML	3	PA
MOXIFLOXACIN SOL 5MG/ML	3	PA
<i>neo-polycin oin op</i>	1	
NEO/POLY/GRA SOL OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
SULFACET SOD OIN 10% OP	3	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TRIFLURIDINE SOL 1% OP	3	
VANCOMYCIN SOL 10MG/ML	3	PA
ZIRGAN GEL 0.15%	3	PA
<b>OPHTHALMIC COMPLEMENT INHIBITORS</b>		
SYFOVRE INJ 15/0.1ML	3	PA
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
CEQUA SOL 0.09%	3	PA
RESTASIS EMU 0.05% OP	1	
RESTASIS MUL EMU 0.05% OP	2	
VERKAZIA EMU 0.1% OP	3	PA
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	2	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine sol 0.5% op</i>	1	
LIDO-EPI INJ	3	PA
LIDO-PHENYL INJ 1-1.5%	3	PA
LIDOCAINE/PH SOL 1-1.5%	3	PA
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE SOL 20MCG/ML	3	PA, QL
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE INJ 15MG	3	PA
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA/PHO SOL VISC KIT	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUS 0.2%	3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
DEXAMETH PHO SOL 0.1% OP	3	
DEXTENZA MIS 0.4MG	3	PA
DEXYCU SUS 9%	3	PA
<i>difluprednate ophth emulsion 0.05%</i>	1	
DOUBLE PM SOL	3	PA
FLAREX SUS 0.1% OP	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	3	PA
FML LIQUIFLM SUS 0.1% OP	3	PA
FML OIN 0.1% OP	3	PA
INVELTYS SUS 1%	3	PA
KLARITY-L DRO 0.2%	3	PA
KLARITY-L DRO 0.5%	3	PA
LOTEMAX GEL 0.5%	3	PA
LOTEMAX OIN 0.5%	3	PA
LOTEMAX SM GEL 0.38%	3	PA
LOTEMAX SUS 0.5%	3	PA
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
LOTEPREDNOL GEL 0.5%	3	PA
MAXIDEX SUS 0.1% OP	3	PA
<i>neo-polycin oin hc 1%op</i>	1	
NEO/POLY/HC SUS OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
PRED FORTE SUS 1% OP	3	PA
PRED MILD SUS 0.12% OP	3	PA
PRED MOXIFLO SOL 1-0.5%	3	PA
PRED MOXIFLO SUS BROMFEN	3	PA
PRED-GAT-BRO INJ	3	PA
PRED-GATI SUS 1-0.5%	3	PA
PRED-GATIFL- SUS BROMFENA	3	PA
PRED/NEPAFEN DRO 1-0.1%	3	PA
PREDNI/MOXI/ DRO NEPAFENA	3	PA
PREDNI/MOXIF DRO 1-0.5%	3	PA
PREDNIS/BROM SUS 1-0.075%	3	PA
PREDNISOLONE SOL MOX-BROM	3	PA
PREDNISOLONE SUS 1% OP	3	
PRENIS-BROMF SOL 1-0.075%	3	PA

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SULF/PRED NA SOL OP	3	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	PA
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
TRIMOXI+ INJ	3	PA
TRIPLE PMB SOL	3	PA
TRIPLE PMK SOL	3	PA
XIPERE SUS 40MG/ML	3	PA
YUTIQ IMP 0.18MG	3	PA
ZYLET SUS 0.5-0.3%	3	PA
<b>OPHTHALMICS - MISC.</b>		
ACUVAIL SOL 0.45%	3	PA
<i>altafluor-be sol 0.25-0.4</i>	1	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
BEPREVE DRO 1.5%	3	PA
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
BROMSITE DRO 0.075%	3	PA
CHONDROITIN SOL	3	PA
CROMOLYN SOD SOL 4% OP	3	
CYSTADROPS SOL 0.37%	3	PA, QL
CYSTARAN SOL 0.44%	3	PA, QL
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
FLURBIPROFEN SOL 0.03% OP	3	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
NEVANAC SUS 0.1%	3	PA
NEVANAC SUS 0.1% OP	3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PROLENSA SOL 0.07%	2	
UPNEEQ SOL 0.1%	3	PA

