



2018

Individual & Family Plans
Preferred Drug List



HEALTH PLANS
UNIVERSITY OF UTAH

How to use the Preferred Drug List

The Preferred Drug List (PDL) is a summary of prescription drugs covered under your plan. This contains the most commonly prescribed drugs with their dosing and forms. This list is not a complete list and additional drugs may be covered. *Please note that the Preferred Drug List is subject to change as new drugs become available and therapeutic categories are reviewed and updated to provide the most effective and greatest value therapies available for our members.*

Your pharmacy benefit has four tiers and the tier is identified in the second column on the Preferred Drug List below. These tiers determine your out of pocket responsibility and correspond to the copays and/or coinsurance shown on your benefit summary. In most cases, the drugs on the lower tiers will cost less.

- Tier 0: Preventive Drugs required by the Affordable Care Act (ACA)
- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics / Preferred Brands
- Tier 3: Non-Preferred Brands
- Tier 4: Specialty (Most specialty drugs require PA and must be filled at the Plan's designated Specialty Pharmacy)

If you have any questions about the Preferred Drug List or your pharmacy benefits please contact Pharmacy Customer Service at the number listed on the back of your ID Card. Pharmacy Customer Service is available 24 hours / 7 days a week / 365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up drug information like benefit tier, limits, and drug interactions; shop for best price of a medication at different pharmacies; check the status of a prescription; print your drug fill history; and how to set up mail order.

HOW DRUGS ARE CHOSEN FOR THE PDL

Drugs approved by the United States (U.S.) Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmaceutical & Therapeutics (P&T) Committee utilizing the following criteria:

- a) The drug is effective and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
- b) The PDL does not have other alternatives or similar drugs that could be used in its place
- c) The drug shows a strong therapeutic outcome
- d) The drug shows safety for medical use

As new drugs are approved by the FDA, they are reviewed within 180 days against similar drugs available on PDL before being considered for inclusion. New drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) will not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most clinically and cost-effective medications.

Members will receive notices related to drug formulary changes at the point of sale when filling a prescription that is impacted by modifications to the PDL. Network pharmacies are required to inform the member of these messages regarding updates or changes to the program which may impact a member. In addition, members whose drugs have been removed from the PDL or have a negative change such as increased tier or new limits will receive written communication of change.

PREVENTIVE DRUGS

Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

PRIOR AUTHORIZATION (PA)

To ensure appropriate utilization, some generic and brand medications and all specialty drugs require Prior Authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee establishes the Prior

Authorization criteria. In order for a member to receive coverage for a medication requiring Prior Authorization, the member or member's provider should contact Pharmacy Customer Service at the number listed on the back of your ID Card. Your provider will be required to complete a prior authorization form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If Prior Authorization is not received or if the medication is filled prior to approval, the cost of the medication will be full member responsibility. In addition, Prior Authorizations are not able to be back-dated.

QUANTITY LIMIT (QL)

Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some medications have the potential to be abused, misused, shared, or have a manufacturer's limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing schedules, current medical practices, evidence-based clinical guidelines, and peer-reviewed medical literature related to a particular drug. Prior Authorization is required for any quantities that exceed Plan limits.

STEP THERAPY (ST)

Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around safety, cost, and a member's health. In Step Therapy, the covered drugs are arranged in a series of "steps". The program typically starts with generic drugs as the "first step." These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with medication that is more affordable. More expensive brand-name drugs are usually considered in the "second step" if your provider determines the "second step" products are medically necessary for your treatment. Step Therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists, and other medical experts. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires Step Therapy. This means if you don't want to pay full price for your prescription drug, your doctor needs to write a new prescription for a "first-step" drug. With Step Therapy, if you've already tried and failed the "first-step" drug, can't take the "first-step" drug (because of an allergy, etc.), and/or your provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

THERAPEUTIC INTERCHANGE (TI)

Therapeutic interchange is the practice of replacing, with your physician's approval, a prescription medication originally prescribed with a chemically different medication. Medications used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed and administered by a team of physicians, pharmacists, and other medical practitioners who are experts in the diagnosis and treatment of disease. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug therapy. If therapeutic interchange is required on a drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.

AGE

Some medications have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those medications.

BRAND-GENERIC PENALTY (Ancillary Charge)

A Brand-Generic penalty is applied if you receive a brand name drug, regardless of reason or medical necessity, or if your provider prescribes a brand name drug when a generic is available. A Brand-Generic Penalty is the difference in cost from the generic to the brand name drug. This penalty is in addition to the regular cost sharing outlined in your benefits summary. The Brand-Generic penalty does not apply towards Deductibles or Out-of-Pocket Maximum.

GENERIC MANDATORY PLAN

The Plan mandates generic drugs wherever available. If a brand-name drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, Prior Authorization will be required, even if not indicated on the PDL below. If brand is approved through the PA process, the Brand-Generic penalty will still be applied.

MAIL ORDER

Mail order is when a 90 day supply of a generic or brand name drug (Tier 0, 1, 2, and 3) is mailed directly to you through a designated Mail Order Pharmacy. Not all medications are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information or to get started on the Mail Order program.

SPECIALTY PHARMACY

The Plan requires that all medications noted as Specialty drugs (Tier 4) be filled through the Plan's designated Specialty Pharmacies. In cases where drugs are available only through a limited distribution channel from the manufacturer, these drugs may be filled at other designated specialty pharmacies as directed by the Plan.

OFF-LABEL USE OF MEDICATIONS

The FDA requires that drugs used in the U.S. be safe and effective. The label information of a medication outlines drug use for "approved" doses and specific conditions or disease states. The use of a drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the drug. Off-label use of a medication is not covered unless it meets the Plan's off-label use policy. A Prior Authorization is required when a medication is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug. Therapies deemed investigational are not a covered benefit.

NON-FORMULARY (not covered) OR EXCEPTION REQUESTS FOR MEDICATIONS

For drugs that are not covered by the Plan or non-formulary drugs, you or your provider can submit an exception request. Your provider will be required to complete a request for formulary exception form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If exception request approval is not received or medication is filled prior to approval, the cost of the medication will be full member responsibility. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information.

PAPER CLAIMS FILING LIMITS

Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is 90 days from the date of service for all original claims. Paper claims will be reimbursed off of what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.

UUHP Individual & Family Plans Preferred Drug List

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UUHP Individual & Family Plans Preferred Drug List

Tier 0 = Zero Cost Share Preventive Drugs 1 = Preferred Generic 2 = Non-Preferred Generic, Preferred Brand 3 = Non-Preferred Brand 4 = Specialty Drugs lowercase italics = Generic drugs UPPERCASE BOLD = Brand name drugs		
Drug	Tier	Notes
Analgesic, Anti-Inflammatory Or Antipyretic		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (450 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet, chewable 81 mg</i>	0	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	
AZASAN ORAL TABLET 100 MG, 75 MG	3	PA
<i>azathioprine oral tablet 50 mg</i>	1	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; QL (4 ML per 28 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; QL (4 EA per 28 days)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	1	QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	1	QL (2.5 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	2	QL (4 EA per 28 days)
<i>celecoxib oral capsule 100 mg, 50 mg</i>	1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits

Drug	Tier	Notes
<i>celecoxib oral capsule 200 mg, 400 mg</i>	1	QL (60 EA per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (3 EA per 30 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (1 EA per 28 days)
<i>codeine sulfate oral tablet 15 mg, 60 mg</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 30 mg</i>	2	QL (180 EA per 30 days)
COMFORT PAC-IBUPROFEN KIT 800 MG	1	
COMFORT PAC-MELOXICAM KIT 15 MG	1	
COMFORT PAC-NAPROXEN KIT 500 MG	1	
CUPRIMINE ORAL CAPSULE 250 MG	4	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 50 mg</i>	2	
<i>cyclosporine modified oral capsule 25 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	
<i>cyclosporine oral capsule 100 mg</i>	2	
<i>cyclosporine oral capsule 25 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (0.98 ML)	4	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	4	PA; QL (8 ML per 28 days)
ENTERIC COATED ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral capsule 400 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	1	PA; QL (30 EA per 30 days)

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Drug	Tier	Notes
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	2	PA; QL (15 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (450 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (120 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (120 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	PA; QL (30 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	2	QL (120 EA per 30 days)
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
<i>indomethacin oral capsule 25 mg</i>	1	QL (120 EA per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1	QL (4 ML per 28 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	QL (4 ML per 28 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	QL (4 ML per 28 days)
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 EA per 30 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	4	PA; QL (5 EA per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)

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Drug	Tier	Notes
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	1	QL (12 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	2	QL (450 ML per 30 days)
<i>meclofenamate oral capsule 100 mg</i>	1	
<i>meclofenamate oral capsule 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>methadone oral concentrate 10 mg/ml</i>	2	PA; QL (240 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	PA; QL (240 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral tablet 75 mg</i>	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (120 ML per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 75 mg, 90 mg</i>	2	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 45 mg</i>	1	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 60 mg</i>	1	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 60 mg</i>	1	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, extend.release pellets 100 mg, 20 mg, 30 mg, 50 mg, 80 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	QL (480 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	1	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	1	PA; QL (90 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral tablet extended release 30 mg</i>	1	PA; QL (60 EA per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL CAPSULE 400 MG	3	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	

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Drug	Tier	Notes
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	
NEORAL ORAL CAPSULE 100 MG, 25 MG	4	PA
NEORAL ORAL SOLUTION 100 MG/ML	4	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL (60 EA per 30 days)
OLUMIANT ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA
OTEZLA ORAL TABLET 30 MG	4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4	PA
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>oxycodone oral capsule 5 mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (240 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg</i>	1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (180 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 EA per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 20 mg, 30 mg, 40 mg, 7.5 mg</i>	2	PA; QL (60 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
RIDAURA ORAL CAPSULE 3 MG	4	PA
<i>salsalate oral tablet 500 mg</i>	1	
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	

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Drug	Tier	Notes
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	4	PA; QL (120 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	2	
<i>tramadol oral capsule, er biphasic 24 hr 25-75 100 mg, 200 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral capsule, er biphasic 24 hr 25-75 150 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr 300 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (120 EA per 30 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	
XELJANZ ORAL TABLET 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	4	PA; QL (30 EA per 30 days)
ZIPSOR ORAL CAPSULE 25 MG	3	
Anesthetics		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	2	
Anorectal Preparations		
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
Antidotes And Other Reversal Agents		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	1	
<i>acetylcysteine solution 100 mg/ml (10 %)</i>	2	
<i>acetylcysteine solution 200 mg/ml (20 %)</i>	1	
CHEMET ORAL CAPSULE 100 MG	3	PA
CUPRIMINE ORAL CAPSULE 250 MG	4	PA
FERRIPROX ORAL TABLET 500 MG	4	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA

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Drug	Tier	Notes
MOVANTIK ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	QL (2 EA per 90 days)
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	PA
<i>trientine oral capsule 250 mg</i>	4	PA
Anti-Infective Agents		
<i>abacavir oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	QL (60 EA per 30 days)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	4	PA; QL (30 EA per 30 days)
ALBENZA ORAL TABLET 200 MG	4	PA; QL (120 EA per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA
ALINIA ORAL TABLET 500 MG	3	PA
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg, 400 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>amphotericin b injection recon soln 50 mg</i>	4	PA
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	4	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	4	QL (300 ML per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	4	
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	4	
<i>azithromycin oral packet 1 gram</i>	3	

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Drug	Tier	Notes
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	1	QL (30 ML per 5 days)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	1	QL (90 ML per 5 days)
<i>azithromycin oral tablet 250 mg, 600 mg</i>	1	QL (6 EA per 5 days)
<i>azithromycin oral tablet 500 mg</i>	1	QL (4 EA per 7 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	PA
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	2	

