

Formulary (4th Tier)

2024 List of Covered Drugs

Effective 04/01/2024

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 All previous versions of the Formulary are no longer in effect.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: 1-800-522-1246,
Option 2 during normal business hours

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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 employer-sponsored, self-funded health plan begins to pay. If your employer-sponsored, self-funded health plan 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 employer-sponsored, self-funded health plan pays the rest.

“Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your employer-sponsored, self-funded health plan. 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, the non- formulary drug must be covered 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 employer-sponsored, self-funded health plan 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. Your employer-sponsored, self-funded health plan 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 employer-sponsored, self-funded health plan. 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 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 to cover the drug before you fill your prescription. Approval must be granted when it is medically necessary for you to take the drug.

What is the Trustmark 4th Tier Formulary?

A formulary is a list of covered drugs. Trustmark Insurance Company works with a team of health care providers to choose drugs that provide quality treatment. The Trustmark 4th Tier 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 File™ 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.

Look in the Index and find your drug

Next to your drug, see the page number where you can find coverage information

Turn to the page listed in the Index and find the name of your drug in the first column of the list

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 your employer-sponsored, self-funded health plan. 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:

Tier	Definition
Tier 1:	Lowest plan member copayment: All generic drugs, including those on this Formulary.
Tier 2:	Intermediate plan member copayment: Preferred brand-name products on this Formulary selected for Tier 2.
Tier 3:	Highest plan member copayment: Brand-name products on this Formulary 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.
Tier 4:	Highest plan member copayment. All specialty products are at Tier 4.

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

Prior Authorization: Your employer-sponsored, self-funded health plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval before you fill your prescriptions. If you don't get approval, your employer-sponsored, self-funded health plan may not cover the drug.

Quantity Limits: For certain drugs, your employer-sponsored, self-funded health plan limits the amount of the drug that it will cover or 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 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, 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

Abbreviation	Definition
PA	Prior Authorization
QL	Quantity Limit

Effective 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		

AMPHETAMINES

amphetamine sulfate tab 5 mg	1
amphetamine sulfate tab 10 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1
amphetamine-dextroamphetamine cap er 24hr 5 mg	1
amphetamine-dextroamphetamine cap er 24hr 10 mg	1
amphetamine-dextroamphetamine cap er 24hr 15 mg	1
amphetamine-dextroamphetamine cap er 24hr 20 mg	1
amphetamine-dextroamphetamine cap er 24hr 25 mg	1
amphetamine-dextroamphetamine cap er 24hr 30 mg	1
amphetamine-dextroamphetamine tab 5 mg	1
amphetamine-dextroamphetamine tab 7.5 mg	1
amphetamine-dextroamphetamine tab 10 mg	1
amphetamine-dextroamphetamine tab 12.5 mg	1
amphetamine-dextroamphetamine tab 15 mg	1
amphetamine-dextroamphetamine tab 20 mg	1
amphetamine-dextroamphetamine tab 30 mg	1
DEXEDRINE CAP 10MG CR	3
dextroamphetamine sulfate cap er 24hr 5 mg	1
dextroamphetamine sulfate cap er 24hr 10 mg	1
dextroamphetamine sulfate cap er 24hr 15 mg	1
dextroamphetamine sulfate oral solution 5 mg/5ml	1
dextroamphetamine sulfate tab 2.5 mg	1
dextroamphetamine sulfate tab 5 mg	1
dextroamphetamine sulfate tab 7.5 mg	1
dextroamphetamine sulfate tab 10 mg	1
dextroamphetamine sulfate tab 15 mg	1
dextroamphetamine sulfate tab 20 mg	1
dextroamphetamine sulfate tab 30 mg	1

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>procenutra sol 5mg/5ml</i>	1	
<i>zenzedi tab 2.5mg</i>	1	
<i>zenzedi tab 5mg</i>	1	
<i>zenzedi tab 7.5mg</i>	1	
<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

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
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1
<i>QELBREE CAP 100MG ER</i>	2
<i>QELBREE CAP 150MG ER</i>	2
<i>QELBREE CAP 200MG ER</i>	2
<i>STRATTERA CAP 10MG</i>	3

Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAP 18MG	3	
STRATTERA CAP 25MG	3	
STRATTERA CAP 40MG	3	
STRATTERA CAP 60MG	3	
STRATTERA CAP 80MG	3	
STRATTERA CAP 100MG	3	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	1	
WAKIX TAB 17.8MG	1	
STIMULANTS - MISC.		
armodafinil tab 50 mg	1	
armodafinil tab 150 mg	1	
armodafinil tab 200 mg	1	
armodafinil tab 250 mg	1	
AZSTARYS CAP 26.1-5.2	2	
AZSTARYS CAP 39.2-7.8	2	
AZSTARYS CAP 52.3-10.	2	
dexmethylphenidate hcl cap er 24 hr 5 mg	1	
dexmethylphenidate hcl cap er 24 hr 10 mg	1	
dexmethylphenidate hcl cap er 24 hr 15 mg	1	
dexmethylphenidate hcl cap er 24 hr 20 mg	1	
dexmethylphenidate hcl cap er 24 hr 25 mg	1	
dexmethylphenidate hcl cap er 24 hr 30 mg	1	
dexmethylphenidate hcl cap er 24 hr 35 mg	1	
dexmethylphenidate hcl cap er 24 hr 40 mg	1	
dexmethylphenidate hcl tab 2.5 mg	1	
dexmethylphenidate hcl tab 5 mg	1	
dexmethylphenidate hcl tab 10 mg	1	
FOCALIN TAB 2.5MG	3	
FOCALIN TAB 5MG	3	
FOCALIN TAB 10MG	3	
METHYLIN SOL 5MG/5ML	3	
METHYLIN SOL 10MG/5ML	3	
methylphenidate hcl cap er 10 mg (cd)	1	
methylphenidate hcl cap er 20 mg (cd)	1	
methylphenidate hcl cap er 24hr 10 mg (la)	1	
methylphenidate hcl cap er 24hr 10 mg (xr)	1	
methylphenidate hcl cap er 24hr 15 mg (xr)	1	
methylphenidate hcl cap er 24hr 20 mg (la)	1	
methylphenidate hcl cap er 24hr 20 mg (xr)	1	
methylphenidate hcl cap er 24hr 30 mg (la)	1	

Drug Name	Drug Tier	Requirements/Limits
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 24hr 18 mg	1	
methylphenidate hcl tab er 24hr 27 mg	1	
methylphenidate hcl tab er 24hr 36 mg	1	
methylphenidate hcl tab er 24hr 54 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	
modafinil tab 200 mg	1	
RITALIN TAB 5MG	3	
RITALIN TAB 10MG	3	
RITALIN TAB 20MG	3	

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2
ORALAIR SUB 300 IR	2

Drug Name	Drug Tier	Requirements/Limits
RAGWITEK SUB	2	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate inj 10 mg/ml	1	
gentamicin sulfate inj 40 mg/ml	1	
neomycin sulfate tab 500 mg	1	
streptomycin sulfate for inj 1 gm	1	
tobramycin nebu soln 300 mg/4ml	1	
tobramycin nebu soln 300 mg/5ml	1	
tobramycin sulfate for inj 1.2 gm	1	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 10 mg/ml (base equivalent)	1	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 40/0.4ML	1	
HYRIMOZ INJ 10/0.1ML	1	
HYRIMOZ INJ 20/0.2ML	1	
HYRIMOZ INJ 40/0.4ML	1	
HYRIMOZ INJ 40/0.8ML	1	
HYRIMOZ INJ 80/0.8ML	1	
HYRIMOZ SENS INJ 80/0.8ML	1	
HYRIMOZ-CROH INJ UC SP	1	
HYRIMOZ-PED INJ CROHNS	1	
HYRIMOZ-PLAQ INJ PSORIASI	1	
SIMPONI ARIA SOL 50MG/4ML	1	
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	1	
RINVOQ TAB 30MG ER	1	
RINVOQ TAB 45MG ER	1	
XELJANZ SOL 1MG/ML	1	
XELJANZ TAB 5MG	1	

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG	1	
XELJANZ XR TAB 11MG	1	
XELJANZ XR TAB 22MG	1	
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	1	
RASUVO INJ 10MG	1	
RASUVO INJ 12.5MG	1	
RASUVO INJ 15MG	1	
RASUVO INJ 17.5MG	1	
RASUVO INJ 20MG	1	
RASUVO INJ 22.5MG	1	
RASUVO INJ 25MG	1	
RASUVO INJ 30MG	1	
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	1	
KEVZARA INJ 200/1.14	1	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
ec-naproxen tab 375mg	1	
ec-naproxen tab 500mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>indomethacin suppos 50 mg</i>	1	
<i>indomethacin susp 25 mg/5ml</i>	1	
<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	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<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	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<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	
<i>oxaprozin cap 300 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>previdolrx pak plus</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>OTEZLA TAB 10/20/30</i>	1	
<i>OTEZLA TAB 30MG</i>	1	
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>ARAVA TAB 10MG</i>	3	
<i>ARAVA TAB 20MG</i>	3	

Drug Name	Drug Tier	Requirements/Limits
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	1	
ENBREL INJ 25MG	1	
ENBREL INJ 50MG/ML	1	
ENBREL MINI INJ 50MG/ML	1	
ENBREL SRCLK INJ 50MG/ML	1	
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac tab	1	
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
tencon tab 50-325mg	1	
ANALGESICS OTHER		
acetaminophen iv soln 10 mg/ml	1	
clonidine hcl inj (for epidural infusion) 100 mcg/ml	1	
clonidine hcl inj (for epidural infusion) 500 mcg/ml	1	
SALICYLATES		
diflunisal tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab 30 mg	1	
duramorph inj 0.5mg/ml	1	
duramorph inj 1mg/ml	1	
fentanyl citrate buccal tab 100 mcg (base equiv)	1	
fentanyl citrate buccal tab 200 mcg (base equiv)	1	
fentanyl citrate buccal tab 400 mcg (base equiv)	1	
fentanyl citrate buccal tab 600 mcg (base equiv)	1	
fentanyl citrate buccal tab 800 mcg (base equiv)	1	
fentanyl citrate lozenge on a handle 200 mcg	1	
fentanyl citrate lozenge on a handle 400 mcg	1	
fentanyl citrate lozenge on a handle 600 mcg	1	
fentanyl citrate lozenge on a handle 800 mcg	1	
fentanyl citrate lozenge on a handle 1200 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 1600 mcg	1	
fentanyl citrate pf soln prefilled syringe 50 mcg/ml	1	
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 500 mcg/10ml	1	
fentanyl citrate preservative free (pf) inj 1000 mcg/20ml	1	
fentanyl citrate preservative free (pf) inj 2500 mcg/50ml	1	
fentanyl citrate soln prefilled syringe 100 mcg/2ml	1	
fentanyl td patch 72hr 12 mcg/hr	1	
fentanyl td patch 72hr 25 mcg/hr	1	
fentanyl td patch 72hr 37.5 mcg/hr	1	
fentanyl td patch 72hr 50 mcg/hr	1	
fentanyl td patch 72hr 62.5 mcg/hr	1	
fentanyl td patch 72hr 75 mcg/hr	1	
fentanyl td patch 72hr 87.5 mcg/hr	1	
fentanyl td patch 72hr 100 mcg/hr	1	
hydrocodone bitartrate cap er 12hr 10 mg	1	
hydrocodone bitartrate cap er 12hr 15 mg	1	
hydrocodone bitartrate cap er 12hr 20 mg	1	
hydrocodone bitartrate cap er 12hr 30 mg	1	
hydrocodone bitartrate cap er 12hr 40 mg	1	
hydrocodone bitartrate cap er 12hr 50 mg	1	
hydrocodone bitartrate tab er 24hr deter 20 mg	1	
hydrocodone bitartrate tab er 24hr deter 30 mg	1	
hydrocodone bitartrate tab er 24hr deter 40 mg	1	
hydrocodone bitartrate tab er 24hr deter 60 mg	1	
hydrocodone bitartrate tab er 24hr deter 80 mg	1	
hydrocodone bitartrate tab er 24hr deter 100 mg	1	
hydrocodone bitartrate tab er 24hr deter 120 mg	1	
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl liqd 1 mg/ml	1	
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tab 2 mg	1	
hydromorphone hcl tab 4 mg	1	
hydromorphone hcl tab 8 mg	1	
hydromorphone hcl tab er 24hr 8 mg	1	
hydromorphone hcl tab er 24hr 12 mg	1	
hydromorphone hcl tab er 24hr 16 mg	1	
hydromorphone hcl tab er 24hr 32 mg	1	
meperidine hcl inj 25 mg/ml	1	
meperidine hcl inj 50 mg/ml	1	
meperidine hcl inj 100 mg/ml	1	
meperidine hcl oral soln 50 mg/5ml	1	
meperidine hcl tab 50 mg	1	
methadone con 10mg/ml	1	
methadone hcl conc 10 mg/ml	1	
methadone hcl soln 5 mg/5ml	1	
methadone hcl soln 10 mg/5ml	1	
methadone hcl tab 5 mg	1	
methadone hcl tab 10 mg	1	
methadone hcl tab for oral susp 40 mg	1	
methadose tab 40mg	1	
mitigo inj 10mg/ml	1	
mitigo inj 25mg/ml	1	
morphine sulfate beads cap er 24hr 30 mg	1	
morphine sulfate beads cap er 24hr 45 mg	1	
morphine sulfate beads cap er 24hr 60 mg	1	
morphine sulfate beads cap er 24hr 75 mg	1	
morphine sulfate beads cap er 24hr 90 mg	1	
morphine sulfate beads cap er 24hr 120 mg	1	
morphine sulfate cap er 24hr 10 mg	1	
morphine sulfate cap er 24hr 20 mg	1	
morphine sulfate cap er 24hr 30 mg	1	
morphine sulfate cap er 24hr 50 mg	1	
morphine sulfate cap er 24hr 60 mg	1	
morphine sulfate cap er 24hr 80 mg	1	
morphine sulfate cap er 24hr 100 mg	1	
morphine sulfate inj pf 0.5 mg/ml	1	
morphine sulfate inj pf 1 mg/ml	1	
morphine sulfate iv soln 4 mg/ml	1	
morphine sulfate iv soln 8 mg/ml	1	
morphine sulfate iv soln 10 mg/ml	1	
morphine sulfate oral soln 10 mg/5ml	1	
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	
morphine sulfate tab 15 mg	1	
morphine sulfate tab 30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 15 mg	1	
morphine sulfate tab er 30 mg	1	
morphine sulfate tab er 60 mg	1	
morphine sulfate tab er 100 mg	1	
morphine sulfate tab er 200 mg	1	
oxycodone hcl cap 5 mg	1	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	
oxycodone hcl soln 5 mg/5ml	1	
oxycodone hcl tab 5 mg	1	
oxycodone hcl tab 10 mg	1	
oxycodone hcl tab 15 mg	1	
oxycodone hcl tab 20 mg	1	
oxycodone hcl tab 30 mg	1	
oxycodone hcl tab er 12hr deter 10 mg	1	
oxycodone hcl tab er 12hr deter 20 mg	1	
oxycodone hcl tab er 12hr deter 40 mg	1	
oxycodone hcl tab er 12hr deter 80 mg	1	
oxymorphone hcl tab 5 mg	1	
oxymorphone hcl tab 10 mg	1	
remifentanil hcl for iv soln 1 mg	1	
remifentanil hcl for iv soln 2 mg	1	
remifentanil hcl for iv soln 5 mg	1	
sufentanil citrate inj 50 mcg/ml	1	
sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)	1	
sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)	1	
tramadol hcl oral soln 5 mg/ml	1	
tramadol hcl tab 50 mg	1	
tramadol hcl tab er 24hr 100 mg	1	
tramadol hcl tab er 24hr 200 mg	1	
tramadol hcl tab er 24hr 300 mg	1	
tramadol hcl tab er 24hr biphasic release 100 mg	1	
tramadol hcl tab er 24hr biphasic release 200 mg	1	
tramadol hcl tab er 24hr biphasic release 300 mg	1	

OPIOID COMBINATIONS

acetaminophen w/ codeine soln 120-12 mg/5ml	1
acetaminophen w/ codeine tab 300-15 mg	1
acetaminophen w/ codeine tab 300-30 mg	1
acetaminophen w/ codeine tab 300-60 mg	1
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1
ascomp/cod cap 30mg	1

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
endocet tab 2.5-325	1	
endocet tab 5-325mg	1	
endocet tab 7.5-325	1	
endocet tab 10-325mg	1	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tab 5-300 mg	1	
hydrocodone-acetaminophen tab 5-325 mg	1	
hydrocodone-acetaminophen tab 7.5-300 mg	1	
hydrocodone-acetaminophen tab 7.5-325 mg	1	
hydrocodone-acetaminophen tab 10-300 mg	1	
hydrocodone-acetaminophen tab 10-325 mg	1	
hydrocodone-ibuprofen tab 5-200 mg	1	
hydrocodone-ibuprofen tab 7.5-200 mg	1	
hydrocodone-ibuprofen tab 10-200 mg	1	
oxycodone w/ acetaminophen tab 2.5-325 mg	1	
oxycodone w/ acetaminophen tab 5-325 mg	1	
oxycodone w/ acetaminophen tab 7.5-325 mg	1	
oxycodone w/ acetaminophen tab 10-325 mg	1	
tramadol-acetaminophen tab 37.5-325 mg	1	
trezix cap	1	

OPIOID PARTIAL AGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	
buprenorphine td patch weekly 5 mcg/hr	1	
buprenorphine td patch weekly 7.5 mcg/hr	1	
buprenorphine td patch weekly 10 mcg/hr	1	
buprenorphine td patch weekly 15 mcg/hr	1	
buprenorphine td patch weekly 20 mcg/hr	1	
butorphanol tartrate inj 1 mg/ml	1	
butorphanol tartrate inj 2 mg/ml	1	
butorphanol tartrate nasal soln 10 mg/ml	1	
nalbuphine hcl inj 10 mg/ml	1	
nalbuphine hcl inj 20 mg/ml	1	
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	
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

danazol cap 50 mg	1
danazol cap 100 mg	1
danazol cap 200 mg	1
depo-testost inj 100mg/ml	1
depo-testost inj 200mg/ml	1
methyltestosterone cap 10 mg	1
NATESTO GEL 5.5MG	2
testosterone cypionate im inj in oil 100 mg/ml	1
testosterone cypionate im inj in oil 200 mg/ml	1
testosterone enanthate im inj in oil 200 mg/ml	1
testosterone td gel 10mg/act (2%)	1
testosterone td gel 12.5 mg/act (1%)	1
testosterone td gel 20.25 mg/1.25gm (1.62%)	1
testosterone td gel 20.25 mg/act (1.62%)	1
testosterone td gel 25 mg/2.5gm (1%)	1
testosterone td gel 40.5 mg/2.5gm (1.62%)	1
testosterone td gel 50 mg/5gm (1%)	1
testosterone td soln 30 mg/act	1