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ZERVIATE DRO 0.24%	3	PA
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
DURYSTA IMP 10MCG	3	PA
<i>latanoprost ophth soln 0.005%</i>	1	
LATANOPROST SOL 0.005%	3	PA
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
TRAVATAN Z DRO 0.004%	3	PA
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
XELPROS EMU 0.005%	3	PA
ZIOPTAN DRO 0.0015%	2	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACN SOL 0.2%	3	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIPRIO SUS 60MG/ML	3	PA
<b>OTIC COMBINATIONS</b>		
CIPRO HC SUS OTIC	3	PA
CIPRODEX SUS 0.3-0.1%	3	PA
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTIC-ND DRO	3	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTOVEL DRO	3	PA
PRAMOTIC DRO 1-0.1%	3	PA
<b>OTIC STEROIDS</b>		
<i>flac oil 0.01%</i>	1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
HC/ACET ACID SOL OTIC	3	
<b>OXYTOCICS</b>		
<b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
<i>carboprost tromethamine im soln 250 mcg/ml</i>	1	
<b>OXYTOCICS</b>		
<i>methergine tab 0.2mg</i>	1	
<i>methylergonovine maleate inj 0.2 mg/ml</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	
<i>oxytocin inj 10 unit/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXYTOCIN/LAC INJ 20/1000	3	PA
OXYTOCIN/LAC INJ 30/500ML	3	PA
OXYTOCIN/LR INJ 15/250ML	3	PA
OXYTOCN/NACL INJ 15/250ML	3	PA
OXYTOCN/NACL INJ 30/500ML	3	PA
OXYTOCN/NACL SOL 20/1000	3	PA

## **PASSIVE IMMUNIZING AND TREATMENT AGENTS**

### **IMMUNE SERUMS**

ASCENIV INJ 10%	3	PA, QL
BIVIGAM INJ 10%	3	PA, QL
CNJ-016 INJ	3	PA
CUTAQUIG SOL 1.65GM	2	PA
CUTAQUIG SOL 1GM	2	PA
CUTAQUIG SOL 2GM	2	PA
CUTAQUIG SOL 3.3GM	2	PA
CUTAQUIG SOL 4GM	2	PA
CUTAQUIG SOL 8GM	2	PA
CUVITRU INJ 2GM/10ML	3	PA
CUVITRU INJ 4GM/20ML	3	PA, QL
CUVITRU INJ 8GM/40ML	3	PA
CUVITRU SOL 1GM/5ML	3	PA, QL
CUVITRU SOL 10GM/50M	3	PA
FLEBOGAMMA INJ 5GM/50ML	3	PA, QL
FLEBOGAMMA INJ 10/100ML	3	PA, QL
FLEBOGAMMA INJ 10/200ML	3	PA, QL
FLEBOGAMMA INJ 20/200ML	3	PA, QL
FLEBOGAMMA INJ 20/400ML	3	PA
FLEBOGAMMA INJ DIF 5%	3	PA, QL
GAMASTAN INJ	3	PA
GAMMAGARD INJ 1GM/10ML	3	PA, QL
GAMMAGARD INJ 2.5GM/25	3	PA, QL
GAMMAGARD INJ 5GM/50ML	3	PA, QL
GAMMAGARD INJ 10GM/100	3	PA, QL
GAMMAGARD INJ 20GM/200	3	PA, QL
GAMMAGARD INJ 30GM/300	3	PA, QL
GAMMAGARD SD INJ 5GM HU	3	PA
GAMMAGARD SD INJ 10GM HU	3	PA
GAMMAKED INJ 1GM/10ML	3	PA
GAMMAKED INJ 5GM/50ML	3	PA, QL
GAMMAKED INJ 10GM/100	3	PA, QL
GAMMAKED INJ 20GM/200	3	PA, QL
GAMMAPLEX INJ 5%	3	PA, QL
GAMMAPLEX INJ 10%	3	PA
GAMUNEX-C INJ 1GM/10ML	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMUNEX-C INJ 2.5GM/25	3	PA, QL
GAMUNEX-C INJ 5GM/50ML	3	PA, QL
GAMUNEX-C INJ 10GM/100	3	PA, QL
GAMUNEX-C INJ 20GM/200	3	PA, QL
GAMUNEX-C INJ 40/400ML	3	PA
HIZENTRA INJ 1GM/5ML	3	PA, QL
HIZENTRA INJ 2GM/10ML	3	PA, QL
HIZENTRA INJ 4GM/20ML	3	PA, QL
HIZENTRA INJ 10/50ML	3	PA, QL
HIZENTRA SOL 20%	3	PA
HYPERRAB INJ 900UNIT	3	PA
OCTAGAM INJ 1GM	3	PA
OCTAGAM INJ 2.5GM	3	PA
OCTAGAM INJ 2GM/20ML	3	PA
OCTAGAM INJ 5GM	3	PA
OCTAGAM INJ 5GM/50ML	3	PA
OCTAGAM INJ 10/100ML	3	PA
OCTAGAM INJ 10GM	3	PA
OCTAGAM INJ 20/200ML	3	PA
OCTAGAM INJ 30/300ML	3	PA
PANZYG SOL 1GM/10ML	3	PA, QL
PANZYG SOL 2.5/25ML	3	PA, QL
PANZYG SOL 5GM/50ML	3	PA, QL
PANZYG SOL 10/100ML	3	PA, QL
PANZYG SOL 20/200ML	3	PA, QL
PANZYG SOL 30/300ML	3	PA, QL
PRIVIGEN INJ 5 GRAMS	3	PA, QL
PRIVIGEN INJ 10GRAMS	3	PA, QL
PRIVIGEN INJ 20GRAMS	3	PA, QL
PRIVIGEN INJ 40GRAMS	3	PA, QL
XEMBIFY INJ 1GM/5ML	3	PA, QL
XEMBIFY INJ 2GM/10ML	3	PA
XEMBIFY INJ 4GM/20ML	3	PA, QL
XEMBIFY INJ 10G/50ML	3	PA
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ 50/0.5ML	3	PA
SYNAGIS INJ 50MG	3	PA, QL
SYNAGIS INJ 100MG/ML	3	PA, QL
ZINPLAVA SOL 25MG/ML	3	PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ 2.5-200	3	PA
HYQVIA INJ 5-400	3	PA
HYQVIA INJ 10-800	3	PA
HYQVIA INJ 20-1600	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYQVIA INJ 30-2400	3	PA
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN CHW 125MG	3	
AMOXICILLIN CHW 250MG	3	
AMPICILLIN CAP 500MG	3	
AMPICILLIN INJ 1GM	3	
AMPICILLIN INJ 2GM	3	
AMPICILLIN INJ 125MG	3	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
<b>NATURAL PENICILLINS</b>		
PEN G SODIUM INJ 5000000	3	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLN VK SOL 125/5ML	3	
PENICILLN VK SOL 250/5ML	3	
PFIZERPEN INJ 5MU	3	PA
PFIZERPEN INJ 20MU	3	PA
PFIZERPEN INJ 20000000	3	PA
<b>PENICILLIN COMBINATIONS</b>		
AMOX-POT CLA TAB ER	3	
AMOX/K CLAV CHW 200MG	3	
AMOX/K CLAV CHW 400MG	3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1
<i>AMP-SULBACTA INJ 1.5GM</i>	3
<i>AMP-SULBACTA INJ 3GM</i>	3
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	1
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1

