



# GlobalHealth

## 2016 Preferred Formulary

Formulary Drug List  
For State, Education, and  
Local Government  
Employees



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## 2016 GLOBALHEALTH PREFERRED FORMULARY

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The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your Prescription Drug benefits. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

It is very important that you familiarize yourself with the systems, policies, and benefits. PLEASE READ THIS *DRUG FORMULARY* AND YOUR OTHER MEMBER MATERIALS CAREFULLY. You can get information and updates to this document on our website.

GlobalHealth, Inc. does not discriminate on the basis of race, ethnicity, national origin, religion, gender or gender identity, sexual orientation, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability (including conditions arising out of acts of domestic violence), source of payment, or geographic location within the service area.

This formulary drug list applies to all Members who enrolled in the following GlobalHealth Plan:

- State of Oklahoma benefits (includes all state, education, and local government employees who enrolled with GlobalHealth through the State of Oklahoma benefits enrollment process)

## HELPFUL NUMBERS

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**Plan Issuer:**

GlobalHealth, Inc.  
PO Box 2393  
Oklahoma City, OK 73101-2393

**GlobalHealth Customer Care:**

[CommercialAnswers@globalhealth.com](mailto:CommercialAnswers@globalhealth.com)  
405.280.5600 (local)  
1.877.280.5600 (toll-free)  
1.800.722.0353 or 711 (TTY/TDD/Voice)  
[www.globalhealth.com/state](http://www.globalhealth.com/state)

**Language Assistance – just ask for an interpreter****24/7 Nurse Help Line:**

Nurse Help Line  
1.877.280.2993 (toll-free)

**Disease Management:**

[CommercialAnswers@globalhealth.com](mailto:CommercialAnswers@globalhealth.com)  
405.280.5600 (local)  
1.877.280.5600 (toll-free)  
1.800.722.0353 or 711 (TTY/TDD/Voice)  
[www.globalhealth.com/state](http://www.globalhealth.com/state)

**GlobalHealth Compliance and Privacy Line:**

1.877.280.5852 (toll-free)  
405.280.5852  
[compliance@globalhealth.com](mailto:compliance@globalhealth.com)

**Behavioral & Mental Health/Chemical Dependency:**

MHNet Behavioral Health  
1.866.904.5234 (toll-free)  
1.866.200.3269 (TTY/TDD/Voice)  
[www.mhnet.com](http://www.mhnet.com)

Mail Claims to:  
Mental Health & Substance Abuse Claims  
MHNet Claims Department  
PO Box 7802  
London, KY 40742

**Pharmacy Benefits Manager:**

Mail Claims to:  
Express Scripts Holding Company  
PO Box 66583  
St. Louis, MO 63166

Medication Prior Authorizations:  
918.878.7361

Express Scripts Help Desk:  
1.866.274.1612 (toll-free)  
1.800.899.2114 (TTY/TDD/Voice)

**Mail Order Pharmacy:**

Express Scripts Customer Service Center  
1.866.274.1612 (toll-free)  
1.800.899.2114 (TTY/TDD/Voice)  
24 hours/7 days a week  
[www.express-scripts.com](http://www.express-scripts.com)

## YOUR PRESCRIPTION DRUG BENEFITS

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Your Prescription Drug benefit covers Outpatient, self-administered medications that require a prescription. “Prescription” refers to an order written by any licensed physician, or others licensed to prescribe for a medicinal substance which, under the Federal Food, Drug, and Cosmetic Act (“FD&C Act”), is required to bear on the packaging label the following legend: “Caution: Federal law prohibits dispensing without a prescription” or “Rx Only”.

The Affordable Care Act requires some over-the-counter medications be covered. Please see “Affordable Care Act”.

### How to use your prescription drug benefits:

1. Fill your prescription at any GlobalHealth participating pharmacy. A list of Network pharmacies can be found in the *GlobalHealth Physician & Health Providers Directory* and on the website. You may also contact Customer Care for help in locating a pharmacy.
2. Present your GlobalHealth Member ID card to the pharmacist.
3. Pay the applicable Cost-Share.

## GLOBALHEALTH’S PREFERRED FORMULARY DRUG LIST

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**PLEASE NOTE: Check your *Schedule of Benefits* for exclusions and the Cost-Share for your Prescription Drug benefit program. For specific questions about your coverage, please call the phone number printed on your Member ID card.**

**For the Member:** Generic medications contain the same active ingredients in the same amounts as brand name products. However, they may be a different color, shape, or size.

**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

### Preferred Drugs

Preferred drugs are listed in this *Drug Formulary*. Medications on the list are selected based on quality (effectiveness and safety) as well as cost-effectiveness. Doctors and pharmacists have worked together to develop the formulary, which includes generics and brand name medications that are approved by the Food and Drug Administration (“FDA”).

### Changes

The list of drugs is subject to change.

- New medications may be introduced or a generic may become available.
- Coverage will not be discontinued or reduced for a drug except:
  - when a new or lower cost therapeutic equivalent medication becomes available; or
  - when new adverse information about the safety or effectiveness of a drug is released.
- If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher tier, we will notify affected Members of the change at least sixty (60) days before the change becomes effective.

- If the FDA deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, the drug will be removed immediately from our formulary and you will be notified.

GlobalHealth’s Pharmacy and Therapeutics Committee excludes some Prescription Drugs from coverage because other therapeutic equivalents are considered:

- Clinically safe;
- Having fewer health risks; and/or
- Providing a reduction in overall healthcare costs.

A 60-day notice of exclusion will be listed on the GlobalHealth website prior to the exclusion becoming effective.

### Drug Tiers

Please check your *Schedule of Benefits* for detailed information regarding your drug coverage, benefit limitations, exclusions, and Cost-Share for each tier. A cost calculator is available on our website to help you. For specific questions about your coverage, please call the phone number printed on your Member ID card.

<b>Tier Level</b>	<b>Benefit Description</b>
Tier One	Generic medications contain the same active ingredients in the same amounts as brand name products. However, they may be a different color, shape, or size. You will pay the lowest Cost-Share for select low-cost, preferred generics. Most generics are non-preferred medications and have the corresponding Cost-Share. Please refer to your <i>Schedule of Benefits</i> .
Tier Two	Preferred brand name medications on the Formulary have the next highest cost.
Tier Three	Non-preferred medications have the highest cost of these three (3) generic and brand name tiers. This tier contains non-preferred name brand and specified high-cost generic drugs.
Tier Four	Preferred and non-preferred specialty medications are filled through a specialty pharmacy. Specialty drugs are limited to no more than a one-month supply per fill. These medications must be pre-approved by GlobalHealth. Refer to your <i>Schedule of Benefits</i> .

The Cost-Share for orally administered anticancer medications is no greater than IV-administered or injected cancer medications.

The *Drug Formulary* will tell you which tier a drug is in. The Cost-Share for each tier remains the same for the entire Plan year. During the Plan year, individual drugs may move to a different tier. The new tier Cost-Share will apply after the 60-day Member notice. The most current *Drug Formulary* is available on our website.

The applicable Copayments must be met each time a Prescription Drug is filled or refilled. You will pay your Cost-Share or the cost of the Prescription Drug, whichever is less.

Please contact Customer Care if you need assistance locating a pharmacy, understanding your benefits, or printed copies of the formulary.

## AFFORDABLE CARE ACT

### No Cost-Share Drugs

Some FDA-approved over-the-counter (“OTC”) medicines and products are covered at no Cost-Share.

Medicine or Product	Eligible Population
Iron supplements	For children from birth - 12 months
Oral fluoride supplements	For children from birth - 5 years
Folic acid supplements	For women of childbearing age
Aspirin	For men age 45 - 79, women age 55 – 79 For women at increased risk of preeclampsia after twelve (12) weeks gestation
*Tobacco cessation products	For adults age eighteen (18) and older
Vitamin D supplement	For adults age sixty-five (65) and older

\*Not all products that may be used for tobacco cessation are included.

Doctors may prescribe risk-reducing medications, such as tamoxifen or raloxifene, for women who are at increased risk for breast cancer and at low risk for medication side effects. These medications are available at no Cost-Share, subject to reasonable medical management.

To receive benefits, you must use an In-Network retail pharmacy and present a written prescription from your physician to the pharmacist. Benefits are limited to recommended prescribed limits.

### Contraception Drugs and Devices for Women

Selected FDA-approved contraception prescriptions are provided to women of childbearing age for no Cost-Share. These contraception drugs and devices are not subject to the Deductible. All others are subject to prescription Copayment and possible Utilization Management. Over-the-counter contraceptives are only covered when they are FDA-approved and prescribed by a Network physician.

## OFF-LABEL USES

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Off-label uses of medication(s) used in the treatment of cancer or the study of oncology are covered. Certain investigational uses of chemotherapy for cancer treatment may be covered if administered as part of an Approved Clinical Trial.

GlobalHealth does not cover any other non-FDA approved off-label utilization of medications or medical devices. This exclusion includes non-FDA approved:

- Indication;
- Dosage;
- Length of therapy;
- Safety and efficacy standards within clinical studies; and
- Warnings, precautions, and potential serious drug interactions.

## COMPOUND DRUGS

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Compounds will be considered for coverage for GlobalHealth Members after a prior authorization review:

1. For a Member that is not able to swallow medications and requires a liquid or suppository dosage form for alternative route of administration.
2. For a Member that is sensitive to dyes, fillers, or preservatives in commercially available medications.
3. When the originator medication has been removed from the market for reasons other than safety concerns and the medication is compounded into the same route of administration as the originator medication.

Some compounded medications are not covered by GlobalHealth.

All claims for compounded medications **MUST** have a prior authorization in accordance with the GlobalHealth Pharmacy and Therapeutics Committee requirements.

### Criteria

For pharmacist compounded medication to be considered for coverage, **all** of the following criteria must be met:

1. Ingredients are not identified as for sale over-the-counter (“OTC”) by the Food and Drug Administration (“FDA”); and
2. Must be prescribed for an indication that is supported by FDA-approval or identified within scientific evidence in recognized medical literature; and
3. Not for sale by a third party who resells to individual patients, or offers compounded drug products at wholesale to other state licensed persons or commercial entities for resale; and
4. Contains at least one FDA-approved prescription ingredient; and
5. Prescription ingredient is FDA-approved for medical use in the United States; and
6. If the compound is not being prescribed for the prescription ingredient’s FDA-approved indication then the supportive medical evidence must be found within the following:
  - a. Nationally recognized peer-reviewed scientific studies published in American medical journals that meet recognized requirements for scientific studies which submit most of



their articles for review by experts. These experts will not be part of the publisher's editorial staff; or

- b. Listing of nationally recognized publishing literature such as Medline, Medicus, STARs, National Institute of Health, Medical Journals recognized by HHS Clinical Pharmacology, AHFS-DI, Centers of Medicare and Medicaid, National Cancer Institute, Healthcare Research and Quality, or NCCN guidelines.

### **Compounded Medications Not Covered**

The following compounded preparations are examples of preparations that the GlobalHealth Pharmacy and Therapeutics Committee considers to be experimental and/or investigational because there is inadequate evidence in the peer-reviewed published medical literature of their effectiveness. This list is not all inclusive and other compounded medications may also be considered not covered after prior authorization review.

- Nebulized anti-infectives, nasal administration for the treatment of Sinusitis
- Implantable estradiol pellets
- Bioidentical hormones
- Topical verapamil
- Topical ketamine
- Topical flubiprofen
- Topical ketoprofen
- Topical lidocaine
- Topical testosterone
- Topical estrogen

## **PRESCRIPTIONS RECEIVED IN AN EMERGENCY ROOM OR URGENT CARE FACILITY**

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Medications prescribed by ER physicians may be filled at either a preferred Network or a non-preferred Network pharmacy. Some pharmacies are open twenty-four (24) hours. You will pay your pharmacy Cost-Share. Utilization Management rules may apply.

## **MEDICATION UTILIZATION MANAGEMENT**

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Your Plan may include prior authorization, step therapy, or quantity limit requirements. These programs are based on current medical findings, FDA-approved manufacturer labeling information, cost, and manufacturer rate agreements.

### **Transition of Care**

If you are new to GlobalHealth, you may request coverage for:

- Non-formulary medications; and
- Medications on the formulary but require prior authorization or step therapy.

You must make the request within the first thirty (30) days of Enrollment. The coverage is for only one (1) 30-day prescription fill per medication. You are encouraged to work with your physician and the Pharmacy Department as soon as possible to transition to GlobalHealth's

*Drug Formulary.* Call Customer Care for more information.

Complete the *Prescription Drug Transition of Care* form. It is on our website or you can contact Customer Care.

**Medication Utilization Management**

Call 918-878-7361 to request information on one of the following:

<b>Type</b>	<b>Description</b>
Prior Authorization	Physicians are required to obtain prior authorization for certain medications, including compound drugs. This promotes appropriate, cost-effective use. Any corresponding supplies or equipment also require prior authorization. GlobalHealth may not cover the drug, supply, or equipment without prior authorization.
Step Therapy	Step therapy requires one (1) or more prerequisite, clinically equivalent drugs to be tried before a step therapy drug will be covered.
Quantity Limits	There are limits to the amount of certain medications that you may receive. These drugs, if taken inappropriately for too long a time period, could be unsafe and cause adverse effects.

**Except Requests**

Call (918) 878-7361 to request an exception.

<b>Time Frame</b>	<b>Process</b>
Standard Exception	<p>You can request GlobalHealth to waive coverage restrictions and limits. You may submit your request in writing, electronically, or telephonically. Generally, GlobalHealth will only approve your request for an exception if:</p> <ul style="list-style-type: none"> <li>• The alternative drug is included on the Plan’s formulary;</li> <li>• The drug in the lower tier or additional utilization restrictions would not be as effective in treating your condition; and</li> <li>• It would cause you to have adverse medical effects.</li> </ul> <p>In the case of a request to cover a non-formulary drug, the physician must include:</p> <ul style="list-style-type: none"> <li>• A justification supporting the need for the non-formulary drug to treat your condition; and</li> <li>• A statement that all covered formulary drugs on any tier will be or have been ineffective, would not be as effective as the non-formulary drug, or would have adverse effects.</li> </ul> <p>You, your designee, or your physician should contact GlobalHealth for instructions on obtaining a utilization restriction exception. Your physician may have to submit a prior authorization request form with supporting information. Generally, a decision is made</p>

Time Frame	Process
	<p>within seventy-two (72) hours of receiving your request and sufficient information to begin the review.</p> <ul style="list-style-type: none"> <li>• If granted, the exception will be for the duration of the prescription, including refills.</li> <li>• If GlobalHealth denies your exception request, you may request an External Review. You will receive the Oklahoma Insurance Department’s (“OID’s”) determination within seventy-two (72) hours of receiving your request for review.</li> </ul> <p>Your medication will be covered during the time GlobalHealth is reviewing, and if applicable, during the External Review.</p>
Expedited Exception	<p>You, your designee, or your prescribing physician may request an expedited exceptions process when:</p> <ul style="list-style-type: none"> <li>• You are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or</li> <li>• You are undergoing a current course of treatment using a non-formulary drug.</li> </ul> <p>We will provide a decision to you, your designee, or the prescribing physician within twenty-four (24) hours after receiving the request and sufficient information to begin the review.</p> <ul style="list-style-type: none"> <li>• If granted, the exception will be for the duration of the prescription, including refills.</li> <li>• If GlobalHealth denies your exception request, you may request an External Review. You will receive the OID’s determination within twenty-four (24) hours of receiving your request for review.</li> </ul> <p>Your medication will be covered during the time GlobalHealth is reviewing, and if applicable, during the External Review.</p>

## MEDICATION THERAPY MANAGEMENT PROGRAM

If you are taking multiple medications for Chronic Conditions, you can receive support from our Medication Therapy Management program. Enrollment in this program is automatic. You receive personalized service from registered pharmacists and staff. The goal of this program is to help eliminate duplicate drug therapies, reduce potential for negative drug interactions and side effects, and optimize Member benefits by advising of the lowest cost alternatives.

## PHARMACY COORDINATION OF BENEFITS

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If you are covered by more than one (1) Health Plan, we will coordinate your prescription benefits. Give both Prescription Drug cards to the pharmacy staff and tell them which is primary. The pharmacy staff will enter the information for both the primary and secondary coverage. The primary coverage will apply your Cost-Share. Then the secondary coverage will be billed the remaining Cost-Share.

## TYPES OF PHARMACY NETWORKS

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You have different options to receive your prescribed medications.

### **Preferred and Non-Preferred Retail Network Pharmacies**

When you purchase your prescriptions at a preferred retail Network pharmacy, you will pay your Plan's published Cost-Share for each tier. This is where you will experience the greatest savings. You may still go to non-preferred retail Network pharmacies, but you will pay a higher Cost-Share for each prescription. A list of both preferred and non-preferred retail Network pharmacies can be found on our website.

### **Home Delivery Pharmacy Service**

Express Scripts Holding Company ("ESI") offers the convenience of home delivery. Maintenance medications are mailed to your home in a 90-day supply when prescribed as a 90-day supply by a Network Provider. You may receive a discount on your medications, depending on the drug tier. See your *Schedule of Benefits*. Allow fourteen (14) days for your prescription to reach you.

For more information about this optional service, contact ESI.

<b>Express Scripts Customer Service:</b>
<b>Call:</b> Representatives are available 24 hours a day, 7 days a week. 1-866-274-1612 (toll-free) 1-800-899-2114 (TTY/TDD/Voice)
<b>Visit the website:</b> <a href="http://www.express-scripts.com">www.express-scripts.com</a>

### **Extended Supply Retail Pharmacy Network**

You may receive up to a 90-day supply of a maintenance drug at an extended supply retail Network pharmacy for the applicable home delivery Copayment. Medications must be prescribed as a 90-day supply by a Network Provider. An extended supply retail Network pharmacy can be found on our website. Look for pharmacies with the following designation: GLOBALHEALTH EXTENDED SUPPLY NETWORK.

### **Sovereign Medical Solutions Medications by Mail**

Sovereign Medical Solutions is a Native American-owned retail pharmacy located in Oklahoma. It provides prescription medications to Native Americans. Complete the *Native American Prescription Benefit Program Patient Enrollment* form available on our website and submit to Sovereign Medical Solutions. Proof of Native American status in one of the federally recognized tribes is required. Once Native American heritage is established with Sovereign Medical Solutions, you may receive Cost-Share discounts. Medications are mailed directly to your home or designated location.

### **Specialty Pharmacies**

Contracted specialty pharmacies fill your specialty medications and mail them to your home. Specialty medications sent to and administered by your doctor are covered under your office visit cost-sharing responsibility. Specialty medications sent to and administered by you are assessed your Prescription Drug Copayment. A specialty Network pharmacy can be found on our website.

### **Vaccine Network Pharmacies**

You may go to certain Network pharmacies for your covered preventive vaccinations. Check our website for pharmacies with the following designation: GLOBALHEALTH VACCINE NETWORK.

## **GLOBALHEALTH 2016 DRUG FORMULARY INDEX**

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**THIS DOCUMENT LIST IS EFFECTIVE AS OF THE DATE ON THE COVER THROUGH DECEMBER 31, 2016. THIS LIST IS SUBJECT TO CHANGE. You can get information and updates to this document on our website.**

**PA: Prior Authorization.** GlobalHealth requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QLL: Quantity Limit.** For certain drugs, GlobalHealth limits the amount of the drug that we will cover.

**ST: Step Therapy.** In some cases, GlobalHealth requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

**OTC: Over-the-Counter.** You can get these drugs at no cost (if ACA is also indicated) or at GlobalHealth's lowest Cost-Share amount (if LCG is also indicated). Otherwise, you will pay the preferred generic Cost-Share amount. Your doctor must prescribe them. Present your prescription and Member ID card to the pharmacist.

**ACA: Affordable Care Act.** Those medications available at no Cost-Share to the Member because they are part of preventive care.

