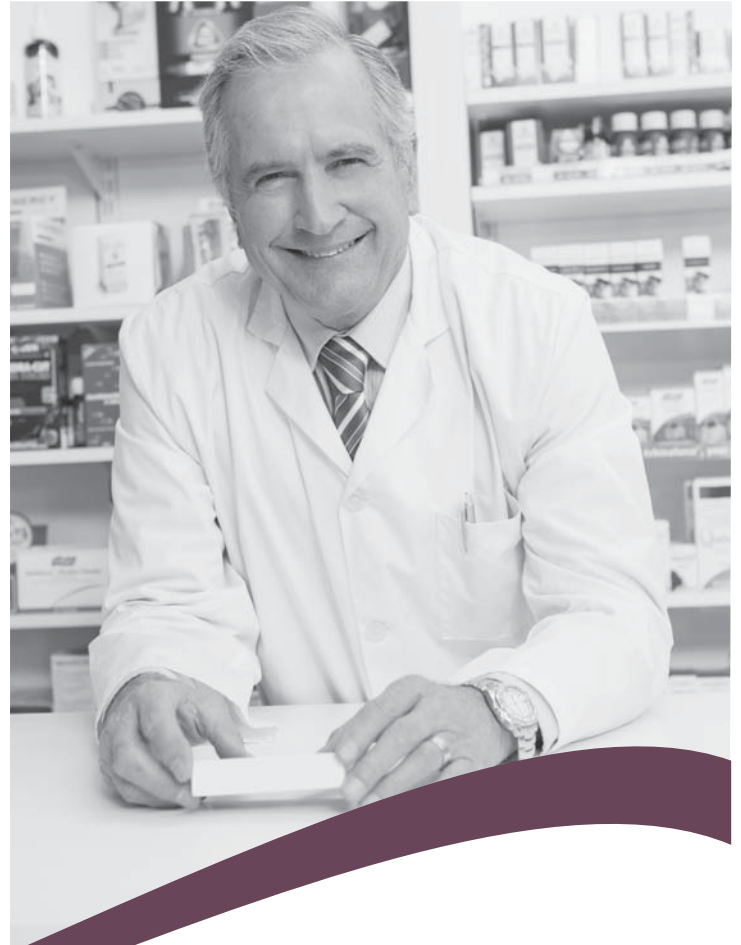




GlobalHealth

# 2017 Formulary Drug List

For Large Groups



GlobalHealth, Inc.  
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MGDF17 Lists Updated 09/2017

## HELPFUL NUMBERS

**Plan Issuer:**

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PO Box 2393  
Oklahoma City, OK 73101-2393

**GlobalHealth Customer Care, Language Assistance, and Disease Management:**

[CommercialAnswers@globalhealth.com](mailto:CommercialAnswers@globalhealth.com)  
405.280.2964 (local)  
1.877.280.2964 (toll-free)  
711 (TTY)  
Monday – Friday, 9 am – 5 pm Central  
[www.globalhealth.com/commercial](http://www.globalhealth.com/commercial)

**Behavioral Health and Substance Use:**

[CommercialAnswers@globalhealth.com](mailto:CommercialAnswers@globalhealth.com)  
405.280.2964 (local)  
1.877.280.2964 (toll-free)  
711 (TTY)  
Monday – Friday, 9 am – 5 pm Central  
[www.globalhealth.com/commercial](http://www.globalhealth.com/commercial)

**Dental:**

Careington BenefitSolutions  
1.866.636.9188 (toll-free)  
[www.careington.com/co/globalhealth](http://www.careington.com/co/globalhealth)

Mail Claims to:  
Careington BenefitSolutions  
Claims Processing Center  
PO Box 60  
Frisco, TX 75043

Dental Network:  
[www.careington.com/co/globalhealth](http://www.careington.com/co/globalhealth)

**Pharmacy Benefits Manager:**

Express Scripts Holding  
Company  
1.866.274.1612 (toll-free)  
1.800.899.2114 (TTY)

Medication Prior  
Authorizations:  
[gh.pharmacy@globalhealth.com](mailto:gh.pharmacy@globalhealth.com)  
918.878.7361

**Mail Claims to:**

Express Scripts  
Attn: Commercial Claims  
PO Box 14711  
Lexington, KY 40512-4711

**Mail Order Pharmacy:**

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

**\*Specialty Pharmacy:**

Accredo Specialty Pharmacy  
1.888.608.9010  
[www.accredo.com](http://www.accredo.com)

**24/7 Nurse Help Line:**

Information Line  
1.877.280.2993 (toll-free)

**GlobalHealth Compliance Officer:**

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

**GlobalHealth Privacy Officer:**

405.280.5524  
[privacy@globalhealth.com](mailto:privacy@globalhealth.com)

Spanish (Español): Para obtener asistencia en Español llame al 1-877-280-2964.