#### **PENICILLINASE-RESISTANT PENICILLINS**

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

#### **PHARMACEUTICAL ADJUVANTS**

##### **LIQUID VEHICLES**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
EC-RX PROGES CRE 10%	3	PA
EC-RX PROGES CRE 20%	3	PA
MAKENA INJ 250MG/ML	3	PA, QL
MAKENA INJ 275MG	3	PA, QL
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PROMETRIUM CAP 100MG	3	PA
PROMETRIUM CAP 200MG	3	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
acamprosate calcium tab delayed release 333 mg	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
LUCEMYRA TAB 0.18MG	3	PA
<b>ANTI-CATAPLECTIC AGENTS</b>		
LUMRYZ PAK 6GM	3	PA, QL
LUMRYZ PAK 7.5GM	3	PA, QL
LUMRYZ PAK 9GM	3	PA, QL
LUMRYZ PKG 4.5GM	3	PA, QL
SOD OXYBATE SOL 500MG/ML	3	PA, QL
XYREM SOL 500MG/ML	3	PA, QL
XYWAV SOL 0.5GM/ML	2	PA, QL
<b>ANTIDEMENTIA AGENTS</b>		
ADLARITY DIS 5MG/DAY	3	PA
ADLARITY DIS 10MG/DAY	3	PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
galantamine hydrobromide cap er 24hr 16 mg	1
galantamine hydrobromide cap er 24hr 24 mg	1
galantamine hydrobromide tab 4 mg	1
galantamine hydrobromide tab 8 mg	1
galantamine hydrobromide tab 12 mg	1
GALANTAMINE SOL 4MG/ML	3
memantine hcl cap er 24hr 7 mg	1
memantine hcl cap er 24hr 14 mg	1
memantine hcl cap er 24hr 21 mg	1
memantine hcl cap er 24hr 28 mg	1
memantine hcl oral solution 2 mg/ml	1
memantine hcl tab 5 mg	1
memantine hcl tab 10 mg	1
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1
NAMZARIC CAP	2
NAMZARIC CAP 7-10MG	2
NAMZARIC CAP 14-10MG	2
NAMZARIC CAP 21-10MG	2
NAMZARIC CAP 28-10MG	2
rivastigmine tartrate cap 1.5 mg (base equivalent)	1
rivastigmine tartrate cap 3 mg (base equivalent)	1
rivastigmine tartrate cap 4.5 mg (base equivalent)	1
rivastigmine tartrate cap 6 mg (base equivalent)	1
rivastigmine td patch 24hr 4.6 mg/24hr	1
rivastigmine td patch 24hr 9.5 mg/24hr	1
rivastigmine td patch 24hr 13.3 mg/24hr	1