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide rectal foam 2 mg/act</i> 1		
<i>CORTIFOAM AER 90MG</i> 2		
<i>hydrocortisone enema 100 mg/60ml</i> 1		
RECTAL COMBINATIONS		
<i>ana-lex kit</i> 1		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i> 1		
<i>PROCTOFOAM AER HC 1%</i> 2		
RECTAL STEROIDS		
<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		
VASODILATING AGENTS		
<i>nitroglycerin oint 0.4%</i> 1		
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i> 1		
<i>EMVERM CHW 100MG</i> 2		
<i>ivermectin tab 3 mg</i> 1		
<i>praziquantel tab 600 mg</i> 1		
<i>STROMECTOL TAB 3MG</i> 3		
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<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>XIFAXAN TAB 550MG</i> 2		
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> 1		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> 1		

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml	1	
nitazoxanide tab 500 mg	1	
CARBAPENEMS		
ertapenem sodium for inj 1 gm (base equivalent)	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
meropenem iv for soln 1 gm	1	
meropenem iv for soln 500 mg	1	
CHLORAMPHENICOLS		
chloramphenicol sodium succinate for iv inj 1 gm	1	
CYCLIC LIPOPEPTIDES		
daptomycin for iv soln 350 mg	1	
daptomycin for iv soln 500 mg	1	
GLYCOPEPTIDES		
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 100 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
LEPROSTATICs		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOsAMIDES		
<i>CLEOCIN CAP 75MG</i>	3	
<i>CLEOCIN CAP 150MG</i>	3	
<i>CLEOCIN CAP 300MG</i>	3	
<i>CLEOCIN PED SOL 75MG/5ML</i>	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 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>lincomycin hcl inj 300 mg/ml</i>	1	
MONOBACTAMS		
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
OXAZOLIDINONES		
<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	
POLYMYXINS		
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	1	
<i>polymyxin b sulfate for inj 500000 unit</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>MACROBID CAP 100MG</i>	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

<i>ranolazine tab er 12hr 500 mg</i>	1
<i>ranolazine tab er 12hr 1000 mg</i>	1

NITRATES

<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 10 mg</i>	1
<i>isosorbide mononitrate tab 20 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1
NITRO-DUR DIS 0.1MG/HR	3
NITRO-DUR DIS 0.2MG/HR	3
NITRO-DUR DIS 0.3MG/HR	3
NITRO-DUR DIS 0.4MG/HR	3
NITRO-DUR DIS 0.6MG/HR	3
NITRO-DUR DIS 0.8MG/HR	3
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1
<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
NITROLINGUAL SPR 400MCG	3
NITROSTAT SUB 0.3MG	3
NITROSTAT SUB 0.4MG	3
NITROSTAT SUB 0.6MG	3

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	1
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Drug Name	Drug Tier	Requirements/Limits
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
droperidol inj 2.5 mg/ml	1	
hydroxyzine hcl im soln 25 mg/ml	1	
hydroxyzine hcl im soln 50 mg/ml	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
BENZODIAZEPINES		
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.5mg xr	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 1mg xr	1	
alprazolam tab 2 mg	1	
alprazolam tab 2mg xr	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	

ANTIARRHYTHMICS

ANTIARRHYTHMICS - MISC.

adenosine iv soln 6 mg/2ml	1
adenosine iv soln 12 mg/4ml	1

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	1
disopyramide phosphate cap 150 mg	1
procainamide hcl inj 100 mg/ml	1
procainamide hcl inj 500 mg/ml	1
quinidine gluconate tab er 324 mg	1

ANTIARRHYTHMICS TYPE I-B

lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	1
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	1
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	1
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	1
lidocaine iv infusion in d5w inj 4 mg/ml	1
lidocaine iv infusion in d5w inj 8 mg/ml	1
mexiletine hcl cap 150 mg	1
mexiletine hcl cap 200 mg	1
mexiletine hcl cap 250 mg	1

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tab 50 mg	1
flecainide acetate tab 100 mg	1
flecainide acetate tab 150 mg	1
propafenone hcl cap er 12hr 225 mg	1
propafenone hcl cap er 12hr 325 mg	1
propafenone hcl cap er 12hr 425 mg	1
propafenone hcl tab 150 mg	1
propafenone hcl tab 225 mg	1
propafenone hcl tab 300 mg	1

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE III		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	1	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	1	
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	
dofetilide cap 250 mcg (0.25 mg)	1	
dofetilide cap 500 mcg (0.5 mg)	1	
ibutilide fumarate inj 1 mg/10ml	1	
MULTAQ TAB 400MG	2	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
pacerone tab 400mg	1	
TIKOSYN CAP 125MCG	1	
TIKOSYN CAP 250MCG	1	
TIKOSYN CAP 500MCG	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 30MG/ML	1	
FASENRA PEN INJ 30MG/ML	1	
NUCALA INJ 40MG/0.4	1	
NUCALA INJ 100MG/ML	1	
TEZSPIRE INJ 210MG	1	
TEZSPIRE SOL 210MG	1	
XOLAIR INJ 75/0.5	1	
XOLAIR INJ 150MG/ML	1	
XOLAIR SOL 150MG	1	
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	1	
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1	
YUPELRI SOL	2	
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
<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	
<i>PULMICORT INH 90MCG</i>	2	
<i>PULMICORT INH 180MCG</i>	2	
<i>PULMICORT SUS 0.5MG/2</i>	3	
<i>PULMICORT SUS 0.25MG/2</i>	3	
<i>PULMICORT SUS 1MG/2ML</i>	3	
SYMPATHOMIMETICS		
<i>AIRSUPRA AER 90-80MCG</i>	2	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	
<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	
<i>ANORO ELLIPT AER 62.5-25</i>	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	
<i>BREO ELLIPTA INH 50-25MCG</i>	2	
<i>BREO ELLIPTA INH 100-25</i>	2	
<i>BREO ELLIPTA INH 200-25</i>	2	
<i>BREZTRI AERO AER SPHERE</i>	2	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>isoproterenol hcl inj 0.2 mg/ml</i>	1	
<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	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	
SEREVENT DIS AER 50MCG	2	
STIOLTO AER 2.5-2.5	2	
STRIVERDI AER 2.5MCG	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	
wixela inhub aer 100/50	1	
wixela inhub aer 250/50	1	
wixela inhub aer 500/50	1	
XANTHINES		
<i>aminophylline inj 25 mg/ml</i>	1	
<i>elixophyllin elx 80/15ml</i>	1	
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
<i>warfarin sodium tab 1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	2
ELIQUIS TAB 2.5MG	2
ELIQUIS TAB 5MG	2
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
ARIIXTRA INJ 5/0.4ML	3
ARIIXTRA INJ 7.5/0.6	3
ARIIXTRA INJ 10/0.8ML	3
enoxaparin sodium inj 300 mg/3ml	1
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1
enoxaparin sodium inj soln pref syr 100 mg/ml	1
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1
enoxaparin sodium inj soln pref syr 150 mg/ml	1
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1
FRAGMIN INJ 2500/0.2	3

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 2500/ML	3	
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	
heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%	1	
heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%	1	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	

THROMBIN INHIBITORS

argatroban inj 250 mg/2.5ml (concentrate for iv infusion)	1
argatroban iv soln 50 mg/50ml (1 mg/ml)	1
bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)	1
bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)	1
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

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

ANTICONVULSANTS - BENZODIAZEPINES

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

Drug Name	Drug Tier	Requirements/Limits
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 rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
NAYZILAM SPR 5MG	2	
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
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	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
epitol tab 200mg	1	
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
lacosamide iv inj 200 mg/20ml (10 mg/ml)	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
levetiracetam inj 500 mg/5ml (100 mg/ml)	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
<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	
<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	
<i>subvenite kit start 35</i>	1	
<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	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
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		
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	
<i>vigabatrin tab 500 mg</i>	1	
<i>vigadroner pow 500mg</i>	1	
<i>vigpoder pow 500mg</i>	1	
HYDANTOINS		
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1	
<i>phenytek cap 200mg</i>	1	
<i>phenytek cap 300mg</i>	1	
<i>phenytoin chw 50mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
<i>ZARONTIN CAP 250MG</i>	3	
<i>ZARONTIN SOL 250/5ML</i>	3	
VALPROIC ACID		
<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	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<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	
<i>mirtazapine tab 45 mg</i>	1	
<i>REMERON SLTB TAB 15MG</i>	3	
<i>REMERON SLTB TAB 30MG</i>	3	
<i>REMERON SLTB TAB 45MG</i>	3	
<i>REMERON TAB 15MG</i>	3	
<i>REMERON TAB 30MG</i>	3	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>WELLBUTRIN TAB 100MG SR</i>	3	
<i>WELLBUTRIN TAB 150MG SR</i>	3	

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN TAB 200MG SR	3	
<i>MONOAMINE OXIDASE INHIBITORS (MAOIS)</i>		
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</i>		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<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	
<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	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl soln 10 mg/5ml</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

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3
DUETACT TAB 30-2MG	3
DUETACT TAB 30-4MG	3
<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
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
<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
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	
SOLIQUA INJ 100/33	2	
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		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
glucagon (rdna) for inj kit 1 mg	1	
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	
mifepristone tab 300 mg	1	
ZEGALOGUE INJ 0.6/0.6	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
saxagliptin hcl tab 2.5 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
saxagliptin hcl tab 5 mg (base equiv)	1	
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5	2	
MOUNJARO INJ 5MG/0.5	2	
MOUNJARO INJ 7.5/0.5	2	
MOUNJARO INJ 10MG/0.5	2	
MOUNJARO INJ 12.5/0.5	2	
MOUNJARO INJ 15MG/0.5	2	
OZEMPIC INJ 2MG/3ML	2	
OZEMPIC INJ 4MG/3ML	2	
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		
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>FARXIGA TAB 5MG</i>	2	
<i>FARXIGA TAB 10MG</i>	2	
<i>JARDIANCE TAB 10MG</i>	2	
<i>JARDIANCE TAB 25MG</i>	2	
SULFONYLUREAS		
<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	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>LOMOTIL TAB 2.5MG</i>	3	
<i>loperamide hcl cap 2 mg</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox granules packet 90 mg</i>	1	
<i>deferasirox granules packet 180 mg</i>	1	
<i>deferasirox granules packet 360 mg</i>	1	
<i>deferasirox tab 90 mg</i>	1	
<i>deferasirox tab 180 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
deferasirox tab 360 mg	1	
deferasirox tab for oral susp 125 mg	1	
deferasirox tab for oral susp 250 mg	1	
deferasirox tab for oral susp 500 mg	1	
deferiprone tab 500 mg	1	
deferiprone tab 1000 mg	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
acetylcysteine inj 200 mg/ml	1	
deferoxamine mesylate for inj 2 gm	1	
deferoxamine mesylate for inj 500 mg	1	
fomepizole inj 1 gm/ml (for iv infusion)	1	
methylene blue iv soln 50 mg/10ml (5 mg/ml)	1	
sodium thiosulfate iv soln 250 mg/ml (25%)	1	
VISTOGARD PAK 10GM	1	
BENZODIAZEPINE ANTAGONISTS		
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)	1	
flumazenil iv soln 1 mg/10ml (0.1 mg/ml)	1	
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
gransetron hcl inj 1 mg/ml	1	
gransetron hcl inj 4 mg/4ml (1 mg/ml)	1	
gransetron hcl tab 1 mg	1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1	
ondansetron hcl inj soln pref syr 4 mg/2ml	1	
ondansetron hcl oral soln 4 mg/5ml	1	
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ondansetron hcl tab 24 mg	1	
ondansetron orally disintegrating tab 4 mg	1	
ondansetron orally disintegrating tab 8 mg	1	
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1	
palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)	1	
SANCUSO DIS 3.1MG	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	
aprepitant capsule 80 mg	1	
aprepitant capsule 125 mg	1	
aprepitant capsule therapy pack 80 & 125 mg	1	
fosaprepitant dimeglumine for iv infusion 150 mg (base eq)	1	
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
caspofungin acetate for iv soln 50 mg	1	
caspofungin acetate for iv soln 70 mg	1	
micafungin sodium for iv soln 50 mg	1	
micafungin sodium for iv soln 100 mg	1	
ANTIFUNGALS		
amphotericin b for iv soln 50 mg	1	
amphotericin b liposome iv for susp 50 mg	1	
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	
<i>VFEND SUS 40MG/ML</i>	3	
<i>VFEND TAB 50MG</i>	3	
<i>VFEND TAB 200MG</i>	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 - ETHANOLAMINES

<i>carbinoxamine maleate soln 4 mg/5ml</i>	1
<i>carbinoxamine maleate tab 4 mg</i>	1
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1
<i>clemastine fumarate tab 2.68 mg</i>	1
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1
<i>diphenhydramine hcl inj 50 mg/ml</i>	1

ANTIHISTAMINES - NON-SEDATING

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1
<i>desloratadine tab 5 mg</i>	1
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1
<i>desloratadine tab orally disintegrating 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

ANTIHISTAMINES - PHENOTHIAZINES

<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

Drug Name	Drug Tier	Requirements/Limits
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cypheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cypheptadine hcl tab 4 mg</i>	1	
ANTIHYPERTROPHICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
<i>NEXLETOL TAB 180MG</i>	2	
ANTIHYPERTROPHICS - COMBINATIONS		
<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	
<i>NEXLIZET TAB 180/10MG</i>	2	
<i>VYTORIN TAB 10-10MG</i>	3	
<i>VYTORIN TAB 10-20MG</i>	3	
<i>VYTORIN TAB 10-40MG</i>	3	
<i>VYTORIN TAB 10-80MG</i>	3	
ANTIHYPERTROPHICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<i>VASCEPA CAP 0.5GM</i>	1	
<i>VASCEPA CAP 1GM</i>	1	
BILE ACID SEQUESTRANTS		
<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>COLESTID FLA GRA 5/7.5GM</i>	3	
<i>COLESTID FLA GRA 5GM</i>	3	
<i>COLESTID GRA 5GM</i>	3	
<i>COLESTID POW 5GM</i>	3	
<i>COLESTID TAB 1GM</i>	3	
<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	
<i>QUESTRAN POW 4GM</i>	3	
<i>QUESTRAN POW 4GM LITE</i>	3	

Drug Name	Drug Tier	Requirements/Limits
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 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	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
<i>LOPID TAB 600MG</i>	3	
<i>TRILIPPIX CAP 45MG</i>	3	
<i>TRILIPPIX CAP 135MG</i>	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pitavastatin calcium tab 1 mg</i>	1	
<i>pitavastatin calcium tab 2 mg</i>	1	
<i>pitavastatin calcium tab 4 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	
<i>rosuvastatin calcium tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<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	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	
REPATHA PUSH INJ 420/3.5	2	
REPATHA SURE INJ 140MG/ML	2	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>ACCUPRIL TAB 5MG</i>	3	
<i>ACCUPRIL TAB 10MG</i>	3	
<i>ACCUPRIL TAB 20MG</i>	3	
<i>ACCUPRIL TAB 40MG</i>	3	
<i>ALTACE CAP 1.25MG</i>	3	
<i>ALTACE CAP 2.5MG</i>	3	
<i>ALTACE CAP 5MG</i>	3	
<i>ALTACE CAP 10MG</i>	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
<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 erbumine tab 8 mg</i>	1	
<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	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	

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>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
<i>irbesartan tab 75 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>valsartan oral soln 4 mg/ml</i>	1	
<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	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>CARDURA TAB 1MG</i>	3	
<i>CARDURA TAB 2MG</i>	3	
<i>CARDURA TAB 4MG</i>	3	
<i>CARDURA TAB 8MG</i>	3	
<i>CATAPRES-TTS DIS 0.1/24HR</i>	3	
<i>CATAPRES-TTS DIS 0.2/24HR</i>	3	
<i>CATAPRES-TTS DIS 0.3/24HR</i>	3	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
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	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
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	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<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>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
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	
nitroprusside sodium iv soln 25 mg/ml	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
pyrimethamine tab 25 mg	1	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)	1	
neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)	1	
neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)	1	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<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	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>bendamustine hcl for iv soln 25 mg</i>	1
<i>bendamustine hcl for iv soln 100 mg</i>	1
<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
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1
<i>cyclophosphamide cap 25 mg</i>	1
<i>cyclophosphamide cap 50 mg</i>	1
<i>cyclophosphamide for inj 1 gm</i>	1
<i>cyclophosphamide for inj 2 gm</i>	1
<i>cyclophosphamide for inj 500 mg</i>	1
<i>cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)</i>	1
<i>cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)</i>	1
<i>cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)</i>	1
<i>ifosfamide for inj 1 gm</i>	1
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1
LEUKERAN TAB 2MG	3
<i>melphalan hcl for inj 50 mg (base equiv)</i>	1
<i>melphalan tab 2 mg</i>	1
MYLERAN TAB 2MG	3
<i>oxaliplatin for iv inj 50 mg</i>	1
<i>oxaliplatin for iv inj 100 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin iv soln 50 mg/10ml</i>	1	
<i>oxaliplatin iv soln 100 mg/20ml</i>	1	
<i>oxaliplatin iv soln 200 mg/40ml</i>	1	
<i>paraplatin inj 1000mg</i>	1	
<i>temozolomide cap 5 mg</i>	1	
<i>temozolomide cap 20 mg</i>	1	
<i>temozolomide cap 100 mg</i>	1	
<i>temozolomide cap 140 mg</i>	1	
<i>temozolomide cap 180 mg</i>	1	
<i>temozolomide cap 250 mg</i>	1	
<i>thiotepa for inj 15 mg</i>	1	
<i>thiotepa for inj 100 mg</i>	1	
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	1	
<i>capecitabine tab 150 mg</i>	1	
<i>capecitabine tab 500 mg</i>	1	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>clofarabine iv soln 1 mg/ml</i>	1	
<i>cytarabine inj 20 mg/ml</i>	1	
<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	
<i>floxuridine for inj 0.5 gm</i>	1	
<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	
<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	
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nelarabine iv soln 5 mg/ml</i>	1	
<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	
<i>pralatrexate iv inj 20 mg/ml</i>	1	
<i>pralatrexate iv inj 40 mg/2ml</i>	1	
TABLOID TAB 40MG	3	
TREXALL TAB 5MG	3	
TREXALL TAB 7.5MG	3	
TREXALL TAB 10MG	3	
TREXALL TAB 15MG	3	
XELODA TAB 150MG	1	
XELODA TAB 500MG	1	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	1	
INLYTA TAB 5MG	1	
LENVIMA CAP 4MG	1	
LENVIMA CAP 8 MG	1	
LENVIMA CAP 10 MG	1	
LENVIMA CAP 12MG	1	
LENVIMA CAP 14 MG	1	
LENVIMA CAP 18 MG	1	
LENVIMA CAP 20 MG	1	
LENVIMA CAP 24 MG	1	
ZIRABEV INJ 100/4ML	1	
ZIRABEV INJ 400/16ML	1	
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA INJ 150MG	1	
HERZUMA INJ 420MG	1	
OGIVRI INJ 150MG	1	
OGIVRI INJ 420MG	1	
PERJETA INJ 420/14ML	1	
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ 100/10ML	1	
RUXIENCE INJ 500/50ML	1	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	1	
erlotinib hcl tab 100 mg (base equivalent)	1	
erlotinib hcl tab 150 mg (base equivalent)	1	
gefitinib tab 250 mg	1	
TAGRISSO TAB 40MG	1	
TAGRISSO TAB 80MG	1	
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	1	
ODOMZO CAP 200MG	1	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	1	
abiraterone acetate tab 500 mg	1	
anastrozole tab 1 mg	1	
ARIMIDEX TAB 1MG	3	
AROMASIN TAB 25MG	3	
bicalutamide tab 50 mg	1	
CASODEX TAB 50MG	3	
ELIGARD INJ 7.5MG	1	
ELIGARD INJ 22.5MG	1	
ELIGARD INJ 30MG	1	
ELIGARD INJ 45MG	1	
ERLEADA TAB 60MG	1	
ERLEADA TAB 240MG	1	
exemestane tab 25 mg	1	
FEMARA TAB 2.5MG	3	
fulvestrant inj soln pref syr 250 mg/5ml	1	
letrozole tab 2.5 mg	1	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	
LYSODREN TAB 500MG	1	
megestrol acetate susp 40 mg/ml	1	
megestrol acetate tab 20 mg	1	
megestrol acetate tab 40 mg	1	
nilutamide tab 150 mg	1	
NUBEQA TAB 300MG	1	
tamoxifen citrate tab 10 mg (base equivalent)	1	
tamoxifen citrate tab 20 mg (base equivalent)	1	
toremifene citrate tab 60 mg (base equivalent)	1	
XTANDI CAP 40MG	1	
XTANDI TAB 40MG	1	
XTANDI TAB 80MG	1	
YONSA TAB 125MG	1	
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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 10 mg</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1	
<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	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	
<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	