**LCG: Low Cost Generic.** Generic medications available at the lowest cost. Please note the specific strengths and dosage forms; other strengths and/or dosage forms of these products would be subject to the standard generic Cost-Share.

\*Indicates single source brand product. \*\*Indicates multi-source brand product.

## PREVENTIVE CARE INDEX

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These drugs are available with no cost-share to you. Medications listed are based on the recommendations of the U.S. Preventive Services Task Force (“USPSTF”) in conjunction with the recommendations of the Advisory Committee on Immunization Practices (“ACIP”) of the Centers for Disease Control and Prevention and the Health Resources and Services Administration. Recommendations, ages, and populations may vary.

The following list of preventive medications should be used as a guide. A comprehensive listing of medications is in the Therapeutic List on page 15. Coverage of any of the listed medications (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the terms of your health plan.

This list is subject to change as ACA guidelines are updated or modified.

### **Immunizations**

Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age and/or gender limitations. Coverage also includes non-routine immunizations as designated by the ACIP.

### **Contraceptive Methods**

#### Preferred Product Offering:

Covered products include OTC contraceptive methods (spermicides, female condom, sponge), barrier methods (cervical cap and diaphragm), generic hormonal contraceptives (oral, patch and injectable), Nuvaring, generic emergency contraceptives and ella, Nexplanon, and the intrauterine devices, Mirena and Paragard.

#### Expanded Product Offering:

Covered products are all contraceptive methods and include OTC contraceptive methods (spermicides, female condom, sponge, etc.), oral contraceptives (including emergency contraception), and contraceptive devices (diaphragms, cervical cap, skin patch systems, injectable contraception, vaginal ring, intrauterine systems, and implants). In this product offering, brand name contraceptives that have a generic equivalent are available at a zero cost share only when the prescriber indicates that the brand product must be dispensed.

Drug Name
<b>Aspirin products</b>
ASPIRIN 81 MG and 325 MG
<b>Bowel preps (limit of 2 prescriptions per year)</b>
BISACODYL
MAGNESIUM CITRATE
MILK OF MAGNESIA
PEG 3350-ELECTROLYTE
<b>Fluoride products</b>
<i>FLUORIDE CHEWABLE TABLET</i> <i>0.25 MG and 0.5 MG</i>
FLUORIDE DROPS 0.125, 0.25 MG and 0.5 MG
MULTIVITAMIN W/ FLUORIDE 0.25 MG and 0.5 MG CHEWABLE, DROPS and SUSPENSION
<b>Folic acid products</b>
FOLIC ACID TABLET 0.4 MG and 0.8 MG
PRENATAL and MULTI VITAMINS W/ FOLIC ACID (0.4 MG and 0.8 MG)
<b>Iron supplements</b>

Drug Name
IRON (various strengths) DROPS, LIQUID, SUSPENSION, GRANULES
MULTIVITAMIN WITH IRON DROPS, LIQUID, SUSPENSION
<b>Primary prevention of breast cancer (women without a diagnosis of breast cancer who are high risk)</b>
RALOXIFENE
SOLTAMOX (LIQUID TAMOXIFEN)
TAMOXIFEN
<b>Smoking cessation products</b>
<i>ALL NICOTINE PRODUCTS (Rx and OTC; Brand and Generic)</i>
CHANTIX
ZYBAN (Brand and Generic)
<b>Vitamin D supplements</b>
CALCIUM WITH VITAMIN D
VITAMIN D 1,000 UNITS OR LESS PER DOSE UNIT

## THERAPEUTIC CLASS INDEX

Medications in Tier 4\* are non-preferred specialty drugs and you will pay the higher specialty drug cost-share.

Drug Name	Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ANCOBON	3	PA
clotrimazole	1	
CRESEMBA ORAL CAPSULE	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	PA
DIFLUCAN ORAL TABLET 150 MG	3	QL
fluconazole oral suspension for reconstitution	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	

Drug Name	Tier	Requirements / Limits
fluconazole oral tablet 150 mg	LCG	QL
flucytosine	1	
griseofulvin microsize	3	
griseofulvin ultramicrosize	3	
GRIS-PEG (ULTRAMICROSIZED)	3	
itraconazole	1	QL
ketoconazole	1	
LAMISIL ORAL GRANULES IN PACKET	2	
LAMISIL ORAL TABLET	3	PA
NOXAFIL	2	PA
nystatin	1	
ONMEL	3	PA; QL
ORAVIG	3	
SPORANOX ORAL SOLUTION	2	PA
SPORANOX PULSEPAK	3	QL

Drug Name	Tier	Requirements / Limits
terbinafine hcl	1	
VFEND	3	PA
voriconazole	1	PA
<b>ANTIVIRALS</b>		
abacavir	4	
abacavir-lamivudine	4	
abacavir-lamivudine-zidovudine	4	
acyclovir	1	
adefovir	1	
amantadine hcl	1	
APTIVUS	4	
ATRIPLA	4	
BARACLUDE ORAL SOLUTION	2	PA
BARACLUDE ORAL TABLET	3	PA
COMBIVIR	4*	
COMPLERA	4	
CRIXIVAN	4	
DESCOVY	4	
didanosine	4	
EDURANT	4	
EMTRIVA	4	
entecavir	1	PA
EPIVIR	4*	
EPIVIR HBV ORAL SOLUTION	4	
EPIVIR HBV ORAL TABLET	4*	
EPZICOM	4	
EVOTAZ	4*	
famciclovir	3	QL
FAMVIR	3	QL
FLUMADINE	3	
FUZEON	4	
GENVOYA	4	
HEPSERA	3	
INCIVEK	3	PA
INTELENCE	4	

Drug Name	Tier	Requirements / Limits
INVIRASE	4	
ISENTRESS	4	
KALETRA	4	
lamivudine	4	
lamivudine-zidovudine	4	
LEXIVA	4	
nevirapine	4	
NORVIR	4	
ODEFSEY	4	
PREZCOBIX	4*	
PREZISTA	4	
RELENZA DISKHALER	2	QL
RESCRIPTOR	4	
RETROVIR	4*	
REYATAZ	4	
rimantadine	1	
SELZENTRY	4	
SITAVIG	3	PA
stavudine	4	
STRIBILD	4	
SUSTIVA	4	
TAMIFLU	2	QL
TECHNIVIE	4	PA
TIVICAY	4	
TRIUMEQ	4	
TRIZIVIR	4*	
TRUVADA	4	
TYBOST	4*	
TYZEKA	2	
valacyclovir	3	QL
VALCYTE ORAL RECON SOLN	2	PA
VALCYTE ORAL TABLET	3	PA
valganciclovir	1	PA
VALTREX	3	QL
VICTRELIS	2	PA
VIDEX 2 GRAM PEDIATRIC	4	



Drug Name	Tier	Requirements / Limits
VIDEX EC	4*	
VIEKIRA XR	4	PA
VIEKIRA PAK	4	PA
VIRACEPT	4	
VIRAMUNE	4*	
VIRAMUNE XR	4*	
VIREAD	4	
VITEKTA	4*	
ZERIT	4*	
ZIAGEN ORAL SOLUTION	4	
ZIAGEN ORAL TABLET	4*	
zidovudine	4	
ZOVIRAX	3	PA

## CEPHALOSPORINS

CEDAX	3	
cefaclor	1	
cefadroxil	1	
cefdinir	1	
cefditoren pivoxil	1	
cefixime	3	
cefpodoxime	1	
cefprozil	1	
ceftibuten	3	
CEFTIN	3	
cefuroxime axetil	1	
cephalexin	1	
KEFLEX	3	
SPECTRACEF	3	
SUPRAX	3	

## ERYTHROMYCINS & OTHER MACROLIDES

azithromycin	1	
BIAXIN	3	
clarithromycin	1	
DIFICID	3	
e.e.s. 400	3	

Drug Name	Tier	Requirements / Limits
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate)	3	
erythromycin ethylsuccinate	3	
erythromycin oral capsule, delayed release (dr/ec)	1	
erythromycin oral tablet	3	
PCE	3	
ZITHROMAX	3	
ZMAX	3	

## MISCELLANEOUS ANTIINFECTIVES

ALBENZA	2	PA
ALINIA	2	
atovaquone	1	ST
atovaquone-proguanil	1	
baciim	1	
bacitracin	1	
BETHKIS	4	
BILTRICIDE	2	
CAYSTON	4	PA; QL
chloroquine phosphate	1	
CLEOCIN	3	
clindamycin hcl	1	
clindamycin palmitate hcl	1	
clindamycin pediatric	1	
COARTEM	2	
CYCLOSERINE	3	
dapsone	1	
DARAPRIM	4	PA
EMVERM	2	QL
ethambutol	1	

Drug Name	Tier	Requirements / Limits
FLAGYL	3	
FLAGYL ER	3	
hydroxychloroquine	1	
IMPAVIDO	2	PA
isoniazid	1	
ivermectin	1	
KETEK	3	
KITABIS PAK	4*	
linezolid	1	PA
MALARONE	3	
MALARONE PEDIATRIC	3	
mefloquine	1	
MEPRON	3	ST
metronidazole	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
neomycin	1	
paromomycin	1	
PASER	3	
PLAQUENIL	3	
PRIFTIN	2	
PRIMAQUINE	2	
pyrazinamide	1	
QUALAQUIN	3	
quinine sulfate	1	
rifabutin	1	
RIFADIN ORAL CAPSULE	3	
RIFAMATE	3	
rifampin	1	
RIFATER	3	
SIRTURO	2	
SIVEXTRO	3	PA
STREPTOMYCIN	2	
STROMECTOL	3	
TINDAMAX	3	

Drug Name	Tier	Requirements / Limits
tinidazole	1	
TOBI	4*	PA; QL
TOBI PODHALER	4	PA
tobramycin in 0.225 % nacl	4	PA; QL
TRECTOR	3	
XIFAXAN	2	PA
YODOXIN	3	
ZYVOX	3	PA
<b>PENICILLINS</b>		
amoxicillin oral capsule 250 mg	LCG	
amoxicillin oral capsule 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml	LCG	
amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml	1	
amoxicillin oral tablet 500 mg	1	
amoxicillin oral tablet 875 mg	LCG	
AMOXICILLIN ORAL TABLET, ER MULTIPHASE 24 HR	3	
amoxicillin oral tablet, chewable	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	3	
amoxicillin-pot clavulanate oral tablet, chewable	1	
ampicillin	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET	3	

Drug Name	Tier	Requirements / Limits
AUGMENTIN XR	3	
BICILLIN C-R	2	
BICILLIN L-A	2	
dicloxacillin oral capsule 250 mg	1	
dicloxacillin oral capsule 500 mg	LCG	
MOXATAG	3	
penicillin g procaine	1	
penicillin v potassium oral recon soln 125 mg/5 ml	1	
penicillin v potassium oral recon soln 250 mg/5 ml	LCG	
penicillin v potassium oral tablet	LCG	

## QUINOLONES

AVELOX	3	
AVELOX ABC PACK	3	
CIPRO	3	
CIPRO XR	3	
ciprofloxacin	1	
ciprofloxacin (mixture)	1	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 750 mg	1	
ciprofloxacin hcl oral tablet 500 mg	LCG	
FACTIVE	3	QL
LEVAQUIN	3	
levofloxacin	1	
moxifloxacin	1	
NOROXIN	3	
ofloxacin	1	

## SULFA'S & RELATED AGENTS

BACTRIM	3	
BACTRIM DS	3	
sulfadiazine	1	
sulfamethoxazole-trimethoprim oral suspension	1	

Drug Name	Tier	Requirements / Limits
sulfamethoxazole-trimethoprim oral tablet	LCG	
sulfatrim	1	

## TETRACYCLINES

ACTICLATE	3	PA
ADOXA	3	PA
avidoxy	1	
AVIDOXY DK	3	PA
demeclocycline	1	
DORYX	3	PA
DORYX MPC	3	PA
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline hyclate oral tablet, delayed release (dr/ec)	3	PA; ST
doxycycline monohydrate	1	
MINOCIN	3	PA
minocycline oral capsule	1	
minocycline oral tablet	1	
minocycline oral tablet extended release 24 hr	3	PA; ST
mondoxylene nl	1	
MONODOX	3	PA
morgidox	1	
ocudox	1	
ORACEA	2	PA
SOLODYN	2	PA
tetracycline	LCG	
VIBRAMYCIN ORAL CAPSULE	3	PA
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	

## URINARY TRACT AGENTS

FURADANTIN	3	
HIPREX	3	
MACROBID	3	

Drug Name	Tier	Requirements / Limits
MACRODANTIN	3	
methenamine hippurate	1	
methenamine mandelate	1	
MONUROL	3	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
PRIMSOL	3	
trimethoprim	1	

### VANCOMYCIN

VANCOGIN	3	PA
vancomycin oral capsule	3	PA

### ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

#### ADJUNCTIVE AGENTS

leucovorin calcium	1	
MESNEX	2	
VISTOGARD	4	

### ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

AFINITOR	4	PA
AFINITOR DISPERZ	4	PA
ALECENSA	4*	PA
ALKERAN	2	
anastrozole	1	
ARIMIDEX	3	
AROMASIN	3	PA
ASTAGRAF XL	4*	PA
AZASAN	4	
azathioprine	4	
bexarotene	1	
bicalutamide	1	
BOSULIF	4	
CABOMETYX	4*	PA

Drug Name	Tier	Requirements / Limits
capecitabine	4	PA
CAPRELSA	4	PA
CASODEX	3	
CELLCEPT	4*	
COMETRIQ	4*	PA
COTELLIC	4*	PA
cyclophosphamide	1	
cyclosporine	4	
cyclosporine modified	4	
DROXIA	2	
EMCYT	2	
ENVARUSUS XR	4*	PA
ERIVEDGE	4	
etoposide	1	
exemestane	1	PA
FARESTON	2	
FARYDAK	4*	PA
FASLODEX	4	
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	4	
flutamide	1	
gengraf	4	
GILOTRIF	4	
GLEEVEC	4*	PA
GLEOSTINE	2	PA
HEXALEN	2	
HYCAMTIN	4	
HYDREA	3	
hydroxyurea	1	
IBRANCE	4	PA
ICLUSIG	4	
imatinib	4	PA
IMBRUVICA	4	PA
IMURAN	4*	
INLYTA	4	PA
IRESSA	4	PA

Drug Name	Tier	Requirements / Limits
JAKAFI	4	
LENVIMA	4	PA
letrozole	1	
LEUKERAN	2	
LONSURF	4	PA
LYNPARZA	4	
LYSODREN	2	
MATULANE	4	
MEGACE	3	PA
MEGACE ES	3	PA
megestrol	1	
MEKINIST	4	
mercaptopurine	1	
methotrexate sodium	1	
mycophenolate mofetil	4	
mycophenolate sodium	4	PA
MYFORTIC	4*	PA
MYLERAN	2	
NEORAL	4*	PA
NEXAVAR	4	PA
NINLARO	4	PA
<i>nilutamide</i>	1	PA
ODOMZO	4*	PA
PROGRAF	4*	PA
PURIXAN	4	
RAPAMUNE ORAL SOLUTION	4	PA
RAPAMUNE ORAL TABLET	4*	PA
RHEUMATREX	3	
SANDIMMUNE ORAL CAPSULE	4*	PA
SANDIMMUNE ORAL SOLUTION	4	PA
SIGNIFOR	4	
sirolimus	4	
SOLTAMOX	3	ACA
SOMATULINE DEPOT	4	
SPRYCEL	4	
STIVARGA	4	PA

Drug Name	Tier	Requirements / Limits
SUTENT	4	PA
SYNRIBO	4	
TABLOID	2	PA
tacrolimus	4	
TAFINLAR	4	
TAGRISSO	4	PA
tamoxifen	1	ACA
TARCEVA	4	PA
TARGETIN ORAL	3	
TARGETIN TOPICAL	2	
TASIGNA	4	PA
TEMODAR	4*	PA
temozolomide	4	PA
THALOMID	4	PA
tretinoin (chemotherapy)	1	
TREXALL	2	
TYKERB	4	PA
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA
VOTRIENT	4	PA
XALKORI	4	
XELODA	4*	PA
XTANDI	4	PA
ZELBORAF	4	
ZOLINZA	4	
ZORTRESS	4	PA
ZYDELIG	4	
ZYKADIA	4	
ZYTIGA	4	PA

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

APTIOM	3	PA
BANZEL	2	PA
BRIVIACT	3	PA

Drug Name	Tier	Requirements / Limits
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	3	
carbamazepine oral tablet, chewable	1	
CARBATROL	3	
CELONTIN	2	
clonazepam	1	
DEPAKENE	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
diazepam	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
divalproex oral capsule, sprinkle	1	
divalproex oral tablet extended release 24 hr	3	
divalproex oral tablet, delayed release (dr/ec)	1	
epitol	1	
EQUETRO	3	
ethosuximide	1	
felbamate	1	
FELBATOL	3	
FYCOMPA	2	PA
gabapentin	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	2	
GABITRIL ORAL TABLET 2 MG, 4 MG	3	
GRALISE	2	PA

Drug Name	Tier	Requirements / Limits
GRALISE 30-DAY STARTER PACK	2	PA
KEPPRA	3	PA
KEPPRA XR	3	PA
KLONOPIN	3	
LAMICTAL	3	PA
LAMICTAL ODT	3	PA
LAMICTAL ODT STARTER (BLUE)	3	PA
LAMICTAL ODT STARTER (GREEN)	3	PA
LAMICTAL ODT STARTER (ORANGE)	3	PA
LAMICTAL STARTER (BLUE) KIT	3	PA
LAMICTAL STARTER (GREEN) KIT	3	PA
LAMICTAL STARTER (ORANGE) KIT	3	PA
LAMICTAL XR	3	PA
LAMICTAL XR STARTER (BLUE)	2	PA
LAMICTAL XR STARTER (GREEN)	2	PA
LAMICTAL XR STARTER (ORANGE)	2	PA
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	PA
lamotrigine oral tablet extended release 24hr	3	PA
lamotrigine oral tablet, chewable dispersible	1	PA
lamotrigine oral tablet, disintegrating	1	PA
levetiracetam	1	
LYRICA ORAL CAPSULE	2	PA; QL
LYRICA ORAL SOLUTION	2	
MYSOLINE	3	
NEURONTIN	3	
ONFI	2	PA
oxcarbazepine	1	

Drug Name	Tier	Requirements / Limits
OXTELLAR XR	2	PA
PEGANONE	2	
phenobarbital	1	
PHENYTEK	3	
phenytoin	1	
phenytoin sodium extended	1	
POTIGA	2	
primidone	1	
QUDEXY XR	3	PA
roweepra	1	
SABRIL	4	PA
SPRITAM	3	PA
TEGRETOL	3	
TEGRETOL XR	3	
tiagabine	1	
TOPAMAX	3	PA; ST
topiramate oral capsule, sprinkle 15 mg	LCG	
topiramate oral capsule, sprinkle 25 mg	1	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA
topiramate oral tablet	1	
TRILEPTAL	3	PA
TROKENDI XR	3	PA
valproic acid	1	
valproic acid (as sodium salt)	1	
VIMPAT	2	ST
ZARONTIN	3	
ZONEGRAN	3	ST
zonisamide oral capsule 100 mg, 25 mg	1	
zonisamide oral capsule 50 mg	LCG	
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	4	
AZILECT	2	PA
benztropine	1	

Drug Name	Tier	Requirements / Limits
bromocriptine	1	
carbidopa	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
COMTAN	3	
DUOPA	4*	
ELDEPRYL	3	
entacapone	1	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 4.5 MG	3	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 3.75 MG	2	PA
NEUPRO	3	PA
PARLODEL	3	
pramipexole oral tablet	1	
pramipexole oral tablet extended release 24 hr	1	PA
REQUIP	3	
REQUIP XL	3	
ropinirole	1	
RYTARY	3	
selegiline hcl	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
tolcapone	1	
trihexyphenidyl	1	

