

# **Lista de Medicamentos o Formulario Open Formulary 2024**

*Drug List or Formulary'  
Open Formulary 2024*

## **¿Cuánto pagas por los medicamentos cubiertos? / *How much will you pay for covered drugs?***

Los medicamentos se clasifican por niveles. Los niveles a continuación identifican los distintos niveles de costo compartido, o sea, lo que pagas por cada medicamento en la receta.

- Nivel 1 –medicamentos genéricos
- Nivel 2 – medicamentos de marca preferidos
- Nivel 3 – medicamentos de marca no preferidos
- Nivel 4 – productos especializados preferidos
- Nivel 5 – productos especializados no preferidos

*The Drug List is arranged by levels. These levels, listed below, point out the cost-sharing levels, which is what you pay for each prescribed drug.*

- *Level 1 – generic drugs*
- *Level 2 – preferred brand drugs*
- *Level 3 – non-preferred brand drugs*
- *Level 4 – preferred specialty products*
- *Level 5 – non-preferred specialty products*

**Leyenda para Símbolos y Abreviaturas de Requisitos/Límites / Legend for Symbols and Abbreviations for Requirements/Limits**

<b>Símbolo / Abreviatura (Symbol / Abbreviation)</b>	<b>Descripción</b>	<b>Description</b>
AL	Límite de Edad	<i>Age Limit</i>
PA	Preautorización  La farmacia es responsable de solicitar y obtener una preautorización con Triple-S Salud, Inc., antes de despachar el medicamento	<i>Prior authorization</i>  <i>The pharmacy is responsible of requesting and obtaining a prior authorization from Triple-S Salud, Inc., before dispensing the prescription drug.</i>
QL	Medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar	<i>Medications associated to a quantity limit</i>
SL	Medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos	<i>Medications associated to a limit in the medical specialty that must manage the therapy with these products.</i>
ST	Terapia Escalonada	<i>Step Therapy</i>

**Listado de Abreviaturas para Formas de Dosificación y Rutas de Administración / *Dosage Form and Route of Administration Abbreviations***

<b>Description [Descripción]</b>	<b>Abbreviation [Abreviatura]</b>
aerosol [aerosol]	aer
buccal tablet [tableta bucal]	bucc tab
cartridge [cartucho]	cart
concentrate [concentrado]	conc
cream [crema]	crm
delayed release [liberación tardía]	dr
emulsion [emulsión]	emul
extended release [liberación prolongada]	er
external [externo]	ext
external liquid [líquido externo]	ext liq
external packet [paquete externo]	ext pckt
external shampoo [champú externo]	shampoo
external swab [hisopo externo]	swab
gel [gel]	gel
hydrochlorothiazide	hctz
inhalation aerosol powder breath activated [polvo en aerosol activado por respiración para inhalación]	inh aer pwdr br act
inhalation aerosol solution [solución en aerosol para inhalación]	inh aer
inhalation capsule [cápsula para inhalación]	inh cap
inhalation inhaler [inhalador para inhalación]	inhaler
inhalation nebulization solution [solución para inhalación por nebulización]	inh neb soln
inhalation solution [solución para inhalación]	inh soln
inhalation suspension [suspensión para inhalación]	inh susp
injection / injectable [inyección / inyectable]	inj
injection device [dispositivo inyectable]	inj dev
intramuscular injectable [inyectable intramuscular]	im inj
intramuscular oil [aceite intramuscular]	im oil
intrauterine device [dispositivo intrauterino]	iud
intravenous [intravenoso]	iv
intravenous injectable [inyectable intravenoso]	iv inj

Description [Descripción]	Abbreviation [Abreviatura]
irrigation solution [solución para irrigación]	irrig soln
lotion [loción]	lot
miscellaneous [misceláneo]	misc
mouth/throat lozenge [pastilla para boca/garganta]	m/t lozg
mouth/throat paste [pasta para boca/garganta]	m/t paste
mouth/throat solution [solución para boca/garganta]	m/t soln
nasal inhaler [inhalador nasal]	nasal inh
ointment [ungüento]	oint
ophthalmic [oftálmico]	ophth
ophthalmic gel forming solution [solución formadora de gel para uso oftálmico]	ophth gfs
oral capsule [cápsula oral]	cap
oral capsule delayed release particles [cápsula oral de partículas de liberación tardía]	cap dr prt
oral capsule sprinkle [cápsula oral para espolvorear]	cap sprinkle
oral elixir [elixir oral]	oral elix
oral granules [gránulos orales]	oral gr
oral packet [paquete oral]	pckt
oral syrup [jarabe oral]	syr
oral tablet [tableta oral]	tab
oral tablet abuse-deterrent [tableta oral para disuasión de abuso]	tab abuse-deterr
oral tablet chewable [tableta oral masticable]	tab chew
oral tablet disintegrating [tableta de desintegración oral]	tab disint
oral tablet disintegrating soluble [tableta oral de desintegración soluble]	tab disint sol
oral tablet dispersible [tableta oral dispersable]	odt
oral tablet soluble [tableta oral soluble]	tab sol
oral therapy pack [paquete de terapia oral]	pack
pen-injector [inyector tipo pluma]	pen-inj
powder [polvo]	pwdr
prefilled syringe [jeringuilla precargada]	pfs
rectal [rectal]	rect
solution [solución]	soln
subcutaneous [subcutáneo]	sc
sublingual film [cinta sublingual]	subl film

Description [Descripción]	Abbreviation [Abreviatura]
sublingual tablet [tableta sublingual]	tab subl
suppository [supositorio]	supp
suspension [suspensión]	susp
transdermal [transdermal]	td
transdermal patch [parcho transdermal]	td patch
transdermal patch biweekly [parcho transdermal bisemanal]	tdsw patch
transdermal patch weekly [parcho transdermal semanal]	tdwk patch
vaginal [vaginal]	vag
vaginal diaphragm [diafragma vaginal]	vag diaph