#### **COMBINATION PSYCHOTHERAPEUTICS**

CDP/AMITRIP TAB 5-12.5MG	3	
CDP/AMITRIP TAB 10-25MG	3	
LYBALVI TAB 5-10MG	3	PA
LYBALVI TAB 10-10MG	3	PA
LYBALVI TAB 15-10MG	3	PA
LYBALVI TAB 20-10MG	3	PA
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERPHEN/AMIT TAB 2-10MG	3	
PERPHEN/AMIT TAB 2-25MG	3	
PERPHEN/AMIT TAB 4-10MG	3	
PERPHEN/AMIT TAB 4-25MG	3	
PERPHEN/AMIT TAB 4-50MG	3	
<b><i>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</i></b>		
ADDYI TAB 100MG	3	PA
VYLEESI INJ 1.75/0.3	3	PA
<b><i>MOVEMENT DISORDER DRUG THERAPY</i></b>		
AUSTEDO TAB 6MG	2	PA, QL
AUSTEDO TAB 9MG	2	PA, QL
AUSTEDO TAB 12MG	2	PA, QL
AUSTEDO XR TAB 6MG	2	PA, QL
AUSTEDO XR TAB 12MG	2	PA, QL
AUSTEDO XR TAB 24MG	2	PA, QL
AUSTEDO XR TAB TITR KIT	2	PA, QL
INGREZZA CAP 40-80MG	2	PA
INGREZZA CAP 40MG	2	PA, QL
INGREZZA CAP 60MG	2	PA, QL
INGREZZA CAP 80MG	2	PA, QL
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL
<i>tetrabenazine tab 25 mg</i>	1	PA, QL
XENAZINE TAB 12.5MG	3	PA, QL
XENAZINE TAB 25MG	3	PA, QL
<b><i>MULTIPLE SCLEROSIS AGENTS</i></b>		
AMPYRA TAB 10MG	3	PA, QL
AUBAGIO TAB 7MG	3	PA, QL
AUBAGIO TAB 14MG	3	PA, QL
AVONEX PEN KIT 30MCG	2	PA, QL
AVONEX PREFL KIT 30MCG	2	PA, QL
BAFIERTAM CAP 95MG	3	PA, QL
BETASERON INJ 0.3MG	2	PA, QL
BRIUMVI INJ 150/6ML	3	PA, QL
COPAXONE INJ 20MG/ML	2	PA, QL
COPAXONE INJ 40MG/ML	2	PA, QL
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	1	PA, QL
EXTAVIA INJ 0.3MG	3	PA, QL
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILENYA CAP 0.5MG	3	PA, QL
GILENYA CAP 0.25MG	3	PA, QL
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL
<i>glatopa inj 20mg/ml</i>	1	PA, QL
<i>glatopa inj 40mg/ml</i>	1	PA, QL
KESIMPTA INJ 20/.4ML	2	PA, QL
LEMTRADA INJ 12/1.2ML	3	PA, QL
MAVENCLAD PAK 10MG(4)	3	PA, QL
MAVENCLAD PAK 10MG(5)	3	PA, QL
MAVENCLAD PAK 10MG(6)	3	PA, QL
MAVENCLAD PAK 10MG(7)	3	PA, QL
MAVENCLAD PAK 10MG(8)	3	PA, QL
MAVENCLAD PAK 10MG(9)	3	PA, QL
MAVENCLAD PAK 10MG(10)	3	PA, QL
MAYZENT PAK STARTER	2	PA, QL
MAYZENT TAB 0.25MG	2	PA, QL
MAYZENT TAB 1MG	2	PA, QL
MAYZENT TAB 2MG	2	PA, QL
OCREVUS INJ 300/10ML	2	PA, QL
PLEGRIDY INJ	3	PA, QL
PLEGRIDY INJ PEN	3	PA, QL
PLEGRIDY INJ STARTER	3	PA, QL
PLEGRIDY PEN INJ STARTER	3	PA, QL
PONVORY TAB 20MG	3	PA, QL
PONVORY TAB STARTER	3	PA, QL
REBIF INJ 22/0.5	2	PA, QL
REBIF INJ 44/0.5	2	PA, QL
REBIF REBIDO INJ 22/0.5	2	PA, QL
REBIF REBIDO INJ 44/0.5	2	PA, QL
REBIF REBIDO INJ TITRATN	2	PA, QL
REBIF TITRTN INJ PACK	2	PA, QL
TASCENO ODT TAB 0.5MG	3	PA, QL
TASCENO ODT TAB 0.25MG	3	PA, QL
TECFIDERA CAP 120MG	3	PA, QL
TECFIDERA CAP 240MG	3	PA, QL
TECFIDERA MIS STARTER	3	PA, QL
<i>teriflunomide tab 7 mg</i>	1	PA, QL
<i>teriflunomide tab 14 mg</i>	1	PA, QL
TYSABRI INJ 300/15ML	2	PA, QL
VUMERTY CAP 231MG	2	PA, QL
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEPOSIA CAP .92MG	2	PA, QL
ZEPOSIA CAP STR KIT	2	PA, QL
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
CONVENIENCE PAK	3	PA
GRALISE TAB 300MG	2	
GRALISE TAB 450MG	2	
GRALISE TAB 600MG	2	
GRALISE TAB 750MG	2	
GRALISE TAB 900MG	2	
LYRICA CR TAB 82.5MG	3	PA
LYRICA CR TAB 165MG	3	PA
LYRICA CR TAB 330MG	3	PA
<i>pregabalin tab er 24hr 82.5 mg</i>	1	
<i>pregabalin tab er 24hr 165 mg</i>	1	
<i>pregabalin tab er 24hr 330 mg</i>	1	
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE TAB 10MG	3	PA
FLUOXETINE TAB 20MG	3	PA
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUDEXTA CAP 20-10MG	3	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MES TAB 1MG ORAL	3	
PIMOZIDE TAB 1MG	3	
PIMOZIDE TAB 2MG	3	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB 300MG ER	3	PA
HORIZANT TAB 600MG ER	3	PA
<b>SMOKING DETERRENTS</b>		
APO-VARENICL TAB 0.5MG	3	PA; ACA
APO-VARENICL TAB 1MG	3	PA; ACA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	ACA
<i>nicotine polacrilex gum 4 mg</i>	1	ACA
VARENICLINE TAB 0.5& 1MG	3	ACA
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	ACA
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	ACA
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	ACA
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
AMVUTTRA SOL 25/0.5ML	3	PA, QL
ONPATTRO SOL 10MG/5ML	3	PA, QL
TEGSEDI INJ 284/1.5	2	PA, QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RESPIRATORY AGENTS - MISC.</b>		
<b><u>ALPHA-PROTEINASE INHIBITOR (HUMAN)</u></b>		
ARALAST NP INJ 500MG	3	PA
ARALAST NP INJ 1000MG	3	PA
GLASSIA INJ	3	PA, QL
PROLASTIN-C INJ 1000MG	2	PA
ZEMAIRA INJ 1000MG	3	PA
<b><u>CYSTIC FIBROSIS AGENTS</u></b>		
BRONCHITOL CAP 40MG	3	PA, QL
BRONCHITOL CAP TOL TEST	3	PA, QL