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Drug	Tier	Notes
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	1	
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg</i>	1	
<i>clarithromycin oral tablet 500 mg</i>	1	QL (28 EA per 14 days)
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	QL (28 EA per 14 days)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1	
COARTEM ORAL TABLET 20-120 MG	2	
COMPLERA ORAL TABLET 200-25-300 MG	4	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QL (180 EA per 30 days)
<i>cycloserine oral capsule 250 mg</i>	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	PA
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
DESCOVY ORAL TABLET 200-25 MG	4	QL (30 EA per 30 days)
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>didanosine oral capsule, delayed release(drlec) 125 mg</i>	4	QL (90 EA per 30 days)
<i>didanosine oral capsule, delayed release(drlec) 200 mg</i>	4	QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	4	QL (30 EA per 30 days)
DIFICID ORAL TABLET 200 MG	4	PA; QL (20 EA per 10 days)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 150 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 75 mg</i>	2	

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Drug	Tier	Notes
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
EDURANT ORAL TABLET 25 MG	4	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (850 ML per 30 days)
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	QL (6 EA per 3 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	3	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin stearate oral tablet 250 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30 EA per 30 days)
FACTIVE ORAL TABLET 320 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL (60 EA per 30 days)
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (180 EA per 30 days)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	2	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	PA
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (30 EA per 30 days)
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
INTELENCE ORAL TABLET 100 MG, 25 MG	4	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	4	QL (60 EA per 30 days)
INVIRASE ORAL CAPSULE 200 MG	4	QL (300 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	4	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (240 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	4	QL (60 EA per 30 days)

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Drug	Tier	Notes
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (720 EA per 30 days)
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg</i>	2	
<i>isoniazid oral tablet 300 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	PA
<i>ivermectin oral tablet 3 mg</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	PA; QL (60 EA per 30 days)
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	QL (14 EA per 14 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1800 ML per 30 days)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	2	
<i>linezolid oral tablet 600 mg</i>	2	QL (56 EA per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	PA
MAVYRET ORAL TABLET 100-40 MG	4	PA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral tablet 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	2	
MONUROL ORAL PACKET 3 GRAM	3	
MORGIDOX 1X100 KIT 100 MG	3	
MORGIDOX 2X100 KIT 100 MG	3	
MORGIDOX ORAL CAPSULE 100 MG	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	QL (14 EA Max Qty Per Fill Mail)
NEBUPENT INHALATION RECON SOLN 300 MG	4	PA
<i>neomycin oral tablet 500 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	4	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	

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Drug	Tier	Notes
NORVIR ORAL CAPSULE 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (30 EA per 30 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	PA; QL (14 EA per 14 days)
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL (10 EA per 5 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL (60 ML per 5 days)
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	4	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL (4 ML per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA; QL (4 EA per 30 days)
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	2	
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	4	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	4	
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	2	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>quinine sulfate oral capsule 324 mg</i>	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (20 EA per 10 days)
RESCRIPTOR ORAL TABLET 200 MG	4	QL (180 EA per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	QL (360 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	4	PA
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 400-400 MG (28)-MG (28), 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	4	PA
<i>ribavirin oral capsule 200 mg</i>	1	PA
<i>ribavirin oral tablet 200 mg</i>	1	PA
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg</i>	2	

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Drug	Tier	Notes
<i>rifampin oral capsule 300 mg</i>	1	
RIFATER ORAL TABLET 50-120-300 MG	3	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	PA
SIRTURO ORAL TABLET 100 MG	4	PA
SIVEXTRO ORAL TABLET 200 MG	4	PA
SOVALDI ORAL TABLET 400 MG	4	PA
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	QL (30 EA per 30 days)
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
SUSTIVA ORAL TABLET 600 MG	4	
TECHNIVIE ORAL TABLET 12.5-75-50 MG	4	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL (30 EA per 30 days)
<i>tetracycline oral capsule 250 mg</i>	1	PA
<i>tetracycline oral capsule 500 mg</i>	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
<i>tinidazole oral tablet 500 mg</i>	2	
TIVICAY ORAL TABLET 10 MG, 25 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	4	QL (60 EA per 30 days)
<i>tobramycin (bulk) powder 900 mcg/mg (not less than, usp)</i>	3	
<i>tobramycin sulfate (bulk) powder 634 mcg/mg (not less than, usp)</i>	3	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	4	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	4	PA
TRECTOR ORAL TABLET 250 MG	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	QL (30 EA per 30 days)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL (60 EA per 30 days)
VALCYTE ORAL TABLET 450 MG	4	PA
<i>valganciclovir oral tablet 450 mg</i>	4	PA
<i>vancomycin oral capsule 125 mg</i>	2	QL (80 EA per 30 days)

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Drug	Tier	Notes
<i>vancomycin oral capsule 250 mg</i>	2	QL (60 EA per 30 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	4	PA
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (120 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90 EA per 30 days)
ZEPATIER ORAL TABLET 50-100 MG	4	PA; QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
ZYVOX ORAL TABLET 600 MG	3	PA
Antineoplastics		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; QL (30 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	4	PA
<i>anastrozole oral tablet 1 mg</i>	1	QL (30 EA per 30 days)
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1	QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	
COTELLIC ORAL TABLET 20 MG	4	PA
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
EMCYT ORAL CAPSULE 140 MG	4	PA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL (30 EA per 30 days)
<i>etoposide oral capsule 50 mg</i>	4	PA
<i>exemestane oral tablet 25 mg</i>	2	QL (60 EA per 30 days)
FARESTON ORAL TABLET 60 MG	3	PA; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; QL (6 EA per 21 days)
<i>flutamide oral capsule 125 mg</i>	2	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; QL (60 EA per 30 days)

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Drug	Tier	Notes
ICLUSIG ORAL TABLET 45 MG	4	PA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL (120 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2)	4	PA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	QL (30 EA per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	1	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; QL (80 EA per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4	PA
LYSODREN ORAL TABLET 500 MG	4	PA
MATULANE ORAL CAPSULE 50 MG	4	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
NEXAVAR ORAL TABLET 200 MG	4	PA; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA

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Drug	Tier	Notes
ODOMZO ORAL CAPSULE 200 MG	4	PA
OFEV ORAL CAPSULE 100 MG	4	PA
PURIXAN ORAL SUSPENSION 20 MG/ML	4	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; QL (30 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL (30 EA per 30 days)
TABLOID ORAL TABLET 40 MG	4	PA
TAFINLAR ORAL CAPSULE 50 MG	4	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; QL (120 EA per 20 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; QL (30 EA per 30 days)
TARGRETIN ORAL CAPSULE 75 MG	4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (120 EA per 30 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; QL (10 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	
TYKERB ORAL TABLET 250 MG	4	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA
VOTRIENT ORAL TABLET 200 MG	4	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL (60 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	4	PA; QL (120 EA per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	4	PA; QL (150 EA per 30 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; QL (120 EA per 30 days)
Biologicals		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	0	

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Drug	Tier	Notes
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG/0.5 ML	0	
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG/0.5 ML	0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	0	
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	0	
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	

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Drug	Tier	Notes
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	0	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	0	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	0	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	0	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	0	
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	0	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	

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Drug	Tier	Notes
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	0	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	
Cardiovascular Therapy Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
ADCIRCA ORAL TABLET 20 MG	4	PA; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL (90 EA per 30 days)
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg</i>	1	
<i>amlodipine-valsartan oral tablet 5-160 mg, 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	QL (60 EA per 30 days)

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Drug	Tier	Notes
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 32-25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	QL (60 EA per 30 days)
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	2	
<i>colestipol oral granules 5 gram</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	1	
CORLANOR ORAL TABLET 5 MG	2	QL (60 EA per 30 days)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	PA; QL (30 EA per 30 days)
DIBENZYLINE ORAL CAPSULE 10 MG	4	PA
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	
<i>digoxin oral solution 50 mcg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg</i>	2	

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Drug	Tier	Notes
<i>disopyramide phosphate oral capsule 150 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST; QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; QL (60 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	1	QL (2 EA per 0 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	2	QL (2 EA per 30 days)
<i>eplerenone oral tablet 25 mg</i>	1	QL (60 EA per 30 days)
<i>eplerenone oral tablet 50 mg</i>	2	QL (60 EA per 30 days)
<i>eprosartan oral tablet 600 mg</i>	1	QL (30 EA per 30 days)
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	3	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	2	QL (30 EA per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	PA
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	0	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	0	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	0	QL (30 EA per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	

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Drug	Tier	Notes
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
ISORDIL ORAL TABLET 40 MG	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; QL (30 EA per 30 days)
LEVATOL ORAL TABLET 20 MG	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg</i>	0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	0	QL (60 EA per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg</i>	1	
<i>mexiletine oral capsule 250 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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Drug	Tier	Notes
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	QL (60 EA per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	1	
NIACOR ORAL TABLET 500 MG	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg</i>	1	
<i>nifedipine oral capsule 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
<i>nitroglycerin sublingual tablet 0.3 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.4 mg, 0.6 mg</i>	1	QL (30 EA per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 40-25 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
OPSUMIT ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 80 mg</i>	0	QL (30 EA per 30 days)
<i>pravastatin oral tablet 40 mg</i>	0	QL (60 EA per 30 days)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	

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Drug	Tier	Notes
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	2	QL (120 EA per 30 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; QL (3 ML per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	QL (30 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 EA per 30 days)
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 300 MG	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg</i>	2	
<i>telmisartan oral tablet 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Drug	Tier	Notes
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG	4	PA
UPTRAVI ORAL TABLET 800 MCG	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 320 mg, 40 mg</i>	1	QL (90 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 EA per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Central Nervous System Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	PA
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	PA; QL (60 EA per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (9 EA per 28 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	

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Drug	Tier	Notes
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet, disintegrating 1 mg, 2 mg</i>	2	QL (90 EA per 30 days)
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; QL (30 EA per 30 days)
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (30 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	2	QL (30 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA; QL (240 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL (30 EA per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i>	1	QL (30 EA per 30 days)

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Drug	Tier	Notes
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	3	
CESAMET ORAL CAPSULE 1 MG	3	PA; QL (30 EA per 5 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	QL (600 ML per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (90 EA per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg</i>	1	
<i>clozapine oral tablet, disintegrating 25 mg</i>	1	QL (1080 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine fumarate oral tablet extended release 24hr 100 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 35 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 30 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg</i>	2	QL (60 EA per 30 days)

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Drug	Tier	Notes
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>diazepam oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	PA
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	PA; QL (16 ML per 30 days)
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	1	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg</i>	2	QL (60 EA per 30 days)
<i>dronabinol oral capsule 5 mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (180 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	1	QL (60 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (9 EA per 28 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	PA; QL (30 EA per 30 days)
<i>entacapone oral tablet 200 mg</i>	1	QL (270 EA per 30 days)
EPITOL ORAL TABLET 200 MG	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	QL (480 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	QL (240 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	QL (180 EA per 30 days)

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Drug	Tier	Notes
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	QL (620 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (30 EA per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG	3	PA; QL (90 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	PA; QL (60 EA per 30 days)
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	PA; QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	1	QL (240 EA per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	2	QL (30 EA per 30 days)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL (30 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	2	QL (9 EA per 28 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 20 mg</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	

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Drug	Tier	Notes
<i>hydroxyzine hcl oral solution 10 mg/5 ml, 10 mg/5 ml (5 ml)</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	2	QL (30 EA per 30 days)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (84) -100 mg (14)</i>	2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (120 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml, 8 meq/5 ml (5 ml)</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (90 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg</i>	1	
<i>loxapine succinate oral capsule 5 mg, 50 mg</i>	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	QL (120 EA per 30 days)
LYRICA ORAL CAPSULE 75 MG	2	PA; QL (120 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	2	QL (900 ML per 30 days)
<i>maprotiline oral tablet 25 mg</i>	2	QL (270 EA per 30 days)