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Drug Name	Drug Tier	Reference Name	Requirements/Limits
THERAPEUTIC CATEGORY			
Therapeutic Class			
<b>ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS</b>			
<b>Analgesics - Miscellaneous Analgesics</b>			
<i>7t gummy es 500 mg tab chew</i>	1		
A.A.G.C. KIT IN TERODERM 8-4-10-4 % crm	3		
<i>acetaminophen 10 mg/ml iv soln</i>	1	OFIRMEV	
<i>active-prep kit iv crm</i>	3		
ALLZITAL 25-325 mg tab	3		
BAC 50-325-40 mg tab	1		
BUPAP 50-300 mg tab	1		
<i>butalbital-acetaminophen 50-300 mg cap</i>	1		
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	ORBIVAN CF	
<i>butalbital-acetaminophen 25-325 mg tab, 50-325 mg tab</i>	1	PHRENILIN	
<i>butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	FIORICET	
<i>butalbital-aspirin-caffeine 50-325-40 mg tab</i>	1		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	FIORINAL	
<i>duraxin 300-200-20 mg cap</i>	1		
ESGIC 50-325-40 mg cap	1		
ESGIC 50-325-40 mg tab	3		
FIORICET 50-300-40 mg cap	3		
FIORINAL 50-325-40 mg cap	3		
<i>levatio 0.03-5 % patch</i>	3		
MEDI-DERM-RX 0.035-5-20 % crm	3		
MEDROX-RX 0.05-7-20 % oint	3		
NEURAPTINE 10 % crm	3		
NUVAKAAN-II 2.5-2.5 % ext kit	3		
QUTENZA 8 % ext kit	3		
QUTENZA (2 PATCH) 8 % ext kit	3		
QUTENZA (4 PATCH) 8 % ext kit	3		
<i>renovo 0.0375-5 % patch</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
TENCON 50-325 mg tab	3		
<i>turpentine External Spirit</i>	1		
VANATOL LQ 50-325-40 mg/15ml soln	1		
VANATOL S 50-325-40 mg/15ml soln	1		
VTOL LQ 50-325-40 mg/15ml soln	3		
ZEBUTAL 50-325-40 mg cap	1		
<b>Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs</b>			
<i>active-prep kit i crm</i>	3		
<i>active-prep kit ii crm</i>	3		
<i>active-prep kit iii crm</i>	3		
<i>aif #2 drug preparation kit crm</i>	3		
<i>aif #3 drug preparation kit crm</i>	3		
ANAPROX DS 550 mg tab	3		
ARTHROTEC 50-0.2 mg tab dr, 75-0.2 mg tab dr	3		
<i>biifenac 1000 1.5-4 % ext pack</i>	3		
<i>biifenac 500 1.5-4 % ext pack</i>	3		
CALDOLOR 800 mg/200ml iv soln, 800 mg/8ml iv soln	3		
CAMBIA 50 mg pckt	3		
<i>capsfenac pak 1.5 &amp; 0.025 % ext pack</i>	1		
<i>capsinac 0.025-1.5 % ext pack</i>	1		
CATAFLAM 50 mg tab	1		
CELEBREX 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	3		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	
DAYPRO 600 mg tab	3		
DERMACINRX LEXITRAL PHARMAPAK 1.5 & 0.025 % ext pack	3		
<i>dfs dr/ms/menth/cap pak 75 mg cmb kit</i>	3		
<i>dfs/ms/menth/cap pak 1.5 % ext kit</i>	3		
<i>diclofenac 35 mg cap</i>	3	ZORVOLEX	
<i>diclofenac epolamine 1.3 % patch</i>	3	FLECTOR	
<i>diclofenac potassium 25 mg tab</i>	1		
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	1	ZIPSOR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>diclofenac potassium(migraine) 50 mg pckt</i>	1		
<i>diclofenac sodium 2 % ext soln</i>	1	PENNSAID	
<i>diclofenac sodium 1.5 % ext soln</i>	1	PENNSAID	
<i>diclofenac sodium 3 % gel</i>	1	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	
DICLOFEX DC 1.5-0.025 % ext pack	1		
DICLOFONO 1.6 % gel	3		
<i>dicloheal-60 1.5 &amp; 0.025 % ext pack</i>	1		
<i>diclopr 1 &amp; 10-30 % ext kit</i>	3		
<i>diclosaicin 1.5 &amp; 0.025 % ext pack</i>	1		
<i>diclostream 1.5-10 % ext pack</i>	3		
DICLOTREX 1.5 & 4-10 % ext pack	3		
DICLOTREX II 1.5 & 4-10 % ext pack	3		
<i>diclovix 1.5 &amp; 2-2.5-4 % ext kit</i>	3		
<i>diclovix m 1.5-8 % ext pack</i>	3		
<i>diclozor 1 % ext pack</i>	3		
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
<i>dimenthio 1.5 &amp; 10 % ext pack</i>	3		
<i>dual complex formula 1 kit crm</i>	3		
DUEXIS 800-26.6 mg tab	3		
EC-NAPROSYN 375 mg tab dr, 500 mg tab dr	3		
<i>ec-naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>equapax/ibuprofen/minrex 800 mg pack</i>	3		
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fbl kit 15-4-5 % crm</i>	3		
FELDENE 10 mg cap, 20 mg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>fenoprofen calcium 200 mg cap</i>	1		
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	1	NALFON	
FENORTHO 200 mg cap	1		
FLECTOR 1.3 % patch	3		
<i>flexipak 75 &amp; 0.025 mg-% cmb pack</i>	1		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
FROTEK 10 % crm	3		
<i>gabapentin-naproxen compd kit 5-10 % crm</i>	3		
IBU 400 mg tab, 600 mg tab, 800 mg tab	1		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN CHILDRENS	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	1	DUEXIS	
ICLOFENAC CP 0.025-1.5 % ext pack	1		
<i>inavix 75 &amp; 0.025 mg-% cmb pack</i>	1		
INDOCIN 50 mg rect supp	3		
INDOCIN 25 mg/5ml susp	3		
<i>indomethacin 50 mg rect supp</i>	1		
<i>indomethacin 25 mg/5ml susp</i>	1		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin 20 mg cap</i>	3	TIVORBEX	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
INFLAMMACIN 75 & 0.025 mg-% cmb pack	1		
INFLATHERM 75 & 3-3 mg & % cmb pack	3		
K.B.G.L IN TERODERM 15-4-10-2 % crm	3		
<i>kapzin dc 0.025-1.5 % ext pack</i>	1		
<i>ketoprofen 25 mg cap</i>	1		
<i>ketoprofen 50 mg cap, 75 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 2 % gel</i>	1		
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>ketorolac tromethamine 15.75 mg/spray nasal soln</i>	3	SPRIX	
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	
LEXITRAL PHARMAPAK II 1.5 & 0.025 % ext pack	3		
LICART 1.3 % External Patch 24 Hour	3		
LODINE 400 mg tab	3		
LOFENA 25 mg tab	1		
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>meloxicam 10 mg cap, 5 mg cap</i>	1	VIVLODEX	
MOBIC 15 mg tab, 7.5 mg tab	3		
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap, 600 mg tab	3		
NAPRELAN 375 mg tab er 24 hr, 500 mg tab er 24 hr, 750 mg tab er 24 hr	3		
NAPROSYN 500 mg tab	3		
NAPROSYN 125 mg/5ml susp	3		
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>naproxen sodium er 750 mg tab er 24 hr</i>	3	NAPRELAN	
<i>naproxen-esomeprazole mg 375-20 mg tab dr, 500-20 mg tab dr</i>	1	VIMOVO	
<i>np #2 drug preparation kit crm</i>	3		
NUDICLO SOLUPAK 1.5 & 0.025 % ext pack	1		
NUDICLO TABPAK 75 & 0.025 mg-% cmb pack	1		
NUDROXIPAK 200 mg cmb pack	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
NUDROXIPAK DSDR-50 50 mg cmb kit	3		
NUDROXIPAK DSDR-75 75 mg cmb kit	3		
NUDROXIPAK E-400 400 mg cmb kit	3		
NUDROXIPAK I-800 800 mg cmb kit	3		
NUDROXIPAK M-15 15 mg cmb kit	3		
NUDROXIPAK N-500 500 mg cmb kit	3		
ORMECA 3 & 46-0.4-1.1 %-mg cmb kit	3		
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>pennaicin 1.5 &amp; 0.025 % ext pack</i>	1		
PENNSAID 2 % ext soln	3		
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
PRASTERA 200 & 400 mg oral kit	3		
PREVIDOLRX ANALGESIC 75-20-0.025 mg-mg-% cmb pack	3		
<i>previdolrx plus analgesic 75 &amp; 0.025 mg-% cmb pack</i>	1		
PROFINAC 1.5 % ext pack	1		
QMIIZ ODT 15 mg tab disint, 7.5 mg tab disint	3		
READYSHARP KETOROLAC 15 mg/ml inj kit	3		
RELAFEN 500 mg tab, 750 mg tab	1		
<i>rexaphenac 1 % crm</i>	3		
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	
SPRIX 15.75 mg/spray nasal soln	3		
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>sure result dss premium pack 1.5 &amp; 0.025 % ext pack</i>	1		
TIVORBEX 20 mg cap	3		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
TORONOVA II SUIK 30 mg/ml cmb kit	3		
TORONOVA SUIK 30 mg/ml cmb kit	3		
<i>triple complex formula 3 kit 20-2-10 % crm</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>valcoprep-100 1 % ext kit</i>	1		
VAROPHEN 1.5-10-15 % ext kit	3		
VENNGEL ONE 1 % ext kit	1		
VIMOVO 375-20 mg tab dr, 500-20 mg tab dr	3		
VIVLODEX 10 mg cap, 5 mg cap	3		
VOLTAREN 1 % gel	3		
<i>vp fc kit crm</i>	3		
<i>vp gkl kit 20-2-10 % crm</i>	3		
XRYLIX 1.5 % ext pack	3		
XRYLIX II 1.5 % ext pack	3		
ZICLOPRO 1.5 & 0.025 % ext pack	1		
ZIPSOR 25 mg cap	3		
ZORVOLEX 18 mg cap, 35 mg cap	3		
<b>Opioid Analgesics, Long-acting - Opioid Pain Relievers</b>			
ARYMO ER 15 mg tab er abuse-deterr, 30 mg tab er abuse-deterr, 60 mg tab er abuse-deterr	3		
BELBUCA 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 900 mcg bucc film	2		
BELBUCA 750 mcg bucc film	2		PA
<i>buprenorphine 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch</i>	1	BUTRANS	PA
<i>buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	1	BUTRANS	PA, QL(4.5 / 28)
<i>buprenorphine hcl 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 900 mcg bucc film</i>	1	BELBUCA	
<i>buprenorphine hcl 750 mcg bucc film</i>	1	BELBUCA	PA
BUTRANS 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	3		PA
BUTRANS 10 mcg/hr tdwk patch	3		PA, QL(4.5 / 28)
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
DURAGESIC-100 100 mcg/hr td patch 72 hr	3		
DURAGESIC-12 12 mcg/hr td patch 72 hr	3		
DURAGESIC-25 25 mcg/hr td patch 72 hr	3		
DURAGESIC-50 50 mcg/hr td patch 72 hr	3		
DURAGESIC-75 75 mcg/hr td patch 72 hr	3		
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 37.5 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr</i>	1	DURAGESIC	
<i>hydrocodone bitartrate er 10 mg cap er 12 hr, 15 mg cap er 12 hr, 20 mg cap er 12 hr, 30 mg cap er 12 hr, 40 mg cap er 12 hr, 50 mg cap er 12 hr</i>	1		
<i>hydrocodone bitartrate er 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr</i>	1	HYSINGLA ER	
<i>hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1		
HYSINGLA ER 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr	2		
INFUMORPH 200 200 MG/20ML (10 mg/ml) inj soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
INFUMORPH 500 500 MG/20ML (25 mg/ml) inj soln	3		
KADIAN 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 200 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	3		
<i>levorphanol tartrate 2 mg tab, 3 mg tab</i>	1		
<i>methadone hcl 40 mg tab sol</i>	1		
<i>methadone hcl 5 mg/5ml soln</i>	1		
<i>methadone hcl 10 mg tab, 5 mg tab</i>	1	DOLOPHINE	
<i>methadone hcl 10 mg/5ml soln, 10 mg/ml inj soln</i>	1	DOLOPHINE	
<i>methadone hcl 10 mg/ml oral conc</i>	1	METHADOSE	
METHADONE HCL INTENSOL 10 mg/ml oral conc	1		
METHADOSE 40 mg tab sol	1		
METHADOSE 10 mg/ml oral conc	1		
METHADOSE SUGAR-FREE 10 mg/ml oral conc	1		
MITIGO 200 MG/20ML (10 mg/ml) inj soln, 500 MG/20ML (25 mg/ml) inj soln	1		
MORPHABOND ER 100 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr	3		
<i>morphine sulfate 10 mg rect supp, 20 mg rect supp, 30 mg rect supp, 5 mg rect supp</i>	1		
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	KADIAN	
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr,</i>	1	AVINZA	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>			
MS CONTIN 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	3		
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	3		
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	3	OXYCONTIN	
OXYCONTIN 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	2		
<i>oxymorphone hcl er 10 mg tab er 12 hr, 15 mg tab er 12 hr, 20 mg tab er 12 hr, 30 mg tab er 12 hr, 40 mg tab er 12 hr, 5 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	1	OPANA ER	
PROBUPHINE IMPLANT KIT 74.2 mg sc implant	3		
<i>tramadol hcl er 150 mg cap er 24 hr</i>	1		
<i>tramadol hcl er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr</i>	3	CONZIP	
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	
<i>tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	RYZOLT	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
XTAMPZA ER 13.5 mg cap er 12 hr abuse-deterr, 18 mg cap er 12 hr abuse-deterr, 27 mg cap er 12 hr abuse-deterr, 36 mg cap er 12 hr abuse-deterr, 9 mg cap er 12 hr abuse-deterr	2		
ZOHYDRO ER 10 mg cap er 12 hr, 15 mg cap er 12 hr, 20 mg cap er 12 hr, 30 mg cap er 12 hr, 40 mg cap er 12 hr, 50 mg cap er 12 hr	3		
<b>Opioid Analgesics, Short-acting - Opioid Pain Relievers</b>			
ABSTRAL 400 mcg tab subl, 600 mcg tab subl, 800 mcg tab subl	3		
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	
ACTIQ 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd	3		
APADAZ 4.08-325 mg tab, 6.12-325 mg tab, 8.16-325 mg tab	3		
<i>apap-caff-dihydrocodeine 320.5-30-16 mg cap, 325-30-16 mg tab</i>	1		
ASCOMP-CODEINE 50-325-40-30 mg cap	1		
<i>benzhydrocodone-acetaminophen 4.08-325 mg tab, 6.12-325 mg tab, 8.16-325 mg tab</i>	1		
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	
<i>butorphanol tartrate 1 mg/ml inj soln, 10 mg/ml nasal soln, 2 mg/ml inj soln</i>	1	STADOL	
<i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>	1	SOMA COMPOUND WITH CODEIN	
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DEMEROL 50 mg/ml inj soln	3		
DILAUDID 2 mg tab, 4 mg tab, 8 mg tab	3		
DILAUDID 1 mg/ml liq	3		
DSUVIA 30 mcg tab sub	3		
<i>duramorph 0.5 mg/ml inj soln, 1 mg/ml inj soln</i>	1		
DVORAH 325-30-16 mg tab	1		
ENDOCET 2.5-325 mg tab	1		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>fentanyl citrate 100 mcg/2ml iv soln pfs, 2500 mcg/50ml iv soln</i>	1		
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	1	ACTIQ	
<i>fentanyl citrate 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab</i>	3	FENTORA	
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln, 100 mcg/2ml inj soln cart, 250 mcg/5ml inj soln, 2500 mcg/50ml inj soln, 50 mcg/ml inj soln, 500 mcg/10ml inj soln</i>	1		
<i>fentanyl citrate (pf) 1000 mcg/20ml inj soln</i>	1	SUBLIMAZE	
<i>fentanyl citrate-nacl 1-0.9 mg/100ml-% inj soln, 1-0.9 mg/100ml-% iv soln, 1.25-0.9 mg/250ml-% iv soln, 2-0.9 mg/100ml-% iv soln, 2.5-0.9 mg/250ml-% inj soln, 2.5-0.9 mg/250ml-% iv soln, 500-0.9 mcg/50ml-% iv soln pfs</i>	1		
<i>fentanyl-bupivacaine-nacl 0.2-0.1-0.9 mg/100ml-% epidur soln, 0.2-0.125-0.9 mg/100ml-% epidur soln, 0.5-0.0625-0.9 mg/250ml-% epidur soln, 0.5-0.1-0.9 mg/250ml-%</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>epidur soln, 0.5-0.125-0.9 mg/250ml-% epidur soln, 0.8-0.1667-0.9 mg/200ml-% epidur soln, 1-0.125-0.9 mg/250ml-% epidur soln, 2-0.125-0.9 mcg/ml-%- % inj soln</i>			
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	3		
FIORICET/CODEINE 50-300-40-30 mg cap	3		
FIORINAL/CODEINE #3 50-325-40-30 mg cap	3		
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	1	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	
<i>hydrocodone-acetaminophen 10-325 mg/15ml soln</i>	1	ZAMICET	
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	
<i>hydromorphone hcl 3 mg rect supp</i>	1		
<i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 1 mg/ml liq, 2 mg/ml inj soln</i>	1	DILAUDID	
<i>hydromorphone hcl-nacl 10-0.9 mg/50ml-% iv soln pfs, 15-0.9 mg/30ml-% iv soln pfs, 25-0.9 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln</i>	1		
LAZANDA 100 mcg/act nasal soln, 300 mcg/act nasal soln, 400 mcg/act nasal soln	3		
LORCET 5-325 mg tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LORCET HD 10-325 mg tab	1		
LORCET PLUS 7.5-325 mg tab	1		
LORTAB 10-300 mg/15ml oral elix	3		
<i>meperidine hcl 50 mg tab</i>	1	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln</i>	1	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		
<i>morphine sulfate 0.5 mg/ml iv soln, 1 mg/ml inj soln, 1 mg/ml iv soln, 10 mg/5ml soln, 10 mg/ml iv soln, 2 mg/ml inj soln, 20 mg/5ml soln, 4 mg/ml inj soln, 4 mg/ml iv soln, 5 mg/ml inj soln, 50 mg/ml iv soln, 8 mg/ml iv soln</i>	1		
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1	ROXANOL	
<i>morphine sulfate (pf) 0.5 mg/ml inj soln, 1 mg/ml inj soln, 1 mg/ml iv soln, 10 mg/ml inj soln, 10 mg/ml iv soln, 2 mg/ml inj soln, 2 mg/ml iv soln, 4 mg/ml inj soln, 4 mg/ml iv soln, 5 mg/ml inj soln, 8 mg/ml inj soln, 8 mg/ml iv soln</i>	1		
<i>morphine sulfate-nacl 1-0.9 mg/ml-% iv soln, 250-0.9 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln pfs</i>	1		
<i>nalocet 2.5-300 mg tab</i>	3	PRIMALEV	
NORCO 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	3		
<i>norgesic forte 50-770-60 mg tab</i>	3		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	3		
OPANA 10 mg tab	3		
<i>orphenadrine-asa-caffeine 50-770-60 mg tab</i>	1		
<i>orphenadrine-aspirin-caffeine 25-385-30 mg tab, 50-770-60 mg tab</i>	1		
ORPHENGESIC FORTE 50-770-60 mg tab	1		
ORPHENGESIC FORTE 770-60-50 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
OXAYDO 5 mg tab, 7.5 mg tab	3		
<i>oxycodone hcl 5 mg cap</i>	1	OXYIR	
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	1	ROXICODONE	
<i>oxycodone-acetaminophen 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 2.5-300 mg tab</i>	3	PRIMALEV	
<i>oxycodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	3	PRIMLEV	
<i>oxycodone-acetaminophen 10-300 mg/5ml soln</i>	3	PROLATE	
<i>oxycodone-acetaminophen 5-325 mg/5ml soln</i>	1	ROXICET	
<i>oxycodone-aspirin 4.8355-325 mg tab</i>	1	PERCODAN	
<i>oxycodone-ibuprofen 5-400 mg tab</i>	1	COMBUNOX	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	1	OPANA	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	TALWIN NX	
PERCOCET 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	3		
PRIMLEV 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	3		
PROLATE 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	3		
PROLATE 10-300 mg/5ml soln	3		
QDOLO 5 mg/ml soln	3		
ROXICODONE 15 mg tab, 30 mg tab, 5 mg tab	3		
SUBSYS 100 mcg subl liq, 1200 (600 X 2) mcg subl liq, 1600 (800 X 2) mcg subl liq, 200 mcg subl liq, 400 mcg subl liq, 600 mcg subl liq, 800 mcg subl liq	3		
<i>tramadol hcl 100 mg tab</i>	1		
<i>tramadol hcl 5 mg/ml soln</i>	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
TREZIX 320.5-30-16 mg cap	3		
TYLENOL WITH CODEINE #3 300-30 mg tab	3		
ULTRACET 37.5-325 mg tab	3		
ULTRAM 50 mg tab	3		
<b>ANESTHETICS - DRUGS FOR NUMBING</b>			
<b>Local Anesthetics</b>			
1ST MEDX-PATCH/ LIDOCAINE 4-0.0375-5-20 % patch	3		
7T LIDO 2 % gel	1		
ACCUCAINE 1 % cmb kit	3		
<i>active injection Im-2 1 &amp; 0.25 % inj kit</i>	3		
<i>agoneaze 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
ANACAINE 10 % oint	3		
<i>anodyne lpt 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
APRIZIO PAK 2.5-2.5 % ext kit	3		
APRIZIO PAK II 2.5-2.5 % ext kit	3		
ASTERO 4 % gel	3		
<i>benzo-lidocaine-tetracaine 20-10-10 % oint</i>	1		
<i>bupivacaine fisiopharma 2.5 mg/ml inj soln, 5 mg/ml inj soln</i>	1	MARCAINE	
<i>bupivacaine hcl 0.125 % (50 ml) inj soln pfs, 0.125 % inj soln, 0.25 % (10 ml) inj soln pfs, 312.5 mg/10ml inj soln</i>	1		
<i>bupivacaine hcl 0.25 % inj soln, 0.5 % inj soln</i>	1	MARCAINE	
<i>bupivacaine hcl (pf) 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln</i>	1	MARCAINE	
CADIRAMD 2.5-2.5 % ext kit	3		
CETACAINE 2-2-14 % ext aer, 2-2-14 % ext liq, 2-2-14 % gel	3		
<i>cocaine hcl 40 mg/ml nasal soln</i>	1		
C-TOPICAL 4 % ext soln	3		
DERMACINRX EMPRICAINE 2.5-2.5 % ext kit	1		
DERMACINRX LIDOGEL 2.8 % gel	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DERMACINRX PHN 5 & 5 % ext pack	3		
DERMACINRX PRIZOPAK 2.5-2.5 % ext kit	1		
DERMACINRX ZRM 5 % ext pack	3		
<i>eha 4 % lot</i>	3		
EMPRICAINE-II 2.5-2.5 % ext kit	3		
<i>enznonuty 20-10-10 % oint</i>	3		
<i>ethyl chloride ext aer</i>	1		
EXPAREL 1.3 % inj susp	3		
GEBAUERS PAIN EASE ext aer	3		
GEBAUERS SPRAY AND STRETCH ext aer	3		
GLYDO 2 % External Prefilled Syringe	1		
<i>goprelto 40 mg/ml nasal soln</i>	3		
L.E.T. 4-0.05-0.5 % gel	3		
LDO PLUS 4 % gel	3		
LIDO BDK 2.5-2.5 % ext kit	1		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	
<i>lidocaine hcl 4.12 % crm</i>	1		
<i>lidocaine hcl 10 mg/ml inj soln pfs, 100 mg/10ml inj soln pfs, 100 mg/5ml inj soln pfs, 200 mg/10ml inj soln pfs, 60 mg/3ml inj soln pfs, 9 mg/ml inj soln pfs</i>	1		
<i>lidocaine hcl 3 % crm</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 0.5 % inj soln, 1 % inj soln, 2 % inj soln, 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl 0.5 mg i-dermal jet-inj</i>	3	ZINGO	
<i>lidocaine hcl (pf) 4 % inj soln</i>	1		
<i>lidocaine hcl (pf) 0.5 % inj soln, 1 % inj soln, 1.5 % inj soln, 2 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidocaine-tetracaine 23-7 % crm</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>lidocaine-tetracaine 7-7 % crm</i>	3		
LIDODERM 5 % patch	3		
<i>lido-epinephrine-tetracaine 4-0.05-0.5 % ext soln</i>	1		
<i>lidomark 1/5 1 % inj kit</i>	3		
<i>lidomark 2/5 2 % inj kit</i>	3		
<i>lidopac 5 % ext kit</i>	1		
<i>lidopin 3.25 % crm</i>	3		
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
<i>lidopril 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidopril xr 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
LIDO-PRILO CAINE PACK 2.5-2.5 % ext kit	1		
LIDOPURE PATCH 5 % ext kit	3		
LIDOREX 2.8 % gel	3		
<i>lidorx 3 % gel</i>	3		
LIDO-SORB 3 % lot	1		
LIDOTHOL 4.5-5 % patch	3		
LIDOTHOL 4.5-5 % gel	3		
LIDOTOR 2.5-2.5 % ext kit	3		
LIDOTRAL 3.88 % crm	3		
<i>lidovex 3.75 % crm</i>	3		
<i>lidovix 1 5 % ext kit</i>	1		
LIDOZION 3 % lot	1		
LIDTOPIC MAX 10 % crm	3		
LIVIXIL PAK 2.5-2.5 % ext kit	1		
LMR PLUS 5 & 0.5-0.5 % ext kit	3		
LYDEXA 4.12 % crm	3		
MARCAINE 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln	3		
MARCAINE PRESERVATIVE FREE 0.25 % inj soln, 0.5 % inj soln	3		
<i>marlido 2 &amp; 0.5 % inj kit</i>	1		
MARLIDO-25 1 & 0.25 % inj kit	3		
MARVONA SUIK 0.5 % cmb kit	3		
MEDI-DERM/L-RX 2-0.035-5-20 % crm	3		
<i>medi-patch rx 0.5-0.035-5-20 % patch</i>	3		
<i>microvix lp 2.5-2.5 % ext pack</i>	3		
MOXICAINE 5 % ext kit	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
NUMBRINO 40 mg/ml nasal soln	3		
NUVAKAAN 2.5-2.5 % ext kit	1		
<i>paingo kft 2.5-2.5-10-30 % ext kit</i>	3		
<i>p-care 100mx 1 &amp; 0.5 % inj kit</i>	3		
<i>p-care m 0.5 % inj kit</i>	3		
<i>p-care mg 0.5 % cmb kit</i>	3		
<i>p-care x 1 % inj kit</i>	3		
PLIAGLIS 7-7 % ext kit	3		
PLIAGLIS 7-7 % crm	3		
POINT OF CARE LM-2.2 1 & 0.25 % inj kit	3		
POINT OF CARE LM-2.5 1 & 0.25 % inj kit	3		
PRAMOX 1 % gel	1		
<i>premium lidocaine 5 % oint</i>	1		
<i>premium scar 2-4-30 % patch</i>	3		
<i>pre piv supply 2.5-2.5 &amp; 0.9 % cmb kit</i>	3		
<i>priloheal plus 30 2.5-2.5 % ext kit</i>	3		
<i>prilolid 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>prilovix 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>prilovix lite 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>prilovix lite plus 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>prilovix plus 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>prilovix ultralite 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>prilovix ultralite plus 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>prilovixil 2.5-2.5 % ext kit</i>	3		
PRIZOPAK II 2.5-2.5 % ext kit	3		
PRIZOTRAL 2.5-2.5 & 3.88 % ext kit	3		
PRIZOTRAL-II 2.5-2.5 & 3.88 % ext kit	3		
PROXIVOL 2 % gel	1		
READYSHARP LIDOCAINE 1 % inj kit	3		
READYSHARP-A 1 & 0.5 % inj kit	3		
REAL HEAL-I 2.5-2.5 % ext kit	3		
RELADOR PAK 2.5-2.5 % ext kit	1		
RELADOR PAK PLUS 2.5-2.5 % ext kit	1		
SENSORCAINE 0.25 % inj soln, 0.5 % inj soln	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
SENSORCAINE-MPF 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln	1		
SKYADERM-LP 2.5-2.5 % ext kit	3		
SOOTHEE 0.5-0.0375-5-2 % patch	3		
STERILE TOPICAL L.E.T. GEL 0.18-4-0.5 % gel	3		
SX1 MEDICATED POST-OPERATIVE 2 % ext kit	3		
SYNERA 70-70 mg patch	3		
<i>synvexia tc 4-1 % crm</i>	3		
<i>valladerm-90 2.5-2.5 % ext kit</i>	3		
VENIPUNCTURE PX1 PHLEBOTOMY 2 % ext kit	3		
<i>vexatrol 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>wpr plus wound healing system 4 &amp; 10-30 % ext pack</i>	3		
XARACOLL 3 x 100 mg implant	3		
XYLOCAINE 0.5 % inj soln, 1 % inj soln, 2 % inj soln	3		
XYLOCAINE-MPF 0.5 % inj soln, 1 % inj soln, 1.5 % inj soln, 2 % inj soln	3		
<i>zenevix 5 &amp; 20 % &amp; mg/ml cmb pack</i>	3		
<i>zeruvia 4-1 % patch</i>	1		
ZILACAINE PATCH 5 % ext pack	3		
<i>ziloval 5 % ext kit</i>	1		
ZINGO 0.5 mg i-dermal jet-inj	3		
<i>zionodil 3 % lot</i>	1	LIDAMANTLE	
<i>zionodil 100 3 % lot</i>	1	LIDAMANTLE	
ZTLIDO 1.8 % patch	3		
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE</b>			
<b>Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants</b>			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
ANTABUSE 250 mg tab, 500 mg tab	3		
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
<b>Opioid Dependence Treatments - Antidotes/deterrents/protectants</b>			
BUNAVAIL 2.1-0.3 mg bucc film, 4.2-0.7 mg bucc film, 6.3-1 mg bucc film	3		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
BUPRENEX 0.3 mg/ml inj soln	3		
<i>buprenorphine hcl 0.3 mg/ml inj soln</i>	1	BUPRENEX	
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 2-0.5 mg tab subl, 4-1 mg subl film, 8-2 mg subl film, 8-2 mg tab subl</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	
SUBOXONE 12-3 mg subl film, 2-0.5 mg subl film, 4-1 mg subl film, 8-2 mg subl film	3		PA
ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl	2		PA
<b>Opioid Reversal Agents - Antidotes/deterrents/protectants</b>			
<i>lifems naloxone 2 mg/2ml Injection Prefilled Syringe Kit</i>	3		
<b>Opioid Reversal Agents - Antidotes/deterrents/protectants</b>			
EVZIO 2 mg/0.4ml inj soln auto-inj	3		
KLOXXADO 8 mg/0.1ml nasal liq	2		
<i>naloxone hcl 2 mg/0.4ml inj soln auto-inj</i>	1	EVZIO	
<i>naloxone hcl 4 mg/0.1ml nasal liq</i>	1	NARCAN	
<i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i>	1	NARCAN	
<i>naltrexone 200-6.5 mg sc implant</i>	1		
NARCAN 4 mg/0.1ml nasal liq	2		
<b>Smoking Cessation Agents - Deterrents</b>			
<i>apo-varenicline 0.5 mg tab, 1 mg tab</i>	3	CHANTIX	
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	
CHANTIX 0.5 mg tab, 1 mg tab	3		
CHANTIX CONTINUING MONTH PAK 1 mg tab	3		
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab pack	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
NICOTROL 10 mg inhaler	3		
NICOTROL NS 10 mg/ml nasal soln	3		
<i>varenicline tartrate 0.5 mg tab, 1 mg tab</i>	1	CHANTIX	
<i>varenicline tartrate (starter) 0.5 MG X 11 &amp; 1 mg x 42 tab pack</i>	1	CHANTIX	
<b>ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS</b>			
<b>Aminoglycosides - Antibiotics</b>			
<i>amikacin sulfate 500 mg/2ml inj soln</i>	1	AMIKIN	
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
HUMATIN 250 mg cap	3		
<i>neomycin sulfate 500 mg tab</i>	1		
<i>neomycin-polymyxin b gu 40-200000 irrig soln</i>	1		
<i>paromomycin sulfate 250 mg cap</i>	1	HUMATIN	
<i>streptomycin sulfate 1 gm im soln</i>	1		
<i>tobramycin 300 mg/4ml inh neb soln</i>	1	BETHKIS	
ZEMDRI 500 mg/10ml iv soln	3		
<b>Antibacterials, Other - Antibiotics</b>			
AEMCOLO 194 mg tab dr	3		
ALTABAX 1 % oint	3		
ARZOL SILVER NIT APPLICATORS 75-25 % ext misc	3		
<i>benzalkonium chloride 50 % ext soln</i>	1		
BETADINE OPHTHALMIC PREP 5 % ophth soln	3		
CENTANY 2 % oint	3		
CENTANY AT 2 % ext kit	3		
<i>chloramphenicol sod succinate 1 gm iv soln</i>	1	CHLOROMYCETIN	
CLEOCIN 100 mg vag supp, 150 mg cap, 300 mg cap, 75 mg cap	3		
CLEOCIN 2 % vag crm	3		
CLEOCIN 75 mg/5ml soln	3		
CLEOCIN-T 1 % gel	3		
CLEOCIN-T 1 % lot	3		
CLINDACIN ETZ 1 % swab	1		
CLINDACIN-P 1 % swab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
CLINDAGEL 1 % gel	3		
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
CLINDESSE 2 % vag crm	3		
<i>colistimethate sodium (cba) 150 mg inj soln</i>	1	COLY-MYCIN	
COLY-MYCIN M 150 mg inj soln	3		
CUBICIN 500 mg iv soln	3		
CUBICIN RF 500 mg iv soln	3		
<i>daptomycin 350 mg iv soln</i>	1		
<i>daptomycin 500 mg iv soln</i>	1	CUBICIN	
EVOCLIN 1 % foam	3		
FEM PH 0.9-0.025 % vag gel	3		
FIRST-METRONIDAZOLE 50 mg/ml susp	3		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		PA
FLAGYL 375 mg cap, 500 mg tab	3		
<i>fosfomycin tromethamine 3 gm pckt</i>	1	MONUROL	
<i>graeco silver nit applicator 75-25 % ext misc</i>	1		
HIPREX 1 gm tab	3		
HYCLODEX 0.012 % ext soln	3		
HYOPHEN 81.6 mg tab	3		
HYPOCYN 0.012 % ext soln	3		
<i>iodine tincture 2 % External Tincture</i>	1		
LINCOCIN 300 mg/ml inj soln	3		
<i>lincomycin hcl 300 mg/ml inj soln</i>	1	LINCOCIN	
<i>linezolid 600 mg tab</i>	1	ZYVOX	
<i>linezolid 100 mg/5ml susp, 600 mg/300ml iv soln</i>	1	ZYVOX	
<i>linezolid in sodium chloride 600-0.9 mg/300ml-% iv soln</i>	1	ZYVOX	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>Iugols strong iodine 5-10 % ext soln</i>	3		
MACROBID 100 mg cap	3		
MACRODANTIN 100 mg cap, 25 mg cap, 50 mg cap	3		
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	1		
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 375 mg cap, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
METRONIDAZOLE BENZO+SYRSPEND 50 mg/ml susp	3		
MONUROL 3 gm pckt	3		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
NEO-SYNALAR 0.5-0.025 % crm, 0.5-0.025 % ext kit	3		
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
NUVESSA 1.3 % vag gel	3		
PHOSPHASAL 81.6 mg tab	1		
<i>polymyxin b sulfate 500000 unit inj soln</i>	1		
<i>povidone-iodine 5 % ophth soln</i>	1	BETADINE OPHTHALMIC PREP	
PRIMSOL 50 mg/5ml soln	3		
SILVADENE 1 % crm	3		
<i>silver nitrate 0.5 % ext soln, 10 % ext soln, 25 % ext soln, 50 % ext soln</i>	1		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg iv soln, 200 mg tab	3		PA
SSD 1 % crm	1		
SULFAMYLON 5 % ext pckt	3		
SULFAMYLON 85 mg/gm crm	3		
<i>tigecycline 50 mg iv soln</i>	1	TYGACIL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
TRIMO-SAN 0.025-0.01 % vag gel	3		
TYGACIL 50 mg iv soln	3		
URELLE 81 mg tab	1		
URETRON D/S 81.6 mg tab	1		
URIBEL 118 mg cap	1		
URIMAR-T 120 mg tab	3		
<i>urin ds 81.6 mg tab</i>	1		
<i>uro-458 81 mg tab</i>	1		
UROGESIC-BLUE 81.6 mg tab	3		
<i>uro-mp 118 mg cap</i>	1		
URYL 81.6 mg tab	1		
USTELL 120 mg cap	1		
UTIRA-C 81.6 mg tab	1		
VANCOCIN 125 mg cap, 250 mg cap	3		
<i>vancomycin hcl 5 gm iv soln</i>	1		
<i>vancomycin hcl 1000 mg/10ml iv soln, 1000 mg/200ml iv soln, 1250 mg/12.5ml iv soln, 1250 mg/250ml iv soln, 1500 mg/15ml iv soln, 1500 mg/300ml iv soln, 1750 mg/17.5ml iv soln, 1750 mg/350ml iv soln, 2000 mg/20ml iv soln, 2000 mg/400ml iv soln, 500 mg/100ml iv soln, 750 mg/150ml iv soln, 750 mg/7.5ml iv soln</i>	1		
<i>vancomycin hcl 25 mg/ml soln</i>	1		PA
<i>vancomycin hcl 250 mg/5ml soln</i>	1	FIRVANQ	PA
<i>vancomycin hcl 10 gm iv soln, 125 mg cap, 250 mg cap, 500 mg iv soln</i>	1	VANCOCIN	
<i>vancomycin hcl in nacl 1-0.9 gm/200ml-% iv soln</i>	1		
VANDAZOLE 0.75 % vag gel	1		
VILAMIT MB 118 mg cap	1		
VILEVEV MB 81 mg tab	1		
XENLETA 600 mg tab	3		
XENLETA 150 mg/15ml iv soln	3		
XIFAXAN 200 mg tab, 550 mg tab	3		PA
ZYVOX 600 mg tab	3		
ZYVOX 100 mg/5ml susp, 600 mg/300ml iv soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZYVOX 200 mg/100ml iv soln	3		PA
<b>Beta-lactam, Cephalosporins - Antibiotics</b>			
cefaclor 250 mg cap, 500 mg cap	1	CECLOR	
cefaclor 125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp	1	CECLOR	
cefaclor er 500 mg tab er 12 hr	1	CECLOR CD	
cefadroxil 1 gm tab, 500 mg cap	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefazolin sodium 2 gm inj soln	1		
cefazolin sodium 1 gm inj soln, 1 gm iv soln, 10 gm inj soln	1	ANCEF	
cefazolin sodium-dextrose 2-4 gm/100ml-% iv soln	1		
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	1	OMNICEF	
cefditoren pivoxil 200 mg tab, 400 mg tab	1	SPECTRACEF	
cefepime hcl 1 gm inj soln, 2 gm iv soln	1	MAXIPIME	
cefixime 400 mg cap	1	SUPRAX	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	1	SUPRAX	
CEFOTAN 1 gm inj soln, 2 gm inj soln	3		
cefotaxime sodium 1 gm inj soln, 2 gm inj soln	1	CLAFORAN	
cefotetan disodium 1 gm inj soln, 2 gm inj soln	1	CEFOTAN	
cefoxitin sodium 10 gm iv soln	1		
cefpodoxime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefprozil 250 mg tab, 500 mg tab	1	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	1	CEFZIL	
ceftazidime 2 gm iv soln	1		
ceftazidime 1 gm inj soln, 6 gm inj soln	1	FORTAZ	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 250 mg cap, 500 mg cap, 750 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
FORTAZ 1 gm inj soln, 2 gm iv soln	3		
KEFLEX 250 mg cap, 500 mg cap, 750 mg cap	3		
SUPRAX 100 mg tab chew, 200 mg tab chew, 400 mg cap	3		
SUPRAX 100 mg/5ml susp, 200 mg/5ml susp, 500 mg/5ml susp	3		
TAZICEF 1 gm inj soln, 2 gm iv soln	1		
TAZICEF 1 gm iv soln, 6 gm iv soln	3		
TEFLARO 600 mg iv soln	3		
<b>Beta-lactam, Other - Antibiotics</b>			
<i>ertapenem sodium 1 gm inj soln</i>	1	INVANZ	
<i>imipenem-cilastatin 250 mg iv soln</i>	1	PRIMAXIN	
INVANZ 1 gm inj soln	3		
<i>meropenem 1 gm iv soln, 500 mg iv soln</i>	1	MERREM	
<i>meropenem-sodium chloride 1 gm/50ml iv soln, 500 mg/50ml iv soln</i>	1	MERREM	
MERREM 500 mg iv soln	3		
RECARBRIO 1.25 gm iv soln	3		
VABOMERE 2 (1-1) gm iv soln	3		
<b>Beta-lactam, Penicillins - Antibiotics</b>			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab,</i>	1	AUGMENTIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab			
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	1	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	1	AUGMENTIN XR	
ampicillin 500 mg cap	1		
ampicillin-sulbactam sodium 3 (2-1) gm inj soln	1	UNASYN	
AUGMENTIN 500-125 mg tab	3		
AUGMENTIN 125-31.25 mg/5ml susp, 250-62.5 mg/5ml susp	3		
AUGMENTIN ES-600 600-42.9 mg/5ml susp	3		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	3		
dicloxacillin sodium 250 mg cap, 500 mg cap	1	DYCILL	
FETROJA 1 gm iv soln	3		
naftillin sodium 10 gm iv soln	1		
naftillin sodium 1 gm inj soln	1	NALLPEN	
oxacillin sodium 1 gm inj soln, 10 gm iv soln	1		
penicillin g potassium 5000000 unit inj soln	1	PFIZERPEN	
penicillin g procaine 600000 unit/ml im susp	1		
penicillin g sodium 5000000 unit inj soln	1		
penicillin v potassium 500 mg tab	1	PEN-VEE K	
penicillin v potassium 250 mg tab	1	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	1	VEETIDS	
PFIZERPEN 5000000 unit inj soln	3		
piperacillin sod-tazobactam so 2.25 (2-0.25) gm iv soln	1		
piperacillin sod-tazobactam so 3.375 (3-0.375) gm iv soln, 4-0.5 gm iv soln, 4.5 (4-0.5) gm iv soln	1	ZOSYN	
UNASYN 3 (2-1) gm inj soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Macrolides - Antibiotics</b>			
<i>azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
DIFICID 200 mg tab	3		
DIFICID 40 mg/ml susp	3		
E.E.S. 400 400 mg tab	3		
E.E.S. GRANULES 200 mg/5ml susp	3		
<i>ery 2 % pad</i>	1		
ERYGEL 2 % gel	3		
ERYPED 200 200 mg/5ml susp	3		
ERYPED 400 400 mg/5ml susp	3		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1		
ERYTHROCIN STEARATE 250 mg tab	3		
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	1		
<i>erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	1	ERYPED	
<i>erythromycin lactobionate 500 mg iv soln</i>	1	ERYTHROCIN LACTOBIONATE	
ZITHROMAX 1 gm pckt, 250 mg tab, 500 mg tab	3		
ZITHROMAX 100 mg/5ml susp, 200 mg/5ml susp	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZITHROMAX TRI-PAK 500 mg tab	3		
ZITHROMAX Z-PAK 250 mg tab	3		
<b>Quinolones - Antibiotics</b>			
AVELOX 400 mg/250ml iv soln	3		
BAXDELA 300 mg iv soln, 450 mg tab	3		
CIPRO 250 mg tab, 500 mg tab	3		
CIPRO 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp	3		
<i>ciprofloxacin 500 MG/5ML (10%) susp</i>	1	CIPRO	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
LEVAQUIN 500 mg tab, 750 mg tab	3		
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>moxifloxacin hcl in nacl 400 mg/250ml iv soln</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	FLOXIN	
OTIPRIO 6 % i-tympan susp	3		
XEPI 1 % crm	3		
<b>Sulfonamides - Antibiotics</b>			
BACTRIM 400-80 mg tab	3		
BACTRIM DS 800-160 mg tab	3		
BLEPH-10 10 % ophth soln	3		
KLARON 10 % lot	3		
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
<b>Tetracyclines - Antibiotics</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ACTICLATE 150 mg tab, 75 mg tab	3		
<i>avidoxy 100 mg tab</i>	1	ADOXA	
AVIDOXY DK 100 mg cmb kit	3		
BENZODOX 30 x 100 MG & 4.4% cmb pack, 60 x 100 MG & 4.4% cmb pack	3		
COREMINO 135 mg tab er 24 hr, 45 mg tab er 24 hr, 90 mg tab er 24 hr	1		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
DORYX 200 mg tab dr, 50 mg tab dr, 80 mg tab dr	3		
DORYX MPC 120 mg tab dr	3		
DOXY 100 100 mg iv soln	1		
<i>doxycycline hyclate 50 mg tab, 80 mg tab dr</i>	1		
<i>doxycycline hyclate 150 mg tab, 75 mg tab</i>	1	ACTICLATE	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg iv soln</i>	1	DOXY	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
MINOCIN 50 mg cap	3		
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>minocycline hcl er 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr</i>	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>minocycline hcl er 105 mg tab er 24 hr, 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er (biphasic) 105 mg tab er 24 hr, 135 mg tab er 24 hr</i>	1		
MINOLIRA 105 mg tab er 24 hr, 135 mg tab er 24 hr	3		
MONDOXYNE NL 100 mg cap, 75 mg cap	1		
MORGIDOX 100 mg cap	1		
MORGIDOX 1 x 100 mg cmb kit, 2 x 100 mg cmb kit	3		
NUTRIDOX 75 mg oral kit	3		
NUZYRA 150 mg tab	3		
OKEBO 75 mg cap	1		
SEYSARA 100 mg tab, 150 mg tab, 60 mg tab	3		
SOLODYN 105 mg tab er 24 hr, 115 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr	3		
TARGADOX 50 mg tab	1		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
VIBRAMYCIN 100 mg cap	3		
VIBRAMYCIN 25 mg/5ml susp, 50 mg/5ml syr	3		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	3		
<b>ANTICOAGULANTS - BLOOD THINNERS</b>			
<b>Blood Products/modifiers/volume Expanders - Drugs To Treat Blood Disorders</b>			
<i>heparin sodium (porcine) pf 5000 unit/ml inj soln</i>	1		
<b>ANTICONSULSANTS - DRUGS TO TREAT SEIZURES</b>			
<b>Anticonvulsants, Other - Seizure Control Drugs</b>			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	3		
BRIVIACT 10 mg/ml soln, 50 mg/5ml iv soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ELEPSIA XR 1000 mg tab er 24 hr, 1500 mg tab er 24 hr	3		
FINTEPLA 2.2 mg/ml soln	4		
KEPPRA 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	3		
KEPPRA 100 mg/ml soln, 500 mg/5ml iv soln	3		
KEPPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	3		
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 500 mg/5ml iv soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	
NAYZILAM 5 mg/0.1ml nasal soln	3		
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	1		
ROWEEPRA 1000 mg tab, 500 mg tab, 750 mg tab	1		
ROWEEPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	1		
SPRITAM 1000 mg tab disint sol, 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol	3		
XCOPRI 100 mg tab, 14 x 12.5 MG & 14 x 25 mg tab pack, 14 x 150 MG & 14 x 200 mg tab pack, 14 x 50 MG & 14 x 100 mg tab pack, 150 mg tab, 200 mg tab, 50 mg tab	3		
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg tab pack, 50 & 200 mg tab pack	3		
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	3		
<b>Calcium Channel Modifying Agents - Seizure Control Drugs</b>			
CELONTIN 300 mg cap	3		
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
<i>methsuximide 300 mg cap</i>	1		
ZARONTIN 250 mg cap	3		
ZARONTIN 250 mg/5ml soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZONEGRAN 100 mg cap, 25 mg cap	3		
zonisamide 100 mg cap, 25 mg cap, 50 mg cap	1	ZONEGRAN	
<b>Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs</b>			
clobazam 10 mg tab, 20 mg tab	1	ONFI	
clobazam 2.5 mg/ml susp	1	ONFI	
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint	1	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	3		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	3		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	3		
DIASTAT ACUDIAL 10 mg rect gel, 20 mg rect gel	3		
DIASTAT PEDIATRIC 2.5 mg rect gel	3		
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	1	DIASTAT	
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	1	DEPAKOTE ER	
FANATREX FUSEPAQ 25 mg/ml susp	3		
gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	1	NEURONTIN	
gabapentin 250 mg/5ml soln, 300 mg/6ml soln	1	NEURONTIN	
GABITRIL 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	3		
KLONOPIN 0.5 mg tab, 1 mg tab, 2 mg tab	3		
MYSOLINE 250 mg tab, 50 mg tab	3		
NEURONTIN 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
NEURONTIN 250 mg/5ml soln	3		
ONFI 10 mg tab, 20 mg tab	3		
ONFI 2.5 mg/ml susp	3		
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
SYMPAZAN 10 mg oral film, 20 mg oral film, 5 mg oral film	3		
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	3		
VALTOCO 15 MG DOSE 7.5 mg/0.1ml Nasal Liquid Therapy Pack	3		
VALTOCO 20 MG DOSE 10 mg/0.1ml Nasal Liquid Therapy Pack	3		
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	3		
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	1	SABRIL	
VIGADRONE 500 mg pckt	1		
<b>Glutamate Reducing Agents - Seizure Control Drugs</b>			
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
FELBATOL 400 mg tab, 600 mg tab	3		
FELBATOL 600 mg/5ml susp	3		
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		
FYCOMPA 0.5 mg/ml susp	3		
LAMICTAL 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew	3		
LAMICTAL ODT 100 mg tab disint, 200 mg tab disint, 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 25 mg tab disint, 42 x 50	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
MG & 14x100 mg oral kit, 50 mg tab disint			
LAMICTAL STARTER 35 x 25 mg oral kit, 42 x 25 MG & 7 x 100 mg oral kit, 84 x 25 MG & 14x100 mg oral kit	3		
LAMICTAL XR 100 mg tab er 24 hr, 200 mg tab er 24 hr, 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 & 100 & 200 mg oral kit, 50 mg tab er 24 hr	3		
<i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine 21 x 25 MG &amp; 7 x 50 mg oral kit, 25 &amp; 50 &amp; 100 mg oral kit, 42 x 50 MG &amp; 14x100 mg oral kit</i>	1	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	LAMICTAL	
<i>lamotrigine starter kit-blue 35 x 25 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-green 84 x 25 MG &amp; 14x100 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-orange 42 x 25 MG &amp; 7 x 100 mg oral kit</i>	1	LAMICTAL STARTER	
QUDEXY XR 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	3		
SUBVENITE 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab	1		
SUBVENITE STARTER KIT-BLUE 35 x 25 mg oral kit	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
SUBVENITE STARTER KIT-GREEN 84 x 25 MG & 14x100 mg oral kit	1		
SUBVENITE STARTER KIT-ORANGE 42 x 25 MG & 7 x 100 mg oral kit	1		
TOPAMAX 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	3		
TOPAMAX SPRINKLE 15 mg cap sprinkle, 25 mg cap sprinkle	3		
<i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr</i>	1		
<i>topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle</i>	1	QUDEXY XR	
TROKENDI XR 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr	3		
<b>Sodium Channel Agents - Seizure Control Drugs</b>			
APTIOM 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab	3		
BANZEL 200 mg tab, 400 mg tab	3		PA
BANZEL 40 mg/ml susp	3		PA
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
CEREBYX 500 mg pe/10ml inj soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DILANTIN 100 mg cap, 30 mg cap	3		
DILANTIN 125 mg/5ml susp	3		
DILANTIN INFATABS 50 mg tab chew	3		
EPITOL 200 mg tab	1		
EQUETRO 100 mg cap er 12 hr, 300 mg cap er 12 hr	3		
<i>fosphenytoin sodium 500 mg pe/10ml inj soln</i>	1	CEREBYX	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	VIMPAT	
<i>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	1	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
OXTELLAR XR 150 mg tab er 24 hr, 300 mg tab er 24 hr, 600 mg tab er 24 hr	3		
PEGANONE 250 mg tab	3		
PHENYTEK 200 mg cap, 300 mg cap	3		
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 100 mg/4ml susp, 125 mg/5ml susp</i>	1	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	1		
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>rufinamide 200 mg tab, 400 mg tab</i>	1	BANZEL	PA
<i>rufinamide 40 mg/ml susp</i>	1	BANZEL	PA
TEGRETOL 200 mg tab	3		
TEGRETOL 100 mg/5ml susp	3		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	3		
TRILEPTAL 150 mg tab, 300 mg tab, 600 mg tab	3		
TRILEPTAL 300 mg/5ml susp	3		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA</b>			
<b>Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs</b>			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 & 28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
<b>Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs</b>			
ARICEPT 10 mg tab, 23 mg tab, 5 mg tab	3		
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
EXELON 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	3		
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	
RAZADYNE 4 mg tab	3		
RAZADYNE ER 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	3		
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
<b>N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs</b>			
<i>memantine hcl 10 mg tab, 28 x 5 MG &amp; 21 x 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 10 mg/5ml soln, 2 mg/ml soln</i>	1	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	1	NAMENDA XR	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
NAMENDA 10 mg tab, 5 mg tab	3		
NAMENDA TITRATION PAK 28 x 5 MG & 21 x 10 mg tab	3		
NAMENDA XR 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	3		
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	3		
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>			
<b>Antidepressants, Other - Antidepressants</b>			
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	3		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	3	FORFIVO XL	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	3		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
REMERON 15 mg tab, 30 mg tab	3		
REMERON SOLTAB 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	3		
WELLBUTRIN SR 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	3		
WELLBUTRIN XL 150 mg tab er 24 hr, 300 mg tab er 24 hr	3		
<b>Monoamine Oxidase Inhibitors - Antidepressants</b>			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		
MARPLAN 10 mg tab	3		
NARDIL 15 mg tab	3		
PARNATE 10 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
<b>Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants</b>			
BRISDELLE 7.5 mg cap	3		
CELEXA 10 mg tab, 20 mg tab, 40 mg tab	3		
<i>citalopram hydrobromide 30 mg cap</i>	1		
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	1	CELEXA	
CYMBALTA 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	3		
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	KHEDEZLA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	
EFFEXOR XR 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	3		
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	3		
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	3		
<i>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	1	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	1	LUVOX CR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LEXAPRO 10 mg tab, 20 mg tab, 5 mg tab	3		
<i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>	1	LUDIOMIL	
<i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 10 mg/5ml susp</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	
<i>paroxetine mesylate 7.5 mg cap</i>	1	BRISDELLE	
PAXIL 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	3		
PAXIL 10 mg/5ml susp	3		
PAXIL CR 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	3		
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	3		
PRISTIQ 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
PROZAC 10 mg cap, 20 mg cap, 40 mg cap	3		
SARAFEM 10 mg tab, 20 mg tab	3		
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
SYMBYAX 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	3		
<i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>	1	DESYREL	
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	3		
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	3		
VIIBRYD STARTER PACK 10 & 20 mg oral kit	3		
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	VIIBRYD	
ZOLOFT 100 mg tab, 25 mg tab, 50 mg tab	3		
ZOLOFT 20 mg/ml oral conc	3		
<b>Tricyclics - Antidepressants</b>			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
ANAFRANIL 25 mg cap, 50 mg cap, 75 mg cap	3		
<i>chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
NORPRAMIN 10 mg tab, 25 mg tab	3		
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PAMELOR 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	3		
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
<b>ANTIDIABETIC AGENTS - DIABETIC DRUGS</b>			
<b>Blood Glucose Regulators - Drugs To Regulate Blood Sugar</b>			
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		
<b>ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING</b>			
<b>Antiemetics, Other - Nausea And Vomiting Drugs</b>			
AKYNZEO 235-0.25 mg iv soln, 300-0.5 mg cap	3		
AKYNZEO 235-0.25 mg/20ml iv soln	3		
ANTIVERT 25 mg tab chew, 50 mg tab	3		
BONJESTA 20-20 mg tab er	3		
DICLEGIS 10-10 mg tab dr	3		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	DICLEGIS	
<i>meclizine hcl 25 mg tab chew</i>	1		
<i>meclizine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	ANTIVERT	
PHENADOZ 12.5 mg rect supp, 25 mg rect supp	1		
PHENERGAN 25 mg/ml inj soln, 50 mg/ml inj soln	3		
<i>promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	
PROMETHEGAN 12.5 mg rect supp, 25 mg rect supp, 50 mg rect supp	1		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
TIGAN 300 mg cap	3		
TIGAN 100 mg/ml im soln	3		
TRANSDERM SCOP (1.5 MG) 1 mg/3days td patch 72 hr	3		
TRANSDERM-SCOP 1 mg/3days td patch 72 hr	3		
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
<b>Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs</b>			
ALOXI 0.25 mg/5ml iv soln	3		
ANZEMET 100 mg tab, 50 mg tab	3		
<i>aprepitant 125 mg cap, 40 mg cap, 80 &amp; 125 mg cap, 80 &amp; 125 mg oral misc, 80 mg cap</i>	1	EMEND	
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	
EMEND 125 mg/5ml susp, 150 mg iv soln, 40 mg cap, 80 mg cap	3		
EMEND TRI-PACK 80 & 125 mg cap	3		
<i>fosaprepitant dimeglumine 150 mg iv soln</i>	1	EMEND	
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	
<i>granisetron hcl 1 mg/ml iv soln, 4 mg/4ml iv soln</i>	1	KYTRIL	
MARINOL 10 mg cap, 2.5 mg cap, 5 mg cap	3		
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	
<i>ondansetron hcl 4 mg/2ml inj soln pfs</i>	4		
<i>ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/5ml soln</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln</i>	4	ZOFRAN	
<i>palonosetron hcl 0.25 mg/2ml iv soln</i>	1		
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	1	ALOXI	
SANCUSO 3.1 mg/24hr td patch	3		
SUSTOL 10 mg/0.4ml Subcutaneous Prefilled Syringe	5		
SYNDROS 5 mg/ml soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
VARUBI (180 MG DOSE) 2 x 90 mg tab pack	3		
ZOFRAN 4 mg tab, 8 mg tab	3		
ZUPLENZ 4 mg oral film, 8 mg oral film	3		
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>			
<b>Antifungals - Fungal Infection Drugs</b>			
<i>active-prep kit v crm</i>	3		
ALA-QUIN 3-0.5 % crm	3		
ALCORTIN A 1-2-1 % gel	3		
<i>amphotericin b 50 mg iv soln</i>	1	FUNGIZONE	
<i>amphotericin b liposome 50 mg iv susp</i>	1	AMBISOME	
ANCOBON 250 mg cap, 500 mg cap	3		
BREXAFEMME 150 mg tab	3		
CANCIDAS 70 mg iv soln	3		
<i>caspofungin acetate 70 mg iv soln</i>	1	CANCIDAS	
CICLODAN 8 % ext soln	1		
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	
<i>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	
<i>ciclopirox olamine 0.77 % crm</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	1	LOPROX	
<i>ciclopirox treatment 8 % ext kit</i>	1	PENLAC	
<i>clotrimazole 1 % crm</i>	1	LOTRIMIN	
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
<i>corti-sav 1-1 % crm</i>	1		
CRESEMBA 186 mg cap, 372 mg iv soln	3		
DERMACINRX THERAZOLE PAK 1-0.05 & 20 % ext pack	3		
DERMAZENE 1-1 % crm	1		
DIFLUCAN 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
DIFLUCAN 10 mg/ml susp, 40 mg/ml susp	3		
<i>difmetioxime 4-2-1-4 % ext soln</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ECONASIL 1 % ext kit	3		
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
<i>econazole nitrate-niacinamide 1-4 % crm</i>	1		
ECOZA 1 % foam	3		
ERAXIS 100 mg iv soln	3		
ERTACZO 2 % crm	3		
EXELDERM 1 % crm	3		
EXELDERM 1 % ext soln	3		
EXODERM 25-1 % lot	3		
EXTINA 2 % foam	3		
<i>fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>flucon-ibuprof-itracon-terbina 4-2-1-4 % ext soln</i>	1		
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>fungimez ext soln</i>	3		
<i>griseofulvin microsize 500 mg tab</i>	1	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
GYNAZOLE-1 2 % vag crm	3		
<i>hixdefrima 8-1-1 % ext soln</i>	3		
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>imioxia 1-4 % crm</i>	3		
<i>iodoquimez-hc 1-1.9 % crm</i>	1	VYTONE	
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1	ALCORTIN A	
<i>iodoquinol-hc-ketoconazole 1-2.5-2 % crm</i>	1		
<i>iodoquinol-hydrocortisone-aloe 1-1.9 % crm</i>	1	VYTONE	
<i>itraconazole 100 mg cap</i>	1	SPORANOX	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	
JUBLIA 10 % ext soln	3		
KERYDIN 5 % ext soln	3		
<i>ketoconazole 2 % foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
<i>ketoconazole-hydrocortisone 2-2.5 % crm</i>	1		
KETODAN 2 % foam	1		
KETODAN 2 % ext kit	3		
LOPROX 0.77 % (susp) ext kit	3		
LOPROX 0.77 % crm, 0.77 % ext kit	3		
LOPROX 0.77 % ext susp, 1 % shampoo	3		
<i>luliconazole 1 % crm</i>	3	LUZU	
LUZU 1 % crm	3		
MENTAX 1 % crm	3		
<i>micafungin sodium 100 mg iv soln</i>	1	MYCAMINE	
<i>miconazole 3 200 mg vag supp</i>	1	MONISTAT	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	3	VUSION	
MYCAMINE 100 mg iv soln	3		
<i>naftifine hcl 1 % crm, 1 % gel, 2 % crm</i>	1	NAFTIN	
NAFTIN 1 % gel, 2 % crm, 2 % gel	3		
NATACYN 5 % ophth susp	2		
NIZORAL 2 % shampoo	3		
NOXAFIL 100 mg tab dr	3		
NOXAFIL 40 mg/ml susp	3		
NYAMYC 100000 unit/gm ext pwdr	1		
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
NYSTOP 100000 unit/gm ext pwdr	1		
ONYCHO-MED 2-250 %-mg ext kit	3		
ORAVIG 50 mg bucc tab	3		
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % crm	3		
OXISTAT 1 % lot	3		
<i>pedizolpak 2 &amp; 2 % ext pack</i>	3		
<i>pheodojo 1-2.5-2 % crm</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>pheyo 2.5-2 % crm</i>	3		
<i>posaconazole 40 mg/ml susp</i>	1		
<i>posaconazole 100 mg tab dr</i>	1	NOXAFIL	
QUINJA 1.25-1 % gel	3		
RECURA crm	3		
SPORANOX 100 mg cap	3		
SPORANOX 10 mg/ml soln	3		
SPORANOX PULSEPAK 100 mg cap	3		
<i>sulconazole nitrate 1 % crm</i>	3	EXELDERM	
<i>sulconazole nitrate 1 % ext soln</i>	3	EXELDERM	
<i>tavaborole 5 % ext soln</i>	1	KERYDIN	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
<i>tolsura 65 mg cap</i>	3		
VFEND 200 mg tab, 50 mg tab	3		
VFEND 40 mg/ml susp	3		
<i>voriconazole 200 mg tab, 50 mg tab</i>	1	VFEND	
<i>voriconazole 40 mg/ml susp</i>	1	VFEND	
VUSION 0.25-15-81.35 % oint	3		
VYSTONE 1-1.9 % crm	3		
XOLEGEL 2 % gel	3		
XOLEGEL COREPAK 2 & 1 % ext kit	3		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	3		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	3		
ZOLPAK 1 % ext kit	3		
<b>ANTIGOUT AGENTS - DRUGS TO TREAT GOUT</b>			
<b>Antigout Agents - Gout Drugs</b>			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine 0.6 mg cap</i>	3	MITIGARE	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
COLCRYS 0.6 mg tab	3		
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
GLOPERBA 0.6 mg/5ml soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
MITIGARE 0.6 mg cap	3		
<i>probenecid 500 mg tab</i>	1	BENEMID	
ULORIC 40 mg tab, 80 mg tab	3		
ZYLOPRIM 100 mg tab, 300 mg tab	3		
<b>ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION</b>			
<b>Glucocorticoids - Drugs To Treat Inflammation</b>			
<i>anucort-hc 25 mg rect supp</i>	1		
ANUSOL-HC 25 mg rect supp	1		
ANUSOL-HC 2.5 % crm	3		
EPIFOAM 1-1 % foam	3		
HEMMOREX-HC 25 mg rect supp, 30 mg rect supp	1		
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	1	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone acetate 30 mg rect supp</i>	1	PROCTOCORT	
<i>lidocaine-hydrocortisone ace 1-1 % crm</i>	1		
NOVACORT 1-2 % gel	3		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % crm, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
PROCTOCORT 30 mg rect supp	3		
PROCTOCORT 1 % crm	3		
PROCTO-MED HC 2.5 % crm	1		
PROCTO-PAK 1 % crm	1		
PROCTOSOL HC 2.5 % crm	1		
PROCTOZONE-HC 2.5 % crm	1		
RADIAURA 3-0.5 % crm	3		
ZILRETTA 32 mg Intra-articular Suspension Reconstituted ER	3		
<b>ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES</b>			
<b>Ergot Alkaloids - Migraine Drugs</b>			
CAFERGOT 1-100 mg tab	3		
D.H.E. 45 1 mg/ml inj soln	3		
<i>dihydroergotamine mesylate crys</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	D.H.E. 45	
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	
ERGOMAR 2 mg tab subl	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	3		
MIGRANAL 4 mg/ml nasal soln	3		
<b>Prophylactic - Migraine Drugs</b>			
AIMOVIG 140 mg/ml sc soln auto-inj, 70 mg/ml sc soln auto-inj	2		PA
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	3		PA
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		PA
NURTEC 75 mg tab disint	2		
<i>palonosetron hcl 0.25 mg/5ml iv soln pfs</i>	1		
REYVOW 100 mg tab, 50 mg tab	3		
UBRELVY 100 mg tab, 50 mg tab	2		
VYEPTI 100 mg/ml iv soln	3		
<b>Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs</b>			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	
AMERGE 1 mg tab, 2.5 mg tab	3		
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	
FROVA 2.5 mg tab	3		
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	
IMITREX 100 mg tab, 20 mg/act nasal soln, 25 mg tab, 5 mg/act nasal soln, 50 mg tab	3		
IMITREX 6 mg/0.5ml sc soln	3		
IMITREX STATDOSE REFILL 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	3		
IMITREX STATDOSE SYSTEM 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	3		
MAXALT 10 mg tab	3		
MAXALT-MLT 10 mg tab disint	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
MIGRAINE PACK 50 mg cmb pack	3		
MIGRANOW 50 & 4-10 mg & % cmb pack	3		
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	
ONZETRA XSAIL 11 mg/nosepc nasal exha pwr	3		
RELPAK 20 mg tab, 40 mg tab	3		
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	
SUMANSETRON 50 & 4 mg tab pack	3		
<i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i>	1	IMITREX	
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	
<i>sumatriptan succinate 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln pfs</i>	1	IMITREX	
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>	1	IMITREX STATDOSE	
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX STATDOSE	
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	
TOSYMRA 10 mg/act nasal soln	3		
TREXIMET 85-500 mg tab	3		
ZEMBRACE SYMTOUCH 3 mg/0.5ml sc soln auto-inj	3		
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln, 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	
<i>zolmitriptan 2.5 mg nasal soln</i>	3	ZOMIG	
ZOMIG 2.5 mg nasal soln, 2.5 mg tab, 5 mg nasal soln, 5 mg tab	3		
ZOMIG ZMT 2.5 mg tab disint, 5 mg tab disint	3		
<b>ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS</b>			
<b>Parasympathomimetics - Myasthenia Gravis Drugs</b>			
<i>guanidine hcl 125 mg tab</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
MESTINON 180 mg tab er, 60 mg tab	3		
MESTINON 60 mg/5ml soln	3		
<i>neostigmine methylsulfate 5 mg/5ml iv soln pfs</i>	1		
<i>neostigmine methylsulfate 10 mg/10ml iv soln, 5 mg/10ml iv soln</i>	1	BLOXIVERZ	
<i>pyridostigmine bromide 30 mg tab</i>	1		
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
<b>ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS</b>			
<b>Antimycobacterials, Other - Miscellaneous Anti-infectives</b>			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
MYCOBUTIN 150 mg cap	3		
<i>pretomanid 200 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
<b>Antituberculars - Tuberculosis Drugs</b>			
CAPASTAT SULFATE 1 gm inj soln	3		
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	1		
MYAMBUTOL 400 mg tab	3		
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
RIFADIN 150 mg cap, 300 mg cap	3		
RIFAMATE 150-300 mg cap	3		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
RIFATER 50-120-300 mg tab	3		
SIRTURO 100 mg tab, 20 mg tab	5		
TRECTOR 250 mg tab	3		
<b>ANTINEOPLASTICS - DRUGS TO TREAT CANCER</b>			
<b>Alkylating Agents - Chemotherapy Agents</b>			
<i>cyclophosphamide 25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab</i>	1		
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LEUKERAN 2 mg tab	4		
MATULANE 50 mg cap	5		
<i>melfalan 2 mg tab</i>	4	ALKERAN	
MYLERAN 2 mg tab	2		
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4	TEMODAR	PA
<b>Antiandrogens - Chemotherapy Agents</b>			
YONSA 125 mg tab	4		PA
<b>Antiandrogens - Hormone Suppressants</b>			
<i>abiraterone acetate 250 mg tab, 500 mg tab</i>	4	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
CASODEX 50 mg tab	3		
ERLEADA 60 mg tab	4		PA
<i>flutamide 125 mg cap</i>	1	EULEXIN	
<i>nilutamide 150 mg tab</i>	4	NILANDRON	PA
XTANDI 40 mg cap	5		PA
<b>Antiangiogenic Agents - Chemotherapy Agents</b>			
<i>lenalidomide 2.5 mg cap, 20 mg cap</i>	1	REVLIMID	PA
<i>lenalidomide 25 mg cap</i>	4	REVLIMID	PA
<i>lenalidomide 10 mg cap, 15 mg cap, 5 mg cap</i>	4	REVLIMID	PA
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA
<b>Antiestrogens/modifiers - Chemotherapy Agents</b>			
EMCYT 140 mg cap	4		
FARESTON 60 mg tab	3		
SOLTAMOX 10 mg/5ml soln	5		
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	
<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
<b>Antimetabolites - Chemotherapy Agents</b>			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4	XELODA	PA
CARAC 0.5 % crm	3		
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
EFUDEX 5 % crm	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
FLUOROPLEX 1 % crm	3		
<i>fluorouracil 0.5 % crm</i>	2	CARAC	
<i>fluorouracil 5 % crm</i>	1	EFUDEX	
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	1	EFUDEX	
<i>hyalucil-4 2-4 % td crm</i>	3		
HYDREA 500 mg cap	3		
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
<i>mercaptapurine 50 mg tab</i>	4	PURINETHOL	
PURIXAN 2000 mg/100ml susp	4		PA
SIKLOS 100 mg tab, 1000 mg tab	3		
TABLOID 40 mg tab	4		
TOLAK 4 % crm	3		
<b>Antineoplastics, Other - Chemotherapy Agents</b>			
INQOVI 35-100 mg tab	4		PA
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	1		
<i>leucovorin calcium 100 mg/10ml inj soln, 500 mg/50ml inj soln</i>	1		
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	4		PA
LUTATHERA 370 mbq/ml iv soln	5		
<i>valrubicin 40 mg/ml i-vesic soln</i>	1	VALSTAR	
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		PA
XOFIGO 30 mcci/ml iv soln	2		
ZOLINZA 100 mg cap	5		PA
<b>Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents</b>			