KALYDECO GRA 13.4MG	3	PA, QL
KALYDECO PAK 25MG	3	PA, QL
KALYDECO PAK 50MG	3	PA, QL
KALYDECO PAK 75MG	3	PA, QL
KALYDECO TAB 150MG	3	PA, QL
ORKAMBI GRA 75-94MG	3	PA, QL
ORKAMBI GRA 100-125	3	PA, QL
ORKAMBI GRA 150-188	3	PA, QL
ORKAMBI TAB 100-125	3	PA, QL
ORKAMBI TAB 200-125	3	PA, QL
PULMOZYME SOL 1MG/ML	3	PA, QL
SYMDEKO TAB 50-75MG	3	PA, QL
SYMDEKO TAB 100-150	3	PA, QL
TRIKAFTA PAK 59.5MG	3	PA, QL
TRIKAFTA PAK 75MG	3	PA, QL
TRIKAFTA TAB	3	PA, QL
<b><u>PULMONARY FIBROSIS AGENTS</u></b>		
ESBRIET CAP 267MG	3	PA, QL
ESBRIET TAB 267MG	3	PA, QL
ESBRIET TAB 801MG	3	PA, QL
OFEV CAP 100MG	2	PA, QL
OFEV CAP 150MG	2	PA, QL
<i>pirfenidone cap 267 mg</i>	1	PA, QL
<i>pirfenidone tab 267 mg</i>	1	PA, QL
<i>pirfenidone tab 801 mg</i>	1	PA, QL
<b><u>TETRACYCLINES</u></b>		
<b><u>GLYCYLCYCLINES</u></b>		
<i>tigecycline for iv soln 50 mg</i>	1	
TIGECYCLINE INJ 50MG	3	PA
TYGACIL INJ 50MG	3	PA
<b><u>TETRACYCLINES</u></b>		
ACTICLATE TAB 75MG	3	PA
ACTICLATE TAB 150MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
avidoxy tab 100mg	1	
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
DORYX MPC TAB 60MG	3	PA
DORYX MPC TAB 120MG	3	PA
DORYX TAB 50MG	3	PA
DORYX TAB 80MG	3	PA
DORYX TAB 200MG	3	PA
doxy 100 inj 100mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate for inj 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
lymekap tab 100mg	3	PA
MINOCIN CAP 100MG	3	PA
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
MINOLIRA TAB 105MG	3	PA
MINOLIRA TAB 135MG	3	PA
monodoxine nl cap 75mg	3	PA
monodoxine nl cap 100mg	1	
NUTRIDOX KIT	3	PA
SEYSARA TAB 60MG	3	PA
SEYSARA TAB 100MG	3	PA
SEYSARA TAB 150MG	3	PA
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN SUS 25MG/5ML	3	
XIMINO CAP 45MG ER	3	PA
XIMINO CAP 90MG ER	3	PA
XIMINO CAP 135MG ER	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SODIUM IODID SOL I-131	3	PA
<b>THYROID HORMONES</b>		
ADTHYZA TAB 16.25MG	3	PA
ADTHYZA TAB 32.5MG	3	PA
ADTHYZA TAB 65MG	3	PA
ADTHYZA TAB 97.5MG	3	PA
ADTHYZA TAB 130MG	3	PA
CYTOMEL TAB 5MCG	3	PA
CYTOMEL TAB 25MCG	3	PA
CYTOMEL TAB 50MCG	3	PA
<i>euthyrox tab 25mcg</i>	1	
<i>euthyrox tab 50mcg</i>	1	
<i>euthyrox tab 75mcg</i>	1	
<i>euthyrox tab 88mcg</i>	1	
<i>euthyrox tab 100mcg</i>	1	
<i>euthyrox tab 112mcg</i>	1	
<i>euthyrox tab 125mcg</i>	1	
<i>euthyrox tab 137mcg</i>	1	
<i>euthyrox tab 150mcg</i>	1	
<i>euthyrox tab 175mcg</i>	1	
<i>euthyrox tab 200mcg</i>	1	
<i>levo-t tab 25mcg</i>	1	
<i>levo-t tab 50mcg</i>	1	
<i>levo-t tab 75mcg</i>	1	
<i>levo-t tab 88mcg</i>	1	
<i>levo-t tab 100mcg</i>	1	
<i>levo-t tab 112mcg</i>	1	
<i>levo-t tab 125mcg</i>	1	
<i>levo-t tab 137mcg</i>	1	
<i>levo-t tab 150mcg</i>	1	
<i>levo-t tab 175mcg</i>	1	
<i>levo-t tab 200 mcg</i>	1	
<i>levo-t tab 300 mcg</i>	1	
LEVOTHYROXIN CAP 13MCG	3	PA
LEVOTHYROXIN CAP 25MCG	3	PA
LEVOTHYROXIN CAP 50MCG	3	PA
LEVOTHYROXIN CAP 75MCG	3	PA
LEVOTHYROXIN CAP 88MCG	3	PA
LEVOTHYROXIN CAP 100MCG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEVOTHYROXIN CAP 112MCG	3	PA
LEVOTHYROXIN CAP 125MCG	3	PA
LEVOTHYROXIN CAP 137MCG	3	PA
LEVOTHYROXIN CAP 150MCG	3	PA
LEVOTHYROXIN CAP 175MCG	3	PA
LEVOTHYROXIN CAP 200MCG	3	PA
LEVOTHYROXIN INJ 100/5ML	3	PA
LEVOTHYROXIN INJ 200/5ML	3	PA
LEVOTHYROXIN INJ 500/5ML	3	PA
<i>levothyroxine sodium for iv inj 100 mcg</i>	1	
<i>levothyroxine sodium for iv inj 200 mcg</i>	1	
<i>levothyroxine sodium for iv inj 500 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
LIOTHYRONINE INJ 10MCG/ML	3	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYQUIDITY SOL 100MCG	3	PA
TIROSINT CAP 13MCG	3	PA
TIROSINT CAP 25MCG	3	PA
TIROSINT CAP 50MCG	3	PA
TIROSINT CAP 75MCG	3	PA
TIROSINT CAP 88MCG	3	PA
TIROSINT CAP 100MCG	3	PA
TIROSINT CAP 112MCG	3	PA
TIROSINT CAP 125MCG	3	PA
TIROSINT CAP 137MCG	3	PA
TIROSINT CAP 150MCG	3	PA
TIROSINT CAP 175MCG	3	PA
TIROSINT CAP 200	3	PA
TIROSINT-SOL SOL 13MCG/ML	3	PA
TIROSINT-SOL SOL 25MCG/ML	3	PA
TIROSINT-SOL SOL 37.5/ML	3	PA
TIROSINT-SOL SOL 44MCG/ML	3	PA
TIROSINT-SOL SOL 50MCG/ML	3	PA
TIROSINT-SOL SOL 62.5/ML	3	PA
TIROSINT-SOL SOL 75MCG/ML	3	PA
TIROSINT-SOL SOL 88MCG/ML	3	PA
TIROSINT-SOL SOL 100MCG	3	PA
TIROSINT-SOL SOL 112MCG	3	PA
TIROSINT-SOL SOL 125MCG	3	PA
TIROSINT-SOL SOL 137MCG	3	PA
TIROSINT-SOL SOL 150MCG	3	PA
TIROSINT-SOL SOL 175MCG	3	PA
TIROSINT-SOL SOL 200MCG	3	PA
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 137mcg</i>	1	
<i>unithroid tab 150mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
unithroid tab 175mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