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Drug	Tier	Notes
<i>maprotiline oral tablet 50 mg</i>	2	QL (135 EA per 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	3	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
<i>methamphetamine oral tablet 5 mg</i>	1	QL (150 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	QL (1350 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	QL (2700 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 54 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	2	QL (8 ML per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>mirtazapine oral tablet, disintegrating 45 mg</i>	2	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 EA per 30 days)
<i>nefazodone oral tablet 100 mg</i>	1	QL (180 EA per 30 days)
<i>nefazodone oral tablet 150 mg</i>	1	QL (120 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	QL (90 EA per 30 days)
<i>nefazodone oral tablet 250 mg</i>	2	QL (72 EA per 30 days)
<i>nefazodone oral tablet 50 mg</i>	2	QL (360 EA per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL TABLET 17 MG	4	PA

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Drug	Tier	Notes
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 20 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 5 mg</i>	1	QL (30 EA per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
ORAP ORAL TABLET 1 MG, 2 MG	3	PA
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (45 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	2	QL (60 EA per 30 days)
PEGANONE ORAL TABLET 250 MG	3	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet,chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	
<i>pimozide oral tablet 2 mg</i>	2	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	QL (90 EA per 30 days)
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	QL (30 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	QL (60 EA per 30 days)

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Drug	Tier	Notes
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	QL (540 ML per 30 days)
<i>rasagiline oral tablet 0.5 mg</i>	1	
<i>rasagiline oral tablet 1 mg</i>	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA; QL (30 EA per 30 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral syringe 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	1	QL (1920 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	2	QL (180 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	QL (120 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (9 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (9 EA per 28 days)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 4 mg, 6 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>ropinirole oral tablet extended release 24 hr 2 mg</i>	1	QL (30 EA per 30 days)
ROZEREM ORAL TABLET 8 MG	3	ST; QL (30 EA per 30 days)
SABRIL ORAL TABLET 500 MG	4	PA; QL (180 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	3	PA; QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	3	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i>	1	QL (300 ML per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (240 EA per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (1 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (4 ML per 28 days)

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Drug	Tier	Notes
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (1 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	PA; QL (2 ML per 30 days)
TASMAR ORAL TABLET 100 MG	4	PA
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	PA
TEGRETOL ORAL TABLET 200 MG	3	PA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	PA
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	2	QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiagabine oral tablet 2 mg</i>	2	
<i>tiagabine oral tablet 4 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	PA
TOPAMAX ORAL TABLET 25 MG	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg</i>	1	QL (480 EA per 30 days)
<i>topiramate oral tablet 200 mg</i>	1	QL (240 EA per 30 days)
<i>topiramate oral tablet 25 mg</i>	1	QL (1920 EA per 30 days)
<i>topiramate oral tablet 50 mg</i>	1	QL (960 EA per 30 days)
<i>tranylcypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (30 EA per 30 days)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; QL (30 EA per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)

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Drug	Tier	Notes
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	1	QL (150 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	2	ST; QL (30 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	1	QL (180 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	ST; QL (30 EA per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	3	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	3	QL (30 EA per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	PA
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 EA per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL (9 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL (30 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (9 EA per 30 days)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG	3	PA; QL (9 EA per 30 days)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 5 MG	3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	PA

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Drug	Tier	Notes
Chemical Dependency, Agents To Treat		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	1	QL (90 EA per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	0	QL (60 EA per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	0	QL (60 EA per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	0	QL (1 EA per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>nicotine (polacrilex) buccal gum 2 mg</i>	0	QL (720 EA per 30 days)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	0	QL (720 EA per 30 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	QL (30 EA per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	1	QL (672 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	QL (120 ML per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (90 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	QL (1 EA Max Qty Per Fill Retail)
Chemicals-Pharmaceutical Adjuvants		
<i>benzoin compound (bulk) tincture</i>	2	
ENGLISH TOFFEE FLAVOR LIQUID	3	
<i>estradiol (bulk) powder 100 %</i>	3	
<i>estriol (bulk) powder 100 %</i>	3	
<i>estriol micronized (bulk) powder 100 %</i>	3	
FLAVORX LIQUID	3	
<i>isopropyl alcohol solution 70 %</i>	2	
<i>methyltestosterone, micro(bulk) powder 100 %</i>	3	
<i>omeprazole (bulk) powder 100 %</i>	3	
PCCA T3 SODIUM DILUTION POWDER 1 MG/GRAM	3	
PCCA T4 SODIUM DILUTION POWDER 1 MG/GRAM	3	
<i>polyethylene glycol 3350(bulk) powder</i>	1	
<i>progesterone (bulk) powder 100 %</i>	3	
<i>progesterone micronized (bulk) powder 100 %</i>	3	
<i>sodium chloride inhalation solution for nebulization 7 %</i>	1	

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Drug	Tier	Notes
<i>testosterone (bulk) powder</i>	3	
<i>testosterone micronized (bulk) powder 100 %</i>	3	
<i>thyroid, pork (bulk) powder 100 % usp</i>	3	
<i>tobramycin (bulk) powder 900 mcg/mg (not less than, usp)</i>	3	
<i>tobramycin sulfate (bulk) powder 634 mcg/mg (not less than, usp)</i>	3	
Cognitive Disorder Therapy		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (180 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 EA per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	PA; QL (30 EA per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 EA per 30 days)
Contraceptives		
AFTERA ORAL TABLET 1.5 MG	1	QL (1 EA per 30 days)
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	0	
AMETHIA LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	0	QL (31 EA per 30 days)
AMETHIA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	0	QL (91 EA per 91 days)
APRI ORAL TABLET 0.15-0.03 MG	0	
ASHLYNA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	0	QL (91 EA per 91 days)
AUBRA ORAL TABLET 0.1-20 MG-MCG	0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	0	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	0	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	0	
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
CAMILA ORAL TABLET 0.35 MG	1	

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Drug	Tier	Notes
CAZANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	0	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	0	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	0	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	0	
CYRED ORAL TABLET 0.15-0.03 MG	1	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	0	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	0	
DEBLITANE ORAL TABLET 0.35 MG	1	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	0	QL (28 EA per 28 days)
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	0	
ELLA ORAL TABLET 30 MG	1	QL (1 EA per 30 days)
EMOQUETTE ORAL TABLET 0.15-0.03 MG	0	
ENSKYCE ORAL TABLET 0.15-0.03 MG	1	
ERRIN ORAL TABLET 0.35 MG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	1	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	0	
HEATHER ORAL TABLET 0.35 MG	1	
JENCYCLA ORAL TABLET 0.35 MG	1	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	0	QL (91 EA per 91 days)
JOLIVETTE ORAL TABLET 0.35 MG	0	
JULEBER ORAL TABLET 0.15-0.03 MG	1	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	0	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	0	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	0	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	0	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	1	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	0	

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Drug	Tier	Notes
KURVELO ORAL TABLET 0.15-0.03 MG	0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YEARS)	0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 EA per 91 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL (91 EA per 91 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	0	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg</i>	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	0	QL (91 EA per 91 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-0.03 MG	0	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	QL (30 EA per 30 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	0	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	0	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	0	
LYZA ORAL TABLET 0.35 MG	1	
MARLISSA ORAL TABLET 0.15-0.03 MG	0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	0	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	0	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	0	

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Drug	Tier	Notes
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HR (5 YEARS)	0	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	1	
MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG	0	
MYZILRA ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	0	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	0	
NEXPLANON SUBDERMAL IMPLANT 68 MG	0	
NIKKI (28) ORAL TABLET 3-0.02 MG	1	
NORA-BE ORAL TABLET 0.35 MG	0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	0	
<i>norgestrel-ethinyl estradiol oral tablet 0.5-50 mg-mcg</i>	1	
NORLYDA ORAL TABLET 0.35 MG	0	
NORLYROC ORAL TABLET 0.35 MG	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	0	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	0	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	0	QL (1 EA per 0 days)
OCELLA ORAL TABLET 3-0.03 MG	0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	1	QL (1 EA per 30 days)
OPTION-2 ORAL TABLET 1.5 MG	2	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	0	
ORTHO TRI-CYCLEN LO (28) ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	0	

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Drug	Tier	Notes
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
PIRELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	1	
PORTIA ORAL TABLET 0.15-0.03 MG	0	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	0	
QUASENSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	0	QL (91 EA per 91 days)
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	0	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	1	QL (91 EA per 91 days)
SHAROBEL ORAL TABLET 0.35 MG	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HOUR (3 YEARS)	0	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	0	
SYEDA ORAL TABLET 3-0.03 MG	1	
TAKE ACTION ORAL TABLET 1.5 MG	1	QL (1 EA per 30 days)
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	0	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	0	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	0	
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	0	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	0	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	0	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	0	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	1	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	0	

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Drug	Tier	Notes
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	QL (3 EA per 21 days)
ZARAH ORAL TABLET 3-0.03 MG	0	
ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG	0	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	
Dermatological		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	ST
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	PA
<i>acyclovir topical ointment 5 %</i>	1	QL (30 GM per 30 days)
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	QL (90 GM per 30 days)
AGONEAZE TOPICAL KIT 2.5-2.5 %	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
ALTABAX TOPICAL OINTMENT 1 %	3	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical lotion 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	2	
<i>ammonium lactate topical cream 12 %</i>	1	
ANODYNE LPT TOPICAL KIT 2.5-2.5 %	1	
AZELEX TOPICAL CREAM 20 %	3	ST
<i>bacitracin topical ointment 500 unit/gram</i>	1	
<i>bacitracin topical packet 500 unit/gram</i>	1	
<i>benzoin compound (bulk) tincture</i>	2	
<i>benzoin compound topical tincture</i>	2	
BENZOIN COMPOUND TOPICAL TINCTURE 10-2-8-4 %	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>butenafine topical cream 1 %</i>	1	

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Drug	Tier	Notes
<i>calcipotriene scalp solution 0.005 %</i>	1	QL (60 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	2	
<i>camphor topical spirit</i>	2	
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	QL (60 EA per 30 days)
CLINDACIN ETZ TOPICAL KIT 1 %	3	PA
CLINDACIN ETZ TOPICAL SWAB 1 %	1	
CLINDACIN PAC TOPICAL KIT 1 %	3	PA
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	QL (30 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i>	1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i>	1	
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	2	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	

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Drug	Tier	Notes
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	QL (1 EA per 30 days)
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	3	
CORTISPORIN TOPICAL OINTMENT 1 %	3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (4 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (4 ML per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (4 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (4 ML per 28 days)
<i>dapsone topical gel 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	3	PA; QL (5 GM per 30 days)
DERMACINRX EMPRICAINE TOPICAL KIT 2.5-2.5 %	1	
DESONATE TOPICAL GEL 0.05 %	3	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	2	
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %</i>	3	
<i>desoximetasone topical ointment 0.25 %</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (150 ML per 30 days)
<i>diclofenac sodium topical gel 1 %, 3 %</i>	1	QL (500 GM per 30 days)
DICLOZOR TOPICAL KIT 1 %	2	
<i>diflorasone topical cream 0.05 %</i>	2	
<i>diflorasone topical ointment 0.05 %</i>	1	
<i>doxepin topical cream 5 %</i>	2	PA
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	1	
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA
<i>econazole topical cream 1 %</i>	1	
ELIDEL TOPICAL CREAM 1 %	3	QL (30 GM per 0 days)
ERTACZO TOPICAL CREAM 2 %	3	PA
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin with ethanol topical swab 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EUCRISA TOPICAL OINTMENT 2 %	3	PA

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Drug	Tier	Notes
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
EXELDERM TOPICAL CREAM 1 %	3	ST
EXELDERM TOPICAL SOLUTION 1 %	3	ST
FINACEA TOPICAL GEL 15 %	3	
<i>finasteride oral tablet 1 mg</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	
FLUOROPLEX TOPICAL CREAM 1 %	2	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>fluticasone topical cream 0.05 %</i>	1	
<i>fluticasone topical lotion 0.05 %</i>	2	
<i>fluticasone topical ointment 0.005 %</i>	1	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	ST
HALOG TOPICAL CREAM 0.1 %	3	ST
HALOG TOPICAL OINTMENT 0.1 %	3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	