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
ARIMIDEX 1 mg tab	3		
AROMASIN 25 mg tab	3		
<i>exemestane 25 mg tab</i>	1	AROMASIN	
FEMARA 2.5 mg tab	3		
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
<b>Enzyme Inhibitors - Chemotherapy Agents</b>			
<i>etoposide 50 mg cap</i>	4		
HYCAMTIN 0.25 mg cap, 1 mg cap	5		
ZYDELIG 150 mg tab	5		PA
<b>Molecular Target Inhibitors - Chemotherapy Agents</b>			
ALECENSA 150 mg cap	4		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	4		PA
AYVAKIT 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab	4		PA
BALVERSA 3 mg tab, 4 mg tab, 5 mg tab	4		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	5		PA
BRAFTOVI 75 mg cap	4		PA
BRUKINSA 80 mg cap	4		PA
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	4		PA
CALQUENCE 100 mg cap, 100 mg tab	4		PA
CAPRELSA 100 mg tab, 300 mg tab	4		PA
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	4		PA
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	4		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	4		PA
COPIKTRA 15 mg cap, 25 mg cap	4		PA
COTELLIC 20 mg tab	4		PA
DAURISMO 100 mg tab, 25 mg tab	4		PA
ERIVEDGE 150 mg cap	5		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	4	TARCEVA	PA
<i>everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	4	AFINITOR	PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol</i>	4	AFINITOR DISPERZ	PA
EXKIVITY 40 mg cap	4		PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	5		PA
FOTIVDA 0.89 mg cap, 1.34 mg cap	4		PA
GAVRETO 100 mg cap	4		PA
<i>gefitinib 250 mg tab</i>	1		PA
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	4		PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	4		PA
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	4		PA
IDHIFA 100 mg tab, 50 mg tab	4		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	4		PA
IMBRUVICA 70 mg/ml susp	4		PA
INLYTA 1 mg tab, 5 mg tab	5		PA
INREBIC 100 mg cap	4		PA
IRESSA 250 mg tab	5		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
KOSELUGO 10 mg cap, 25 mg cap	4		PA
<i>lapatinib ditosylate 250 mg tab</i>	4	TYKERB	PA
LENVIMA (10 MG DAILY DOSE) 10 mg cap pack	4		PA
LENVIMA (12 MG DAILY DOSE) 3 x 4 mg cap pack	4		PA
LENVIMA (14 MG DAILY DOSE) 10 & 4 mg cap pack	4		PA
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 x 4 mg cap pack	4		PA
LENVIMA (20 MG DAILY DOSE) 2 x 10 mg cap pack	4		PA
LENVIMA (24 MG DAILY DOSE) 2 x 10 MG & 4 mg cap pack	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LENVIMA (4 MG DAILY DOSE) 4 mg cap pack	4		PA
LENVIMA (8 MG DAILY DOSE) 2 x 4 mg cap pack	4		PA
LORBRENA 100 mg tab, 25 mg tab	4		PA
LUMAKRAS 120 mg tab	4		PA
LYNPARZA 100 mg tab, 150 mg tab	4		PA
MEKINIST 0.5 mg tab, 2 mg tab	4		PA
MEKTOVI 15 mg tab	4		PA
NERLYNX 40 mg tab	4		PA
NEXAVAR 200 mg tab	5		PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	4		PA
NUBEQA 300 mg tab	4		PA
ODOMZO 200 mg cap	4		PA
ONUREG 200 mg tab, 300 mg tab	4		PA
ORGOVYX 120 mg tab	4		PA
<i>pazopanib hcl 200 mg tab</i>	1		PA
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		PA
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	4		PA
PIQRAY (250 MG DAILY DOSE) 200 & 50 mg tab pack	4		PA
PIQRAY (300 MG DAILY DOSE) 2 x 150 mg tab pack	4		PA
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	4		PA
QINLOCK 50 mg tab	4		
RETEVMO 40 mg cap, 80 mg cap	4		PA
ROZLYTREK 100 mg cap, 200 mg cap	4		PA
RUBRACA 200 mg tab, 250 mg tab, 300 mg tab	4		PA
RYDAPT 25 mg cap	4		PA
SCEMBLIX 20 mg tab, 40 mg tab	4		PA
<i>sorafenib tosylate 200 mg tab</i>	5	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		PA
STIVARGA 40 mg tab	5		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	4	SUTENT	PA
TABRECTA 150 mg tab, 200 mg tab	4		PA
TAFINLAR 50 mg cap, 75 mg cap	4		PA
TAGRISSE 40 mg tab, 80 mg tab	4		PA
TALZENNA 0.25 mg cap, 0.5 mg cap, 0.75 mg cap, 1 mg cap	4		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
TAZVERIK 200 mg tab	4		PA
TEPMETKO 225 mg tab	4		PA
TIBSOVO 250 mg tab	4		PA
TRUSELTIQ (100MG DAILY DOSE) 100 mg cap pack	4		PA
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 mg cap pack	4		PA
TRUSELTIQ (50MG DAILY DOSE) 25 mg cap pack	4		PA
TRUSELTIQ (75MG DAILY DOSE) 25 mg cap pack	4		PA
TUKYSA 150 mg tab, 50 mg tab	4		PA
TURALIO 200 mg cap	4		PA
UKONIQ 200 mg tab	4		PA
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	4		PA
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	4		PA
VITRAKVI 100 mg cap, 25 mg cap	4		PA
VITRAKVI 20 mg/ml soln	4		PA
VIZIMPRO 15 mg tab, 30 mg tab, 45 mg tab	4		PA
VOTRIENT 200 mg tab	5		PA
WELIREG 40 mg tab	4		PA
XALKORI 200 mg cap, 250 mg cap	5		PA
XOSPATA 40 mg tab	4		PA
XPOVIO (100 MG ONCE WEEKLY) 20 mg tab pack, 50 mg tab pack	4		PA
XPOVIO (40 MG ONCE WEEKLY) 20 mg tab pack	4		
XPOVIO (40 MG ONCE WEEKLY) 40 mg tab pack	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
XPOVIO (40 MG TWICE WEEKLY) 20 mg tab pack	4		
XPOVIO (40 MG TWICE WEEKLY) 40 mg tab pack	4		PA
XPOVIO (60 MG ONCE WEEKLY) 20 mg tab pack, 60 mg tab pack	4		PA
XPOVIO (60 MG TWICE WEEKLY) 20 mg tab pack	4		
XPOVIO (80 MG ONCE WEEKLY) 20 mg tab pack, 40 mg tab pack	4		PA
XPOVIO (80 MG TWICE WEEKLY) 20 mg tab pack	4		PA
XTANDI 40 mg tab, 80 mg tab	5		PA
ZEJULA 100 mg cap	4		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
ZYKADIA 150 mg tab	4		PA
<b>Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents</b>			
POLIVY 30 mg iv soln	4		
RITUXAN 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA
RUXIENCE 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
<b>Retinoids - Chemotherapy Agents</b>			
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	
<i>bexarotene 1 % gel</i>	5	TARGRETIN	
PANRETIN 0.1 % gel	5		
TARGRETIN 1 % gel	5		
<i>tretinoin 10 mg cap</i>	4	VESANOID	
<b>Treatment Adjuncts - Supportive Chemotherapy Drugs</b>			
ELITEK 1.5 mg iv soln, 7.5 mg iv soln	5		
MESNEX 400 mg tab	5		
VORAXAZE 1000 unit iv soln	5		
<b>ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS</b>			
<b>Anthelmintics - Worm Infection Drugs</b>			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
ALBENZA 200 mg tab	3		
<i>benznidazole 100 mg tab, 12.5 mg tab</i>	1		
BILTRICIDE 600 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
EGATEN 250 mg tab	3		
EMVERM 100 mg tab chew	2		
<i>ivermectin 3 mg tab</i>	1	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
STROMEKTOL 3 mg tab	3		
<b>Antiprotozoals - Protozoal Infection Drugs</b>			
ALINIA 100 mg/5ml susp	2		
ALINIA 500 mg tab	3		
ARAKODA 100 mg tab	3		
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	3		
<i>hydroxychloroquine sulfate 100 mg tab, 300 mg tab, 400 mg tab</i>	1		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
IMPAVIDO 50 mg cap	3		
KRINTAFEL 150 mg tab	3		
LAMPIT 120 mg tab, 30 mg tab	3		
MALARONE 250-100 mg tab, 62.5-25 mg tab	3		
<i>mefloquine hcl 250 mg tab</i>	1		
MEPRON 750 mg/5ml susp	3		
NEBUPENT 300 mg inh soln	3		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	
PENTAM 300 mg inj soln	3		
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	1	PENTAM	
PLAQUENIL 200 mg tab	3		
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	4	DARAPRIM	PA
<i>pyrimethamine-leucovorin 12.5-2.5 mg cap, 25-10 mg cap, 25-5 mg cap, 50-10 mg cap, 50-20 mg cap, 50-25 mg cap, 75-25 mg cap</i>	1		
QUALAQUIN 324 mg cap	3		
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
SOLOSEC 2 gm pckt	3		
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
<b>Pediculicides/scabicides - Scabies And Lice Drugs</b>			
CROTAN 10 % lot	1		
ELIMITE 5 % crm	3		
<i>ivermectin 0.5 % lot</i>	1	SKLICE	
<i>lindane 1 % shampoo</i>	1		
<i>malathion 0.5 % lot</i>	1	OVIDE	
NATROBA 0.9 % ext susp	3		
OVIDE 0.5 % lot	3		
<i>permethrin 5 % crm</i>	1	ELIMITE	
SKLICE 0.5 % lot	3		
<i>spinosad 0.9 % ext susp</i>	1		
<i>sulfurated lime ext soln</i>	1		
<b>ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE</b>			
<b>Anticholinergics - Parkinson's Disease Drugs</b>			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
<b>Antiparkinson Agents - Parkinson's Disease Drugs</b>			
NOURIANZ 20 mg tab, 40 mg tab	3		
<b>Antiparkinson Agents, Other - Parkinson's Disease Drugs</b>			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
COMTAN 200 mg tab	3		
<i>entacapone 200 mg tab</i>	1	COMTAN	
GOCOVRI 137 mg cap er 24 hr, 68.5 mg cap er 24 hr	3		
ONGENTYS 25 mg cap, 50 mg cap	3		
OSMOLEX ER 129 & 193 mg tab er 24 hr pack, 129 mg tab er 24 hr, 193 mg tab er 24 hr, 258 mg tab er 24 hr	3		
TASMAR 100 mg tab	3		
<i>tolcapone 100 mg tab</i>	1	TASMAR	
<b>Dopamine Agonists - Parkinson's Disease Drugs</b>			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	4		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	4		
MIRAPEX 0.125 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	3		
MIRAPEX ER 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr	3		
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	3		
PARLODEL 2.5 mg tab, 5 mg cap	3		
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	
REQUIP XL 12 mg tab er 24 hr, 6 mg tab er 24 hr	3		
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
<b>Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs</b>			
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
DUOPA 4.63-20 mg/ml enter susp	3		
LODOSYN 25 mg tab	3		
RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er	3		
SINEMET 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	3		
STALEVO 100 25-100-200 mg tab	3		
STALEVO 125 31.25-125-200 mg tab	3		
STALEVO 150 37.5-150-200 mg tab	3		
STALEVO 200 50-200-200 mg tab	3		
STALEVO 50 12.5-50-200 mg tab	3		
STALEVO 75 18.75-75-200 mg tab	3		
<b>Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs</b>			
AZILECT 0.5 mg tab, 1 mg tab	3		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
XADAGO 100 mg tab, 50 mg tab	3		
ZELAPAR 1.25 mg tab disint	3		
<b>ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS</b>			
<b>1st Generation/typical - Mood Disorder Drugs</b>			
ADASUVE 10 mg inh aer pwdr br act	3		
<i>chlorpromazine hcl 100 mg/ml oral conc, 25 mg/ml inj soln, 30 mg/ml oral conc, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
COMPRO 25 mg rect supp	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
HALDOL DECANOATE 100 mg/ml im soln, 50 mg/ml im soln	3		
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>molindone hcl 10 mg tab, 25 mg tab, 5 mg tab</i>	1	MOBAN	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
<b>2nd Generation/atypical - Mood Disorder Drugs</b>			
ABILIFY 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	3		
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ABILIFY MYCITE 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	3		
ABILIFY MYCITE MAINTENANCE KIT 10 mg tab pack, 15 mg tab pack, 2 mg tab pack, 20 mg tab pack, 30 mg tab pack, 5 mg tab pack	3		
ABILIFY MYCITE STARTER KIT 10 mg tab pack, 15 mg tab pack, 2 mg tab pack, 20 mg tab pack, 30 mg tab pack, 5 mg tab pack	3		
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
ARISTADA 1064 mg/3.9ml im pfs, 441 mg/1.6ml im pfs, 662 mg/2.4ml im pfs, 882 mg/3.2ml im pfs	3		
ARISTADA INITIO 675 mg/2.4ml im pfs	3		
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
CAPLYTA 42 mg cap	3		
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	3		
GEODON 20 mg cap, 20 mg im soln, 40 mg cap, 60 mg cap, 80 mg cap	3		
INVEGA 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	3		
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	3		
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs			
INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs	3		
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1		
NUPLAZID 10 mg tab, 34 mg cap	3		
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
PERSERIS 120 mg Subcutaneous Prefilled Syringe, 90 mg Subcutaneous Prefilled Syringe	3		
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
REXULTI 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	3		
RISPERDAL 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	3		
RISPERDAL 1 mg/ml soln	3		
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER			
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
<i>risperidone microspheres er 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER</i>	1		
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	3		
SECUADO 3.8 mg/24hr td patch 24hr, 5.7 mg/24hr td patch 24hr, 7.6 mg/24hr td patch 24hr	3		
SEROQUEL 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	3		
SEROQUEL XR 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr	3		
VRAYLAR 1.5 & 3 mg cap pack, 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	3		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
<i>ziprasidone mesylate 20 mg im soln</i>	1	GEODON	
ZYPREXA 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	3		
ZYPREXA ZYDIS 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	3		
<b>Treatment-resistant - Mood Disorder Drugs</b>			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
CLOZARIL 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	3		
VERSACLOZ 50 mg/ml susp	3		
<b>ANTISPASTICITY AGENTS</b>			
<b>Antispasticity Agents</b>			
<i>baclofen 5 mg tab</i>	1		
<i>baclofen 50 mcg/ml Intrathecal Solution Prefilled Syringe</i>	1	GABLOFEN	
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>baclofen (cmpd kit) 2 % crm</i>	1		
DANTRIUM 25 mg cap, 50 mg cap	3		
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
FIRST-BACLOFEN 1 mg/ml susp, 5 mg/ml susp	3		
GABLOFEN 10000 mcg/20ml Intrathecal Solution Prefilled Syringe, 20000 mcg/20ml Intrathecal Solution Prefilled Syringe, 40000 mcg/20ml Intrathecal Solution Prefilled Syringe, 50 mcg/ml Intrathecal Solution Prefilled Syringe	3		
LIORESAL 0.05 mg/ml it soln, 10 mg/5ml it soln	3		
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ZANAFLEX 2 mg cap, 4 mg cap, 4 mg tab, 6 mg cap	3		
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>			
<b>Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>cidofovir 75 mg/ml iv soln</i>	1	VISTIDE	
<i>foscarnet sodium 6000 mg/250ml iv soln</i>	4	FOSCAVIR	
VALCYTE 450 mg tab	3		
VALCYTE 50 mg/ml soln	3		
<i>valganciclovir hcl 450 mg tab</i>	4	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	4	VALCYTE	
ZIRGAN 0.15 % ophth gel	3		
<b>Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs</b>			
<i>adefovir dipivoxil 10 mg tab</i>	4	HEPSERA	PA
BARACLUDE 0.05 mg/ml soln	5		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	BARACLUDE	PA
EPIVIR HBV 5 mg/ml soln	4		PA
<i>lamivudine 100 mg tab</i>	4	EPIVIR HBV	PA
<b>Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs</b>			
EPCLUSA 150-37.5 mg pckt, 200-50 mg pckt	4		
EPCLUSA 200-50 mg tab, 400-100 mg tab	4		PA
HARVONI 90-400 mg tab	2		
HARVONI 33.75-150 mg pckt, 45-200 mg pckt, 45-200 mg tab	5		PA
<i>ledipasvir-sofosbuvir 90-400 mg tab</i>	3	HARVONI	
MAVYRET 50-20 mg pckt	2		
MAVYRET 100-40 mg tab	4		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	4	EPCLUSA	PA
SOVALDI 400 mg tab	3		
SOVALDI 150 mg pckt, 200 mg pckt, 200 mg tab	5		PA
<b>Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs</b>			
<i>ribavirin 200 mg tab</i>	4	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	4	REBETOL	PA
<b>Antitherpetic Agents - Herpes Drugs</b>			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 5 % crm, 5 % oint</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
<i>acyclovir 200-10 mg-% cmb pack</i>	3		
DENAVIR 1 % crm	3		
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	1	FAMVIR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>penciclovir 1 % crm</i>	1	DENAVIR	
SITAVIG 50 mg bucc tab	3		
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
VALTREX 1 gm tab, 500 mg tab	3		
XERESE 5-1 % crm	3		
ZOVIRAX 5 % crm, 5 % oint	3		
ZOVIRAX 200 mg/5ml susp	3		
<b>Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs</b>			
BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab	3		
CABENUVA 400 & 600 mg/2ml Intramuscular Suspension Extended Release, 600 & 900 mg/3ml Intramuscular Suspension Extended Release	3		
DOVATO 50-300 mg tab	2		
GENVOYA 150-150-200-10 mg tab	3		
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab	2		
ISENTRESS HD 600 mg tab	2		
JULUCA 50-25 mg tab	2		
STRIBILD 150-150-200-300 mg tab	3		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	2		
TIVICAY PD 5 mg tab sol	2		
TRIUMEQ 600-50-300 mg tab	2		
TRIUMEQ PD 60-5-30 mg tab sol	2		
VOCABRIA 30 mg tab	3		
<b>Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs</b>			
ATRIPLA 600-200-300 mg tab	3		
COMPLERA 200-25-300 mg tab	2		
DELSTRIGO 100-300-300 mg tab	3		
EDURANT 25 mg tab	2		
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	1	SUSTIVA	
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	ATRIPLA	
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	1	SYMFI	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	1	SYMFI LO	
<i>etravirine 100 mg tab, 200 mg tab</i>	1	INTELENCE	
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	2		
<i>nevirapine 200 mg tab</i>	1	VIRAMUNE	
<i>nevirapine 50 mg/5ml susp</i>	1	VIRAMUNE	
<i>nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr</i>	1	VIRAMUNE XR	
ODEFSEY 200-25-25 mg tab	3		
PIFELTRO 100 mg tab	3		
SUSTIVA 200 mg cap, 50 mg cap, 600 mg tab	3		
SYMFI 600-300-300 mg tab	2		
SYMFI LO 400-300-300 mg tab	2		
VIRAMUNE 200 mg tab	3		
VIRAMUNE 50 mg/5ml susp	3		
VIRAMUNE XR 400 mg tab er 24 hr	3		
<b>Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs</b>			
<i>abacavir sulfate 300 mg tab</i>	1	ZIAGEN	
<i>abacavir sulfate 20 mg/ml soln</i>	1	ZIAGEN	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	EPZICOM	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	1	TRIZIVIR	
CIMDUO 300-300 mg tab	2		
COMBIVIR 150-300 mg tab	3		
DESCOVY 120-15 mg tab, 200-25 mg tab	3		
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	1	VIDEX	
<i>emtricitabine 200 mg cap</i>	1	EMTRIVA	
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i>	1	TRUVADA	
EMTRIVA 200 mg cap	2		
EMTRIVA 10 mg/ml soln	2		
EPIVIR 150 mg tab, 300 mg tab	3		
EPIVIR 10 mg/ml soln	3		
EPZICOM 600-300 mg tab	3		
<i>lamivudine 150 mg tab, 300 mg tab</i>	1	EPIVIR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>lamivudine 10 mg/ml soln</i>	1	EPIVIR	
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	COMBIVIR	
RETROVIR 10 mg/ml iv soln	2		
RETROVIR 100 mg cap	3		
RETROVIR 50 mg/5ml syr	3		
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ZERIT	
TEMIXYS 300-300 mg tab	3		
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	VIREAD	
TRIZIVIR 300-150-300 mg tab	3		
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	3		
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		
VIREAD 40 mg/gm oral pwdr	2		
VIREAD 300 mg tab	3		
ZIAGEN 300 mg tab	3		
ZIAGEN 20 mg/ml soln	3		
<i>zidovudine 100 mg cap, 300 mg tab</i>	1	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	1	RETROVIR	
<b>Anti-hiv Agents, Other - Hiv Drugs</b>			
FUZEON 90 mg sc soln	4		PA
<i>maraviroc 150 mg tab, 300 mg tab</i>	1	SELZENTRY	
RUKOBIA 600 mg tab er 12 hr	2		
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	2		
SELZENTRY 20 mg/ml soln	2		
TROGARZO 200 mg/1.33ml iv soln	4		PA
TYBOST 150 mg tab	2		
<b>Anti-hiv Agents, Protease Inhibitors - Hiv Drugs</b>			
APTIVUS 250 mg cap	2		
APTIVUS 100 mg/ml soln	2		
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	1	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	2		
<i>darunavir 600 mg tab, 800 mg tab</i>	1		
EVOTAZ 300-150 mg tab	2		
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	
INVIRASE 500 mg tab	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
KALETRA 100-25 mg tab, 200-50 mg tab	3		
KALETRA 400-100 mg/5ml soln	3		
LEXIVA 50 mg/ml susp	2		
LEXIVA 700 mg tab	3		
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	1	KALETRA	
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	1	KALETRA	
NORVIR 100 mg pckt	2		
NORVIR 80 mg/ml soln	2		
NORVIR 100 mg tab	3		
PREZCOBIX 800-150 mg tab	2		
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	2		
PREZISTA 100 mg/ml susp	2		
REYATAZ 50 mg pckt	2		
REYATAZ 150 mg cap, 200 mg cap, 300 mg cap	3		
<i>ritonavir 100 mg tab</i>	1	NORVIR	
SYMTUZA 800-150-200-10 mg tab	3		
VIRACEPT 250 mg tab, 625 mg tab	2		
<b>Anti-influenza Agents</b>			
<i>favipiravir 200 mg tab</i>	1		
<b>Anti-influenza Agents - Flu Drugs</b>			
<i>oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap</i>	1	TAMIFLU	
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	
RAPIVAB 200 mg/20ml iv soln	3		
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	3		
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
TAMIFLU 30 mg cap, 45 mg cap, 75 mg cap	3		
TAMIFLU 6 mg/ml susp	3		
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack, 2 x 20 mg tab pack	3		
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack, 2 x 40 mg tab pack	3		
<b>Antivirals, Others - Drugs To Treat Viral Infections</b>			
LAGEVRIO 200 mg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	3		
<b>ANXIOLYTICS - DRUGS TO TREAT ANXIETY</b>			
<b>Anxiolytics, Other - Anxiety Drugs</b>			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>dexmedetomidine hcl 200 mcg/2ml iv soln</i>	1	PRECEDEX	
<i>dexmedetomidine hcl in nacl 200 mcg/50ml iv soln, 200-0.9 mcg/50ml-% iv soln, 400 mcg/100ml iv soln, 80 mcg/20ml iv soln</i>	1	PRECEDEX	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
PRECEDEX 1000 mcg/250ml iv soln, 200 mcg/2ml iv soln, 200 mcg/50ml iv soln, 400 mcg/100ml iv soln, 80 mcg/20ml iv soln	3		
<b>Benzodiazepines - Anxiety Drugs</b>			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	1		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ATIVAN 0.5 mg tab, 1 mg tab, 2 mg tab	3		
ATIVAN 2 mg/ml inj soln, 4 mg/ml inj soln	3		
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	1		
DORAL 15 mg tab	3		
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
HALCION 0.25 mg tab	3		
<i>lorazepam 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml inj soln</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
LORAZEPAM INTENSOL 2 mg/ml oral conc	1		
<i>midazolam hcl 2 mg/ml syr</i>	1		
<i>midazolam hcl-sodium chloride 100-0.8 mg/100ml-% iv soln, 100-0.9 mg/100ml-% iv soln, 50-0.8 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln</i>	1		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
<i>quazepam 15 mg tab</i>	1	DORAL	
RESTORIL 22.5 mg cap	3		
<i>temazepam 22.5 mg cap</i>	1	RESTORIL	
TRANXENE-T 7.5 mg tab	3		
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	1	HALCION	
VALIUM 10 mg tab, 2 mg tab, 5 mg tab	3		
XANAX 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	3		
XANAX XR 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	3		
<b>BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS</b>			
<b>Mood Stabilizers - Mood Disorder Drugs</b>			
EQUETRO 200 mg cap er 12 hr	3		
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
LITHOBID 300 mg tab er	3		
<b>BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR</b>			
<b>Antidiabetic Agents - Diabetic Drugs</b>			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
ACTOPLUS MET 15-500 mg tab, 15-850 mg tab	3		
ACTOS 15 mg tab, 30 mg tab, 45 mg tab	3		
ADLYXIN 20 mcg/0.2ml sc soln pen-inj	3		
ADLYXIN STARTER PACK 10 & 20 mcg/0.2ml sc pen-inj kit	3		
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	3	NESINA	
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	3	KAZANO	
<i>alogliptin-pioglitazone 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	3	OSENI	
AMARYL 1 mg tab, 2 mg tab, 4 mg tab	3		
AVANDIA 2 mg tab, 4 mg tab	3		
BYDUREON 2 mg sc pen-inj	2		
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		
CYCLOSET 0.8 mg tab	3		
<i>dapagliflozin propanediol 10 mg tab, 5 mg tab</i>	3		PA
<i>dapagliflozin-metformin hcl er 10-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr</i>	3		PA
DUETACT 30-2 mg tab, 30-4 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
FARXIGA 10 mg tab, 5 mg tab	2		
FORTAMET 1000 mg tab er 24 hr, 500 mg tab er 24 hr	3		
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
GLUCOTROL 10 mg tab, 5 mg tab	3		
GLUCOTROL XL 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	3		
GLUMETZA 1000 mg tab er 24 hr, 500 mg tab er 24 hr	3		
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYNASE 1.5 mg tab, 3 mg tab, 6 mg tab	3		
GLYSET 100 mg tab, 25 mg tab, 50 mg tab	3		
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	3		
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		
INVOKANA 100 mg tab, 300 mg tab	3		
JANUMET 50-1000 mg tab, 50-500 mg tab	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		
JARDIANCE 10 mg tab, 25 mg tab	2		
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	3		
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
<i>metformin hcl er (mod) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	GLUMETZA	
<i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	FORTAMET	
<i>migliitol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	GLYSET	
MOUNJARO 10 mg/0.5ml sc soln pen-inj, 12.5 mg/0.5ml sc soln pen-inj, 15 mg/0.5ml sc soln pen-inj, 2.5 mg/0.5ml sc soln pen-inj, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj	2		
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	3		
ONGLYZA 2.5 mg tab, 5 mg tab	3		
OSENI 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	3		
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 4 mg/3ml sc soln pen-inj	2		
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	2		
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	
PRECOSE 100 mg tab, 25 mg tab, 50 mg tab	3		
QTERN 10-5 mg tab, 5-5 mg tab	3		
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	
RIOMET 500 mg/5ml soln	3		
RIOMET ER 500 mg/5ml Oral Suspension Reconstituted ER	3		
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	1		
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1		
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	3		
STARLIX 120 mg tab, 60 mg tab	3		
STEGLATRO 15 mg tab, 5 mg tab	3		
STEGLUJAN 15-100 mg tab, 5-100 mg tab	3		
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	3		
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	3		
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		
<i>tolbutamide 500 mg tab</i>	1	ORINASE	
TRADJENTA 5 mg tab	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj	2		
VICTOZA 18 mg/3ml sc soln pen-inj	2		
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		
XULTOPHY 100-3.6 unit-mg/ml sc soln pen-inj	3		
<b>Glycemic Agents - Diabetic Drugs</b>			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
GLUCAGEN HYPOKIT 1 mg inj soln	3		
<i>glucagon emergency 1 mg/ml inj soln</i>	1		
<i>glucagon emergency 1 mg inj kit</i>	1	GLUCAGON EMERGENCY	
GVOKE HYPOPEN 1-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	2		
GVOKE HYPOPEN 2-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	2		
GVOKE KIT 1 mg/0.2ml sc soln	2		
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	2		
PROGLYCEM 50 mg/ml susp	3		
ZEGALOGUE 0.6 mg/0.6ml sc soln auto-inj, 0.6 mg/0.6ml sc soln pfs	2		
<b>Insulins - Diabetic Drugs</b>			
ADMELOG 100 unit/ml inj soln	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ADMELOG SOLOSTAR 100 unit/ml sc soln pen-inj	2		
AFREZZA 12 unit inh pwdr, 4 unit inh pwdr, 60x4 & 60x8 & 60x12 unit inh pwdr, 8 unit inh pwdr, 90 x 4 UNIT & 90x8 unit inh pwdr, 90 x 8 UNIT & 90x12 unit inh pwdr	3		
APIDRA 100 unit/ml inj soln	2		
APIDRA SOLOSTAR 100 unit/ml sc soln pen-inj	2		
BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		
FIASP 100 unit/ml inj soln	2		
FIASP FLEXTOUCH 100 unit/ml sc soln pen-inj	2		
FIASP PENFILL 100 unit/ml sc soln cart	2		
HUMALOG 100 unit/ml inj soln, 100 unit/ml sc soln cart	2		
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	2		
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		
HUMULIN N 100 unit/ml sc susp	2		
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		
HUMULIN R 100 unit/ml inj soln	2		
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		
<i>insulin lispro 100 unit/ml inj soln</i>	2	HUMALOG	
<i>insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj</i>	2		
<i>insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj</i>	2		
<i>insulin lispro prot &amp; lispro (75-25) 100 unit/ml sc susp pen-inj</i>	2	HUMALOG MIX 75/25 KWIKPEN	
LANTUS 100 unit/ml sc soln	2		
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		
LEVEMIR 100 unit/ml sc soln	2		
LEVEMIR FLEXTOUCH 100 unit/ml sc soln pen-inj	2		
LYUMJEV 100 unit/ml inj soln	2		
LYUMJEV KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
MYXREDLIN 100-0.9 ut/100ml-% iv soln	3		
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	2		
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	2		
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	2		
NOVOLIN N 100 unit/ml sc susp	2		
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	2		
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	2		
NOVOLIN N RELION 100 unit/ml sc susp	2		
NOVOLIN R 100 unit/ml inj soln	2		
NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector	2		
NOVOLIN R FLEXPEN RELION 100 unit/ml Injection Solution Pen-injector	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
NOVOLIN R RELION 100 unit/ml inj soln	2		
NOVOLOG 100 unit/ml inj soln	2		
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	2		
NOVOLOG FLEXPEN RELION 100 unit/ml sc soln pen-inj	3		
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	2		
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		
NOVOLOG MIX 70/30 RELION (70-30) 100 unit/ml sc susp	3		
NOVOLOG PENFILL 100 unit/ml sc soln cart	2		
NOVOLOG RELION 100 unit/ml inj soln	3		
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		
SEMGLEE 100 unit/ml sc soln, 100 unit/ml sc soln pen-inj	3		
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	2		
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		
TRESIBA 100 unit/ml sc soln	2		
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS</b>			
<b>Anticoagulants - Blood Thinners</b>			
ACD-A NOCLOT-50 0.73-2.45-2.2 gm/100ml in vitro soln	3		
ACTIVASE 100 mg iv soln, 50 mg iv soln	3		
<i>anticoagulant cit dext soln a 0.8-2.45-2.2 gm/100ml in vitro soln</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>anticoagulant sodium citrate 4 % in vitro soln, 4 gm/100ml in vitro soln</i>	1		
BEVYXXA 40 mg cap, 80 mg cap	3		
CATHFLO ACTIVASE 2 mg inj soln	3		
COUMADIN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	3		
<i>dabigatran etexilate mesylate 110 mg cap</i>	1		
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	1	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	4	LOVENOX	
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	4	ARIXTRA	
FRAGMIN 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln	4		
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% iv soln, 2000-0.9 unit/l-% iv soln, 4000-0.9 unit/l-% iv soln</i>	1		
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/0.5ml inj soln pfs, 5000 unit/ml inj soln</i>	1		
<i>heparin sodium (porcine) pf 5000 unit/0.5ml inj soln</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		
SAVAYSA 15 mg tab, 30 mg tab, 60 mg tab	3		
TRICITRASOL 46.7 % in vitro conc	3		
<i>warfarin sodium</i> 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	2		
XARELTO 1 mg/ml susp	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
<b>Blood Formation Modifiers - Blood Formation Drugs</b>			
AGRYLIN 0.5 mg cap	3		
<i>anagrelide hcl</i> 0.5 mg cap, 1 mg cap	1	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	5		PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	5		PA
NEULASTA 6 mg/0.6ml sc soln pfs	5		PA
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	5		PA
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480	5		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln			
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	4		PA
OXBRYTA 500 mg tab	5		PA
PROCRIPT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		
REBLOZYL 25 mg sc soln, 75 mg sc soln	4		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	4		PA
ZIEXTENZO 6 mg/0.6ml sc soln pfs	4		PA
<b>Hemostasis Agents - Drugs To Stop Bleeding</b>			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>	5		PA
ALPHANATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
ALPHANATE/VWF COMPLEX/HUMAN 1500 unit iv soln	5		PA
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA



Drug Name	Drug Tier	Reference Name	Requirements/Limits
AMICAR 1000 mg tab, 500 mg tab	3		
AMICAR 0.25 gm/ml soln	3		
<i>aminocaproic acid</i> 1000 mg tab, 500 mg tab	1	AMICAR	
<i>aminocaproic acid</i> 0.25 gm/ml soln	1	AMICAR	
ANDEXXA 200 mg iv soln	3		
ARTISS ext soln	3		
ASTRINGYN 259 mg/gm ext soln	3		
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
COAGADEX 250 unit iv soln, 500 unit iv soln	5		PA
CYKLOKAPRON 1000 mg/10ml iv soln	3		
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	5		PA
EMPAVELI 1080 mg/20ml sc soln	5		
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	5		PA
GEL-FLOW ext kit	3		
GEL-FLOW NT External Prefilled Syringe	3		
GELFOAM-JMI POWDER ext kit	3		
GELFOAM-JMI SPONGE ext kit	3		
HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln	5		PA
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	5		PA
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOATE-DVI 1000 unit iv soln, 500 unit iv soln	5		PA
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
LYSTEDA 650 mg tab	3		
MONONINE 1000 unit iv soln	5		PA
<i>monsels ferric subsulfate ext soln</i>	3		
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 1500 unit iv kit, 1500 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln	5		PA
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	5		PA
RECOTHROM 20000 unit ext soln, 5000 unit ext soln	3		
RECOTHROM SPRAY KIT 20000 unit ext soln	3		
<i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>	5		PA
THROMBIN-JMI 20000 unit ext kit, 5000 unit ext kit	3		
THROMBIN-JMI EPISTAXIS 5000 unit ext kit	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
THROMBOGEN 1000 unit ext soln, 10000 unit ext kit, 10000 unit ext soln	3		
TISSEEL 10 ml ext kit, 2 ml ext kit, 4 ml ext kit	3		
TISSEEL ext soln	3		
<i>tranexamic acid 1000 mg/10ml iv soln</i>	1	CYKLOKAPRON	
<i>tranexamic acid 650 mg tab</i>	1	LYSTEDA	
<i>tranexamic acid-nacl 1000-0.7 mg/100ml-% iv soln</i>	1		
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	4		PA
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
<b>Platelet Modifying Agents - Platelet Modifying Drugs</b>			
AGGRENOX 25-200 mg cap er 12 hr	3		
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
<i>aspirin-omeprazole 325-40 mg tab dr, 81-40 mg tab dr</i>	3	YOSPRALA	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
DURLAZA 162.5 mg cap er 24 hr	3		
EFFIENT 10 mg tab, 5 mg tab	3		
PLAVIX 75 mg tab	3		
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
YOSPRALA 325-40 mg tab dr, 81-40 mg tab dr	3		
ZONTIVITY 2.08 mg tab	3		
<b>CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>			
<b>Alpha-adrenergic Agonists - Blood Pressure Drugs</b>			
AKOVAZ 25 mg/5ml iv soln pfs, 50 mg/ml iv soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
CATAPRES 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	3		
CATAPRES-TTS-1 0.1 mg/24hr tdwk patch	3		
CATAPRES-TTS-2 0.2 mg/24hr tdwk patch	3		
CATAPRES-TTS-3 0.3 mg/24hr tdwk patch	3		
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>clonidine hcl er 0.17 mg tab er 24 hr</i>	1	NEXICLON XR	
<i>droxidopa 100 mg cap, 200 mg cap, 300 mg cap</i>	1	NORTHERA	
<i>ephedrine sulfate 25 mg/5ml iv soln pfs</i>	1		
<i>ephedrine sulfate 50 mg/ml iv soln</i>	1	AKOVAZ	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
NEXICLON XR 0.17 mg tab er 24 hr	3		
<i>phenylephrine hcl-nacl 1-0.9 mg/10ml-% iv soln pfs, 100-0.9 mcg/10ml-% iv soln pfs, 20-0.9 mg/50ml-% iv soln pfs, 5-0.9 mg/50ml-% iv soln pfs</i>	1		
<b>Alpha-adrenergic Blocking Agents - Blood Pressure Drugs</b>			
DIBENZYLINE 10 mg cap	3		
MINIPRESS 1 mg cap, 2 mg cap, 5 mg cap	3		
<i>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	1		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
<b>Angiotensin II Receptor Antagonists - Blood Pressure Drugs</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ATACAND 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	3		
AVAPRO 150 mg tab, 300 mg tab, 75 mg tab	3		
BENICAR 20 mg tab, 40 mg tab, 5 mg tab	3		
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
COZAAR 100 mg tab, 25 mg tab, 50 mg tab	3		
DIOVAN 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	3		
EDARBI 40 mg tab, 80 mg tab	3		
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
MICARDIS 20 mg tab, 40 mg tab, 80 mg tab	3		
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	
<i>valsartan 4 mg/ml soln</i>	1		
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
<b>Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs</b>			
ACCUPRIL 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	3		
ALTACE 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	3		
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 1 mg/ml soln</i>	1	EPANED	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
EPANED 1 mg/ml soln	3		
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
LOTENSIN 10 mg tab, 20 mg tab, 40 mg tab	3		
<i>moexipril hcl 15 mg tab, 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
PRINIVIL 10 mg tab, 20 mg tab	3		
QBRELIS 1 mg/ml soln	3		
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
VASOTEC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	3		
ZESTRIL 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	3		
<b>Antiarrhythmics - Heart Regulation Drugs</b>			
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	CORDARONE	
BETAPACE 120 mg tab, 160 mg tab, 80 mg tab	3		
BETAPACE AF 120 mg tab, 160 mg tab, 80 mg tab	3		
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	3		
NORPACE 100 mg cap, 150 mg cap	3		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	2		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>procainamide hcl 100 mg/ml inj soln, 500 mg/ml inj soln</i>	1	PRONESTYL	
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
RYTHMOL SR 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	3		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
SOTYLIZE 5 mg/ml soln	3		
TIKOSYN 500 mcg cap	3		
<b>Beta-adrenergic Blocking Agents - Blood Pressure Drugs</b>			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
ATENOLOL+SYRSPEND SF 1 mg/ml susp	3		
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
COREG 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
COREG CR 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	3		
CORGARD 20 mg tab, 40 mg tab, 80 mg tab	3		
<i>esmolol hcl 100 mg/10ml iv soln pfs</i>	1		
HEMANGEOL 4.28 mg/ml soln	3		
INDERAL LA 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
KAPSPARGO SPRINKLE 100 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	3		
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
LOPRESSOR 100 mg tab, 50 mg tab	3		
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL XL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
TENORMIN 100 mg tab, 25 mg tab, 50 mg tab	3		
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
TOPROL XL 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
<b>Calcium Channel Blocking Agents - Blood Pressure Drugs</b>			
AMLODIPINE BES+SYRSPEND SF 1 mg/ml susp	3		
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CALAN SR 120 mg tab er, 180 mg tab er, 240 mg tab er	3		
CARDIZEM 120 mg tab, 30 mg tab, 60 mg tab	3		
CARDIZEM CD 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	3		
CARDIZEM LA 120 mg tab er 24 hr	3		
CARTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	1		
CONJUPRI 2.5 mg tab, 5 mg tab	3		
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg tab er 24 hr</i>	1		
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	CARDIZEM CD	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	
KATERZIA 1 mg/ml susp	3		
<i>levamlodipine maleate 2.5 mg tab, 5 mg tab</i>	3	CONJUPRI	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nicardipine hcl 2.5 mg/ml iv soln</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
NORVASC 10 mg tab, 2.5 mg tab, 5 mg tab	3		
NYMALIZE 30 mg/10ml soln, 6 mg/ml soln, 60 mg/20ml soln	3		
PROCARDIA 10 mg cap	3		
PROCARDIA XL 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	3		
SULAR 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr	3		
TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1		
TIADYLT ER 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
TIAZAC 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	3		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	VERELAN	
VERELAN 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr	3		
VERELAN PM 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		
<b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs</b>			
ACCURETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
ALDACTAZIDE 25-25 mg tab, 50-50 mg tab	3		
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	EXFORGE	
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	1	CADUET	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	AZOR	
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>	1	EXFORGE HCT	
ATACAND HCT 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	3		
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>atropine sulfate 8 mg/20ml inj soln</i>	1		
AVALIDE 150-12.5 mg tab, 300-12.5 mg tab	3		
AZOR 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	3		
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
BENICAR HCT 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	3		
BIDIL 20-37.5 mg tab	3		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
CADUET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	3		
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
CONSENSI 10-200 mg tab, 2.5-200 mg tab, 5-200 mg tab	3		
CORLANOR 5 mg tab, 7.5 mg tab	3		
CORLANOR 5 mg/5ml soln	3		
DEMSEER 250 mg cap	3		
DIGITEK 125 mcg tab, 250 mcg tab	1		
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
DIOVAN HCT 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	3		
DUTOPROL 100-12.5 mg tab er 24 hr, 25-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr	3		
DYAZIDE 37.5-25 mg cap	3		
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		
<i>ephedrine sulfate-nacl 50-0.9 mg/10ml-% iv soln pfs, 50-0.9 mg/5ml-% iv soln pfs</i>	1		
<i>equapax/atorvastatin/coq10 20 &amp; 100 mg pack</i>	3		
EXFORGE 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	3		
EXFORGE HCT 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	3		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
HYZAAR 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	3		
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	1	BIDIL	
<i>isoxsuprine hcl 10 mg tab, 20 mg tab</i>	1		
KERENDIA 10 mg tab, 20 mg tab	3		
LANOXIN 125 mcg tab, 250 mcg tab, 62.5 mcg tab	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
LOPRESSOR HCT 50-25 mg tab	3		
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
LOTENSIN HCT 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
LOTREL 10-20 mg cap, 10-40 mg cap, 5-10 mg cap, 5-20 mg cap	3		
MAXZIDE 75-50 mg tab	3		
MAXZIDE-25 37.5-25 mg tab	3		
<i>methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab</i>	1	ALDORIL	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSER	
MICARDIS HCT 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	3		
<i>milrinone lactate 10 mg/10ml iv soln, 20 mg/20ml iv soln, 50 mg/50ml iv soln</i>	1		
<i>milrinone lactate in dextrose 20-5 mg/100ml-% iv soln, 40-5 mg/200ml-% iv soln</i>	1		
NEXLIZET 180-10 mg tab	2		
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
<i>omega-3 rx complete 1 gm pack</i>	3		
OMEGA-3/D-3 WELLNESS PACK 1 & 1000 gm & unit oral kit	3		
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
PRESTALIA 14-10 mg tab, 3.5-2.5 mg tab, 7-5 mg tab	3		
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	1	INDERIDE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
RANEXA 1000 mg tab er 12 hr, 500 mg tab er 12 hr	3		
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
<i>sure result o3d3 system 1 &amp; 1000 gm &amp; unit oral kit</i>	3		
TARKA 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	3		
TEKTURNA 150 mg tab, 300 mg tab	2		
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
TENORETIC 100 100-25 mg tab	3		
TENORETIC 50 50-25 mg tab	3		
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
TRIBENZOR 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	3		
TWYNSTA 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab	3		
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VASERETIC 10-25 mg tab	3		
VECAMYL 2.5 mg tab	3		
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZESTORETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	3		
ZIAC 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	3		
<b>Diuretics, Loop - Cardiac Drugs</b>			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml inj soln</i>	1	BUMEX	
BUMEX 0.5 mg tab, 1 mg tab, 2 mg tab	3		
EDECRIN 25 mg tab	3		
<i>ethacrynic acid 25 mg tab</i>	1	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
LASIX 20 mg tab, 40 mg tab, 80 mg tab	3		
<i>torseamide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
<b>Diuretics, Potassium-sparing - Cardiac Drugs</b>			
ALDACTONE 100 mg tab, 25 mg tab, 50 mg tab	3		
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
CAROSPIR 25 mg/5ml susp	3		
DYRENIUM 100 mg cap, 50 mg cap	3		
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSPRA	
INSPRA 25 mg tab, 50 mg tab	3		
<i>spironolactone 25 mg/5ml susp</i>	1		
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	1	DYRENIUM	
<b>Diuretics, Thiazide - Cardiac Drugs</b>			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
THALITONE 15 mg tab	3		
<b>Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs</b>			
ANTARA 30 mg cap, 90 mg cap	3		
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 30 mg cap, 90 mg cap</i>	3	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
FENOGLIDE 120 mg tab, 40 mg tab	3		
FIBRICOR 105 mg tab, 35 mg tab	3		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	3		
LOPID 600 mg tab	3		
TRICOR 145 mg tab, 48 mg tab	3		
TRIGLIDE 160 mg tab	3		
TRILIPIX 135 mg cap dr, 45 mg cap dr	3		
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs</b>			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
CRESTOR 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	3		
EZALLOR SPRINKLE 10 mg cap sprinkle, 20 mg cap sprinkle, 40 mg cap sprinkle, 5 mg cap sprinkle	3		
<i>flolipid 20 mg/5ml susp, 40 mg/5ml susp</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
LESCOL XL 80 mg tab er 24 hr	3		
LIPITOR 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	3		
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab</i>	1		
PRAVACHOL 20 mg tab, 40 mg tab	3		
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 20 mg/5ml susp</i>	3		
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
ZOCOR 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	3		
ZYPITAMAG 1 mg tab, 2 mg tab, 4 mg tab	3		
<b>Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs</b>			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwr</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
COLESTID 1 gm tab, 5 gm pckt	3		
COLESTID 5 gm oral gr	3		
COLESTID FLAVORED 5 gm pckt	3		
COLESTID FLAVORED 5 gm oral gr	3		
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ezetimibe-rosuvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-5 mg tab	3	ROSZET	
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	1	VYTORIN	
icosapent ethyl 0.5 gm cap, 1 gm cap	1	VASCEPA	
LOVAZA 1 gm cap	3		
NEXLETOL 180 mg tab	2		
niacin (antihyperlipidemic) 500 mg tab	1	NIACOR	
niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er	1	NIASPAN	
NIACOR 500 mg tab	2		
NIASPAN 1000 mg tab er, 500 mg tab er, 750 mg tab er	3		
omega-3-acid ethyl esters 1 gm cap	1	LOVAZA	
PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj	2		PA
PREVALITE 4 gm pckt	1		
PREVALITE 4 gm/dose oral pwdr	1		
QUESTRAN 4 gm pckt	3		
QUESTRAN 4 gm/dose oral pwdr	3		
QUESTRAN LIGHT 4 gm/dose oral pwdr	3		
REPATHA 140 mg/ml sc soln pfs	2		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
ROSZET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-5 mg tab	3		
VASCEPA 0.5 gm cap, 1 gm cap	2		
VYTORIN 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	3		
WELCHOL 3.75 gm pckt, 625 mg tab	3		
ZETIA 10 mg tab	3		
<b>Vasodilators, Direct-acting Arterial - Chest Pain Drugs</b>			