Drug Name	Tier	Requirements / Limits
ZELAPAR	3	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
almotriptan malate	1	QL
ALSUMA	3	QL
AMERGE	3	QL
AXERT	3	QL
CAFERGOT	3	
dihydroergotamine	3	PA; QL
ERGOMAR	3	
FROVA	3	ST; QL
frovatriptan	1	QL
IMITREX	3	QL
IMITREX STATDOSE KIT REFILL	3	QL
IMITREX STATDOSE PEN	3	QL
isometh-dichloral-acetaminophn	1	QL
isomethepten-caf-acetaminophen	1	QL
MAXALT	3	QL
MAXALT-MLT	3	QL
migergot	1	
MIGRALAM	3	QL
MIGRANAL	3	PA; QL
naratriptan	1	QL
nodolor	1	QL
ONZETRA XSAIL	3	PA
PRODRIN	3	QL
RELPAX	2	QL
rizatriptan	1	QL
sumatriptan	3	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous cartridge	3	QL
sumatriptan succinate subcutaneous pen injector	3	QL
sumatriptan succinate subcutaneous solution	3	QL

Drug Name	Tier	Requirements / Limits
sumatriptan succinate subcutaneous syringe	1	
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML	2	PA
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	2	PA; QL
TREXIMET	3	ST; QL
ZECUITY	4*	PA
ZEMBRACE SYMTOUCH	3	PA
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet, disintegrating	3	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	2	QL
ZOMIG ZMT	3	QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	4	PA
ARICEPT	3	
donepezil	1	
EXELON	3	
galantamine oral capsule, ext rel. pellets 24 hr	3	
galantamine oral solution	1	
galantamine oral tablet	1	
HORIZANT	3	PA
KEVEYIS	4*	
memantine oral solution	1	
memantine oral tablet	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	ST
NAMENDA	3	ST
NAMENDA TITRATION PAK	3	ST
NAMENDA XR	2	ST
NAMZARIC	2	ST



Drug Name	Tier	Requirements / Limits
NUEDEXTA	2	PA
RAZADYNE	3	
RAZADYNE ER	3	
rivastigmine	1	
rivastigmine tartrate	1	
tetrabenazine	4	PA
XENAZINE	4*	PA

## MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

AMRIX	3	ST
baclofen	1	
carisoprodol	1	
carisoprodol-asa-codeine	1	
carisoprodol-aspirin	1	
chlorzoxazone	1	
cyclobenzaprine oral tablet 10 mg	LCG	
cyclobenzaprine oral tablet 5 mg, 7.5 mg	1	
DANTRIUM	3	
dantrolene	1	
FEXMID	3	
LORZONE	3	PA
meprobamate	1	
MESTINON ORAL SYRUP	2	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN	3	
metaxall	1	ST
metaxalone	3	ST
methocarbamol	1	
orphenadrine citrate	1	
PARAFON FORTE DSC	3	
pyridostigmine bromide	1	
ROBAXIN	3	
ROBAXIN-750	3	
SKELAXIN	3	
SOMA	3	

Drug Name	Tier	Requirements / Limits
tizanidine	1	
ZANAFLEX	3	

## NARCOTIC ANALGESICS

acetaminophen-codeine	1	
ACTIQ	3	ST; QL
ALLZITAL	3	
ascomp with codeine	1	
BELBUCA	3	PA; QL
BUPAP	3	
buprenorphine hcl	1	
butalbital compound	1	
butalbital compound w/codeine	1	
butalbital-acetaminop-caf-cod	1	
butalbital-acetaminophen	1	
butalbital-acetaminophen-caff	1	
butalbital-aspirin-caffeine	1	
BUTRANS	2	PA
capacet	1	
CAPITAL WITH CODEINE	3	
codeine sulfate	1	
codeine-butalbital-asa-caff	1	
co-gesic	1	
DEMEROL	3	
dihydrocode-acetaminophen-caff	1	
dihydrocodeine-aspirin-caff	1	
DILAUDID	3	ST
diskets	1	
DOLOPHINE	3	
DURAGESIC	3	PA; QL
EMBEDA	3	ST
endocet	1	
ESGIC	3	
EXALGO ER	3	ST
fentanyl citrate	3	ST; QL

Drug Name	Tier	Requirements / Limits
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	QL
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR	3	PA; QL
FIORICET	3	
FIORICET WITH CODEINE	3	
FIORINAL	3	
FIORINAL-CODEINE #3	3	
HYCET	3	
hydrocodone-acetaminophen	1	
hydrocodone-ibuprofen	1	
hydromorphone oral liquid	1	
hydromorphone oral tablet	1	
hydromorphone oral tablet extended release 24 hr	3	PA
hydromorphone rectal	1	
HYSINGLA ER	2	ST
IBUDONE	3	
ibuprofen-oxycodone	1	
IONSYS	3	
KADIAN	3	ST; QL
LAZANDA	2	ST
levorphanol tartrate	1	PA
lorcet (hydrocodone)	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	3	
lorTAB 10-325	1	
lorTAB 5-325	1	
lorTAB 7.5-325	1	
LORTAB ELIXIR	3	
margesic	1	
marten-tab	1	
meperidine	1	
methadone	1	

Drug Name	Tier	Requirements / Limits
methadose	1	
morphine concentrate	1	
MORPHINE INTRAMUSCULAR	3	
morphine oral capsule, er multiphase 24 hr	1	QL
morphine oral capsule, extend. release pellets	1	QL
morphine oral solution	1	
morphine oral tablet	1	QL
morphine oral tablet extended release	1	QL
morphine rectal	1	
MS CONTIN	3	ST; QL
NORCO	3	
ONSOLIS	3	ST; QL
OPANA	3	
OPANA ER	2	ST
OXAYDO	3	PA
oxycodone oral capsule	1	
oxycodone oral concentrate	1	
oxycodone oral solution	1	
oxycodone oral tablet	1	
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
oxycodone-acetaminophen	1	
oxycodone-aspirin	1	
OXYCONTIN	2	ST; QL
oxymorphone	3	
PERCOCET	3	PA
PHRENILIN FORTE	3	
PRIMLEV	3	
reprexain	1	
ROXICODONE	3	
SYNALGOS-DC	3	
tencon	1	
TREXIX ORAL CAPSULE 16-320.5-30 MG	3	

Drug Name	Tier	Requirements / Limits
trezix oral capsule 16-356.4-30 mg	1	
TYLENOL-CODEINE #3	3	
TYLENOL-CODEINE #4	3	
VANATOL LQ	3	
verdrocet	1	
vicodin	1	
vicodin es	1	
vicodin hp	1	
VICOPROFEN	3	
XARTEMIS XR	3	
XODOL 10/300	3	
XODOL 5/300	3	
XODOL 7.5/300	3	
xolox	1	
XTAMPZA ER	3	PA; ST
xylon 10	1	
zamicet	1	
zebutal	1	
ZOHYDRO ER	3	ST

### NON-NARCOTIC ANALGESICS

ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
aspirin oral tablet	1	ACA
aspirin oral tablet, delayed release (dr/ec)	1	
BAYER CHEWABLE ASPIRIN	2	
BROMSITE	3	
BUNAVAIL	3	PA
buprenorphine-naloxone	3	PA; QL
butorphanol tartrate	1	QL
CAMBIA	3	ST; QL
CELEBREX	3	PA
celecoxib	1	ST
choline,magnesium salicylate	1	
CONZIP	3	QL

Drug Name	Tier	Requirements / Limits
DAYPRO	3	ST
diclofenac potassium	1	
diclofenac sodium oral tablets	1	
diclofenac sodium topical drops	3	PA
diclofenac sodium topical gel	3	PA; ST
diclofenac-misoprostol	1	
DICLOTRAL	3	
diflunisal	1	
DISALCID	3	
dologesic (w-phenyltoloxamine)	1	
DS PREP PAK	3	
EC-NAPROSYN	3	ST
ECOTRIN	2	
etodolac	1	
FELDENE	3	ST
FENOPROFEN ORAL CAPSULE	3	ST
fenopropfen oral tablet	1	
FLECTOR	3	ST; QL
flurbiprofen	1	
ibuprofen	LCG	
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
indomethacin oral capsule 25 mg	LCG	
indomethacin oral capsule 50 mg	1	
indomethacin oral capsule, extended release	1	
INFLAMMA-K	3	
ketoprofen oral capsule	3	
ketoprofen oral capsule,ext rel. pellets 24 hr	1	ST
ketorolac intramuscular solution	LCG	
ketorolac intramuscular syringe	1	
ketorolac oral	LCG	QL
klofensaid ii	3	PA; ST
levacet	1	

Drug Name	Tier	Requirements / Limits
meclofenamate	1	
mefenamic acid	3	
meloxicam oral suspension	1	
meloxicam oral tablet 15 mg	LCG	
meloxicam oral tablet 7.5 mg	LCG	QL
MOBIC ORAL SUSPENSION	3	ST
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
nabumetone	1	
NALFON	3	ST
naltrexone	1	
NAPRELAN CR	3	PA; ST
NAPROSYN	3	ST
naproxen oral suspension	LCG	
naproxen oral tablet 250 mg	1	
naproxen oral tablet 375 mg, 500 mg	LCG	
naproxen oral tablet, delayed release (dr/ec)	1	
naproxen sodium oral tablet	1	
naproxen sodium oral tablet, er multiphase 24 hr	3	PA
NARCAN	2	
NUCYNTA	2	QL
NUCYNTA ER	2	ST
oxaprozin	3	
PENNSAID	3	ST
pentazocine-naloxone	1	
piroxicam	1	
PONSTEL	3	ST
RELAGESIC	3	
RE VIA	3	
rhinoflex	1	
RYBIX ODT	3	QL
salsalate	1	
SPRIX	4*	ST; QL
SUBOXONE	2	PA; QL

Drug Name	Tier	Requirements / Limits
sulindac	1	
SURE RESULT DSS PREMIUM PACK	3	
SYNAPRYN	3	
TIVORBEX	3	ST
tolmetin	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75	3	QL
tramadol oral tablet	1	QL
tramadol oral tablet extended release 24 hr	3	QL
tramadol oral tablet, er multiphase 24 hr	3	
tramadol-acetaminophen	1	QL
ULTRACET	3	QL
ULTRAM	3	QL
ULTRAM ER	3	QL
VIVLODEX	3	PA; ST
VOLTAREN	3	ST
VOLTAREN-XR	3	ST
XELITRAL	3	
ZIPSOR	3	ST
ZORVOLEX	2	ST
ZUBSOLV	2	PA
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY	3	PA; QL
ADASUVE	3	
ADDERALL	3	
ADDERALL XR	3	ST
ADZENYS XR-ODT	3	PA; ST
alprazolam	1	
alprazolam intensol	1	
AMBIEN	3	QL
AMBIEN CR	3	QL
amitriptyline	LCG	
amitriptyline-chlordiazepoxide	1	
amoxapine	1	

Drug Name	Tier	Requirements / Limits
ANAFRANIL	3	
APLENZIN	3	ST; QL
APTENSIO XR	3	ST
aripiprazole oral solution	3	PA
aripiprazole oral tablet	3	PA; QL
aripiprazole oral tablet, disintegrating	1	PA; QL
armodafinil	1	PA
ATIVAN	3	
BELSOMRA	3	PA
BRISDELLE	2	PA
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release	1	QL
bupropion hcl oral tablet extended release 24 hr	1	QL
buspirone	1	
BUTISOL	3	
CELEXA	3	QL
chlordiazepoxide hcl	1	
chlorpromazine	3	
citalopram oral solution	1	
citalopram oral tablet	LCG	QL
clomipramine	3	
clonidine hcl	3	
clorazepate dipotassium	1	
clozapine oral tablet	1	
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	
CONCERTA	3	ST
CYMBALTA	3	ST; QL
DAYTRANA	2	ST
desipramine	3	
DESOXYN	3	

Drug Name	Tier	Requirements / Limits
DESVENLAFAXINE	3	ST
DESVENLAFAXINE FUMARATE	3	ST
dexedrine oral tablet 10 mg	1	
dexedrine oral tablet 5 mg	LCG	
DEXEDRINE SPANSULE	3	ST
dexmethylphenidate oral capsule, er biphasic 50-50	3	
dexmethylphenidate oral tablet	1	
dextroamphetamine	3	
dextroamphetamine-amphetamine	1	
diazepam	1	
diazepam intensol	1	
DORAL	3	
doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg	LCG	
doxepin oral capsule 150 mg, 75 mg	1	
doxepin oral concentrate	1	
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg	1	QL
duloxetine oral capsule, delayed release(dr/ec) 40 mg, 60 mg	1	
DYANAVAL XR	3	PA; ST
EDLUAR	3	PA; QL
EFFEXOR XR	3	ST; QL
EMSAM	3	
ergoloid	1	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	QL
estazolam	1	
eszopiclone	1	QL
EVEKEO	2	PA
FANAPT	3	QL
FAZACLO	3	
FETZIMA	2	ST
fluoxetine oral capsule 10 mg, 20 mg	LCG	QL

Drug Name	Tier	Requirements / Limits
fluoxetine oral capsule 40 mg	1	QL
fluoxetine oral capsule,delayed release(dr/ec)	1	QL
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg	LCG	QL
fluoxetine oral tablet 20 mg	1	
FLUOXETINE ORAL TABLET 60 MG	3	
fluphenazine hcl	1	
flurazepam	1	
fluvoxamine oral capsule,extended release 24hr	1	ST; QL
fluvoxamine oral tablet	1	QL
FOCALIN	3	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	ST
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG	2	ST
FORFIVO XL	3	ST
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	PA; QL
guanfacine	1	
guanidine	1	
HALCION	3	
HALDOL DECANOATE	3	
haloperidol decanoate	1	
haloperidol lactate	1	
haloperidol oral tablet 0.5 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
haloperidol oral tablet 1 mg	LCG	
HETLIOZ	4*	
imipramine hcl	LCG	
imipramine pamoate	3	PA
INTERMEZZO	3	PA; QL
INTUNIV ER	3	ST
INVEGA	3	PA; QL
IRENKA	3	ST
KAPVAY	3	ST

Drug Name	Tier	Requirements / Limits
KHEDEZLA	3	ST
LATUDA ORAL TABLET 120 MG, 60 MG	2	PA
LATUDA ORAL TABLET 20 MG, 40 MG, 80 MG	2	PA; QL
LEXAPRO ORAL SOLUTION	3	PA
LEXAPRO ORAL TABLET	3	PA; QL
lithium carbonate	1	
lithium citrate	1	
LITHOBID	3	
lorazepam	1	
lorazepam intensol	1	
loxapine succinate	1	
LUNESTA	3	QL
maprotiline	1	
MARPLAN	3	
METADATE CD	3	ST
metadate er	LCG	
methamphetamine	1	
METHYLIN	3	
methylphenidate oral capsule, er biphasic 30-70	3	
methylphenidate oral capsule,er biphasic 50-50	3	
methylphenidate oral solution	1	
methylphenidate oral tablet 10 mg, 5 mg	LCG	
methylphenidate oral tablet 20 mg	1	
methylphenidate oral tablet extended release 10 mg	3	
methylphenidate oral tablet extended release 20 mg	1	
methylphenidate oral tablet extended release 24hr	3	
methylphenidate oral tablet,chewable	1	
mirtazapine	1	
modafinil	1	PA; QL
molindone	1	

Drug Name	Tier	Requirements / Limits
NARDIL	3	
nefazodone	1	
NORPRAMIN	3	
nortriptyline	1	
NUPLAZID	4*	PA
NUVIGIL	3	PA
olanzapine intramuscular	1	
olanzapine oral tablet	1	QL
olanzapine oral tablet, disintegrating	3	PA; QL
olanzapine-fluoxetine	1	PA
OLEPTRO ER	3	
ORAP	3	
oxazepam	1	
paliperidone	1	PA; QL
PAMELOR	3	
PARNATE	3	
paroxetine hcl oral tablet 10 mg, 20 mg	LCG	QL
paroxetine hcl oral tablet 30 mg, 40 mg	1	QL
paroxetine hcl oral tablet extended release 24 hr	1	QL
PAXIL CR	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	QL
perphenazine	1	
perphenazine-amitriptyline	1	
PEXEVA	3	QL
phenelzine	1	
pimozide	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	2	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	2	ST
procentra	1	PA
protriptyline	1	

Drug Name	Tier	Requirements / Limits
PROVIGIL	3	PA; QL
PROZAC ORAL CAPSULE 10 MG, 40 MG	3	PA; QL
PROZAC ORAL CAPSULE 20 MG	3	PA
PROZAC WEEKLY	3	PA; QL
quazepam	1	
quetiapine	1	QL
quetiapine XR	1	PA; QL
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	PA
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	3	QL
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL
risperidone oral solution	1	
risperidone oral tablet	1	QL
risperidone oral tablet, disintegrating	3	QL
RITALIN	3	
RITALIN LA	3	ST
ROZEREM	2	PA; QL
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	3	PA; QL
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	3	PA
SARAFEM	3	QL
seconal sodium	1	
SEROQUEL	3	PA; QL
SEROQUEL XR	3	PA; QL
sertraline oral concentrate	1	
sertraline oral tablet	LCG	QL
SILENOR	3	PA; QL
SONATA	3	QL

Drug Name	Tier	Requirements / Limits
STRATTERA	2	ST
SURMONTIL	3	
SYMBYAX	3	
temazepam	1	
thioridazine	1	
thiothixene	1	
TOFRANIL	3	
TRANXENE T-TAB	3	
tranylcypromine	1	
trazodone oral tablet 100 mg, 150 mg, 50 mg	LCG	
trazodone oral tablet 300 mg	1	
triazolam	1	
trifluoperazine	1	
trimipramine	1	
TRINTELLIX	3	ST
VALIUM	3	ST
venlafaxine oral capsule,extended release 24hr	1	QL
venlafaxine oral tablet 100 mg, 37.5 mg, 50 mg, 75 mg	1	QL
venlafaxine oral tablet 25 mg	LCG	QL
venlafaxine oral tablet extended release 24hr	1	QL
VERSACLOZ	3	
VIIBRYD ORAL TABLET	2	QL
VIIBRYD ORAL TABLETS,DOSE PACK	2	
VRAYLAR	3	PA
VYVANSE	2	ST
WELLBUTRIN SR	3	ST; QL
WELLBUTRIN XL	3	ST; QL
XANAX	3	
XANAX XR	3	
XYREM	4	
zaleplon	1	QL
zenzedi oral tablet 10 mg	1	

Drug Name	Tier	Requirements / Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
zenzedi oral tablet 5 mg	LCG	
ziprasidone hcl	1	QL
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET	3	QL
zolpidem oral	1	QL
zolpidem sublingual	1	PA; QL
ZOLPIMIST	3	PA; QL
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL	3	QL
ZYPREXA RELPREV	3	
ZYPREXA ZYDIS	3	QL
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
amiodarone	1	
BETAPACE	3	
BETAPACE AF	3	
CORDARONE	3	
disopyramide phosphate	1	
flecainide	1	
mexiletine	1	
MULTAQ	3	PA
NORPACE	3	
NORPACE CR	3	
pacerone	1	
propafenone oral capsule,extended release 12 hr	1	PA
propafenone oral tablet	1	
quinidine gluconate	1	
quinidine sulfate	1	
RYTHMOL	3	
RYTHMOL SR	3	PA
sotalol	1	
sotalol af	1	



Drug Name	Tier	Requirements / Limits
SOTYLIZE	2	
TIKOSYN	3	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL	3	
ACCURETIC	3	
acebutolol	1	
ACEON	3	
ADALAT CC	3	ST
afeditab cr	1	
ALDACTAZIDE	3	
ALDACTONE	3	
ALTACE	3	
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
amlodipine-valsartan-hcthiiazid	1	ST
ATACAND	3	
ATACAND HCT	3	
atenolol oral tablet 100 mg, 50 mg	1	
atenolol oral tablet 25 mg	LCG	
atenolol-chlorthalidone	1	
AVALIDE	3	
AVAPRO	3	
AZOR	2	ST
benazepril	1	
benazepril-hydrochlorothiazide	1	
BENICAR	2	ST
BENICAR HCT	2	ST
betaxolol	1	
BIDIL	3	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	LCG	