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Drug	Tier	Notes
<i>imiquimod topical cream in packet 5 %</i>	1	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	ST; QL (4 ML per 30 days)
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	ST; QL (10 ML per 0 days)
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
LEVA SET TOPICAL KIT 2.5-2.5 %	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	3	
LIDOPAC TOPICAL KIT 5 %	2	
LIDOPRIL TOPICAL KIT 2.5-2.5 %	1	
LIDOPRIL XR TOPICAL KIT 2.5-2.5 %	1	
LIDO-PRILO CAINE PACK TOPICAL KIT 2.5-2.5 %	1	
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %	2	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL 2 %	2	
<i>lindane topical shampoo 1 %</i>	1	
LIPROZONEPAK TOPICAL KIT 2.5-2.5 %	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	1	
LOPROX KIT TOPICAL COMBO PACK 0.77 %	1	
LOTRISONE TOPICAL CREAM 1-0.05 %	3	PA
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
MEDOLOR PAK TOPICAL KIT 2.5-2.5 %	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	2	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	1	

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Drug	Tier	Notes
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	QL (60 EA per 30 days)
<i>naftifine topical cream 1 %</i>	1	
NORITATE TOPICAL CREAM 1 %	3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
PANDEL TOPICAL CREAM 0.1 %	2	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	3	
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	3	
<i>permethrin topical cream 5 %</i>	1	
PICATO TOPICAL GEL 0.015 %	3	PA; QL (3 EA per 30 days)
PICATO TOPICAL GEL 0.05 %	2	QL (2 EA per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
PRILOLID TOPICAL KIT 2.5-2.5 %	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
REGRANEX TOPICAL GEL 0.01 %	3	PA
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	2	
ROSDAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	2	
<i>salicylic acid topical cream 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i>	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (30 GM per 30 days)
SCALACORT TOPICAL LOTION 2 %	2	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILAZONE-II TOPICAL KIT 0.1 %	2	
<i>silver sulfadiazine topical cream 1 %</i>	1	
SKLICE TOPICAL LOTION 0.5 %	3	QL (117 GM per 30 days)
<i>spinosad topical suspension 0.9 %</i>	1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA

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Drug	Tier	Notes
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	3	
<i>tacrolimus topical ointment 0.03 %</i>	1	
<i>tacrolimus topical ointment 0.1 %</i>	2	
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA
TARGRETIN TOPICAL GEL 1 %	4	PA
<i>tazarotene topical cream 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
<i>tretinoin (emollient) topical cream 0.05 %</i>	2	
<i>tretinoin microspheres topical gel 0.1 %</i>	1	
<i>tretinoin microspheres topical gel with pump 0.1 %</i>	1	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.05 %</i>	1	
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	2	
TRETIN-X TOPICAL CREAM 0.075 %	2	QL (45 GM per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	
VERDESO TOPICAL FOAM 0.05 %	3	
VEREGEN TOPICAL OINTMENT 15 %	3	PA
XOLEGEL TOPICAL GEL 2 %	3	ST
XRYLIX TOPICAL KIT 1.5 %	2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	QL (60 EA per 30 days)
Diagnostic Agents		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
<i>glucagon hcl injection recon soln 1 mg</i>	1	
NOVAMAX PLUS KETONE STRIP	2	QL (10 EA per 30 days)
Eating Disorder Therapy		
<i>dronabinol oral capsule 10 mg, 2.5 mg</i>	2	QL (60 EA per 30 days)
<i>dronabinol oral capsule 5 mg</i>	1	QL (60 EA per 30 days)

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Drug	Tier	Notes
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	
Electrolyte Balance-Nutritional Products		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
<i>cholecalciferol (vitamin d3) oral capsule 50,000 unit</i>	1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250 MG	2	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	2	QL (1 ML per 30 days)
DRISDOL ORAL CAPSULE 50,000 UNIT	1	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	QL (4 EA per 28 days)
<i>folic acid oral tablet 1 mg</i>	1	
KALEXATE ORAL POWDER IN PACKET 15 GRAM	1	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	1	
MEPHYTON ORAL TABLET 5 MG	2	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	2	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	2	
ONE DAILY ORAL TABLET	2	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	2	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	2	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	

Drug	Tier	Notes
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	1	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	1	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL MULTI-DHA ORAL CAPSULE 27 MG IRON-800 MCG-228 MG	1	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	0	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron-800 mcg</i>	1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	2	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG	2	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON- 1 MG	2	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	
VIRT-PN ORAL TABLET 27-1 MG	1	
VIRT-VITE GT ORAL TABLET 90-1-50 MG	2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	2	

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Drug	Tier	Notes
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	2	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	2	
VITAMIN D2 ORAL CAPSULE 50,000 UNIT	1	QL (4 EA per 28 days)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG	2	
Endocrine		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 28 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	1	QL (30 EA per 30 days)
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	1	
ANADROL-50 ORAL TABLET 50 MG	3	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; QL (176 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; QL (37.5 GM per 30 days)
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG	3	
ARMOUR THYROID ORAL TABLET 90 MG	1	
AVANDIA ORAL TABLET 2 MG	3	ST; QL (60 EA per 30 days)
AVANDIA ORAL TABLET 4 MG	3	ST; QL (30 EA per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	ST; QL (4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	ST; QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON 2 MG	2	ST; QL (4 EA per 28 days)
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>cortisone oral tablet 25 mg</i>	1	
CRINONE VAGINAL GEL 8 %	4	PA
<i>danazol oral capsule 100 mg, 50 mg</i>	2	
<i>danazol oral capsule 200 mg</i>	1	
<i>desmopressin injection solution 4 mcg/ml</i>	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	

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Drug	Tier	Notes
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	3	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
DEXTAK 10 DAY ORAL TABLETS,DOSE PACK 1.5 MG (35 TABS)	3	
DEXTAK 13 DAY ORAL TABLETS,DOSE PACK 1.5 MG (51 TABS)	3	
DEXTAK 6 DAY ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %)	3	QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	QL (30 GM per 30 days)
DM2 COMBO PACK, TABLET AND STRIP 500 MG	3	PA
DUAVEE ORAL TABLET 0.45-20 MG	2	QL (30 EA per 30 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	QL (26 GM per 30 days)
ENDOMETRIN VAGINAL INSERT 100 MG	3	
<i>estradiol (bulk) powder 100 %</i>	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	0	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>estropipate oral tablet 0.75 mg</i>	1	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	2	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (16.2 ML per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	4	PA; QL (3 ML per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	QL (4 EA per 28 days)

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Drug	Tier	Notes
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	1	PA
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL (30 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	QL (2 EA per 30 days)
<i>glucagon hcl injection recon soln 1 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (30 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	4	PA
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	

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Drug	Tier	Notes
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydroxyprogesterone capr(bulk) powder 100 %</i>	3	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	PA
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	1	ST; QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

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Drug	Tier	Notes
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	4	PA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (4 EA per 28 days)
<i>metformin oral tablet 1,000 mg, 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	1	
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
METHITEST ORAL TABLET 10 MG	2	PA
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	2	
<i>methyltestosterone,micro(bulk) powder 100 %</i>	3	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	PA
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	2	
MILLIPRED ORAL TABLET 5 MG	2	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA

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Drug	Tier	Notes
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	0	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	4	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA
OSPHENA ORAL TABLET 60 MG	3	
<i>oxandrolone oral tablet 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (120 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/0.75 ML (2 MG/1.5 ML)	3	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	QL (30 EA per 30 days)
PCCA T3 SODIUM DILUTION POWDER 1 MG/GRAM	3	

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Drug	Tier	Notes
PCCA T4 SODIUM DILUTION POWDER 1 MG/GRAM	3	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i>	1	QL (90 EA per 30 days)
PRANDIN ORAL TABLET 1 MG, 2 MG	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone (bulk) powder 100 %</i>	3	
<i>progesterone micronized (bulk) powder 100 %</i>	3	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA
<i>propylthiouracil oral tablet 50 mg</i>	1	
<i>raloxifene oral tablet 60 mg</i>	0	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (240 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
RIOMET ORAL SOLUTION 500 MG/5 ML	3	PA
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 35 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet,delayed release (drlec) 35 mg</i>	1	QL (4 EA per 28 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	4	PA
SENSIPAR ORAL TABLET 90 MG	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	4	PA
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	PA
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (10 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (10 ML per 30 days)

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Drug	Tier	Notes
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	ST
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>thyroid, pork (bulk) powder 100 % usp</i>	3	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	3	
THYROLAR-2 ORAL TABLET 25-100 MCG	3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TRADJENTA ORAL TABLET 5 MG	2	ST; QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; QL (60 ML per 30 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	PA; QL (27 ML per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	ST; QL (2 ML per 28 days)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST; QL (9 ML per 30 days)
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	

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Drug	Tier	Notes
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
Gastrointestinal Therapy Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA; QL (1 EA per 0 days)
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	2	QL (60 EA per 30 days)
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (60 EA per 30 days)
ANZEMET ORAL TABLET 100 MG, 50 MG	3	PA; QL (7 EA per 30 days)
<i>aprepitant oral capsule 125 mg, 80 mg</i>	4	QL (6 EA Max Qty Per Fill Mail)
<i>aprepitant oral capsule 40 mg</i>	4	QL (5 EA Max Qty Per Fill Mail)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	4	QL (6 EA Max Qty Per Fill Mail)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	QL (120 EA per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1	
<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	3	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	2	ST
CESAMET ORAL CAPSULE 1 MG	3	PA; QL (30 EA per 5 days)
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (3 EA per 30 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (1 EA per 28 days)
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	2	PA
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	QL (30 EA per 30 days)
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	PA
<i>difenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	QL (80 EA per 10 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg</i>	2	QL (60 EA per 30 days)
<i>dronabinol oral capsule 5 mg</i>	1	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	

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Drug	Tier	Notes
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	0	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	0	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (14 EA per 30 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	2	QL (2 EA per 1 day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	PA; QL (30 EA per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	PA; QL (60 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>meclizine oral tablet, chewable 25 mg</i>	1	
MEDI-MECLIZINE ORAL TABLET 25 MG	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	ST
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	ST
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	ST
<i>methscopolamine oral tablet 2.5 mg</i>	1	

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Drug	Tier	Notes
<i>methscopolamine oral tablet 5 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (120 EA per 30 days)
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
MOTION RELIEF (MECLIZINE) ORAL TABLET 25 MG	2	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG	2	
MOTION SICKNESS II ORAL TABLET 25 MG	2	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG	2	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	1	PA
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	PA
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	0	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>omeprazole (bulk) powder 100 %</i>	3	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	2	PA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (180 EA per 30 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL (180 EA per 30 days)
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	PA
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram, 240-22.72-6.72 -5.84 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	QL (90 EA per 30 days)

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Drug	Tier	Notes
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	2	QL (240 EA per 30 days)
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 8,000-28,750- 30,250 UNIT	3	PA
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1	
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	1	QL (60 EA per 30 days)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	PA; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	2	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG	2	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	

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Drug	Tier	Notes
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA
WAL-DRAM 2 ORAL TABLET 25 MG	1	
XELJANZ ORAL TABLET 5 MG	4	PA; QL (60 EA per 30 days)
Genitourinary Therapy		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	QL (60 EA per 30 days)
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>calcium acetate oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
<i>darifenacin oral tablet extended release 24 hr 15 mg</i>	1	QL (30 EA per 30 days)
<i>darifenacin oral tablet extended release 24 hr 7.5 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	QL (30 EA per 30 days)
ELMIRON ORAL CAPSULE 100 MG	3	PA
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>flavoxate oral tablet 100 mg</i>	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	QL (30 GM per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	3	QL (30 GM per 30 days)
<i>lanthanum oral tablet, chewable 1,000 mg</i>	2	
<i>lanthanum oral tablet, chewable 500 mg, 750 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
MONUROL ORAL PACKET 3 GRAM	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST; QL (30 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	ST; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	ST; QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	ST
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	1	