\*Accredo Specialty Pharmacy is not the exclusive Specialty Drug Pharmacy. You have the option to use other pharmacies.

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## IMPORTANT INFORMATION

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This formulary applies to Members who enrolled through an employer in any of the following Plans:

- Platinum Plan 1 with Dental
- Platinum Plan 1 without Dental
- Gold Plan 1 with Dental
- Gold Plan 1 without Dental
- Bronze Plan 3 with Dental
- Bronze Plan 3 without Dental

### Member Materials

Please read this *Drug Formulary* and your other member materials carefully.

- See your *Member Handbook for Large Groups* (“*Member Handbook*”) for how your Plan works, including:
  - How to access your Prescription Drug benefits
  - Exclusions and limitations
- See your *Schedule of Benefits* for your Cost-share responsibility, including:
  - Deductible and maximum out-of-pocket
  - Prescription Drug Tiers
  - Diabetic supplies
- This *Formulary Drug List for Large Groups* (“*Drug Formulary*”) lists drugs we cover. It explains what Tier a drug is in and any restrictions for each drug. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.
- See your *Physician and Health Providers Directory* (“*Provider Directory*”) for lists of physicians, Facilities, and pharmacies.

Member materials are available on our website. Contact Customer Care for printed copies at no charge. But, be aware that the most current *Drug Formulary* and *Provider Directory* lists are on the website.

**This is an important legal document. Please keep it in a safe place.**

When this document says “we”, “us”, or “our”, it means GlobalHealth, Inc. Words or phrases that start with a capital letter are defined in the *Member Handbook* glossary.

For specific questions about your coverage, please call the phone number printed on your Member ID card.

### Preferred Drugs

Preferred drugs are listed in this *Drug Formulary*. Drugs 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 drugs that are approved by the U. S. Food and Drug Administration (“FDA”).

For the Member: Generic drugs 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.

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***THIS DOCUMENT LIST IS EFFECTIVE AS OF THE DATE ON THE COVER.  
THIS LIST IS SUBJECT TO CHANGE. You may find the most current list,  
including any Utilization Management requirements, on our website. Contact Customer  
Care for printed copies.***

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### Key

ACA: Affordable Care Act. Those drugs and products available at no Cost-share to the Member with certain criteria because they are part of Preventive Care. Otherwise, you will pay the Cost-share for the Tier shown.

DS: Diabetic Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the diabetic supplies Cost-share shown in your *Schedule of Benefits*.

LCG: Low Cost Generic. Generic drugs 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.

OTC: Over-the-Counter. You can get these drugs at no cost (if ACA is also indicated) or at your Plan'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.

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.

\*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. Drugs 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 ("CDC") and the Health Resources and Services Administration ("HRSA"). Recommendations, ages, and populations may vary.

The following list of preventive drugs should be used as a guide. A comprehensive listing of drugs is in the Therapeutic List on page 5. Coverage of any of the listed drugs, including over-the-counter ("OTC") drugs and products requires a prescription from a licensed healthcare Provider. The availability or coverage of these drugs without Cost Sharing may be subject to limitations and exclusions.

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

### **Immunizations**

Covered immunizations include those that are routine vaccines recommended by ACIP and that meet the FDA 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
Aspirin products
ASPIRIN 81 MG and 325 MG
Bowel preps (limit of 2 prescriptions per year)
BISACODYL
MAGNESIUM CITRATE
MILK OF MAGNESIA
PEG 3350-ELECTROLYTE
Fluoride products
FLUORIDE CHEWABLE TABLET
0.25 MG and 0.5 MG
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
Folic acid products
FOLIC ACID TABLET 0.4 MG and 0.8 MG
PRENATAL and MULTI VITAMINS W/ FOLIC ACID
(0.4 MG and 0.8 MG)

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

## THERAPEUTIC CLASS INDEX

Tier 4\* drugs in the table below are non-preferred specialty medications. You will pay the higher Cost-share for drugs shown below in Tier 4\*.