Drug Name	Tier	Requirements / Limits
bumetanide	1	
BYSTOLIC	2	ST
BYVALSON	3	PA
CALAN	3	
CALAN SR	3	
candesartan	1	
candesartan-hydrochlorothiazid	1	
captopril	1	
captopril-hydrochlorothiazide	1	
CARDENE SR	3	ST
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDURA	3	ST; QL
CARDURA XL	3	ST; QL
carvedilol	1	
CATAPRES	3	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
chlorothiazide	1	
chlorthalidone	1	
clonidine	3	QL
clonidine hcl	LCG	
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1	
CLORPRES ORAL TABLET 0.3-15 MG	3	
COREG	3	
COREG CR	2	
CORGARD	3	
CORZIDE	3	
COZAAR	3	
DEMADEX	3	
DEMSER	2	
DIBENZYLINE	3	

Drug Name	Tier	Requirements / Limits
DILACOR XR	3	
diltiazem	1	
DIOVAN	3	ST
DIOVAN HCT	3	ST
DIURIL	3	
doxazosin	1	QL
DUTOPROL	3	
DYAZIDE	3	
DYRENIUM	3	
EDECRIN	3	
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
EPANED	3	
epplerenone	3	
eprosartan	1	
EXFORGE	3	ST
EXFORGE HCT	3	ST
felodipine	1	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
furosemide	1	
guanfacine	1	
HEMANGEOL	4*	
hydralazine	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet 12.5 mg, 50 mg	1	
hydrochlorothiazide oral tablet 25 mg	LCG	
HYZAAR	3	
indapamide	1	
INDERAL LA	3	
INDERAL XL	3	
INNOPRAN XL	3	
INSPRA	3	
irbesartan	1	

Drug Name	Tier	Requirements / Limits
irbesartan-hydrochlorothiazide	1	
isradipine	1	
labetalol	1	
LASIX	3	
LEVATOL	3	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg	LCG	
lisinopril oral tablet 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	LCG	
LOPRESSOR	3	
LOPRESSOR HCT	3	
losartan	LCG	
losartan-hydrochlorothiazide	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
MAVIK	3	
MAXZIDE	3	
MAXZIDE-25MG	3	
methyclothiazide	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiazide	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 75 mg	1	
metoprolol tartrate oral tablet 50 mg	LCG	
MICARDIS	3	
MICARDIS HCT	3	
MICROZIDE	3	
MINIPRESS	3	

Drug Name	Tier	Requirements / Limits
minoxidil	1	
moexipril	1	
moexipril-hydrochlorothiazide	1	
nadolol	1	
nadolol-bendroflumethiazide	1	
nicardipine	3	PA
nifedical xl	1	
nifedipine	1	
nimodipine	1	
nisoldipine	3	PA
NORVASC	3	ST
NYMALIZE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipine-HCTZ</i>	1	
<i>olmesartan-HCTZ</i>	1	
ORENITRAM	4*	
papaverine	1	
perindopril erbumine	1	
phenoxybenzamine	1	
pindolol	1	
prazosin	1	
PRESTALIA	3	ST
PRINIVIL	3	
PROCARDIA	3	ST
PROCARDIA XL	3	ST
propranolol	1	
propranolol-hydrochlorothiazid	1	
QBRELIS	3	PA
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
reserpine	1	
SECTRAL	3	
spironolactone	1	
spironolacton-hydrochlorothiaz	1	
SULAR	3	ST

Drug Name	Tier	Requirements / Limits
TARKA	3	
TEKTURNA	2	
TEKTURNA HCT	2	
telmisartan	1	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazid	1	ST
TENEX	3	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
terazosin	1	QL
TEVETEN	3	
TIAZAC	3	
timolol maleate	1	
TOPROL XL	3	
toremide	1	
trandolapril	1	
trandolapril-verapamil	1	
triamterene-hydrochlorothiazid	1	
TRIBENZOR	2	PA
TWYNSTA	3	
UPTRAVI	4	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASERETIC	3	
VASOTEC	3	
verapamil	1	
VERELAN	3	
VERELAN PM	3	
ZEBETA	3	
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	
<b>CARDIAC GLYCOSIDES</b>		
digitek	1	
digox	1	

Drug Name	Tier	Requirements / Limits
digoxin	1	
LANOXIN	3	
COAGULATION THERAPY		
AGGRENOX	3	ST
AMICAR	2	
ARIXTRA	4*	PA; QL
aspirin-dipyridamole	3	ST
BRILINTA	2	PA
cilostazol	1	
clopidogrel	1	
COUMADIN	3	
dipyridamole	1	
DURLAZA	3	PA
EFFIENT	2	PA
ELIQUIS	2	ST
enoxaparin subcutaneous solution	4	
enoxaparin subcutaneous syringe	4	QL
fondaparinux	4	QL
FRAGMIN	4	
jantoven oral tablet 1 mg, 2.5 mg, 3 mg, 4 mg, 5 mg	LCG	
jantoven oral tablet 10 mg, 2 mg, 6 mg, 7.5 mg	1	
LOVENOX SUBCUTANEOUS SOLUTION	4*	
LOVENOX SUBCUTANEOUS SYRINGE	4*	QL
MEPHYTON	2	
pentoxifylline	1	
PERSANTINE	3	
PLAVIX	3	
PRADAXA	2	PA
PROMACTA	4	PA
SAVAYSA	3	PA
ticlopidine	1	

Drug Name	Tier	Requirements / Limits
warfarin oral tablet 1 mg, 2.5 mg, 3 mg, 4 mg, 5 mg	LCG	
warfarin oral tablet 10 mg, 2 mg, 6 mg, 7.5 mg	1	
XARELTO	2	ST
ZONTIVITY	2	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; QL
amlodipine-atorvastatin	3	PA; QL
ANTARA	3	PA
atorvastatin	1	QL
CADUET	3	PA; ST; QL
cholestyramine (with sugar)	1	
cholestyramine light	3	
COLESTID	3	
COLESTID FLAVORED	3	
colestipol	1	
CRESTOR	3	ST; QL
fenofibrate micronized	1	
fenofibrate nanocrystallized	1	
FENOFIBRATE ORAL CAPSULE	3	
fenofibrate oral tablet	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
FENOGLIDE	3	
FIBRICOR	3	
fluvastatin	1	QL
gemfibrozil	1	
JUXTAPID	4	PA
KYNAMRO	4*	PA
LESCOL	3	ST; QL
LESCOL XL	3	ST; QL
LIPITOR	3	ST; QL
LIPOFEN	2	
LIVALO	2	ST; QL
LOFIBRA	3	

Drug Name	Tier	Requirements / Limits
LOPID	3	
lovastatin	1	QL
niacin	3	
NIASPAN EXTENDED-RELEASE	3	
omega-3 acid ethyl esters	3	PA
PRALUENT	4	PA
PRAVACHOL	3	ST; QL
pravastatin oral tablet 10 mg, 20 mg, 40 mg	LCG	QL
pravastatin oral tablet 80 mg	1	QL
prevalite	3	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REPATHA	4	PA
rosuvastatin	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	LCG	QL
simvastatin oral tablet 80 mg	1	QL
TRICOR	3	
TRIGLIDE	3	
TRILIPIX	3	
VASCEPA	2	PA
VYTORIN 10-10	2	ST; QL
VYTORIN 10-20	2	ST; QL
VYTORIN 10-40	2	ST; QL
VYTORIN 10-80	2	ST; QL
WELCHOL	2	ST
ZETIA	2	
ZOCOR	3	ST; QL

### MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR	2	PA
ENTRESTO	2	PA
RANEXA	2	PA
VECAMYL	3	PA

### NITRATES

Drug Name	Tier	Requirements / Limits
DILATRATE-SR	2	
ISOCHRON	3	
ISORDIL	3	
ISORDIL TITRADOSE	3	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
MINITRAN	3	
nitro-bid	1	
NITRO-DUR	3	
nitroglycerin oral	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	3	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	2	
nitro-time	1	

### DERMATOLOGICALS/TOPICAL THERAPY

#### ANTIPSORIATIC / ANTISEBORRHEIC

acitretin	3	ST
calcipotriene scalp	1	
calcipotriene topical	3	
calcipotriene-betamethasone	1	PA
calcitrene	1	
calcitriol	1	
COAL TAR	2	
DOVONEX	3	
drithocrema hp	1	
ENSTILAR	2	PA
EPIFOAM	3	
hydrocortisone-pramoxine	1	
OVACE	3	PA
OVACE PLUS	3	PA
OVACE PLUS SHAMPOO	3	PA
OVACE PLUS WASH	3	PA

Drug Name	Tier	Requirements / Limits
PRAMOSONE	3	
PRAMOSONE E	3	
PROMISEB COMPLETE	3	
seb-prev	3	
selenium sulfide	1	
SELRX	3	
SORIATANE	3	ST
SORILUX	3	
sulfacetamide sodium topical cleanser	3	
sulfacetamide sodium topical cleanser, gel	3	
sulfacetamide sodium topical shampoo	1	
sulfacetamide sodium-urea	1	
TACLONEX	2	PA
TALTZ AUTOINJECTOR	4*	PA
TALTZ AUTOINJECTOR (2 PACK)	4*	PA
TALTZ AUTOINJECTOR (3 PACK)	4*	PA
TALTZ SYRINGE	4*	PA
TALTZ SYRINGE (2 PACK)	4*	PA
TALTZ SYRINGE (3 PACK)	4*	PA
TERSI FOAM	3	
VECTICAL	3	
ZITHRANOL	3	
ZITHRANOL-RR	3	
<b>BURN THERAPY</b>		
SILVADENE	3	
silver sulfadiazine	1	
ssd	1	
thermazene	1	
<b>KERATOLYTICS</b>		
BENSAL HP	3	
INOVA 4-1	3	
INOVA 8-2	3	
KERALYT RX	3	
KERALYT SCALP COMPLETE	3	

Drug Name	Tier	Requirements / Limits
latrix xm	1	
PODOCON	3	PA
POTASSIUM HYDROXIDE	3	
salacyn	1	
SALEX	3	
salicylic acid	1	
salicylic acid er-ceramides	1	
SALKERA	3	
salvax	1	
SALVAX DUO PLUS	3	
ULTRASAL-ER	3	
VIRASAL	3	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
8-MOP	4	
ALEVICYN ANTIPRURITIC	3	
ALEVICYN ANTIPRURITIC SG	3	
ALUVEA	3	
AMELUZ	3	PA
ATOPICLAIR	3	
ATRAPRO CP	3	
ATRAPRO HYDROGEL	3	
AURSTAT	3	
avo cream	1	
BIAFINE EMULSION	3	
bp-50% urea	1	
CARAC	2	PA
cem-urea	1	
CERAMAX	3	
CONDYLOX	2	
CORTANE-B	3	
DERMASORB XM COMPLETE KIT	3	
diclofenac sodium	1	PA
doxepin	1	PA
EFUDEX	3	
eletone	1	

Drug Name	Tier	Requirements / Limits
ELIDEL	2	ST
emulsion sb	1	
ENTTY	3	
EPICERAM	3	
FLUOROPLEX	3	
fluorouracil	1	
GORDONS UREA	3	
hpr	1	QL
hpr plus	1	QL
hpr plus hydrogel	1	QL
HPR PLUS-MB HYDROGEL	3	QL
HYDRO 35	3	
HYDRO 40	3	
HYLATOPIC	3	QL
HYLATOPICPLUS	3	QL
KERAFOAM	3	
KERALAC	3	
lactic acid	1	
lactic acid e	1	
latrix	1	
LEVULAN	3	
LOUTREX	3	
luxamend	1	
mb hydrogel	3	QL
mb hydrogel (cyclomethicone)	3	QL
methoxsalen rapid	1	
methyl salicylate	1	
NEOSALUS	3	
nivatopic plus	1	QL
OXSORALEN	2	
OXSORALEN ULTRA	3	
PANRETIN	4*	
PICATO	2	
podofilox	1	
PRESERA	3	
PROMISEB	3	

Drug Name	Tier	Requirements / Limits
PROTOPIC	3	ST
pruclair	1	
prudoxin	1	PA
prumyx	1	
prutect	1	
rea lo 39	1	
rea lo 40	1	
REGRANEX	2	PA; QL
remeven	1	
RYNODERM	3	
SEBUDERM	3	
SILMANIX	3	
silver nitrate	1	
silver nitrate applicators	1	
SOLARAZE	3	PA
sonafine	1	
tacrolimus	3	ST
TOLAK	3	
TROPAZONE CREAM	3	
TROPAZONE LOTION	3	
U-CORT	3	
umecta	1	
UMECTA PD	3	
URAMAXIN	3	
URAMAXIN GT	3	
urea	1	
urea nail stick	1	
urea-hyaluronate sodium	1	
ure-k	1	
UREVAZ	3	PA
UTOPIC	3	
VALCHLOR	4	
VEHICLE/N	3	
VEHICLE/N MILD	3	
VEREGEN	3	PA
XCLAIR	3	

Drug Name	Tier	Requirements / Limits
ZANABIN	3	
ZONALON	3	PA
<b>THERAPY FOR ACNE</b>		
ABSORICA	2	ST
ACANYA	2	
ACZONE TOPICAL GEL	3	ST; QL
ACZONE TOPICAL GEL WITH PUMP	3	PA; QL
adapalene	3	
AKNE-MYCIN	3	
APOP	3	
ATRALIN	3	PA
AVAR LS	3	PA
avar topical cleanser	1	PA
AVAR TOPICAL FOAM	3	PA
AVAR TOPICAL PADS, MEDICATED	3	PA
AVAR-E GREEN	3	PA
AVAR-E LS	3	PA
avita	1	
AZELEX	3	
BENZACLIN	3	
BENZACLIN PUMP	3	
BENZAMYCIN	3	
BENZAMYCINPAK	3	
BENZEFOAM	3	
BENZEFOAM ULTRA	3	
benzepro	1	
benzoyl peroxide	1	
bp 10-1	1	
bpo	1	
claravis	3	ST
cleansing wash	1	
CLEOCIN T	3	
CLINDACIN ETZ	3	
clindacin p	1	
CLINDACIN PAC	3	

Drug Name	Tier	Requirements / Limits
CLINDAGEL	3	PA
clindamycin phosphate	1	
clindamycin-benzoyl peroxide topical gel	3	
clindamycin-benzoyl peroxide topical gel with pump	1	
DERMAPAK PLUS	3	
DIFFERIN TOPICAL GEL	3	
DIFFERIN TOPICAL GEL WITH PUMP	3	
DIFFERIN TOPICAL LOTION	2	
DUAC	3	
EPIDUO	2	ST
EPIDUO FORTE	2	ST
ery pads	1	
erygel	3	
erythromycin with ethanol	1	
erythromycin-benzoyl peroxide	1	
EVOCLIN	3	
FABIOR	3	PA; QL
FINACEA PLUS	2	PA
FINACEA TOPICAL FOAM	2	
FINACEA TOPICAL GEL	2	PA
INOVA	3	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
metronidazole	3	
MIRVASO	2	PA
myorisan	3	ST
neuac	1	
NORITATE	3	PA
NUOX	3	
ONEXTON	2	PA
PLEXION	3	
PLEXION CLEANSING CLOTHS	3	
RETIN-A	3	



Drug Name	Tier	Requirements / Limits
RETIN-A MICRO	3	ST
RETIN-A MICRO PUMP	3	ST
rosadan	1	
ROSANIL	3	
ROSULA	3	
rosula cleansing cloths	1	
SOOLANTRA	3	PA
ss 10-2	1	
SSS 10-4	3	
sss 10-5	1	
sulfacetamide sodium-sulfur	1	
sulfacetamide sod-sulfur-urea	1	
sulfacetamide-sulfur-cleansr23	1	
sulfacleanse 8-4	1	
sulfact na-sul-avobnz-otn-ocsa	1	
SUMADAN	3	
SUMADAN XLT	3	
SUMAXIN	3	
SUMAXIN CP	3	
SUMAXIN TS	3	
TAZORAC	2	PA; QL
tretinoin microspheres	3	ST
tretinoin topical cream	1	
tretinoin topical gel 0.01 %, 0.025 %	1	
tretinoin topical gel 0.05 %	1	PA
TRETIN-X	3	
TRETIN-X (GEL)	3	PA
TRETIN-X CREAM KIT	3	PA
VANOXIDE-HC	3	
zenatane	3	ST
zencia	1	
ZIANA	2	PA
TOPICAL ANESTHETICS		
BUCALSEP	3	
ethyl chloride	1	

Drug Name	Tier	Requirements / Limits
glydo	1	
lidocaine	3	PA
lidocaine hcl	1	
lidocaine hcl-hydrocortison ac	3	
lidocaine viscous	1	
lidocaine-prilocaine	1	QL
LIDOCAINE-TETRACAINE	3	
LIDODERM	3	PA
lido-k	1	
lidopin topical cream 3 %	1	
LIDOPIN TOPICAL CREAM 3.25 %	3	
LIDORX	3	
LIDOVEX	3	
lta pre-attached	1	
NOVACORT (WITH ALOE)	3	
PLIAGLIS	3	
SYNERA	3	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	3	
CENTANY	3	
CENTANY AT	3	
CORTISPORIN	3	
gentamicin	1	
KLARON	3	QL
mupirocin	1	
mupirocin calcium	1	
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
sulfacetamide sodium (acne)	1	QL
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
TOPICAL ANTIFUNGALS		
BENSAL HP	3	
ciclodan	1	
ciclopirox	1	

Drug Name	Tier	Requirements / Limits
ciclopirox-ure-camph-menth-euc	1	
ciclopirox-vite-nail lacq remo	1	
clotrimazole-betamethasone	1	
CNL 8 NAIL	3	
econazole	3	
ECOZA	3	
ERTACZO	3	
EXELDERM	3	
EXODERM	3	
EXTINA	3	
JUBLIA	3	PA
KERYDIN	3	PA
ketoconazole	1	
ketodan kit	1	
LOPROX CREAM	3	
LOTRISONE	3	
LUZU	3	
NAFTIFINE TOPICAL CREAM 1 %	3	
naftifine topical cream 2 %	1	
NAFTIN	3	
NIZORAL	3	
nyamyc	1	
NYATA	3	
nystatin	1	
nystatin-triamcinolone	3	
nystop	1	
oxiconazole	3	PA
OXISTAT	3	PA
PEDIADERM AF	3	
PEDIPAK	3	
PENLAC	3	
TRIPLE DYE	3	
VUSION	3	
XOLEGEL	3	PA

## TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements / Limits
acyclovir	3	QL
DENAVIR	3	PA
LIDOVIR	3	
XERESE	3	PA
ZOVIRAX	2	PA; QL
<b>TOPICAL CORTICOSTEROIDS</b>		
ADVANCED ALLERGY COLLECT KIT	3	
ALA-SCALP	3	
alclometasone	1	
amcinonide	1	
apexicon e	1	
AQUA GLYCOLIC HC	3	
betamethasone dipropionate	1	
betamethasone valerate	1	
betamethasone, augmented	1	
CAPEX	3	
clobetasol scalp	1	
clobetasol topical cream	1	
clobetasol topical foam	1	PA; QL
clobetasol topical gel	1	
clobetasol topical lotion	1	
clobetasol topical ointment	1	
clobetasol topical shampoo	1	
clobetasol topical spray,non-aerosol	1	
clobetasol-emollient topical cream	1	
clobetasol-emollient topical foam	1	QL
CLOBEX	3	ST
CLOCORTOLONE PIVALATE	3	
clodan	1	
CLODERM	3	
CORDRAN	3	
CORDRAN TAPE SMALL ROLL	3	QL
cormax	1	