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Drug	Tier	Notes
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	ST; QL (30 EA per 30 days)
REVELA ORAL TABLET 800 MG	3	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	QL (60 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	ST; QL (30 EA per 30 days)
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	3	ST; QL (30 EA per 30 days)
Gout And Hyperuricemia Therapy		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	3	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	2	QL (30 EA per 30 days)
Hematological Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet,chewable 81 mg</i>	0	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	4	PA

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Drug	Tier	Notes
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL (60 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 EA per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	QL (30 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 100 mg/ml</i>	2	QL (20 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (16 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	2	QL (28 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (6 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (8 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (12 ML Max Qty Per Fill Retail)
ENTERIC COATED ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	PA; QL (20 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	PA; QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	3	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	3	
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
JANTOVEN ORAL TABLET 5 MG	1	

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Drug	Tier	Notes
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	4	PA; QL (1.2 ML per 30 days)
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; QL (1.2 ML per 30 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	QL (60 EA per 30 days)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; QL (90 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	3	QL (30 EA per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	QL (30 EA per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 EA per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	QL (30 EA per 30 days)
Immunosuppressive Agents		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	
AZASAN ORAL TABLET 100 MG, 75 MG	3	PA
<i>azathioprine oral tablet 50 mg</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 50 mg</i>	2	
<i>cyclosporine modified oral capsule 25 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	
<i>mycophenolate sodium oral tablet,delayed release (drlec) 180 mg, 360 mg</i>	2	
NEORAL ORAL CAPSULE 100 MG, 25 MG	4	PA
NEORAL ORAL SOLUTION 100 MG/ML	4	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	

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Drug	Tier	Notes
<i>tacrolimus oral capsule 0.5 mg</i>	1	
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG	4	QL (120 EA per 30 days)
ZORTRESS ORAL TABLET 0.75 MG	4	QL (60 EA per 30 days)
Locomotor System		
<i>atracurium intravenous solution 10 mg/ml</i>	4	PA
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	QL (120 EA Max Qty Per Fill Retail)
<i>chlorzoxazone oral tablet 500 mg</i>	1	
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	1	
COMFORT PAC-TIZANIDINE KIT 4 MG	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>guanidine oral tablet 125 mg</i>	2	
LORZONE ORAL TABLET 375 MG, 750 MG	1	
MESTINON ORAL SYRUP 60 MG/5 ML	3	PA
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
RILUTEK ORAL TABLET 50 MG	4	PA
<i>riluzole oral tablet 50 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	PA
Medical Supplies And Durable Medical Equipment (Dme)		
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	1	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	1	QL (150 EA per 30 days)
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	3	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 31 GAUGE X 5/16	2	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1"	3	

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Drug	Tier	Notes
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	3	
BD ULTRA-FINE II LANCETS 30 GAUGE	3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	3	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	3	
BREEZE 2 TEST STRIPS STRIP	2	
CAREFINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
COMFORT EZ PEN NEEDLES NEEDLE 31 GAUGE X 3/16"	1	
EASIVENT HOLDING CHAMBER SPACER	2	
EASY COMFORT LANCETS 30 GAUGE	1	
EASY TOUCH NEEDLE 31 GAUGE X 1/4"	1	
EASY TOUCH TWIST LANCETS 30 GAUGE, 33 GAUGE	1	
FREESTYLE INSULINX STRIP	2	QL (150 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	2	QL (150 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE	1	
FREESTYLE LIBRE 10 DAY READER	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 10 DAY SENSOR KIT	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL (3 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	2	QL (150 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	2	QL (150 EA per 30 days)
FREESTYLE TEST STRIP	2	QL (150 EA per 30 days)
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16, 0.3 ml 31 gauge x 5/16, 0.5 ml 31 gauge x 5/16, 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 30 gauge, 1/2 ml 30 gauge x 5/16</i>	1	
MICRO THIN LANCETS 33 GAUGE	1	
MICROLET 2 LANCING DEVICE KIT	2	
MICROLET LANCET	1	
MICROSPACER SPACER	1	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	1	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	1	

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Drug	Tier	Notes
ONETOUCH DELICA LANCETS 30 GAUGE	1	
ONETOUCH ULTRA2 KIT	2	
ONETOUCH ULTRASOFT LANCETS	1	
OPTICHAMBER DIAMOND VHC SPACER	2	
OPTICHAMBER DIAMOND-MED MSK SPACER	2	
PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"</i>	1	
PROCHAMBER SPACER	2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	1	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	1	
RELION PRIME TEST STRIPS STRIP	1	QL (150 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16	1	
TRUEPLUS INSULIN SYRINGE 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16	1	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
TRUETEST TEST STRIPS STRIP	2	QL (150 EA per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	2	
TRUETRACK TEST STRIP	2	QL (150 EA per 30 days)
ULTICARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
ULTIMA TEST STRIPS STRIP	1	QL (150 EA per 30 days)
ULTRA THIN LANCETS 31 GAUGE	1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	1	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
Medical Supply, Fdb Superset		
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	1	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	1	QL (150 EA per 30 days)
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	3	

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Drug	Tier	Notes
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 31 GAUGE X 5/16	2	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1"	3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	3	
BD ULTRA-FINE II LANCETS 30 GAUGE	3	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	3	
BREEZE 2 TEST STRIPS STRIP	2	
CAREFINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
COMFORT EZ PEN NEEDLES NEEDLE 31 GAUGE X 3/16"	1	
CONTOUR NEXT TEST STRIPS STRIP	3	QL (150 EA per 30 days)
CONTOUR TEST STRIPS STRIP	3	QL (150 EA per 30 days)
EASIVENT HOLDING CHAMBER SPACER	2	
EASY COMFORT LANCETS 30 GAUGE	1	
EASY TOUCH NEEDLE 31 GAUGE X 1/4"	1	
EASY TOUCH TWIST LANCETS 30 GAUGE, 33 GAUGE	1	
FREESTYLE LANCETS 28 GAUGE	1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16, 0.3 ml 31 gauge x 5/16, 0.5 ml 31 gauge x 5/16, 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 30 gauge, 1/2 ml 30 gauge x 5/16</i>	1	
KETONE TEST STRIP	1	QL (50 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE	1	
MICROLET LANCET	1	
MICROSPACER SPACER	1	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	1	
NOVAMAX PLUS KETONE STRIP	1	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	1	

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Drug	Tier	Notes
ONETOUCH DELICA LANCETS 30 GAUGE	1	
ONETOUCH ULTRA2 KIT	2	
ONETOUCH ULTRASOFT LANCETS	1	
OPTICHAMBER DIAMOND VHC SPACER	2	
OPTICHAMBER DIAMOND-MED MSK SPACER	2	
PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
<i>pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"</i>	1	
PRECISION XTRA MONITOR	2	
PRODIGY NO CODING STRIP	3	QL (150 EA per 30 days)
RELION PRIME TEST STRIPS STRIP	1	QL (150 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16	1	
TRUEPLUS INSULIN SYRINGE 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16	1	
TRUEPLUS KETONE STRIP	1	QL (50 EA per 30 days)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
TRUETEST TEST STRIPS STRIP	2	QL (150 EA per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	2	
TRUETRACK TEST STRIP	2	QL (150 EA per 30 days)
ULTICARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	
ULTIMA TEST STRIPS STRIP	1	QL (150 EA per 30 days)
ULTRA THIN LANCETS 31 GAUGE	1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	1	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
Metabolic Modifiers		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA
CERDELGA ORAL CAPSULE 84 MG	4	PA; QL (60 EA per 30 days)
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	4	PA
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
TYBOST ORAL TABLET 150 MG	4	QL (30 EA per 30 days)

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Drug	Tier	Notes
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	PA
Mouth-Throat-Dental - Preparations		
<i>cevimeline oral capsule 30 mg</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	PA
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
FLUORABON ORAL DROPS 0.25 MG(0.55 MG S.FLUOR)/0.6 ML	0	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	0	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	0	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	1	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (1.1 MG SODIUM FLUORID)	0	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	4	PA; QL (60 EA per 30 days)
AUBAGIO ORAL TABLET 14 MG	4	PA
AUBAGIO ORAL TABLET 7 MG	4	PA; QL (30 EA per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; QL (15 EA per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; QL (1 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA

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Drug	Tier	Notes
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	4	QL (12 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (12 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (12 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA
Ophthalmic Agents		
ALOCRILOPHthalmic (EYE) DROPS 2 %	2	
ALOMIDOPHthalmic (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHthalmic (EYE) DROPS 0.1 %	3	
ALREX OPHthalmic (EYE) DROPS,SUSPENSION 0.2 %	3	ST
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
AZASITE OPHthalmic (EYE) DROPS 1 %	3	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
AZOPT OPHthalmic (EYE) DROPS,SUSPENSION 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BEPREVE OPHthalmic (EYE) DROPS 1.5 %	3	QL (10 ML per 30 days)
BESIVANCE OPHthalmic (EYE) DROPS,SUSPENSION 0.6 %	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
BETIMOL OPHthalmic (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHthalmic (EYE) DROPS,SUSPENSION 0.25 %	3	
BLEPHAMIDE S.O.P. OPHthalmic (EYE) OINTMENT 10-0.2 %	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	QL (3.4 ML per 30 days)

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Drug	Tier	Notes
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5 ML per 30 days)
EMADINE OPHTHALMIC (EYE) DROPS 0.05 %	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	QL (2.5 ML per 30 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>homatropine hbr ophthalmic (eye) drops 5 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	PA
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	3	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	QL (5 ML per 30 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; QL (7 ML per 30 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	

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Drug	Tier	Notes
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCIOUS 0.5 %	3	QL (3 ML per 30 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
PATADAY OPHTHALMIC (EYE) DROPS 0.2 %	3	
PATANOL OPHTHALMIC (EYE) DROPS 0.1 %	3	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	

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Drug	Tier	Notes
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	ST; QL (5 ML per 30 days)
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	2	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
Otic (Ear)		
<i>acetic acid otic (ear) solution 2 %</i>	1	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	3	PA
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
Respiratory Therapy Agents		
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	1	
<i>acetylcysteine solution 100 mg/ml (10 %)</i>	2	
<i>acetylcysteine solution 200 mg/ml (20 %)</i>	1	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	

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Drug	Tier	Notes
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	QL (1 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 GM per 28 days)
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (30 ML per 25 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1	QL (30 ML per 25 days)
BACTROBAN NASAL NASAL OINTMENT 2 %	3	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	1	QL (17.2 ML per 30 days)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; QL (84 ML per 56 days)
<i>clemastine oral tablet 2.68 mg</i>	1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (4 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	QL (240 ML per 30 days)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	1	
DALIRESP ORAL TABLET 500 MCG	3	PA; QL (30 EA per 30 days)
<i>desloratadine oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	

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Drug	Tier	Notes
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
<i>epinephrine injection syringe 0.1 mg/ml</i>	2	QL (2 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (25 ML per 25 days)
<i>fluticasone nasal spray,suspension 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)</i>	1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	1	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 ML per 14 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA
KALYDECO ORAL TABLET 150 MG	4	PA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/3 ml</i>	1	QL (270 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	1	QL (30 GM per 30 days)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	QL (300 ML per 30 days)
<i>levocetirizine oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	QL (30 EA per 30 days)

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Drug	Tier	Notes
<i>montelukast oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	QL (30 EA per 30 days)
NASAL ALLERGY NASAL AEROSOL, SPRAY 55 MCG	3	
OFEV ORAL CAPSULE 100 MG	4	PA
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	QL (30.5 GM per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	1	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL (2 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 EA per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.2 GM per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	