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
<i>papaverine hcl 30 mg/ml inj soln</i>	1		
<b>Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs</b>			
DILATRATE-SR 40 mg cap er	3		
GONITRO 400 mcg Sublingual Packet	3		
ISORDIL TITRADOSE 40 mg tab, 5 mg tab	3		
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
MINITRAN 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	1		
NITRO-BID 2 % td oint	3		
NITRO-DUR 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.3 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
NITROLINGUAL 0.4 mg/spray tl soln	3		
NITROMIST 400 mcg/spray tl aer soln	3		
NITROSTAT 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	3		
NITRO-TIME 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs</b>			
ADDERALL 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	3		
ADDERALL XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr	3		
ADZENYS ER 1.25 mg/ml susp er	3		
ADZENYS XR-ODT 12.5 mg Oral Tablet Extended Release Disintegrating, 15.7 mg Oral Tablet Extended Release Disintegrating, 18.8 mg Oral Tablet Extended Release Disintegrating, 3.1 mg Oral Tablet Extended Release Disintegrating, 6.3 mg Oral Tablet Extended Release Disintegrating, 9.4 mg Oral Tablet Extended Release Disintegrating	3		
<i>amphetamine er 1.25 mg/ml susp er</i>	1	ADZENYS ER	
<i>amphetamine sulfate 10 mg tab, 5 mg tab</i>	1		
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	
<i>amphet-dextroamphet 3-bead er 12.5 mg cap er 24 hr, 25 mg cap er 24 hr, 37.5 mg cap er 24 hr, 50 mg cap er 24 hr</i>	1		
AZSTARYS 26.1-5.2 mg cap, 39.2-7.8 mg cap, 52.3-10.4 mg cap	2		
DESOXYN 5 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DEXEDRINE 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	3		
<i>dextroamphetamine sulfate 2.5 mg tab, 7.5 mg tab</i>	1		
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	1	PROCENTRA	
<i>dextroamphetamine sulfate 15 mg tab, 20 mg tab, 30 mg tab</i>	1	ZENZEDI	
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	
DYANAVEL XR 10 mg tab chew er, 15 mg tab chew er, 20 mg tab chew er, 5 mg tab chew er	3		
DYANAVEL XR 2.5 mg/ml susp er	3		
EVEKEO 10 mg tab, 5 mg tab	3		
EVEKEO ODT 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	3		
<i>lisdexamfetamine dimesylate 10 mg tab chew, 20 mg tab chew, 30 mg tab chew, 40 mg tab chew, 50 mg tab chew, 60 mg tab chew</i>	1		
<i>lisdexamfetamine dimesylate 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap</i>	1	VYVANSE	
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
MYDAYIS 12.5 mg cap er 24 hr, 25 mg cap er 24 hr, 37.5 mg cap er 24 hr, 50 mg cap er 24 hr	3		
PROCENTRA 5 mg/5ml soln	1		
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2		
ZENZEDI 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZENZEDI 2.5 mg tab, 7.5 mg tab	3		
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs</b>			
ADHANSIA XR 25 mg cap er 24 hr, 35 mg cap er 24 hr, 45 mg cap er 24 hr, 55 mg cap er 24 hr, 70 mg cap er 24 hr, 85 mg cap er 24 hr	3		
APTENSIO XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr	3		
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	
CONCERTA 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	3		
COTEMPLA XR-ODT 17.3 mg Oral Tablet Extended Release Disintegrating, 25.9 mg Oral Tablet Extended Release Disintegrating, 8.6 mg Oral Tablet Extended Release Disintegrating	3		
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	3		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	
FOCALIN 10 mg tab, 2.5 mg tab, 5 mg tab	3		
FOCALIN XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	
INTUNIV 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	3		
JORNAY PM 100 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	3		
KAPVAY 0.1 mg tab er 12 hr	3		
METHYLIN 10 mg/5ml soln, 5 mg/5ml soln	3		
<i>methylphenidate 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch</i>	1	DAYTRANA	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE CD	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	RITALIN LA	
<i>methylphenidate hcl er (osm) 72 mg tab er</i>	1		
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
<i>methylphenidate hcl er (xr) 10 mg cap er 24 hr, 15 mg cap er 24 hr,</i>	1	APTENSIO XR	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr</i>			
QELBREE 100 mg cap er 24 hr, 150 mg cap er 24 hr, 200 mg cap er 24 hr	3		
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	3		
RELEXXII 72 mg tab er	1		
RITALIN 10 mg tab, 20 mg tab, 5 mg tab	3		
RITALIN LA 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr	3		
STRATTERA 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	3		
<b>Central Nervous System, Other - Miscellaneous Central Nervous System Drugs</b>			
ADDYI 100 mg tab	3		
ADIPEX-P 37.5 mg cap, 37.5 mg tab	3		
<i>benzphetamine hcl 25 mg tab, 50 mg tab</i>	1		
<i>caffeine citrate 20 mg/ml soln, 60 mg/3ml soln</i>	1		
CONTRAVE 8-90 mg tab er 12 hr	3		
CONVENIENCE PAK 600 & 5 mg & % cmb pack	3		
<i>diethylpropion hcl 25 mg tab</i>	1		
<i>diethylpropion hcl er 75 mg tab er 24 hr</i>	1		
EXSERVAN 50 mg oral film	3		
GABACAIN 300 & 5 mg & % cmb pack	3		
GABAPAL 100 & 3.88 mg & % cmb pack	3		
<i>gabapentin (once-daily) 300 mg tab, 600 mg tab</i>	1		
GPL PAK 300-4.12 mg-% cmb pack	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
GRALISE 300 (9) & 600(24) mg oral misc, 300 mg tab, 600 mg tab	3		
HORIZANT 300 mg tab er, 600 mg tab er	3		
INGREZZA 40 & 80 mg cap pack, 40 mg cap, 60 mg cap, 80 mg cap	5		
LIDO GB-300 300 & 4.12 mg & % cmb pack	3		
LIDOTIN 100-3.88 mg-% cmb pack	3		
LIPRITIN 100 mg cmb pack	3		
LIPRITIN II 100 mg cmb pack	3		
LOMAIRA 8 mg tab	3		
NUEDEXTA 20-10 mg cap	5		
PENTICAN 100 & 5 mg & % cmb pack	3		
<i>phendimetrazine tartrate 35 mg tab</i>	1		
<i>phendimetrazine tartrate er 105 mg cap er 24 hr</i>	1		
<i>phentermine hcl 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab</i>	1		
PRILOPENTIN 300-2.5-2.5 mg-% cmb pack	3		
QSYMIA 11.25-69 mg cap er 24 hr, 15-92 mg cap er 24 hr, 3.75-23 mg cap er 24 hr, 7.5-46 mg cap er 24 hr	3		
RILUTEK 50 mg tab	3		
<i>riluzole 50 mg tab</i>	5	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	4	XENAZINE	PA
TIGLUTIK 50 mg/10ml susp	5		
VYLEESI 1.75 mg/0.3ml sc soln auto-inj	3		
<b>Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain</b>			
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 40 mg cap dr sprinkle, 60 mg cap dr sprinkle	3		
<i>duloxetine hcl 40 mg cap dr prt</i>	1	IRENKA	
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LYRICA 20 mg/ml soln	3		
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	1	LYRICA	
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	1	LYRICA CR	
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
<b>Multiple Sclerosis Agents - Multiple Sclerosis Drugs</b>			
AUBAGIO 14 mg tab, 7 mg tab	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	4	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	4	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cap dr pack</i>	4		PA
<i>ingolimod hcl 0.5 mg cap</i>	4	GILENYA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	4		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	4	COPAXONE	PA
GLATOPA 40 mg/ml sc soln pfs	4		PA
<i>glatopa 20 mg/ml sc soln pfs</i>	4	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
MAYZENT 0.25 mg tab, 1 mg tab, 2 mg tab	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
MAYZENT STARTER PACK 0.25 mg tab pack, 12 x 0.25 mg tab pack	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	4		PA
TYSABRI 300 mg/15ml iv conc	4		PA
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack	4		PA
<b>DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS</b>			
<b>Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions</b>			
AQUORAL m/t soln	3		
ARESTIN 1 mg dental misc	3		
BOCASAL m/t pckt	3		
CAVAREST 1.1 % dental gel	1		
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIDEX	
CLINPRO 5000 1.1 % dental paste	1		
DEBACTEROL 30-50 % m/t soln	3		
DEBACTEROL 30-50 % m/t soln	3		
DENTA 5000 PLUS 1.1 % dental crm	1		
DENTAGEL 1.1 % dental gel	1		
EASYGEL 0.4 % dental gel	1		
EPISIL m/t liq	3		
EVOXAC 30 mg cap	3		
FIRST-MOUTHWASH BLM m/t susp	3		
FLUORIDEX 1.1 % dental paste	1		
FLUORIDEX DAILY RENEWAL 0.63 % m/t conc	1		
FLUORIDEX ENHANCED WHITENING 1.1 % dental paste	1		
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % dental paste	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
FLUORIMAX 5000 1.1 % dental paste	1		
FLUORIMAX 5000 SENSITIVE 1.1-5 % dental paste	3		
GELCLAIR m/t gel	3		
GELX m/t gel	3		
JUST RIGHT 5000 1.1 % dental paste	1		
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
MUCOSITISRX m/t pckt	3		
MUCOTROL m/t wafer	3		
NAFRINSE DAILY ACIDULATED 1 mg/5ml m/t soln	3		
NAFRINSE DAILY/NEUTRAL 0.05 % m/t soln	3		
NAFRINSE WEEKLY 0.2 % m/t soln	3		
ORALONE 0.1 % m/t paste	1		
PAROEX 0.12 % m/t soln	1		
PERIDEX 0.12 % m/t soln	3		
PERIOGARD 0.12 % m/t soln	1		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
PREVIDENT 1.1 % dental gel	3		
PREVIDENT 0.2 % m/t soln	3		
PREVIDENT 5000 BOOSTER PLUS 1.1 % dental paste	3		
PREVIDENT 5000 DRY MOUTH 1.1 % dental gel	3		
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % dental gel	3		
PREVIDENT 5000 ORTHO DEFENSE 1.1 % dental paste	3		
PREVIDENT 5000 PLUS 1.1 % dental crm	3		
PREVIDENT 5000 SENSITIVE 1.1-5 % dental gel	3		
SALAGEN 5 mg tab, 7.5 mg tab	3		
SALIVAMAX m/t pckt	3		
<i>sf 1.1 % dental gel</i>	1		
<i>sf 5000 plus 1.1 % dental crm</i>	1	PREVIDENT 5000 PLUS	
<i>silatrix 10 % m/t gel</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>sodium fluoride 1.1 % dental gel</i>	1		
<i>sodium fluoride 0.2 % m/t soln</i>	1		
<i>sodium fluoride 1.1 % dental crm</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 enamel 1.1-5 % dental gel</i>	1		
<i>sodium fluoride 5000 plus 1.1 % dental crm</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 ppm 1.1 % dental gel, 1.1 % dental paste</i>	1		
<i>sodium fluoride 5000 ppm 1.1 % dental crm</i>	1	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 sensitive 1.1-5 % dental gel</i>	1		
TOPEX TOPICAL ANESTHETIC 20 % Mouth/Throat Aerosol	1		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
XEROSTOMIA RELIEF SPRAY m/t soln	3		
<b>DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS</b>			
<b>Dermatological Agents - Drugs To Treat Skin Conditions</b>			
ABSORICA 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	3		
ABSORICA LD 16 mg cap, 24 mg cap, 32 mg cap, 8 mg cap	3		
ACANYA 1.2-2.5 % gel	3		
ACCUTANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
<i>acioxaiy 15-4 % crm</i>	3		
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	1	SORIATANE	
ACNESIC 0.5 % gel	3		
ACZONE 7.5 % gel	2		
ACZONE 5 % gel	3		
<i>adainzde 0.3-2.5-1 % gel</i>	3		
<i>adainzoxia 0.3-2.5-4 % gel</i>	3		
<i>adapalene 0.1 % ext soln</i>	1		
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene 0.1 % pad</i>	1	PLIXDA	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>adapalene-benzoyl per-clindamy 0.3-2.5-1 % gel</i>	1		
<i>adapalene-benzoyl per-niacinam 0.3-2.5-4 % gel</i>	1		
<i>adapalene-benzoyl peroxide 0.1-2.5 % pad</i>	1		
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel</i>	1	EPIDUO	
<i>adeinzde 0.1-2.5-1 % gel</i>	3		
AKLIEF 0.005 % crm	3		
ALADERM PLUS ext emul	3		
ALDARA 5 % crm	3		
<i>alevamax crm</i>	3		
ALTRENO 0.05 % lot	3		
AMELUZ 10 % gel	3		
<i>ammonium lactate 12 % crm, 12 % lot</i>	1	LAC-HYDRIN	
AMNESTEEM 10 mg cap, 20 mg cap, 40 mg cap	1		
AMZEEQ 4 % foam	3		
ANA-LEX 2-2 % rect kit	1		
ANALPRAM HC 2.5-1 % crm	3		
ANALPRAM HC SINGLES 2.5-1 % crm	3		
ANALPRAM-HC 1-1 % crm	3		
ANALPRAM-HC 2.5-1 % lot	3		
ARAZLO 0.045 % lot	3		
<i>atopaderm crm</i>	3		
ATOPICLAIR crm	3		
ATRALIN 0.05 % gel	3		
AVAR CLEANSER 10-5 % ext liq	1		
AVAR LS CLEANSER 10-2 % ext liq	3		
AVAR-E EMOLLIENT 10-5 % crm	1		
AVAR-E GREEN 10-5 % crm	1		
AVAR-E LS 10-2 % crm	3		
<i>aveidaoxia 1-1-4 % gel</i>	3		
AVITA 0.025 % crm, 0.025 % gel	1		
<i>azelaic acid 15 % gel</i>	1	FINACEA	
<i>azelaic acid-niacinamide 15-4 % crm</i>	1		
AZELEX 20 % crm	3		
<i>balsam peru-castor oil oint</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>beau rx gel</i>	3		
<i>bensal hp 3 % oint</i>	3		
<i>benz per-clind-niacin-tretin 2.5-1-2-0.025 % gel, 5-1-2-0.025 % gel, 5-1-2-0.05 % gel</i>	1		
BENZAC AC WASH 5 % ext liq	3		
BENZAACLIN 1-5 % gel	3		
BENZAACLIN WITH PUMP 1-5 % gel	3		
BENZAMYCIN 5-3 % gel	3		
BENZEPRO 5.3 % foam	1		
BENZEPRO 5.8 % ext misc	3		
BENZEPRO 5.2 % foam, 9.7 % foam	3		
BENZEPRO 6.8 % ext liq	3		
BENZEPRO CREAMY WASH 7 % ext liq	1		
BENZEPRO FOAMING CLOTHS 6 % ext misc	1		
<i>benzoin External Tincture</i>	1		
<i>benzoyl perox-hydrocortisone 5-0.5 % lot</i>	1		
<i>benzoyl peroxide 6.5 % gel</i>	1		
<i>benzoyl peroxide 9.8 % foam</i>	1	BENZEFOAMULTRA	
<i>benzoyl peroxide 8 % gel</i>	1	BREVOXYL	
<i>benzoyl peroxide forte- hc 7.5-1 % lot</i>	1		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
BESER 0.05 % ext kit	3		
<i>betamethasone diprop-minoxidil 0.05-5 % ext soln</i>	1		
BLANCHE 4 % crm	1		
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
<i>bpc oint</i>	3		
<i>brimonidine tartrate 0.33 % gel</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcipotriene 0.005 % foam</i>	3	SORILUX	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	1	TACLONEX	
<i>calcipotriene-clobetasol prop 0.005-0.05 % ext soln</i>	1		
CALCITRENE 0.005 % oint	1		
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CEM-UREA 45 % ext soln	3		
CERACADE ext emul	3		
CEROVEL 40 % lot	1		
<i>chlloxia 0.05-4 % crm, 0.05-4 % oint</i>	3		
<i>chlloxia 0.05-4 % ext soln</i>	3		
<i>ciclopirox-clobetasol 0.77-0.05 % shampoo</i>	1		
<i>ciclopirox-clobetasol-sal acid 0.77-0.05-3 % shampoo</i>	1		
<i>ciclopirox-salicylic acid 0.77-2 % shampoo</i>	3		
<i>cimetidine-lido-salicylic acid 10-5-40 % crm</i>	1		
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
CLENIA PLUS 9-4.25 % ext susp	3		
CLINDACIN ETZ 1 % ext kit	3		
CLINDACIN PAC 1 % ext kit	3		
<i>clindamy-benzoyl per-niacinam 1-5-4 % gel, 2.5-1-4 % gel</i>	1		
<i>clindamycin phos-benzoyl perox 1.2-3.75 % gel</i>	1		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZAACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin phos-niacinamide 1-4 % gel, 1-4 % lot</i>	1		
<i>clindamycin-niacin-tretinoin 1-4-0.025 % crm</i>	1		
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
clindavix 1 & 1.8-2 % ext kit	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>clind-niacin-spiro-nolac-tretin 1-4-2-0.025 % gel</i>	1		
CLINOIN 1.25-0.025-1 % crm	3		
<i>clobetasol prop-levocetirizine 0.05-2 % shampoo</i>	1		
<i>clobetasol prop-niacinamide 0.05-4 % crm, 0.05-4 % ext soln, 0.05-4 % oint</i>	1		
CLODAN 0.05 % ext kit	3		
<i>coal tar 20 % ext soln</i>	1		
CONDYLOX 0.5 % gel	3		
COPASIL gel	3		
CORTANE-B 10-10-1 mg/ml lot	3		
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>dapsone-niacinamide 6-4 % gel, 8.5-4 % gel</i>	1		
<i>dapsone-niacinamide-spiro-nolac 6-2-5 % gel, 8.5-2-5 % gel</i>	1		
DELUO ext soln	3		
<i>deoxia 1-4 % gel, 1-4 % lot</i>	3		
DERMACINRX CLORHEXACIN 4 & 2 & 5 % (oint) ext kit	3		
<i>dermacinrx surgical combopak cmb kit</i>	3		
DERMACINRX SURGICAL PHARMAPAK 4 & 2 & 5 % (cream) ext kit	3		
DERMELLE gel	3		
DERMULCERA oint	3		
DEXERYL crm	3		
<i>diadimaxia 6-2-5 % gel</i>	3		
<i>diaoxia 6-4 % gel</i>	3		
<i>diasdimaxia 8.5-2-5 % gel</i>	3		
<i>diasoxia 8.5-4 % gel</i>	3		
<i>diclofenac-na hyaluron-niacin 3-2-4 % gel</i>	1		
DIFFERIN 0.1 % crm, 0.3 % gel	3		
DIFFERIN 0.1 % lot	3		
<i>dimoxia 4-5 % gel</i>	3		
<i>diochloy 0.005-0.05 % ext soln</i>	3		
DOVONEX 0.005 % crm	3		
<i>doxepin hcl 5 % crm</i>	1	PRUDOXIN	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>draxace lotion cleanser 2-8 % ext susp</i>	3		
<i>draxacey 2-8 % ext susp</i>	3		
<i>draxacey 2-8 % ext susp</i>	3		
DRITHO-CREME HP 1 % crm	3		
<i>drixece 5-10 % ext susp</i>	3		
DRYSOL 20 % ext soln	3		
DUOBRII 0.01-0.045 % lot	3		
<i>eceoxia 4-10 % crm</i>	3		
ELESTONE crm	3		
ELIDEL 1 % crm	3		
ELLZIA PAK 0.1 & 5 % ext pack	3		
EMULSION SB ext emul	3		
ENSTILAR 0.005-0.064 % foam	3		
ENTTY SPRAY ext emul	3		
ENZOCLEAR 9.8 % foam	1		
EPICERAM ext emul	3		
EPIDUO 0.1-2.5 % gel	3		
EPIDUO FORTE 0.3-2.5 % gel	3		
EPIQUIN MICRO 4 % crm	3		
<i>ethoxia 4-0.05 % crm</i>	3		
EUCRISA 2 % oint	2		
FABIOR 0.1 % foam	3		
FINACEA 15 % foam, 15 % gel	3		
<i>finapod 0.1-7 % ext soln</i>	3		
<i>finasteride 1 mg tab</i>	1	PROPECIA	
<i>finasteride-minoxidil 0.1-7 % ext soln</i>	1		
<i>fluocinolone acet-niacinamide 0.01-4 % crm, 0.025-4 % crm</i>	1		
FLUOPAR 0.1 & 5 % ext kit	3		
<i>fluovix 0.1 % ext pack</i>	3		
<i>fluovix plus 0.1 % ext pack</i>	3		
<i>formaldehyde 10 % ext soln</i>	1		
<i>geametdray 5-2-17 % gel</i>	3		
GENADUR cmb kit	3		
GORDOFILM 16.7-16.7 % ext soln	3		
<i>guanendrux 10-5-40 % crm</i>	3		
HALOG 0.1 % ext soln	3		
HALUCORT gel	3		
<i>haxchlo 0.77-0.05 % shampoo</i>	3		
HPR PLUS crm	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
HPR PLUS HYDROGEL ext kit	3		
HPR PLUS-MB HYDROGEL ext kit	3		
hyaluronate-niacinam-tretinoin 0.5-4-0.025 % crm, 0.5-4-0.05 % crm, 0.5-4-0.1 % crm	1		
hyaluronate-niacin-tacrolimus 1-4-0.1 % crm	1		
hyaluronic acid-hydroquinone 1-6 % ext emul	1		
HYDRO 40 40 % foam	3		
hydrocortisone ace-pramoxine 25-18 mg rect supp	1		
hydrocortisone ace-pramoxine 1-1 % crm	1	ANALPRAM HC	
hydrocort-pramoxine (perianal) 2.5-1 % crm	1	ANALPRAM HC	
hydroquinone 4 % crm, 6 % ext emul, 8 % ext emul	1		
hydroquinone 4 % ext emul	1	ACLARO	
hydroquinone time release 4 % crm	1		
hydroquinone-hc-tretinoin 4-0.5-0.025 % ext emul, 6-0.5-0.025 % ext emul, 6-0.5-0.05 % ext emul, 8-0.5-0.025 % ext emul, 8-0.5-0.05 % ext emul, 8-1-0.05 % ext emul	1		
hydroquinone-hydrocortisone 6-0.5 % ext emul	1		
HYLATOPIC PLUS crm	3		
HYLATOPIC PLUS lot	3		
ILUMYA 100 mg/ml sc soln pfs	5		PA
imiquimod 5 % crm	1	ALDARA	
imiquimod 3.75 % crm	1	ZYCLARA	
imiquimod pump 3.75 % crm	1	ZYCLARA	
imiquimod-levocetirizin-niacin 5-1-2 % gel	1		
imiquimod-levocet-tretinoin 5-1-0.05 % gel	1		
INOVA 4 & 5 % ext kit, 8 & 5 % ext kit	3		
INOVA 4/1 ACNE CONTROL THERAPY 4 & 1 & 5 % ext kit	3		
INOVA 8/2 ACNE CONTROL THERAPY 8 & 2 & 5 % ext kit	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	1	ABSORICA	
<i>ithoxia 4-0.1 % crm</i>	3		
<i>ivermectin 1 % crm</i>	1	SOOLANTRA	
<i>ivermectin-metronidazol-niacin 1-1-4 % gel</i>	1		
JUVAZIN gel	3		
KAMDOY ext emul	3		
<i>katarya 4-0.5-0.025 % ext emul</i>	3		
<i>kataryaxn 4-0.5-0.025 % ext emul</i>	3		
<i>kaxm 4 % ext emul</i>	3	ACLARO	
<i>keido 6 % ext emul</i>	3		
KELARX gel	3		
KERALAC 47 % crm	3		
KERALYT 6 % shampoo	1		
KERALYT 6 % gel	3		
KERALYT SCALP 6 % ext kit	3		
<i>ketarya 6-0.5-0.025 % ext emul</i>	3		
<i>kevarya 6-0.5-0.05 % ext emul</i>	3		
<i>kexm 6 % ext emul</i>	3		
<i>keya 6-0.5 % ext emul</i>	3		
KIVIK ext emul	3		
KLISYRI 1 % oint	3		
<i>kutaryaxm 8-0.5-0.025 % ext emul</i>	3		
<i>kutaryaxmpa 8-0.5-0.025 % ext emul</i>	3		
<i>kutea 8 % ext emul</i>	3		
<i>kuvarya 8-0.5-0.05 % ext emul</i>	3		
<i>kuvarye 8-1-0.05 % ext emul</i>	3		
<i>kuxm 8 % ext emul</i>	3		
<i>lactic acid 10 % lot</i>	1	LACTINOL	
<i>lactic acid e 10-3500 %-unt/30gm crm</i>	1		
<i>lactic acid-niacinamide 10-4 % crm</i>	1		
LEVULAN KERASTICK 20 % ext soln	3		
<i>lidocaine (anorectal) 50 mg rect supp</i>	1		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1	ANAMANTLE HC	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	1	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	1	RECTAGEL HC	
LIDOCORT 3-0.5 % crm	1		
LIDOTREX (ALOE VERA) 2 % gel	3		
MB HYDROGEL ext kit	3		
<i>methoxsalen rapid 10 mg cap</i>	1	OXSORALEN-ULTRA	
METROCREAM 0.75 % crm	3		
METROGEL 1 % gel	3		
METROLOTION 0.75 % lot	3		
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MIMYX crm	3		
<i>minoxidil-progest-tretinoin 7-0.1-0.025 % ext soln</i>	1		
MIRVASO 0.33 % gel	3		
MYORISAN 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
NEOCERA crm	3		
NEOSALUS crm	3		
NEOSALUS lot	3		
NEOSALUS CP crm	3		
NEUAC 1.2-5 % gel	1		
NEUAC 1.2-5 % ext kit	3		
<i>niacinamide-spirolactone 4-5 % gel</i>	1		
<i>niacinamide-sulfacetamide 4-10 % crm</i>	1		
<i>niacinamide-tacrolimus 4-0.1 % oint</i>	1		
<i>niacinamide-tazarotene 4-0.05 % crm, 4-0.1 % crm</i>	1		
<i>niacinamide-tretinoin 4-0.025 % crm, 4-0.025 % gel, 4-0.05 % crm, 4-0.05 % gel</i>	1		
<i>niacinamide-triamcinolone acet 4-0.1 % crm</i>	1		
<i>niacin-spirolacton-tretinoin 2-5-0.025 % gel, 2-5-0.05 % gel</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>nitroglycerin 0.4 % rect oint</i>	1		
NIVATOPIC PLUS crm	3		
NORITATE 1 % crm	3		
NUCARACLINPAK 1 % ext kit	3		
NUCARARXPAK 1-2.5 % ext kit	3		
NUDERMRXPAK 120 0.005-5 % ext pack	3		
NUDERMRXPAK 60 0.005-5 % ext pack	3		
NUSURGEPAK SURGICAL PREP/CARE 4 & 2 & 5 % (oint) ext kit	3		
NUTRASEB crm	3		
NUTRIARX CREAMPK 0.1 & 5 % ext kit	1		
NUVAIL ext soln	3		
ONEXTON 1.2-3.75 % gel	3		
<i>onzdeoxia 1-5-4 % gel</i>	3		
ORACEA 40 mg cap dr	3		
OVACE PLUS 10 % crm, 9.8 % foam, 9.8 % lot	3		
OVACE PLUS 10 % shampoo	3		
OVACE PLUS WASH 10 % ext liq, 10 % gel	3		
OVACE WASH 10 % ext liq	3		
<i>oxianujo 4-0.1 % crm, 4-0.1 % oint</i>	3		
<i>oxiatar 4-0.025 % crm</i>	3		
<i>oxiavarry 4-0.05 % crm</i>	3		
<i>oxiazar 4-0.1 % crm</i>	3		
<i>oxopod 0.05-7 % ext soln</i>	3		
OXSORALEN ULTRA 10 mg cap	3		
PENLEN ext emul	3		
PHLAG SPRAY ext emul	3		
PICATO 0.015 % gel, 0.05 % gel	3		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	
PLEXION 9.8-4.8 % crm, 9.8-4.8 % lot	3		
PLEXION CLEANSER 9.8-4.8 % ext liq	3		
PLEXION CLEANSING CLOTH 9.8-4.8 % pad	3		
PLEXION NS 9.8 % shampoo	1		
PODOCON-25 25 % ext soln	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>podofilox 0.5 % gel</i>	1		
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
<i>podprog 0.1-7 % ext soln</i>	3		
PR BENZOYL PEROXIDE 6.9 % ext liq	3		
PR BENZOYL PEROXIDE WASH 7 % ext liq	1		
PR BENZOYL PEROXIDE WASH 7 % ext liq	1		
PR CREAM ext kit	3		
PRE & POST SX POUCH 4 & 2 & 5 % ext pack	3		
PROCORT 1.85-1.15 % crm	3		
PROCTOFOAM HC 1-1 % foam	2		
<i>progesterone-minoxidil 0.1-7 % ext soln</i>	1		
PROMISEB crm	3		
PROPECIA 1 mg tab	3		
PROSILK gel	3		
<i>protexa 42 % crm</i>	3		
PROTOPIC 0.03 % oint, 0.1 % oint	3		
PRUCLAIR crm	3		
PRUDOXIN 5 % crm	3		
PRUMYX crm	3		
<i>pyrogallic acid 25-2 % oint</i>	1		
QBREXZA 2.4 % pad	3		
<i>quihoxvar 5-1-0.05 % gel</i>	3		
QUINIXIL 0.1 & 5 % ext pack	3		
RECEDO gel	3		
RECTIV 0.4 % rect oint	3		
REFISSA 0.05 % crm	3		
REGENECARE 2 % gel	3		
REGENECARE 2 % gel	3		
REGRANEX 0.01 % gel	5		PA
REMERGENT HQ 4 % crm	1		
<i>remigen crm</i>	3		
RENOVA 0.02 % crm	3		
RENOVA PUMP 0.02 % crm	3		
<i>resorcinol-sulfur 2-5 % lot</i>	1		
RETIN-A 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
RETIN-A MICRO 0.04 % gel, 0.1 % gel	3		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	2		
RETIN-A MICRO PUMP 0.04 % gel, 0.1 % gel	3		
REXASIL PATCH & VITAMIN E LIQ ext kit	3		
RHOFADE 1 % crm	3		
<i>roaoxia 3-4 % gel</i>	3		
ROSADAN 0.75 % crm, 0.75 % gel	1		
ROSADAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	3		
SALEX 6 % (cream) ext kit	3		
SALEX 6 % (lotion) ext kit, 6 % shampoo	3		
<i>salicylic acid 6 % crm, 6 % foam, 6 % gel</i>	1		
<i>salicylic acid 26 % ext soln, 27.5 % ext liq, 6 % lot, 6 % shampoo</i>	1		
<i>salicylic acid er 28.5 % ext soln</i>	1		
<i>salicylic acid wart remover 27.5 % ext liq</i>	1		
<i>salicylic acid-cleanser 6 % cream ext kit</i>	1		
<i>salicylic acid-cleanser 6 % lotion ext kit</i>	1		
<i>salicylic acid-sulfacetamide 2-8 % ext susp, 5-10 % ext susp</i>	1		
<i>salimez 6 % crm</i>	1		
<i>salimez forte 10 % crm</i>	3		
SALVAX 6 % foam	3		
SALVAX DUO PLUS 6 & 35 % ext kit	3		
<i>sanadermr skin repair 0.1 &amp; 5 % ext kit</i>	1		
SANTYL 250 unit/gm oint	3		
<i>saroxia 4-0.05 % crm</i>	3		
SCALACORT DK 2 & 2-2 % ext kit	3		
SCARCARE GEL-PAD KIT/LARGE ext kit	1		
<i>scarcin gel</i>	3		
<i>scarsilk gel</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>selenium sulfide 2.25 % shampoo, 2.3 % shampoo</i>	1		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SELRX 2.3 % shampoo	3		
SILA III 0.1 % ext pack	3		
SILIQ 210 mg/1.5ml sc soln pfs	5		PA
SKYRIZI 150 mg/ml sc soln pfs, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	4		PA
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	4		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	4		PA
<i>sodium sulfacetamide 10 % shampoo</i>	1		
<i>sodium sulfacetamide 9.8 % shampoo</i>	1	PLEXION	
<i>sodium sulfacetamide wash 10 % ext liq</i>	1		
<i>sodium sulfacetamide wash 10 % ext liq</i>	1		
<i>sodium sulfacetamide-bakuchiol 10 % ext liq</i>	3		
SOOLANTRA 1 % crm	3		
SORIATANE 10 mg cap, 25 mg cap	3		
SORILUX 0.005 % foam	3		
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION	
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
STRATA CTX gel	3		
STRATA MARK gel	3		
STRATA TRIZ gel	1		
STRATA XRT gel	3		
<i>sulfacetamide sodium 10 % ext liq</i>	1		
<i>sulfacetamide sodium (cleans) 10 % gel</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>sulfacetamide sodium-sulfur 10-2 % ext liq</i>	1	AVAR LS CLEANSER	
<i>sulfacetamide sodium-sulfur 10-2 % crm</i>	1	AVAR-E LS	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % pad</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 10-5 % crm, 9.8-4.8 % crm, 9.8-4.8 % lot</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % ext liq</i>	1	PLEXION CLEANSER	
<i>sulfacetamide sodium-sulfur 9-4.5 % ext liq</i>	1	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 10-4 % pad</i>	1	SUMAXIN	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide sod-sulfur wash 9-4.5 % ext kit</i>	1		
<i>sulfacetamide sod-sulfur wash 9-4.5 % ext liq</i>	1	SUMADAN WASH	
<i>sulfacetamide sod-sulfur wash 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	1	ROSULA CLEANSER	
SULFACLEANSE 8/4 8-4 % ext susp	1		
<i>sulfamez wash 10-1 % ext emul</i>	1		
SUMADAN 9-4.5 % ext kit	3		
SUMADAN WASH 9-4.5 % ext liq	3		
SUMADAN XLT 9-4.5 % ext kit	3		
SUMAXIN 10-4 % pad	3		
SUMAXIN CP 10-4 % ext kit	3		
SUMAXIN WASH 9-4 % ext liq	3		
<i>suvicort ext emul</i>	3		
SYNALAR (CREAM) 0.025 % ext kit	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
SYNALAR (OINTMENT) 0.025 % ext kit	3		
SYNALAR TS 0.01 % ext kit	3		
SYNERDERM ext emul	3		
TACLONEX 0.005-0.064 % ext susp, 0.005-0.064 % oint	3		
<i>tacrolimus 0.1 % crm</i>	1		
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
<i>tardeoxia 1-4-0.025 % crm</i>	3		
<i>tardimaxia 2-5-0.025 % gel</i>	3		
<i>taroxia 4-0.025 % crm, 4-0.025 % gel</i>	3		
<i>tazarotene 0.1 % foam</i>	1	FABIOR	
<i>tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel</i>	1	TAZORAC	
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % crm, 0.1 % gel	3		
TETRIX crm	3		
<i>tl hydroquinone 4 % crm</i>	1		
TOVET 0.05 % ext kit	3		
TREMFYA 100 mg/ml sc soln pen-inj, 100 mg/ml sc soln pfs	5		PA
<i>tretinoin 0.05 % gel</i>	1	ATRALIN	
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	
<i>tretinoin (emollient) 0.05 % crm</i>	1		
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	
<i>tretinoin microsphere pump 0.08 % gel</i>	1	RETIN-A MICRO PUMP	
<i>triadime-80 5-0.1 % ext kit</i>	1		
TRIAMSil COMBIPAK 0.1 & 5 % ext pack	3		
<i>triamsil multipak 0.1 &amp; 5 % ext pack</i>	3		
TRI-CHLOR 80 % ext liq	3		
<i>triheal-80 0.1 &amp; 5 % ext kit</i>	1		
TRI-LUMA 0.01-4-0.05 % crm	3		
TRIVIX 0.1 & 5 % ext kit	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ULTRASAL-ER 28.5 % ext soln	3		
UMECTA MOUSSE 40 % foam	1		
URAMAXIN 45 % gel	3		
urea 35 % foam, 39 % crm, 40 % crm, 40 % ext susp, 41 % crm, 45 % crm, 47 % crm	1		
urea 40 % lot	1	CARMOL 40	
urea hydrating 35 % foam	1		
urea nail 45 % gel	1		
urea-c40 40 % lot	1	CARMOL 40	
UREDEB 39 % crm	1		
uremez-40 40 % crm	1		
URESOL 42.5 % crm	3		
urevaz 44 % crm	3		
UTOPIC 41 % crm	3		
VANIQA 13.9 % crm	3		
VANOXIDE-HC 5-0.5 % lot	1		
vardimaxia 2-5-0.05 % gel	3		
varoxia 4-0.05 % crm, 4-0.05 % gel	3		
VECTICAL 3 mcg/gm oint	3		
VELTIN 1.2-0.025 % gel	3		
VENELEX oint	3		
VEREGEN 15 % oint	3		
VIRASAL 27.5 % ext liq	3		
WINLEVI 1 % crm	3		
XALIX 28 % ext soln	3		
XERAC AC 6.25 % ext soln	3		
XERALUX crm	3		
xurea 39 % crm	1		
ZACARE 4 & 0.2 % ext kit, 8 & 0.2 % ext kit	3		
zaclir cleansing 8 % lot	1		
ZENATANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
ZIANA 1.2-0.025 % gel	3		
ZITHRANOL 1 % shampoo	3		
ZONALON 5 % crm	3		
ZYCLARA 3.75 % crm	3		
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	3		
<b>Dermatological Agents - Skin Agents</b>			
ESKATA 40 % ext soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>silipac ext kit</i>	3		
ZILXI 1.5 % foam	3		
<b>ELECTROLYTE/MINERAL REPLACEMENT - VITAMIN, MINERAL AND BODY FLUID DEFICIENCY DRUGS</b>			
<b>Electrolytes/minerals/metals/vitamins</b>			
<i>cardioplegia ind plasma-tromet perfusion soln</i>	3	PLEGISOL	
<i>cardioplegia induction high k perfusion soln</i>	3	PLEGISOL	
<i>cardioplegia induction low dex perfusion soln</i>	3	PLEGISOL	
<i>cardioplegia induction non-enr perfusion soln</i>	3	PLEGISOL	
<i>cardioplegia main low dextrose perfusion soln</i>	3	PLEGISOL	
<i>cardioplegia main low trometha perfusion soln</i>	3	PLEGISOL	
<i>cardioplegia main plasma-trome perfusion soln</i>	3	PLEGISOL	
<i>cardioplegia maintenance perfusion soln</i>	3	PLEGISOL	
<i>cardioplegia reperfusate 4:1 perfusion soln</i>	3	PLEGISOL	
<i>microplegia msa-msg perfusion soln</i>	3	PLEGISOL	
<i>phoxillum b22k4/0 22-4-1 meq-mmol/l Extracorporeal Solution</i>	3		
<i>phoxillum bk4/2.5 32-4-2.5-1 meq-mmol/l Extracorporeal Solution</i>	3		
PRISMASOL B22GK 4/0 22-4 meq/l Extracorporeal Solution	3		
PRISMASOL BGK 0/2.5 32-2.5 meq/l Extracorporeal Solution	3		
PRISMASOL BGK 2/0 32-2 meq/l Extracorporeal Solution	3		
PRISMASOL BGK 2/3.5 32-2-3.5 meq/l Extracorporeal Solution	3		
PRISMASOL BGK 4/0/1.2 32-4-1.2 meq/l Extracorporeal Solution	3		
PRISMASOL BGK 4/2.5 32-4-2.5 meq/l Extracorporeal Solution	3		
PRISMASOL BK 0/0/1.2 32-1.2 meq/l Extracorporeal Solution	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
REGIOCIT 0.529 % Extracorporeal Solution	3		
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>			
<b>Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs</b>			
ACCRUFER 30 mg cap	3		
<i>active fe 75-1.25 mg tab</i>	3		
APPTRIM cap	3		
APPTRIM-D cap	3		
AQUASTAT 0.9 % iv soln	1		
BD POSIFLUSH 0.9 % iv soln	1		
BENTIVITE 35-1 mg tab	3		
<i>carglumic acid 200 mg tab sol</i>	1	CARBAGLU	
CENTRATEX 106-1 mg cap	3		
CHROMAGEN cap	1		
CORVITA 150 150-1.25 mg tab	1		
CORVITE 150 150-1.25 mg tab	2		
CORVITE 150 tab	3		
<i>corvite fe tab</i>	3		
<i>cytra k crystals 3300-1002 mg pkt</i>	1		
EFFER-K 25 meq tab eff	1		
EFFER-K 10 meq tab eff, 20 meq tab eff	3		
<i>feonyx tab</i>	3		
FERAHEME 510 mg/17ml iv soln	3		
FERIVA 21/7 75-1 mg tab	3		
FERIVAFA 110-1 mg cap	3		
<i>ferocon cap</i>	1		
<i>ferotrinsic cap</i>	1		
FERRALET 90 90-1 mg tab	3		
<i>ferraplus 90 90-1 mg tab</i>	3		
FERRLECIT 12.5 mg/ml iv soln	3		
FERROCITE PLUS 106-1 mg tab	1		
FERRO-PLEX 115-1 mg tab	3		
<i>ferumoxytol 510 mg/17ml iv soln</i>	1	FERAHEME	
FLORIVA 0.25-400 mg-unit/ml liq	3		
FLUORABON 0.55 (0.25 F) mg/0.6ml soln	2		
<i>fluoritab 0.275 (0.125 F) mg/drop soln</i>	1		
FLURA-DROPS 0.55 (0.25 F) mg/drop soln	2		
FOLIVANE-F 125-1 mg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
FOLIVANE-PLUS cap	3		
<i>foltrin cap</i>	1		
FOLVITE-FE 90-120-0.012-1 mg tab	3		
FUSION PLUS cap	3		
FUSION SPRINKLES 7-0.25-50-5 mg pckt	3		
GALZIN 25 mg cap, 50 mg cap	3		
GLYTACTIN BETTERMILK 15 pckt	3		
GLYTACTIN BETTERMILK DE-LITE pckt	3		
GLYTACTIN BUILD 10PE pckt	3		
GLYTACTIN BUILD 20/20 pckt	3		
GLYTACTIN BUILD 20/20 PKU pckt	3		
GLYTACTIN BURST pckt	3		
GLYTACTIN RESTORE 5 pckt	3		
GLYTACTIN RESTORE LITE 10PE pckt	3		
GLYTACTIN SWIRL 15PE pckt	3		
<i>hematinic plus vit/minerals 106-1 mg tab</i>	1		
<i>hematinic/folic acid 324-1 mg tab</i>	1		
HEMATOGEN cap	1		
HEMATOGEN FA 200-250-0.01-1 mg cap	3		
HEMATRON-AF 150-1 mg tab	3		
HEMATRON-AF (WITH DOCUSATE) 150-1 mg tab	3		
<i>hemetab 22-6-1-0.025 mg tab</i>	3		
HEMOCYTE PLUS 106-1 mg cap	3		
HEMOCYTE-F 324-1 mg tab	1		
<i>hemocyte-plus 106-1 mg tab</i>	1		
HOMACTIN AA PLUS pckt	3		
ICAR-C PLUS 100-250-0.025-1 mg tab	2		
IFEREX 150 FORTE 150-25-1 mg-mcg-mg cap	1		
INFED 50 mg/ml inj soln	3		PA
INTEGRA F 125-1 mg cap	3		
INTEGRA PLUS cap	3		
IROSPAN 24/6 oral misc	3		
IS 24/6 oral misc	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
ISOLYTE-S iv soln	3		
ISOVACTIN AA PLUS pckt	3		
<i>kcl-lidocaine-nacl 10-10 MEQ-MG /100ml iv soln</i>	1		
KLOR-CON 20 meq pckt, 8 meq tab er	1		
KLOR-CON 10 10 meq tab er	1		
KLOR-CON M10 10 meq tab er	1		
KLOR-CON M15 15 meq tab er	1		
KLOR-CON M20 20 meq tab er	1		
KLOR-CON SPRINKLE 10 meq cap er, 8 meq cap er	1		
KLOR-CON/EF 25 meq tab eff	1		
K-PHOS 500 mg tab	3		
K-PHOS NO 2 305-700 mg tab	3		
K-PHOS-NEUTRAL 155-852-130 mg tab	3		
K-PRIME 25 meq tab eff	1		
K-TAB 10 meq tab er, 20 meq tab er, 8 meq tab er	3		
K-TAN PLUS 162-115.2-1 mg cap	1		
<i>magnesium sulfate 2 gm/50ml iv soln, 20 gm/500ml iv soln, 4 gm/100ml iv soln, 4 gm/50ml iv soln, 40 gm/1000ml iv soln, 50 % inj soln</i>	1		
MONOFERRIC 1000 mg/10ml iv soln	3		
MULTIGEN 70 mg tab	3		
MULTIGEN FOLIC 70-150-2-1 mg tab	3		
MULTIGEN PLUS 50-101-1 mg tab	3		
<i>multiple electro type 1 ph 5.5 iv soln</i>	1		
<i>multiple electro type 1 ph 7.4 iv soln</i>	1		
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	
NAFRINSE 2.2 (1 F) mg tab chew	1		
NAFRINSE DROPS 0.275 (0.125 F) mg/drop soln	1		
NEPHRON FA tab	3		
NIFEREX tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>normal saline flush 0.9 % iv soln</i>	1		
NUFERA tab	3		
ORACIT 490-640 mg/5ml soln	3		
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	1		
<i>phosphorous 155-852-130 mg tab</i>	1		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	1		
PHOSPHO-TRIN K500 500 mg tab	1		
PKU GO pckt	3		
PLASMA-LYTE 148 iv soln	3		
PLASMA-LYTE A iv soln	3		
<i>poly-iron 150 forte 150-25-1 mg-mcg-mg cap</i>	1		
<i>polysaccharide iron forte 150-25-1 mg-mcg-mg cap</i>	1		
<i>pot &amp; sod cit-cit ac 550-500-334 mg/5ml soln</i>	1		
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 10 meq/100ml iv soln, 10 meq/50ml iv soln, 20 meq/100ml iv soln, 20 meq/50ml iv soln, 40 meq/100ml iv soln</i>	1		
<i>potassium chloride 10 % soln, 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 15 meq tab er, 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium chloride in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln, 40-0.9 meq/l-% iv soln</i>	1		
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>purevit dualfe plus 162-115.2-1 mg cap</i>	1		
<i>saline flush 0.9 % iv soln</i>	1		
<i>se-tan plus 162-115.2-1 mg cap</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>sodium bicarbonate 4.2 % iv soln, 7.5 % iv soln, 8.4 % iv soln</i>	1		
<i>sodium chloride gr</i>	1		
<i>sodium chloride 0.45 % iv soln, 0.9 % iv soln, 2.5 meq/ml inj soln, 3 % iv soln, 4 meq/ml iv soln, 5 % iv soln</i>	1		
<i>sodium chloride (pf) 0.9 % inj soln</i>	1		
<i>sodium chloride flush 0.9 % iv soln</i>	1		
<i>sodium fluoride 1.1 (0.5 F) mg tab, 2.2 (1 F) mg tab, 2.2 (1 F) mg tab chew</i>	1		
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1	LURIDE	
<i>sodium fluoride 1.1 (0.5 F) mg/ml soln</i>	1	LURIDE	
TANDEM PLUS 162-115.2-1 mg cap	2		
<i>taron forte cap</i>	3		
TARON-CRYSTALS 3300-1002 mg pckt	1		
<i>tl-hem 150 150-1 mg tab</i>	1		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
TRICON cap	1		
TRIFERIC 272 mg Hemodialysis Packet	3		
TYLACTIN BUILD 20PE TYR pckt	3		
TYLACTIN RESTORE 5PE pckt	3		
UROCID-K 10 10 MEQ (1080 mg) tab er	3		
UROCID-K 15 15 MEQ (1620 mg) tab er	3		
UROCID-K 5 5 MEQ (540 mg) tab er	3		
VENOFER 20 mg/ml iv soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
VILACTIN AA PLUS pckt	3		
<i>virt-fefa plus cap</i>	3		
<i>virt-phos 250 neutral 155-852-130 mg tab</i>	1		
WILZIN 25 mg cap	3		
<b>Electrolyte/mineral/metal Modifiers</b>			
CHEMET 100 mg cap	3		
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	1	EXJADE	
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	4	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	1	JADENU SPRINKLE	
<i>deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	4	JADENU SPRINKLE	PA
<i>deferiprone 1000 mg tab</i>	1	FERRIPROX	PA
<i>deferiprone 500 mg tab</i>	4	FERRIPROX	PA
EXJADE 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	3		
FERRIPROX 1000 mg tab, 500 mg tab	3		PA
FERRIPROX 100 mg/ml soln	5		PA
FERRIPROX TWICE-A-DAY 1000 mg tab	3		
JADENU 180 mg tab, 360 mg tab, 90 mg tab	3		
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	3		
JYNARQUE 15 mg tab, 30 mg tab, 45 & 15 mg tab pack, 60 & 30 mg tab pack, 90 & 30 mg tab pack	3		
JYNARQUE 15 mg tab pack, 30 & 15 mg tab pack	5		
KIONEX 15 gm/60ml susp	1		
LOKELMA 10 gm pckt, 5 gm pckt	3		
OVEEZA 0.5 mg cap	3		
SAMSCA 30 mg tab	3		
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	1	SPS	
SPS 15 gm/60ml susp	1		
<i>tolvaptan 15 mg tab</i>	1	JYNARQUE	
<i>tolvaptan 30 mg tab</i>	1	SAMSCA	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
VELTASSA 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	5		
<b>Phosphate Binders - Phosphate-removing Agents</b>			
AURYXIA 1 GM 210 mg(fe) tab	3		
<i>calcium acetate 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
FOSRENOL 500 mg tab chew	3		
FOSRENOL 1000 mg pckt, 1000 mg tab chew, 750 mg pckt, 750 mg tab chew	3		PA
<i>lanthanum carbonate 500 mg tab chew</i>	1	FOSRENOL	
<i>lanthanum carbonate 1000 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	PA
PHOSLYRA 667 mg/5ml soln	3		
RENAGEL 800 mg tab	3		
RENVELA 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	3		
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab</i>	1	RENVELA	
<i>sevelamer hcl 400 mg tab, 800 mg tab</i>	1	RENAGEL	
VELPHORO 500 mg tab chew	3		
<b>Vitamins</b>			
ABANEU-SL 600-600 mcg tab subl	1		
<i>activite 1 mg tab</i>	1		
<i>adc/f (0.5mg/ml) 0.5 mg/ml soln</i>	1		
ADRENAL C FORMULA tab	3		
AIRAVITE 2.5-25-1 mg tab	1		
AMINOPMRMS cap	3		
ANIMI-3 1 mg cap	3		
ANIMI-3/VITAMIN D 1 mg cap	3		
AQUASOL A 15 mg/ml im soln, 50000 unit/ml im soln	3		
ASCOR 25000 mg/50ml iv soln	3		
<i>ascorbic acid 500 mg/ml inj soln</i>	1		
ASILNASALRMS cap	1		
ATABEX EC 29-1 mg tab dr	2		
ATABEX OB 29-1 mg tab	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>azeschew prenatal/postnatal 13-1 mg tab chew</i>	3		
<i>azesco 13-1 mg tab</i>	3		
<i>b-12 compliance injection 1000 mcg/ml inj kit</i>	3		
BACMIN tab	3		
BAL-CARE DHA 27-1 & 430 mg oral misc	2		
<i>b-complex inj</i>	1		
<i>biocel tab</i>	1		
<i>bp vit 3 1 mg cap</i>	1		
<i>b-plex tab</i>	1		
<i>b-plex plus tab</i>	1		
CALCIFOL 1342-1.6 mg oral wafer	3		
<i>calcium-folic acid plus d 1342-1 mg oral wafer</i>	1		
CENFOL 2.3-24.5-2 mg tab	3		
CEREFOLIN 6-1-50-5 mg tab	3		
CEREFOLIN NAC 6-90.314-2-600 mg tab	3		
<i>cholecal df 1-3800 mg-unit tab</i>	3		
CIFEREX 1-3775 mg-unit cap	3		
<i>cifrazol 1-3775 mg-unit cap</i>	3		
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	3		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	3		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	2		
CITRANATAL BLOOM 90-1 mg tab	3		
CITRANATAL BLOOM DHA 90-1 & 300 mg oral misc	3		
CITRANATAL DHA 27-1 & 250 mg oral misc	3		
CITRANATAL ESSENCE 35-1 & 300 mg pack	3		
CITRANATAL HARMONY 27-1-260 mg cap	3		
CITRANATAL MEDLEY 27-1-200 mg cap	3		
CITRANATAL RX 27-1 mg tab	2		
<i>c-nate dha 28-1-200 mg cap</i>	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>complete natal dha 29-1-200 &amp; 200 mg oral misc</i>	2		
<i>completenate 29-1 mg tab chew</i>	2		
CO-NATAL FA tab	2		
CONCEPT DHA 53.5-38-1 mg cap	2		
CONCEPT OB 130-92.4-1 mg cap	2		
CORVITA tab	3		
<i>cyanocobalamin 500 mcg/0.1ml nasal soln</i>	1		
<i>cyanocobalamin 1000 mcg/ml inj soln</i>	1		
<i>davite 1 mg tab</i>	1		
<i>dayavite tab</i>	3		
DERMACINRX DOTREMIN 1-10000 mg-unit tab	3		
DERMACINRX FOLTAMIN 125-1 mcg-mg tab	3		
DERMACINRX MULTITAM tab	3		
DERMACINRX PRETRATE 1 mg tab	3		
DERMACINRX PUREFOLIX 1-5000 mg-unit tab	3		
DERMACINRX RIBOTIN-E tab	3		
DERMACINRX ZINTREXYL-C tab	3		
DEXIFOL 5 mg tab	1		
DIALYVITE tab	1		
DIALYVITE 3000 3 mg tab	3		
DIALYVITE 5000 5 mg tab	3		
DIALYVITE SUPREME D tab	3		
DIALYVITE/ZINC tab	3		
DODEX 1000 mcg/ml inj soln	1		
DRISDOL 1.25 MG (50000 ut) cap	3		
DUET DHA 400 25-1 & 400 mg oral misc	3		
DUET DHA BALANCED 25-1 & 267 mg oral misc	3		
<i>durachol 1-3775 mg-unit cap</i>	3		
ELFOLATE 15 mg tab	3		
ELFOLATE PLUS 3-35-2 mg tab	3		
ELITE-OB 50-1.25 mg tab	2		
ENBRACE HR cap	3		
<i>ergocal 62.5 MCG (2500 ut) cap</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>ergocalciferol 1.25 MG (50000 ut) cap</i>	1	DRISDOL	
<i>fabb 2.2-25-1 mg tab</i>	1		
<i>fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab</i>	1		
FLORIVA 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew	3		
FLORIVA PLUS 0.25 mg/ml soln	3		
<i>folagent dha cap</i>	3		
<i>folamax tab</i>	3		
<i>folamed dha cap</i>	3		
<i>folbee 2.5-25-1 mg tab</i>	1		
<i>folbee plus tab</i>	1		
FOLBEE PLUS CZ 5 mg tab	2		
FOLBIC RF 1.13-25-2 mg tab	3		
FOLDITAM 1-10000 mg-unit tab	3		
FOLGARD OS 500-1.1 mg tab	3		
FOLGARD RX 2.2-25-1 mg tab	2		
<i>folic acid 1 mg tab</i>	1		
<i>folic acid 5 mg/ml inj soln</i>	1		
<i>folic d3 1-3775 mg-unit cap</i>	3		
<i>folic-k 1 mg cap</i>	3		
FOLI-D 1-2000 mg-unit tab	3		
FOLIFLEX tab	3		
<i>folite tab</i>	3		
FOLITIN-Z tab	3		
FOLIVANE-OB 85-1 mg cap	2		
FOLIXAPURE 1-5000 mg-unit tab	3		
<i>folplex 2.2 2.2-25-0.5 mg tab</i>	1		
FOLTANX 3-35-2 mg tab	3		
FOLTANX RF 3-90.314-2-35 mg cap	3		
FOLTRATE 500-1 mcg-mg tab	3		
FOLTREXYL 1-5000 mg-unit tab	3		
FOLTXX 1.13-25-2 mg tab	3		
<i>folvik-d 1-3775 mg-unit tab</i>	1		
FOLVITE-D 1-3775 mg-unit tab	1		
FORTAVIT cap	3		
FOSTEUM 27-20-200 mg-mg-unit cap	3		
GENICIN VITA-D 1-3775 mg-unit tab	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
GENICIN VITA-Q tab	3		
GENICIN VITA-S 1 mg tab	1		
HCU EASY tab	3		
<i>hylavite tab</i>	1		
<i>hylazinc tab</i>	3		
INATAL GT tab	2		
INFUVITE ADULT iv inj	3		
INFUVITE PEDIATRIC iv soln	3		
<i>jenliva prenatal/postnatal 1 mg cap</i>	3		
<i>kosher prenatal plus iron 30-1 mg tab</i>	1		
<i>l-methylfolate 15 mg tab</i>	1		
<i>l-methylfolate ca me-cbl nac 6-90.314-2-600 mg tab</i>	1		
<i>l-methylfolate calcium 15 mg tab</i>	1		
<i>l-methylfolate-algae-b12-b6 3-90.314-2-35 mg cap</i>	1		
<i>l-methylfolate-b6-b12 3-35-2 mg tab</i>	1		
<i>l-methyl-mc 6-1-50-5 mg tab</i>	1		
<i>l-methyl-mc nac 6-2-600 mg tab</i>	1		
<i>lorid 1 mg tab</i>	1		
LYSIPLEX PLUS tab	1		
MARNATAL-F 60-1 mg cap	2		
MEPHYTON 5 mg tab	3		
METAFOLBIC 6-1-50-5 mg tab	3		
METAFOLBIC PLUS 6-2-600 mg tab	3		
METAFOLBIC PLUS RF 6-90.314-2-600 mg tab	3		
METANX 3-90.314-2-35 mg cap	3		
<i>methylfol-algae-b12-acetylcyst 6-90.314-2-600 mg tab</i>	1		
<i>m-natal plus 27-1 mg tab</i>	2		
MSUD EASY tab	3		
<i>multi-mac 15-0.75-1 mg tab</i>	2		
<i>multi-pro cap</i>	1		
<i>multivitamin/fluoride 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew</i>	1		
<i>multivitamin/fluoride 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>multi-vitamin/fluoride 0.25 mg/ml soln, 0.5 mg/ml soln</i>	1		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>multivitamins/fluoride 0.5 mg tab chew</i>	1		
MULTI-VIT-FLOR 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew	3		
MYNATAL 90-1 mg tab	2		
MYNATAL ADVANCE tab	2		
<i>mynate 90 plus tab er</i>	2		
MYNEPHRON 1 mg cap	1		
NASCOBAL 500 mcg/0.1ml nasal soln	3		
NATACHEW 28-1 mg tab chew	3		
NATALVIT tab	2		
NEEVO DHA 27-1.13 mg cap	3		
<i>neonatal + dha 29-1 &amp; 200 mg oral misc</i>	3		
<i>neonatal 19 1 mg tab</i>	2		
<i>neonatal complete 27-1 mg tab, 29-1 mg tab</i>	3		
<i>neonatal fe 90-1 mg tab</i>	3		
NEONATAL PLUS 27-1 mg tab	2		
<i>neovite tab</i>	3		
NEPHPLEX RX tab	3		
NEPHRONEX tab	1		
NEPHRO-VITE RX 1 mg tab	3		
NESTABS 32-1 mg tab	2		
NESTABS DHA 32-1 mg oral misc	3		
NESTABS ONE 38-1-225 mg cap	3		
<i>neurin-sl 600-600 mcg tab subl</i>	3		
NICADAN tab	3		
NICAZEL tab	3		
NICAZEL FORTE tab	3		
NICOMIDE 750-27-2-0.5 mg tab	3		
<i>nicotinamide 750-27-2-0.5 mg tab</i>	1		
NIVA-PLUS 27-1 mg tab	2		
NUFOL 2.5-25-1 mg tab	1		
NUTRICAP tab	3		
NUTRIFAC ZX tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
NUTRIVIT liq	3		
OB COMPLETE 50-1.25 mg tab	2		
OB COMPLETE ONE 50-1-476 mg cap	3		
OB COMPLETE PETITE 35-5-1-200 mg cap	3		
OB COMPLETE PREMIER 30-20-1 mg tab	3		
OB COMPLETE/DHA 30-10-1-200 mg cap	2		
OBSTETRIX DHA 29-1 & 350 mg oral misc, 29-1 & 387 mg oral misc	2		
OBSTETRIX EC 29-1 mg tab	2		
OBSTETRIX EC (WITH DOCUSATE) 29-1 mg tab	2		
OBSTETRIX ONE (WITH DOCUSATE) 38-1-225 mg cap	3		
O-CAL PRENATAL tab	2		
OCUVEL cap	3		
<i>one vite womens plus 27-1 mg tab</i>	2		
<i>onevite tab</i>	3		
<i>ortho df 1-3775 mg-unit cap</i>	3		
<i>physicians ez use b-12 1000 mcg/ml inj kit</i>	3		
<i>phytonadione 1 mg/0.5ml inj soln, 10 mg/ml inj soln</i>	1		
<i>phytonadione 5 mg tab</i>	1	MEPHYTON	
PKU EASY tab	3		
PKU EASY MICROTABS tab dr	3		
<i>pnv prenatal plus multivit+dha 27-1 &amp; 312 mg oral misc</i>	1		
<i>pnv tabs 20-1 20-1 mg tab</i>	3		
<i>pnv tabs 29-1 29-1 mg tab</i>	1		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	1		
PODIAPN cap	3		
POLY-VI-FLOR 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew	2		
POLY-VI-FLOR 0.25 mg/ml susp	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
POLY-VI-FLOR FS 0.25 mg Oral Strip, 0.5 mg Oral Strip, 1 mg Oral Strip	2		
POLY-VI-FLOR/IRON 0.25-7 mg/ml susp	2		
POTABA 500 mg cap	3		
PR NATAL 400 29-1-200 & 400 mg oral misc	2		
PR NATAL 400 EC 29-1-200 & 400 mg (dr) oral misc	2		
PR NATAL 430 29-1-200 & 430 mg oral misc	2		
PR NATAL 430 EC 29-1-200 & 430 mg (dr) oral misc	2		
<i>pregen dha 28-1-35 mg cap</i>	3		
<i>pregenna 20-1 mg tab</i>	3		
PREMESISRX 1 mg tab	2		
<i>prena 1 true 30-1.4 &amp; 300 mg oral misc</i>	3		
<i>prena1 1.4 mg tab chew</i>	2		
<i>prena1 pearl 30-1.4-200 mg cap er</i>	2		
<i>prenaissance 29-1.25-325 mg cap</i>	3		
<i>prenaissance plus 28-1-250 mg cap</i>	3		
<i>prenara 15-1 mg cap</i>	3		
PRENATABS RX 29-1 mg tab	2		
<i>prenatal 27-1 mg tab</i>	1		
PRENATAL + DHA 27-1 & 250 mg pack	3		
<i>prenatal 19 tab chew, 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>prenatal plus 27-1 mg tab</i>	1		
<i>prenatal plus iron 29-1 mg tab</i>	1		
<i>prenatal plus vitamin/mineral 27-1 mg tab</i>	1		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	2		
PRENATE 0.6-0.4 mg tab chew	3		
PRENATE AM 1 mg tab	2		
PRENATE DHA 18-0.6-0.4-300 mg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PRENATE ELITE 20-0.6-0.4 mg tab	3		
PRENATE ENHANCE 28-0.6-0.4-400 mg cap	3		
PRENATE ESSENTIAL 18-0.6-0.4-300 mg cap	3		
PRENATE MINI 18-0.6-0.4-350 mg cap	3		
PRENATE PIXIE 10-0.6-0.4-200 mg cap	3		
PRENATE RESTORE 27-0.6-0.4-400 mg cap	3		
PRENATRIX 27-1 mg tab	3		
PRENATRYL 27-1 mg tab	3		
<i>prenatvite complete 1 mg tab</i>	3		
<i>prenatvite plus 1 mg tab</i>	2		
<i>prenatvite rx 0.8 mg tab</i>	2		
<i>preplus 27-1 mg tab</i>	1		
<i>pretab 29-1 mg tab</i>	2		
PRIMACARE 30-1-470 mg cap	3		
<i>pro hers rx cap</i>	3		
<i>pro his rx cap</i>	3		
<i>pro pcos rx cap</i>	3		
<i>profola tab</i>	3		
PROVIDA OB 20-20-1.25 mg cap	2		
<i>pyridoxine hcl 100 mg/ml inj soln</i>	1		
QUFLORA FE 0.25 mg tab chew	3		
QUFLORA FE PEDIATRIC 0.25-9.5 mg/ml liq	3		
QUFLORA GUMMIES 0.125 mg tab chew	3		
QUFLORA PEDIATRIC 0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew	3		
QUFLORA PEDIATRIC 0.25 mg/ml soln, 0.5 mg/ml soln	3		
RAYALDEE 30 mcg cap er	3		
<i>relnate dha 28-1-200 mg cap</i>	2		
REMEDIENT cap	3		
RENAL 1 mg cap	1		
RENATABS 1 mg tab	3		
RENATABS WITH IRON 1 & 100 mg oral misc	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>reno caps 1 mg cap</i>	1		
REQ 49+ tab	3		
<i>revesta 1-5750 mg-unit cap</i>	3		
R-NATAL OB 20-1-320 mg cap	3		
SELECT-OB 29-1 mg tab chew	2		
SELECT-OB 29-0.6-0.4 mg tab chew	3		
SELECT-OB+DHA 29-1 & 250 mg oral misc	3		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	2		
SIDEROL tab	3		
STROVITE FORTE tab	3		
STROVITE FORTE syr	3		
STROVITE ONE tab	3		
SUPERVITE liq	3		
SUPPORT-500 cap	3		
TALIVA 1 mg cap	3		
TARON-C DHA 35-1 mg cap	2		
TARON-PREX 30-1.2-265 mg cap	3		
<i>thiamine hcl 100 mg/ml inj soln</i>	1		
<i>thrivite 19 tab</i>	3		
<i>thrivite rx 29-1 mg tab</i>	2		
TRICARE tab	2		
TRICARE PRENATAL DHA ONE 27-1-500 mg cap	2		
<i>trinatal rx 1 60-1 mg tab</i>	2		
TRINATE tab	2		
<i>trinaz 12-1 mg tab</i>	3		
<i>triphrocaps 1 mg cap</i>	1		
<i>tristart dha 31-0.6-0.4-200 mg cap</i>	3		
TRISTART FREE 33-1 mg cap	3		
TRISTART ONE 35-1-215 mg cap	3		
<i>tri-tabs dha 32-1 mg oral misc</i>	2		
TRIVEEN-DUO DHA 29-1-200 & 300 mg oral misc	2		
TRI-VI-FLOR 0.25 mg/ml susp, 0.5 mg/ml susp	2		
<i>tri-vi-floro 0.25 mg/ml susp, 0.5 mg/ml susp</i>	2		
<i>tri-vite/fluoride 0.25 mg/ml soln, 0.5 mg/ml soln</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>tronvite 1 mg tab</i>	1		
TYR EASY tab	3		
UDAMIN SP tab	3		
<i>urosex tab</i>	1		
<i>v-c forte cap</i>	1		
VENEXA tab	3		
VENEXA FE tab	3		
VENTRIXYL tab	3		
VENTRIXYL FE tab	3		
VIC-FORTE cap	1		
VINATE DHA RF 27-1.13 mg cap	2		
VINATE II 29-1 mg tab	2		
VINATE ONE 60-1 mg tab	2		
<i>virt-c dha 53.5-38-1 mg cap</i>	1		
<i>virt-caps 1 mg cap</i>	1		
VIRT-GARD 2.2-25-1 mg tab	1		
<i>virt-nate dha 28-1-200 mg cap</i>	1		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
<i>virt-pn plus 28-0.6-0.4-340 mg cap</i>	1		
VITA S FORTE tab	1		
VITACEL tab	1		
VITAFOL tab	1		
VITAFOL FE+ 90-0.6-0.4-200 mg cap	3		
VITAFOL GUMMIES 3.33-0.333-34.8 mg tab chew	3		
VITAFOL STRIPS 1 mg oral film	2		
VITAFOL ULTRA 29-0.6-0.4-200 mg cap	3		
VITAFOL-NANO 18-0.6-0.4 mg tab	3		
VITAFOL-OB tab	3		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	3		
VITAFOL-ONE 29-1-200 mg cap	3		
VITAL-D RX 1 mg tab	3		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	3		
VITAMEDMD REDICHEW RX 1.4 mg tab chew	3		
VITAMEZ 1 mg cap	3		
<i>vitamin b complex 100 inj</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>vitamin b complex-hydroxocobal inj</i>	1		
<i>vitamin b-complex 100 inj</i>	1		
<i>vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap, 50000 unit cap</i>	1	DRISDOL	
<i>vitamin deficiency system-b12 1000 mcg/ml inj kit</i>	3		
<i>vitamin k1 1 mg/0.5ml inj soln, 10 mg/ml inj soln</i>	1		
<i>vitamins acd-fluoride 0.25 mg/ml soln</i>	1		
VITAPEARL 30-1.4-200 mg cap er	3		
VITAROCA PLUS tab	3		
<i>vitasure 1 mg tab</i>	1		
VITATHELY WITH GINGER 27-1 mg tab	3		
VITATRUE 30-1.4 & 300 mg oral misc	3		
VITRAMYN tab	3		
VITRANOL tab	3		
VITRANOL FE tab	3		
VITREXATE tab	3		
VITREXATE FE tab	3		
VITREXYL tab	3		
VITREXYL + IRON tab	3		
VIVA DHA 28-1-200 mg cap	2		
<i>vol-plus 27-1 mg tab</i>	2		
<i>vol-tab rx 29-1 mg tab</i>	2		
<i>vp-pnv-dha 28-1-215.8 mg cap</i>	1		
<i>vp-vite rx 1 mg tab</i>	1		
<i>wescap-c dha 53.5-38-1 mg cap</i>	2		
<i>wescap-pn dha 27-0.6-0.4-300 mg cap</i>	3		
<i>wescaps 1 mg cap</i>	1		
<i>wesnate dha 28-1-200 mg cap</i>	2		
<i>westab max 2.5-25-2 mg tab</i>	3		
<i>westab mini 2.2-25-1 mg tab</i>	1		
<i>westab one 2.5-25-1 mg tab</i>	1		
<i>westab plus 27-1 mg tab</i>	2		
<i>westgel dha 31-0.6-0.4-200 mg cap</i>	3		
<i>wheat germ oil oral oil</i>	1		
<i>xvite 1 mg tab</i>	1		
<i>zalvit 13-1 mg tab</i>	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	3		
ZATEAN-PN PLUS 28-0.6-0.4-340 mg cap	2		
<i>ziphex 13-1 mg tab</i>	3		
<i>zyvana cap</i>	3		
<b>Vitamins- Vitamin, Mineral And Body Fluid Deficiency Drugs</b>			
POLY-VI-FLOR/IRON 0.5-10 mg tab chew	2		
<b>ENZYME REPLACEMENTS/MODIFIERS - DRUGS TO TREAT ENZYME DEFICIENCY</b>			
<b>Enzyme Replacements/modifiers - Enzyme Replacement/modifying Drugs</b>			
<i>citrulline easy 1 gm tab er</i>	3		
MACRILEN 60 mg pckt	3		
<i>sodium phenylbutyrate 3 gm/tsp oral pwdr</i>	1	BUPHENYL	
<b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS</b>			
<b>Antispasmodics, Gastrointestinal - Bowel Treatment Drugs</b>			
<i>atropine sulfate 1.2 mg/3ml iv soln pfs</i>	1		
<b>Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs</b>			
ANASPAZ 0.125 mg tab disint	3		
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	3		
<i>atropine sulfate 0.25 mg/5ml inj soln pfs, 0.4 mg/ml iv soln, 0.5 mg/5ml inj soln pfs, 0.8 mg/2ml iv soln pfs, 1 mg/10ml inj soln pfs, 1 mg/2.5ml iv soln pfs, 1 mg/ml iv soln</i>	1		
<i>belladonna alkaloids-opium 16.2-30 mg rect supp, 16.2-60 mg rect supp</i>	1		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	LIBRAX	
CUVPOSA 1 mg/5ml soln	3		
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	1	BENTYL	
DONNATAL 16.2 mg tab	3		
DONNATAL 16.2 mg/5ml oral elix	3		
<i>ed-spaz 0.125 mg tab disint</i>	1	ANASPAZ	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
GLYCATE 1.5 mg tab	3		
<i>glycopyrrolate 0.6 mg/3ml inj soln pfs, 0.6 mg/3ml iv soln pfs, 1 mg/5ml inj soln pfs, 1 mg/5ml iv soln pfs</i>	1		
<i>glycopyrrolate 1 mg/5ml soln</i>	1	CUVPOSA	
<i>glycopyrrolate 1.5 mg tab</i>	1	GLYCATE	
<i>glycopyrrolate 1.5 mg tab</i>	3	GLYCATE	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>glycopyrrolate 4 mg/20ml inj soln</i>	1	ROBINUL	
<i>glycopyrrolate pf 0.2 mg/ml inj soln pfs, 0.4 mg/2ml inj soln pfs</i>	1		
GLYRX-PF 0.6 mg/3ml inj soln pfs, 1 mg/5ml inj soln pfs	3		
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBID	
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
LEVBID 0.375 mg tab er 12 hr	3		
LEVSIN 0.125 mg tab	3		
LEVSIN/SL 0.125 mg tab subl	3		
LIBRAX 5-2.5 mg cap	3		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
NULEV 0.125 mg tab disint	1		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>oscimin sr 0.375 mg tab er 12 hr</i>	1	LEVBID	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	1	DONNATAL	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg/5ml oral elix</i>	1	DONNATAL	
<i>phenobarbital-belladonna alk 16.2 mg tab</i>	1	DONNATAL	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>phenobarbital-belladonna alk 16.2 mg/5ml oral elix</i>	1	DONNATAL	
PHENOHTRO 16.2 mg tab	1		
PHENOHTRO 16.2 mg/5ml oral elix	1		
<i>propantheline bromide 15 mg tab</i>	1	PRO-BANTHINE	
ROBINUL 1 mg tab	3		
ROBINUL-FORTE 2 mg tab	3		
SYMAX DUOTAB 0.375 mg tab er	3		
SYMAX-SL 0.125 mg tab subl	1		
SYMAX-SR 0.375 mg tab er 12 hr	1		
<b>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs</b>			
ACTIGALL 300 mg cap	3		
<i>alvimopan 12 mg cap</i>	1	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 &amp; 500 &amp; 30 mg pack</i>	1		
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	1		
CHENODAL 250 mg tab	4		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
DERMACINRX PROBISOL cap	3		
DERMACINRX PROBITRAN cap	3		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
ENTEREG 12 mg cap	3		
<i>enzadyne cap</i>	3		
GASTROCROM 100 mg/5ml oral conc	3		
GIMOTI 15 mg/act nasal soln	3		
HELIDAC THERAPY oral misc	3		
LACTEROL cap	3		
<i>lactojen cap</i>	1		
LOMOTIL 2.5-0.025 mg tab	3		
<i>loperamide hcl 2 mg cap</i>	1	IMODIUM	
<i>metoclopramide hcl 10 mg tab disint, 5 mg tab disint</i>	1	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
MOTEGRITY 1 mg tab, 2 mg tab	3		
MOTOFEN 1-0.025 mg tab	3		
MOVANTIK 12.5 mg tab, 25 mg tab	2		
MYTESI 125 mg tab dr	3		PA
OMECLAMOX-PAK 500-500-20 mg oral misc	2		
<i>opium 10 MG/ML (1%) oral tinct</i>	1		
<i>probichew tab chew</i>	3		
PROBINATE cap	3		
<i>prodigen cap</i>	3		
<i>promella in prebiotic cap</i>	3		
<i>provad cap</i>	3		
PYLERA 140-125-125 mg cap	2		
REGLAN 10 mg tab, 5 mg tab	3		
RELISTOR 150 mg tab	3		
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	3		
RELTONE 200 mg cap, 400 mg cap	3		
RESTORA RX 60-1.25 mg cap	3		
SYMPROIC 0.2 mg tab	2		
TRULANCE 3 mg tab	3		
URSO 250 250 mg tab	3		
URSO FORTE 500 mg tab	3		
<i>ursodiol 200 mg cap, 400 mg cap</i>	3		
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
VISBIOME pckt	3		
<i>zelac cap</i>	3		
<b>Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs</b>			
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln, 400 mg/6.67ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
<i>nizatidine 15 mg/ml soln</i>	1	AXID	
PEPCID 20 mg tab, 40 mg tab	3		
<b>Irritable Bowel Syndrome Agents - Bowel Treatment Drugs</b>			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTROXEX	
AMITIZA 24 mcg cap, 8 mcg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
BYLVAY 1200 mcg cap, 400 mcg cap	3		
BYLVAY (PELLETS) 200 mcg cap sprinkle, 600 mcg cap sprinkle	3		
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		
LIVMARLI 9.5 mg/ml soln	3		
LOTRONEX 0.5 mg tab, 1 mg tab	3		
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	3	AMITIZA	
TALICIA 250-12.5-10 mg cap dr	3		
VIBERZI 100 mg tab, 75 mg tab	3		
ZELNORM 6 mg tab	3		
<b>Laxatives - Drugs To Treat Constipation</b>			
<i>cascara sagrada 1 gm/ml oral fl extr</i>	1		
CLENPIQ 10-3.5-12 MG-GM - gm/160ml soln	3		
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
GAVILYTE-C 240 gm soln	3		
GAVILYTE-G 236 gm soln	1		
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	1		
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
GIALAX oral kit	3		
GOLYTELY 236 gm soln	3		
KRISTALOSE 10 gm pckt, 20 gm pckt	3		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose 10 gm pckt</i>	1	KRISTALOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>mineral oil heavy oral oil</i>	1		
MOVIPREP 100 gm soln	3		
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln</i>	1	SUPREP BOWEL PREP KIT	
NULYTELY LEMON-LIME 420 gm soln	3		
NULYTELY WITH FLAVOR PACKS 420 gm soln	3		
OSMOPREP 1.102-0.398 gm tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PCP 100 cmb kit	3		
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
<i>peg-3350/electrolytes/ascorbat 100 gm soln</i>	1	MOVIPREP	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm soln</i>	1	MOVIPREP	
PEG-PREP 5-210 mg-gm oral kit	1		
PLENVU 140 gm soln	3		
<i>polyethylene glycol 8000 oint</i>	1		
PREPOPIK 10-3.5-12 mg-gm-gm pckt	3		
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
SUTAB 1479-225-188 mg tab	3		
TRILYTE 420 gm soln	1		
<b>Protectants - Ulcer And Stomach Acid Drugs</b>			
CARAFATE 1 gm tab	3		
CARAFATE 1 gm/10ml susp	3		
CYTOTEC 200 mcg tab	2		
CYTOTEC 100 mcg tab	3		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<b>Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs</b>			
ACIPHEX 20 mg tab dr	3		
ACIPHEX SPRINKLE 10 mg cap sprinkle, 5 mg cap sprinkle	3		
DEXILANT 30 mg cap dr, 60 mg cap dr	2		
<i>dexlansoprazole 30 mg cap dr</i>	1		
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	
ESOMEPE-EZS 20 mg oral kit	3		
<i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	1	NEXIUM	
<i>esomeprazole strontium 49.3 mg cap dr</i>	1		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	
NEXIUM 10 mg pckt, 2.5 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt, 5 mg pckt	3		
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt</i>	1	ZEGERID	
<i>pantoprazole sodium 20 mg tab dr, 40 mg iv soln, 40 mg pckt, 40 mg tab dr</i>	1	PROTONIX	
PREVACID 15 mg cap dr, 30 mg cap dr	3		
PREVACID SOLUTAB 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating	3		
PRILOSEC 10 mg pckt, 2.5 mg pckt	3		
PROTONIX 20 mg tab dr, 40 mg pckt, 40 mg tab dr	3		
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	
<i>rabeprazole sodium 10 mg cap sprinkle</i>	1	ACIPHEX SPRINKLE	
ZEGERID 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt	3		
<b>GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>			
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>			
<i>betaine oral pwdr</i>	4	CYSTADANE	
BUPHENYL 500 mg tab	4		PA
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CYSTADANE oral pwdr	5		
CYSTAGON 150 mg cap, 50 mg cap	5		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>miglustat 100 mg cap</i>	4	ZAVESCA	PA
<i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i>	1	ORFADIN	
PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt	3		
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	3		
PROCYSBI 300 mg pckt, 75 mg pckt	4		
<i>sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt</i>	1	KUVAN	
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
VIOKACE 10440-39150 unit tab, 20880-78300 unit tab	3		
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt	2		
<b>GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS</b>			
<b>Antispasmodics, Urinary - Bladder Control Drugs</b>			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
DETROL 1 mg tab, 2 mg tab	3		
DETROL LA 2 mg cap er 24 hr, 4 mg cap er 24 hr	3		
DITROPAN XL 10 mg tab er 24 hr, 5 mg tab er 24 hr	3		
ENABLEX 7.5 mg tab er 24 hr	3		
<i>fesoterodine fumarate er 4 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	TOVIAZ	
<i>flavoxate hcl 100 mg tab</i>	1		
GELNIQUE 10 % td gel	3		
GEMTESA 75 mg tab	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	3		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>tropium chloride 20 mg tab</i>	1	SANCTURA	
<i>tropium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
VESICARE 10 mg tab, 5 mg tab	3		
VESICARE LS 5 mg/5ml susp	3		
<b>Benign Prostatic Hypertrophy Agents - Prostate Drugs</b>			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
AVODART 0.5 mg cap	3		
CARDURA 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	3		
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
CIALIS 2.5 mg tab, 5 mg tab	3		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
FLOMAX 0.4 mg cap	3		
JALYN 0.5-0.4 mg cap	3		
PROSCAR 5 mg tab	3		
RAPAFLO 4 mg cap, 8 mg cap	3		
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	1	CIALIS	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
UROXATRAL 10 mg tab er 24 hr	3		
<b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs</b>			
<i>aminoacetic acid 1.5 % irrig soln</i>	1		
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
<i>bi-mix 150-5 mg i-cavern soln</i>	3		
CAVERJECT 20 mcg i-cavern soln, 40 mcg i-cavern soln	3		
CAVERJECT IMPULSE 10 mcg i-cavern kit, 20 mcg i-cavern kit	3		
CIALIS 10 mg tab, 20 mg tab	3		
CLOVIQUE 250 mg cap	1		
EDEX 10 mcg i-cavern kit, 20 mcg i-cavern kit, 40 mcg i-cavern kit	3		
ELMIRON 100 mg cap	3		
<i>glycine 1.5 % irrig soln</i>	1		
<i>glycine urologic 1.5 % irrig soln</i>	1		
LEVITRA 10 mg tab, 20 mg tab	3		
LITHOSTAT 250 mg tab	3		
MUSE 1000 mcg ureth pellet, 125 mcg ureth pellet, 250 mcg ureth pellet, 500 mcg ureth pellet	3		
<i>penicillamine 250 mg cap</i>	1	CUPRIMINE	
<i>penicillamine 250 mg tab</i>	1	DEPEN TITRATABS	
<i>pentosan polysulfate sodium 150 mg cap dr, 200 mg cap dr</i>	1		
PHENAZO 200 mg tab	1		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
<i>phenylephrine hcl 2 mg/2ml Intracavernosal Solution</i>	1		
PHEXXI 1.8-1-0.4 % vag gel	3		
PYRIDIUM 100 mg tab, 200 mg tab	3		
<i>quad-mix 150-10-0.1-1 mg i-cavern soln</i>	3		
RENACIDIN irrig soln	3		
RIMSO-50 50 % i-vesic soln	3		
<i>sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	VIAGRA	
STAXYN 10 mg tab disint	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
STENDRA 100 mg tab, 200 mg tab, 50 mg tab	3		
<i>super bi-mix 150-10 mg i-cavern soln</i>	3		
<i>super quad-mix 150-20-0.2-2 mg i-cavern soln</i>	3		
<i>super tri-mix 150-10-100 mg-mg-mcg i-cavern soln</i>	3		
<i>tadalafil 10 mg tab, 20 mg tab</i>	1	CIALIS	
THIOLA 100 mg tab	4		
<i>tiopronin 100 mg tab</i>	1	THIOLA	
<i>trientine hcl 250 mg cap</i>	1	SYPRINE	
<i>tri-mix 150-5-50 mg-mg-mcg i-cavern soln</i>	3		
URECHOLINE 25 mg tab, 50 mg tab	3		
<i>varденаfil hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	LEVITRA	
<i>varденаfil hcl 10 mg tab disint</i>	1	STAXYN	
VIAGRA 100 mg tab, 25 mg tab, 50 mg tab	3		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES</b>			
<b>Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs</b>			
<i>active injection d 10 mg/ml inj kit</i>	3		
ACTIVE INJECTION KIT L 40 & 1 mg/ml-% inj kit	3		
<i>active injection kl-3 40-1 mg/ml-% cmb kit</i>	3		
<i>active injection lm-dep-2 40 &amp; 0.25 &amp; 1 mg/ml-%-% inj kit</i>	3		
ADVANCED ALLERGY COLLECTION 2.5 % ext kit	3		
ALA SCALP 2 % lot	1		
ALA SCALP 2 % lot	3		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>ala-cort 2.5 % crm</i>	1	HYTONE	
ALA-SCALP 2 % lot	1		
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ALKINDI SPRINKLE 0.5 mg cap sprinkle, 1 mg cap sprinkle, 2 mg cap sprinkle, 5 mg cap sprinkle	3		
<i>amcinonide 0.1 % crm, 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	3		
BESER 0.05 % lot	1		
<i>beta 1 kit 30 mg/5ml inj kit</i>	3		
BETALOAN SUIK 30 mg/5ml cmb kit	3		
<i>betamethasone combo 7 (4-3) mg/ml inj susp</i>	3		
<i>betamethasone combo 6 (3-3) mg/ml inj susp</i>	3	CELESTONE SOLUSPAN	
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	
<i>betamethasone sod phos &amp; acet 7 (4-3) mg/ml inj susp</i>	1		
<i>betamethasone sod phos &amp; acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
BRYHALI 0.01 % lot	3		
<i>bsp 0820 30 mg/5ml inj kit</i>	3		
CAPEX 0.01 % shampoo	3		
CELESTONE SOLUSPAN 6 (3-3) mg/ml inj susp	3		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	OLUX-E	
<i>clobetavix 0.05 % ext kit</i>	3		
CLOBEX 0.05 % lot, 0.05 % shampoo	3		
CLOBEX SPRAY 0.05 % ext liq	3		
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % shampoo	1		
CLODERM 0.1 % crm	3		
CONTRAST ALLERGY PREMEDIATION PACK 3 x 50 MG & 1 x 50 mg oral kit	3		
CORDRAN 4 mcg/sqcm tape	3		
CORDRAN 0.025 % crm, 0.05 % crm, 0.05 % oint	3		
CORDRAN 0.05 % lot	3		
CORTEF 10 mg tab, 20 mg tab, 5 mg tab	3		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
CUTIVATE 0.05 % lot	3		
DECADRON 0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab	1		
DEPO-MEDROL 20 mg/ml inj susp, 40 mg/ml inj susp, 80 mg/ml inj susp	3		
DERMA-SMOOTHIE/FS BODY 0.01 % ext oil	3		
DERMA-SMOOTHIE/FS SCALP 0.01 % ext oil	3		
DESONATE 0.05 % gel	3		
<i>desonide 0.05 % gel</i>	1	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	
DESOWEN 0.05 % crm	3		
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>desoximetasone 0.25 % ext liq</i>	1	TOPICORT SPRAY	
DESRX 0.05 % gel	1		
<i>dexabliss 1.5 mg (39) tab pack</i>	3		
<i>dexamethasone 1 mg tab, 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) tab pack</i>	1	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	1		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
DEXONTO 0.4% 20 mg/5ml Iontophoresis Solution	3		
DEXPAK 10 DAY 1.5 mg (35) tab pack	1		
DEXPAK 13 DAY 1.5 mg (51) tab pack	1		
DEXPAK 6 DAY 1.5 mg (21) tab pack	1		
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
DIPROLENE 0.05 % oint	3		
DIPROLENE AF 0.05 % crm	3		
DMT SUIK 10 mg/ml cmb kit	3		
DOUBLEDEX 10 mg/ml inj kit	3		
DXEVO 11-DAY 1.5 mg tab pack	3		
DYURAL 80-LM 80 & 0.25 & 1 mg/ml-%- % inj kit	3		
DYURAL-40 40 & 0.25 & 1 mg/ml-%- % inj kit	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DYURAL-80 80 & 0.25 & 1 mg/ml-% inj kit	3		
DYURAL-L 40 & 1 mg/ml-% inj kit	3		
DYURAL-LM 40 & 0.25 & 1 mg/ml-% inj kit	3		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm, 0.05 % oint</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halcinonide 0.1 % crm</i>	1	HALOG	
<i>halobetasol propionate 0.05 % foam</i>	3		
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % crm, 0.1 % oint	3		
HEMADY 20 mg tab	3		
HEXATRIONE 20 mg/ml Intra-articular Suspension	3		
HIDEX 6-DAY 1.5 mg (21) tab pack	1		
<i>hydrocortisone 1 % crm</i>	1	ALA-CORT	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
IMPEKLO 0.15 MG/ACT (0.05%) lot	3		
IMPOYZ 0.025 % crm	3		
INTRAROSA 6.5 mg vag insert	3		
<i>jtt physicians 40-1 mg/ml-% cmb kit</i>	3		
KENALOG 0.147 mg/gm ext aer soln	3		