ANASPAZ TAB 0.125MG	3	
ATROPINE SUL INJ 0.1MG/ML	3	PA
ATROPINE SUL INJ 0.4MG/ML	3	PA
ATROPINE SUL INJ 0.8/2ML	3	PA
ATROPINE SUL INJ 0.05MG/1	3	PA
ATROPINE SUL INJ 1.2/3ML	3	PA
ATROPINE SUL INJ 1/2.5ML	3	PA
ATROPINE SUL INJ 1MG/ML	3	PA
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	1	
<i>atropine sulfate iv soln 0.4 mg/ml</i>	1	
<i>atropine sulfate iv soln 1 mg/ml</i>	1	
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	1	
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	1	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
DARTISLA ODT TAB 1.7MG	3	PA
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl inj 10 mg/ml</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
GLYCATE TAB 1.5MG	3	PA
GLYCOPYRROLA INJ 0.6/3ML	3	PA
GLYCOPYRROLA INJ 1MG/5ML	3	PA
GLYCOPYRROLA TAB 1.5MG	3	PA
<i>glycopyrrolate inj 0.2 mg/ml</i>	1	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLYRX-PF INJ 1MG/5ML	3	PA
GLYRX-PF INJ .6MG/3ML	3	PA
GLYRX-PF SOL 0.2MG/ML	3	PA
GLYRX-PF SOL 0.4/2	3	PA
<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	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
LIBRAX CAP 5-2.5MG	3	PA
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sr tab 0.375mg</i>	3	PA
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
ROBINUL FORT TAB 2MG	3	PA
ROBINUL TAB 1MG	3	PA