ANTINEOPLASTIC COMBINATIONS

KISQALI 200 PAK FEMARA	1
KISQALI 400 PAK FEMARA	1
KISQALI 600 PAK FEMARA	1
LONSURF TAB 15-6.14	1
LONSURF TAB 20-8.19	1
PHESGO SOL	1

ANTINEOPLASTIC ENZYME INHIBITORS

ALECensa CAP 150MG	1
ALUNBRIG PAK	1
ALUNBRIG TAB 30MG	1
ALUNBRIG TAB 90MG	1
ALUNBRIG TAB 180MG	1
<i>bortezomib for inj 3.5 mg</i>	1
BOSULIF CAP 50MG	1
BOSULIF CAP 100MG	1
BOSULIF TAB 100MG	1
BOSULIF TAB 400MG	1
BOSULIF TAB 500MG	1

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAP 75MG	1	
BRUKINSA CAP 80MG	1	
CABOMETYX TAB 20MG	1	
CABOMETYX TAB 40MG	1	
CABOMETYX TAB 60MG	1	
CALQUENCE TAB 100MG	1	
COPIKTRA CAP 15MG	1	
COPIKTRA CAP 25MG	1	
COTELLIC TAB 20MG	1	
<i>everolimus tab 2.5 mg</i>	1	
<i>everolimus tab 5 mg</i>	1	
<i>everolimus tab 7.5 mg</i>	1	
<i>everolimus tab 10 mg</i>	1	
<i>everolimus tab for oral susp 2 mg</i>	1	
<i>everolimus tab for oral susp 3 mg</i>	1	
<i>everolimus tab for oral susp 5 mg</i>	1	
GAVRETO CAP 100MG	1	
IBRANCE CAP 75MG	1	
IBRANCE CAP 100MG	1	
IBRANCE CAP 125MG	1	
IBRANCE TAB 75MG	1	
IBRANCE TAB 100MG	1	
IBRANCE TAB 125MG	1	
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	
KISQALI TAB 200DOSE	1	
KISQALI TAB 400DOSE	1	
KISQALI TAB 600DOSE	1	
KOSELUGO CAP 10MG	1	
KOSELUGO CAP 25MG	1	
KRAZATI TAB 200MG	1	
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1	
LUMAKRAS TAB 120MG	1	
LUMAKRAS TAB 320MG	1	
LYNPARZA TAB 100MG	1	
LYNPARZA TAB 150MG	1	
MEKTOVI TAB 15MG	1	
NINLARO CAP 2.3MG	1	
NINLARO CAP 3MG	1	
NINLARO CAP 4MG	1	
<i>pazopanib hcl tab 200 mg (base equiv)</i>	1	
RETEVMO CAP 40MG	1	
RETEVMO CAP 80MG	1	
<i>romidepsin for iv inj 10 mg</i>	1	
ROZLYTREK CAP 100MG	1	

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAP 200MG	1	
ROZLYTREK PAK 50MG	1	
RYDAPT CAP 25MG	1	
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1	
SPRYCEL TAB 20MG	1	
SPRYCEL TAB 50MG	1	
SPRYCEL TAB 70MG	1	
SPRYCEL TAB 80MG	1	
SPRYCEL TAB 100MG	1	
SPRYCEL TAB 140MG	1	
STIVARGA TAB 40MG	1	
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1	
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1	
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	1	
VITRAKVI CAP 25MG	1	
VITRAKVI CAP 100MG	1	
VITRAKVI SOL 20MG/ML	1	
XOSPATA TAB 40MG	1	
ZEJULA TAB 100MG	1	
ZEJULA TAB 200MG	1	
ZEJULA TAB 300MG	1	
ZELBORAF TAB 240MG	1	
ZOLINZA CAP 100MG	1	
ZYDELIG TAB 100MG	1	
ZYDELIG TAB 150MG	1	
ZYKADIA TAB 150MG	1	

ANTINEOPLASTICS MISC.

<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	1
<i>bexarotene cap 75 mg</i>	1
<i>dacarbazine for inj 100 mg</i>	1
<i>dacarbazine for inj 200 mg</i>	1
HYDREA CAP 500MG	3
<i>hydroxyurea cap 500 mg</i>	1
MATULANE CAP 50MG	1
<i>tretinoin cap 10 mg</i>	1

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium for inj 50 mg	1	
leucovorin calcium for inj 100 mg	1	
leucovorin calcium for inj 200 mg	1	
leucovorin calcium for inj 350 mg	1	
leucovorin calcium for inj 500 mg	1	
leucovorin calcium inj 100 mg/10ml (10 mg/ml)	1	
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	1	
leucovorin calcium tab 5 mg	1	
leucovorin calcium tab 10 mg	1	
leucovorin calcium tab 15 mg	1	
leucovorin calcium tab 25 mg	1	
levoleucovorin calcium for iv inj 50 mg (base equiv)	1	
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	1	
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	1	
mesna inj 100 mg/ml	1	

MITOTIC INHIBITORS

docetaxel for inj conc 20 mg/ml	1
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	1
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	1
docetaxel soln for iv infusion 20 mg/2ml	1
docetaxel soln for iv infusion 80 mg/8ml	1
docetaxel soln for iv infusion 160 mg/16ml	1
etoposide cap 50 mg	1
etoposide inj 1 gm/50ml (20 mg/ml)	1
etoposide inj 100 mg/5ml (20 mg/ml)	1
etoposide inj 500 mg/25ml (20 mg/ml)	1
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	1
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	1
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	1
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	1
vinblastine sulfate inj 1 mg/ml	1
vincristine sulfate iv soln 1 mg/ml	1
vinorelbine tartrate inj 10 mg/ml (base equiv)	1
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	1

TOPOISOMERASE I INHIBITORS

HYCAMTIN CAP 0.25MG	1
HYCAMTIN CAP 1MG	1
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	1
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	1
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	1
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	1

Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1	
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<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	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>COMTAN TAB 200MG</i>	3	
<i>entacapone tab 200 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<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	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	1	
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	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<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	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<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	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<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	
ANTIPSYCHOTICS - MISC.		
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
BENZISOXAZOLES		
<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	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
DIBENZAPINES		
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
loxpiprazine succinate cap 5 mg	1	
loxpiprazine succinate cap 10 mg	1	
loxpiprazine succinate cap 25 mg	1	
loxpiprazine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 150 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SEROQUEL TAB 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
chlorpromazine hcl inj 25 mg/ml	1	
chlorpromazine hcl inj 50 mg/2ml	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
compro sup 25mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
<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	

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	2
ABILIFY MAIN INJ 400MG	2
<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

THIOXANTHENES

<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

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1
BIKTARVY TAB	1
CIMDUO TAB 300-300	1
<i>darunavir tab 600 mg</i>	1
<i>darunavir tab 800 mg</i>	1
DESCOVY TAB 120-15MG	1
DESCOVY TAB 200/25MG	1
DOVATO TAB 50-300MG	1
<i>efavirenz tab 600 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	
<i>emtricitabine caps 200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	
<i>EMTRIVA CAP 200MG</i>	1	
<i>EMTRIVA SOL 10MG/ML</i>	1	
<i>etravirine tab 100 mg</i>	1	
<i>etravirine tab 200 mg</i>	1	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	
<i>FUZEON INJ 90MG</i>	1	
<i>GENVOYA TAB</i>	1	
<i>ISENTRESS CHW 25MG</i>	1	
<i>ISENTRESS CHW 100MG</i>	1	
<i>ISENTRESS HD TAB 600MG</i>	1	
<i>ISENTRESS POW 100MG</i>	1	
<i>ISENTRESS TAB 400MG</i>	1	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	
<i>maraviroc tab 150 mg</i>	1	
<i>maraviroc tab 300 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	
<i>ODEFSEY TAB</i>	1	
<i>RETROVIR CAP 100MG</i>	1	
<i>RETROVIR SYP 50MG/5ML</i>	1	
<i>ritonavir tab 100 mg</i>	1	
<i>STRIBILD TAB</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TAB	1	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	
TIVICAY PD TAB 5MG	1	
TIVICAY TAB 50MG	1	
TRIUMEQ PD TAB	1	
TRIUMEQ TAB	1	
VIREAD POW 40MG/GM	1	
VIREAD TAB 150MG	1	
VIREAD TAB 200MG	1	
VIREAD TAB 250MG	1	
VIREAD TAB 300MG	1	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
CMV AGENTS		
<i>cidofovir iv inj 75 mg/ml</i>	1	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	1	
<i>ganciclovir sodium for inj 500 mg</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
<i>EPCLUSA PAK 150-37.5</i>	1	
<i>EPCLUSA PAK 200-50MG</i>	1	
<i>EPCLUSA TAB 200-50MG</i>	1	
<i>EPCLUSA TAB 400-100</i>	1	
<i>HARVONI PAK</i>	1	
<i>HARVONI PAK 45-200MG</i>	1	
<i>HARVONI TAB 45-200MG</i>	1	
<i>HARVONI TAB 90-400MG</i>	1	
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>PEGASYS INJ</i>	1	
<i>PEGASYS INJ 180MCG/M</i>	1	
<i>ribavirin cap 200 mg</i>	1	
<i>ribavirin tab 200 mg</i>	1	
<i>VEMLIDY TAB 25MG</i>	1	
<i>VOSEVI TAB</i>	1	
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	

INFLUENZA AGENTS

oseltamivir phosphate cap 30 mg (base equiv)	1
oseltamivir phosphate cap 45 mg (base equiv)	1
oseltamivir phosphate cap 75 mg (base equiv)	1
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1
RELENZA MIS DISKHALE	2
rimantadine hydrochloride tab 100 mg	1

BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol phosphate cap er 24hr 10 mg	1
carvedilol phosphate cap er 24hr 20 mg	1
carvedilol phosphate cap er 24hr 40 mg	1
carvedilol phosphate cap er 24hr 80 mg	1
carvedilol tab 3.125 mg	1
carvedilol tab 6.25 mg	1
carvedilol tab 12.5 mg	1
carvedilol tab 25 mg	1
COREG TAB 3.125MG	3
COREG TAB 6.25MG	3
COREG TAB 12.5MG	3
COREG TAB 25MG	3
labetalol hcl iv soln 5 mg/ml	1
labetalol hcl tab 100 mg	1
labetalol hcl tab 200 mg	1
labetalol hcl tab 300 mg	1

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol hcl cap 200 mg	1
acebutolol hcl cap 400 mg	1
atenolol tab 25 mg	1
atenolol tab 50 mg	1
atenolol tab 100 mg	1
betaxolol hcl tab 10 mg	1
betaxolol hcl tab 20 mg	1
bisoprolol fumarate tab 5 mg	1
bisoprolol fumarate tab 10 mg	1

Drug Name	Drug Tier	Requirements/Limits
<i>esmolol hcl inj 100 mg/10ml</i>	1	
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	1	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	1	
<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	
BETA BLOCKERS NON-SELECTIVE		
<i>CORGARD TAB 20MG</i>	3	
<i>CORGARD TAB 40MG</i>	3	
<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	
<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 oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
dilt-xr cap 120mg	1	
dilt-xr cap 180mg	1	
dilt-xr cap 240mg	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
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	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nicardipine hcl iv soln 2.5 mg/ml	1	
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 er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
taztia xt cap 120mg/24	1	
taztia xt cap 180mg/24	1	
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	

Drug Name	Drug Tier	Requirements/Limits
tiadylt cap 360mg/24	1	
tiadylt cap 420mg/24	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 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 tab 62.5 mcg (0.0625 mg)	1
digoxin tab 125 mcg (0.125 mg)	1
digoxin tab 250 mcg (0.25 mg)	1

INOTROPES

dobutamine hcl inj 12.5 mg/ml	1
dopamine hcl inj 40 mg/ml	1
milrinone lactate in dextrose 5% iv soln 20 mg/100ml	1
milrinone lactate in dextrose 5% iv soln 40 mg/200ml	1
milrinone lactate iv soln 10 mg/10ml (base equivalent)	1
milrinone lactate iv soln 20 mg/20ml (base equivalent)	1
milrinone lactate iv soln 50 mg/50ml (base equivalent)	1

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS - MISC.		
CARDIOPLEGIC SOLUTIONS		
cardioplegic soln	1	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5- 10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5- 20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5- 40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5- 80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
IMPOTENCE AGENTS		
MUSE SUP 250MCG	2	
MUSE SUP 500MCG	2	
MUSE SUP 1000MCG	2	
sildenafil citrate tab 25 mg	1	
sildenafil citrate tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate tab 100 mg</i>	1	
<i>tadalafil tab 2.5 mg</i>	1	
<i>tadalafil tab 5 mg</i>	1	
<i>tadalafil tab 10 mg</i>	1	
<i>tadalafil tab 20 mg</i>	1	
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	
<i>vardenafil hcl tab 2.5 mg</i>	1	
<i>vardenafil hcl tab 5 mg</i>	1	
<i>vardenafil hcl tab 10 mg</i>	1	
<i>vardenafil hcl tab 20 mg</i>	1	
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium for inj 0.5 mg</i>	1	
<i>epoprostenol sodium for inj 1.5 mg</i>	1	
<i>FLOLAN INJ 0.5MG</i>	1	
<i>FLOLAN INJ 1.5MG</i>	1	
<i>ORENITRAM TAB 0.25MG</i>	1	
<i>ORENITRAM TAB 0.125MG</i>	1	
<i>ORENITRAM TAB 1MG</i>	1	
<i>ORENITRAM TAB 2.5MG</i>	1	
<i>ORENITRAM TAB 5MG</i>	1	
<i>ORENITRAM TAB MONTH 1</i>	1	
<i>ORENITRAM TAB MONTH 2</i>	1	
<i>ORENITRAM TAB MONTH 3</i>	1	
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	1	
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	1	
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	1	
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	1	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	
<i>ambrisentan tab 10 mg</i>	1	
<i>bosentan tab 62.5 mg</i>	1	
<i>bosentan tab 125 mg</i>	1	
<i>OPSUMIT TAB 10MG</i>	1	
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq tab 20mg</i>	1	
<i>REVATIO SUS 10MG/ML</i>	1	
<i>REVATIO TAB 20MG</i>	1	
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	1	
<i>sildenafil citrate tab 20 mg</i>	1	
<i>tadalafil tab 20 mg (pah)</i>	1	
<i>TADLIQ SUS 20MG/5ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ 1800MCG	1	
UPTRAVI PACK TAB 200/800	1	
UPTRAVI TAB 200MCG	1	
UPTRAVI TAB 400MCG	1	
UPTRAVI TAB 600MCG	1	
UPTRAVI TAB 800MCG	1	
UPTRAVI TAB 1000MCG	1	
UPTRAVI TAB 1200MCG	1	
UPTRAVI TAB 1400MCG	1	
UPTRAVI TAB 1600MCG	1	
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	1	
ADEMPAS TAB 1.5MG	1	
ADEMPAS TAB 1MG	1	
ADEMPAS TAB 2.5MG	1	
ADEMPAS TAB 2MG	1	
SINUS NODE INHIBITORS		
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	
VERQUVO TAB 5MG	2	
VERQUVO TAB 10MG	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cefazolin sodium for inj 1 gm	1	
cefazolin sodium for inj 2 gm	1	
cefazolin sodium for inj 3 gm	1	
cefazolin sodium for inj 10 gm	1	
cefazolin sodium for inj 500 mg	1	
cefazolin sodium for iv soln 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefaclor for susp 250 mg/5ml	1	
cefotetan disodium for inj 1 gm	1	
cefotetan disodium for inj 2 gm	1	
cefoxitin sodium for iv soln 1 gm	1	
cefoxitin sodium for iv soln 2 gm	1	
cefoxitin sodium for iv soln 10 gm	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
cefuroxime sodium for inj 750 mg	1	
cefuroxime sodium for iv soln 1.5 gm	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
ceftazidime for inj 1 gm	1	
ceftazidime for inj 6 gm	1	
ceftazidime for iv soln 2 gm	1	
ceftriaxone sodium for inj 1 gm	1	
ceftriaxone sodium for inj 2 gm	1	
ceftriaxone sodium for inj 10 gm	1	
ceftriaxone sodium for inj 250 mg	1	
ceftriaxone sodium for inj 500 mg	1	
ceftriaxone sodium for iv soln 1 gm	1	
ceftriaxone sodium for iv soln 2 gm	1	
ceftriaxone sodium in dextrose inj 20 mg/ml	1	
ceftriaxone sodium in dextrose inj 40 mg/ml	1	
tazicef inj 1gm	1	
tazicef inj 2gm	1	
tazicef inj 6gm	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl for inj 1 gm	1	
cefepime hcl for iv soln 2 gm	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	1	
altavera tab	1	
alyacen tab 1/35	1	
alyacen tab 7/7/7	1	
amethia tab	1	
amethyst tab 90-20mcg	1	
apri tab	1	
aranelle tab	1	
ashlyna tab	1	
aubra eq tab 0.1-0.02	1	
aurovela 24 tab fe 1/20	1	
aurovela fe tab 1.5/30	1	
aurovela fe tab 1/20	1	
aurovela tab 1.5/30	1	
aurovela tab 1/20	1	
aviane tab	1	
ayuna tab	1	
azurette tab	1	
balziva tab	1	
blisovi 24 tab fe 1/20	1	
blisovi fe tab 1.5/30	1	
blisovi fe tab 1/20	1	
briellyn tab	1	
camrese lo tab	1	
camrese tab	1	
charlotte 24 chw fe 1/20	1	
chateal eq tab 0.15/30	1	
cryselle-28 tab 28 tabs	1	
cyled eq tab	1	
dasetta tab 1/35	1	
dasetta tab 7/7/7	1	
daysee tab	1	
delyla tab 0.1-0.02	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
dolishale tab 90-20mcg	1	
drospirenone-ethynodiol-diol-levomefolate tab 3-0.02-0.451 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elonest tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>enskyce tab</i>	1	
<i>estarrylla tab 0.25-35</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>falmina tab</i>	1	
<i>finzala chw fe 1/20</i>	1	
<i>gemmily cap 1/20</i>	1	
<i>hailey 24 tab fe</i>	1	
<i>hailey fe tab 1.5/30</i>	1	
<i>hailey fe tab 1/20</i>	1	
<i>hailey tab 1.5/30</i>	1	
<i>iclevia tab</i>	1	
<i>introvale tab</i>	1	
<i>isibloom tab</i>	1	
<i>jaimiess tab</i>	1	
<i>jasmiel tab 3-0.02mg</i>	1	
<i>jolessa tab</i>	1	
<i>joyeaux tab 0.1-20</i>	1	
<i>juleber tab</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe 24 tab 1/20</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<i>junel fe tab 1/20</i>	1	
<i>kaitlib fe chw</i>	1	
<i>kalliga tab</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor 1/50 tab</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>kurvelo tab 0.15/30</i>	1	
<i>larin 24 tab fe 1/20</i>	1	
<i>larin fe tab 1.5/30</i>	1	
<i>larin fe tab 1/20</i>	1	
<i>larin tab 1.5/30</i>	1	
<i>larin tab 1/20</i>	1	
<i>layolis fe chw</i>	1	
<i>leena tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lessina tab</i>	1	
<i>levonest tab</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
<i>LO LOESTRIN TAB 1-10-10</i>	2	
<i>lo-zumandimi tab 3-0.02mg</i>	1	
<i>loestrin 21 tab 1.5/30</i>	1	
<i>loestrin fe tab 1.5/30</i>	1	
<i>loestrin fe tab 1/20</i>	1	
<i>loestrin tab 1/20-21</i>	1	
<i>lojaimies tab</i>	1	
<i>loryna tab 3-0.02mg</i>	1	
<i>low-ogestrel tab</i>	1	
<i>lutera tab</i>	1	
<i>marlissa tab 0.15/30</i>	1	
<i>merzee cap 1/20</i>	1	
<i>mibelas 24 chw fe</i>	1	
<i>micrgstin 24 tab fe 1/20</i>	1	
<i>microgestin tab 1.5/30</i>	1	
<i>microgestin tab 1/20</i>	1	
<i>microgestin tab fe1.5/30</i>	1	
<i>microgestin tab fe 1/20</i>	1	
<i>mil tab 0.25/35</i>	1	
<i>mono-linyah tab 0.25-35</i>	1	
<i>NATAZIA TAB</i>	2	
<i>necon tab 0.5/35</i>	1	
<i>nikki tab 3-0.02mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	1	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
<i>nylia tab 1/35</i>	1	
<i>nylia tab 7/7/7</i>	1	
<i>nymyo tab 0.25-35</i>	1	
<i>ocella tab 3-0.03mg</i>	1	
<i>philith tab 0.4-35</i>	1	
<i>pimtreea tab</i>	1	
<i>portia-28 tab</i>	1	
<i>reclipsen tab</i>	1	
<i>rivilsa tab</i>	1	
<i>setlakin tab</i>	1	
<i>simliya tab 28 day</i>	1	
<i>simpesse tab</i>	1	
<i>sprintec 28 tab 28 day</i>	1	
<i>sronyx tab</i>	1	
<i>syeda tab 3-0.03mg</i>	1	
<i>tarina 24 fe tab</i>	1	
<i>tarina fe tab 1/20 eq</i>	1	
<i>taysofy cap 1/20</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tilia fe tab</i>	1	
<i>tri-estaryll tab</i>	1	
<i>tri-legest tab fe</i>	1	
<i>tri-linyah tab</i>	1	
<i>tri-lo tab estaryll</i>	1	
<i>tri-lo- tab marzia</i>	1	
<i>tri-lo- tab sprintec</i>	1	
<i>tri-lo-mili tab</i>	1	
<i>tri-mili tab</i>	1	
<i>tri-nymyo tab</i>	1	
<i>tri-sprintec tab</i>	1	
<i>tri-vylibra tab</i>	1	
<i>tri-vylibra tab lo</i>	1	
<i>trivora-28 tab</i>	1	
<i>turqoz tab</i>	1	
<i>tydemy tab</i>	1	
<i>velivet pak</i>	1	
<i>vestura tab 3-0.02mg</i>	1	
<i>vienna tab 0.1-20</i>	1	
<i>viorele tab</i>	1	
<i>volnea tab</i>	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>vylibra tab 0.25-35</i>	1	
<i>wera tab 0.5/35</i>	1	
<i>wymzya fe chw 0.4mg-35</i>	1	
<i>zovia 1/35 tab</i>	1	
<i>zumandimine tab 3-0.03mg</i>	1	