KENALOG 10 mg/ml inj susp, 40 mg/ml inj susp	3		
KENALOG-80 80 mg/ml inj susp	3		
LEXETTE 0.05 % foam	3		
LOCOID 0.1 % crm	3		
LOCOID 0.1 % ext soln, 0.1 % lot	3		
LOCOID LIPOCREAM 0.1 % crm	3		
LUXIQ 0.12 % foam	3		
MAS CARE-PAK 10 mg/ml inj kit	3		
MEDROL 2 mg tab	2		
MEDROL 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	3		
MEDROLOAN II SUIK 40 mg/ml cmb kit	3		
MEDROLOAN SUIK 40 mg/ml cmb kit	3		
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 50 mg/ml inj susp</i>	1		
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
MILLIPRED 5 mg tab	2		
MILLIPRED DP 5 mg (21) tab pack, 5 mg (48) tab pack	3		
MILLIPRED DP 12-DAY 5 mg (48) tab pack	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>mlk f1 40 &amp; 0.5 &amp; 2 mg/ml-%-% inj kit</i>	3		
<i>mlk f2 40 &amp; 0.5 &amp; 2 mg/ml-%-% inj kit</i>	3		
<i>mlk f3 40 &amp; 0.5 &amp; 2 mg/ml-%-% inj kit</i>	3		
MLK F4 40 & 0.5 & 2 mg/ml-%-% inj kit	3		
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
<i>multi-specialty 40 &amp; 1 mg/ml-% inj kit</i>	3		
NOLIX 0.05 % crm	1		
NOLIX 0.05 % lot	1		
NUCORT 2 % lot	3		
OLUX 0.05 % foam	3		
OLUX-E 0.05 % foam	3		
ORAPRED ODT 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	3		
ORTIKOS 6 mg cap er 24 hr, 9 mg cap er 24 hr	3		
PANDEL 0.1 % crm	3		
<i>p-care d40 40 mg/ml inj kit</i>	3		
<i>p-care d40g 40 mg/ml cmb kit</i>	3		
<i>p-care d40mx 40 &amp; 0.5 &amp; 1 mg/ml-%-% inj kit</i>	3		
<i>p-care d80 40 mg/ml inj kit</i>	3		
<i>p-care d80g 40 mg/ml cmb kit</i>	3		
<i>p-care d80mx 40 &amp; 0.5 &amp; 1 mg/ml-%-% inj kit</i>	3		
<i>p-care k40 40 mg/ml inj kit</i>	3		
<i>p-care k40g 40 mg/ml cmb kit</i>	3		
<i>p-care k40mx 40 &amp; 0.5 &amp; 1 mg/ml-%-% inj kit</i>	3		
<i>p-care k80 2 X 40 mg/ml inj kit</i>	3		
<i>p-care k80g 40 mg/ml cmb kit</i>	3		
<i>p-care k80mx 40 &amp; 0.5 &amp; 1 mg/ml-%-% inj kit</i>	3		
PEDIAPRED 6.7 (5 Base) mg/5ml soln	3		
<i>physicians ez use joint/tunnel 40-1 mg/ml-% cmb kit</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>physicians ez use m-pred 40-0.5 mg/ml-% inj kit</i>	3		
<i>pod-care 100c 30 mg/5ml inj kit</i>	3		
<i>pod-care 100cg 30 mg/5ml cmb kit</i>	3		
<i>pod-care 100k 40 mg/ml inj kit</i>	3		
<i>pod-care 100kg 40 mg/ml cmb kit</i>	3		
<i>pod-care 100kmx 40 &amp; 0.5 &amp; 1 mg/ml-%-% inj kit</i>	3		
POINT OF CARE L.2 40 & 1 mg/ml-% inj kit	3		
POINT OF CARE L.5 40 & 1 mg/ml-% inj kit	3		
POINT OF CARE LM DEP 2 40 & 0.25 & 1 mg/ml-%-% inj kit	3		
<i>pramoxine-hc 1-2.35 % crm</i>	1		
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 5 mg tab</i>	1		
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISON INTENSOL 5 mg/ml oral conc	1		
PRO-C-DURE 5 2 X 40 mg/ml inj kit	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PRO-C-DURE 6 3 X 40 mg/ml inj kit	3		
PSORCON 0.05 % crm	3		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	3		
READYSHARP ANESTH + METHYLPRED 80 & 0.5 & 1 mg/ml-%-% inj kit	3		
READYSHARP BETAMETHASONE 30 mg/5ml inj kit	3		
READYSHARP DEXAMETHASONE 10 mg/ml inj kit	3		
SCARZEN SKIN REPAIR 0.1 & 5 % (lotion) ext kit	3		
SERNIVO 0.05 % ext emul	3		
SOLU-CORTEF 100 mg inj soln	3		
SYNALAR 0.025 % crm, 0.025 % oint	3		
SYNALAR 0.01 % ext soln	3		
TAPERDEX 12-DAY 1.5 mg (49) tab pack	3		
TAPERDEX 6-DAY 1.5 mg (21) tab pack, 1.5 mg tab pack	1		
TAPERDEX 7-DAY 1.5 mg (27) tab pack	3		
TASOPROL 0.05 % ext kit	3		
TEMOVATE 0.05 % crm, 0.05 % oint	3		
TEXACORT 2.5 % ext soln	3		
TOPICORT 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	3		
TOPICORT SPRAY 0.25 % ext liq	3		
<i>topidex 10 mg/ml inj kit</i>	3		
TOVET 0.05 % foam	1		
<i>triamcinolone acetonide 50 mg/ml inj susp</i>	1		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
<i>triamcinolone in absorbase 0.05 % oint</i>	1	TRIANEX	
TRIANEX 0.05 % oint	1		
TRIDERM 0.1 % crm, 0.5 % crm	1		
TRIDESILON 0.05 % crm	3		
TRILOAN II SUIK 40 mg/ml cmb kit	3		
TRILOAN SUIK 40 mg/ml cmb kit	3		
TRILOCICLO 0.1 & 8 % ext kit	3		
TRITOCIN 0.05 % oint	1		
ULTRAVATE 0.05 % lot	3		
VANOS 0.1 % crm	3		
VERDESO 0.05 % foam	3		
WYNZORA 0.005-0.064 % crm	3		
<i>zcort 7-day 1.5 mg (25) tab pack</i>	3		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - HORMONE REPLACEMENT/MODIFYING DRUGS</b>			
<b>Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Drugs To Regulate Hormones</b>			
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln pfs</i>	1		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES</b>			
<b>Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs</b>			
DDAVP 0.1 mg tab, 0.2 mg tab	3		
DDAVP 0.01 % nasal soln, 4 mcg/ml inj soln	3		
DDAVP PF 4 mcg/ml inj soln	3		
DDAVP RHINAL TUBE 0.01 % nasal soln	2		
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	
<i>desmopressin acetate 1.5 mg/ml nasal soln</i>	1		
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	
<i>desmopressin acetate 4 mcg/ml inj soln</i>	1	DDAVP	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>desmopressin acetate pf 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	
GENOTROPIN 12 mg sc cart, 5 mg sc cart	4		PA
GENOTROPIN MINIQUICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	4		PA
NOCDURNA 27.7 mcg tab subl, 55.3 mcg tab subl	3		
NORDITROPIN FLEXPRO 10 mg/1.5ml sc soln pen-inj, 15 mg/1.5ml sc soln pen-inj, 30 mg/3ml sc soln pen-inj, 5 mg/1.5ml sc soln pen-inj	4		PA
STIMATE 1.5 mg/ml nasal soln	5		
<i>vasopressin 20 unit/ml iv soln</i>	1	VASOSTRICT	
ZOMACTON 5 mg sc soln	4		PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES</b>			
<b>Hormonal Agents, Stimulant/replacement/modifying (prostaglandins) - Hormone Replacement/modifying Drugs</b>			
CERVIDIL 10 mg vag insert	3		
MIFEPREX 200 mg tab	3		
<i>mifepristone 200 mg tab</i>	1		
PREPIDIL 0.5 mg/3gm vag gel	3		
PROSTIN E2 20 mg vag supp	3		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES</b>			
<b>Anabolic Steroids - Hormone Replacement/modifying Drugs</b>			
ANADROL-50 50 mg tab	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	1	OXANDRIN	
<b>Androgens - Hormone Replacement/modifying Drugs</b>			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		
ANDROGEL 20.25 MG/1.25GM (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	3		
ANDROGEL PUMP 20.25 MG/ACT (1.62%) td gel	3		
AVEED 750 mg/3ml im soln	3		
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
DEPO-TESTOSTERONE 100 mg/ml im soln, 200 mg/ml im soln	3		
FORTESTA 10 MG/ACT (2%) td gel	3		
JATENZO 158 mg cap, 198 mg cap, 237 mg cap	3		
<i>methitest 10 mg tab</i>	3		
<i>methyltestosterone 10 mg cap</i>	1	TESTRED	
NATESTO 5.5 mg/act nasal gel	3		
STRIANT 30 mg bucc misc	3		
TESTIM 50 MG/5GM (1%) td gel	3		
TESTONE CIK 200 mg/ml im kit	3		
TESTOPEL 75 mg implant pellet	3		
<i>testosterone 100 mg implant pellet, 200 mg implant pellet, 25 mg implant pellet, 50 mg implant pellet</i>	1		
<i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	
<i>testosterone 10 MG/ACT (2%) td gel</i>	1	FORTESTA	
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	1	DEPO-TESTOSTERONE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	
VOGELXO 50 MG/5GM (1%) td gel	3		
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	3		
XYOSTED 100 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln auto-inj	3		
<b>Estrogens - Hormone Replacement/modifying Drugs</b>			
ACTIVELLA 1-0.5 mg tab	3		
AFIRMELLE 0.1-20 mg-mcg tab	1		
ALORA 0.025 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
ALTAVERA 0.15-30 mg-mcg tab	1		
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1		
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	1		
AMETHIA 0.15-0.03 & 0.01 mg tab	1		
AMETHIA LO 0.1-0.02 & 0.01 mg tab	1		
AMETHYST 90-20 mcg tab	1		
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
ANNOVERA 0.013-0.15 mg/24hr vag ring	3		
APRI 0.15-30 mg-mcg tab	1		
ARANELLE 0.5/1/0.5-35 mg-mcg tab	1		
ASHLYNA 0.15-0.03 & 0.01 mg tab	1		
AUBRA 0.1-20 mg-mcg tab	1		
AUBRA EQ 0.1-20 mg-mcg tab	1		
AUROVELA 1.5/30 1.5-30 mg-mcg tab	1		
AUROVELA 1/20 1-20 mg-mcg tab	1		
AUROVELA 24 FE 1-20 mg-mcg(24) tab	1		
AUROVELA FE 1.5/30 1.5-30 mg-mcg tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
AUROVELA FE 1/20 1-20 mg-mcg tab	1		
AVIANE 0.1-20 mg-mcg tab	1		
AYUNA 0.15-30 mg-mcg tab	1		
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	1		
BALCOLTRA 0.1-20 mg-mcg(21) tab	3		
BALZIVA 0.4-35 mg-mcg tab	1		
BEKYREE 0.15-0.02/0.01 mg (21/5) tab	1		
BEYAZ 3-0.02-0.451 mg tab	3		
<i>bi-est 50:50 td crm</i>	3		
<i>bi-est 80:20 progesterone td crm</i>	3		
<i>bi-est progest-testosterone td crm</i>	3		
BIJUVA 1-100 mg cap	3		
BLISOVI 24 FE 1-20 mg-mcg(24) tab	1		
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	1		
BLISOVI FE 1/20 1-20 mg-mcg tab	1		
<i>briellyn 0.4-35 mg-mcg tab</i>	1		
CAMRESE 0.15-0.03 & 0.01 mg tab	1		
CAMRESE LO 0.1-0.02 & 0.01 mg tab	1		
CAZIANT 0.1/0.125/0.15 -0.025 mg tab	1		
CHARLOTTE 24 FE 1-20 mg-mcg(24) tab chew	1		
CHATEAL 0.15-30 mg-mcg tab	1		
CHATEAL EQ 0.15-30 mg-mcg tab	1		
CLIMARA 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch	3		
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	2		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	3		
COVARYX 1.25-2.5 mg tab	1		
COVARYX HS 0.625-1.25 mg tab	1		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
CRYSELLE-28 0.3-30 mg-mcg tab	1		
CYCLAFEM 1/35 1-35 mg-mcg tab	1		
CYCLAFEM 7/7/7 0.5/0.75/1-35 mg-mcg tab	1		
CYRED 0.15-30 mg-mcg tab	1		
CYRED EQ 0.15-30 mg-mcg tab	1		
DASETTA 1/35 1-35 mg-mcg tab	1		
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	1		
DAYSEE 0.15-0.03 &0.01 mg tab	1		
DELESTROGEN 10 mg/ml im oil, 20 mg/ml im oil, 40 mg/ml im oil	3		
DELYLA 0.1-20 mg-mcg tab	1		
DEPO-ESTRADIOL 5 mg/ml im oil	3		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	DESOGEN	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (2 1/5) tab</i>	1	MIRCETTE	
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	3		
DIVIGEL 1 mg/gm td gel, 1.25 mg/1.25gm td gel	3		
DOLISHALE 90-20 mcg tab	1		
DOTTI 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	1		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	YASMIN	
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	
DUAVEE 0.45-20 mg tab	2		
EEMT 1.25-2.5 mg tab	1		
EEMT HS 0.625-1.25 mg tab	1		
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
ELINEST 0.3-30 mg-mcg tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ELURYNG 0.12-0.015 mg/24hr vag ring	1		
EMOQUETTE 0.15-30 mg-mcg tab	1		
ENPRESSE-28 50-30/75-40/ 125-30 mcg tab	1		
ENSKYCE 0.15-30 mg-mcg tab	1		
<i>est estrogens-methyltest 0.625-1.25 mg tab</i>	1		
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
ESTARYLLA 0.25-35 mg-mcg tab	1		
ESTRACE 0.5 mg tab, 1 mg tab, 2 mg tab	3		
ESTRACE 0.1 mg/gm vag crm	3		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel</i>	1	DIVIGEL	
<i>estradiol 1 mg/gm td gel, 1.25 mg/1.25gm td gel</i>	1	DIVIGEL	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>estradiol valerate 10 mg/ml im oil</i>	1		
<i>estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVEVELLA	
ESTRING 2 mg vag ring	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>estriol-progesterone micro 4-20 mg/gm td crm</i>	1		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
ESTROSTEP FE 1-20/1-30/1-35 mg-mcg tab	3		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab</i>	1	DEMULEN	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	1	NUVARING	
EVAMIST 1.53 mg/spray td soln	3		
FALESSA 20-1-0.1 mcg-mg oral kit	3		
FALMINA 0.1-20 mg-mcg tab	1		
FAYOSIM 42-21-21-7 days tab	1		
FEMHRT 0.5-2.5 mg-mcg tab	3		
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	3		
FEMYNOR 0.25-35 mg-mcg tab	1		
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	1		
GEMMILY 1-20 mg-mcg(24) cap	1		
GENERESS FE 0.8-25 mg-mcg tab chew	3		
GIANVI 3-0.02 mg tab	1		
HAILEY 1.5/30 1.5-30 mg-mcg tab	1		
HAILEY 24 FE 1-20 mg-mcg(24) tab	1		
HAILEY FE 1.5/30 1.5-30 mg-mcg tab	1		
HAILEY FE 1/20 1-20 mg-mcg tab	1		
ICLEVIA 0.15-0.03 mg tab	1		
IMVEXXY MAINTENANCE PACK 10 mcg vag insert, 4 mcg vag insert	2		
IMVEXXY STARTER PACK 10 mcg vag insert, 4 mcg vag insert	2		
INTROVALE 0.15-0.03 mg tab	1		
ISIBLOOM 0.15-30 mg-mcg tab	1		
JAIMIESS 0.15-0.03 & 0.01 mg tab	1		
JASMIEL 3-0.02 mg tab	1		
JINTELI 1-5 mg-mcg tab	1		
JOLESSA 0.15-0.03 mg tab	1		
JULEBER 0.15-30 mg-mcg tab	1		
JUNEL 1.5/30 1.5-30 mg-mcg tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
JUNEL 1/20 1-20 mg-mcg tab	1		
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	1		
JUNEL FE 1/20 1-20 mg-mcg tab	1		
JUNEL FE 24 1-20 mg-mcg(24) tab	1		
KAITLIB FE 0.8-25 mg-mcg tab chew	1		
KALLIGA 0.15-30 mg-mcg tab	1		
KARIVA 0.15-0.02/0.01 mg (21/5) tab	1		
KELNOR 1/35 1-35 mg-mcg tab	1		
KELNOR 1/50 1-50 mg-mcg tab	1		
KURVELO 0.15-30 mg-mcg tab	1		
LARIN 1.5/30 1.5-30 mg-mcg tab	1		
LARIN 1/20 1-20 mg-mcg tab	1		
LARIN 24 FE 1-20 mg-mcg(24) tab	1		
LARIN FE 1.5/30 1.5-30 mg-mcg tab	1		
LARIN FE 1/20 1-20 mg-mcg tab	1		
LARISSIA 0.1-20 mg-mcg tab	1		
LAYOLIS FE 0.8-25 mg-mcg tab chew	1		
LEENA 0.5/1/0.5-35 mg-mcg tab	1		
LESSINA 0.1-20 mg-mcg tab	1		
LEVONEST 50-30/75-40/ 125-30 mcg tab	1		
<i>levonorgest-eth est &amp; eth est 42-21-21-7 days tab</i>	1	QUARTETTE	
<i>levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab</i>	1	LOSEASONIQUE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	SEASONALE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i>	1	SEASONIQUE	
<i>levonorgest-eth estrad-fe bisg 0.1-20 mg-mcg(21) tab</i>	1		
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ALESSE	
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	AMETHYST 28 DAY	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	NORDETTE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	1		
LILLOW 0.15-30 mg-mcg tab	1		
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	3		
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	1		
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	1		
LOESTRIN FE 1.5/30 1.5-30 mg-mcg tab	1		
LOESTRIN FE 1/20 1-20 mg-mcg tab	1		
LOJAIMIESS 0.1-0.02 & 0.01 mg tab	1		
LOPREEZA 1-0.5 mg tab	1		
LORYNA 3-0.02 mg tab	1		
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	3		
LOW-OGESTREL 0.3-30 mg-mcg tab	1		
LO-ZUMANDIMINE 3-0.02 mg tab	1		
LUTERA 0.1-20 mg-mcg tab	1		
LYLLANA 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	1		
<i>marlissa 0.15-30 mg-mcg tab</i>	1	NORDETTE	
MELODETTA 24 FE 1-20 mg-mcg(24) tab chew	1		
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab, 2.5 mg tab	2		
MENOSTAR 14 mcg/24hr tdwk patch	3		
MERZEE 1-20 mg-mcg(24) cap	1		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	1		
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
MICROGESTIN 1/20 1-20 mg-mcg tab	1		
MICROGESTIN 24 FE 1-20 mg-mcg tab	1		
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	1		
MICROGESTIN FE 1/20 1-20 mg-mcg tab	1		
MILI 0.25-35 mg-mcg tab	1		
MIMVEY 1-0.5 mg tab	1		
MINASTRIN 24 FE 1-20 mg-mcg(24) tab chew	3		
MINIVELLE 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	3		
MONO-LINYAH 0.25-35 mg-mcg tab	1		
NATAZIA 3/2-2/2-3/1 mg tab	2		
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	1		
NEXTSTELLIS 3-14.2 mg tab	3		
NIKKI 3-0.02 mg tab	1		
<i>norelgestromin-eth estradiol 150-35 mcg/24hr tdwk patch</i>	1		
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab</i>	1	LOESTRIN FE	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	1	MINASTRIN 24 FE	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	1	TAYTULLA	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab, 1.5-30 mg-mcg tab</i>	1	LOESTRIN	
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	1	FEMHRT	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	1		
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	1	FEMCON FE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	1	GENERESS FE	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1	ORTHO-CYCLEN (28)	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	
NORTREL 0.5/35 (28) 0.5-35 mg-mcg tab	1		
NORTREL 1/35 (21) 1-35 mg-mcg tab	1		
NORTREL 1/35 (28) 1-35 mg-mcg tab	1		
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	1		
NUVARING 0.12-0.015 mg/24hr vag ring	3		
NYLIA 1/35 1-35 mg-mcg tab	1		
NYLIA 7/7/7 0.5/0.75/1-35 mg-mcg tab	1		
NYMYO 0.25-35 mg-mcg tab	1		
OCELLA 3-0.03 mg tab	1		
OGESTREL 0.5-50 mg-mcg tab	1		
ORSYTHIA 0.1-20 mg-mcg tab	1		
ORTHO TRI-CYCLEN LO 0.18/0.215/0.25 mg-25 mcg tab	3		
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1-35 mg-mcg tab	3		
PHILITH 0.4-35 mg-mcg tab	1		
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	1		
PIRMELLA 1/35 1-35 mg-mcg tab	1		
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	1		
PORTIA-28 0.15-30 mg-mcg tab	1		
PREFEST 1/1-0.09 mg (15/15) tab	3		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE 0.625-5 mg tab	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
PREVIFEM 0.25-35 mg-mcg tab	1		
QUARTETTE 42-21-21-7 days tab	3		
RECLIPSEN 0.15-30 mg-mcg tab	1		
RIVELSA 42-21-21-7 days tab	1		
SAFYRAL 3-0.03-0.451 mg tab	3		
SEASONIQUE 0.15-0.03 &0.01 mg tab	3		
SETLAKIN 0.15-0.03 mg tab	1		
SIMLIYA 0.15-0.02/0.01 mg (21/5) tab	1		
SIMPESSE 0.15-0.03 &0.01 mg tab	1		
SPRINTEC 28 0.25-35 mg-mcg tab	1		
SRONYX 0.1-20 mg-mcg tab	1		
SYEDA 3-0.03 mg tab	1		
TARINA 24 FE 1-20 mg-mcg(24) tab	1		
TARINA FE 1/20 1-20 mg-mcg tab	1		
TARINA FE 1/20 EQ 1-20 mg-mcg tab	1		
TAYSOFY 1-20 mg-mcg(24) cap	1		
TAYTULLA 1-20 mg-mcg(24) cap	3		
TILIA FE 1-20/1-30/1-35 mg-mcg tab	1		
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	1		
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	1		
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	1		
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	1		
TRI-LO-ESTARYLLA 0.18/0.215/0.25 mg-25 mcg tab	1		
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	1		
TRI-LO-MILI 0.18/0.215/0.25 mg-25 mcg tab	1		
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	1		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
TRI-MILI 0.18/0.215/0.25 mg-35 mcg tab	1		
TRI-NYMYO 0.18/0.215/0.25 mg-35 mcg tab	1		
TRI-PREVIFEM 0.18/0.215/0.25 mg-35 mcg tab	1		
TRI-SPRINTEC 0.18/0.215/0.25 mg-35 mcg tab	1		
TRIVORA (28) 50-30/75-40/ 125-30 mcg tab	1		
TRI-VYLIBRA 0.18/0.215/0.25 mg-35 mcg tab	1		
TRI-VYLIBRA LO 0.18/0.215/0.25 mg-25 mcg tab	1		
TWIRLA 120-30 mcg/24hr tdkw patch	3		
TYBLUME 0.1-20 mg-mcg tab chew	1		
TYDEMY 3-0.03-0.451 mg tab	1		
VAGIFEM 10 mcg vag tab	3		
VELIVET 0.1/0.125/0.15 -0.025 mg tab	1		
VESTURA 3-0.02 mg tab	1		
VIENVA 0.1-20 mg-mcg tab	1		
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	
VIVELLE-DOT 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
VOLNEA 0.15-0.02/0.01 mg (21/5) tab	1		
VYFEMLA 0.4-35 mg-mcg tab	1		
VYLIBRA 0.25-35 mg-mcg tab	1		
WERA 0.5-35 mg-mcg tab	1		
WYMZYA FE 0.4-35 mg-mcg tab chew	1		
XULANE 150-35 mcg/24hr tdkw patch	1		
YASMIN 28 3-0.03 mg tab	3		
YAZ 3-0.02 mg tab	3		
YUVAFEM 10 mcg vag tab	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZAFEMY 150-35 mcg/24hr tdwk patch	1		
ZARAH 3-0.03 mg tab	1		
ZOVIA 1/35 (28) 1-35 mg-mcg tab	1		
ZOVIA 1/35E (28) 1-35 mg-mcg tab	1		
ZUMANDIMINE 3-0.03 mg tab	1		
<b>Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs</b>			
ELLA 30 mg tab	3		
<b>Progestins - Hormone Replacement/modifying Drugs</b>			
AYGESTIN 5 mg tab	3		
CAMILA 0.35 mg tab	1		
CRINONE 4 % vag gel, 8 % vag gel	3		
DEBLITANE 0.35 mg tab	1		
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs, 400 mg/ml im susp	3		
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		
<i>ec-rx progesterone 10 % td crm, 20 % td crm</i>	3		
ENDOMETRIN 100 mg vag insert	2		
ERRIN 0.35 mg tab	1		
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	3		
HEATHER 0.35 mg tab	1		
<i>hydroxyprogesterone caproate 1.25 gm/5ml im soln</i>	4	DELALUTIN	PA
INCASSIA 0.35 mg tab	1		
JENCYCLA 0.35 mg tab	1		
KYLEENA 19.5 mg iud	3		
LILETTA (52 MG) 20.1 mcg/day iud	3		
LYLEQ 0.35 mg tab	1		
LYZA 0.35 mg tab	1		
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	1	DEPO-PROVERA	
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
MEGACE ES 625 mg/5ml susp	3		
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp</i>	1	MEGACE	
MIRENA (52 MG) 20 mcg/day iud	3		
NEXPLANON 68 mg sc implant	4		
NORA-BE 0.35 mg tab	1		
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
NORLYDA 0.35 mg tab	1		
NORLYROC 0.35 mg tab	1		
ORTHO MICRONOR 0.35 mg tab	3		
<i>progesterone 50 mg/ml im oil</i>	1		
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	
<i>progesterone compounding kit 20 % td crm</i>	3		
<i>progesterone micronized 10 % td crm</i>	1		
PROMETRIUM 100 mg cap, 200 mg cap	3		
PROVERA 10 mg tab, 2.5 mg tab, 5 mg tab	3		
SHAROBEL 0.35 mg tab	1		
SKYLA 13.5 mg iud	3		
SLYND 4 mg tab	3		
TULANA 0.35 mg tab	1		
<b>Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs</b>			
<i>clomiphene citrate 50 mg tab</i>	1		
EVISTA 60 mg tab	3		
OSPHENA 60 mg tab	3		
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES</b>			
<b>Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs</b>			
EUTHYROX 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab			
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap</i>	3	TIROSINT	
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
<i>liothyronine sodium 10 mcg/ml iv soln</i>	1	TRIOSTAT	
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	3		
UNITHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES</b>			
<b>Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants</b>			
ISTURISA 1 mg tab, 10 mg tab, 5 mg tab	4		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LYSODREN 500 mg tab	4		
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES</b>			
<b>Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants</b>			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	4	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	4		PA
MYFEMBREE 40-1-0.5 mg tab	2		
ORIAHNN 300-1-0.5 & 300 mg cap pack	2		
ORLISSA 150 mg tab, 200 mg tab	2		PA
SYNAREL 2 mg/ml nasal soln	4		PA
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES</b>			
<b>Antithyroid Agents - Thyroid Suppressing Drugs</b>			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
<i>sodium iodide i-131 1000 mci/ml soln</i>	1		
TAPAZOLE 10 mg tab, 5 mg tab	3		
<b>IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM</b>			
<b>Immune Suppressants - Immune System Drugs</b>			
<i>adalimumab-adaz 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs</i>	4	HYRIMOZ	PA
AVSOLA 100 mg iv soln	4		PA
AZASAN 100 mg tab, 75 mg tab	1		
<i>azathioprine 100 mg tab, 75 mg tab</i>	1	AZASAN	
<i>azathioprine 50 mg tab</i>	1	IMURAN	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>azathioprine sodium 100 mg inj soln</i>	1	IMURAN	
CIMZIA 2 X 200 mg sc kit, 2 X 200 mg/ml sc pfs kit	5		PA
CIMZIA STARTER KIT 6 X 200 mg/ml sc pfs kit	5		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	1	SANDIMMUNE	
<i>cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap</i>	1	NEORAL	
ENBREL 25 mg sc soln	4		PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL MINI 50 mg/ml sc soln cart	4		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	4		PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	1	ZORTRESS	
GENGRAF 100 mg cap, 25 mg cap	1		
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	4		PA
HADLIMA PUSH TOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	4		PA
HUMIRA 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit	4		PA
HUMIRA (2 PEN) 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA (2 SYRINGE) 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
HUMIRA-PED>=40KG UC STARTER 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA-PS/UV/ADOL HS STARTER 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA-PSORIASIS/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	4		PA
IMURAN 50 mg tab	3		
INFLECTRA 100 mg iv soln	5		PA
<i>infliximab 100 mg iv soln</i>	4		PA
LUPKYNIS 7.9 mg cap	4		
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 1 gm inj soln</i>	4		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	4		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	4		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	1	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	1	CELLCEPT	
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	1	MYFORTIC	
OLUMIANT 1 mg tab, 2 mg tab, 4 mg tab	5		PA
ORENCIA 250 mg iv soln	4		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
OTREXUP 10 mg/0.4ml sc soln auto-inj, 12.5 mg/0.4ml sc soln auto-inj, 15 mg/0.4ml sc soln auto-inj, 17.5 mg/0.4ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.4ml sc soln auto-inj, 25 mg/0.4ml sc soln auto-inj	3		
RASUVO 10 mg/0.2ml sc soln auto-inj, 12.5 mg/0.25ml sc soln	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
auto-inj, 15 mg/0.3ml sc soln auto-inj, 17.5 mg/0.35ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.45ml sc soln auto-inj, 25 mg/0.5ml sc soln auto-inj, 30 mg/0.6ml sc soln auto-inj, 7.5 mg/0.15ml sc soln auto-inj			
REDITREX 10 mg/0.4ml sc soln pfs, 12.5 mg/0.5ml sc soln pfs, 15 mg/0.6ml sc soln pfs, 17.5 mg/0.7ml sc soln pfs, 20 mg/0.8ml sc soln pfs, 22.5 mg/0.9ml sc soln pfs, 25 mg/ml sc soln pfs, 7.5 mg/0.3ml sc soln pfs	3		
REMICADE 100 mg iv soln	5		PA
RENFLEXIS 100 mg iv soln	5		PA
REZUROCK 200 mg tab	3		
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	4		PA
SIMPONI 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 50 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln pfs	5		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	RAPAMUNE	
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	1	PROGRAF	
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	5		
XATMEP 2.5 mg/ml soln	5		PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
<b>Immunizing Agents, Passive - Immune System Drugs</b>			
CYTOGAM 50 mg/ml iv inj	2		
HYPERHEP B 110 unit/0.5ml im soln pfs, 220 unit/ml im soln, 220 unit/ml im soln pfs	3		
HYPERRAB 1500 unit/5ml inj soln, 300 unit/ml inj soln, 900 unit/3ml inj soln	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
HYPERRAB S/D 1500 unit/10ml inj soln, 300 unit/2ml inj soln	3		
HYPERTET 250 unit/ml im soln pfs	3		
IMOGAM RABIES-HT 300 unit/2ml inj soln	3		
<i>kedrab 1500 unit/10ml inj soln, 300 unit/2ml inj soln</i>	3		
NABI-HB 312 unit/ml im soln	3		
RHOPHYLAC 1500 unit/2ml inj soln pfs	2		
THYMOGLOBULIN 25 mg iv soln	3		
<b>Immunological Agents, Other- Immune System Drugs</b>			
DUPIXENT 200 mg/1.14ml sc soln pen-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs	4		PA
<b>Immunomodulators - Immune System Drugs</b>			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
ARAVA 10 mg tab, 20 mg tab	3		
<i>bamlanivimab 700 mg/20ml iv soln</i>	1		
<i>casirivimab 1332 mg/11.1ml inj soln, 300 mg/2.5ml inj soln</i>	1		
ENTYVIO 300 mg iv soln	5		PA
<i>etesevimab 700 mg/20ml iv soln</i>	1		
<i>imdevimab 1332 mg/11.1ml inj soln, 300 mg/2.5ml inj soln</i>	1		
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	5		PA
PROVENGE 50000000 cells iv susp	4		
RIDAURA 3 mg cap	4		PA
SIMPONI ARIA 50 mg/4ml iv soln	5		PA
SIMULECT 10 mg iv soln, 20 mg iv soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ZINPLAVA 1000 mg/40ml iv soln	3		
<b>Vaccines</b>			
ACTHIB im soln	3		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp	3		
AFLURIA QUADRIVALENT im susp, 0.25 ml im susp pfs, 0.5 ml im susp pfs	3		
<i>astrazeneca covid-19 vaccine 0.5 ml im susp</i>	3		
<i>bcg vaccine 50 mg inj soln</i>	1		
BEXSERO im susp pfs	3		
BIOTHRAX im susp	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp, 5-2.5-18.5 lf-mcg/0.5 im susp pfs	3		
DAPTACEL 23-15-5 im susp	3		
DENGVAXIA sc susp	3		
<i>diphtheria-tetanus toxoids dt 25-5 lfu/0.5ml im susp</i>	1		
ENGERIX-B 10 mcg/0.5ml Injection Suspension Prefilled Syringe, 20 mcg/ml inj susp, 20 mcg/ml Injection Suspension Prefilled Syringe	3		
FLUAD 0.5 ml im susp pfs	3		
FLUAD QUADRIVALENT 0.5 ml im pfs	3		
FLUARIX QUADRIVALENT 0.5 ml im susp pfs	3		
FLUBLOK QUADRIVALENT 0.5 ml im soln pfs	3		
FLUCELVAX QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
FLULAVAL QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
FLUMIST QUADRIVALENT nasal susp	3		
FLUZONE HIGH-DOSE 0.5 ml im susp pfs	3		
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ml im susp pfs	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
FLUZONE QUADRIVALENT im susp, 0.25 ml im susp pfs, 0.5 ml im susp, 0.5 ml im susp pfs	3		
GARDASIL 9 im susp, im susp pfs	3		
HAVRIX 1440 el u/ml im susp, 720 el u/0.5ml im susp	3		
HEPAGAM B 312 unit/ml inj soln	3		
HEPLISAV-B 20 mcg/0.5ml im soln pfs	3		
HIBERIX 10 mcg inj soln	3		
IMOVAX RABIES 2.5 unit/ml im susp	3		
IMOVAX RABIES 2.5 unit/ml im susp	3		
INFANRIX 25-58-10 im susp	3		
IPOL inj	3		
IXIARO im susp	3		
<i>janssen covid-19 vaccine 0.5 ml im susp</i>	3		
KINRIX im susp, 0.5 ml im susp pfs	3		
MENACTRA im soln	3		
MENQUADFI im soln	3		
MENVEO im soln	3		
M-M-R II inj soln	3		
<i>moderna covid-19 vac (booster) 50 mcg/0.5ml im susp</i>	3		
<i>moderna covid-19 vacc 6-11y 50 mcg/0.5ml im susp</i>	3		
<i>moderna covid-19 vacc 6m-5y 25 mcg/0.25ml im susp</i>	3		
<i>moderna covid-19 vaccine 100 mcg/0.5ml im susp</i>	3		
<i>novavax covid-19 vaccine 5 mcg/0.5ml im susp</i>	3		
PEDIARIX im susp pfs	3		
PEDVAX HIB 7.5 mcg/0.5ml im susp	3		
PENTACEL im susp	3		
<i>pfizer covid-19 vac-tris 5-11y 10 mcg/0.2ml im susp</i>	3		
<i>pfizer covid-19 vac-tris 6m-4y 3 mcg/0.2ml im susp</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>pfizer-biont covid-19 vac-tris 30 mcg/0.3ml im susp</i>	3		
<i>pfizer-biontech covid-19 vacc 30 mcg/0.3ml im susp</i>	3		
PNEUMOVAX 23 25 mcg/0.5ml inj	3		
PREHEVBRIO 10 mcg/ml im susp	3		
PREVNAR 13 im susp	3		
PREVNAR 20 0.5 ml im susp pfs	3		
PRIORIX sc susp	3		
PROQUAD sc susp	3		
QUADRACEL im susp, 0.5 ml im susp pfs	3		
RECOMBIVAX HB 10 mcg/ml inj susp, 10 mcg/ml Injection Suspension Prefilled Syringe, 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp, 5 mcg/0.5ml Injection Suspension Prefilled Syringe	3		
ROTARIX susp	3		
ROTATEQ soln	3		
SHINGRIX 50 mcg/0.5ml im susp	3		
SPIKEVAX COVID-19 VACCINE 100 mcg/0.5ml im susp	3		
TDVAX 2-2 lf/0.5ml im susp	3		
TENIVAC 5-2 lfu im inj	3		
<i>tetanus-diphtheria toxoids td 2-2 lf/0.5ml im susp</i>	1		
TICOVAC 2.4 mcg/0.5ml im susp pfs	3		
TRUMENBA im susp pfs	3		
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		
TYPHIM VI 25 mcg/0.5ml im soln, 25 mcg/0.5ml im soln pfs	3		
VAQTA 25 unit/0.5ml im susp, 50 unit/ml im susp	3		
VARIVAX 1350 pfu/0.5ml sc inj	3		
VARIZIG 125 unit/1.2ml im soln	3		
VAXCHORA susp	3		
VAXELIS im susp, im susp pfs	3		
VAXNEUVANCE 0.5 ml im susp pfs	3		
VIVOTIF cap dr	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
YF-VAX sc inj	3		
ZOSTAVAX 19400 unt/0.65ml sc susp	3		
<b>INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE</b>			
<b>Aminosalicylates - Inflammatory Bowel Disease Drugs</b>			
APRISO 0.375 gm cap er 24 hr	2		
ASACOL HD 800 mg tab dr	3		
<i>balsalazide disodium 750 mg cap</i>	1	COLAZAL	
CANASA 1000 mg rect supp	3		
COLAZAL 750 mg cap	3		
DELZICOL 400 mg cap dr	3		
DIPENTUM 250 mg cap	3		
LIALDA 1.2 gm tab dr	3		
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	1	APRISO	
<i>mesalamine er 500 mg cap er</i>	1	PENTASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	3		
ROWASA 4 gm rect kit	3		
SFROWASA 4 gm/60ml rect enema	2		
<b>Glucocorticoids - Drugs To Treat Inflammation</b>			
<i>budesonide 2 mg rect foam</i>	1		
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	
<i>budesonide er 9 mg tab er 24 hr</i>	1	UCERIS	
COLOCORT 100 mg/60ml rect enema	1		
CORTENEMA 100 mg/60ml rect enema	3		
CORTIFOAM 10 % foam	3		
ENTOCORT EC 3 mg cap dr prt	3		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
UCERIS 9 mg tab er 24 hr	3		
UCERIS 2 mg/act rect foam	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<b>Sulfonamides - Antibiotics</b>			
AZULFIDINE 500 mg tab	3		
AZULFIDINE EN-TABS 500 mg tab dr	3		
sulfasalazine 500 mg tab, 500 mg tab dr	1	AZULFIDINE	
<b>LOCAL ANESTHETICS</b>			
<b>Anesthetics</b>			
solaravix 3 % ext pack	3		
<b>Anesthetics - Drugs For Numbing</b>			
bupivacaine hcl 125 mg/4ml inj soln pfs, 250 mg/8ml inj soln pfs, 312.5 mg/10ml inj soln pfs, 625 mg/20ml inj soln pfs	1		
dermalid 5 % ext pack	3		
gen7t 3.5 % patch	3		
gen7t 3.5 % lot	3		
gen7t plus 3.5-7 % lot	3		
GEN7T PLUS 3.5-7 % patch	3		
lidostream 5 & 10 % ext kit	3		
PRILO PATCH 2.5 % ext kit	3		
PRILO PATCH II 2.5-2.5 & 5 % ext kit	3		
<b>METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS</b>			
<b>Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs</b>			
ACTONEL 150 mg tab, 35 mg tab	3		
alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab	1	FOSAMAX	
alendronate sodium 70 mg/75ml soln	1	FOSAMAX	
ATELVIA 35 mg tab dr	3		
BINOSTO 70 mg tab eff	3		
BONIVA 150 mg tab	3		
BONIVA 3 mg/3ml iv soln	3		
calcitonin (salmon) 200 unit/act nasal soln, 200 unit/ml inj soln	1	MIACALCIN	
calcitriol 1 mcg/ml iv soln	1	CALCIJEX	
calcitriol 0.25 mcg cap, 0.5 mcg cap	1	ROCALTROL	
calcitriol 1 mcg/ml soln	1	ROCALTROL	
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	1	SENSIPAR	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	
FORTEO 600 mcg/2.4ml sc soln pen-inj	4		PA
FOSAMAX 70 mg tab	3		
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	4	BONIVA	PA
MIACALCIN 200 unit/ml inj soln	3		
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	
<i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>	1	ZEMPLAR	
PROLIA 60 mg/ml sc soln pfs	5		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	
ROCALTROL 0.25 mcg cap, 0.5 mcg cap	3		
ROCALTROL 1 mcg/ml soln	3		
SENSIPAR 30 mg tab, 60 mg tab, 90 mg tab	3		
<i>teriparatide 600 mcg/2.4ml sc soln pen-inj</i>	1		PA
<i>teriparatide (recombinant) 600 mcg/2.4ml sc soln pen-inj</i>	1		PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA
ZEMPLAR 1 mcg cap, 2 mcg cap	3		
ZEMPLAR 2 mcg/ml iv soln, 5 mcg/ml iv soln	3		
<i>zoledronic acid 5 mg/100ml iv soln</i>	4	RECLAST	PA
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>			
<b>Miscellaneous Therapeutic Agents</b>			
12-PANEL POC TOXICOLOGY SYSTEM in vitro kit	3		
<i>2-way foley stabilization dev misc</i>	3		
ACCU-CHEK LINKASSIST misc	3		
ACCU-CHEK PLASTIC CARTRIDGE misc	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ACCU-CHEK RAPID-D INFUSION SET misc	3		
ACCU-CHEK SPIRIT CARTRIDGE misc	3		
ACCU-CHEK TENDER 1 INFUSION kit	3		
ACCU-CHEK TENDER I SET 24" misc	3		
ACCU-CHEK TENDER I SET 31" misc	3		
ACCU-CHEK ULTRAFLEX INF SET misc	3		
ACCU-CHEK ULTRAFLEX-1 INF SET misc	3		
ACE AEROSOL CLOUD ENHANCER misc	3		
<i>aceso ag 4"X4" pad</i>	3		
ACTIFOAM COLLAGEN SPONGE ext misc	3		
<i>active-medicated spec collect cmb kit</i>	3		
ACUNOL tab	3		
<i>adapter cap misc</i>	1		
ADD-VANTAGE ADDAPTOR CONNECTOR misc	3		
<i>adult mask misc</i>	1		
AEROCHAMBER MINI CHAMBER dev	2		
AEROCHAMBER MV misc	2		
AEROCHAMBER PLUS FLO-VU misc	2		
AEROCHAMBER PLUS FLO-VU LARGE misc	2		
AEROCHAMBER PLUS FLO-VU MEDIUM misc	2		
AEROCHAMBER PLUS FLO-VU SMALL misc	2		
AEROCHAMBER PLUS FLO-VU W/MASK misc	2		
AEROCHAMBER PLUS FLOW VU misc	2		
AEROCHAMBER W/FLOWSIGNAL misc	2		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
AEROCHAMBER Z-STAT PLUS misc	2		
AEROCHAMBER Z-STAT PLUS CHAMBR misc	2		
AEROCHAMBER Z-STAT PLUS/LARGE misc	2		
AEROCHAMBER Z-STAT PLUS/MEDIUM misc	2		
AEROCHAMBER Z-STAT PLUS/SMALL misc	2		
AEROVENT PLUS dev	2		
ALCOH-GLOVE CONTOURED WIPE pad	3		
<i>alcoh-wipe sheet</i>	3		
<i>aloe vera oil</i>	1		
ALPHAMOP FOAM REPLACEMENT PADS misc	3		
<i>aluminum flip off seals 13mm misc</i>	1		
<i>aluminum flip off seals 20mm misc</i>	1		
<i>amber glass bottle misc</i>	1		
<i>amber glass vials 2ml misc</i>	1		
<i>amber glass vials 2ml/13mm misc</i>	1		
<i>amber glass vials 30ml/20mm misc</i>	1		
AMINOAMRMS cap	1		
AMINORELIEFRMS cap	1		
AMYVID 500-1900 mbq/ml iv soln	3		
<i>antivenin latrodectus mactans inj kit</i>	1		
<i>antivenin micrurus fulvius iv soln</i>	1		
APP SLIM RMS cap	3		
ARIDA gel	3		
ARIDOL 0 & 5 & 10 & 20 & 40 mg inh kit	3		
<i>autoclave air filter misc</i>	3		
<i>autoclave paper 36" x 36" misc</i>	1		
<i>autoclave printer paper misc</i>	3		
AUTOSOFT 30 INFUSION SET misc	3		
AUTOSOFT 90 INFUSION SET misc	3		
AUTOSOFT XC INFUSION SET misc	3		
AVAILNEX 750 mg tab chew	3		
AVITENE pad	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
AVOSTARTGRIP misc	3		
AXONA pckt	3		
AZADROX gel	3		
<i>azalgia cap</i>	3		
<i>baclofen pwdr</i>	1		
BASADROX gel	3		
BD PEN NEEDLE NANO U/F 32G X 4 MM misc	2		
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ml misc	2		
<i>bhi uri-control tab</i>	3		
BIAFINE ext emul	3		
BIONECT 0.2 % crm, 0.2 % foam, 0.2 % gel	3		
BLUESTAR dev	3		
BOTOX COSMETIC 100 unit im soln, 50 unit im soln	4		
<i>bottle 120ml/spray/clr plastic misc</i>	1		
<i>bottle 2oz/blue glass/dropper misc</i>	1		
<i>bottle 500ml/boston round/cap misc</i>	1		
<i>bottle 8oz/boston round/cap misc</i>	1		
<i>bottle amber glass 33oz misc</i>	1		
<i>bottle amber graduated 16oz misc</i>	1		
<i>bottle amber graduated 8oz misc</i>	1		
<i>bottle/white 6oz w/twist top misc</i>	1		
<i>bottletop dispenser misc</i>	1		
<i>bottletop dispenser adapter misc</i>	1		
<i>breathe ease large dev</i>	2		
<i>breathe ease medium dev</i>	2		
<i>breathe ease neb mask/child misc</i>	3		
<i>breathe ease neb mask/infant misc</i>	3		
<i>breathe ease small dev</i>	2		
BREATHERITE misc	2		
BREATHERITE COLL SPACER ADULT misc	2		
BREATHERITE COLL SPACER CHILD misc	2		
BREATHERITE COLL SPACER INFANT misc	2		
BREATHERITE RIGID SPACER/MASK misc	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
BREATHERITE SPACER NEONATE misc	2		
BREATHERITE SPACER SMALL CHILD misc	2		
BREATHERITE/LARGE MASK misc	2		
BREATHERITE/MEDIUM MASK misc	2		
BREATHERITE/SMALL MASK misc	2		
BRIDION 200 mg/2ml iv soln, 500 mg/5ml iv soln	3		
<i>bubble point tester kit/wizard misc</i>	1		
CAMINO PRO COMPLETE/GLYTACTIN Oral Bar	3		
<i>cantharidin 0.7 % ext soln</i>	1		
<i>carboprost tromethamine 250 mcg/ml im soln</i>	1	HEMABATE	
CARDIOVID PLUS cap	3		
CARETOUCH 2 CPAP HOSE HANGER misc	3		
CARETOUCH CPAP & BIPAP HOSE misc	3		
CARETOUCH CPAP MASK WIPES misc	3		
CARETOUCH CPAP PRE-WASH SOLN misc	3		
CARETOUCH CPAP TUBE BRUSH misc	3		
CARETOUCH UNIVERSL CPAP FILTER misc	3		
CARNITOR 330 mg tab	3		
CARNITOR 1 gm/10ml soln, 200 mg/ml iv soln	3		
CARNITOR SF 1 gm/10ml soln	3		
CARTICEL i-artic implant	3		
CAYA vag diaph	3		
CEQUR SIMPLICITY 2U dev	3		
CGMS REPLACEMENT CABLE misc	3		
CGMS SOFTWARE misc	3		
<i>cholecalciferol crys</i>	1		
<i>cleanroom tacky mat 18"x36" misc</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>clear glass vial 10ml misc</i>	1		
<i>clear glass vials 2ml misc</i>	1		
CLEVER CHOICE HOLDING CHAMBER dev	2		
COLCIGEL gel	3		
COLLATYL gel	3		
COMAR PRESS-IN BOTTLE ADAPTERS misc	3		
COMFORT SHORT INF SET 23"/13MM misc	3		
COMFORT SHORT INF SET 31"/13MM misc	3		
COMFORT SHORT INF SET 43"/13MM misc	3		
COMPACT SPACE CHAMBER dev	2		
COMPACT SPACE CHAMBER/LG MASK dev	2		
COMPACT SPACE CHAMBER/MED MASK dev	2		
COMPACT SPACE CHAMBER/SM MASK dev	2		
<i>compressor nebulizer misc</i>	1		
<i>corn (syrup) syr</i>	1		
CORTROSYN 0.25 mg inj soln	3		
<i>cosyntropin 0.25 mg inj soln</i>	1	CORTROSYN	
<i>coverall boots/disposable/univ misc</i>	1		
<i>coverall w/hood/3xl misc</i>	1		
<i>coverall w/hood/small misc</i>	1		
<i>coverall w/hood/xl misc</i>	1		
<i>coverall w/hood/xxl misc</i>	1		
<i>coveralls elast back/wrst/ankl misc</i>	1		
CROFAB iv soln	3		
CRYOSERV soln	3		
D-CARE BLOOD GLUCOSE in vitro strip	3		
D-CARE GLUCOMETER w/Device kit	3		
<i>deferoxamine mesylate 2 gm inj soln, 500 mg inj soln</i>	4	DESFERAL	PA
DELTEC COZMO CLEO SET 24" 6MM misc	3		
DELTEC COZMO CLEO SET 24" 9MM misc	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DELTEC COZMO CLEO SET 31" 6MM misc	3		
DELTEC COZMO CLEO SET 31" 9MM misc	3		
DELTEC COZMO CLEO SET 42" 6MM misc	3		
DELTEC COZMO CLEO SET 42" 9MM misc	3		
<i>deodorant tubes 2.65oz-caps misc</i>	1		
DEPLIN 15 15-90.314 mg cap	3		
DEPLIN 7.5 7.5-90.314 mg cap	3		
DERPIXA gel	3		
DESFERAL 500 mg inj soln	3		
<i>desflurane inh soln</i>	1	SUPRANE	
DETECTNET 1 mci/ml iv soln	3		
DIAB gel	3		
DIAB F.D.G. FREEZE-DRIED gel	3		
<i>dial-a-dose syringe 15ml misc</i>	3		
<i>dial-a-dose syringe 30ml misc</i>	3		
<i>dial-a-dose syringe 60ml misc</i>	3		
DIGIFAB 40 mg iv soln	3		
<i>dimethyl sulfoxide soln, 100 % soln</i>	1		
<i>dispenser 50ml/foamer pump misc</i>	3		
<i>dispenser md jar 50ml misc</i>	3		
<i>dispenser md pen 6.5ml misc</i>	3		
<i>dispenser md pump 0.5ml misc</i>	3		
<i>dispenser md pump 1.0ml misc</i>	3		
<i>dispenser md pump 1.5ml misc</i>	3		
<i>dispenser md pump bottle 100ml misc</i>	3		
<i>dispenser md pump bottle 150ml misc</i>	3		
<i>dispenser md pump bottle 15ml misc</i>	3		
<i>dispenser md pump bottle 200ml misc</i>	3		
<i>dispenser md pump bottle 240ml misc</i>	3		
<i>dispenser md pump bottle 30ml misc</i>	3		
<i>dispenser md pump bottle 50ml misc</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>dispenser md pump bottle 80ml misc</i>	3		
<i>dispenser md syringe 10ml misc</i>	3		
<i>dispenser md syringe 5ml misc</i>	3		
<i>dispenser megapump airless misc</i>	3		
<i>dispenser megapump mezzo rnd misc</i>	3		
DISPENSER TIP CAP/PRECISED DOSE misc	3		
<i>dispenser/md foamer misc</i>	1		
DOJOLVI 100 % liq	3		
<i>doptainers 10ml misc</i>	3		
<i>dropper &amp; screw cap 4oz misc</i>	3		
<i>dropping bottle 30ml misc</i>	1		
<i>droptainers ophthalmic 15ml misc</i>	3		
<i>droptainers ophthalmic 3ml misc</i>	3		
<i>droptainers ophthalmic 7ml misc</i>	3		
DX1 ORAGENOMIC DNA SCREEN cmb kit	3		
DX2 ORAGENOMIC DNA SCREEN cmb kit	3		
EASIVENT misc	2		
EASIVENT MASK LARGE misc	2		
EASIVENT MASK MEDIUM misc	2		
EASIVENT MASK SMALL misc	2		
Ebase CONTROLLER KIT misc	3		
ECO-SMARTFUNNEL 186ML misc	3		
ECZEMOL tab	3		
EFLOW SCF AEROSOL HEAD misc	3		
EFLOW SCF ELECTRONIC NEBULIZER misc	3		
EFLOW SCF NEBULIZER HANDSET misc	3		
ELFOLATE 7.5 mg tab	3		
<i>empty vial 3ml misc</i>	1		
ENDARI 5 gm pckt	3		
ENDO AVITENE ext misc	3		
ENLITE GLUCOSE SENSOR misc	3		
ENLITE SERTER misc	3		
ENLYTE cap	3		
ENTERAGAM 5 gm pckt	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ENTERO VU 24 % susp	3		
<i>essentra wipes 9x9" 70 % sheet</i>	3		
EVERSENSE E3 SENSOR/HOLDER misc	3		
EVERSENSE E3 SMART TRANSMITTER misc	3		
EVERSENSE SENSOR/HOLDER misc	3		
EVERSENSE SMART TRANSMITTER misc	3		
EXEM 10 ml Intrauterine Foam	3		
E-Z-DISK 700 mg tab	3		
E-Z-HD 98 % susp	3		
E-Z-PAQUE 96 % susp	3		
E-Z-PASTE 60 % Oral Cream	3		
<i>face shield full length misc</i>	3		
<i>face shield full length/clear misc</i>	3		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	3		
<i>filter 0.2 micron/25mm misc</i>	1		
<i>filter 0.2 micron/32mm misc</i>	1		
<i>filter 0.2 micron/47mm misc</i>	1		
<i>filter 0.22 micron/73mm/1000ml misc</i>	1		
<i>filter air pp misc</i>	1		
<i>filter attachment misc</i>	1		
<i>filter fluorodyne/0.22 micron misc</i>	3		
<i>filter/millex-gp/50mm/clear misc</i>	3		
FLEXICHAMBER dev	2		
FLEXICHAMBER ADULT MASK/SMALL misc	2		
FLEXICHAMBER CHILD MASK/LARGE misc	2		
FLEXICHAMBER CHILD MASK/SMALL misc	2		
<i>foam ring 2" misc</i>	1		
<i>foil wrapper 3" x 3" misc</i>	3		
<i>food color blue liq</i>	1		
FORANE inh soln	3		
<i>foraxa ext emul</i>	3		
FOSTEUM PLUS cap	3		
FREESTYLE LIBRE 14 DAY READER dev	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
FREESTYLE LIBRE 14 DAY SENSOR misc	2		
FREESTYLE LIBRE 2 READER dev	2		
FREESTYLE LIBRE 2 SENSOR misc	2		
FREESTYLE LIBRE READER dev	2		
FREESTYLE LIBRE SENSOR SYSTEM misc	2		
GABADONE cap	3		
<i>gabapentin pwdr</i>	1		
GASTROGRAFIN 66-10 % soln	3		
GELFILM ext film	3		
GELFOAM m/t pwdr	3		
GELFOAM COMPRESSED SIZE 100 ext misc	3		
GELFOAM DENTAL PACK SIZE 4 ext misc	3		
GELFOAM SPONGE 12-7 mm ext misc	3		
GELFOAM SPONGE SIZE 100 ext misc	3		
GELFOAM SPONGE SIZE 200 ext misc	3		
GELFOAM SPONGE SIZE 50 ext misc	3		
<i>glass bottle 15ml misc</i>	1		
<i>glass bottle 30ml misc</i>	1		
<i>glass bottle 30ml/brush cap misc</i>	1		
<i>glass bottle 30ml/phenolic cap misc</i>	1		
<i>glass bottle 60ml misc</i>	1		
<i>glass serum bottles 20ml misc</i>	1		
<i>glass serum bottles 2ml misc</i>	1		
<i>glass serum bottles 30ml misc</i>	1		
<i>glass serum bottles 5ml misc</i>	1		
<i>glass vial 2ml misc</i>	1		
<i>glass vial amber 3ml misc</i>	1		
GLEOLAN 1.5 gm soln	3		
GLYTACTIN COMPLETE 10PE Oral Bar	3		
<i>graduated bottle 2oz misc</i>	1		
<i>graduated bottle 4oz misc</i>	1		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
GUARDIAN CONNECT TRANSMITTER misc	3		
GUARDIAN LINK 3 TRANSMITTER misc	3		
GUARDIAN REAL-TIME CHARGER misc	3		
GUARDIAN REAL-TIME REPLACE PED dev	3		
GUARDIAN REAL-TIME REPLACEMENT dev	3		
GUARDIAN REAL-TIME STARTER kit	3		
GUARDIAN REAL-TIME SYSTEM kit	3		
GUARDIAN REAL-TIME SYSTEM PED kit	3		
GUARDIAN REAL-TIME TEST PLUG misc	3		
GUARDIAN RT SOFTWARE misc	3		
GUARDIAN RT STARTER kit	3		
GUARDIAN RT SYSTEM kit	3		
GUARDIAN SENSOR (3) misc	3		
GUARDIAN TRANSMITTER misc	3		
<i>haproderm gel</i>	3		
<i>head covers 24" misc</i>	1		
<i>heparin sod (pork) lock flush 10 unit/ml iv soln, 100 unit/ml iv soln</i>	1		
<i>hepmed 100&amp;0.9&amp;2.5-2.5 ut/ml&amp;&amp;&amp; cmb kit</i>	3		
<i>home pap kit 2.5 % in vitro kit</i>	1		
<i>hygel 2.5 % gel</i>	3		
HYLAFEM vag supp	3		
HYPERTENSA cap	3		
<i>illusions aa breast prosthesis misc</i>	3		
<i>illusions c breast prosthesis misc</i>	3		
<i>indicator/biological test kit</i>	3		
<i>inhalation vial cap/blue misc</i>	1		
<i>inhalation vial cap/green misc</i>	1		
<i>inhalation vial cap/orange misc</i>	1		
<i>inhalation vial cap/red misc</i>	1		
<i>inhalation vial cap/white misc</i>	1		
<i>inhalation vial cap/yellow misc</i>	1		
<i>inhalation vial w/ cap/orange misc</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>inhalation vial w/cap/blue misc</i>	1		
<i>inhalation vial w/cap/green misc</i>	1		
<i>inhalation vial w/cap/red misc</i>	1		
<i>inhalation vial w/cap/white misc</i>	1		
<i>inhalation vial w/cap/yellow misc</i>	1		
<i>inhalation vial w/o cap/amber misc</i>	1		
<i>inhalation work stat/50 holes misc</i>	1		
INSPIRACHAMBER/LARGE dev	2		
INSPIRACHAMBER/MEDIUM dev	2		
INSPIRACHAMBER/MOUTHPIEC E dev	2		
INSPIRACHAMBER/SMALL dev	2		
INSPIREASE misc	2		
INSPIREASE RESERVOIR BAGS misc	2		
INTERCEED pad	3		
<i>iodine strong 5 % soln</i>	1		
<i>isoflurane inh soln</i>	1	FORANE	
<i>jar/8oz/white lid misc</i>	1		
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	4		PA
<i>jug amber glass 4l misc</i>	1		
KERAGEL gel	3		
KERAGELT gel	3		
<i>krisgel 100 gel</i>	1		
<i>lab coat-disposable large misc</i>	1		
<i>lab coat-disposable medium misc</i>	1		
<i>lab coat-disposable small misc</i>	1		
<i>lab coat-disposable xl misc</i>	1		
<i>lab coat-disposable xxl misc</i>	1		
<i>lanolin oint</i>	1		
<i>lanolin anhydrous oint</i>	1		
<i>lecithin oral gr</i>	1		
LEU TECHNELITE cmb kit	3		
<i>levocarnitine 200 mg/ml iv soln</i>	1		
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>levocarnitine sf 1 gm/10ml soln</i>	1	CARNITOR	
LIMBREL 250 mg cap, 500 mg cap	3		
LIMBREL250 250-50 mg cap	3		
LIMBREL500 500-50 mg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LIPICHOL 540 cap	3		
LIQUID E-Z-PAQUE 60 % susp	3		
LIQUID POLIBAR PLUS 105 % cmb susp	3		
LISTER-V cap	3		
LITEAIRE dev	2		
<i>l-methylfolate 7.5 mg tab</i>	1		
<i>l-methylfolate calcium 7.5 mg tab</i>	1		
<i>l-methylfolate forte 15-90.314 mg cap, 7.5-90.314 mg cap</i>	1		
<i>l-methylfolate-algae 15-90.314 mg cap</i>	1		
<i>lormate cap</i>	3		
LUCEMYRA 0.18 mg tab	3		
<i>luer tip cap tray misc</i>	3		
LUMASON 60.7-25 mg inj susp	3		
LUXAMEND crm	3		
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	2		
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>mazerustar mixer/mix container misc</i>	3		
MD-GASTROVIEW 66-10 % soln	1		
<i>medicated dna collection cmb kit</i>	3		
<i>medicated dna collection 2 cmb kit</i>	3		
<i>medi-rdt blister packs misc</i>	3		
<i>medneb neb-with dispo neb kit misc</i>	3		
<i>metered nasal spray pump 15ml misc</i>	1		
<i>methadone hcl pwdr</i>	1		
<i>methaver cap</i>	3		
METHERGINE 0.2 mg tab	1		
<i>methohexital sodium 100 mg/10ml iv soln pfs</i>	1		
<i>methylergonovine maleate 0.2 mg tab</i>	1	METHERGINE	
METOPIRONE 250 mg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
MICROCHAMBER dev, misc	2		
MICROSPACER misc	2		
<i>midazolam-ketamine-ondansetron 3-25-2 mg Sublingual Troche</i>	1		
MINI COMPRESSOR misc	3		
<i>mini mallet 3/4" plastic misc</i>	3		
MINILINK REAL-TIME REPLACEMENT kit	3		
MINILINK REAL-TIME TRANSMITTER misc	3		
MINILINK-REAL-TIME STARTER kit	3		
MINIMED MIO ADVANCE INFUSE SET misc	3		
MINIMED MIO INFUSION SET misc	3		
MINIMED PUMP RESERVOIR 3ML misc	3		
MINIMED QUICK SET INF SET 18" misc	3		
MINIMED QUICK SET INF SET 23" misc	3		
MINIMED QUICK SET INF SET 32" misc	3		
MINIMED QUICK SET INF SET 43" misc	3		
MIO INFUSION SET 18" 6MM misc	3		
MIO INFUSION SET 23" 6MM misc	3		
MIO INFUSION SET 32" 6MM misc	3		
MIO INFUSION SET 32" 9MM misc	3		
MISTASSIST dev	3		
MITOSOL 0.2 mg ophth kit	3		
<i>mixer/mazerustar emp jar adp misc</i>	1		
<i>mixer/mazerustar kk-250s-300ss misc</i>	1		
<i>mixer/mazerustar kk-300ss misc</i>	1		
<i>mixer/mazerustar kk-400w misc</i>	1		
<i>mixer/mazerustar md pump adp misc</i>	1		
<i>mixer/mazerustar/jar adp set misc</i>	1		
<i>mixer/mazerustar/jar mxing adp misc</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>mixer/mazerustar/unodose adapt misc</i>	1		
<i>mko melt dose pack 3-25-2 mg Sublingual Troche</i>	3		
MONOJECT HYPODERMIC NEEDLE 18G X 1" misc	3		
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	2		
MONOJECT MAGELLAN SAFETY NDL 18G X 1" misc, 18G X 1-1/2" misc, 19G X 1" misc, 19G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 21G X 5/8" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 23G X 5/8" misc, 25G X 1" misc, 25G X 5/8" misc	3		
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc	2		
<i>morcin crm</i>	3		
<i>mosquito (diagnostic) 1:100 i-dermal soln</i>	1		
<i>nail polish bottle/brush 15ml misc</i>	3		
<i>nasal spray metered pump misc</i>	3		
<i>nebulizer mask adult misc</i>	3		
<i>nebulizer mask child misc</i>	3		
NETSPOT iv kit	3		
NEULUMEX 0.1 % susp	3		
NEUREPA cap	3		
NICAPRIN tab	3		
<i>nicazyme tab</i>	3		
<i>nitric acid liq</i>	1		
NORDIPEN 5 INJECTION DEVICE misc	3		
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
NOVOPEN ECHO dev	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
OASIS ULTRA MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	3		
OASIS ULTRA TRI-LAYER MATRIX 5X7CM sheet, 7X10CM sheet, 7X20CM sheet	3		
OASIS WOUND MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	3		
OCCLUVAN oint	3		
<i>ointment tube/metal 1oz misc</i>	1		
<i>ointment tube/metal 2oz misc</i>	1		
<i>ointment tube/metal 4oz misc</i>	1		
<i>ointment tube/opth tip 1/8oz misc</i>	1		
<i>ointment tube/plastic 1oz misc</i>	1		
<i>ointment tube/plastic 2oz misc</i>	1		
<i>ointment tube/plastic 4oz misc</i>	1		
<i>ointment tube/plastic 6oz misc</i>	1		
<i>ointment tube/plastic 8oz misc</i>	1		
OMNIFLEX DIAPHRAGM vag diaph	3		
OMNITROPE PEN 5 INJ DEVICE misc	3		
<i>omnivex tab</i>	3		
OPTICHAMBER ADVANTAGE-LG MASK misc	2		
OPTICHAMBER ADVANTAGE-MED MASK misc	2		
OPTICHAMBER ADVANTAGE-SM MASK misc	2		
OPTICHAMBER DIAMOND dev, misc	2		
OPTICHAMBER DIAMOND-LG MASK dev	2		
OPTICHAMBER DIAMOND-MD MASK misc	2		
OPTICHAMBER DIAMOND-SM MASK misc	2		
OPTIHALER dev, misc	2		
ORLADEYO 110 mg cap, 150 mg cap	4		PA
<i>oxycodone hcl pwdr</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PARADIGM PATHWAY UPGRADE misc	3		
PARADIGM POLYFIN QR/WINGS 24" misc	3		
PARADIGM POLYFIN QR/WINGS 42" misc	3		
PARADIGM PUMP RESERVOIR 1.8ML misc	3		
PARADIGM PUMP RESERVOIR 3ML misc	3		
PARADIGM QUICK-SET 18" 6MM misc	3		
PARADIGM QUICK-SET 23" 6MM misc	3		
PARADIGM QUICK-SET 23" 9MM misc	3		
PARADIGM QUICK-SET 32" 6MM misc	3		
PARADIGM QUICK-SET 32" 9MM misc	3		
PARADIGM QUICK-SET 43" 6MM misc	3		
PARADIGM QUICK-SET 43" 9MM misc	3		
PARADIGM REAL-TIME STARTER kit	3		
PARADIGM REAL-TIME TRANSMITTER misc	3		
PARADIGM SILHOUETTE 18" 13MM misc	3		
PARADIGM SILHOUETTE 32" 17MM misc	3		
PARADIGM SILHOUETTE COMBO 23" misc	3		
PARADIGM SILHOUETTE COMBO 43" misc	3		
PARADIGM SILHOUETTE FULL 23" misc	3		
PARADIGM SILHOUETTE FULL 43" misc	3		
PARADIGM SOF-SET MICRO QR 24" misc	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PARADIGM SOF-SET MICRO QR 42" misc	3		
PARADIGM SOF-SET ULT QR 24" misc	3		
PARADIGM SOF-SET ULT QR 42" misc	3		
PARADIGM SURE-T 23" 8MM misc	3		
PARAGARD INTRAUTERINE COPPER iud	3		
PARI ALTERA NEBULIZER HANDSET misc	3		
PARI ALTERA NEBULIZER SYSTEM misc	3		
PARI BABY CONVERSION KIT misc	3		
PARI BABY SIZE 1/PARI LC PLUS dev	3		
PARI ERAPID NEBULIZER HANDSET misc	3		
PARI ERAPID NEBULIZER SYSTEM misc	3		
PARI LC D NEBULIZER misc	3		
PARI LC PLUS NEB SET PED MASK misc	3		
PARI LC PLUS NEBULIZER misc	3		
PARI LC PLUS VIOS PRO NEB misc	3		
PARI LC SPRINT NEBULIZER SET misc	3		
PARI LC STAR NEBULIZER misc	3		
PARI PRONEB MAX LC PLUS misc	3		
PARI PRONEB MAX LC SPRINT misc	3		
PARI PRONEB ULTRA II misc	3		
PARI SINUS AEROSOL SYSTEM misc	3		
PARI TREK S COMBO PACK dev	3		
PARI TREK S W/12V DC ADAPTOR dev	3		
PARI VIOS PRO LC PLUS SYSTEM misc	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
PARI VIOS PRO LC SPRINT SYSTEM misc	3		
PCCA ACACIA SYRUP BASE syr	3		
PCCA COBASE #1 oint	3		
<i>pediatric compressor nebulizer misc</i>	1		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
PERCURA cap	3		
<i>petrolatum white oint</i>	1		
<i>ph accessories storage sol misc</i>	3		
<i>ph strips in vitro diagn test</i>	1		
PHYSIOLYTE irrig soln	1		
PHYSIOSOL IRRIGATION irrig soln	1		
PILLGUARD DISPENSER misc	3		
PILLGUARD REFILL CARTRIDGE misc	3		
<i>plastic bottles 30ml misc</i>	1		
<i>plastic bottles 90ml misc</i>	1		
<i>plastic enema bottle misc</i>	1		
<i>plastic jar 6oz misc</i>	1		
<i>plastic scoop 1ml misc</i>	1		
POCKET CHAMBER dev	2		
<i>pocket pro+ replacement sensor misc</i>	3		
POCKET SPACER dev	2		
POLYFIN INFUSION SET 24" misc	3		
POLYFIN INFUSION SET 42" misc	3		
POLYFIN QR INFUSION SET 24" misc	3		
POLYFIN QR INFUSION SET 42" misc	3		
POLYFIN TUBING SET 60" misc	3		
<i>polypropylene cap-liner misc</i>	1		
POSIDYNE ELD FILTER/0.2UM misc	3		
<i>potassium iodide 1 gm/ml soln</i>	1		
<i>potassium phosphate dibasic gr</i>	1		
PRAXBIND 2.5 gm/50ml iv soln	3		
<i>press-in bottle adapters misc</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc</i>	2		
PRO DNA COLLECTION 2 % cmb kit	3		
<i>prochamber vhc dev</i>	2		
<i>pro-critic pckt</i>	3		
<i>professional dna collection cmb kit</i>	3		
<i>proleva tab</i>	3		
PROMACTIN AA PLUS 20PE susp	3		
PRONEB ULTRA II DELUXE/LC STAR misc	3		
PRONEB ULTRA II DELUXE/LCD dev	3		
PRONEB ULTRA II DELX/LC SPRINT dev	3		
PRONEB ULTRA II PEDIATRIC dev	3		
PRONEB ULTRA II/LC PLUS dev	3		
PRONEB ULTRA II/LC SPRINT misc	3		
<i>propofol 1000 mg/100ml iv emul, 200 mg/20ml iv emul, 500 mg/50ml iv emul</i>	1	DIPRIVAN	
PROTYL AG 1 % gel	3		
PSORIZIDE FORTE 30-1-15 mg tab	3		
PSORIZIDE ULTRA tab	3		
PULMONA cap	3		
QUICK-SET INFUSION 23" 6MM misc	3		
QUICK-SET INFUSION 23" 9MM misc	3		
QUICK-SET INFUSION 43" 6MM misc	3		
QUICK-SET INFUSION 43" 9MM misc	3		
RADIAGEL gel	3		
RADIAPLEXRX gel	3		
RADIOGARDASE 0.5 gm cap	3		
<i>rapid gel rx gel</i>	3		
<i>raspberry syrup syr</i>	1		
READI-CAT 2 2 % susp	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>reflections aa breast prosthes misc</i>	3		
<i>reflections c breast prosthes misc</i>	3		
RESECTISOL 5 % irrig soln	3		
RHEUMATE cap	3		
<i>ribozel cap</i>	3		
<i>ringers irrigation irrig soln</i>	1		
RITEFLO dev	2		
SAFE-SENSE COVERALL BOOTS misc	3		
SAFE-SENSE COVERALL/HOOD/L misc	3		
SAFE-SENSE COVERALL/HOOD/M misc	3		
SAFE-SENSE COVERALL/HOOD/S misc	3		
SAFE-SENSE COVERALL/HOOD/XL misc	3		
SAFE-SENSE HEAD COVER CIRC 21" misc	3		
SAFE-SENSE LAB COAT-LARGE misc	3		
SAFE-SENSE LAB COAT-MEDIUM misc	3		
SAFE-SENSE LAB COAT-SMALL misc	3		
SAFE-SENSE LAB COAT-XLARGE misc	3		
SAXENDA 18 mg/3ml sc soln pen-inj	3		
<i>scarcin pad plus sheet</i>	3		
SENTRA AM cap	3		
SENTRA PM cap	3		
<i>serum bottle misc</i>	1		
<i>serum bottle stopper 20mm misc</i>	1		
<i>serum bottles 30ml/amber glass misc</i>	1		
<i>serum bottles 50ml/clear glass misc</i>	1		
<i>serum bottles/amber glass 20ml misc</i>	1		
<i>settling plate sda/29ml/100x15 misc</i>	1		
<i>settling plate tsa/25ml/100x15 misc</i>	1		
sevoflurane inh soln	1	ULTANE	
<i>shapers layered breast shaper misc</i>	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>sharps container misc</i>	1		
<i>siladone scar patch sheet</i>	3		
SILTREX sheet	3		
SILVASORB gel	3		
SILVERSEAL HYDROGEL DRESSING 2"X3" pad, 4"X5" pad	3		
<i>snap-on chlorobutyl stopper misc</i>	1		
<i>sodium iodide i-123 3.7 mbq cap, 7.4 mbq cap</i>	1		
SOF-SENSOR misc	3		
SOF-SET INFUSION SET 24" misc	3		
SOF-SET INFUSION SET 42" misc	3		
SOF-SET MICRO QR INFUSION 24" misc	3		
SOF-SET MICRO QR INFUSION 42" misc	3		
SOF-SET ULTIMATE QR 24" misc	3		
SOF-SET ULTIMATE QR 42" misc	3		
SOLOX gel	3		
<i>sorbitol 3 % irrig soln, 3.3 % irrig soln</i>	1		
<i>sorbitol-mannitol 2.7-0.54 gm/100ml irrig soln</i>	1		
SPEEDGEL RX gel	3		
<i>spray applicator kit misc</i>	1		
<i>spray bottle/plastic 120ml misc</i>	3		
SSKI 1 gm/ml soln	3		
<i>stirring rod/glass 12x1/4" misc</i>	1		
<i>strainer/stainless steel/2.5" misc</i>	1		
STRATA GRT gel	3		
STRATAGRAFT sheet	3		
<i>suppository mold/aluminum 2 gm misc</i>	1		
<i>suppository shell rack misc</i>	1		
<i>suppository shells 2.0 ml misc</i>	1		
<i>suppository shells 2.4ml misc</i>	1		
SUPRANE inh soln	3		
SURGICEL SNOW 1"X2" pad	3		
SURGICEL SNOW 2"X4" pad	3		
SURGICEL SNOW 4"X4" pad	3		
SYRINGE AVITENE ext misc	3		
<i>syringe dial-a-dose misc</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
T.R.U.E. TEST External Diagnostic Test	3		
T:FLEX T:LOCK CARTRIDGE 4.8ML misc	3		
T:SLIM T:LOCK INSULIN CART 3ML misc	3		
T:SLIM X2 3ML CARTRIDGE misc	3		
T:SLIM X2/BASAL-IQ/ACC/INSTR misc	3		
T:SLIM X2/CONTROL-IQ/ACC/INSTR misc	3		
TACHOSIL 4.8 X 4.8 cm patch, 9.5 X 4.8 cm patch	3		
TAGITOL V 40 % susp	3		
TAP-N-CLICK SILICONE PAD misc	3		
<i>tdm solution ext soln</i>	3		
TECHNELITE cmb kit	3		
<i>technet tc 99m sulfur colloid cmb kit</i>	1		
TEGADERM AG MESH 2"X2" pad, 4"X5" pad, 4"X8" pad, 8"X8" pad	3		
TEMPO SMART BUTTON misc	3		
TEMPO WELCOME w/Device kit	3		
TERRELL inh soln	1		
THERAMINE cap	3		
THERAMINE PLUS pckt	3		
THROMBI-GEL 10 pad	3		
THROMBI-GEL 100 pad	3		
THROMBI-GEL 40 pad	3		
THROMBI-PAD 3"X3" pad	3		
<i>tip rectal/vag w/perforations misc</i>	1		
TIS-U-SOL irrig soln	1		
<i>tl-icare cap</i>	3		
TOBAKIENT cap	3		
TOPI-CLICK APPLICATOR misc	3		
<i>topi-click applicator micro misc</i>	3		
TOPI-CLICK NOZZLE misc	3		
TOPI-CLICK PERL APPLICATOR 4ML misc	3		
TOPI-CLICK PERL DOSE LOAD 35ML misc	3		
TOPI-CLICK PERL VAGINAL DOSING misc	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
TOXICOLOGY MED COLLECTION SYS in vitro kit	3		
<i>toxicology saliva collection oral kit</i>	1		
TRANZGEL gel	3		
TRAUMEEL tab	3		
TRAUMEEL oint	3		
TREPADONE cap	3		
<i>trichophyton mentag (diagnost)</i> <i>1:20 sc soln</i>	1		
<i>troche mold 30 cavity misc</i>	3		
TRUSTEEL INFUSION SET misc	3		
<i>t-support max cap</i>	3		
TYLACTIN COMPLETE 15 PE Oral Bar	3		
TYVEK PROTECTIVE SLEEVES misc	3		
ULTANE inh soln	3		
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ml misc	2		
<i>ultra hers rx cap</i>	3		
<i>ultra his cap</i>	3		
<i>ultra pcos cap</i>	3		
ULTRAFOAM SPONGE 2X6.25X7CM ext misc	3		
ULTRAFOAM SPONGE 8X12.5X1CM ext misc	3		
ULTRAFOAM SPONGE 8X12.5X3CM ext misc	3		
ULTRAFOAM SPONGE 8X25X1CM ext misc	3		
ULTRAFOAM SPONGE 8X6.25X1CM ext misc	3		
UNGUATOR 100/200/57MM misc	3		
UNGUATOR 15/20/30/36MM misc	3		
UNGUATOR 50/43MM/DISP BLADES misc	3		
UNGUATOR APPLICATOR 1"- SHORT misc	3		
UNGUATOR APPLICATOR 2.5"- LONG misc	3		
UNGUATOR EXACTDOSE 0.5ML misc	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
UNGUATOR JAR 100/140 BLUE LID misc	3		
UNGUATOR JAR 100/140 RED LID misc	3		
UNGUATOR JAR 15/20 BLUE LID misc	3		
UNGUATOR JAR 15/20 GREEN LID misc	3		
UNGUATOR JAR 15/20 RED LID misc	3		
UNGUATOR JAR 15/28 BLUE LID misc	3		
UNGUATOR JAR 20/33 BLUE misc	3		
UNGUATOR JAR 20/33 RED LID misc	3		
UNGUATOR JAR 20/33 WHITE misc	3		
UNGUATOR JAR 200/280 BLUE LID misc	3		
UNGUATOR JAR 200/280 GREEN LID misc	3		
UNGUATOR JAR 200/280 RED LID misc	3		
UNGUATOR JAR 200/280 WHITE misc	3		
UNGUATOR JAR 30/42 BLUE misc	3		
UNGUATOR JAR 30/42 BLUE LID misc	3		
UNGUATOR JAR 30/42 GREEN LID misc	3		
UNGUATOR JAR 30/42 RED LID misc	3		
UNGUATOR JAR 30/42 TURQUOISE misc	3		
UNGUATOR JAR 30/42 WHITE LID misc	3		
UNGUATOR JAR 30/42 YELLOW misc	3		
UNGUATOR JAR 50/70 BLUE misc	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
UNGUATOR JAR 50/70 BLUE LID misc	3		
UNGUATOR JAR 50/70 GREEN LID misc	3		
UNGUATOR JAR 50/70 PINK misc	3		
UNGUATOR JAR 50/70 RED LID misc	3		
UNGUATOR JAR 50/70 TURQUOISE misc	3		
UNGUATOR JAR 50/70 WHITE LID misc	3		
UNGUATOR JAR 50/70 YELLOW misc	3		
UNGUATOR JAR AIRDYNAMIK misc	3		
UNGUATOR JAR W/SPINDLE 300/390 misc	3		
UNGUATOR JAR W/SPINDLE 500/600 misc	3		
UNGUATOR LID 1000ML misc	3		
<i>unguator lid 500ml misc</i>	3		
UNGUATOR VARIONOZZLE 1MM misc	3		
UNGUATOR VARIONOZZLE 4MM misc	3		
<i>urea bead</i>	1		
URESTA STARTER KIT misc	3		
<i>vaginal suppository applicator misc</i>	1		
VARIBAR HONEY 40 % susp	3		
VARIBAR NECTAR 40 % susp	3		
VARIBAR PUDDING 40 % Oral Paste	3		
VARIBAR THIN HONEY 40 % susp	3		
VARIBAR THIN LIQUID 40 % susp	3		
VARISOFT INFUSION SET misc	3		
VARITHENA ADMINISTRATION PACK misc	3		
VASCULERA tab	3		
<i>versabase gel</i>	1		
<i>vexasyn gel</i>	3		
VIOS AEROSOL DELIVERY SYSTEM misc	3		
VIOS LC PLUS misc	3		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
VIOS LC PLUS DELUXE misc	3		
VIOS LC PLUS PEDIATRIC misc	3		
VIOS LC SPRINT misc	3		
VIOS LC SPRINT DELUXE misc	3		
VIOS LC SPRINT PEDIATRIC misc	3		
<i>virage custom breast prosthes misc</i>	3		
VISTOGARD 10 gm pckt	3		
<i>vitamin d3 100000 unit/gm pwdr</i>	1		
VITATROCHE PLUS BASE SF gr	3		
VITRASE 200 unit/ml inj soln	3		
VIZAMYL 4.05 mci/ml iv soln	3		
VOLUMEN 0.1 % susp	3		
VORTEX HOLD CHMBR/MASK/CHILD dev	3		
VORTEX HOLD CHMBR/MASK/TODDLER dev	3		
VORTEX HOLDING CHAMBER/MASK dev	3		
VORTEX VALVED HOLDING CHAMBER dev	2		
<i>wa-001 experimental soil surfa oil</i>	3		
WATCHHALER dev	2		
WEGOBY 0.25 mg/0.5ml sc soln auto-inj, 0.5 mg/0.5ml sc soln auto- inj, 1 mg/0.5ml sc soln auto-inj, 1.7 mg/0.75ml sc soln auto-inj, 2.4 mg/0.75ml sc soln auto-inj	3		
<i>weigh boat misc</i>	1		
WELLMIND VERTIGO tab	3		
<i>white petrolatum oint</i>	1		
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	3		
XENICAL 120 mg cap	3		
<i>xenon xe 133 10 mci Inhalation Gas, 20 mci Inhalation Gas</i>	1		
<i>xyzbac tab</i>	3		
<i>xyzmune cap</i>	3		
<i>yellow petrolatum oint</i>	1		
<i>zenphor wound gel gel</i>	3		
<i>zenphor wound pad pad</i>	3		
ZOE SCRIPTS IDEALBASE crm	3		
<i>zyvexol tab</i>	3		
<i>zyvit tab</i>	3		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS - PAIN/ANTI-INFLAMMATORY DRUGS</b>			
<b>Analgesics - Drugs To Treat Pain, Inflammation, And Muscle And Joint Conditions</b>			
IBU 600-EZS 600 mg oral kit	3		
IBUPAK 600 mg oral kit	3		
LIDOVIX 75 & 5 mg & % cmb kit	3		
RELAFEN DS 1000 mg tab	3		
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS</b>			
<b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs</b>			
<i>ak-poly-bac 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
AKTEN 3.5 % ophth gel	3		
ALCAINE 0.5 % ophth soln	3		
ALTACAINE 0.5 % ophth soln	1		
ALTACAINE 0.5 % ophth soln	1		
<i>altafluor benox 0.25-0.4 % ophth soln</i>	1		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	1		
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 0.01 % ophth soln</i>	1		
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>bevacizumab 3 mg/0.12ml Intravitreal Solution Prefilled Syringe</i>	4		
<i>bimatoprost 0.03 % ext soln</i>	1	LATISSE	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
BIO GLO 1 mg ophth strip	1		
CEQUA 0.09 % ophth soln	3		
<i>chondroitin sulfate 0.25 % ophth soln</i>	1		
CYCLOGYL 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln	3		
<i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln</i>	1	CYCLOGYL	
<i>cyclosporine 0.05 % ophth emul</i>	1	RESTASIS	PA
CYCLOSPORINE IN KLARITY 0.1 % ophth emul	3		
FLUCAINE 0.25-0.5 % ophth soln	1		
<i>fluorescein sodium/benoxinate 0.3-0.4 % ophth soln</i>	1		
<i>fluorescein-benoxinate 0.25-0.4 % ophth soln</i>	1		
FLUOR-I-STRIPS A.T. 1 mg ophth strip	1		
FLURA-SAFE 0.35-0.4 % ophth soln	3		
FUL-GLO 1 mg ophth strip	1		
FUL-GLO 0.6 mg ophth strip	3		
GELFILM ophth film	3		
GLOSTRIPS 1 mg ophth strip	1		
GREEN GLO LISSAMINE GREEN 1.5 mg ophth strip	3		
HOMATROPAIRE 5 % ophth soln	1		
HYPOCYN ext soln	3		
ISOPTO ATROPINE 1 % ophth soln	3		
LATISSE 0.03 % ext soln	3		
<i>lissamine green 1.5 mg ophth strip</i>	1		
MYDRIACYL 1 % ophth soln	3		
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	1		
PAREMYD 1-0.25 % ophth soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln</i>	1		
PHOTREXA-PHOTREXA VISCIOUS KIT 0.146 & 0.146-20 % Ophthalmic Solution Prefilled Syringe	3		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000- 0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
POLYTRIM 10000-0.1 unit/ml-% ophth soln	3		
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
<i>proparacaine-fluorescein 0.5-0.25 % ophth soln</i>	1		
RESTASIS 0.05 % ophth emul	2		PA
RESTASIS MULTIDOSE 0.05 % ophth emul	2		PA
RHOPRESSA 0.02 % ophth soln	3		
ROSE GLO 1.5 mg ophth strip	3		
<i>tetracaine hcl 0.5 % ophth soln</i>	1		
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	1	MYDRIACYL	
<i>tropic-cyclopent-pe-ketorolac 1-1- 10-0.5 % Ophthalmic Solution Prefilled Syringe, 1-1-2.5-0.5 % Ophthalmic Solution Prefilled Syringe</i>	1		
<i>tropic-cyclop-pe-keto-propar Ophthalmic Solution Prefilled Syringe</i>	1		
XIIDRA 5 % ophth soln	2		PA
<b>Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs</b>			
ALOCIL 2 % ophth soln	3		
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	
<i>bepotastine besilate 1.5 % ophth soln</i>	1	BEPREVE	
BEPREVE 1.5 % ophth soln	3		
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	3		
<i>epinastine hcl 0.05 % ophth soln</i>	1	ELESTAT	
LASTACAFT 0.25 % ophth soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>	1	PATADAY	
PAZEO 0.7 % ophth soln	3		
<i>tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln</i>	1		
<i>tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln</i>	1		
<i>tropicamide-phenylephrine 1-2.5 % ophth soln</i>	1		
<i>tropic-cyclopent-pe-ketorolac 1-1-10-0.5 % ophth soln, 1-1-2.5-0.5 % ophth soln</i>	1		
<i>tropic-proparaca-pe-ketorolac 1-0.5-2.5-0.5 % ophth soln</i>	1		
ZERVIATE 0.24 % ophth soln	3		
<b>Ophthalmic Antibiotics - Drugs To Treat Eye Infections</b>			
AZASITE 1 % ophth soln	3		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
CILOXAN 0.3 % ophth soln	3		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	1		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
KLARITY-A 1 % ophth soln	3		
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
MOXEZA 0.5 % ophth soln	2		
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i>	1	MOXEZA	
OCUFLOX 0.3 % ophth soln	3		
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBEX	
TOBEX 0.3 % ophth oint	3		
TOBEX 0.3 % ophth soln	3		
VIGAMOX 0.5 % ophth soln	3		
ZYMAXID 0.5 % ophth soln	3		
<b>Ophthalmic Antiglaucoma Agents - Glaucoma Drugs</b>			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	