## **H-2 ANTAGONISTS**

<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	
FAMOTIDINE INJ 20MG/50M	3	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<i>famotidine preservative free inj 20 mg/2ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
NIZATIDINE CAP 150MG	3	
NIZATIDINE CAP 300MG	3	

## **MISC. ANTI-ULCER**

CARAFATE SUS 1GM/10ML	3	PA
CARAFATE TAB 1GM	3	PA
<i>sucralfate tab 1 gm</i>	1	

## **PROTON PUMP INHIBITORS**

ACIPHEX TAB 20MG	3	PA
DEXILANT CAP 30MG DR	3	PA
DEXILANT CAP 60MG DR	3	PA
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	
<i>lansoprazole cap delayed release 15 mg</i>	1	
<i>lansoprazole cap delayed release 30 mg</i>	1	
NEXIUM CAP 20MG	3	PA
NEXIUM CAP 40MG	3	PA
NEXIUM GRA 2.5MG DR	3	PA
NEXIUM GRA 5MG DR	3	PA
NEXIUM GRA 10MG DR	3	PA
NEXIUM GRA 20MG DR	3	PA
NEXIUM GRA 40MG DR	3	PA
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	
PREVACID CAP 30MG DR	3	PA
PREVACID TAB 15MG STB	3	PA
PREVACID TAB 30MG STB	3	PA
PRILOSEC POW 2.5MG	3	PA
PRILOSEC POW 10MG	3	PA
PROTONIX PAK 40MG	3	PA
PROTONIX TAB 20MG	3	PA
PROTONIX TAB 40MG	3	PA
<i>rabeprazole sodium ec tab 20 mg</i>	1	

#### ***ULCER DRUGS - PROSTAGLANDINS***

CYTOTEC TAB 100MCG	3
CYTOTEC TAB 200MCG	3
<i>misoprostol tab 100 mcg</i>	1
<i>misoprostol tab 200 mcg</i>	1

#### ***ULCER THERAPY COMBINATIONS***

<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HELIDAC MIS THERAPY	3	PA
LANSOPR/AMOX PAK /CLARITH	3	
PYLERA CAP	2	
TALICIA CAP	2	
ZEGERID CAP 20-1100	3	PA
ZEGERID CAP 40-1100	3	PA
ZEGERID POW 20-1680	3	PA
ZEGERID POW 40-1680	3	PA

## **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	
DETROL LA CAP 2MG	3	PA
DETROL LA CAP 4MG	3	PA
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
OXYBUTYNIN TAB 2.5MG	3	
OXYTROL DIS 3.9MG/24	3	PA
<i>solifenacina succinate tab 5 mg</i>	1	
<i>solifenacina succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	3	PA
TOVIAZ TAB 8MG	3	PA
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	