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>norelgestromin-ethynodiol dihydrogen phosphate 150-35 mcg/24hr</i>	1
<i>xulane dis 150-35</i>	1
<i>zafemy dis 150/35</i>	1

COMBINATION CONTRACEPTIVES - VAGINAL

<i>ANNOVERA MIS</i>	2
<i>NUVARING MIS</i>	1

PROGESTIN CONTRACEPTIVES - INJECTABLE

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

PROGESTIN CONTRACEPTIVES - IUD

<i>KYLEENA IUD 19.5MG</i>	2
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Drug Name	Drug Tier	Requirements/Limits
MIRENA IUD SYSTEM	2	
SKYLA IUD 13.5MG	2	
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	1	
deblitane tab 0.35mg	1	
errin tab 0.35mg	1	
heather tab 0.35mg	1	
incassia tab 0.35mg	1	
jencycla tab 0.35mg	1	
lyeq tab 0.35mg	1	
lyza tab 0.35mg	1	
nora-be tab 0.35mg	1	
norethindrone tab 0.35 mg	1	
norlyroc tab 0.35mg	1	
sharobel tab 0.35mg	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	1	
budesonide delayed release particles cap 3 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
deflazacort tab 6 mg	1	
deflazacort tab 18 mg	1	
deflazacort tab 30 mg	1	
deflazacort tab 36 mg	1	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 4 mg/ml	1	
dexamethasone sodium phosphate inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 20 mg/5ml	1	
dexamethasone sodium phosphate inj 100 mg/10ml	1	
dexamethasone sodium phosphate inj 120 mg/30ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hidex 6-day pak 1.5mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
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	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	1	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	1	
<i>UCERIS TAB 9MG</i>	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
<i>hydromet syrup 5-1.5/5</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm sol 2-30-10</i>	1	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>prometh vc syrup 6.25-5/5</i>	1	
<i>prometh vc/ syrup codeine</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
MISC. RESPIRATORY INHALANTS		
<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	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane cap 10mg	1	
accutane cap 20mg	1	
accutane cap 30mg	1	
accutane cap 40mg	1	
adapalene cream 0.1%	1	
adapalene gel 0.1%	1	
adapalene gel 0.3%	1	
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
AKLIEF CRE 0.005%	2	
amnesteem cap 10mg	1	
amnesteem cap 20mg	1	
amnesteem cap 40mg	1	
BENZAC AC LIQ 5% WASH	3	
BENZAMYCIN GEL 5-3%	3	
benzepro aer 5.3%	1	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
claravis cap 10mg	1	
claravis cap 20mg	1	
claravis cap 30mg	1	
claravis cap 40mg	1	
clindacin aer 1%	1	
clindacin mis etz 1%	1	
clindacin-p pad 1%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	
dapsone gel 5%	1	
dapsone gel 7.5%	1	

Drug Name	Drug Tier	Requirements/Limits
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ery pad 2%	1	
erythromycin gel 2%	1	
erythromycin soln 2%	1	
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
neuac gel 1.2-5%	1	
ONEXTON GEL 1.2-3.75	2	
resorcinol-sulfur lotion 2-5%	1	
RETIN-A CRE 0.1%	3	
RETIN-A CRE 0.05%	3	
RETIN-A CRE 0.025%	3	
RETIN-A GEL 0.01%	3	
RETIN-A GEL 0.025%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfamez emu 10-1%	1	
tretinoi cream 0.1%	1	
tretinoi cream 0.05%	1	
tretinoi cream 0.025%	1	
tretinoi gel 0.01%	1	
tretinoi gel 0.05%	1	
tretinoi gel 0.025%	1	
tretinoi microsphere gel 0.1%	1	
tretinoi microsphere gel 0.04%	1	
tretinoi microsphere gel 0.08%	1	
TWYNEO CRE 0.1-3%	2	
WINLEVI CRE 1%	2	
zenatane cap 10mg	1	
zenatane cap 20mg	1	
zenatane cap 30mg	1	
zenatane cap 40mg	1	

ANTI-INFLAMMATORY AGENTS - TOPICAL

diclofenac epolamine patch 1.3%	1
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1
diclofenac sodium soln 1.5%	1

ANTIBIOTICS - TOPICAL

gentamicin sulfate cream 0.1%	1
gentamicin sulfate oint 0.1%	1
mupirocin oint 2%	1

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - TOPICAL		
ciclodan sol 8%	1	
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	
clotrimazole cream 1%	1	
clotrimazole soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	
klayesta pow 100000	1	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	
naftifine hcl cream 1%	1	
naftifine hcl cream 2%	1	
naftifine hcl gel 2%	1	
NAFTIN GEL 1%	2	
NAFTIN GEL 2%	2	
nyamyc pow 100000	1	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
nystop pow 100000	1	
oxiconazole nitrate cream 1%	1	
sulconazole nitrate cream 1%	1	
sulconazole nitrate solution 1%	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	1	
diclofenac sodium (actinic keratoses) gel 3%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitrene oin 0.005%</i>	1	
COSENTYX INJ 75MG/0.5	1	
COSENTYX INJ 150MG/ML	1	
COSENTYX INJ 300DOSE	1	
COSENTYX PEN INJ 150MG/ML	1	
COSENTYX PEN INJ 300DOSE	1	
COSENTYX UNO INJ 300/2ML	1	
ILUMYA SOL 100MG/ML	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150MG/ML	1	
SKYRIZI PEN INJ 150MG/ML	1	
STELARA INJ 45MG/0.5	1	
STELARA INJ 90MG/ML	1	
<i>tazarotene cream 0.1%</i>	1	
<i>tazarotene gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TREMFYA INJ 100MG/ML	1	
VTAMA CRE 1%	2	
ZORYVE CRE 0.3%	2	
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
<i>penciclovir cream 1%</i>	1	
BURN PRODUCTS		
<i>mafenide 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	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort cre 1%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide oint 0.1%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
CLOBEX LOT 0.05%	3	
CLOBEX SHA 0.05%	3	
<i>clodan sha 0.05%</i>	1	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<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	
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	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate lotion 0.05%	1	
fluticasone propionate oint 0.005%	1	
halobetasol propionate cream 0.05%	1	
halobetasol propionate oint 0.05%	1	
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate oint 0.1%	1	
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	1	
hydrocortisone valerate oint 0.2%	1	
lidocaine-hydrocortisone acetate cream 1-1%	1	
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
nutriarx kit creampak	1	
sanadermx kit skin rep	1	
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.5%	1	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triamcinolone acetonide oint 0.025%	1	
triderm cre 0.5%	1	

ECZEMA AGENTS

ADBRY INJ 150MG/ML	1
CIBINQO TAB 50MG	1
CIBINQO TAB 100MG	1
CIBINQO TAB 200MG	1
DUPIXENT INJ 200/1.14	1
DUPIXENT INJ 200MG	1
DUPIXENT INJ 300/2ML	1
OPZELURA CRE 1.5%	2

EMOLlient/KERATOLYTIC AGENTS

cerovel lot 40%	1
urea cream 40%	1
uredeb cre 39%	1
uremez-40 cre 40%	1

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>CONDYLOX GEL 0.5%</i>	3	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>anodyne lpt kit 2.5-2.5%</i>	1	
<i>ethyl chloride aerosol spray</i>	1	
<i>glydo gel 2%</i>	1	
<i>lidocaine hcl lotion 3%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine patch 5%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
<i>lidocan iii pad 5%</i>	1	
<i>LIDODERM DIS 5%</i>	3	
<i>lidopin cre 3%</i>	1	
<i>relador pak kit 2.5-2.5%</i>	1	
<i>relador pak kit plus</i>	1	
<i>7t lido gel 2%</i>	1	
<i>zeruvia pad 4-1%</i>	1	
MISC. TOPICAL		
<i>benzoin compound tincture</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
<i>EUCRISA OIN 2%</i>	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
<i>FINACEA AER 15%</i>	2	
<i>METROCREAM CRE 0.75%</i>	3	
<i>METROGEL GEL 1%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
METROLOTION LOT 0.75%	3	
<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	
ORACEA CAP 40MG	1	
SOOLANTRA CRE 1%	1	
SCABICIDES & PEDICULICIDES		
<i>crotan lot 10%</i>	1	
<i>malathion lotion 0.5%</i>	1	
OVIDE LOT 0.5%	3	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
<i>adenosine iv soln 3 mg/ml (diagnostic)</i>	1	
<i>indocyanine green for iv soln 25 mg</i>	1	
<i>regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml)</i>	1	
DIAGNOSTIC PRODUCTS, MISC.		
<i>ultrasound - gel</i>	1	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	
ACCU-CHEK TES GUIDE	2	
ACCU-CHEK TES SMART	2	
ONETOUCH TES ULTRA	2	
ONETOUCH TES VERIO	2	
MISCELLANEOUS CONTRAST MEDIA		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>iopamidol inj 61%</i>	1	

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
ZENPEP CAP 60000UNT	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
<i>acetazolamide tab 250 mg</i>	1
<i>dichlorphenamide tab 50 mg</i>	1
<i>methazolamide tab 25 mg</i>	1
<i>methazolamide tab 50 mg</i>	1

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1
<i>MAXZIDE TAB 75-50</i>	3
<i>MAXZIDE-25 TAB</i>	3
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1

LOOP DIURETICS

<i>bumetanide inj 0.25 mg/ml</i>	1
<i>bumetanide tab 0.5 mg</i>	1
<i>bumetanide tab 1 mg</i>	1
<i>bumetanide tab 2 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
ethacrynat sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide inj 10 mg/ml	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
OSMOTIC DIURETICS		
mannitol iv soln 20%	1	
mannitol iv soln 25%	1	
osmitrol inj 10%	1	
osmitrol vfx inj 20%	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone susp 25 mg/5ml	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide sodium for inj 500 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 600/2.4	1	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
PROLIA INJ 60MG/ML	1	
<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	
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	1	
TYMLOS INJ	1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	1	
<i>zoledronic acid iv soln 5 mg/100ml</i>	1	
FERTILITY REGULATORS		
<i>clomid tab 50mg</i>	1	
FOLLISTIM AQ INJ 300UNIT	1	
FOLLISTIM AQ INJ 600UNIT	1	
FOLLISTIM AQ INJ 900UNIT	1	
MENOPUR INJ 75UNIT	1	
OVIDREL INJ	1	
GNRH/LHRH ANTAGONISTS		
<i>cetrorelix acetate for inj kit 0.25 mg</i>	1	
GANIRELIX AC INJ 250/0.5	1	
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
HUMATROPE INJ 6MG	1	
HUMATROPE INJ 12MG	1	
HUMATROPE INJ 24MG	1	
NORDITROPIN INJ 5/1.5ML	1	
NORDITROPIN INJ 10/1.5ML	1	
NORDITROPIN INJ 15/1.5ML	1	
NORDITROPIN INJ 30/3ML	1	
SOGROYA INJ 5MG/1.5	1	
SOGROYA INJ 10MG/1.5	1	
SOGROYA INJ 15MG/1.5	1	
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
raloxifene hcl tab 60 mg	1	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ 45MG	1	
LUPR DEP-PED INJ 3M 30MG	1	
LUPR DEP-PED INJ 7.5MG	1	
LUPR DEP-PED INJ 11.25MG	1	
LUPR DEP-PED INJ 15MG	1	
LUPRON DEPOT INJ 45MG	1	
SUPPRELIN LA KIT 50MG	1	
METABOLIC MODIFIERS		
betaine powder for oral solution	1	
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol inj 1 mcg/ml	1	
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	1	
cinacalcet hcl tab 30 mg (base equiv)	1	
cinacalcet hcl tab 60 mg (base equiv)	1	
cinacalcet hcl tab 90 mg (base equiv)	1	
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	1	
javygtor pak 100mg	1	
javygtor pow 500mg	1	
javygtor tab 100mg	1	
levocarnitine inj 200 mg/ml	1	
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
nitisinone cap 2 mg	1	
nitisinone cap 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone cap 10 mg</i>	1	
<i>nitisinone cap 20 mg</i>	1	
ORFADIN CAP 2MG	1	
ORFADIN CAP 5MG	1	
ORFADIN CAP 10MG	1	
ORFADIN CAP 20MG	1	
ORFADIN SUS 4MG/ML	1	
<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	
PHEBURANE MIS 483/GM	1	
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	
<i>sapropterin dihydrochloride tab 100 mg</i>	1	
<i>sodium benzoate & sodium phenylacetate iv soln 10-10%</i>	1	
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	
<i>sodium phenylbutyrate tab 500 mg</i>	1	
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	
KERENDIA TAB 20MG	2	
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	1	
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	1	
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	1	
<i>SOMATULINE INJ 60/0.2ML</i>	1	
<i>SOMATULINE INJ 90/0.3ML</i>	1	
<i>SOMATULINE INJ 120/.5ML</i>	1	
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tab 15 mg</i>	1	
<i>tolvaptan tab 30 mg</i>	1	
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz tab 0.5-0.1</i>	1	
<i>CLIMARA PRO DIS WEEKLY</i>	2	
<i>COMBIPATCH DIS</i>	2	
<i>DUAVEE TAB 0.45-20</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & 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	
<i>MYFEMBREE TAB</i>	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	
<i>ORIAHNN CAP</i>	2	
<i>PREMPHASE TAB</i>	2	
<i>PREMPRO TAB</i>	2	
<i>PREMPRO TAB 0.3-1.5</i>	2	
<i>PREMPRO TAB 0.45-1.5</i>	2	
<i>PREMPRO TAB 0.625-5</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>lyllana dis 0.1mg</i>	1	
<i>lyllana dis 0.05mg</i>	1	
<i>lyllana dis 0.025mg</i>	1	
<i>lyllana dis 0.075mg</i>	1	
<i>lyllana dis 0.0375mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<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	
<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	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</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	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ 100MG	1	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
<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 & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
REMICADE INJ 100MG	1	
ROWASA KIT 4GM	3	
SKYRIZI INJ 180/1.2	1	
SKYRIZI INJ 360/2.4	1	
SKYRIZI SOL 60MG/ML	1	
STELARA INJ 5MG/ML	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose sol 10gm/15</i>	1	
<i>generlac sol 10gm/15</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
SYMPROIC TAB 0.2MG	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	