Drug Name	Drug Tier	Reference Name	Requirements/Limits
acetazolamide er 500 mg cap er 12 hr	1	DIAMOX	
acetazolamide sodium 500 mg inj soln	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln, 0.15 % ophth soln	2		
apraclonidine hcl 0.5 % ophth soln	1	IOPIDINE	
AZOPT 1 % ophth susp	3		
betaxolol hcl 0.5 % ophth soln	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
brimonidine tartrate 0.1 % ophth soln	1		
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	1	ALPHAGAN	
brimonidine tartrate-timolol 0.2-0.5 % ophth soln	1	COMBIGAN	
brimonidine-dorzolamide 0.15-2 % ophth soln	1		
brinzolamide 1 % ophth susp	1	AZOPT	
carteolol hcl 1 % ophth soln	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
COSOPT 22.3-6.8 mg/ml ophth soln	3		
COSOPT PF 2-0.5 % ophth soln	3		
dorzolamide hcl 2 % ophth soln	1	TRUSOPT	
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln	1	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	1	COSOPT	
IOPIDINE 1 % ophth soln	3		
ISOPTO CARPINE 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	3		
ISTALOL 0.5 % ophth soln	3		
latanoprost-timolol maleate 0.005-0.5 % ophth soln	1		
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	2		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PHOSPHOLINE IODIDE 0.125 % ophth soln	2		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTO CARPINE	
SIMBRINZA 1-0.2 % ophth susp	2		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	1	ISTALOL	
TIMOLOL MALEATE OCUDOSE 0.5 % ophth soln	1		
<i>timolol maleate pf 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol-brimon-dorzol-latanopr 0.5-0.15-2 -0.005% ophth soln</i>	1		
<i>timolol-brimonidine-dorzolamid 0.5-0.15-2 % ophth soln</i>	1		
<i>timolol-dorzolamid-latanoprost 0.5-0.15-0.005 % ophth soln</i>	1		
TIMOPTIC 0.25 % ophth soln, 0.5 % ophth soln	3		
TIMOPTIC OCUDOSE 0.25 % ophth soln, 0.5 % ophth soln	3		
TIMOPTIC-XE 0.25 % ophth gfs, 0.5 % ophth gfs	3		
TRUSOPT 2 % ophth soln	3		
<b>Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs</b>			
ACULAR 0.5 % ophth soln	3		
ACULAR LS 0.4 % ophth soln	3		
ACUVAIL 0.45 % ophth soln	3		
ALOMIDE 0.1 % ophth soln	3		
ALREX 0.2 % ophth susp	3		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
<i>bromfenac sodium 0.07 % ophth soln, 0.075 % ophth soln</i>	1		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
BROMSITE 0.075 % ophth soln	3		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
DEXYCU 9 % i-ocul susp	3		
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
<i>double pm 1-0.5 % ophth soln</i>	3		
DUREZOL 0.05 % ophth emul	3		
EYSUVIS 0.25 % ophth susp	3		
FLAREX 0.1 % ophth susp	3		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	2		
FML FORTE 0.25 % ophth susp	3		
FML LIQUIFILM 0.1 % ophth susp	3		
ILEVRO 0.3 % ophth susp	3		
INVELTYS 1 % ophth susp	3		
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
KLARITY-B 0.1 % ophth soln	3		
KLARITY-L 0.2 % ophth emul, 0.5 % ophth emul	3		
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	3		
LOTEMAX 0.5 % ophth susp	3		
LOTEMAX SM 0.38 % ophth gel	3		
<i>loteprednol etabonate 0.2 % ophth susp</i>	1		
<i>loteprednol etabonate 0.5 % ophth gel</i>	1	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
MAXITROL 3.5-10000-0.1 ophth oint	3		
MAXITROL 3.5-10000-0.1 ophth susp	3		
<i>moxifloxacin hcl 0.5 % Ophthalmic Solution Prefilled Syringe</i>	1		