Drug Name	Tier	Requirements / Limits
CUTIVATE	3	
DERMACINRX SILAPAK	3	
DERMA-SMOOTHIE/FS BODY OIL	3	
DERMA-SMOOTHIE/FS SCALP OIL	3	
DERMASORB HC COMPLETE KIT	3	
DERMASORB TA COMPLETE KIT	3	
DERMATOP	3	
DERMAWERX SDS	3	
DESONATE	3	
desonide	3	
DESOWEN	3	
desoximetasone	3	PA
diflorasone	1	
DIPROLENE	3	
DIPROLENE AF	3	
ELOCON	3	
FIRST-HYDROCORTISONE	3	
fluocinolone and shower cap	3	
fluocinolone topical cream	3	
fluocinolone topical oil	3	
fluocinolone topical ointment	3	
fluocinolone topical solution	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical cream 0.1 %	1	PA
fluocinonide topical gel	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluocinonide-e	1	
flurandrenolide	1	PA
fluticasone	1	
halobetasol propionate	3	
HALOG	3	PA
hydrocortisone	1	
hydrocortisone butyrate	1	

Drug Name	Tier	Requirements / Limits
hydrocortisone butyr-emollient	1	
hydrocortisone valerate	1	
hydrocortisone-min oil-wht pet	1	
KENALOG	3	
LOCOID	3	PA
LOCOID LIPOCREAM	3	PA
LUXIQ	3	
mometasone	1	
NOXIPAK	3	
NUCORT	3	PA
OLUX	3	PA; ST; QL
OLUX-E	3	QL
PANDEL	3	
PEDIADERM HC	3	
PEDIADERM TA	3	
prednicarbate	1	
PSORCON	3	
SANADERMRX	3	
scalacort	1	
SCALACORT DK	3	
SERNIVO	3	PA
SURE RESULT TAC PAK	3	
SYNALAR	3	
SYNALAR CREAM KIT	3	
SYNALAR OINTMENT KIT	3	
SYNALAR TS	3	
TEMOVATE	3	ST
TEMOVATE E	3	
TEXACORT	3	
TOPICORT	3	PA
triamcinolone acetonide	1	
trianex	1	PA
triderm	1	
ULTRAVATE	3	PA
ULTRAVATE X	3	PA
VANOS	3	ST

Drug Name	Tier	Requirements / Limits
VERDESO	3	
WHYTEDERM TDKAK	3	
WHYTEDERM TRILASIL PAK	3	
TOPICAL ENZYMES		
SANTYL	2	
trypsin-balsam-castor oil	1	
vasoalex	1	
XENADERM	3	
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
EURAX	3	
lindane	1	
LYCELLE	3	
malathion	3	
NATROBA	3	
OVIDE	3	
permethrin	1	
SKLICE	3	
spinosad	3	
ULESFIA	3	PA
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P	3	
BELVIQ	3	PA
benzphetamine	1	
CONTRAVE	3	PA
diethylpropion	1	
phendimetrazine tartrate	1	
phentermine	1	
REGIMEX	3	
SAXENDA	3	PA
SUPRENZA	3	
XENICAL	3	PA

Drug Name	Tier	Requirements / Limits
ANTIDOTES		
ATROPEN	3	
DUODOTE	3	
IRRIGATING SOLUTIONS		
SORBITOL-MANNITOL	3	
MISCELLANEOUS AGENTS		
acamprosate	3	
ACTONEL	3	QL
AGRYLIN	3	
alendronate	1	QL
anagrelide	1	
ANTABUSE	3	
BUPHENYL ORAL POWDER	3	
BUPHENYL ORAL TABLET	2	
caffeine citrated	1	
CARBAGLU	4	
CARNITOR	3	
CARNITOR (SUGAR-FREE)	3	
cevimeline	3	
CHEMET	2	
disulfiram	1	
etidronate disodium	1	
EVOXAC	3	
EXJADE	4	PA
FERRIPROX	4	
INFASURF	3	
JADENU	4	PA
levocarnitine	1	
levocarnitine (with sugar)	1	
LIPOCHOL PLUS	3	
LITHOSTAT	3	
METOPIRONE	3	
midodrine	1	
NORTHERA	4*	PA
ORFADIN	4	PA

Drug Name	Tier	Requirements / Limits
pilocarpine hcl	1	
RADIOGARDASE	3	
RAVICTI	4	
RILUTEK	3	
riluzole	1	
risedronate	3	QL
SALAGEN	3	
sodium phenylbutyrate	1	
SURVANTA	3	
SYPRINE	3	
THIOLA	4*	PA
XURIDEN	4	PA

### SMOKING DETERRENTS

CHANTIX	ACA	ACA; QL
CHANTIX CONTINUING MONTH BOX	ACA	ACA; QL
CHANTIX STARTING MONTH BOX	ACA	ACA; QL
NICODERM CQ	2	QL
NICORETTE	2	QL
nicotine	ACA	ACA; QL
NICOTINE (POLACRILEX)	2	QL
NICOTROL	3	QL
NICOTROL NS	3	QL
QUIT 2	3	QL
QUIT 4	3	QL
ZYBAN	3	QL

### EAR, NOSE & THROAT MEDICATIONS

#### MISCELLANEOUS AGENTS

ASTEPRO	3	QL
ATROVENT	3	QL
azelastine	1	QL
BACTROBAN NASAL	3	
chlorhexidine gluconate	1	
DEBACTEROL	3	

Drug Name	Tier	Requirements / Limits
EPISIL	3	
FIRST-BXN	2	
FIRST-DUKE'S	3	
FIRST-MARY'S MOUTHWASH	3	
FIRST-MOUTHWASH BLM	2	
GELCLAIR	3	
GELX	3	
ipratropium bromide	1	QL
MUCOTROL	3	
MUGARD	DME	
olopatadine	3	QL
ORAFATE	3	
oralone	1	
ORAMAGICRX	3	
PATANASE	3	QL
PERIDEX	3	
perio gard	1	
pilocarpine hcl	1	
PROTHELIAL	4*	
REMESENSE	3	
SALAGEN	3	
triamcinolone acetonide	1	
TYZINE	3	

### MISCELLANEOUS OTIC PREPARATIONS

acetazol hc	1	
acetic acid	1	
acetic acid-aluminum acetate	1	
antipyrine-benzocaine	1	
AURAX	3	
auroguard	1	
ciprofloxacin hcl	1	
cortane-b aqueous	1	
CRESYLATE	3	
DERMOTIC OIL	3	
exotic-hc	1	

Drug Name	Tier	Requirements / Limits
fluocinolone acetonide oil	3	
hydrocortisone-acetic acid	1	
ofloxacin	1	
OTIC CARE (ANTIPYRINE)	3	
oticin	1	
OTIPRIO	3	
otomax-hc	1	
otozin	1	

### OTIC STEROID / ANTIBIOTIC

CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
neomycin-polymyxin-hc	1	

### ENDOCRINE/DIABETES

#### ADRENAL HORMONES

CORTEF	3	
cortisone	1	
deltasone	LCG	
dexamethasone	1	
dexamethasone intensol	1	
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
fludrocortisone	1	
hydrocortisone	1	
MEDROL	3	
MEDROL (PAK)	3	
methylprednisolone	1	
millipred dp	1	
MILLIPRED ORAL SOLUTION	3	
millipred oral tablet	1	
ORAPRED	3	
ORAPRED ODT	3	
PEDIAPRED	3	
prednisolone	1	

Drug Name	Tier	Requirements / Limits
prednisolone sodium phosphate	1	
prednisone intensol	1	
prednisone oral solution	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg	1	
prednisone oral tablet 20 mg	LCG	
prednisone oral tablets,dose pack	1	
RAYOS	3	
veripred 20	3	

### ANTITHYROID AGENTS

methimazole	1	
propylthiouracil	1	
SSKI	3	
TAPAZOLE	3	

### BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

ACURA TEST STRIPS	DS	QL
ADVANCED GLUC METER TEST STRIP	DS	QL
AGAMATRIX AMP TEST STRIPS	DS	QL
ASSURE 4 STRIPS	DS	QL
ASSURE PLATINUM	DS	QL
ASSURE PRISM MULTI STRIP	DS	QL
BG-STAR	DS	QL
BIONIME RIGHTEST TEST STRIPS	DS	QL
BLOOD GLUCOSE TEST	DS	QL
CARESENS N TEST STRIPS	DS	QL
CLEVER CHOICE MICRO TEST STRIP	DS	QL
CLEVER CHOICE PRO	DS	QL
CLEVER CHOICE TEST STRIPS	DS	QL
CLEVER CHOICE VOICE+ TEST	DS	QL
CONTROL G3	DS	QL
COOL GLUCOSE TEST STRIP	DS	QL
DIATRUE PLUS TEST STRIP	DS	QL

Drug Name	Tier	Requirements / Limits
EASY PLUS II TEST	DS	QL
EASY STEP	DS	QL
EASY TALK GLUCOSE TEST	DS	QL
EASY TOUCH TEST STRIP	DS	QL
EASY TRAK GLUCOSE TEST	DS	QL
EASYGLUCO PLUS	DS	QL
EASYGLUCO TEST	DS	QL
EASYMAX	DS	QL
ELEMENT COMPACT TEST STRIPS	DS	QL
ELEMENT TEST STRIPS	DS	QL
EVENCARE G2	DS	QL
EVENCARE G3 TEST	DS	QL
EVENCARE MINI GLUCOSE TEST STR	DS	QL
EVOLUTION TEST STRIPS	DS	QL
EZ SMART PLUS TEST	DS	QL
EZ SMART TEST	DS	QL
FIFTY50 TEST STRIP	DS	QL
FORA D10	DS	QL
FORA D15G	DS	QL
FORA D20	DS	QL
FORA D40-G31 TEST STRIPS	DS	QL
FORA G20	DS	QL
FORA G30A	DS	QL
FORA GD50 TEST STRIPS	DS	QL
FORA TEST STRIP	DS	QL
FORA TN'G VOICE TEST STRIPS	DS	QL
FORA V10	DS	QL
FORA V12 GLUCOSE	DS	QL
FORA V20	DS	QL
FORACARE GD20	DS	QL
FORACARE GD40	DS	QL
FORTISCARE GLUCOSE TEST STRIPS	DS	QL
G-4 TEST	DS	QL
GE100 BLOOD GLUCOSE TEST STRIP	DS	QL

Drug Name	Tier	Requirements / Limits
GENSTRIP TEST STRIP	DS	QL
GLUCO NAVII TEST STRIP	DS	QL
GLUCOCARD 01 SENSOR PLUS	DS	QL
GLUCOCARD EXPRESSION	DS	QL
GLUCOCARD SHINE TEST STRIPS	DS	QL
GLUCOCARD VITAL SENSOR	DS	QL
GLUCOCARD VITAL TEST STRIPS	DS	QL
GLUCOCOM GLUCOSE	DS	QL
GM100	DS	QL
GMATE TEST STRIPS	DS	QL
HEALTHPRO TEST STRIPS	DS	QL
INFINITY TEST STRIPS	DS	QL
MAXIMA	DS	QL
MICRO BLOOD GLUCOSE	DS	QL
MICRODOT BLOOD GLUCOSE SYSTEM	DS	QL
MYGLUCOHEALTH	DS	QL
NEUTEK 2TEK TEST STRIPS	DS	QL
NOVA MAX GLUCOSE TEST	DS	QL
ON CALL EXPRESS TEST STRIP	DS	QL
ON CALL PLUS TEST STRIP	DS	QL
ON CALL VIVID TEST STRIP	DS	QL
ONETOUCH ULTRA TEST	DS	QL
ONETOUCH VERIO	DS	QL
OPTUMRX	DS	QL
PHARMACIST CHOICE	DS	QL
PREMIUM V10	DS	QL
PRODIGY	DS	QL
PRODIGY NO CODING	DS	QL
QUINTET AC	DS	QL
REFUAH PLUS	DS	QL
RELION CONFIRM-MICRO	DS	QL
RELION PRIME TEST STRIPS	DS	QL
REVEAL TEST STRIP	DS	QL
RIGHTEST GS550 TEST STRIPS	DS	QL

Drug Name	Tier	Requirements / Limits
SMART SENSE TEST STRIPS	DS	QL
SMARTTEST TEST	DS	QL
SOLUS V2 TEST STRIPS	DS	QL
SURE-TEST EASYPLUS MINI	DS	QL
TELCARE TEST STRIPS	DS	QL
TEST N'GO TEST	DS	QL
ULTRATRAK	DS	QL
ULTRATRAK ULTIMATE	DS	QL
WAVESENSE JAZZ	DS	QL
WAVESENSE PRESTO	DS	QL

### GLUCOSE ELEVATING AGENTS

PROGLYCEM	2	
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### INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU

1ST TIER UNIFINE PENTIPS	DS	
1ST TIER UNILET COMFORTOUCH	DS	
2TEK GLUCOSE/BLOOD PRESSURE	DS	QL
ACCU-CHEK COMBO SYSTEM	DS	
ACCU-CHEK COMP BLUE CONT, M-H	DS	
ACCU-CHEK COMPACT PLUS CONTROL	DS	
ACCU-CHEK FASTCLIX	DS	
ACCU-CHEK SAFE-T-PRO	DS	
ACCU-CHEK SMARTVIEW CONTRL SOL	DS	
ACCU-CHEK SOFTCLIX LANCET DEV	DS	QL
ACCU-CHEK SOFTCLIX LANCETS	DS	
ACCU-TREND GLUCOSE CONTROL	DS	
ACTI-LANCE LANCETS	DS	
ADJUSTABLE LANCING DEVICE	DS	QL
ADVANCED GLUCOSE METER	DS	QL
ADVANCED LANCING DEVICE	DS	QL

Drug Name	Tier	Requirements / Limits
ADVANCED TRAVEL LANCETS	DS	
ADVOCATE LANCET	DS	
ADVOCATE LOW CONTROL	DS	
ADVOCATE PEN NEEDLES	DS	
ADVOCATE RAPID-SAFE LANCING	DS	QL
ADVOCATE REDI-CODE+ CTRL LOW	DS	
AGAMATRIX AMP GLUC MONITOR SYS	DS	QL
AGAMATRIX CONTROL HIGH	DS	
ALTERNATE SITE LANCET	DS	
ALTERNATE SITE LANCING DEVICE	DS	QL
AQUA LANCE LANCING DEVICE	DS	QL
ASSURE 4 CONTROL SOLUTION	DS	
ASSURE DOSE NORMAL CONTROL	DS	
ASSURE HAEMOLANCE PLUS	DS	
ASSURE LANCE	DS	
ASSURE LANCE PLUS	DS	
ASSURE PLATINUM	DS	QL
ASSURE PRISM CONTROL 1-2 SOLN	DS	
ASSURE PRISM MULTI METER	DS	QL
AUTOJECT 2 INJECTION DEVICE	DS	
AUTO-LANCET MINI	DS	QL
AUTOLET IMPRESSION LANC DEV	DS	QL
AUTOLET LANCING DEVICE	DS	QL
AUTOPEN 2 TO 32 UNITS	DS	
BD AUTOSHIELD PEN NEEDLE	DS	
BD CURVED TONSIL REUSABLE	DME	
BD ECLIPSE	DME	
BD FILTER NEEDLE-5 MICRON	DME	
BD INSULIN PEN NEEDLE UF SHORT	DS	
BD INTEGRA NEEDLE	DME	
BD LANCET DEVICE	DS	QL



Drug Name	Tier	Requirements / Limits
BD MICROTAINER LANCET	DS	
BD NOKOR ADMIX NEEDLE	DME	
BD PRECISIONGLIDE	DME	
BD PRECISIONGLIDE NON-STERILE	DME	
BD QUINCKE SPINAL NEEDLE	DME	
BD SAFETYGLIDE NEEDLE	DME	
BD SPECIALTY USE NEEDLES	DME	
BD ULTRA FINE LANCETS	DS	
BD ULTRA-FINE NANO PEN NEEDLES	DS	
BD WHITACRE SPINAL NEEDLE	DME	
BD YALE REUSABLE REG METAL	DME	
BIONIME RIGHTEST GM300 SYSTEM	DS	QL
BLOOD GLUCOSE CONTROL, NORMAL	DS	
BLOOD-GLUCOSE METER	DS	QL
BLUNT NEEDLE, DISPOSABLE	DME	
BREEZE 2 CONTROL SOLUTION,HIGH	DS	
BULLSEYE MINI SAFETY LANCETS	DS	
CAREFINE PEN NEEDLE	DS	
CAREONE THIN LANCET	DS	
CARESENS CONTROL A NORMAL	DS	
CARESENS N	DS	QL
CARESENS N VOICE	DS	QL
CARTRIDGE STAMPED IR 1200	DS	
CHEMO TRANSFER PIN	DME	
CLEO 90 INFUSION SET 24"	DS	
CLEVER CHEK BLOOD GLUCOSE	DS	QL
CLEVER CHEK LANCETS	DS	
CLEVER CHOICE GLUCOSE MONITOR	DS	QL
CLEVER CHOICE LEVEL 2 CONTROL	DS	
CLEVER CHOICE MICRO	DS	QL

Drug Name	Tier	Requirements / Limits
CLEVER CHOICE PRO	DS	QL
CLICKFINE	DS	
COAGUCHEK LANCETS	DS	
COLOR LANCETS	DS	
COMFORT EZ PEN NEEDLES	DS	
COMFORT INFUSION SET 43"	DS	
COMFORT LANCETS	DS	
COMFORT SHORT INSULIN PUMP 23"	DS	
CONTACT DETACH INFUS SET 23"	DS	
CONTOUR CONTROL SOLUTION, NML	DS	
CONTOUR NEXT LEV 2 CONTROL SOL	DS	
CONTOUR NEXT LINK	DS	QL
CONTROL MONITORING SYSTEM	DS	QL
COOL BLOOD GLUCOSE METER	DS	QL
COOL CONTROL A SOLUTION	DS	
DEXCOM G5 RECEIVER	DS	QL
DIATRUE CONTROL SOLN NORMAL	DS	
DIATRUE PLUS BLOOD GLUCOSE MET	DS	QL
DROPLET LANCETS	DS	
DROPLET LANCING DEVICE	DS	QL
DROPLET PEN NEEDLE	DS	
EASY CLICK LANCING DEVICE	DS	QL
EASY COMFORT LANCETS	DS	
EASY COMFORT PEN NEEDLES	DS	
EASY MINI EJECT LANCING DEVICE	DS	QL
EASY PLUS II BLOOD GLUCOSE MET	DS	QL
EASY STEP BLOOD GLUCOSE METER	DS	QL
EASY TALK BLOOD GLUCOSE METER	DS	QL

Drug Name	Tier	Requirements / Limits
EASY TOUCH GLUCOSE MONITOR	DS	QL
EASY TOUCH LANCING DEVICE	DS	QL
EASY TRAK BLOOD GLUCOSE METER	DS	QL
EASYGLUCO MONITORING SYSTEM	DS	QL
EASYMAX L BLOOD GLUCOSE METER	DS	QL
EASYMAX LOW CONTROL	DS	
EASYMAX NG	DS	QL
EASYMAX NORMAL CONTROL	DS	
EASYMAX V SPEAKING GLUCOSE SYS	DS	QL
EASYMAX V2 BLOOD GLUCOSE METER	DS	QL
ELEMENT COMPACT GLUCOSE METER	DS	QL
ELEMENT COMPACT NORMAL CONTROL	DS	
ELEMENT COMPACT V GLUCOSE MTR	DS	QL
ELEMENT NORMAL CONTROL	DS	
ELEMENT PLUS BLOOD GLUCOSE KIT	DS	QL
EMBRACE EVO LEVEL 1	DS	
EMBRACE GLUCOSE CONTROL LOW	DS	
ENLITE SYSTEM	DS	QL
EVENCARE G2	DS	QL
EVENCARE G3 GLUCOSE METER	DS	QL
EVENCARE MINI MONITOR SYSTEM	DS	QL
EVOLUTION BLOOD GLUCOSE METER	DS	QL
EVOLUTION NORMAL CONTROL	DS	
EXEL HYPODERMIC NEEDLES	DME	
e-z ject lancets	DS	
EZ SMART LANCETS	DS	
EZ SMART PLUS SYSTEM	DS	QL