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Drug	Tier	Notes
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; QL (280 ML per 56 days)
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; QL (280 ML per 56 days)
<i>triamcinolone acetonide nasal aerosol, spray 55 mcg</i>	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	QL (1 EA per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
VITUZ ORAL SOLUTION 5-4 MG/5 ML	3	QL (450 ML per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA
<i>zafirlukast oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>zafirlukast oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	PA
Vaginal Products		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CRINONE VAGINAL GEL 4 %	4	PA
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	QL (1 EA per 84 days)
<i>metronidazole vaginal gel 0.75 %</i>	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	QL (450 GM per 30 days)
<i>terconazole vaginal suppository 80 mg</i>	1	QL (3 EA per 3 days)
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<i>calcitriol</i>	45, 51, 73	CIPRO HC	78	CREON	61
<i>calcium acetate</i>	51, 65	CIPRODEX	78	CRESTOR	22
CAMILA	39	<i>ciprofloxacin</i>	10	CRINONE	53, 82
<i>camphor</i>	45	<i>ciprofloxacin (mixture)</i>	10, 65	CRIXIVAN	11
<i>candesartan</i>	22	<i>ciprofloxacin hcl</i>	10, 76, 78	<i>cromolyn</i>	16, 76, 79

CRYSSELLE (28)	40	<i>dicyclomine</i>	61	ELMIRON	65
CUPRIMINE	4, 8	<i>didanosine</i>	11	EMADINE	76
CUVPOSA	74	DIFICID	11	EMCYT	16
<i>cyanocobalamin (vitamin b-12)</i>	51	<i>diflorasone</i>	46	EMOQUETTE	40
CYCLAFEM 1/35 (28)	40	<i>diflunisal</i>	4	EMSAM	30
CYCLAFEM 7/7/7 (28)	40	DIGOX	22	EMTRIVA	12
<i>cyclobenzaprine</i>	69	<i>digoxin</i>	22	EMVERM	12
<i>cyclopentolate</i>	76	<i>dihydroergotamine</i>	30	<i>enalapril maleate</i>	23
<i>cyclophosphamide</i>	4, 16	DILANTIN	30	<i>enalapril-hydrochlorothiazide</i>	23
<i>cycloserine</i>	11	DILANTIN KAPSEAL	30	ENBREL	4
<i>cyclosporine</i>	4, 68	DILATRATE-SR	22	ENBREL MINI	4
<i>cyclosporine modified</i>	4, 68	<i>diltiazem hcl</i>	22	ENBREL SURECLICK	4
<i>cyproheptadine</i>	79	DIPENTUM	61	ENDOMETRIN	54
CYRED	40	<i>diphenhydramine hcl</i>	79	ENGERIX-B (PF)	19
CYSTADANE	73	<i>diphenoxylate-atropine</i>	61	ENGERIX-B PEDIATRIC (PF)	19
CYSTAGON	65	<i>dipyridamole</i>	67	ENGLISH TOFFEE FLAVOR	38
DALIRESP	79	<i>disopyramide phosphate</i>	22, 23	<i>enoxaparin</i>	67
<i>danazol</i>	53	<i>disulfiram</i>	38	ENSKYCE	40
<i>dantrolene</i>	69	DIURIL	23	<i>entacapone</i>	30
<i>dapsone</i>	11, 46	<i>divalproex</i>	30	<i>entecavir</i>	12
DAPTACEL (DTAP PEDIATRIC)		DIVIGEL	54	ENTERIC COATED ASPIRIN	4, 67
(PF)	19	DM2	54	ENTRESTO	23
DARAPRIM	11	<i>dofetilide</i>	23	EPCLUSA	12
<i>darifenacin</i>	65	<i>donepezil</i>	39	<i>epinastine</i>	76
DASETTA 1/35 (28)	40	<i>dorzolamide</i>	76	<i>epinephrine</i>	23, 80
DASETTA 7/7/7 (28)	40	<i>dorzolamide-timolol</i>	76	EPITOL	30
DEBLITANE	40	<i>doxazosin</i>	23	<i>eplerenone</i>	23
DELYLA (28)	40	<i>doxepin</i>	30, 46	<i>eprosartan</i>	23
DELZICOL	61	<i>doxercalciferol</i>	73	EQUETRO	30
<i>demeclocycline</i>	11	<i>doxycycline hyclate</i>	11, 74	<i>ergocalciferol (vitamin d2)</i>	51
DENAVIR	46	<i>doxycycline monohydrate</i>	11, 46	<i>ergoloid</i>	39
DERMACINRX EMPRICAINE	46	DRISDOL	51	ERIVEDGE	16
DESCOVY	11	<i>dronabinol</i>	30, 50, 61	ERRIN	40
<i>desipramine</i>	29	<i>drosiprone-e.estradiol-lm.fa</i>	40	ERTACZO	46
<i>desloratadine</i>	79	<i>drosiprone-ethinyl estradiol</i>	40	ERYPED 400	12
<i>desmopressin</i>	53, 54	DROXIA	67	ERY-TAB	12
<i>desog-e.estradiol/e.estradiol</i>	40	DUAVEE	54	ERYTHROCIN (AS STEARATE)	12
<i>desogestrel-ethinyl estradiol</i>	40	DULERA	80	<i>erythromycin</i>	12, 76
DESONATE	46	<i>duloxetine</i>	30	<i>erythromycin ethylsuccinate</i>	12
<i>desonide</i>	46	DUPIXENT	46	<i>erythromycin stearate</i>	12
<i>desoximetasone</i>	46	DUREZOL	76	<i>erythromycin with ethanol</i>	46
<i>desvenlafaxine fumarate</i>	29	<i>dutasteride</i>	65	<i>erythromycin-benzoyl peroxide</i>	46
<i>desvenlafaxine succinate</i>	29	DYRENIUM	23	<i>escitalopram oxalate</i>	31
<i>dexamethasone</i>	54	E.E.S. GRANULES	12	<i>esomeprazole magnesium</i>	61
DEXAMETHASONE INTENSOL	54	EASIVENT HOLDING CHAMBER		ESTARYLLA	40
<i>dexamethasone sodium phosphate</i>	76	.....	70, 72	<i>estradiol</i>	54, 82
DEXILANT	61	EASY COMFORT LANCETS	70, 72	<i>estradiol (bulk)</i>	38, 54
<i>dexmethylphenidate</i>	29	EASY TOUCH	70, 72	<i>estradiol valerate</i>	54
DEXPAK 10 DAY	54	EASY TOUCH TWIST LANCETS		<i>estradiol-norethindrone acet</i>	54
DEXPAK 13 DAY	54	.....	70, 72	ESTRING	82
DEXPAK 6 DAY	54	<i>econazole</i>	46	<i>estriol (bulk)</i>	38
<i>dextroamphetamine</i>	29, 30	EDARBI	23	<i>estriol micronized (bulk)</i>	38
<i>dextroamphetamine-amphetamine</i>	30	EDURANT	12	<i>estrogens-methyltestosterone</i>	54
<i>diazepam</i>	30	ELESTRIN	54	<i>estropipate</i>	54
DIAZEPAM INTENSOL	30	<i>eletriptan</i>	30	<i>eszopiclone</i>	31
DIBENZYLINE	22	ELIDEL	46	<i>ethacrynic acid</i>	23
<i>diclofenac potassium</i>	4	ELINEST	40	<i>ethambutol</i>	12
<i>diclofenac sodium</i>	4, 46, 76	ELIQUIS	67	<i>ethosuximide</i>	31
<i>dicloxacillin</i>	11	ELIXOPHYLLIN	80	<i>ethynodiol diac-eth estradiol</i>	40
DICLOZOR	46	ELLA	40	<i>etidronate disodium</i>	54

<i>etodolac</i>	4	<i>fluorometholone</i>	76	GLATOPA	75
<i>etoposide</i>	16	FLUROPLEX	47	GLEOSTINE	16
EUCRISA	46	<i>fluorouracil</i>	47	<i>glimepiride</i>	55
EURAX	47	<i>fluoxetine</i>	31	<i>glipizide</i>	55
EVAMIST	54	<i>fluphenazine hcl</i>	31	<i>glipizide-metformin</i>	55
EVOTAZ	12	<i>flurandrenolide</i>	47	GLUCAGEN DIAGNOSTIC KIT	50
EXELDERM	47	<i>flurbiprofen</i>	5	GLUCAGEN HYPOKIT	55
<i>exemestane</i>	16	<i>flurbiprofen sodium</i>	76	GLUCAGON EMERGENCY KIT	
EXTAVIA	74	<i>flutamide</i>	16	(HUMAN)	55
<i>ezetimibe</i>	23	<i>fluticasone</i>	47, 80	<i>glucagon hcl</i>	50, 55
<i>ezetimibe-simvastatin</i>	23	<i>fluticasone-salmeterol</i>	80	<i>glyburide</i>	55
FACTIVE	12	<i>fluvastatin</i>	23	<i>glyburide micronized</i>	55
FALMINA (28)	40	<i>fluvoxamine</i>	31	<i>glyburide-metformin</i>	55
<i>famciclovir</i>	12	FLUZONE HIGH-DOSE 2018-19		<i>glycopyrrolate</i>	62
<i>famotidine</i>	61	(PF)	19	GOLYTELY	62
FANAPT	31	FLUZONE QUAD 2018-2019	19	<i>granisetron hcl</i>	62
FARESTON	16	FLUZONE QUAD 2018-2019 (PF) ..	19	<i>griseofulvin microsize</i>	12
FARYDAK	16	FLUZONE QUAD PEDI 2018-19		<i>griseofulvin ultramicrosize</i>	12
<i>felbamate</i>	31	(PF)	19	<i>guanfacine</i>	23, 31
<i>felodipine</i>	23	FML FORTE	76	<i>guanidine</i>	69
FEMRING	82	FML S.O.P.	76	<i>halobetasol propionate</i>	47
<i>fenofibrate</i>	23	<i>folic acid</i>	51	HALOG	47
<i>fenofibrate micronized</i>	23	<i>fondaparinux</i>	67	<i>haloperidol</i>	31
<i>fenofibrate nanocrystallized</i>	23	FORFIVO XL	31	<i>haloperidol lactate</i>	31
<i>fenofibric acid</i>	23	FORTEO	54	HAVRIX (PF)	20
<i>fenofibric acid (choline)</i>	23	FOSAMAX PLUS D	54	HEATHER	40
<i>fenoprofen</i>	4	<i>fosamprenavir</i>	12	HEP FLUSH-10 (PF)	67
<i>fentanyl</i>	5	<i>fosinopril</i>	23	<i>heparin (porcine)</i>	67
<i>fentanyl citrate</i>	4	FOSRENOL	65	<i>heparin lock flush (porcine)</i>	67
FERRIPROX	8	FRAGMIN	67	HEPARIN	
FETZIMA	31	FREESTYLE INSULINX	70	LOCKFLUSH(PORCINE)(PF)	67
FINACEA	47	FREESTYLE INSULINX TEST		<i>heparin, porcine (pf)</i>	67
<i>finasteride</i>	47, 65	STRIPS	70	HEPLISAV-B (PF)	20
FIRAZYR	23	FREESTYLE LANCETS	70, 72	<i>homatropine hbr</i>	76
FLAREX	76	FREESTYLE LIBRE 10 DAY		HORIZANT	31
FLAVORX	38	READER	70	HUMALOG JUNIOR KWIKPEN U-	
<i>flavoxate</i>	65	FREESTYLE LIBRE 10 DAY		100	55
<i>flecainide</i>	23	SENSOR	70	HUMALOG KWIKPEN INSULIN	55
FLOVENT DISKUS	80	FREESTYLE LIBRE 14 DAY		HUMALOG MIX 50-50 INSULN U-	
FLOVENT HFA	80	READER	70	100	55
FLUAD 2018-2019 (65 YR UP)(PF)	19	FREESTYLE LIBRE 14 DAY		HUMALOG MIX 50-50 KWIKPEN ...55	
FLUARIX QUAD 2018-2019 (PF)	19	SENSOR	70	HUMALOG MIX 75-25 KWIKPEN ...55	
FLUBLOK QUAD 2018-2019 (PF) ..	19	FREESTYLE LITE STRIPS	70	HUMALOG MIX 75-25(U-	
FLUCELVAX QUAD 2018-2019	19	FREESTYLE PRECISION NEO		100)INSULN	55
FLUCELVAX QUAD 2018-2019		STRIPS	70	HUMALOG U-100 INSULIN	55
(PF)	19	FREESTYLE TEST	70	HUMATROPE	55
<i>fluconazole</i>	12	<i>frovatriptan</i>	31	HUMIRA	5, 62
<i>flucytosine</i>	12	<i>furosemide</i>	23	HUMIRA PEDIATRIC CROHN'S	
<i>fludrocortisone</i>	54	FUZEON	12	START	5, 62
FLULAVAL QUAD 2018-2019	19	<i>gabapentin</i>	31	HUMIRA PEN	5, 62
FLULAVAL QUAD 2018-2019 (PF)	19	<i>galantamine</i>	39	HUMIRA PEN CROHN'S-UC-HS	
<i>flunisolide</i>	80	<i>ganirelix</i>	55	START	5, 62
<i>fluocinolone</i>	47	GARDASIL 9 (PF)	20	HUMIRA PEN PSORIASIS-	
<i>fluocinolone acetonide oil</i>	78	<i>gatifloxacin</i>	76	UVEITIS	62
<i>fluocinolone and shower cap</i>	47	GELNIQUE	65	HUMULIN 70/30 U-100 INSULIN	55
<i>fluocinonide</i>	47	<i>gemfibrozil</i>	23	HUMULIN 70/30 U-100 KWIKPEN ..56	
FLUOCINONIDE-E	47	<i>gentamicin</i>	47, 76	HUMULIN N NPH INSULIN	
<i>fluocinonide-emollient</i>	47	GENVOYA	12	KWIKPEN	56
FLUORABON	74	GILENYA	74	HUMULIN N NPH U-100 INSULIN ..56	
<i>fluoride (sodium)</i>	74	<i>glatiramer</i>	75		