Drug Name	Drug Tier	Requirements/Limits
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	

GENERAL ANESTHETICS

ANESTHETICS - MISC.

etomidate iv soln 2 mg/ml	1
ketamine hcl inj 10 mg/ml	1
ketamine hcl inj 50 mg/ml	1
ketamine hcl inj 100 mg/ml	1
propofol iv emul 200 mg/20ml (10 mg/ml)	1
propofol iv emul 500 mg/50ml (10 mg/ml)	1
propofol iv emul 1000 mg/100ml (10 mg/ml)	1

VOLATILE ANESTHETICS

isoflurane inhal soln	1
terrell sol	1

GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS

cytra k gra crystals	1
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1
potassium citrate & citric acid soln 1100-334 mg/5ml	1
potassium citrate tab er 5 meq (540 mg)	1
potassium citrate tab er 10 meq (1080 mg)	1
potassium citrate tab er 15 meq (1620 mg)	1
sodium citrate & citric acid soln 500-334 mg/5ml	1
UROCIT-K 5 TAB	3
UROCIT-K 10 TAB	3
UROCIT-K 15 TAB	3

GENITOURINARY IRRIGANTS

acetic acid irrigation soln 0.25%	1
argyl saline sol 0.9% irr	1
curity salin sol 0.9% irr	1
glycine irrigation soln 1.5%	1
neomycin-polymyxin b gu irrigation soln	1
sodium chloride irrigation soln 0.9%	1

PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl tab er 24hr 10 mg	1
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Drug Name	Drug Tier	Requirements/Limits
AVODART CAP 0.5MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazo tab 200mg	1	
URINARY STONE AGENTS		
tioprorin tab 100 mg	1	
GOUT AGENTS		
GOOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOOUT AGENTS		
allopurinol sodium for inj 500 mg	1	
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG	1	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT	1	
ADVATE INJ 500UNIT	1	
ADVATE INJ 1000UNIT	1	
ADVATE INJ 1500UNIT	1	
ADVATE INJ 2000UNIT	1	
ADVATE INJ 3000UNIT	1	
ADVATE INJ 4000UNIT	1	
ADYNOVATE INJ 250UNIT	1	
ADYNOVATE INJ 500UNIT	1	
ADYNOVATE INJ 750UNIT	1	
ADYNOVATE INJ 1000UNIT	1	
ADYNOVATE INJ 1500UNIT	1	
ADYNOVATE INJ 2000UNIT	1	
ADYNOVATE INJ 3000UNIT	1	
AFSTYLA KIT 250UNIT	1	
AFSTYLA KIT 500UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
AFSTYLA KIT 1000UNIT	1	
AFSTYLA KIT 1500UNIT	1	
AFSTYLA KIT 2000UNIT	1	
AFSTYLA KIT 2500UNIT	1	
AFSTYLA KIT 3000UNIT	1	
ALPROLIX INJ 250UNIT	1	
ALPROLIX INJ 500UNIT	1	
ALPROLIX INJ 1000UNIT	1	
ALPROLIX INJ 2000UNIT	1	
ALPROLIX INJ 3000UNIT	1	
ALPROLIX INJ 4000UNIT	1	
ELOCTATE INJ 250UNIT	1	
ELOCTATE INJ 500UNIT	1	
ELOCTATE INJ 750UNIT	1	
ELOCTATE INJ 1000UNIT	1	
ELOCTATE INJ 1500UNIT	1	
ELOCTATE INJ 2000UNIT	1	
ELOCTATE INJ 3000UNIT	1	
ELOCTATE INJ 4000UNIT	1	
ELOCTATE INJ 5000UNIT	1	
ELOCTATE INJ 6000UNIT	1	
ESPEROCT INJ 500UNIT	1	
ESPEROCT INJ 1000UNIT	1	
ESPEROCT INJ 1500UNIT	1	
ESPEROCT INJ 2000UNIT	1	
ESPEROCT INJ 3000UNIT	1	
JIVI INJ 500 UNIT	1	
JIVI INJ 1000UNIT	1	
JIVI INJ 2000UNIT	1	
JIVI INJ 3000UNIT	1	
KOGENATE FS INJ 250UNIT	1	
KOGENATE FS INJ 500UNIT	1	
KOGENATE FS INJ 1000UNIT	1	
KOGENATE FS INJ 2000UNIT	1	
KOGENATE FS INJ 3000UNIT	1	
KOVALTRY INJ 250UNIT	1	
KOVALTRY INJ 500UNIT	1	
KOVALTRY INJ 1000UNIT	1	
KOVALTRY INJ 2000UNIT	1	
KOVALTRY INJ 3000UNIT	1	
NOVOEIGHT INJ 250UNIT	1	
NOVOEIGHT INJ 500UNIT	1	
NOVOEIGHT INJ 1000UNIT	1	
NOVOEIGHT INJ 1500UNIT	1	
NOVOEIGHT INJ 2000UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
NOVOEIGHT INJ 3000UNIT	1	
NOVOSEVEN RT INJ 1MG	1	
NOVOSEVEN RT INJ 2MG	1	
NOVOSEVEN RT INJ 5MG	1	
NOVOSEVEN RT INJ 8MG	1	
NUWIQ INJ 250UNIT	1	
NUWIQ INJ 500UNIT	1	
NUWIQ INJ 1000UNIT	1	
NUWIQ INJ 1500UNIT	1	
NUWIQ INJ 2000UNIT	1	
NUWIQ INJ 2500UNIT	1	
NUWIQ INJ 3000UNIT	1	
NUWIQ INJ 4000UNIT	1	
NUWIQ KIT 250UNIT	1	
NUWIQ KIT 500UNIT	1	
NUWIQ KIT 1000UNIT	1	
NUWIQ KIT 1500UNIT	1	
NUWIQ KIT 2000UNIT	1	
NUWIQ KIT 2500UNIT	1	
NUWIQ KIT 3000UNIT	1	
NUWIQ KIT 4000UNIT	1	
REBINYN INJ 3000UNIT	1	
REBINYN SOL 500UNIT	1	
REBINYN SOL 1000UNIT	1	
REBINYN SOL 2000UNIT	1	
SEVENFACT INJ 1MG	1	
SEVENFACT INJ 5MG	1	
XYNTHA INJ 250UNIT	1	
XYNTHA INJ 500UNIT	1	
XYNTHA INJ 1000UNIT	1	
XYNTHA INJ 2000UNIT	1	
XYNTHA SOLOF INJ 500UNIT	1	
XYNTHA SOLOF INJ 1000UNIT	1	
XYNTHA SOLOF INJ 2000UNIT	1	
XYNTHA SOLOF INJ 3000UNIT	1	
XYNTHA SOLOF KIT 250UNIT	1	
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	
sajazir inj 30mg/3ml	1	
COMPLEMENT INHIBITORS		
EMPAVELI INJ 1080MG	1	
RUCONEST INJ 2100UNIT	1	
SOLIRIS INJ 10MG/ML	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	1	
TAVALISSE TAB 150MG	1	
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	1	
ORLADEYO CAP 150MG	1	
TAKHZYRO INJ 150MG/ML	1	
TAKHZYRO INJ 300/2ML	1	
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<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	
<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	
PROTAMINE		
<i>protamine sulfate inj 10 mg/ml</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	1	
CEREZYME INJ 400UNIT	1	
<i>miglustat cap 100 mg</i>	1	
<i>yargesa cap 100mg</i>	1	
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POW 5GM	1	
SIKLOS TAB 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
SIKLOS TAB 1000MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	1	
ARANESP INJ 25MCG	1	
ARANESP INJ 40MCG	1	
ARANESP INJ 60MCG	1	
ARANESP INJ 100MCG	1	
ARANESP INJ 150MCG	1	
ARANESP INJ 200MCG	1	
ARANESP INJ 300MCG	1	
ARANESP INJ 500MCG	1	
DOPTELET TAB 20MG	1	
FYLNETRA INJ 6MG/0.6	1	
NIVESTYM INJ 300/0.5	1	
NIVESTYM INJ 300MCG	1	
NIVESTYM INJ 480/0.8	1	
NIVESTYM INJ 480MCG	1	
NYVEPRIA INJ 6/0.6ML	1	
PROCERIT INJ 2000/ML	1	
PROCERIT INJ 3000/ML	1	
PROCERIT INJ 4000/ML	1	
PROCERIT INJ 10000/ML	1	
PROCERIT INJ 20000/ML	1	
PROCERIT INJ 40000/ML	1	
PROMACTA PAK 25MG	1	
PROMACTA POW 12.5MG	1	
PROMACTA TAB 12.5MG	1	
PROMACTA TAB 25MG	1	
PROMACTA TAB 50MG	1	
PROMACTA TAB 75MG	1	
RETACRIT INJ 2000UNIT	1	
RETACRIT INJ 3000UNIT	1	
RETACRIT INJ 4000UNIT	1	
RETACRIT INJ 10000UNT	1	
RETACRIT INJ 20000UNI	1	
RETACRIT INJ 40000UNT	1	
STEM CELL MOBILIZERS		
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	1	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid inj 250 mg/ml	1	
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i>	1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<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

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1

NON-BARBITURATE HYPNOTICS

<i>AMBIEN CR TAB 6.25MG</i>	3
<i>AMBIEN CR TAB 12.5MG</i>	3
<i>AMBIEN TAB 5MG</i>	3
<i>AMBIEN TAB 10MG</i>	3
<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
<i>estazolam tab 1 mg</i>	1
<i>estazolam tab 2 mg</i>	1
<i>eszopiclone tab 1 mg</i>	1
<i>eszopiclone tab 2 mg</i>	1
<i>eszopiclone tab 3 mg</i>	1
<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

Drug Name	Drug Tier	Requirements/Limits
midazolam hcl inj 2 mg/2ml (base equivalent)	1	
midazolam hcl inj 5 mg/5ml (base equivalent)	1	
midazolam hcl inj 5 mg/ml (base equivalent)	1	
midazolam hcl inj 10 mg/2ml (base equivalent)	1	
midazolam hcl inj 10 mg/10ml (base equivalent)	1	
midazolam hcl inj 25 mg/5ml (base equivalent)	1	
midazolam hcl inj 50 mg/10ml (base equivalent)	1	
midazolam hcl inj pf 2 mg/2ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/5ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/ml (base equivalent)	1	
midazolam hcl inj pf 10 mg/2ml (base equivalent)	1	
midazolam hcl syrup 2 mg/ml (base equivalent)	1	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
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	
zaleplon cap 10 mg	1	
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	

OREXIN RECEPTOR ANTAGONISTS

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	2

SELECTIVE MELATONIN RECEPTOR AGONISTS

ramelteon tab 8 mg	1
tasimelteon capsule 20 mg	1

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	
gavilyte-c sol	1	
gavilyte-g sol	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	
LAXATIVES - MISCELLANEOUS		
constulose sol 10gm/15	1	
lactulose solution 10 gm/15ml	1	
LUBRICANT LAXATIVES		
mineral oil	1	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
lidocaine inj 0.5% w/ epinephrine-1:200000	1	
lidocaine inj 1.5% w/ epinephrine-1:200000	1	
lidocaine inj 2% w/ epinephrine-1:200000	1	
LOCAL ANESTHETICS - AMIDES		
bupivacaine 0.75% in dextrose inj 8.25%	1	
bupivacaine hcl inj 0.5%	1	
bupivacaine hcl inj 0.25%	1	
bupivacaine hcl preservative free (pf) inj 0.5%	1	
bupivacaine hcl preservative free (pf) inj 0.25%	1	
bupivacaine hcl preservative free (pf) inj 0.75%	1	
lidocaine hcl local inj 1%	1	
lidocaine hcl local inj 2%	1	
lidocaine hcl local preservative free (pf) inj 1%	1	
lidocaine hcl local preservative free (pf) inj 4%	1	
polocaine inj mpf 1.5%	1	
ropivacaine hcl inj 2 mg/ml	1	
ropivacaine hcl inj 5 mg/ml	1	
sensorcaine inj 0.5%	1	
sensorcaine inj 0.25%	1	
sensorcaine inj mpf 0.25%	1	
sensorcaine inj mpf 0.75%	1	
LOCAL ANESTHETICS - ESTERS		
chloroprocaine hcl preservative free (pf) inj 2%	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
azithromycin iv for soln 500 mg	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
e.e.s. 400 tab 400mg	1	
ery-tab tab 250mg ec	1	
ery-tab tab 333mg ec	1	
ery-tab tab 500mg ec	1	
erythrocin inj 500mg	1	
erythrocin tab 250mg	1	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin lactobionate for inj 500 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	2	
ACCU-CHEK KIT SOFTCLIX	2	
ACTI-LANCE MIS 28G	3	
ACTI-LANCE MIS LITE 28G	3	
ACTI-LANCE MIS SPEC 17G	3	
ACTI-LANCE MIS UNIV 23G	3	
ADVCAFE SAFE MIS LANC 26G	3	
ADVOCATE MIS LANC 30G	3	

Drug Name	Drug Tier	Requirements/Limits
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	
BD MICROTAIN MIS LANCETS	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	
COMFORT TCH MIS LANC 31G	3	
COMFORTOUCH MIS LANCET	3	
CVS LANCETS MIS 21G	3	

Drug Name	Drug Tier	Requirements/Limits
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	2	
FIFTY50 SAFE MIS LANCETS	3	
FINGERSTIX MIS LANCETS	3	
FORA LANCETS MIS 30G	3	
FORA MIS LANCETS	3	
FREESTYLE MIS LANCETS	3	
GENTEEL MIS LANCETS	3	

Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET MIS 26G	3	
GENTLE-LET MIS 28G	3	
GENTLE-LET MIS LANCETS	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	
KROGER LANCE MIS	3	
KROGER LANCE MIS 26G	3	
KROGER LANCE MIS THIN	3	
KROGER LANCE MIS THIN 30G	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	

Drug Name	Drug Tier	Requirements/Limits
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	
LITETOUCH 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 PLUS 30G	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	
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	
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	
OMNIPOD 5 G6 MIS PODS	2	
ON-THE-GO MIS LANC 30G	3	
ONETOUCH DEL MIS LANC DEV	2	
ONETOUCH DEL MIS PLUS 30G	2	
ONETOUCH DEL MIS PLUS 33G	2	
ONETOUCH US MIS 2 30G	2	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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 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	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	2	
SOLUS V2 MIS LANC 28G	3	
SOLUS V2 MIS LANC 30G	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 26G	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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 3 MIS GENT 30G	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	
UNISTIK TOUC MIS LANC 30G	3	
UNITSTIK PRO MIS LANC 25G	3	
UNIVERSAL 1 MIS 33G	3	

Drug Name	Drug Tier	Requirements/Limits
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	

PARENTERAL THERAPY SUPPLIES

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
INSULIN SYRG MIS 0.3/29G	2
INSULIN SYRG MIS 0.3/30G	2
INSULIN SYRG MIS 0.3/31G	2
INSULIN SYRG MIS 0.3/31G	2
INSULIN SYRG MIS 0.5/28G	2
INSULIN SYRG MIS 0.5/29G	2
INSULIN SYRG MIS 0.5/30G	2
INSULIN SYRG MIS 0.5/31G	2
INSULIN SYRG MIS 1ML	2
INSULIN SYRG MIS 1ML/27G	2
INSULIN SYRG MIS 1ML/28G	2
INSULIN SYRG MIS 1ML/29G	2
INSULIN SYRG MIS 1ML/30G	2
INSULIN SYRG MIS 1ML/31G	2
INSULIN SYRG MIS 2/27.5G	2
INSULIN SYRG MIS 29GX1/2"	2

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

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

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TAB 60MG	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj 1 mg/ml	1	
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	
almotriptan malate tab 12.5 mg	1	
eletriptan hydrobromide tab 20 mg (base equivalent)	1	
eletriptan hydrobromide tab 40 mg (base equivalent)	1	
frovatriptan succinate tab 2.5 mg (base equivalent)	1	
IMITREX INJ 4MG/0.5	3	
IMITREX INJ 6MG/0.5	3	
IMITREX TAB 25MG	3	
IMITREX TAB 50MG	3	
IMITREX TAB 100MG	3	
naratriptan hcl tab 1 mg (base equiv)	1	
naratriptan hcl tab 2.5 mg (base equiv)	1	
ONZETRA XSAI MIS 11MG	2	
RELPAX TAB 20MG	3	
RELPAX TAB 40MG	3	
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	
rizatriptan benzoate tab 5 mg (base equivalent)	1	
rizatriptan benzoate tab 10 mg (base equivalent)	1	
sumatriptan nasal spray 5 mg/act	1	
sumatriptan nasal spray 20 mg/act	1	
sumatriptan succinate inj 6 mg/0.5ml	1	
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	
sumatriptan succinate tab 25 mg	1	
sumatriptan succinate tab 50 mg	1	
sumatriptan succinate tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYM INJ 3/0.5ML	2	
zolmitriptan nasal spray 5 mg/spray unit	1	
zolmitriptan orally disintegrating tab 2.5 mg	1	
zolmitriptan orally disintegrating tab 5 mg	1	
zolmitriptan tab 2.5 mg	1	
zolmitriptan tab 5 mg	1	

MINERALS & ELECTROLYTES

POTASSIUM

effer-k tab 25meq ef	1
k-prime tab 25meq ef	1
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
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
potassium chloride inj 40 meq/100ml	1
potassium chloride microencapsulated crys er tab 10 meq	1
potassium chloride microencapsulated crys er tab 15 meq	1
potassium chloride microencapsulated crys er tab 20 meq	1
potassium chloride oral soln 10% (20 meq/15ml)	1
potassium chloride oral soln 20% (40 meq/15ml)	1
potassium chloride powder packet 20 meq	1
potassium chloride tab er 8 meq (600 mg)	1
potassium chloride tab er 10 meq	1
potassium chloride tab er 20 meq (1500 mg)	1

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

penicillamine cap 250 mg	1
penicillamine tab 250 mg	1

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl cap 250 mg</i>	1	
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	1	
<i>lenalidomide cap 10 mg</i>	1	
<i>lenalidomide cap 15 mg</i>	1	
<i>lenalidomide cap 20 mg</i>	1	
<i>lenalidomide cap 25 mg</i>	1	
<i>lenalidomide caps 2.5 mg</i>	1	
<i>REVLIMID CAP 2.5MG</i>	1	
<i>REVLIMID CAP 5MG</i>	1	
<i>REVLIMID CAP 10MG</i>	1	
<i>REVLIMID CAP 15MG</i>	1	
<i>REVLIMID CAP 20MG</i>	1	
<i>REVLIMID CAP 25MG</i>	1	
<i>THALOMID CAP 50MG</i>	1	
<i>THALOMID CAP 100MG</i>	1	
<i>THALOMID CAP 150MG</i>	1	
<i>THALOMID CAP 200MG</i>	1	
IMMUNOSUPPRESSIVE AGENTS		
<i>azasan tab 75 mg</i>	1	
<i>azasan tab 100mg</i>	1	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine iv soln 50 mg/ml</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>ENSPRYNG INJ</i>	1	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
<i>IMURAN TAB 50MG</i>	3	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
IRRIGATION SOLUTIONS		
<i>ringer's solution for irrigation</i>	1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps sus 15gm/60</i>	1	
<i>VELTASSA POW 8.4GM</i>	2	
<i>VELTASSA POW 16.8GM</i>	2	
<i>VELTASSA POW 25.2GM</i>	2	
SCLEROSING AGENTS		
<i>sodium tetradecyl sulfate inj 3%</i>	1	
<i>sotradecol inj 1%</i>	1	
<i>sotradecol inj 3%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>periogard sol 0.12%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq pst 0.1%</i>	1	
<i>oralone dent pst 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>EPISIL LIQ</i>	2	
<i>EVOXAC CAP 30MG</i>	3	
<i>MUGARD LIQ</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	