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEO-POLYCIN HC 1 % ophth oint	1		
NEVANAC 0.1 % ophth susp	3		
PRED FORTE 1 % ophth susp	3		
PRED MILD 0.12 % ophth susp	3		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		
<i>prednisol ace-moxiflox-bromfen 1-0.5-0.075 % ophth susp</i>	1		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone acetate p-f 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone acetate-nepafenac 1-0.1 % ophth susp</i>	1		
<i>prednisolone acet-moxifloxacin 1-0.5 % ophth susp</i>	1		
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
<i>prednisolone-bromfenac 1-0.075 % ophth soln, 1-0.075 % ophth susp</i>	1		
<i>prednisolone-gatifloxacin 1-0.5 % ophth susp</i>	3		
<i>prednisolone-moxifloxacin 1-0.5 % ophth soln</i>	1		
<i>prednisolon-gatiflox-bromfenac 1-0.5-0.075 % ophth soln, 1-0.5-0.075 % ophth susp</i>	1		
<i>prednisolon-moxiflox-bromfenac 1-0.5-0.075 % ophth soln</i>	1		
<i>prednisolon-moxiflox-nepafenac 1-0.5-0.1 % ophth susp</i>	1		
PROLENSA 0.07 % ophth soln	2		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX 0.3-0.1 % ophth susp	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
TOBRADEX ST 0.3-0.05 % ophth susp	3		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
<i>triple pmb 1-0.5-0.09 % ophth soln</i>	3		
<i>triple pmk 1-0.5-0.5 % ophth soln</i>	3		
UPNEEQ 0.1 % ophth soln	3		
<i>vancomycin hcl 10 mg/ml Ophthalmic Solution Prefilled Syringe</i>	1		
ZYLET 0.5-0.3 % ophth susp	3		
<b>Ophthalmic Prostaglandin And Prostanoid Analogs - Glaucoma Drugs</b>			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
DURYSTA 10 mcg i-ocul implant	3		
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
ROCKLATAN 0.02-0.005 % ophth soln	3		
<i>tafluprost (pf) 0.0015 % ophth soln</i>	1	ZIOPTAN	
TRAVATAN Z 0.004 % ophth soln	3		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN	
VYZULTA 0.024 % ophth soln	3		
XALATAN 0.005 % ophth soln	3		
XELPROS 0.005 % ophth emul	3		
ZIOPTAN 0.0015 % ophth soln	3		
<b>OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS</b>			
<b>Otic Agents - Drugs For The Ear</b>			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CETRAXAL 0.2 % otic soln	3		
CIPRO HC 0.2-1 % otic susp	3		
CIPRODEX 0.3-0.1 % otic susp	3		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1	CETRAXAL	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
<i>ciprofloxacin-fluocinolone pf 0.3-0.025 % otic soln</i>	3	OTOVEL	
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	3		
CORTIC-ND 10-10-1 mg/ml otic soln	1		
CORTISPORIN-TC 3.3-3-10-0.5 mg/ml otic susp	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
DERMOTIC 0.01 % otic oil	3		
<i>exotic-hc 10-10-1 mg/ml otic soln</i>	1		
FLAC 0.01 % otic oil	1		
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
OTICIN HC NR 10-10-1 mg/ml otic soln	3		
OTOVEL 0.3-0.025 % otic soln	3		
PRAMOTIC 1-0.1 % otic liq	3		
<b>RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS</b>			
<b>Antihistamines - Allergy Drugs</b>			
<i>dexchlorpheniramine maleate 2 mg/5ml soln</i>	1	RYCLORA	
RYCLORA 2 mg/5ml soln	3		
<b>Antihistamines - Drugs To Treat Allergies</b>			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>carbinoxamine maleate 6 mg tab</i>	1		
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	
CLARINEX 5 mg tab	3		
<i>clemastine fumarate 0.67 mg/5ml syr</i>	1		
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
CLOBETEX 5 & 0.05 mg & % cmb pack	3		
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
DERMACINRX AZENASE PAK 137 & 50 mcg/act nasal pack	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	CLARINEX	
<i>diphen 12.5 mg/5ml oral elix</i>	1	BENADRYL	
<i>di-phen 12.5 mg/5ml oral elix</i>	1	BENADRYL	
<i>diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln</i>	1	BENADRYL	
DYMISTA 137-50 mcg/act nasal susp	2		
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
KARBINAL ER 4 mg/5ml susp er	3		
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
PATANASE 0.6 % nasal soln	3		
RYVENT 6 mg tab	1		
VISTARIL 25 mg cap, 50 mg cap	3		
<b>Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs</b>			
AIRDUO DIGIHALER 113-14 mcg/act inh aer pwr br act, 232-14 mcg/act inh aer pwr br act, 55-14 mcg/act inh aer pwr br act	3		
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	3		
ARMONAIR DIGIHALER 113 mcg/act inh aer pwr br act, 232 mcg/act inh aer pwr br act, 55 mcg/act inh aer pwr br act	3		
ARNUIITY ELLIPTA 100 mcg/act inh aer pwr br act, 200 mcg/act inh aer pwr br act, 50 mcg/act inh aer pwr br act	2		
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwr br act	3		
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwr br act	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220 mcg/act inh aer pwdr br act	3		
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	3		
ASMANEX (7 METERED DOSES) 110 mcg/act inh aer pwdr br act	3		
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	3		
BECONASE AQ 42 mcg/spray nasal susp	3		
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	1	PULMICORT	
DERMACINRX TICANASE PAK 50-2.7 mcg/act-% nasal pack	3		
FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer	2		
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	
<i>fluticasone propionate diskus 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act</i>	3		
<i>fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer</i>	2		
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	
NASONEX 50 mcg/act nasal susp	2		
OMNARIS 50 mcg/act nasal susp	3		
PROAIR DIGIHALER 108 (90 Base) mcg/act inh aer pwdr br act	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
PROPEL 370 mcg nasal implant	3		
PROPEL MINI 370 mcg nasal implant	3		
PULMICORT 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	3		
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	2		
QNASL 80 mcg/act nasal aer soln	3		
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
QVAR REDHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	2		
XHANCE 93 mcg/act Nasal Exhaler Suspension	3		
ZETONNA 37 mcg/act nasal aer soln	3		
<b>Antileukotrienes - Asthma/lung Drugs</b>			
ACCOLATE 10 mg tab, 20 mg tab	3		
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
SINGULAIR 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	3		
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	3		
<b>Bronchodilators, Anticholinergic - Asthma/lung Drugs</b>			
ATROVENT HFA 17 mcg/act inh aer soln	3		
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		
INCRUSE ELLIPTA 62.5 mcg/act inh aer pwr br act	3		
<i>ipratropium bromide 0.02 % inh soln, 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	
LONHALA MAGNAIR REFILL KIT 25 mcg/ml inh soln	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
LONHALA MAGNAIR STARTER KIT 25 mcg/ml inh soln	3		
SPIRIVA HANDIHALER 18 mcg inh cap	2		
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		
<i>tiotropium bromide monohydrate 18 mcg inh cap</i>	1	SPIRIVA HANDIHALER	
TUDORZA PRESSAIR 400 mcg/act inh aer pwdr br act	3		
YUPELRI 175 mcg/3ml inh soln	3		
<b>Bronchodilators, Sympathomimetic - Asthma/lung Drugs</b>			
ADRENALIN 1 mg/ml inj soln	3		
ADYPHREN 1 mg/ml inj kit	3		
ADYPHREN AMP 1 mg/ml inj kit	3		
ADYPHREN AMP II 1 mg/ml inj kit	3		
ADYPHREN II 1 mg/ml inj kit	3		
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2 mg tab, 2.5 mg/0.5ml inh neb soln, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln, (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr</i>	1	VOSPIRE ER	
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	3	PROAIR HFA	
ARCAPTA NEOHALER 75 mcg inh cap	3		
<i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	1	BROVANA	
AUVI-Q 0.1 mg/0.1ml inj soln auto-inj, 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj	3		
BROVANA 15 mcg/2ml inh neb soln	3		
DUAKLIR PRESSAIR 400-12 mcg/act inh aer pwdr br act	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj</i>	1	ADRENACLICK	
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	1	EPIPEN JR	
<i>epinephrine (anaphylaxis) 1 mg/ml inj soln</i>	1		
<i>epinephrine professional 1 mg/ml inj kit</i>	3		
EPINEPHRINESNAP-EMS 1 mg/ml inj kit	3		
EPINEPHRINESNAP-V 1 mg/ml inj kit	3		
EPIPEN 2-PAK 0.3 mg/0.3ml inj soln auto-inj	3		
EPIPEN JR 2-PAK 0.15 mg/0.3ml inj soln auto-inj	3		
EPISNAP 1 mg/ml inj kit	3		
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	1	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	3	XOPENEX HFA	
PERFOROMIST 20 mcg/2ml inh neb soln	3		
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	2		
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	3		
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	3		
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	2		
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	2		
SYMJEPI 0.15 mg/0.3ml inj soln pfs, 0.3 mg/0.3ml inj soln pfs	3		
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	



Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>terbutaline sulfate 1 mg/ml inj soln</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		
XOPENEX 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	3		
XOPENEX CONCENTRATE 1.25 mg/0.5ml inh neb soln	3		
XOPENEX HFA 45 mcg/act inh aer	3		
<b>Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis</b>			
KALYDECO 150 mg tab, 25 mg pckt, 50 mg pckt, 75 mg pckt	5		PA
PULMOZYME 2.5 mg/2.5ml inh soln	5		
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
<b>Mast Cell Stabilizers - Drugs For The Lungs</b>			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	
<b>Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs</b>			
DALIRESP 250 mcg tab, 500 mcg tab	3		PA
DIFIL-G FORTE 100-100 mg/5ml liq	1		
ELIXOPHYLLIN 80 mg/15ml oral elix	2		
<i>roflumilast 250 mcg tab, 500 mcg tab</i>	1	DALIRESP	PA
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	3		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	1		
<i>theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
<b>Pulmonary Antihypertensives - Asthma/lung Drugs</b>			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
ALYQ 20 mg tab	1		
<i>ambrisentan 10 mg tab, 5 mg tab</i>	4	LETAIRIS	PA

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>bosentan 125 mg tab, 62.5 mg tab</i>	4	TRACLEER	PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	4	FLOLAN	PA
OPSUMIT 10 mg tab	4		PA
<i>sildenafil citrate 10 mg/ml susp</i>	1	REVATIO	
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	4	ADCIRCA	PA
TRACLEER 32 mg tab sol	3		
<i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i>	4	REMODULIN	PA
<b>Respiratory Tract Agents, Other - Asthma/lung Drugs</b>			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADRENALIN 0.1 % nasal soln	3		
ADVAIR DISKUS 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	2		
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	3		
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	3		
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	3		
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	2		
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	3		
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		
BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer	2		
BRONCHITOL 40 mg inh cap	3		
BRONCHITOL TOLERANCE TEST 40 mg inh cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>budesonide-formoterol fumarate</i> 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1	SYMBICORT	
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		
<i>dextromethorphan hbr monohyd crys</i>	1		
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	3		
<i>epinephrine hcl (nasal) 0.1 % nasal soln</i>	1		
FASENRA 30 mg/ml sc soln pfs	4		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	4		PA
<i>fluticasone furoate-vilanterol 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act</i>	2		
<i>fluticasone-salmeterol 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer</i>	2		
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	3	AIRDUO	
GILPHEX TR 10-388 mg tab	3		
GILTUSS TR 10-28-388 mg tab	3		
HYCODAN 5-1.5 mg/5ml soln	3		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln, 7 % inh neb soln	3		
INFASURF 35-0.9 mg/ml-% Intratracheal Suspension	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
NEBUSAL 3 % inh neb soln	1		
NEBUSAL 6 % inh neb soln	3		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
<i>promethazine vc 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>	1		
<i>pseudoephedrine hcl crys</i>	1		
PULMOSAL 7 % inh neb soln	1		
<i>ribavirin 6 gm inh soln</i>	4	VIRAZOLE	PA
SEMPREX-D 8-60 mg cap	3		
SINUVA 1350 mcg nasal implant	3		
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<i>sodium chloride 7 % inh neb soln</i>	1	HYPERSAL	
STERITALC 2 gm Intrapleural Powder, 3 gm Intrapleural Powder, 4 gm Intrapleural Powder	3		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	2		
SURVANTA 25-0.9 mg/ml-% Intratracheal Suspension	3		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		
TESSALON PERLES 100 mg cap	3		
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	2		
TUSSICAPS 10-8 mg cap er 12 hr	3		
TUXARIN ER 54.3-8 mg tab er 12 hr	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
TUZISTRA XR 14.7-2.8 mg/5ml susp er	3		
UTIBRON NEOHALER 27.5-15.6 mcg inh cap	3		
VIRAZOLE 6 gm inh soln	3		
WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1		
<b>SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM</b>			
<b>Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm</b>			
AMRIX 15 mg cap er 24 hr, 30 mg cap er 24 hr	3		
<i>baclofen 5 mg/5ml soln</i>	3		
<i>baclofen 20000 mcg/20ml it soln</i>	1	GABLOFEN	
<i>baclofen 10 mg/20ml it soln, 40 mg/20ml it soln</i>	1	LIORESAL	
<i>carisoprodol 250 mg tab, 350 mg tab</i>	1	SOMA	
<i>carisoprodol-aspirin 200-325 mg tab</i>	1	SOMA	
<i>chlorzoxazone 250 mg tab</i>	1		
<i>chlorzoxazone 375 mg tab, 750 mg tab</i>	1	LORZONE	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclo/gaba 10/300 10-300 mg pack</i>	3		
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
<i>cyclobenzaprine hcl er 15 mg cap er 24 hr, 30 mg cap er 24 hr</i>	1	AMRIX	
CYCLOPAK 5 & 2.5-2.5 mg & % cmb pack	3		
FEXMID 7.5 mg tab	1		
GABLOFEN 10000 mcg/20ml it soln, 20000 mcg/20ml it soln, 40000 mcg/20ml it soln	3		
LIORESAL 10 mg/20ml it soln, 40 mg/20ml it soln	3		
LORZONE 375 mg tab, 750 mg tab	1		
METAXALL CP 800 & 0.025 mg & % cmb kit	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>metaxalone 400 mg tab, 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
NOPIOID-LMC KIT 7.5 & 4-4 mg & % cmb pack	3		
NOPIOID-TC KIT 7.5 & 4-4 mg & % cmb pack	3		
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
OZOBAX 5 mg/5ml soln	3		
ROBAXIN-750 750 mg tab	3		
SKELAXIN 800 mg tab	3		
SOMA 250 mg tab, 350 mg tab	3		
<i>succinylcholine chloride 100 mg/5ml iv soln pfs, 140 mg/7ml iv soln pfs, 200 mg/10ml iv soln pfs</i>	1		
<i>succinylcholine chloride 20 mg/ml inj soln</i>	1	ANECTINE	
TABRADOL FUSEPAQ 1 mg/ml susp	3		
TABRADOL RAPIDPAQ 1 mg/ml susp	3		
VANADOM 350 mg tab	1		
<i>vecuronium bromide 10 mg/10ml iv soln pfs</i>	1		
<b>SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP</b>			
<b>Gaba Receptor Modulators - Drugs For Sleeping</b>			
AMBIEN 10 mg tab, 5 mg tab	3		
AMBIEN CR 12.5 mg tab er, 6.25 mg tab er	3		
EDLUAR 10 mg tab subl, 5 mg tab subl	3		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
INTERMEZZO 1.75 mg tab subl	3		
LUNESTA 1 mg tab, 2 mg tab, 3 mg tab	3		
RESTORIL 15 mg cap, 30 mg cap, 7.5 mg cap	3		

Drug Name	Drug Tier	Reference Name	Requirements/Limits
<i>temazepam 15 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub</i>	1	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	3		
<b>Sleep Disorders, Other - Drugs For Sleeping</b>			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	3		
DAYVIGO 10 mg tab, 5 mg tab	3		
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	SILENOR	
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	
NUVIGIL 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	3		
PROVIGIL 100 mg tab, 200 mg tab	3		
<i>ramelteon 8 mg tab</i>	1	ROZEREM	
ROZEREM 8 mg tab	3		
SECONAL 100 mg cap	3		
SILENOR 3 mg tab, 6 mg tab	3		
<i>sodium oxybate 500 mg/ml soln</i>	1		
SUNOSI 150 mg tab, 75 mg tab	2		
WAKIX 17.8 mg tab, 4.45 mg tab	4		
XYREM 500 mg/ml soln	5		PA
XYWAV 500 mg/ml soln	4		
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<b>Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs</b>			
LIQUIVIDA HYDRATION 0.9 % iv kit	3		
<b>Vitamins - Vitamin, Mineral And Body Fluid Deficiency Drugs</b>			
<i>cyanocobalamin 2000 mcg/ml inj soln</i>	1		

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