Drug Name	Tier	Requirements / Limits
EZ SMART SYSTEM	DS	QL
FIFTY50 SAFETY SEAL LANCETS	DS	
FINE 30 UNIVERSAL LANCETS	DS	
FINGERSTIX LANCETS	DS	
FIRST CHOICE LANCETS THIN	DS	
FLOW-EZE VENTED NEEDLE	DME	
FORA D10	DS	QL
FORA D20	DS	QL
FORA G20	DS	QL
FORA G30A	DS	QL
FORA GD50 BLOOD GLUCOSE SYSTEM	DS	QL
FORA LANCING DEVICE	DS	QL
FORA NORMAL CONTROL	DS	
FORA TEST N'GO VOICE METER	DS	QL
FORA TN'G VOICE METER	DS	QL
FORA V10	DS	QL
FORA V10-V12-D10-D20	DS	
FORA V12 BLOOD GLUCOSE SYSTEM	DS	QL
FORA V20	DS	QL
FORA V30A	DS	QL
FORACARE GD20 GLUCOSE METER	DS	QL
FORACARE GD40A GLUCOSE METER	DS	QL
FORACARE GD40B GLUCOSE METER	DS	QL
FORACARE GDH LOW CONTROL	DS	
FORACARE LANCETS	DS	
FORTISCARE BLOOD GLUCOSE SYST	DS	QL
FORTISCARE NORMAL	DS	
FREESTYLE CONTROL	DS	
FREESTYLE LANCETS	DS	
FREESTYLE UNISTIK 2	DS	
GE100 BLOOD GLUCOSE SYSTEM	DS	QL

Drug Name	Tier	Requirements / Limits
GE100 CONTROL SOLUTION NORMAL	DS	
GLUCO NAVII GLUCOSE MONITOR	DS	QL
GLUCOCARD 01 METER	DS	QL
GLUCOCARD 01 NORMAL CONTROL	DS	
GLUCOCARD EXPRESSION	DS	QL
GLUCOCARD SHINE METER	DS	QL
GLUCOCARD VITAL	DS	QL
GLUCOCOM BLOOD GLUCOSE	DS	QL
GLUCOCOM CONTROL NORMAL	DS	
GLUCOCOM LANCETS	DS	
GLUCOSE CONTROL	DS	
GM100	DS	QL
GMATE CONTROL SOLUTION, NORMAL	DS	
GMATE LANCETS	DS	
GMATE LANCING DEVICE	DS	QL
GMATE SMART METER	DS	QL
GMATE SMART STARTER	DS	QL
GMATE VOICE METER	DS	QL
HEALTHPRO GLUCOSE MONITOR	DS	QL
HEALTHPRO HIGH-LOW CONTROL	DS	
HEALTHY ACCENTS AUTOLET	DS	QL
HEALTHY ACCENTS UNIFINE PENTIP	DS	
HEALTHY ACCENTS UNILET LANCET	DS	
huber safety needles (disp.)	DME	
HUMAPEN LUXURA HD	DS	PA
HURRICAIN LUER-LOCK DIS CAP	DME	
HYPOLANCE AST LANCING	DS	QL
INCONTROL LANCING DEVICE	DS	QL
INCONTROL PEN NEEDLE	DS	

Drug Name	Tier	Requirements / Limits
INCONTROL SUPER THIN LANCETS	DS	
INCONTROL ULTRA THIN LANCETS	DS	
INFINITY CONTROL SOLUTION NORM	DS	
INFINITY STARTER KIT	DS	QL
INJECT EASE LANCETS	DS	
INSUPEN	DS	
INVACARE LANCETS	DS	
KINNEY BRAND LANCETS	DS	
LANCETS	DS	
LANCETS, THIN	DS	
LANCING DEVICE WITH LANCETS	DS	QL
LANZO LANCING DEVICE	DS	QL
LIBERTY LEV 1 GLUCOSE CONTROL	DS	
LIBERTY LEV 2 GLUCOSE CONTROL	DS	
LIFESHIELD BLUNT CANNULA	DME	
LITE TOUCH LANCETS	DS	
LOCAL ANESTHESIA NEEDLE 22GX2"	DME	
MAJOR COMFORT	DS	
MEDISENSE	DS	
MEDISENSE GLUCOSE KETONE	DS	
MEDISENSE THIN LANCETS	DS	
MEDLANCE PLUS LANCETS	DS	
MEDLANCE PLUS SPECIAL BLADE	DS	
MICRO THIN LANCETS	DS	
MICRODOT BLOOD GLUCOSE SYSTEM	DS	QL
MICROLET LANCET	DS	
MINI LANCING DEVICE	DS	QL
MINI TRANSFER PIN	DME	
MINI ULTRA-THIN II	DS	
MINIMED INFUSION SET-MMT 390	DS	

Drug Name	Tier	Requirements / Limits
MIO INFUSION SET	DS	
MONOJECT BLOOD COLLECTION	DME	
MONOJECT HYPODERMIC NEEDLES	DME	
MONOJECT MEDICATION TRANSF NDL	DME	
MONOLET LANCETS	DS	
MONOLET THIN LANCETS	DS	
MULTI-DRAW NEEDLE	DME	
MULTI-LANCET DEVICE 2	DS	QL
MYGLUCOHEALTH	DS	QL
MYGLUCOHEALTH CONTROL SOLUTION	DS	
MYGLUCOHEALTH LANCETS	DS	
NEEDLES, HUBER DISPOSABLE	DME	
NOKOR NEEDLE	DME	
NOVA MAX BLOOD GLUCOSE METER	DS	QL
NOVA MAX GLUCOSE CONTROL	DS	
NOVA SAFETY LANCETS	DS	
NOVA SUREFLEX LANCETS	DS	
NOVAMAX PLUS GLU-KET	DS	
NOVOFINE 32	DS	
NOVOFINE AUTOCOVER	DS	
NOVOFINE PLUS	DS	
NOVOPEN ECHO	DS	PA
NOVOTWIST	DS	
OMNIPOD INSULIN REFILL	DS	
ON CALL EXPRESS CONTROL	DS	
ON CALL EXPRESS METER	DS	QL
ON CALL LANCET	DS	
ON CALL LANCING DEVICE	DS	QL
ON CALL PLUS CONTROL	DS	
ON CALL PLUS LANCET	DS	
ON CALL PLUS LANCING DEVICE	DS	QL
ON CALL PLUS METER	DS	QL

Drug Name	Tier	Requirements / Limits
ON CALL VIVID CONTROL	DS	
ON CALL VIVID METER	DS	QL
ON CALL VIVID PAL METER	DS	QL
ONETOUCH DELICA LANC DEVICE	DS	QL
ONETOUCH FINEPOINT LANCETS	DS	
ONETOUCH SURESOFT LANCING DEV	DS	QL
ONETOUCH ULTRA CONTROL	DS	
ONETOUCH ULTRA2	DS	QL
ONETOUCH ULTRAMINI	DS	QL
ONETOUCH ULTRASOFT LANCETS	DS	
ONETOUCH VERIO FLEX	DS	QL
ONETOUCH VERIO IQ METER	DS	QL
ONETOUCH VERIO SYNC	DS	QL
ONETOUCH VERIO SYSTEM	DS	QL
ON-THE-GO LANCETS	DS	
OPTUMRX	DS	QL
PARASYMPATH NERVE NDL 20 G X6"	DME	
PEN NEEDLE	DS	
PEN NEEDLE, DIABETIC	DS	
PENTIPS	DS	
PENTIPS PEN NEEDLE	DS	
PHARMACIST CHOICE GLUCOSE SYS	DS	QL
PRECISION XTRA MONITOR	DS	QL
PREMIUM BLOOD GLUCOSE MONITOR	DS	QL
PREMIUM V10	DS	QL
PRESSURE ACTIVATED LANCETS	DS	
PRESTO PRO BLOOD GLUCOSE METER	DS	QL
PRODIGY AUTOCODE METER	DS	QL
PRODIGY AUTOCODE MONITOR SYST	DS	QL
PRODIGY CONTROL SOLUTION, LOW	DS	

Drug Name	Tier	Requirements / Limits
PRODIGY CONTROL SOLUTION,HIGH	DS	
PRODIGY LANCETS	DS	
PRODIGY LANCING DEVICE	DS	QL
PRODIGY POCKET METER	DS	QL
PRODIGY TWIST TOP LANCET	DS	
PRODIGY VOICE GLUCOSE METER	DS	QL
QUICK-SET PARADIGM	DS	
QUINTET BLOOD GLUCOSE METER	DS	QL
REFUAH PLUS GLUCOSE CONTROL	DS	
REFUAH PLUS GLUCOSE MONITOR	DS	QL
RELIAMED LANCET	DS	
RELIAMED MINI LANCING DEVICE	DS	QL
RELIAMED SAFETY SEAL LANCETS	DS	
RELION CONFIRM	DS	QL
RELION MICRO GLUCOSE MONITOR	DS	QL
RELION NEEDLES	DS	
RELION PEN NEEDLES	DS	
RELION PRIME METER	DS	QL
RELION THIN LANCETS	DS	
RELION ULTRA THIN PLUS LANCETS	DS	
REVEAL BLOOD GLUCOSE METER	DS	QL
RIGHTEST CONTROL SOLUTION HIGH	DS	
RIGHTEST GD500 LANCING DEVICE	DS	QL
RIGHTEST GL300 LANCETS	DS	
RIGHTEST GM550 SYSTEM	DS	QL
SAFE-CLIP BY MAIL	DS	
SAFETY LANCETS	DS	
SAFETY SEAL LANCETS	DS	

Drug Name	Tier	Requirements / Limits
SAFETY-LET LANCETS	DS	
SIDEKICK BLOOD GLUCOSE SYSTEM	DS	
SMART SENSE LANCETS	DS	
SMART SENSE MONITORING SYSTEM	DS	QL
SMARTDIABETES VANTAGE	DS	QL
SMARTTEST CONTROL	DS	
SMARTTEST EJECT	DS	QL
SMARTTEST LANCET	DS	
SMARTTEST PERSONA STARTER	DS	QL
SMARTTEST PRONTO STARTER	DS	QL
SMARTTEST PROTEGE	DS	QL
SNAP INSULIN PUMP CONTROLLER	DS	
SNAP INSULIN PUMP-INFUSION SET	DS	
SOFT TOUCH LANCETS	DS	
SOLUS V2 AUDIBLE METER	DS	QL
SOLUS V2 CONTROL SOLUTION,HIGH	DS	
SOLUS V2 LANCETS	DS	
SOLUS V2 LANCING DEVICE	DS	QL
STERILANCE TL	DS	
SUPER THIN LANCETS	DS	
SURE COMFORT LANCETS	DS	
SURE COMFORT LANCING PEN	DS	QL
SURE COMFORT PEN NEEDLE	DS	
SURE EDGE BLOOD GLUCOSE METER	DS	QL
SURE-FINE PEN NEEDLES	DS	
SUREFLEX LANCING DEVICE	DS	QL
SURE-LANCE	DS	
SURE-PEN LANCING DEVICE	DS	QL
SURE-T PARADIGM	DS	
SURE-TEST EASYPLUS MINI METER	DS	QL
SURE-TOUCH LANCET	DS	
SURGUARD2 SAFETY	DME	

Drug Name	Tier	Requirements / Limits
T:30 INFUSION SET	DS	
T:90 INFUSION SET 23"	DS	
T:SLIM	DS	
T:SLIM G4	DS	
TECHLITE LANCETS	DS	
TECHLITE PEN NEEDLE	DS	
TELCARE BGM	DS	QL
TELCARE BLOOD GLUCOSE KIT	DS	QL
TELCARE CONTROL	DS	
TEST N'GO BLOOD GLUCOSE SYSTEM	DS	QL
TITUS NEEDLE	DME	
TOPCARE UNIVERSAL1 LANCET	DS	
TRANSFER PIN	DME	
TRUE METRIX LEVEL 1	DS	
TRUECONTROL LEVEL 0	DS	
TRUEDRAW LANCING DEVICE	DS	QL
TRUEPLUS LANCETS	DS	
TRUETEST LOW GLUCOSE CONTROL	DS	
TRUETRACK BLOOD GLUCOSE SYSTEM	DS	QL
ULTICARE PEN NEEDLE	DS	
ULTI-LANCE	DS	QL
ULTILET BASIC LANCETS	DS	
ULTILET CLASSIC LANCETS	DS	
ULTILET LANCETS	DS	
ULTILET PEN NEEDLE	DS	
ULTILET SAFETY LANCETS	DS	
ULTRA THIN LANCETS	DS	
ULTRA THIN PLUS LANCETS	DS	
ULTRALANCE LANCETS	DS	
ULTRA-THIN II INS PEN NEEDLES	DS	
ULTRATRAK GLUCOSE METER	DS	QL
ULTRATRAK ULTIMATE	DS	QL
UNIFINE PENTIPS	DS	
UNIFINE PENTIPS PLUS	DS	

Drug Name	Tier	Requirements / Limits
UNILET COMFORTOUCH LANCET	DS	
UNILET EXCELITE II LANCET	DS	
UNILET EXCELITE LANCET	DS	
UNILET GP LANCET	DS	
UNILET LANCET	DS	
UNISTIK 2 DEVICE	DS	QL
UNISTIK 2 NORMAL LANCET,DEVICE	DS	QL
UNISTIK 3	DS	QL
UNISTIK 3 EXTRA LANCET	DS	
UNISTIK CZT LANCET	DS	
UNISTIK SAFETY	DS	
UNISTIK TOUCH LANCETS	DS	
UNISTRIP LOW CONTROL	DS	
UNIVERSAL 1 LANCETS	DS	
VGO 20	DS	
VGO 30	DS	
VGO 40	DS	
VOCALPOINT GLUCOSE CONTROL	DS	
WAVESENSE AMP	DS	QL
WAVESENSE CONTROL SOLUTION	DS	
WAVESENSE JAZZ	DS	QL
WAVESENSE PRESTO	DS	QL
YALE SPINAL NEEDLE	DME	
<b>INSULIN THERAPY</b>		
AFREZZA	3	PA; QL
HUMALOG	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50-50	2	QL
HUMALOG MIX 50-50 KWIKPEN	2	ST; QL
HUMALOG MIX 75-25	2	QL
HUMALOG MIX 75-25 KWIKPEN	2	QL
HUMULIN 70/30	2	QL
HUMULIN 70/30 KWIKPEN	2	QL

Drug Name	Tier	Requirements / Limits
HUMULIN N	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN R U-500 (CONC) KWIKPEN	2	PA; QL
HUMULIN R U-500 (CONCENTRATED)	2	PA; QL
LANTUS	2	QL
LANTUS SOLOSTAR	2	QL
LEVEMIR	2	QL
LEVEMIR FLEXTOUCH	2	QL
NOVOLIN 70/30	3	QL
NOVOLIN N	3	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH U-100	2	QL
TRESIBA FLEXTOUCH U-200	2	QL

### MISCELLANEOUS HORMONES

ANDRODERM	3	PA
ANDROGEL	3	PA
ANADROL-50	3	
androxy	1	
AXIRON	2	PA
cabergoline	1	QL
calcitonin (salmon)	1	
calcitriol	1	
CERDELGA	4	
danazol	1	
DDAVP	3	PA
DEPO-TESTOSTERONE	3	
desmopressin	1	PA
doxercalciferol	1	
fortical	1	
HECTOROL	3	
KORLYM	4*	
KUVAN	4	PA
MIACALCIN	3	
MYALEPT	4	
NATPARA	4	PA

Drug Name	Tier	Requirements / Limits
OXANDRIN	3	
oxandrolone	1	
paricalcitol	1	
ROCALTROL	3	
SAMSCA	4	QL
SENSIPAR	2	PA
SOMAVERT	4	
STIMATE	4	PA
STRENSIQ	4	
STRIANT	3	PA
SYNAREL	2	
TESTOPEL	4*	PA
<i>testosterone gel</i>	1	PA
TESTONE CIK	3	
testosterone cypionate	1	
testosterone enanthate	1	
ZAVESCA	4	
ZEMPLAR	3	

### NON-INSULIN HYPOGLYCEMIC AGENTS

acarbose	1	
ACTOPLUS MET	3	ST; QL
ACTOPLUS MET XR	2	ST; QL
ACTOS	3	ST; QL
ALOGLIPTIN-PIOGLITAZONE	3	PA; QL
AMARYL	3	
AVANDIA	3	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	PA
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON	2	PA; QL
BYETTA	2	PA; QL
chlorpropamide	1	
CYCLOSET	3	
DUETACT	3	ST; QL
FARXIGA	2	PA

Drug Name	Tier	Requirements / Limits
FORTAMET	3	ST
glimepiride	LCG	
glipizide	LCG	
glipizide-metformin	1	
GLUCOPHAGE	3	ST
GLUCOPHAGE XR	3	ST
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	
glyburide	LCG	
glyburide micronized	LCG	
glyburide-metformin oral tablet 1.25-250 mg	LCG	
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	2	PA
INVOKAMET	2	PA
INVOKAMET XR	2	PA
INVOKANA	2	PA
JANUMET	2	PA; QL
JANUMET XR	2	PA; QL
JANUVIA	2	PA; QL
JARDIANCE	2	PA
JENTADUETO	2	PA; QL
JENTADUETO XR	2	PA
metformin oral tablet	LCG	
metformin oral tablet extended release 24 hr 500 mg	LCG	
metformin oral tablet extended release 24 hr 750 mg	1	
miglitol	1	
nateglinide	1	
OSENI	3	PA; QL
pioglitazone	1	QL
pioglitazone-glimepiride	1	QL
pioglitazone-metformin	3	QL

Drug Name	Tier	Requirements / Limits
PRANDIN	3	
PRECOSE	3	
repaglinide	1	
repaglinide-metformin	1	QL
RIOMET	2	ST
STARLIX	3	
SYMLINPEN 120	2	QL
SYMLINPEN 60	2	QL
SYNJARDY	2	PA
tolazamide	1	
tolbutamide	1	
TRADJENTA	2	PA; QL
TRULICITY	2	PA
XIGDUO XR	2	PA
<b>THYROID HORMONES</b>		
ARMOUR THYROID	2	
CYTOMEL	3	
levothyroxine oral tablet 100 mcg, 50 mcg	LCG	
levothyroxine oral tablet 112 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 50 mcg	LCG	
levoxyl oral tablet 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg	1	
liothyronine	1	
nature-throid	1	
np thyroid	1	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	



Drug Name	Tier	Requirements / Limits
unithroid oral tablet 100 mcg, 50 mcg	LCG	
unithroid oral tablet 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 75 mcg, 88 mcg	1	
westhroid	1	
WP THYROID	3	

## GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

anaspaz	1	
belladonna alkaloids-opium	1	
belladonna-opium	1	
BENTYL	3	
CANTIL	3	
chlordiazepoxide-clidinium	1	
CUVPOSA	3	
dicyclomine	LCG	
diphenoxylate-atropine	1	
DONNATAL	3	
DONNATAL EXTENTABS	3	
ed-spaz	1	
FULYZAQ	3	
GLYCATE	3	
glycopyrrolate	1	
hyoscyamine sulfate	1	
hyosyne	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	3	
LOMOTIL	3	
methscopolamine	1	
MOTOFEN	3	
MYTESI	3	PA
NULEV	3	
opium tincture	1	