MULTIVITAMINS

PREGNANT VITAMINS

elite-ob tab	1
inatal gt tab	1
pnv-dha cap	1
pnv-select tab	1
prenatal 19 chw tab	1
trinate tab	1

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)	1
baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)	1
baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)	1
baclofen oral soln 5 mg/5ml	1
baclofen oral soln 10 mg/5ml	1
baclofen tab 5 mg	1
baclofen tab 10 mg	1
baclofen tab 20 mg	1
carisoprodol tab 350 mg	1
chlorzoxazone tab 500 mg	1
cyclobenzaprine hcl tab 5 mg	1
cyclobenzaprine hcl tab 10 mg	1
LYVISPAN GRA 5MG	2
LYVISPAN GRA 10MG	2
LYVISPAN GRA 20MG	2
metaxalone tab 800 mg	1
methocarbamol inj 1000 mg/10ml	1
methocarbamol tab 500 mg	1
methocarbamol tab 750 mg	1
orphenadrine citrate inj 30 mg/ml	1
orphenadrine citrate tab er 12hr 100 mg	1
tizanidine hcl cap 2 mg (base equivalent)	1
tizanidine hcl cap 4 mg (base equivalent)	1
tizanidine hcl cap 6 mg (base equivalent)	1
tizanidine hcl tab 2 mg (base equivalent)	1
tizanidine hcl tab 4 mg (base equivalent)	1
ZANAFLEX TAB 4MG	3

Drug Name	Drug Tier	Requirements/Limits
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
dantrolene sodium for iv soln 20 mg	1	
revonto inj 20mg	1	
VISCOSUPPLEMENTS		
DUROLANE INJ 60MG/3ML	2	
EUFLEXXA INJ 10MG/ML	2	
GELSYN-3 INJ 16.8/2ML	2	
SUPARTZ FX INJ 25/2.5ML	2	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	
olopatadine hcl nasal soln 0.6%	1	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
mometasone furoate nasal susp 50 mcg/act	1	
SYMPATHOMIMETIC DECONGESTANTS		
epinephrine hcl nasal soln 0.1%	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab 50 mg	1	
DEPOLARIZING MUSCLE RELAXANTS		
succinylcholine chloride inj 20 mg/ml	1	
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
DYSPORT INJ 300UNIT	2	
DYSPORT INJ 500UNIT	2	
XEOMIN INJ 50 UNIT	2	
XEOMIN INJ 100UNIT	2	
XEOMIN INJ 200UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate iv soln 100 mg/10ml	1	
atracurium besylate preservative free (pf) iv soln 50 mg/5ml	1	
cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)	1	
cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)	1	
cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)	1	
rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)	1	
rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)	1	
vecuronium bromide for inj 10 mg	1	
vecuronium bromide for inj 20 mg	1	
NUTRIENTS		
CARBOHYDRATES		
dextrose inj 5%	1	
dextrose inj 50%	1	
PROTEINS		
plenamine inj 15%	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETOPTIC-S SUS 0.25% OP	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
dorzolamide hcl-timolol maleate ophth soln 2- 0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
timolol maleate preservative free ophth soln 0.25%	1	

Drug Name	Drug Tier	Requirements/Limits
CYCLOPLEGIC MYDRIATICS		
<i>altafrin sol 2.5% op</i>	1	
<i>altafrin sol 10% op</i>	1	
<i>atropine sulfate ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
<i>BYOOVIZ INJ 0.5MG</i>	1	
<i>CIMERLI INJ 0.3MG</i>	1	
<i>CIMERLI INJ 0.5MG</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>ALPHAGAN P SOL 0.1%</i>	2	
<i>ALPHAGAN P SOL 0.15%</i>	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<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	
<i>SIMBRINZA SUS 1-0.2%</i>	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>BESIVANCE SUS 0.6%</i>	2	
<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	
<i>levofloxacin ophth soln 1.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>neo-polycin oin op</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	1	
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OCUFLOX DRO 0.3% OP	3	
<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	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	
RESTASIS MUL EMU 0.05% OP	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine sol 0.5% op</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin oin hc 1%op</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
<i>ak-fluor inj 10% op</i>	1	
<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	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<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 sodium iv soln 10%</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	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ILEVRO DRO 0.3% OP</i>	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
<i>PROLENSA SOL 0.07%</i>	2	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>flac oil 0.01%</i>	1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>HC/ACET ACID SOL OTIC</i>	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
<i>carboprost tromethamine im soln 250 mcg/ml</i>	1	
OXYTOCICS		
<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	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
<i>CUTAQUIG SOL 1.65GM</i>	1	
<i>CUTAQUIG SOL 1GM</i>	1	
<i>CUTAQUIG SOL 2GM</i>	1	
<i>CUTAQUIG SOL 3.3GM</i>	1	
<i>CUTAQUIG SOL 4GM</i>	1	
<i>CUTAQUIG SOL 8GM</i>	1	
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium for inj 250 mg	1	
ampicillin sodium for inj 500 mg	1	
ampicillin sodium for iv soln 1 gm	1	
ampicillin sodium for iv soln 2 gm	1	
ampicillin sodium for iv soln 10 gm	1	
NATURAL PENICILLINS		
penicillin g potassium for inj 5000000 unit	1	
penicillin g potassium for inj 20000000 unit	1	
penicillin g sodium for inj 5000000 unit	1	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
pfizerpen inj 5mu	1	
pfizerpen inj 20mu	1	
pfizerpen inj 20000000	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	

PENICILLINASE-RESISTANT PENICILLINS

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

PHARMACEUTICAL ADJUVANTS

LIQUID VEHICLES

bacteriostatic sodium chloride inj soln 0.9%	1
glycine diluent for injection	1
water for injection	1

SEMI SOLID VEHICLES

vaseline gel	1
white petrolatum topical gel	1

PROGESTINS

PROGESTINS

medroxyprogesterone acetate tab 2.5 mg	1
medroxyprogesterone acetate tab 5 mg	1
medroxyprogesterone acetate tab 10 mg	1
megestrol acetate susp 625 mg/5ml	1
norethindrone acetate tab 5 mg	1
progesterone cap 100 mg	1
progesterone cap 200 mg	1
progesterone im in oil 50 mg/ml	1
PROVERA TAB 2.5MG	3
PROVERA TAB 5MG	3
PROVERA TAB 10MG	3

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
ANTI-CATAPECTIC AGENTS		
LUMRYZ PAK 6GM	1	
LUMRYZ PAK 7.5GM	1	
LUMRYZ PAK 9GM	1	
LUMRYZ PKG 4.5GM	1	
XYWAV SOL 0.5GM/ML	1	
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	1	
AUSTEDO TAB 9MG	1	
AUSTEDO TAB 12MG	1	
AUSTEDO XR TAB 6MG	1	
AUSTEDO XR TAB 12MG	1	
AUSTEDO XR TAB 24MG	1	
AUSTEDO XR TAB TITR KIT	1	
INGREZZA CAP 40-80MG	1	
INGREZZA CAP 40MG	1	
INGREZZA CAP 60MG	1	
INGREZZA CAP 80MG	1	
<i>tetrabenazine tab 12.5 mg</i>	1	
<i>tetrabenazine tab 25 mg</i>	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN KIT 30MCG	1	
AVONEX PREFL KIT 30MCG	1	
BETASERON INJ 0.3MG	1	
COPAXONE INJ 40MG/ML	1	

Drug Name	Drug Tier	Requirements/Limits
dalfampridine tab er 12hr 10 mg	1	
dimethyl fumarate capsule delayed release 120 mg	1	
dimethyl fumarate capsule delayed release 240 mg	1	
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	
fingolimod hcl cap 0.5 mg (base equiv)	1	
glatiramer acetate soln prefilled syringe 20 mg/ml	1	
glatiramer acetate soln prefilled syringe 40 mg/ml	1	
glatopa inj 20mg/ml	1	
glatopa inj 40mg/ml	1	
KESIMPTA INJ 20/.4ML	1	
MAYZENT PAK STARTER	1	
MAYZENT TAB 0.25MG	1	
MAYZENT TAB 1MG	1	
MAYZENT TAB 2MG	1	
OCREVUS INJ 300/10ML	1	
REBIF INJ 22/0.5	1	
REBIF INJ 44/0.5	1	
REBIF REBIDO INJ 22/0.5	1	
REBIF REBIDO INJ 44/0.5	1	
REBIF REBIDO INJ TITRATN	1	
REBIF TITRTN INJ PACK	1	
teriflunomide tab 7 mg	1	
teriflunomide tab 14 mg	1	
TYSABRI INJ 300/15ML	1	
VUMERTY CAP 231MG	1	
ZEPOSIA 7DAY CAP STR PACK	1	
ZEPOSIA CAP .92MG	1	
ZEPOSIA CAP STR KIT	1	

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

gabapentin (once-daily) tab 300 mg	1
gabapentin (once-daily) tab 600 mg	1
GRALISE TAB 300MG	2
GRALISE TAB 450MG	2
GRALISE TAB 600MG	2
GRALISE TAB 750MG	2
GRALISE TAB 900MG	2
pregabalin tab er 24hr 82.5 mg	1
pregabalin tab er 24hr 165 mg	1
pregabalin tab er 24hr 330 mg	1

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
<i>TEGSEDI INJ 284/1.5</i>	1	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
<i>PROLASTIN-C INJ 1000MG</i>	1	
<i>ZEMAIRA INJ 1000MG</i>	1	
<i>ZEMAIRA INJ 4000MG</i>	1	
<i>ZEMAIRA INJ 5000MG</i>	1	
CYSTIC FIBROSIS AGENTS		
<i>PULMOZYME SOL 1MG/ML</i>	1	
PULMONARY FIBROSIS AGENTS		
<i>OFEV CAP 100MG</i>	1	
<i>OFEV CAP 150MG</i>	1	
<i>pirfenidone cap 267 mg</i>	1	
<i>pirfenidone tab 267 mg</i>	1	
<i>pirfenidone tab 801 mg</i>	1	
TETRACYCLINES		
GLYCYLCYCLINES		
<i>tigecycline for iv soln 50 mg</i>	1	
TETRACYCLINES		
<i>avidoxy tab 100mg</i>	1	
<i>demeclercycline hcl tab 150 mg</i>	1	
<i>demeclercycline hcl tab 300 mg</i>	1	
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>monodoxine nl cap 100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	1
<i>methimazole tab 10 mg</i>	1
<i>propylthiouracil tab 50 mg</i>	1

THYROID HORMONES

<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 200mcg</i>	1
<i>levo-t tab 300 mcg</i>	1
<i>levothyroxine sodium for iv inj 100 mcg</i>	1

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium for iv inj 200 mcg	1	
levothyroxine sodium for iv inj 500 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liothyronine sodium iv soln 10 mcg/ml	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
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	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<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	
<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	
<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 pref syr 0.4 mg/2ml (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	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>LEVSIN TAB 0.125MG</i>	3	
<i>LEVSIN/SL SUB 0.125MG</i>	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
nulev tab 0.125mg	1	
oscimin sub 0.125mg	1	
oscimin tab 0.125mg	1	
H-2 ANTAGONISTS		
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
famotidine inj 40 mg/4ml	1	
famotidine inj 200 mg/20ml	1	
famotidine preservative free inj 20 mg/2ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	
esomeprazole magnesium for delayed release susp packet 10 mg	1	
esomeprazole magnesium for delayed release susp packet 20 mg	1	
esomeprazole magnesium for delayed release susp packet 40 mg	1	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	1	
lansoprazole cap delayed release 15 mg	1	
lansoprazole cap delayed release 30 mg	1	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
pantoprazole sodium for iv soln 40 mg (base equiv)	1	
rabeprazole sodium ec tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA CAP	2	
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 TAB 1MG	3	
DETROL TAB 2MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>oxybutynin chloride solution 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	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin 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	
<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	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG		
CLEOCIN CRE 2% VAG	3	
clindamycin phosphate vaginal cream 2%	1	
metronidazole vaginal gel 0.75%	1	
miconazole 3 sup 200mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
epinephrine inj 1 mg/ml (1:1000)	1	
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	
droxidopa cap 200 mg	1	
droxidopa cap 300 mg	1	
VASOPRESSORS		
ephedrine sulfate iv soln 50 mg/ml	1	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)	1	
phenylephrine hcl iv soln 10 mg/ml	1	

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CADUET TAB 10-10MG	93
CADUET TAB 10-20MG	93
CADUET TAB 10-40MG	93
CADUET TAB 10-80MG	93
CADUET TAB 5-10MG	93
CADUET TAB 5-20MG	93
CADUET TAB 5-40MG	93
CADUET TAB 5-80MG	93
<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>	24

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	24
<i>calcipotriene oint 0.005%</i>	108
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	108
<i>calcitonin (salmon) inj 200 unit/ml</i>	115
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	115
<i>calcitrene oint 0.005%</i>	108
<i>calcitriol cap 0.25 mcg</i>	116
<i>calcitriol cap 0.5 mcg</i>	116
<i>calcitriol inj 1 mcg/ml</i>	116
<i>calcitriol oral soln 1 mcg/ml</i>	116
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	122
<i>calcium acetate (phosphate binder) tab 667 mg</i>	122
<i>CALQUENCE TAB 100MG</i>	76
<i>camila tab 0.35mg</i>	102
<i>camrese lo tab</i>	97
<i>camrese tab</i>	97
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	68
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	68
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	68
<i>candesartan cilexetil tab 16 mg</i>	65
<i>candesartan cilexetil tab 32 mg</i>	65
<i>candesartan cilexetil tab 4 mg</i>	65
<i>candesartan cilexetil tab 8 mg</i>	65
<i>capecitabine tab 150 mg</i>	72
<i>capecitabine tab 500 mg</i>	72
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	68
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	68
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	68
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	68
<i>captopril tab 100 mg</i>	64
<i>captopril tab 12.5 mg</i>	64
<i>captopril tab 25 mg</i>	64
<i>captopril tab 50 mg</i>	64
<i>carbamazepine cap er 12hr 100 mg</i>	47
<i>carbamazepine cap er 12hr 200 mg</i>	47
<i>carbamazepine cap er 12hr 300 mg</i>	47
<i>carbamazepine chew tab 100 mg</i>	47
<i>carbamazepine susp 100 mg/5ml</i>	47
<i>carbamazepine tab 200 mg</i>	47
<i>carbamazepine tab er 12hr 100 mg</i>	47
<i>carbamazepine tab er 12hr 200 mg</i>	47
<i>carbamazepine tab er 12hr 400 mg</i>	47
<i>CARBATROL CAP 100MG</i>	47
<i>CARBATROL CAP 200MG</i>	47
<i>CARBATROL CAP 300MG</i>	47
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	79
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	79
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	79
<i>carbidopa & levodopa tab 10-100 mg</i>	79
<i>carbidopa & levodopa tab 25-100 mg</i>	79
<i>carbidopa & levodopa tab 25-250 mg</i>	79
<i>carbidopa & levodopa tab er 25-100 mg</i>	79
<i>carbidopa & levodopa tab er 50-200 mg</i>	79
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	79
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	79
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	79
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	80
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	80
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	80
<i>carbidopa tab 25 mg</i>	79
<i>carbinoxamine maleate soln 4 mg/5ml</i>	61
<i>carbinoxamine maleate tab 4 mg</i>	61
<i>carboplatin iv soln 150 mg/15ml</i>	71
<i>carboplatin iv soln 450 mg/45ml</i>	71
<i>carboplatin iv soln 50 mg/5ml</i>	71
<i>carboplatin iv soln 600 mg/60ml</i>	71
<i>carboprost tromethamine im soln 250 mcg/ml</i>	150

<i>cardioplegic soln</i>	93	<i>cefazolin sodium for inj 1 gm</i>	95
CARDURA TAB 1MG	66	<i>cefazolin sodium for inj 2 gm</i>	95
CARDURA TAB 2MG.....	66	<i>cefazolin sodium for inj 3 gm</i>	95
CARDURA TAB 4MG.....	66	<i>cefazolin sodium for inj 500 mg</i>	95
CARDURA TAB 8MG.....	66	<i>cefazolin sodium for iv soln 1 gm</i>	95
CAREONE LANC MIS 30G.....	132	<i>cefdinir cap 300 mg</i>	96
CAREONE LANC MIS THIN 23G	132	<i>cefdinir for susp 125 mg/5ml</i>	96
CARESENS 30G MIS LANCETS	132	<i>cefdinir for susp 250 mg/5ml</i>	96
CARETOUCH MIS LANC 26G.....	132	<i>cefepime hcl for inj 1 gm</i>	97
CARETOUCH MIS LANC 28G.....	132	<i>cefepime hcl for iv soln 2 gm</i>	97
CARETOUCH MIS LANC 30G.....	132	<i>cefixime cap 400 mg</i>	96
CARETOUCH MIS TWIST 28	132	<i>cefixime for susp 100 mg/5ml</i>	96
CARETOUCH MIS TWIST 30	132	<i>cefixime for susp 200 mg/5ml</i>	96
CARETOUCH MIS TWIST 33	132	<i>cefotetan disodium for inj 1 gm</i>	96
carglumic acid soluble tab 200 mg	116	<i>cefotetan disodium for inj 2 gm</i>	96
carisoprodol tab 350 mg	144	<i>cefoxitin sodium for iv soln 10 gm</i>	96
carmustine for inj 100 mg	71	<i>cefoxitin sodium for iv soln 1 gm</i>	96
carteolol hcl ophth soln 1%	146	<i>cefoxitin sodium for iv soln 2 gm</i>	96
cartia xt cap 120/24hr	90	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	96
cartia xt cap 180/24hr	90	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	96
cartia xt cap 240/24hr.....	90	<i>cefpodoxime proxetil tab 100 mg</i>	96
cartia xt cap 300/24hr	90	<i>cefpodoxime proxetil tab 200 mg</i>	96
carvedilol phosphate cap er 24hr 10 mg	88	<i>cefprozil for susp 125 mg/5ml</i>	96
carvedilol phosphate cap er 24hr 20 mg	88	<i>cefprozil for susp 250 mg/5ml</i>	96
carvedilol phosphate cap er 24hr 40 mg	88	<i>cefprozil tab 250 mg</i>	96
carvedilol phosphate cap er 24hr 80 mg	88	<i>cefprozil tab 500 mg</i>	96
carvedilol tab 12.5 mg	88	<i>ceftazidime for inj 1 gm</i>	96
carvedilol tab 25 mg	88	<i>ceftazidime for inj 6 gm</i>	96
carvedilol tab 3.125 mg	88	<i>ceftazidime for iv soln 2 gm</i>	96
carvedilol tab 6.25 mg	88	<i>ceftriaxone sodium for inj 10 gm</i>	96
CASODEX TAB 50MG.....	74	<i>ceftriaxone sodium for inj 1 gm</i>	96
caspofungin acetate for iv soln 50 mg	60	<i>ceftriaxone sodium for inj 250 mg</i>	96
caspofungin acetate for iv soln 70 mg	60	<i>ceftriaxone sodium for inj 2 gm</i>	96
CATAPRES-TTS DIS 0.1/24HR.....	66	<i>ceftriaxone sodium for inj 500 mg</i>	96
CATAPRES-TTS DIS 0.2/24HR	66	<i>ceftriaxone sodium for iv soln 1 gm</i>	96
CATAPRES-TTS DIS 0.3/24HR	66	<i>ceftriaxone sodium for iv soln 2 gm</i>	96
cefaclor cap 250 mg	96	<i>ceftriaxone sodium in dextrose inj 20</i>	
cefaclor cap 500 mg	96	<i>mg/ml</i>	96
cefaclor for susp 250 mg/5ml.....	96	<i>ceftriaxone sodium in dextrose inj 40</i>	
cefadroxil cap 500 mg	95	<i>mg/ml</i>	96
cefadroxil for susp 250 mg/5ml.....	95	<i>cefuroxime axetil tab 250 mg</i>	96
cefadroxil for susp 500 mg/5ml	95	<i>cefuroxime axetil tab 500 mg</i>	96
cefadroxil tab 1 gm	95		
<i>cefazolin sodium for inj 10 gm</i>	95		