### **URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

GEMTESA TAB 75MG	2	
MYRBETRIQ SUS 8MG/ML	3	PA
MYRBETRIQ TAB 25MG	3	PA
MYRBETRIQ TAB 50MG	3	PA

### **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
flavoxate hcl tab 100 mg	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
INTRAROSA SUP 6.5MG	3	PA
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN CRE 2% VAG	3	
clindamycin phosphate vaginal cream 2%	1	
metronidazole vaginal gel 0.75%	1	
MICONAZOLE 3 SUP 200MG	3	
NUVESSA GEL 1.3%	3	PA
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
VANDAZOLE GEL 0.75%	3	PA
<b>VAGINAL ESTROGENS</b>		
estradiol vaginal cream 0.1 mg/gm	1	
ESTRING MIS 2MG	3	PA
ESTRING MIS 7.5/24HR	3	PA
FEMRING MIS 0.1MG/24	3	PA
FEMRING MIS 0.05/24H	3	PA
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	3	PA
VAGIFEM TAB 10MCG	1	
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
ADRENALIN INJ 1MG/ML	3	PA
ADRENALIN INJ 30/30ML	3	PA
AUVI-Q INJ 0.1MG	2	
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
EPINEPHR PRO KIT 1MG/ML	3	PA
EPINEPHRINE INJ 0.3MG	3	
EPINEPHRINE INJ 0.15MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
EPINEPHRINE KIT SNAP-EMS	3	PA
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
EPINPHEPHRIN KIT SNAP	3	PA
EPINPHEPHRIN KIT SNAP-V	3	PA
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 0.15MG	2	
SYMJEPI INJ 0.3MG	3	PA
SYMJEPI INJ 0.15MG	3	PA
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa cap 100 mg</i>	1	PA, QL
<i>droxidopa cap 200 mg</i>	1	PA, QL
<i>droxidopa cap 300 mg</i>	1	PA, QL
NORTHERA CAP 100MG	3	PA, QL
NORTHERA CAP 200MG	3	PA, QL
NORTHERA CAP 300MG	3	PA, QL
<b>VASOPRESSORS</b>		
AKOVAZ INJ 25MG/5ML	3	PA
AKOVAZ SOL 50MG/ML	3	PA
BIORPHEN INJ	3	PA
EMERPHED INJ 25MG/5ML	3	PA
EMERPHED INJ 50/10ML	3	PA
EMERPHED SOL 5MG/ML	3	PA
EPHEDRI/NACL INJ 50/10ML	3	PA
EPHEDRI/NACL INJ 50MG/5ML	3	PA
EPHEDRI/NACL SOL 10MG/ML	3	PA
EPHEDRI/NACL SOL 25MG/5ML	3	PA
EPHEDRI/NACL SOL 100/10ML	3	PA
EPHEDRIN SUL INJ 25MG/5ML	3	PA
EPHEDRINE INJ 25MG/5ML	3	PA
EPHEDRINE INJ 50/10ML	3	PA
EPHEDRINE INJ 50MG/5ML	3	PA
EPHEDRINE SU SOL 5MG/ML	3	PA
<i>ephedrine sulfate iv soln 50 mg/ml</i>	1	
EPINEPH/NACL INJ 1MG/10ML	3	PA
EPINEPH/NACL SOL 1MG/10ML	3	PA
EPINEPH/NACL SOL 2/250ML	3	PA
EPINEPH/NACL SOL 4/250ML	3	PA
EPINEPH/NACL SOL 5/250ML	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPINEPH/NACL SOL 8/250ML	3	PA
EPINEPHR/D5W INJ 100/10ML	3	PA
EPINEPHR/D5W SOL 2/250-5%	3	PA
EPINEPHR/D5W SOL 4/250ML	3	PA
EPINEPHRINE SOL 4/250ML	3	PA
EPINEPHRINE SOL 5/250ML	3	PA
EPINEPHRINE SOL 8MG/250	3	PA
GIAPREZA INJ 2.5MG	3	PA
<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	
NOREPIN/D5W INJ 4/250ML	3	PA
NOREPIN/D5W INJ 8/250ML	3	PA
NOREPIN/D5W INJ 16/250ML	3	PA
NOREPIN/NACL INJ 4/250ML	3	PA
NOREPIN/NACL INJ 8/250ML	3	PA
NOREPIN/NACL INJ 16/250ML	3	PA
NOREPINE/D5W INJ 4/250ML	3	PA
NOREPINEPHRI INJ DEXTROSE	3	PA
NOREPINEPHRI SOL NACL	3	PA
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	1	
PHENYL/NACL INJ 0.4/10ML	3	PA
PHENYL/NACL INJ 0.5/5ML	3	PA
PHENYL/NACL INJ 0.8/10ML	3	PA
PHENYL/NACL INJ 1MG/10ML	3	PA
PHENYL/NACL INJ 5MG/50ML	3	PA
PHENYL/NACL INJ 10/250ML	3	PA
PHENYL/NACL INJ 20/50ML	3	PA
PHENYL/NACL INJ 20/250ML	3	PA
PHENYL/NACL INJ 25/200ML	3	PA
PHENYL/NACL INJ 25/250ML	3	PA
PHENYL/NACL INJ 40/250ML	3	PA
PHENYL/NACL INJ 50/250ML	3	PA
PHENYL/NACL INJ 80/250ML	3	PA
PHENYL/NACL SOL 0.8/10ML	3	PA
PHENYLE/NACL INJ 100/10ML	3	PA
PHENYLEPHRIN INJ 0.4/10ML	3	PA
PHENYLEPHRIN INJ 0.5/5ML	3	PA
PHENYLEPHRIN INJ SODIUM	3	PA
PHENYLEPHRIN SOL NACL	3	PA
<i>phenylephrine hcl iv soln 10 mg/ml</i>	1	
REZIPRES SOL	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VITAMINS</b>		
<b>WATER SOLUBLE VITAMINS</b>		
ASCOR SOL 25000MG	3	PA
ASCORBIC ACD INJ 500MG/ML	3	PA
ASCORBIC ACI SOL 500MG/ML	3	PA
PYRIDOXAL-5- INJ PHOSPHAT	3	PA

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