Drug Name	Tier	Requirements / Limits
oscimin	1	
oscimin sl	1	
oscimin sr	1	
PAMINE FQ	3	
paregoric	1	
phenohydro	1	
propantheline	1	
ROBINUL	3	
ROBINUL FORTE	3	
SYMAX DUOTAB	3	
symax fastabs	1	
symax-sl	1	
symax-sr	1	

### MISCELLANEOUS GASTROINTESTINAL AGENTS

ACTIGALL	3	
AKYNZEO	2	
alosetron	1	PA
AMITIZA	2	PA
ANA-LEX KIT	3	
ANALPRAM E	3	
ANALPRAM-HC RECTAL CREAM	3	
ANALPRAM-HC RECTAL LOTION	2	
ANALPRAM-HC SINGLES	3	
ANTIVERT	3	
anucort-hc	1	QL
ANUSOL-HC RECTAL CREAM	3	
ANUSOL-HC RECTAL SUPPOSITORY	3	QL
ANZEMET	3	QL
APRISO	2	ST
ASACOL	3	ST
AURYXIA	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide	1	

Drug Name	Tier	Requirements / Limits
bisacodyl	ACA	ACA
budesonide	3	ST
calcium acetate	1	
CANASA	2	ST
CESAMET	3	QL
CHENODAL	4	
CHOLBAM	4	PA
citrate of magnesia	ACA	ACA
COLAZAL	3	
colocort	1	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 227.1-21.5-6.36 GRAM	ACA	ACA
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	
COMPAZINE	3	
compro	1	
constulose	1	
CORTENEMA	3	
CORTIFOAM	2	
CREON	2	PA
cromolyn	1	
CYSTADANE	4	
DICLEGIS	3	
DIGEX NF	3	
dronabinol	3	PA
DULCOLAX BOWEL PREP KIT	ACA	ACA
eliphos	1	
EMEND	2	QL
ENTOCORT EC	3	ST
enulose	1	
FOSRENOL	2	ST
gastrinex nf	1	
GASTROCROM	3	
GATTEX 30-VIAL	4*	
gavilyte-c	ACA	ACA
gavilyte-g	ACA	ACA

Drug Name	Tier	Requirements / Limits
gavilyte-h and bisacodyl	ACA	ACA
gavilyte-n	ACA	ACA
generlac	1	
GIAZO	3	
GOLYTELY ORAL POWDER IN PACKET	ACA	ACA
GOLYTELY ORAL RECON SOLN	3	
granisetron hcl	1	QL
granisol	1	QL
hemmorex-hc	1	QL
hydrocortisone	1	
hydrocortisone acetate	1	QL
hydrocortisone-pramoxine	1	
KAYEXALATE	3	
kionex	1	
KRISTALOSE	3	
lactulose	1	
LIALDA	2	ST
lidocaine hcl-hydrocortison ac rectal cream	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
lidocaine hcl-hydrocortison ac rectal kit	1	
lidocaine-hydrocortisone-aloe	1	
LINZESS	2	PA; QL
LO-SO PREP	ACA	ACA
LOTRONEX	3	
MAGNEBIND 400	3	
MARINOL	3	PA
mesalamine	1	
mesalamine with cleansing wipe	1	
metoclopramide hcl	LCG	
METOZOLV ODT	3	
milk of magnesia concentrated	ACA	ACA
MOVANTIK	ACA	PA

Drug Name	Tier	Requirements / Limits
MOVIPREP	3	ACA
NOVACORT	3	
NULYTELY WITH FLAVOR PACKS	3	
OCALIVA	4	PA
ondansetron	1	QL
ondansetron hcl	1	QL
OSMOPREP	ACA	ACA
peg 3350-electrolytes	ACA	ACA
peg-3350 with flavor packs	ACA	ACA
peg-electrolyte soln	ACA	ACA
peg-prep	ACA	ACA
PENTASA	2	ST
PHILLIPS MILK OF MAGNESIA	ACA	ACA
PHOSLO	3	
PHOSLYRA	3	
phosphate laxative oral liquid	ACA	ACA
PHOSPHATE LAXATIVE ORAL SOLUTION	ACA	ACA
pramcort	1	
PREPOPIK	ACA	ACA
prochlorperazine	1	
prochlorperazine maleate	1	
PROCORT	3	
PROCTOCORT	3	QL
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
RECTIV	2	
REGLAN	3	
RELISTOR	2	
RENAGEL	3	
REVELA	2	ST
ROWASA	3	
SANCUSO	2	PA; QL
sodium polystyrene sulfonate oral	1	

Drug Name	Tier	Requirements / Limits
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	1	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	3	
sps	1	
SUCLEAR	ACA	ACA
SUCRAID	4	
sulfasalazine	1	
SUPREP BOWEL PREP KIT	ACA	ACA
TIGAN	3	
TRANSDERM-SCOP	3	
trilyte with flavor packets	ACA	ACA
trimethobenzamide	1	
UCERIS ORAL	2	ST
UCERIS RECTAL	3	ST
URSO 250	3	
URSO FORTE	3	
ursodiol	1	
VARUBI	3	
VELPHORO	3	
VELTASSA	4	
VIBERZI	2	PA
VIOKACE	2	PA
ZENPEP	2	PA
ZOFRAN (AS HYDROCHLORIDE)	3	QL
ZOFRAN ODT	3	QL
ZUPLENZ	3	QL
<b>ULCER THERAPY</b>		
ACIPHEX	3	PA
ACIPHEX SPRINKLE	3	PA
amoxicil-clarithromy-lansopraz	3	PA; QL
carafate oral suspension	3	
CARAFATE ORAL TABLET	3	
cimetidine	1	
cimetidine hcl	1	
CYTOTEC	3	

Drug Name	Tier	Requirements / Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	PA; QL
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	PA
esomeprazole magnesium	3	PA
ESOMEPRAZOLE STRONTIUM	3	
famotidine	1	
FIRST-LANSOPRAZOLE	2	
FIRST-OMEPRAZOLE	2	
HELIDAC	3	
lansoprazole	1	
misoprostol	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	PA; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	PA
nizatidine	1	
OMECLAMOX-PAK	3	PA; QL
omeprazole oral capsule,delayed release(dr/ec) 10 mg	1	QL
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	
omeprazole-sodium bicarbonate	3	PA
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	LCG	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	LCG	
PEPCID	3	
PREVACID SOLUTAB	3	PA
PREVPAC	3	QL
PRILOSEC	3	PA; QL

Drug Name	Tier	Requirements / Limits
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	PA
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
PYLERA	2	PA
rabeprazole	1	
ranitidine hcl	1	
sucralfate	1	
ZANTAC	3	
ZEGERID ORAL CAPSULE	3	PA
ZEGERID ORAL PACKET 20-1,680 MG	3	PA; QL
ZEGERID ORAL PACKET 40-1,680 MG	3	PA
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>GROWTH HORMONES</b>		
EGRIFTA	4	PA
<b>INTERFERONS</b>		
AUBAGIO	4*	PA
AVONEX (WITH ALBUMIN)	4	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL
AVONEX INTRAMUSCULAR SYRINGE	4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL
BETASERON	4*	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4*	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA
COPEGUS	4*	
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA
GILENYA	4	PA
glatopa	4	PA; QL

Drug Name	Tier	Requirements / Limits
INFERGEN	4	
moderiba	4	
moderiba dose pack	4	
PEGASYS	4	PA; QL
PEGASYS PROCLICK	4	PA; QL
PEGINTRON	4*	PA; QL
PEGINTRON REDIPEN	4*	PA; QL
PLEGRIDY	4	PA
POMALYST	4	
REBETOL	4*	PA
REBIF (WITH ALBUMIN)	4	PA; QL
REBIF REBIDOSE	4	PA; QL
REBIF TITRATION PACK	4	PA; QL
REVLIMID	4	PA
ribasphere oral capsule	4	PA
ribasphere oral tablet	4	
ribavirin oral capsule	4	PA
ribavirin oral tablet	4	
SYLATRON	4	PA
TECFIDERA	4	PA
ZINBRYTA	4*	PA

## INTERLEUKINS

ACTIMMUNE	4	
ALDARA	3	ST
ARCALYST	4	PA
ILARIS (PF)	4	PA
imiquimod	1	
KINERET	4*	PA; ST
ZYCLARA	3	ST

## VACCINES & MISCELLANEOUS IMMUNOLOGICALS

DYSPORT	3	PA
HYPERHEP B S/D	4	
HYPERHEP B S-D NEONATAL	4	
HYPERTET S/D (PF)	2	
HYQVIA	4*	PA

Drug Name	Tier	Requirements / Limits
NABI-HB	4*	
ROTARIX	ACA	ACA
ROTATEQ VACCINE	ACA	ACA
VARIZIG	ACA	ACA
VIVOTIF	ACA	ACA
VIVOTIF BERNA VACCINE	ACA	ACA
ZOSTAVAX VACCINE	ACA	ACA

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

allopurinol	LCG	
COLCHICINE	3	
colchicine-probenecid	1	
COLCRYS	2	
MITIGARE	2	
probenecid	1	
ULORIC	2	ST
ZYLOPRIM	3	
ZURAMPIC	3	PA

### OSTEOPOROSIS THERAPY

ACTONEL	3	QL
alendronate oral solution	1	
alendronate oral tablet	1	QL
ATELVIA	3	QL
BINOSTO	3	QL
BONIVA	3	QL
EVISTA	3	
FORTEO	4	PA; QL
FOSAMAX	3	QL
FOSAMAX PLUS D	3	QL
ibandronate	1	QL
raloxifene	1	ACA
risedronate oral tablet	3	QL
risedronate oral tablet, delayed release (dr/ec)	1	QL

Drug Name	Tier	Requirements / Limits
<b>OTHER RHEUMATOLOGICALS</b>		
ARAVA	3	QL
CUPRIMINE	2	PA
DEPEN TITRATABS	2	
ENBREL	4	PA; ST; QL
ENBREL SURECLICK	4	PA; ST; QL
HUMIRA	4	PA; ST; QL
HUMIRA PEDIATRIC CROHN'S START	4	PA; ST
HUMIRA PEN CROHN'S-UC-HS START	4	PA; ST
leflunomide	1	QL
ORENCIA	4	PA; ST
ORENCIA CLICKJECT	4	PA; ST
OTEZLA	4	PA; ST
OTEZLA STARTER	4	PA; ST
OTREXUP (PF)	3	PA
RASUVO (PF)	2	
RIDAURA	2	
SAVELLA	2	ST; QL
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
<b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>		
CAYA CONTOURED	ACA	ACA; QL
FC2 FEMALE CONDOM	ACA	ACA
FEMCAP	ACA	ACA; QL
WIDE-SEAL DIAPHRAGM	ACA	ACA; QL
<b>ESTROGENS &amp; PROGESTINS</b>		
ACTIVELLA	3	
ALORA	3	QL
ANGELIQ	3	
AYGESTIN	3	
camila	ACA	ACA; QL
CENESTIN	2	
CLIMARA	3	QL

Drug Name	Tier	Requirements / Limits
CLIMARA PRO	3	QL
COMBIPATCH	2	
covaryx	1	
covaryx h.s.	1	
CRINONE	2	
deblitane	ACA	ACA; QL
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	ACA	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	ACA	ACA; QL
DEPO-SUBQ PROVERA 104	ACA	ACA; QL
DIVIGEL	2	QL
DUAVEE	2	
eemt	1	
eemt hs	1	
ELESTRIN	3	QL
ENJUVIA	2	
errin	ACA	ACA; QL
ESTRACE ORAL	3	
ESTRACE VAGINAL	2	
estradiol oral tablet 0.5 mg, 2 mg	1	
estradiol oral tablet 1 mg	LCG	
estradiol transdermal	1	QL
estradiol valerate	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
estrogens-methyltestosterone	1	
estropipate	LCG	
EVAMIST	3	QL
FEMHRT LOW DOSE	3	
FEMRING	3	QL
fyavolv	1	
heather	ACA	ACA; QL

Drug Name	Tier	Requirements / Limits
jencycla	ACA	ACA; QL
jevantique lo	1	
jinteli	1	
jolivette	ACA	ACA; QL
lopreeza	1	
lyza	ACA	ACA; QL
medroxyprogesterone intramuscular suspension	ACA	ACA; QL
medroxyprogesterone intramuscular syringe	ACA	ACA; QL
medroxyprogesterone oral	LCG	
MENEST	3	
MENOSTAR	3	QL
mimvey	1	
mimvey lo	1	
MINIVELLE	2	QL
nora-be	ACA	ACA; QL
norethindrone (contraceptive)	ACA	ACA; QL
norethindrone acetate	1	
norethindrone ac-eth estradiol	1	
norlyroc	ACA	ACA; QL
NOR-QD	ACA	ACA; QL
ORTHO MICRONOR	ACA	ACA; QL
PREFEST	3	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized	1	
PROMETRIUM	3	
PROVERA	3	
sharobel	ACA	ACA; QL
VAGIFEM	3	
VIVELLE-DOT	3	QL
yuvafem	1	
<b>MISCELLANEOUS OB/GYN</b>		
AVC VAGINAL	3	
CERVIDIL	3	

Drug Name	Tier	Requirements / Limits
CLEOCIN	3	
clindamycin phosphate	1	
CLINDESSE	3	
CONCEPTROL	ACA	ACA
fem ph	1	
GYNAZOLE-1	3	
isoxsuprine	1	
LYSTEDA	3	
METROGEL VAGINAL	3	
metronidazole	1	
NUVARING	ACA	ACA; QL
NUVESSA	3	
OSPHENA	3	
PREPIDIL	3	
PROSTIN E2	3	
RELAGARD	3	
TERAZOL 3	3	QL
TERAZOL 7	3	QL
terconazole	1	QL
TODAY CONTRACEPTIVE SPONGE	ACA	ACA
tranexamic acid	1	
vaginal contraceptive foam	ACA	ACA
vandazole	1	
VCF CONTRACEPTIVE FILM	ACA	ACA
VCF CONTRACEPTIVE GEL	ACA	ACA
xulane	ACA	ACA; QL
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
AFTERA	ACA	ACA; QL
altavera (28)	ACA	ACA; QL
alyacen 1/35 (28)	ACA	ACA; QL
alyacen 7/7/7 (28)	ACA	ACA; QL
amethia	ACA	ACA; QL
amethia lo	ACA	ACA; QL
amethyst	ACA	ACA; QL

Drug Name	Tier	Requirements / Limits
apri	ACA	ACA; QL
aranelle (28)	ACA	ACA; QL
ashlyna	ACA	ACA; QL
aubra	ACA	ACA; QL
aviane	ACA	ACA; QL
azurette (28)	ACA	ACA; QL
balziva (28)	ACA	ACA; QL
bekyree (28)	ACA	ACA; QL
BEYAZ	ACA	ACA; QL
blisovi 24 fe	ACA	ACA; QL
blisovi fe 1.5/30 (28)	ACA	ACA; QL
blisovi fe 1/20 (28)	ACA	ACA; QL
BREVICON (28)	ACA	ACA; QL
briellyn	ACA	ACA; QL
camrese	ACA	ACA; QL
camrese lo	ACA	ACA; QL
caziant (28)	ACA	ACA; QL
chateal	ACA	ACA; QL
cryselle (28)	ACA	ACA; QL
cyclafem 1/35 (28)	ACA	ACA; QL
cyclafem 7/7/7 (28)	ACA	ACA; QL
CYCLESSA (28)	ACA	ACA; QL
cyred	ACA	ACA; QL
dasetta 1/35 (28)	ACA	ACA; QL
dasetta 7/7/7 (28)	ACA	ACA; QL
daysee	ACA	ACA; QL
delyla (28)	ACA	ACA; QL
desog-e.estradiol/e.estradiol	ACA	ACA; QL
DESOGEN	ACA	ACA; QL
desogestrel-ethinyl estradiol	ACA	ACA; QL
drospirenone-ethinyl estradiol	ACA	ACA; QL
drospirenone-ethinyl estradiol-levomefolate calcium	ACA	ACA; QL
econtra ez	ACA	ACA; QL
elinest	ACA	ACA; QL
ELLA	ACA	ACA; QL
emoquette	ACA	ACA; QL

Drug Name	Tier	Requirements / Limits
enpresse	ACA	ACA; QL
enskyce	ACA	ACA; QL
estarylla	ACA	ACA; QL
ESTROSTEP FE-28	ACA	ACA; QL
fallback solo	ACA	ACA; QL
falmina (28)	ACA	ACA; QL
FEMCON FE	ACA	ACA; QL
GENERESS FE	ACA	ACA; QL
gianvi (28)	ACA	ACA; QL
gildagia	ACA	ACA; QL
gildess 1.5/30 (21)	ACA	ACA; QL
gildess 1/20 (21)	ACA	ACA; QL
gildess 24 fe	ACA	ACA; QL
gildess fe 1.5/30 (28)	ACA	ACA; QL
gildess fe 1/20 (28)	ACA	ACA; QL
introvale	ACA	ACA; QL
jolessa	ACA	ACA; QL
juleber	ACA	ACA; QL
junel 1.5/30 (21)	ACA	ACA; QL
junel 1/20 (21)	ACA	ACA; QL
junel fe 1.5/30 (28)	ACA	ACA; QL
junel fe 1/20 (28)	ACA	ACA; QL
junel fe 24	ACA	ACA; QL
kaitlib fe	ACA	ACA; QL
kariva (28)	ACA	ACA; QL
kelnor 1/35 (28)	ACA	ACA; QL
kimidess (28)	ACA	ACA; QL
kurvelo	ACA	ACA; QL
l norgest/e.estradiol-e.estrad	ACA	ACA; QL
larin 1.5/30 (21)	ACA	ACA; QL
larin 1/20 (21)	ACA	ACA; QL
larin 24 fe	ACA	ACA; QL
larin fe 1.5/30 (28)	ACA	ACA; QL
larin fe 1/20 (28)	ACA	ACA; QL
layolis fe	ACA	ACA; QL
leena 28	ACA	ACA; QL



Drug Name	Tier	Requirements / Limits
lessina	ACA	ACA; QL
levonest (28)	ACA	ACA; QL
levonorgestrel-ethinyl estrad	ACA	ACA; QL
levonorg-eth estrad triphasic	ACA	ACA; QL
levora-28	ACA	ACA; QL
LO LOESTRIN FE	ACA	ACA; QL
LO MINASTRIN FE	ACA	ACA; QL
LOESTRIN 1.5/30 (21)	ACA	ACA; QL
LOESTRIN 1/20 (21)	ACA	ACA; QL
LOESTRIN FE 1.5/30 (28-DAY)	ACA	ACA; QL
LOESTRIN FE 1/20 (28-DAY)	ACA	ACA; QL
lomedica 24 fe	ACA	ACA; QL
loryna (28)	ACA	ACA; QL
LOSEASONIQUE	ACA	ACA; QL
low-ogestrel (28)	ACA	ACA; QL
lutera (28)	ACA	ACA; QL
marlissa	ACA	ACA; QL
microgestin 1.5/30 (21)	ACA	ACA; QL
microgestin 1/20 (21)	ACA	ACA; QL
MICROGESTIN 24 FE	ACA	ACA; QL
microgestin fe 1.5/30 (28)	ACA	ACA; QL
microgestin fe 1/20 (28)	ACA	ACA; QL
MINASTRIN 24 FE	ACA	ACA; QL
MIRCETTE (28)	ACA	ACA; QL
MODICON (28)	ACA	ACA; QL
mono-linyah	ACA	ACA; QL
mononessa (28)	ACA	ACA; QL
my way	ACA	ACA; QL
myzilra	ACA	ACA; QL
NATAZIA	ACA	ACA; QL
necon 0.5/35 (28)	ACA	ACA; QL
necon 1/35 (28)	ACA	ACA; QL
necon 1/50 (28)	ACA	ACA; QL
necon 10/11 (28)	ACA	ACA; QL
necon 7/7/7 (28)	ACA	ACA; QL
next choice one dose	ACA	ACA; QL