<i>cefuroxime sodium for inj 750 mg</i>	96	<i>chlorpromazine hcl tab 100 mg</i>	84
<i>cefuroxime sodium for iv soln 1.5 gm</i>	96	<i>chlorpromazine hcl tab 10 mg</i>	84
<i>celecoxib cap 100 mg</i>	28	<i>chlorpromazine hcl tab 200 mg</i>	84
<i>celecoxib cap 200 mg</i>	28	<i>chlorpromazine hcl tab 25 mg</i>	84
<i>celecoxib cap 400 mg</i>	28	<i>chlorpromazine hcl tab 50 mg</i>	84
<i>celecoxib cap 50 mg</i>	28	<i>chlorthalidone tab 25 mg</i>	114
<i>CELEXA TAB 10MG</i>	52	<i>chlorthalidone tab 50 mg</i>	114
<i>CELEXA TAB 20MG</i>	52	<i>chlorzoxazone tab 500 mg</i>	144
<i>CELEXA TAB 40MG</i>	52	<i>cholestyramine light powder 4 gm/dose</i>	62
<i>cephalexin cap 250 mg</i>	95	<i>cholestyramine light powder packets 4 gm</i>	62
<i>cephalexin cap 500 mg</i>	95		
<i>cephalexin cap 750 mg</i>	95	<i>cholestyramine powder 4 gm/dose</i>	62
<i>cephalexin for susp 125 mg/5ml</i>	95	<i>cholestyramine powder packets 4 gm</i>	62
<i>cephalexin for susp 250 mg/5ml</i>	95	<i>choline fenofibrate cap dr 135 mg</i>	
<i>cephalexin tab 250 mg</i>	95	<i>(fenofibric acid equiv)</i>	63
<i>cephalexin tab 500 mg</i>	95	<i>choline fenofibrate cap dr 45 mg</i>	
<i>CERDELGA CAP 84MG</i>	126	<i>(fenofibric acid equiv)</i>	63
<i>CEREZYME INJ 400UNIT</i>	126	<i>CIBINQO TAB 100MG</i>	110
<i>cerovel lot 40%</i>	110	<i>CIBINQO TAB 200MG</i>	110
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	61	<i>CIBINQO TAB 50MG</i>	110
<i>cetrorelix acetate for inj kit 0.25 mg</i>	115	<i>ciclodan sol 8%</i>	107
<i>cevimeline hcl cap 30 mg</i>	143	<i>ciclopirox gel 0.77%</i>	107
<i>charlotte 24 chw fe 1/20</i>	97	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	107
<i>chateal eq tab 0.15/30</i>	97	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	107
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	37	<i>ciclopirox shampoo 1%</i>	107
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	154	<i>ciclopirox solution 8%</i>	107
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	154	<i>cidofovir iv inj 75 mg/ml</i>	87
<i>chlordiazepoxide hcl cap 10 mg</i>	40	<i>cilostazol tab 100 mg</i>	126
<i>chlordiazepoxide hcl cap 25 mg</i>	40	<i>cilostazol tab 50 mg</i>	126
<i>chlordiazepoxide hcl cap 5 mg</i>	40	<i>CIMDUO TAB 300-300</i>	85
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	159	<i>CIMERLI INJ 0.3MG</i>	147
<i>chlorhexidine gluconate soln 0.12%</i>	143	<i>CIMERLI INJ 0.5MG</i>	147
<i>chloroprocaine hcl preservative free (pf) inj 2%</i>	130	<i>cimetidine tab 200 mg</i>	160
<i>chloroquine phosphate tab 250 mg</i>	70	<i>cimetidine tab 300 mg</i>	160
<i>chloroquine phosphate tab 500 mg</i>	70	<i>cimetidine tab 400 mg</i>	160
<i>chlorothiazide sodium for inj 500 mg</i>	114	<i>cimetidine tab 800 mg</i>	160
<i>chlorpromazine hcl inj 25 mg/ml</i>	84	<i>cinacalcet hcl tab 30 mg</i>	116
<i>chlorpromazine hcl inj 50 mg/2ml</i>	84	<i>cinacalcet hcl tab 60 mg</i>	116
		<i>cinacalcet hcl tab 90 mg</i>	116
		<i>CIPRO (10%) SUS 500MG/5</i>	120
		<i>CIPRO (5%) SUS 250MG/5</i>	120
		<i>ciprofloxacin 200 mg/100ml in d5w</i>	120

<i>ciprofloxacin 400 mg/200ml in d5w</i>	120
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	150
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	147
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	149
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	120
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	120
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	120
CIPRO TAB 250MG	120
CIPRO TAB 500MG	120
<i>cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)</i>	146
<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	146
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	146
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	71
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	71
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	71
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	52
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	52
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	52
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	52
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	72
<i>claravis cap 10mg</i>	105
<i>claravis cap 20mg</i>	105
<i>claravis cap 30mg</i>	105
<i>claravis cap 40mg</i>	105
<i>clarithromycin for susp 125 mg/5ml</i>	131
<i>clarithromycin for susp 250 mg/5ml</i>	131
<i>clarithromycin tab 250 mg</i>	131
<i>clarithromycin tab 500 mg</i>	131
<i>clarithromycin tab er 24hr 500 mg</i>	131
CLEANLET 28G MIS LANCETS	132
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	61
<i>clemastine fumarate tab 2.68 mg</i>	61
CLENPIQ SOL	130
CLEOCIN CAP 150MG	38
CLEOCIN CAP 300MG	38
CLEOCIN CAP 75MG	38
CLEOCIN CRE 2% VAG	162
CLEOCIN PED SOL 75MG/5ML	38
CLEVER CHECK MIS	132
CLEVER CHECK MIS 30G	132
CLIMARA PRO DIS WEEKLY	118
<i>clindacin aer 1%</i>	105
<i>clindacin mis etz 1%</i>	105
<i>clindacin-p pad 1%</i>	105
<i>clindamycin hcl cap 150 mg</i>	38
<i>clindamycin hcl cap 300 mg</i>	38
<i>clindamycin hcl cap 75 mg</i>	38
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	38
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	105
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	105
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	105
<i>clindamycin phosphate foam 1%</i>	105
<i>clindamycin phosphate gel 1%</i>	105
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	38
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	38
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	38
<i>clindamycin phosphate inj 600 mg/4ml</i>	38
<i>clindamycin phosphate inj 900 mg/6ml</i>	38
<i>clindamycin phosphate inj 9 gm/60ml</i>	38
<i>clindamycin phosphate lotion 1%</i>	105
<i>clindamycin phosphate soln 1%</i>	105
<i>clindamycin phosphate swab 1%</i>	105
<i>clindamycin phosphate-tretinoin gel 1.2- 0.025%</i>	105
<i>clindamycin phosphate vaginal cream 2%</i>	162

<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	105
<i>clobazam suspension 2.5 mg/ml</i>	46
<i>clobazam tab 10 mg</i>	46
<i>clobazam tab 20 mg</i>	46
<i>clobetasol propionate cream 0.05%</i>	109
<i>clobetasol propionate emollient base cream 0.05%</i>	109
<i>clobetasol propionate foam 0.05%</i>	109
<i>clobetasol propionate gel 0.05%</i>	109
<i>clobetasol propionate lotion 0.05%</i>	109
<i>clobetasol propionate oint 0.05%</i>	109
<i>clobetasol propionate shampoo 0.05%</i>	109
<i>clobetasol propionate soln 0.05%</i>	109
<i>CLOBEX LOT 0.05%</i>	109
<i>CLOBEX SHA 0.05%</i>	109
<i>clodan sha 0.05%</i>	109
<i>clofarabine iv soln 1 mg/ml</i>	72
<i>clomid tab 50mg</i>	115
<i>clomipramine hcl cap 25 mg</i>	54
<i>clomipramine hcl cap 50 mg</i>	54
<i>clomipramine hcl cap 75 mg</i>	54
<i>clonazepam orally disintegrating tab 0.125 mg</i>	47
<i>clonazepam orally disintegrating tab 0.25 mg</i>	47
<i>clonazepam orally disintegrating tab 0.5 mg</i>	46
<i>clonazepam orally disintegrating tab 1 mg</i>	47
<i>clonazepam orally disintegrating tab 2 mg</i>	47
<i>clonazepam tab 0.5 mg</i>	47
<i>clonazepam tab 1 mg</i>	47
<i>clonazepam tab 2 mg</i>	47
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	30
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	30
<i>clonidine hcl tab 0.1 mg</i>	66
<i>clonidine hcl tab 0.2 mg</i>	66
<i>clonidine hcl tab 0.3 mg</i>	66
<i>clonidine hcl tab er 12hr 0.1 mg</i>	24
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	66
<i>clonidine td patch weekly 0.1 mg/24hr</i>	66
<i>clonidine td patch weekly 0.2 mg/24hr</i>	66
<i>clonidine td patch weekly 0.3 mg/24hr</i>	66
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	126
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	126
<i>clorazepate dipotassium tab 15 mg</i>	40
<i>clorazepate dipotassium tab 3.75 mg</i>	40
<i>clorazepate dipotassium tab 7.5 mg</i>	40
<i>clotrimazole cream 1%</i>	107
<i>clotrimazole soln 1%</i>	107
<i>clotrimazole troche 10 mg</i>	143
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	107
<i>clotrimazole w/ betamethasone lotion 1- 0.05%</i>	107
<i>clozapine orally disintegrating tab 100 mg</i>	83
<i>clozapine orally disintegrating tab 12.5 mg</i>	83
<i>clozapine orally disintegrating tab 150 mg</i>	83
<i>clozapine orally disintegrating tab 200 mg</i>	83
<i>clozapine orally disintegrating tab 25 mg</i>	83
<i>clozapine tab 100 mg</i>	83
<i>clozapine tab 200 mg</i>	83
<i>clozapine tab 25 mg</i>	83
<i>clozapine tab 50 mg</i>	83
<i>CLOZARIL TAB 100MG</i>	83
<i>CLOZARIL TAB 200MG</i>	83
<i>CLOZARIL TAB 25MG</i>	83
<i>CLOZARIL TAB 50MG</i>	83
<i>COAGUCHEK MIS LANCETS</i>	132
<i>coal tar soln 20%</i>	112
<i>codeine sulfate tab 30 mg</i>	30
<i>colchicine tab 0.6 mg</i>	123
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	123
<i>colesevelam hcl packet for susp 3.75 gm</i>	62
<i>colesevelam hcl tab 625 mg</i>	62

COLESTID FLA GRA 5/7.5GM	62
COLESTID FLA GRA 5GM	62
COLESTID GRA 5GM	62
COLESTID POW 5GM	62
COLESTID TAB 1GM	62
<i>colestipol hcl granule packets 5 gm</i>	62
<i>colestipol hcl granules 5 gm</i>	62
<i>colestipol hcl tab 1 gm</i>	62
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	38
COMBIPATCH DIS	118
COMFORT ASSU MIS LANC 28G	132
COMFORT ASSU MIS LANC 33G	132
COMFORT EZ MIS 21G	132
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COMFORT EZ MIS 28G	132
COMFORTOUCH MIS LANCET	132
COMFORT TCH MIS LANC 28G	132
COMFORT TCH MIS LANC 30G	132
COMFORT TCH MIS LANC 31G	132
<i>compro sup 25mg</i>	84
COMTAN TAB 200MG	79
CONDYLOX GEL 0.5%	111
<i>constulose sol 10gm/15</i>	130
COPAXONE INJ 40MG/ML.....	154
COPIKTRA CAP 15MG	76
COPIKTRA CAP 25MG	76
COREG TAB 12.5MG	88
COREG TAB 25MG.....	88
COREG TAB 3.125MG	88
COREG TAB 6.25MG	88
CORGARD TAB 20MG.....	89
CORGARD TAB 40MG.....	89
CORLANOR TAB 5MG.....	95
CORLANOR TAB 7.5MG.....	95
CORTEF TAB 10MG	102
CORTEF TAB 20MG	102
CORTEF TAB 5MG.....	102
CORTIFOAM AER 90MG	36
COSENTYX INJ 150MG/ML	108
COSENTYX INJ 300DOSE.....	108
COSENTYX INJ 75MG/0.5.....	108
COSENTYX PEN INJ 150MG/ML	108
COSENTYX PEN INJ 300DOSE	108
COSENTYX UNO INJ 300/2ML	108
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CREON CAP 24000UNT.....	113
CREON CAP 3000UNIT	113
CREON CAP 36000UNT.....	113
CREON CAP 6000UNIT	113
CRINONE GEL 4% VAG	162
CRINONE GEL 8% VAG	162
<i>cromolyn sodium ophth soln 4%</i>	149
<i>cromolyn sodium oral conc 100 mg/5ml</i>	120
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	42
<i>crotan lot 10%</i>	112
<i>cryselle-28 tab 28 tabs</i>	97
<i>curity salin sol 0.9% irr</i>	122
CUTAQUIG SOL 1.65GM	150
CUTAQUIG SOL 1GM.....	150
CUTAQUIG SOL 2GM	150
CUTAQUIG SOL 3.3GM.....	150
CUTAQUIG SOL 4GM	150
CUTAQUIG SOL 8GM	150
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<i>diazepam tab 5 mg</i>	40
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<i>diclofenac sodium tab delayed release 50 mg</i>	28
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<i>diltiazem hcl cap er 24hr 180 mg</i>	90
<i>diltiazem hcl cap er 24hr 240 mg</i>	90
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	90

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<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	91	<i>divalproex sodium tab delayed release 250 mg</i>	51
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<i>dilt-xr cap 180mg</i>	90	<i>DIVIGEL GEL 1MG/GM</i>	119
<i>dilt-xr cap 240mg</i>	90	<i>dobutamine hcl inj 12.5 mg/ml</i>	92
<i>dimethyl fumarate capsule delayed release 120 mg</i>	155	<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	78
<i>dimethyl fumarate capsule delayed release 240 mg</i>	155	<i>docetaxel for inj conc 20 mg/ml</i>	78
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	155	<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	78
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	61	<i>docetaxel soln for iv infusion 160 mg/16ml</i>	78
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<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	58	<i>dofetilide cap 125 mcg (0.125 mg)</i>	42
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	58	<i>dofetilide cap 250 mcg (0.25 mg)</i>	42
		<i>dofetilide cap 500 mcg (0.5 mg)</i>	42
		<i>dolishale tab 90-20mcg</i>	97
		<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	153
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<i>dotti dis 0.075mg</i>	119
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<i>doxazosin mesylate tab 1 mg</i>	66
<i>doxazosin mesylate tab 2 mg</i>	66
<i>doxazosin mesylate tab 4 mg</i>	66
<i>doxazosin mesylate tab 8 mg</i>	66
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	128
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	128
<i>doxepin hcl cap 100 mg</i>	54
<i>doxepin hcl cap 10 mg</i>	54
<i>doxepin hcl cap 150 mg</i>	54
<i>doxepin hcl cap 25 mg</i>	54
<i>doxepin hcl cap 50 mg</i>	54
<i>doxepin hcl cap 75 mg</i>	54
<i>doxepin hcl conc 10 mg/ml</i>	54
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<i>doxercalciferol cap 1 mcg</i>	116
<i>doxercalciferol cap 2.5 mcg</i>	116
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	116
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<i>doxorubicin hcl for inj 50 mg</i>	75
<i>doxorubicin hcl inj 2 mg/ml</i>	75
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<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	53
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<i>dutasteride cap 0.5 mg</i>	123

<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	123
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<i>fentanyl citrate lozenge on a handle 200 mcg</i>	30
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<i>fludarabine phosphate for inj 50 mg</i>	72	<i>fluoxetine hcl tab 10 mg</i>	52
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<i>fluocinonide oint 0.05%</i>	109	<i>fluticasone propionate oint 0.005%</i>	110
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<i>gabapentin (once-daily) tab 600 mg</i>	155
<i>gabapentin cap 100 mg</i>	47
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<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i>	112
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i>	112
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i>	112
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i>	112