HUMULIN R REGULAR U-100			
INSULN	56	<i>isopropyl alcohol</i>	38
HUMULIN R U-500 (CONC)		ISORDIL	24
INSULIN	56	<i>isosorbide dinitrate</i>	24
HUMULIN R U-500 (CONC)		<i>isosorbide mononitrate</i>	24
KWIKPEN	56	<i>isradipine</i>	24
<i>hydralazine</i>	24	<i>itraconazole</i>	13
<i>hydrochlorothiazide</i>	24	<i>ivermectin</i>	13
<i>hydrocodone-acetaminophen</i>	5	JADENU	8
<i>hydrocodone-chlorpheniramine</i>	80	JAKAFI	17
<i>hydrocodone-homatropine</i>	80	JANTOVEN	67
<i>hydrocodone-ibuprofen</i>	5	JANUMET	56
<i>hydrocortisone</i>	8, 47, 56, 62	JANUMET XR	56
<i>hydrocortisone acetate</i>	8	JANUVIA	56
<i>hydrocortisone butyrate</i>	47	JARDIANCE	56
<i>hydrocortisone butyr-emollient</i>	47	JENCYCLA	40
<i>hydrocortisone valerate</i>	47	JENTADUETO	56
<i>hydrocortisone-acetic acid</i>	78	JENTADUETO XR	56
<i>hydromorphone</i>	5	JOLESSA	40
<i>hydroxychloroquine</i>	5, 12	JOLIVETTE	40
<i>hydroxyprogesterone capr(bulk)</i>	56	JUBLIA	48
<i>hydroxyprogesterone caproate</i>	56	JULEBER	40
<i>hydroxyurea</i>	16	JUNEL 1.5/30 (21)	40
<i>hydroxyzine hcl</i>	32	JUNEL 1/20 (21)	40
<i>hydroxyzine pamoate</i>	32	JUNEL FE 1.5/30 (28)	40
<i>hyoscyamine sulfate</i>	62	JUNEL FE 1/20 (28)	40
HYQVIA	20	KAITLIB FE	40
<i>ibandronate</i>	56	KALEXATE	51
IBRANCE	16	KALYDECO	80
<i>ibuprofen</i>	5	KELNOR 1/35 (28)	40
<i>ibuprofen-oxycodone</i>	5	KERYDIN	48
ICLUSIG	16, 17	<i>ketoconazole</i>	13, 48
ILEVRO	76	KETONE URINE TEST	72
<i>imatinib</i>	17	<i>ketoprofen</i>	5
IMBRUVICA	17	<i>ketorolac</i>	5, 76
<i>imipramine hcl</i>	32	KINERET	5
<i>imipramine pamoate</i>	32	KIONEX (WITH SORBITOL)	51
<i>imiquimod</i>	48	KLOR-CON 10	51
INCRELEX	56	KLOR-CON 8	51
INCRUSE ELLIPTA	80	KLOR-CON M15	51
<i>indapamide</i>	24	KURVELO	41
INDERAL XL	24	KYLEENA	41
INDOCIN	5	<i>l norgest/e.estradiol-e.estrad</i>	41
<i>indomethacin</i>	5	<i>labetalol</i>	24
INFANRIX (DTAP) (PF)	20	LACRISERT	76
<i>insulin syringe-needle u-100</i>	70, 72	<i>lactulose</i>	62
INTELENCE	12	<i>lamivudine</i>	13
INTRON A	17	<i>lamivudine-zidovudine</i>	13
INVEGA SUSTENNA	32	<i>lamotrigine</i>	32
INVIRASE	12	LANOXIN	24
INVOKAMET	56	<i>lansoprazole</i>	62
INVOKAMET XR	56	<i>lanthanum</i>	65
INVOKANA	56	LANTUS SOLOSTAR U-100	
<i>ipratropium bromide</i>	80	INSULIN	56
<i>ipratropium-albuterol</i>	80	LANTUS U-100 INSULIN	56
<i>irbesartan</i>	24	LARIN 1.5/30 (21)	41
<i>irbesartan-hydrochlorothiazide</i>	24	LARIN 1/20 (21)	41
ISENTRESS	12, 13	LARIN 24 FE	41
ISENTRESS HD	12	LARIN FE 1.5/30 (28)	41
<i>isoniazid</i>	13	LARIN FE 1/20 (28)	41
		LARISSIA	41
		LASTACAPT	76
		<i>latanoprost</i>	76
		LATUDA	32
		LAZANDA	5
		<i>leflunomide</i>	5
		LENVIMA	17
		LESSINA	41
		LETAIRIS	24
		<i>letrozole</i>	17
		<i>leucovorin calcium</i>	17
		LEUKERAN	17
		<i>leuprolide</i>	17
		LEVA SET	48
		<i>levabuterol hcl</i>	80
		<i>levabuterol tartrate</i>	80
		LEVATOL	24
		LEVEMIR FLEXTOUCH U-100	
		INSULN	56
		LEVEMIR U-100 INSULIN	56
		<i>levetiracetam</i>	32
		<i>levobunolol</i>	76
		<i>levocarnitine (with sugar)</i>	73
		<i>levocetirizine</i>	80
		<i>levofloxacin</i>	13, 76
		LEVONEST (28)	41
		<i>levonorgestrel-ethinyl estrad</i>	41
		<i>levonorg-eth estrad triphasic</i>	41
		LEVORA 0.15/30 (28)	41
		LEVORA-28	41
		<i>levothyroxine</i>	57
		LEVOXYL	57
		LEXIVA	13
		<i>lidocaine</i>	8, 48
		<i>lidocaine hcl</i>	8, 48, 74
		LIDOCAINE VISCOUS	74
		<i>lidocaine-prilocaine</i>	48
		LIDODERM	48
		LIDOPAC	48
		LIDOPRIL	48
		LIDOPRIL XR	48
		LIDO-PRILO CAINE PACK	48
		LIDORXKIT	48
		LIDOTREX (WITH VITAMIN E)	48
		<i>lindane</i>	48
		<i>linezolid</i>	13
		LINZESS	62
		<i>liothyronine</i>	57
		LIPROZONEPAK	48
		<i>lisinopril</i>	24
		<i>lisinopril-hydrochlorothiazide</i>	24
		<i>lithium carbonate</i>	32
		<i>lithium citrate</i>	32
		LIVALO	24
		LO LOESTRIN FE	41
		LONSURF	17
		<i>lopinavir-ritonavir</i>	13
		LOPROX (AS OLAMINE)	48
		LOPROX KIT	48
		<i>lorazepam</i>	32
		LORCET (HYDROCODONE)	6

LORTAB ELIXIR	6	<i>metformin</i>	57	MORGIDOX	13
LORYNA (28)	41	<i>methadone</i>	6	MORGIDOX 1X100	13
LORZONE	69	<i>methamphetamine</i>	33	MORGIDOX 2X100	13
<i>losartan</i>	24	<i>methazolamide</i>	24	<i>morphine</i>	6
<i>losartan-hydrochlorothiazide</i>	24	<i>methenamine hippurate</i>	13, 65	<i>morphine concentrate</i>	6
LOTEMAX	76	<i>methimazole</i>	57	MOTION RELIEF (MECLIZINE)	63
LOTRISONE	48	METHITEST	57	MOTION SICKNESS (MECLIZINE)	63
LOTRONEX	62	<i>methocarbamol</i>	69	MOTION SICKNESS II	63
<i>lovastatin</i>	24	<i>methotrexate sodium</i>	6, 17	MOTION SICKNESS	
LOW-OGESTREL (28)	41	<i>methotrexate sodium (pf)</i>	17	RELIEF(MECLIZ)	63
<i>loxapine succinate</i>	32	<i>methscopolamine</i>	62, 63	MOTOFEN	63
LUDENT FLUORIDE	74	<i>methyclothiazide</i>	24	MOVANTIK	9
LUMIGAN	76	<i>methylidopa</i>	24	MOVIPREP	63
LUPANETA PACK (1 MONTH)	57	<i>methylphenidate hcl</i>	33	MOXEZA	77
LUPANETA PACK (3 MONTH)	57	<i>methylprednisolone</i>	57	<i>moxifloxacin</i>	13, 77
LUPRON DEPOT	17, 57	<i>methyltestosterone</i>	57	MULTAQ	25
LUPRON DEPOT (3 MONTH) ... 17, 57		<i>methyltestosterone,micro(bulk)</i> ..	38, 57	<i>mupirocin</i>	48
LUPRON DEPOT (4 MONTH)	17	<i>metipranolol</i>	77	<i>mupirocin calcium</i>	48
LUPRON DEPOT (6 MONTH)	17	<i>metoclopramide hcl</i>	63	MYALEPT	57
LUPRON DEPOT-PED	57	<i>metolazone</i>	24	<i>mycophenolate mofetil</i>	6, 68
LUPRON DEPOT-PED (3 MONTH)	57	<i>metoprolol succinate</i>	24	<i>mycophenolate sodium</i>	68
LUTERA (28)	41	<i>metoprolol ta-hydrochlorothiaz</i>	24	MYORISAN	49
LYRICA	32	<i>metoprolol tartrate</i>	24	MYRBETRIQ	65
LYSODREN	17	<i>metronidazole</i>	13, 48, 82	MYZILRA	42
LYZA	41	<i>mexiletine</i>	24	<i>nabumetone</i>	6
<i>mafenide acetate</i>	48	MIACALCIN	57	<i>nadolol</i>	25
<i>malathion</i>	48	MIBELAS 24 FE	41	<i>naftifine</i>	49
<i>maprotiline</i>	32, 33	MICRO THIN LANCETS	70, 72	NALFON	6
MARLISSA	41	MICROGESTIN 1.5/30 (21)	41	<i>naltrexone</i>	9
MARPLAN	33	MICROGESTIN 1/20 (21)	41	<i>naproxen</i>	6
MATULANE	17	MICROGESTIN 24 FE	42	<i>naproxen sodium</i>	6, 7
MAVYRET	13	MICROGESTIN FE 1.5/30 (28)	42	<i>naratriptan</i>	33
MAXIDEX	76	MICROGESTIN FE 1/20 (28)	42	NARCAN	9
<i>meclizine</i>	62	MICROLET 2 LANCING DEVICE ... 70		NASAL ALLERGY	81
<i>meclofenamate</i>	6	MICROLET LANCET	70, 72	NATACYN	77
MEDI-MECLIZINE	62	MICROSPACER	70, 72	<i>nateglinide</i>	58
MEDOLOR PAK	48	<i>midodrine</i>	24	NATURE-THROID	58
<i>medroxyprogesterone</i>	41, 57	<i>miglitol</i>	57	NEBUPENT	13
<i>mefenamic acid</i>	6	MIGRANAL	33	NECON 0.5/35 (28)	42
<i>mefloquine</i>	13	MILK OF MAGNESIA	63	<i>nefazodone</i>	33
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<i>meloxicam</i>	6	MINI ULTRA-THIN II	70, 72	<i>neomycin-polymyxin b-dexameth</i>	77
<i>memantine</i>	39	<i>minocycline</i>	6, 13, 48	<i>neomycin-polymyxin-gramicidin</i>	77
MENACTRA (PF)	20	<i>minoxidil</i>	25	<i>neomycin-polymyxin-hc</i>	78
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(PF)	20	M-M-R II (PF)	20	<i>nevirapine</i>	13
MENVEO MENCYW-135 COMPNT		<i>modafinil</i>	33	NEXAVAR	17
(PF)	20	<i>moexipril</i>	25	NEXIUM	63
MEPHYTON	51	<i>moexipril-hydrochlorothiazide</i>	25	NEXPLANON	42
<i>meprobamate</i>	33	<i>mometasone</i>	48, 80	<i>niacin</i>	25
<i>mercaptapurine</i>	17	MONOJECT INSULIN SYRINGE		NIACOR	25
<i>mesalamine</i>	62	.....	70, 72	<i>nicardipine</i>	25
<i>mesalamine with cleansing wipe</i>	62	MONO-LINYAH	42	<i>nicotine</i>	38
MESTINON	69	MONONESSA (28)	42	<i>nicotine (polacrilex)</i>	38
<i>metaproterenol</i>	80	<i>montelukast</i>	80, 81	NICOTROL	38
<i>metaxalone</i>	69	MONUROL	13, 65	NICOTROL NS	38