Drug Name	Tier	Requirements / Limits
nikki (28)	ACA	ACA; QL
noreth-ethinyl estradiol-iron	ACA	ACA; QL
norethindrone ac-eth estradiol	ACA	ACA; QL
norethindrone-e.estradiol-iron	ACA	ACA; QL
norgestimate-ethinyl estradiol	ACA	ACA; QL
NORINYL 1+35 (28)	ACA	ACA; QL
NORINYL 1+50 (28)	ACA	ACA; QL
nortrel 0.5/35 (28)	ACA	ACA; QL
nortrel 1/35 (21)	ACA	ACA; QL
nortrel 7/7/7 (28)	ACA	ACA; QL
ocella	ACA	ACA; QL
ogestrel (28)	ACA	ACA; QL
opcicon one-step	ACA	ACA; QL
orsythia	ACA	ACA; QL
ORTHO TRI-CYCLEN (28)	ACA	ACA; QL
ORTHO TRI-CYCLEN LO (28)	ACA	ACA; QL
ORTHO-CYCLEN (28)	ACA	ACA; QL
ORTHO-NOVUM 1/35 (28)	ACA	ACA; QL
ORTHO-NOVUM 7/7/7 (28)	ACA	ACA; QL
OVCON-35 (28)	ACA	ACA; QL
philith	ACA	ACA; QL
pimtrea (28)	ACA	ACA; QL
pirmella	ACA	ACA; QL
PLAN B ONE-STEP	ACA	ACA; QL
portia	ACA	ACA; QL
previfem	ACA	ACA; QL
QUARTETTE	ACA	ACA; QL
quasense	ACA	ACA; QL
react	ACA	ACA; QL
reclipsen (28)	ACA	ACA; QL
SAFYRAL	ACA	ACA; QL
SEASONIQUE	ACA	ACA; QL
setlakin	ACA	ACA; QL
sprintec (28)	ACA	ACA; QL
sronyx	ACA	ACA; QL
syeda	ACA	ACA; QL

Drug Name	Tier	Requirements / Limits
TAKE ACTION	ACA	ACA; QL
tarina fe 1/20 (28)	ACA	ACA; QL
tilia fe	ACA	ACA; QL
tri-estarylla	ACA	ACA; QL
tri-legest fe	ACA	ACA; QL
tri-linyah	ACA	ACA; QL
tri-lo-estarylla	ACA	ACA; QL
tri-lo-marzia	ACA	ACA; QL
tri-lo-sprintec	ACA	ACA; QL
trinessa (28)	ACA	ACA; QL
trinessa lo	ACA	ACA; QL
TRI-NORINYL (28)	ACA	ACA; QL
tri-previfem (28)	ACA	ACA; QL
tri-sprintec (28)	ACA	ACA; QL
trivora (28)	ACA	ACA; QL
velivet triphasic regimen (28)	ACA	ACA; QL
vestura (28)	ACA	ACA; QL
vienva	ACA	ACA; QL
viorele (28)	ACA	ACA; QL
vyfemla (28)	ACA	ACA; QL
wera (28)	ACA	ACA; QL
wymzya fe	ACA	ACA; QL
YASMIN (28)	ACA	ACA; QL
YAZ (28)	ACA	ACA; QL
zarah	ACA	ACA; QL
zenchent (28)	ACA	ACA; QL
zenchent fe	ACA	ACA; QL
zovia 1/35e (28)	ACA	ACA; QL
zovia 1/50e (28)	ACA	ACA; QL
<b>OXYTOCICS</b>		
methergine	1	
methylergonovine	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
ALODOX	3	

Drug Name	Tier	Requirements / Limits
AZASITE	2	
bacitracin	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN	3	
ciprofloxacin hcl	1	
erythromycin	1	
gatifloxacin	1	
gentak	1	
gentamicin	1	
ILOTYCIN	3	
levofloxacin	1	
MOXEZA	2	
NATACYN	2	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
neo-polycin	1	
NEOSPORIN (NEO-POLYM-GRAMICID)	3	
OCUFLOX	3	
ofloxacin	1	
polycin	1	
polycin b	1	
polymyxin b sulf-trimethoprim	1	
POLYTRIM	3	
romycin	1	
tobramycin	1	
TOBREX	3	
VIGAMOX	2	
ZYMAXID	3	
<b>ANTIVIRALS</b>		
trifluridine	1	
VIROPTIC	3	
ZIRGAN	3	

Drug Name	Tier	Requirements / Limits
<b>BETA-BLOCKERS</b>		
BETAGAN	3	
betaxolol	1	
BETIMOL	3	
BETOPTIC S	3	
carteolol	1	
levobunolol	1	
metipranolol	1	
timolol maleate	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE (PF)	3	
TIMOPTIC-XE	3	
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	2	
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine	1	
CYCLOGYL	3	
cyclopentolate	1	
homatropaire	1	
homatropine hbr	1	
ISOPTO ATROPINE	3	
mydral	1	
MYDRIACYL	3	
PAREMYD	3	
tropicamide	1	
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE	3	
pilocarpine hcl	1	
PILOPINE HS	2	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
acuicyn	1	
AKTEN (PF)	3	
ALCAINE	3	

Drug Name	Tier	Requirements / Limits
ALOCRIAL	3	
ALOMIDE	3	
altacaine	1	
altafluor	1	
AVENOVA	3	
azelastine	1	
BEPREVE	2	QL
cromolyn	1	
CYSTARAN	4	
ELESTAT	3	
EMADINE	3	
epinastine	1	
flucaine	1	
fluorescein-benoxinate	1	
fluorescein-propracaine	1	
flurox	1	
LACRISERT	3	
LASTACAPT	3	
olopatadine	3	
parcaine	1	
PATADAY	2	ST
PATANOL	3	
PAZEO	2	ST
propracaine	1	
RESTASIS	2	PA; QL
tetcaine	1	
tetracaine hcl	1	
tetracaine hcl (pf)	1	
TETRAVISC	3	
TETRAVISC FORTE	3	
XIIDRA	3	PA
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	3	
ACULAR LS	3	
bromfenac	1	

Drug Name	Tier	Requirements / Limits
diclofenac sodium	1	
flurbiprofen sodium	1	
ILEVRO	2	
ketorolac	1	
NEVANAC	2	
OCUFEN	3	
PROLENSA	2	

### ORAL DRUGS FOR GLAUCOMA

acetazolamide oral capsule, extended release	3	
acetazolamide oral tablet	1	
DIAMOX SEQUELS	3	
methazolamide	1	
NEPTAZANE	3	

### OTHER GLAUCOMA DRUGS

AZOPT	3	
bimatoprost	1	
COMBIGAN	2	
COSOPT	3	
COSOPT (PF)	3	
dorzolamide	1	
dorzolamide-timolol	1	
latanoprost	1	
LUMIGAN	2	
MITOSOL	3	
RESCULA	3	
SIMBRINZA	3	
TRAVATAN Z	2	
travoprost (benzalkonium)	1	
TRUSOPT	3	
XALATAN	3	

### STEROID-ANTIBIOTIC COMBINATIONS

MAXITROL	3	
neomycin-bacitracin-poly-hc	1	
neomycin-polymyxin b-dexameth	1	

Drug Name	Tier	Requirements / Limits
neomycin-polymyxin-hc	1	
neo-polycin hc	1	
poly-dex	1	
PRED-G	3	
PRED-G S.O.P.	3	
TOBRADEX	2	
TOBRADEX ST	2	
tobramycin-dexamethasone	1	
ZYLET	2	

### STEROIDS

ALREX	2	QL
dexamethasone sodium phosphate	1	
DUREZOL	3	
FLAREX	3	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
FML S.O.P.	2	
LOTEMAX OPHTHALMIC DROPS,GEL	2	QL
LOTEMAX OPHTHALMIC DROPS,SUSPENSION	2	QL
LOTEMAX OPHTHALMIC OINTMENT	2	
MAXIDEX	3	
OMNIPRED	3	
PRED FORTE	3	
PRED MILD	2	
prednisolone acetate	1	
prednisolone sodium phosphate	1	
VEXOL	3	

### STEROID-SULFONAMIDE COMBINATIONS

BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
sulfacetamide-prednisolone	1	

Drug Name	Tier	Requirements / Limits
<b>SULFONAMIDES</b>		
BLEPH-10	3	
sulfacetamide sodium	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	
apraclonidine	1	
brimonidine	1	
IOPIDINE	3	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL	3	
naphazoline	1	
phenylephrine hcl	1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANAPHYLAXIS AGENTS</b>		
EPIPEN	2	QL
EPIPEN JR.	2	QL
<b>ANTIHISTAMINE &amp; ANTIALLERGENIC AGENTS</b>		
arbinoxa	1	
carbinoxamine maleate	1	
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	QL
clemastine	1	
cyproheptadine	1	
desloratadine	1	QL
doxytex	1	
hydroxyzine hcl	1	
hydroxyzine pamoate	1	
KARBINAL ER	3	
levocetirizine oral solution	1	
levocetirizine oral tablet	1	QL

Drug Name	Tier	Requirements / Limits
phenadoz	1	QL
phenergan	1	QL
promethazine oral syrup	1	
promethazine oral tablet 12.5 mg, 50 mg	1	
promethazine oral tablet 25 mg	LCG	
promethazine rectal	1	QL
promethegan	1	QL
VISTARIL	3	
XYZAL ORAL SOLUTION	3	
XYZAL ORAL TABLET	3	QL
<b>COUGH &amp; COLD THERAPY</b>		
ALLFEN CDX	3	
ambi 10peh-400gfn-20dm	1	
AMBIFED DM	3	
benzonatate	1	
BROMFED DM	3	
brompheniramine-pseudoeph-dm	1	
CAPCOF	3	
centergy	1	
cheratussin ac	1	
cheratussin dac	1	
CLARINEX-D 12 HOUR	3	QL
CODAR AR	3	
CODAR D	3	
codeine-guaifenesin	1	
FLOWTUSS	3	
GENTEX 30	3	
guaifenesin ac	1	
guaifenesin dac	1	
HISTEX-AC	3	
HYCOFENIX	3	
hydrocodone-chlorpheniramine	1	
hydrocodone-cpm-pseudoephed	1	
hydrocodone-homatropine	1	

Drug Name	Tier	Requirements / Limits
hydromet	1	
indamix dm	1	
iophen c-nr	1	
lortuss ex	1	
MAR-COF BP	3	
MAR-COF CG	3	
m-clear wc	1	
M-END MAX D	3	
M-END PE	3	
NEOTUSS-D (CHLORPHENIRAMINE)	3	
NINJACOF-XG	3	
OBREDON	3	
pe-guai	1	
phenylhistine dh	1	
POLY HIST NC	3	
POLY-TUSSIN AC	3	
poly-tussin d	1	
PRO-CLEAR CAPS	3	
promethazine vc	1	
promethazine vc-codeine	1	
promethazine-codeine	1	
promethazine-dm	LCG	
promethazine-phenyleph- codeine	1	
PRO-RED AC (W/ DEXCHLORPHENIR)	3	
relcof c	1	
RESPA-AR	3	
REZIRA	3	
r-tanna	1	
ru-hist forte	1	
rydex	1	
SEMPREX-D	3	PA
TESSALON PERLES	3	
TRICODE AR	3	
TRICODE GF	3	

Drug Name	Tier	Requirements / Limits
tusnel c	1	
TUSNEL PEDIATRIC	3	
TUSSICAPS	2	
tussigon	1	
TUSSIONEX PENNKINETIC ER	3	
TUZISTRA XR	3	
VANACOF CD	3	
virtussin ac	1	
virtussin dac	1	
VITUZ	3	
ZODRYL AC 25	3	
ZODRYL AC 30	3	
ZODRYL AC 35	3	
ZODRYL AC 40	2	
ZODRYL AC 50	3	
ZODRYL AC 60	3	
ZODRYL AC 80	3	
ZODRYL DAC 25	3	
ZODRYL DAC 30	3	
ZODRYL DAC 35	3	
ZODRYL DAC 40	3	
ZODRYL DAC 50	3	
ZODRYL DAC 60	3	
ZODRYL DAC 80	3	
ZODRYL DEC 25	3	
ZODRYL DEC 30	2	
ZODRYL DEC 35	3	
ZODRYL DEC 40	3	
ZODRYL DEC 50	3	
ZODRYL DEC 60	3	
ZODRYL DEC 80	3	
ZONATUSS	3	
Z-TUSS AC	3	
ZUTRIPRO	3	
<b>PULMONARY AGENTS</b>		
ACCOLATE	3	

Drug Name	Tier	Requirements / Limits
acetylcysteine	1	
ADCIRCA	4	PA; QL
ADEMPAS	4	
ADVAIR DISKUS	2	ST; QL
ADVAIR HFA	2	ST; QL
AEROSPAN	3	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml	1	
albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	LCG	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	LCG	
albuterol sulfate oral tablet extended release 12 hr	1	
ANORO ELLIPTA	2	
ARCAPTA NEOHALER	2	QL
ASMANEX HFA	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	2	
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	3	
BREO ELLIPTA	2	ST
BROVANA	3	PA; QL
budesonide	1	QL
COMBIVENT RESPIMAT	2	PA; QL
cromolyn	1	
CUROSURF	3	
DALIRESPI	2	
difil-g 400	1	
DULERA	2	ST; QL

Drug Name	Tier	Requirements / Limits
DYMISTA	2	ST; QL
ELIXOPHYLLIN	3	
ESBRIET	4	
FIRAZYR	4	
flunisolide	1	QL
fluticasone	1	QL
FORADIL AEROLIZER	2	QL
HYPER-SAL	3	
INCRUSE ELLIPTA	2	
ipratropium bromide	1	
ipratropium-albuterol	1	QL
KALBITOR	4	
KALYDECO	4	
LETAIRIS	4	PA
levalbuterol hcl	3	
LUFYLLIN	3	
MAXAIR AUTOHALER	3	QL
metaproterenol	1	
mometasone	1	PA; QL
montelukast	1	
NASONEX	3	ST; QL
NEBUSAL	3	
OFEV	4	
OPSUMIT	4	PA
ORKAMBI	4	PA
PERFOROMIST	2	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	
PULMICORT	3	QL
PULMICORT FLEXHALER	2	QL
pulmosal	1	
PULMOZYME	4	PA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	ST
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	ST; QL
QVAR	2	QL

Drug Name	Tier	Requirements / Limits
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4*	PA
REVATIO ORAL TABLET	4*	PA; QL
RHINOCORT AQUA	3	ST; QL
SEEBRI NEOHALER	3	
SEREVENT DISKUS	2	QL
sildenafil	4	PA; QL
SINGULAIR	3	
sodium chloride	1	
SPIRIVA RESPIMAT	2	
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	3	
SURFAXIN	3	
SYMBICORT	2	ST; QL
terbutaline oral	LCG	
terbutaline subcutaneous	1	
THEO-24	3	
theochron	1	
theophylline	1	
TICANASE	3	
TRACLEER	4	PA
TUDORZA PRESSAIR	2	QL
TYVASO	4	ST
TYVASO REFILL KIT	4	ST
TYVASO STARTER KIT	4	ST
UTIBRON NEOHALER	3	
VENTAVIS	4	ST
VENTOLIN HFA	2	QL
VOSPIRE ER	3	
XOPENEX	3	
XOPENEX CONCENTRATE	3	
zafirlukast	1	
ZYFLO	3	PA
ZYFLO CR	3	PA

## UROLOGICALS

Drug Name	Tier	Requirements / Limits
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
darifenacin	1	PA
DETROL	3	
DETROL LA	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 15 MG	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	QL
ENABLEX	3	PA
flavoxate	1	
GELNIQUE	2	PA; QL
MYRBETRIQ	2	ST
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	1	
oxybutynin chloride oral tablet extended release 24hr 5 mg	1	QL
OXYTROL	3	QL
tolterodine oral capsule,extended release 24hr	3	
tolterodine oral tablet	1	
TOVIAZ	2	ST
tropium	3	
VESICARE	2	ST
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
alfuzosin	1	
AVODART	3	ST
dutasteride	1	ST
dutasteride-tamsulosin	1	ST
finasteride	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST



Drug Name	Tier	Requirements / Limits
RAPAFLO	2	ST
tamsulosin	1	
UROXATRAL	3	ST
<b>CHOLINERGIC STIMULANTS</b>		
bethanechol chloride	1	
URECHOLINE	3	
<b>MISCELLANEOUS UROLOGICALS</b>		
azuphen mb	1	
CYSTAGON	4	
cytra k crystals	1	
cytra-2	1	
cytra-3	1	
cytra-k	1	
ELMIRON	2	PA
hyolev mb	1	
hyophen	1	
INDIOMIN MB	3	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
methen-sod phos-meth blue-hyos	1	
ORACIT	3	
phosphasal	1	
pot,sodium citrate-citric acid	1	
potassium citrate	1	
potassium citrate-citric acid	1	
PROCYSBI	4*	
SHOHL'S MODIFIED	3	
sodium citrate-citric acid	1	
tricitrates	1	
ur n-c	1	
uramit mb	1	
URELLE	3	
uretron d-s	1	
URIBEL	3	
urimar-t	1	

Drug Name	Tier	Requirements / Limits
urin ds	1	
uro-blue	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
urogesic-blue	1	
uro-l	1	
urolet mb	1	
uro-mp	1	
urophen mb	1	
UROQID-ACID NO.2	3	
uryl	1	
ustell	1	
UTA	3	
utira-c	1	
virtrate-2	1	
virtrate-3	1	
virtrate-k	1	
<b>URINARY ANESTHETICS</b>		
phenazopyridine	1	
phenazopyridine plus	1	
PYRIDIUM	3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
calcium 500 with d	ACA	ACA
calcium carb and citrate-vitd3	ACA	ACA
calcium citrate + d	ACA	ACA
calcium citrate-vitamin d2	ACA	ACA
<b>VITAMINS &amp; HEMATINICS</b>		
b complex-vitamin b12	ACA	ACA
b complex-vitamin c-folic acid	ACA	ACA
balanced b-100 complex	ACA	ACA
b-complex with vitamin c	ACA	ACA
classic prenatal	ACA	ACA

Drug Name	Tier	Requirements / Limits
dialyvite 800	ACA	ACA
fluor-a-day (with xylitol) oral tablet,chewable 0.25 mg f (0.55 mg)-236.79mg, 0.5 mg f (1.1 mg)-236.79 mg	ACA	ACA
fluoritab oral tablet,chewable 0.5 mg fluoride (1.1 mg)	ACA	ACA
folic acid oral tablet 400 mcg, 800 mcg	ACA	ACA
foltabs 800	ACA	ACA
full spectrum b-vitamin c	ACA	ACA
ludent fluoride oral tablet,chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)	ACA	ACA
multi-vit with fluoride-iron	ACA	ACA
multi-vitamin with fluoride oral drops	ACA	ACA
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg	ACA	ACA
multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg	ACA	ACA
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg	ACA	ACA
natural b-100 complex	ACA	ACA
OBSTETRIX ONE	ACA	

Drug Name	Tier	Requirements / Limits
one daily prenatal	ACA	ACA
perry prenatal	ACA	ACA
prenatal	ACA	ACA
prenatal complete	ACA	ACA
prenatal formula	ACA	ACA
prenatal multi-dha (algal oil)	ACA	ACA
prenatal one daily	ACA	ACA
prenatal vit#96-ferrous fum-fa	ACA	ACA
prenatal vitamin	ACA	ACA
rena-vite	ACA	ACA
risacal-d	ACA	ACA
sodium fluoride oral drops	ACA	ACA
sodium fluoride oral tablet,chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)	ACA	ACA
stress formula	ACA	ACA
stress formula with iron	ACA	ACA
stress formula with iron(sulf)	ACA	ACA
tri-vit with fluoride and iron	ACA	ACA
tri-vitamin with fluoride	ACA	ACA
vit b complex-folic acid	ACA	ACA
vitamin d3	ACA	ACA
vitamins a,c,d and fluoride	ACA	ACA

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