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<i>galantamine hydrobromide cap er 24hr 24 mg</i>	153
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<i>galantamine hydrobromide oral soln 4 mg/ml</i>	153
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<i>gatifloxacin ophth soln 0.5%</i>	147
<i>gavilyte-c sol</i>	130
<i>gavilyte-g sol</i>	130
<i>GAVRETO CAP 100MG</i>	76
<i>gefitinib tab 250 mg</i>	74
<i>GELSYN-3 INJ 16.8/2ML</i>	145
<i>gemcitabine hcl for inj 1 gm</i>	72
<i>gemcitabine hcl for inj 200 mg</i>	72
<i>gemcitabine hcl for inj 2 gm</i>	72
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	72
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	72
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	72
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<i>gentamicin in saline inj 1.2 mg/ml</i>	27
<i>gentamicin in saline inj 1.6 mg/ml</i>	27
<i>gentamicin in saline inj 1 mg/ml</i>	27
<i>gentamicin in saline inj 2 mg/ml</i>	27
<i>gentamicin sulfate cream 0.1%</i>	106
<i>gentamicin sulfate inj 10 mg/ml</i>	27
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<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	155
<i>glatopa inj 20mg/ml</i>	155
<i>glatopa inj 40mg/ml</i>	155
<i>glimepiride tab 1 mg</i>	58
<i>glimepiride tab 2 mg</i>	58
<i>glimepiride tab 4 mg</i>	58
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	55
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	55
<i>glipizide-metformin hcl tab 5-500 mg</i>	55
<i>glipizide tab 10 mg</i>	58
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<i>glycopyrrolate oral soln 1 mg/5ml</i>	159
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<i>griseofulvin ultramicrosize tab 125 mg</i>	60
<i>griseofulvin ultramicrosize tab 250 mg</i>	60
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<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	24
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<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	24
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<i>GVOKE HYPO 1 INJ 1MG/.2ML</i>	56
<i>GVOKE HYPO 2 INJ .5/.1ML</i>	56
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<i>hailey fe tab 1/20</i>	98
<i>hailey fe tab 1.5/30</i>	98
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<i>halobetasol propionate cream 0.05%</i>	110
<i>halobetasol propionate oint 0.05%</i>	110
<i>haloperidol decanoate im soln 100 mg/ml</i>	82
<i>haloperidol decanoate im soln 50 mg/ml</i>	82
<i>haloperidol lactate inj 5 mg/ml</i>	82
<i>haloperidol lactate oral conc 2 mg/ml</i>	82
<i>haloperidol tab 0.5 mg</i>	82
<i>haloperidol tab 10 mg</i>	82
<i>haloperidol tab 1 mg</i>	82
<i>haloperidol tab 20 mg</i>	82
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hydrocodone bitartrate cap er 12hr 15 mg	31
hydrocodone bitartrate cap er 12hr 20 mg	31
hydrocodone bitartrate cap er 12hr 30 mg	31
hydrocodone bitartrate cap er 12hr 40 mg	31
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hydrocodone-ibuprofen tab 7.5-200 mg	34
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	104
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hydrocortisone butyrate cream 0.1%	110
hydrocortisone butyrate oint 0.1%	110
hydrocortisone butyrate soln 0.1%	110
hydrocortisone cream 1%	110
hydrocortisone cream 2.5%	110
hydrocortisone enema 100 mg/60ml	36
hydrocortisone lotion 2.5%	110
hydrocortisone oint 1%	110
hydrocortisone oint 2.5%	110
hydrocortisone perianal cream 1%	36
hydrocortisone perianal cream 2.5%	36
hydrocortisone tab 10 mg	103
hydrocortisone tab 20 mg	103

<i>hydrocortisone tab 5 mg</i>	103
<i>hydrocortisone valerate cream 0.2%</i>	110
<i>hydrocortisone valerate oint 0.2%</i>	110
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	150
<i>hydromet syrup 5-1.5/5</i>	104
<i>hydromorphone hcl inj 1 mg/ml</i>	31
<i>hydromorphone hcl inj 2 mg/ml</i>	31
<i>hydromorphone hcl liqd 1 mg/ml</i>	31
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	31
<i>hydromorphone hcl tab 2 mg</i>	32
<i>hydromorphone hcl tab 4 mg</i>	32
<i>hydromorphone hcl tab 8 mg</i>	32
<i>hydromorphone hcl tab er 24hr 12 mg</i>	32
<i>hydromorphone hcl tab er 24hr 16 mg</i>	32
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<i>hydroxyzine hcl im soln 50 mg/ml</i>	40
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<i>hydroxyzine hcl tab 10 mg</i>	40
<i>hydroxyzine hcl tab 25 mg</i>	40
<i>hydroxyzine hcl tab 50 mg</i>	40
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<i>HYRIMOZ-PLAQ INJ PSORIASI</i>	27
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<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	115
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	115
<i>IBRANCE CAP 100MG</i>	76
<i>IBRANCE CAP 125MG</i>	76
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<i>IBRANCE TAB 100MG</i>	76
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<i>IBRANCE TAB 75MG</i>	76
<i>ibuprofen lysine iv soln 10 mg/ml (base equivalent)</i>	29
<i>ibuprofen susp 100 mg/5ml</i>	29
<i>ibuprofen tab 400 mg</i>	29
<i>ibuprofen tab 600 mg</i>	29
<i>ibuprofen tab 800 mg</i>	29
<i>ibu tab 400mg</i>	28
<i>ibu tab 600mg</i>	28
<i>ibu tab 800mg</i>	28
<i>ibutilide fumarate inj 1 mg/10ml</i>	42
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	125
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<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> 75	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	75
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	75
<i>ifosfamide for inj 1 gm</i>	71
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	71
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	71
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<i>imipramine hcl tab 25 mg</i>	54
<i>imipramine hcl tab 50 mg</i>	54

<i>imipramine pamoate cap 100 mg</i>	54
<i>imipramine pamoate cap 125 mg</i>	54
<i>imipramine pamoate cap 150 mg</i>	54
<i>imipramine pamoate cap 75 mg</i>	54
<i>imiquimod cream 3.75%</i>	111
<i>imiquimod cream 5%</i>	111
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IMITREX INJ 6MG/0.5	140
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<i>indomethacin cap 50 mg</i>	29
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<i>iopamidol inj 41%</i>	112
<i>iopamidol inj 61%</i>	113
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	44
<i>ipratropium bromide inhal soln 0.02%</i>	42
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	145
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	145
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	68
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	68
<i>irbesartan tab 150 mg</i>	66
<i>irbesartan tab 300 mg</i>	66
<i>irbesartan tab 75 mg</i>	65
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	78
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	78
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<i>leucovorin calcium for inj 50 mg</i>	78
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<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	78
<i>leucovorin calcium tab 10 mg</i>	78
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<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	99
<i>levonorgestrel & ethynodiol (91-day) tab 0.15-0.03 mg</i>	99
<i>levonorgestrel & ethynodiol tab 0.15 mg-30 mcg</i>	99
<i>levonorgestrel & ethynodiol tab 0.1 mg-20 mcg</i>	99
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	99
<i>levonorgestrel-ethynodiol (continuous) tab 90-20 mcg</i>	99
<i>levonorgestrel-ethynodiol-fe tab 0.1 mg-20 mcg (21)</i>	99
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	99
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	99
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<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	41
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	41
<i>lidocaine hcl laryngotracheal soln 4%</i>	143
<i>lidocaine hcl local inj 1%</i>	130
<i>lidocaine hcl local inj 2%</i>	130
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	130
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	130
<i>lidocaine hcl lotion 3%</i>	111
<i>lidocaine hcl soln 4%</i>	111
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	111
<i>lidocaine hcl viscous soln 2%</i>	143
<i>lidocaine-hydrocortisone acetate cream 1-1%</i>	110
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	130
<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i>	130
<i>lidocaine inj 2% w/ epinephrine-1:200000</i>	130
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	41
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	41
<i>lidocaine oint 5%</i>	111
<i>lidocaine patch 5%</i>	111
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<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	111
<i>lidocan iii pad 5%</i>	111
<i>LIDODERM DIS 5%</i>	111
<i>lidopin cre 3%</i>	111
<i>lincomycin hcl inj 300 mg/ml</i>	38
<i>linezolid for susp 100 mg/5ml</i>	38
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	38
<i>linezolid tab 600 mg</i>	38
<i>LINZESS CAP 145MCG</i>	121
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<i>LINZESS CAP 72MCG</i>	121
<i>liothyronine sodium iv soln 10 mcg/ml</i>	158
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<i>lisdexamfetamine dimesylate cap 40 mg</i> .24	
<i>lisdexamfetamine dimesylate cap 50 mg</i> .24	
<i>lisdexamfetamine dimesylate cap 60 mg</i> .24	
<i>lisdexamfetamine dimesylate cap 70 mg</i> .24	
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	24
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	24
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	24
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<i>lisinopril tab 2.5 mg</i>	65
<i>lisinopril tab 20 mg</i>	65
<i>lisinopril tab 30 mg</i>	65
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<i>lithium carbonate tab 300 mg</i>	81
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<i>lopinavir-ritonavir tab 100-25 mg</i>	86
<i>lopinavir-ritonavir tab 200-50 mg</i>	86
<i>lorazepam conc 2 mg/ml</i>	41
<i>lorazepam inj 2 mg/ml</i>	41
<i>lorazepam inj 4 mg/ml</i>	41
<i>lorazepam tab 0.5 mg</i>	41
<i>lorazepam tab 1 mg</i>	41
<i>lorazepam tab 2 mg</i>	41
<i>loryna tab 3-0.02mg</i>	99
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<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	68
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	68
<i>losartan potassium tab 100 mg</i>	66
<i>losartan potassium tab 25 mg</i>	66
<i>losartan potassium tab 50 mg</i>	66
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<i>loxapine succinate cap 25 mg</i>	83
<i>loxapine succinate cap 50 mg</i>	83
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<i>lo-zumandimi tab 3-0.02mg</i>	99
<i>lubiprostone cap 24 mcg</i>	120
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LUPRON DEPOT INJ 45MG	116	<i>meclizine hcl tab 50 mg</i>	60
<i>lurasidone hcl tab 120 mg</i>	81	<i>meclofenamate sodium cap 100 mg</i>	29
<i>lurasidone hcl tab 20 mg</i>	81	<i>meclofenamate sodium cap 50 mg</i>	29
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<i>lyllana dis 0.1mg</i>	119	MEDROL TAB 4MG	103
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LYVISPAH GRA 20MG	144	<i>prefilled syr 150 mg/ml</i>	101
LYVISPAH GRA 5MG	144	<i>medroxyprogesterone acetate tab 10 mg</i>	
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MALARONE TAB 250-100	70	<i>mefloquine hcl tab 250 mg</i>	70
MALARONE TAB 62.5-25	70	<i>megestrol acetate susp 40 mg/ml</i>	74
<i>malathion lotion 0.5%</i>	112	<i>megestrol acetate susp 625 mg/5ml</i>	152
<i>mannitol iv soln 20%</i>	114	<i>megestrol acetate tab 20 mg</i>	74
<i>mannitol iv soln 25%</i>	114	<i>megestrol acetate tab 40 mg</i>	74
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<i>marlissa tab 0.15/30</i>	99	MEIJER LANCE MIS UNIVERSA.....	135
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mesalamine tab delayed release 1.2 gm ..	121
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<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	25
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	25
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<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	26
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<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	26
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<i>methylphenidate hcl chew tab 5 mg</i>	26
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<i>methylphenidate hcl tab 10 mg</i>	26
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<i>methylphenidate td patch 15 mg/9hr</i>	26
<i>methylphenidate td patch 20 mg/9hr</i>	26
<i>methylphenidate td patch 30 mg/9hr</i>	26
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<i>methylprednisolone acetate inj susp 80 mg/ml</i>	103
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<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	103
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	103
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	103
<i>methylprednisolone tab 16 mg</i>	103
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<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	120
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	120
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	121
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	120
<i>metolazone tab 10 mg</i>	114
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<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	89
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<i>metoprolol tartrate tab 100 mg</i>	89
<i>metoprolol tartrate tab 25 mg</i>	89
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<i>metoprolol tartrate tab 50 mg</i>	89
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<i>METROGEL GEL 1%</i>	111
<i>METROLOTION LOT 0.75%</i>	112
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<i>metronidazole cream 0.75%</i>	112
<i>metronidazole gel 0.75%</i>	112
<i>metronidazole gel 1%</i>	112
<i>metronidazole iv soln 500 mg/100ml</i>	36
<i>metronidazole lotion 0.75%</i>	112
<i>metronidazole tab 250 mg</i>	36
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<i>metyrosine cap 250 mg</i>	65
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<i>mexiletine hcl cap 200 mg</i>	41
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<i>midodrine hcl tab 10 mg</i>	162
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<i>mifepristone tab 200 mg</i>	117
<i>mifepristone tab 300 mg</i>	56
<i>milglitol tab 100 mg</i>	55
<i>milglitol tab 25 mg</i>	55
<i>milglitol tab 50 mg</i>	55
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<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	92

<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	92
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<i>mimvey tab 1-0.5mg</i>	118
<i>mineral oil</i>	130
<i>minocycline hcl cap 100 mg</i>	157
<i>minocycline hcl cap 50 mg</i>	157
<i>minocycline hcl cap 75 mg</i>	157
<i>minocycline hcl tab 100 mg</i>	157
<i>minocycline hcl tab 50 mg</i>	157
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<i>mitigo inj 10mg/ml</i>	32
<i>mitigo inj 25mg/ml</i>	32
<i>mitomycin for iv soln 20 mg</i>	75
<i>mitomycin for iv soln 40 mg</i>	75
<i>mitomycin for iv soln 5 mg</i>	75
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	75
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	75
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<i>modafinil tab 200 mg</i>	26
<i>moexipril hcl tab 15 mg</i>	65
<i>moexipril hcl tab 7.5 mg</i>	65
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<i>molindone hcl tab 25 mg</i>	84
<i>molindone hcl tab 5 mg</i>	84
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<i>mometasone furoate nasal susp 50 mcg/act</i>	145
<i>mometasone furoate oint 0.1%</i>	110
<i>mometasone furoate solution 0.1% (lotion)</i>	110
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<i>morphine sulfate beads cap er 24hr 30 mg</i>	32
<i>morphine sulfate beads cap er 24hr 45 mg</i>	32
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<i>morphine sulfate iv soln 10 mg/ml</i>	32
<i>morphine sulfate iv soln 4 mg/ml</i>	32
<i>morphine sulfate iv soln 8 mg/ml</i>	32
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	32
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<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	147
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	147
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	120
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<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	142
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<i>naproxen tab 375 mg</i>	29
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<i>naratriptan hcl tab 2.5 mg (base equiv)...</i>	140	NEUPRO DIS 2MG/24HR.....	80
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<i>neomycin-polymyxin-dexamethasone</i>		<i>nifedipine cap 20 mg</i>	91
<i>ophth oint 0.1%</i>	148	<i>nifedipine tab er 24hr 30 mg</i>	91
<i>neomycin-polymyxin-dexamethasone</i>		<i>nifedipine tab er 24hr 60 mg</i>	91
<i>ophth susp 0.1%</i>	148	<i>nifedipine tab er 24hr 90 mg</i>	91
<i>neomycin-polymyxin-hc ophth susp</i>	148	<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>neomycin-polymyxin-hc otic soln 1%.....</i>	150	<i>mg</i>	91
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nifedipine tab er 24hr osmotic release 60</i>	
<i>mg/ml-10000 unit/ml-1%</i>	150	<i>mg</i>	91
<i>neomycin sulfate tab 500 mg</i>	27	<i>nifedipine tab er 24hr osmotic release 90</i>	
<i>neo-polycin oin hc 1%op</i>	148	<i>mg</i>	91
<i>neo-polycin oin op</i>	147	<i>nikki tab 3-0.02mg</i>	99
<i>neostigmine methylsulfate iv soln 10 mg/10</i>		<i>nilutamide tab 150 mg</i>	74
<i>ml (1 mg/ml).....</i>	70	<i>nimodipine cap 30 mg</i>	91
<i>neostigmine methylsulfate iv soln 5 mg/10</i>		<i>NINLARO CAP 2.3MG.....</i>	76
<i>ml (0.5 mg/ml).....</i>	70	<i>NINLARO CAP 3MG.....</i>	76
<i>neostigmine methylsulfate soln pref syr 3</i>		<i>NINLARO CAP 4MG.....</i>	76
<i>mg/3ml (1 mg/ml)</i>	70	<i>nisoldipine tab er 24hr 17 mg</i>	91
<i>neuac gel 1.2-5%</i>	106	<i>nisoldipine tab er 24hr 20 mg</i>	91

<i>nisoldipine tab er 24hr 25.5 mg</i>	91	<i>NIVESTYM INJ 300MCG</i>	127
<i>nisoldipine tab er 24hr 30 mg</i>	91	<i>NIVESTYM INJ 480/0.8</i>	127
<i>nisoldipine tab er 24hr 34 mg</i>	91	<i>NIVESTYM INJ 480MCG</i>	127
<i>nisoldipine tab er 24hr 40 mg</i>	91	<i>nizatidine cap 150 mg</i>	160
<i>nisoldipine tab er 24hr 8.5 mg</i>	91	<i>nizatidine cap 300 mg</i>	160
<i>nitazoxanide tab 500 mg</i>	37	<i>nora-be tab 0.35mg</i>	102
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<i>NITRO-DUR DIS 0.2MG/HR</i>	39	<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	162
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<i>NITRO-DUR DIS 0.4MG/HR</i>	39	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	100
<i>NITRO-DUR DIS 0.6MG/HR</i>	39	<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	100
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<i>nitrofurantoin macrocrystalline cap 100 mg</i>	39	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	100
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<i>pramipexole dihydrochloride tab 1.5 mg</i>	80
<i>pramipexole dihydrochloride tab 1 mg</i>	80
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	80
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<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	80
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<i>tramadol hcl tab 50 mg</i>	33
<i>tramadol hcl tab er 24hr 100 mg</i>	33
<i>tramadol hcl tab er 24hr 200 mg</i>	33
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<i>tranexamic acid-sodium chloride iv soln</i>	
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<i>tranexamic acid tab 650 mg</i>	128
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<i>trazodone hcl tab 150 mg</i>	53
<i>trazodone hcl tab 300 mg</i>	53
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<i>tretinoin cream 0.05%</i>	106
<i>tretinoin cream 0.1%</i>	106
<i>tretinoin gel 0.01%</i>	106
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<i>triamcinolone acetonide cream 0.5%</i>	110
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<i>triamcinolone acetonide lotion 0.025%</i>	110
<i>triamcinolone acetonide lotion 0.1%</i>	110
<i>triamcinolone acetonide oint 0.025%</i>	110
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<i>trientine hcl cap 250 mg</i>	142	<i>tropicamide ophth soln 0.5%</i>	147
<i>tri-estaryll tab</i>	101	<i>tropicamide ophth soln 1%</i>	147
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ZESTRIL TAB 5MG	65	ZUBSOLV SUB 5.7-1.4.....	35
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zidovudine cap 100 mg.....	87	zumandimine tab 3-0.03mg	101
zidovudine syrup 10 mg/ml.....	87	ZYDELIG TAB 100MG	77
zidovudine tab 300 mg.....	87	ZYDELIG TAB 150MG.....	77
ziprasidone hcl cap 20 mg.....	81	ZYKADIA TAB 150MG	77
ziprasidone hcl cap 40 mg	81	ZYPREXA TAB 10MG	84
ziprasidone hcl cap 60 mg	81	ZYPREXA TAB 15MG	84
ziprasidone hcl cap 80 mg.....	81	ZYPREXA TAB 2.5MG.....	84
ziprasidone mesylate for inj 20 mg (base		ZYPREXA TAB 20MG.....	84
equivalent)	81	ZYPREXA TAB 5MG	84
ZIRABEV INJ 100/4ML	73	ZYPREXA TAB 7.5MG.....	84
ZIRABEV INJ 400/16ML	73	ZYPREXA ZYDI TAB 10MG	84
ZOCOR TAB 10MG	64	ZYPREXA ZYDI TAB 15MG	84
ZOCOR TAB 20MG	64	ZYPREXA ZYDI TAB 20MG	84
ZOCOR TAB 40MG	64	ZYPREXA ZYDI TAB 5MG.....	84
zoledronic acid inj conc for iv infusion 4			
mg/5ml	115		