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<i>nilutamide</i>	17	ODOMZO	18	<i>paroxetine hcl</i>	34
<i>nimodipine</i>	25	OFEV	18, 81	<i>paroxetine mesylate(menop.sym)</i>	58
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<i>nisoldipine</i>	25	<i>olanzapine</i>	34	PATANOL	77
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<i>nitrofurantoin monohydr/m-cryst.</i>	13, 65	OLUMIANT	7	<i>peg 3350-electrolytes</i>	63
<i>nitroglycerin</i>	25	<i>omega-3 acid ethyl esters</i>	25	PEGANONE	34
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<i>nizatidine</i>	63	<i>omeprazole (bulk)</i>	38, 63	PEGASYS PROCLICK	14
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NORDITROPIN FLEXPRO	58	<i>ondansetron</i>	63	PEGINTRON	14
<i>noreth-ethinyl estradiol-iron</i>	42	<i>ondansetron hcl</i>	63	PEN NEEDLE	71, 73
<i>norethindrone (contraceptive)</i>	42	<i>ondansetron hcl (pf)</i>	63	<i>pen needle, diabetic</i>	71, 73
<i>norethindrone acetate</i>	58	ONE DAILY	51	<i>penicillin v potassium</i>	14
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NORPACE CR	25	OPSUMIT	25	PERTZYE	64
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NORVIR	14	ORAP	34	<i>phenytoin</i>	34
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INSULN	58	OTEZLA	7	PIMTREA (28)	43
NOVOLOG MIX 70-30FLEXPEN		OTEZLA STARTER	7	<i>pindolol</i>	25
U-100	58	OTIPRIO	78	<i>pioglitazone</i>	59
NOVOLOG PENFILL U-100		OTOVEL	78	<i>pioglitazone-metformin</i>	59
INSULN	58	<i>oxandrolone</i>	58	PIRMELLA	43
NOVOLOG U-100 INSULIN		<i>oxaprozin</i>	7	<i>piroxicam</i>	7
ASPART	58	<i>oxcarbazepine</i>	34	PLEGRIDY	75
NP THYROID	58	<i>oxybutynin chloride</i>	65	PNEUMOVAX 23	20
NUCYNTA ER	7	<i>oxycodone</i>	7	PNV 29-1	51
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NUVARING	42	PACERONE	25	<i>polyethylene glycol 3350(bulk)</i>	38
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<i>potassium citrate-citric acid</i>	66	<i>promethazine-dm</i>	81	<i>rimantadine</i>	15
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PRANDIN	59	<i>propranolol</i>	26	<i>risperidone</i>	35
<i>prasugrel</i>	68	<i>propylthiouracil</i>	59	<i>ritonavir</i>	15
<i>pravastatin</i>	25	PROQUAD (PF)	20	<i>rivastigmine tartrate</i>	39
<i>praziquantel</i>	14	<i>protriptyline</i>	34	<i>rizatriptan</i>	35
<i>prazosin</i>	25	PULMICORT FLEXHALER	81	<i>ropinirole</i>	35
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<i>prednisolone</i>	59	<i>pyridostigmine bromide</i>	69	SABRIL	35
<i>prednisolone acetate</i>	77	QUASENSE	43	<i>salicylic acid</i>	49
<i>prednisolone sodium phosphate</i>	59, 77	<i>quetiapine</i>	34	<i>salsalate</i>	7
<i>prednisone</i>	59	QUILLICHEW ER	34	SAMSCA	26
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PREMPRO	59	<i>quinapril-hydrochlorothiazide</i>	26	SAPHRIS	35
PRENATA	52	<i>quinidine gluconate</i>	26	SAVAYSA	68
PRENATABS RX	52	<i>quinidine sulfate</i>	26	SAVELLA	35
PRENATAL	52	<i>quinine sulfate</i>	14	SCALACORT	49
PRENATAL 19	52	QVAR REDIHALER	81	<i>scopolamine base</i>	64
PRENATAL 19 (WITH DOCUSATE)	52	<i>rabeprazole</i>	64	<i>selegiline hcl</i>	35
PRENATAL LOW IRON	52	RADIOGARDASE	9	<i>selenium sulfide</i>	49
PRENATAL MULTI-DHA	52	<i>raloxifene</i>	59	SELZENTRY	15
PRENATAL MULTIVITAMINS	52	<i>ramipril</i>	26	SENSIPAR	59
PRENATAL PLUS	52	RANEXA	26	SEREVENT DISKUS	81
PRENATAL PLUS (CALCIUM CARB)	52	<i>ranitidine hcl</i>	64	<i>sertraline</i>	35
PRENATAL VITAMIN PLUS LOW IRON	52	RAPAFLO	66	SETLAKIN	43
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PREZCOBIX	14	RECLIPSEN (28)	43	SIGNIFOR	59
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<i>primaquine</i>	14	RELENZA DISKHALER	14	SIMBRINZA	77
<i>primidone</i>	34	RELION NEEDLES	71	SIMPONI	7
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<i>probenecid-colchicine</i>	66	REPATHA PUSHTRONEX	26	SKLICE	49
PROCHAMBER	71	REPATHA SURECLICK	26	SKYLA	43
<i>prochlorperazine</i>	64	RESCRIPTOR	14	<i>sodium chloride</i>	38
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<i>progesterone micronized (bulk)</i>	38, 59	RIBASPHERE RIBAPAK	14	<i>spinosad</i>	49
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<i>promethazine-codeine</i>	81	<i>rifampin</i>	14, 15	<i>spironolacton-hydrochlorothiaz</i>	26
		RIFATER	15	SPRINTEC (28)	43
		RILUTEK	69		
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SPRYCEL	18	<i>telmisartan-amlodipine</i>	26	TRECTOR	15
SPS (WITH SORBITOL)	52	<i>telmisartan-hydrochlorothiazid</i>	26	TRESIBA FLEXTOUCH U-100	60
SRONYX	43	<i>temazepam</i>	36	TRESIBA FLEXTOUCH U-200	60
<i>stavudine</i>	15	<i>temozolomide</i>	18	<i>tretinoin</i>	50
STELARA	49, 64	<i>tenofovir disoproxil fumarate</i>	15	<i>tretinoin (chemotherapy)</i>	18
STIMATE	59	<i>terazosin</i>	26	<i>tretinoin (emollient)</i>	50
STIOLTO RESPIMAT	81	<i>terbinafine hcl</i>	15	<i>tretinoin microspheres</i>	50
STIVARGA	18	<i>terbutaline</i>	81	TRETIN-X	50
STRIBILD	15	<i>terconazole</i>	82	TRETIN-X CREAM KIT	50
STRIVERDI RESPIMAT	81	<i>testosterone</i>	60	TREXALL	8, 18
SUBOXONE	38	<i>testosterone (bulk)</i>	39	<i>triamcinolone acetonide</i>	50, 74, 82
SUBSYS	8	<i>testosterone cypionate</i>	60	<i>triamterene-hydrochlorothiazid</i>	27
<i>sucralfate</i>	64	<i>testosterone enanthate</i>	60	<i>triazolam</i>	36
<i>sulfacetamide sodium</i>	77	<i>testosterone micronized (bulk)</i>	39	<i>trientine</i>	9
<i>sulfacetamide sodium (acne)</i>	50	<i>tetrabenazine</i>	36	TRI-ESTARYLLA	43
<i>sulfacetamide sodium-sulfur</i>	50	<i>tetracycline</i>	15	<i>trifluoperazine</i>	36
<i>sulfadiazine</i>	15	THALOMID	15, 18	<i>trifluridine</i>	78
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<i>sumatriptan succinate</i>	35, 36	<i>thyroid, pork (bulk)</i>	39, 60	PACKETS	64
SUMAVEL DOSEPRO	36	THYROLAR-1	60	<i>trimethobenzamide</i>	64
SUPREP BOWEL PREP KIT	64	THYROLAR-1/2	60	<i>trimethoprim</i>	15
SURE COMFORT INSULIN		THYROLAR-1/4	60	<i>trimipramine</i>	36
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SUSTIVA	15	THYROLAR-3	60	TRINESSA (28)	43
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SYEDA	43	<i>timolol maleate</i>	26, 77	TRINTELLIX	36
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SYNERA	50	<i>tizanidine</i>	69	TRIVEEN-DUO DHA	52
SYNJARDY	60	TOBRADEX	78	TRIVORA (28)	43
SYNJARDY XR	60	<i>tobramycin</i>	78	<i>tropicamide</i>	78
SYNTHROID	60	<i>tobramycin (bulk)</i>	15, 39	<i>tropium</i>	66
TABLOID	18	<i>tobramycin in 0.225 % nacl</i>	82	TRUEPLUS INSULIN	71, 73
<i>tacrolimus</i>	50, 69	<i>tobramycin sulfate</i>	15	TRUEPLUS KETONE	73
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<i>tazarotene</i>	50	TRADJENTA	60	UCERIS	64
TAZORAC	50	<i>tramadol</i>	8	ULESFIA	50
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VICTOZA 3-PAK	60	ZIRGAN	78
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