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	3	
AMBISOME	3	
<i>amphotericin b</i>	1	
ANCOBON	3	
CANCIDAS	2	
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA	2	

Drug Name	Drug Tier	Requirements / Limits
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
ERAXIS(WATER DILUENT)	3	
<i>fluconazole in dextrose(iso-o)</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	LCG	LCG; QL
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GRIS-PEG (ULTRAMICROSIZE)	3	
<i>itraconazole</i>	1	QL
<i>ketoconazole oral</i>	1	
LAMISIL ORAL TABLET	3	
MYCAMINE	2	
NOXAFIL	2	
<i>nystatin oral powder 150 million unit, 500 million unit</i>	1	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ONMEL	3	QL
ORAVIG	3	
SPORANOX ORAL SOLUTION	2	
SPORANOX PULSEPAK	3	QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	
VFEND IV	3	
<i>voriconazole</i>	1	
<b>ANTIVIRALS</b>		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
APTIVUS	4	
ATRIPLA	4	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
<i>cidofovir</i>	1	
COMBIVIR	4*	
COMPLERA	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
CYTOVENE	3	
DAKLINZA	4*	ST; QL
DESCOVY	4	
<i>didanosine</i>	4	
EDURANT	4	
EMTRIVA	4	
<i>entecavir</i>	1	
EPCLUSA	4	ST; QL
EPIVIR	4*	
EPIVIR HBV ORAL SOLUTION	4	
EPIVIR HBV ORAL TABLET	4*	
EVOTAZ	4*	
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>foscarnet</i>	1	
FOSCAVIR	3	
FUZEON SUBCUTANEOUS RECON SOLN	4	
GANCICLOVIR INTRAVENOUS	4	
<i>ganciclovir sodium</i>	1	
GENVOYA	4	
HARVONI	4	ST; QL
HEPSERA	3	
INTELENCE	4	
INVIRASE	4	
ISENTRESS	4	
ISENTRESS HD	4*	
KALETRA ORAL SOLUTION	4*	

Drug Name	Drug Tier	Requirements / Limits
KALETRA ORAL TABLET	4	
<i>lamivudine</i>	4	
<i>lamivudine-zidovudine</i>	4	
LEXIVA	4	
<i>lopinavir-ritonavir</i>	4	
<i>nevirapine</i>	4	
NORVIR	4	
ODEFSEY	4	
OLYSIO	4*	ST; QL
<i>oseltamivir</i>	1	QL
PREZCOBIX	4*	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	
RAPIVAB	2	
RELENZA DISKHALER	2	QL
RESCRIPTOR	4	
RETROVIR ORAL CAPSULE	4*	
RETROVIR ORAL SYRUP	4*	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation</i>	1	
<i>rimantadine</i>	1	
SELZENTRY	4	PA
SITAVIG	3	QL
SOVALDI	4*	ST; QL
<i>stavudine</i>	4	
STRIBILD	4	
SUSTIVA	4	
SYNAGIS	4	PA
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL
TECHNIVIE	4	ST; QL
TIVICAY	4	
TRIUMEQ	4	

Drug Name	Drug Tier	Requirements / Limits
TRIZIVIR	4*	
TRUVADA	4	
TYBOST	4*	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VALTREX	3	QL
VEMLIDY	2	
VIDEX 2 GRAM PEDIATRIC	4	
VIDEX EC	4*	
VIEKIRA PAK	4	ST; QL
VIEKIRA XR	4	ST; QL
VIRACEPT ORAL TABLET	4	
VIRAMUNE	4*	
VIRAMUNE XR	4*	
VIREAD	4	
ZEPATIER	4	ST; QL
ZERIT	4*	
ZIAGEN ORAL SOLUTION	4	
ZIAGEN ORAL TABLET	4*	
<i>zidovudine</i>	4	
ZOVIRAX ORAL	3	
<b>CEPHALOSPORINS</b>		
AVYCAZ	2	
CEDAX	3	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin</i>	1	



Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SYRINGE 1 GRAM/10 ML	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 2 GRAM/20 ML	3	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefepime</i>	1	
CEFEPIME IN DEXTROSE 5 %	3	
<i>cefepime in dextrose,iso-osm</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime</i>	1	
<i>cefotetan</i>	1	
CEFOTETAN IN DEXTROSE, ISO-OSM	3	
<i>cefoxitin</i>	1	
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
CEFTAZIDIME IN D5W	3	
<i>ceftibuten</i>	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	
<i>ceftriaxone in dextrose,iso-os</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime sodium intravenous</i>	1	
<i>cephalexin</i>	1	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
DAXBIA	3	
FORTAZ	3	
FORTAZ IN DEXTROSE 5 %	3	
KEFLEX ORAL CAPSULE	3	
MAXIPIME	3	
MEFOXIN IN DEXTROSE (ISO-OSM)	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
TAZICEF	3	
TEFLARO	3	
ZERBAXA	2	
ZINACEF IN STERILE WATER	3	
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS	3	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	2	
ERYPED 200	2	
ERYPED 400	2	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
PCE	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZMAX	3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
ALBENZA	2	QL
ALINIA	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	
AZACTAM	3	
AZACTAM IN DEXTROSE (ISO-OSM)	3	
<i>aztreonam</i>	1	
<i>bacim</i>	1	
<i>bacitracin intramuscular</i>	1	
BETHKIS	4*	QL
BILTRICIDE	2	
CAPASTAT	3	
CAYSTON	4	QL
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN IN 5 % DEXTROSE	3	
CLEOCIN INJECTION	3	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR	3	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin in 5 % dextrose</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml, 900 mg/6 ml</i>	1	
COARTEM	2	
<i>colistin (colistimethate na)</i>	1	
COLY-MYCIN M PARENTERAL	3	
CYCLOSERINE	3	
DALVANCE	2	
<i>dapsone</i>	1	
DARAPRIM	4	
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
<i>gentamicin injection</i>	1	
<i>gentamicin sulfate (ped) (pf)</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	
<i>hydroxychloroquine</i>	1	
<i>imipenem-cilastatin</i>	1	
IMPAVIDO	2	
INVANZ	3	
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	QL
KITABIS PAK	4	QL
LINCOCIN	3	
<i>lincomycin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid intravenous</i>	1	
<i>linezolid oral</i>	1	PA
<i>linezolid-0.9% sodium chloride</i>	1	
MALARONE	3	
MALARONE PEDIATRIC	3	
<i>mefloquine</i>	1	
MEPRON	3	
<i>meropenem</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE	2	
MERREM	3	
<i>metro i.v.</i>	1	
<i>metronidazole in nacl (iso-os)</i>	1	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
<i>neomycin</i>	1	
ORBACTIV	2	
<i>paromomycin</i>	1	
PASER	3	
PENTAM	3	
PLAQUENIL	3	
<i>polymyxin b sulfate</i>	1	
PRIFTIN	2	
PRIMAQUINE	3	
PRIMAXIN IV	3	
<i>pyrazinamide</i>	1	
QUALAQUIN	3	
<i>quinine sulfate</i>	1	
<i>rifabutin</i>	1	
RIFADIN	3	
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
SIRTURO	2	

Drug Name	Drug Tier	Requirements / Limits
SIVEXTRO INTRAVENOUS	2	
SIVEXTRO ORAL	3	PA
STROMECTOL	3	QL
SYNERCID	3	
TINDAMAX ORAL TABLET 500 MG	3	QL
<i>tinidazole oral tablet 250 mg</i>	1	
<i>tinidazole oral tablet 500 mg</i>	1	QL
TOBI	4*	QL
TOBI PODHALER	4*	QL
<i>tobramycin in 0.225 % nacl</i>	4	QL
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN WITH NEBULIZER	4*	QL
TRECTOR	3	
XIFAXAN	2	QL
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	2	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	3	
ZYVOX ORAL	3	PA
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg</i>	LCG	LCG
<i>amoxicillin oral capsule 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	LCG	LCG
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg</i>	1	
<i>amoxicillin oral tablet 875 mg</i>	LCG	LCG
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam injection</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	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 500-125 MG, 875-125 MG	3	
AUGMENTIN XR	3	
<i>dicloxacillin oral capsule 250 mg</i>	1	
<i>dicloxacillin oral capsule 500 mg</i>	LCG	LCG
MOXATAG	3	
<i>nafcillin</i>	1	
<i>nafcillin in dextrose iso-osm</i>	1	
<i>oxacillin in dextrose(iso-osm)</i>	1	
<i>oxacillin injection</i>	1	
<i>oxacillin intravenous recon soln 2 gram</i>	1	
PENICILLIN G POT IN DEXTROSE	3	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml</i>	1	
<i>penicillin v potassium oral recon soln 250 mg/5 ml</i>	LCG	LCG
<i>penicillin v potassium oral tablet</i>	LCG	LCG
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
UNASYN INJECTION	3	
ZOSYN	3	
ZOSYN IN DEXTROSE (ISO-OSM)	3	
<b>QUINOLONES</b>		
AVELOX	3	

Drug Name	Drug Tier	Requirements / Limits
AVELOX IN NACL (ISO-OSMOTIC)	2	
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
CIPRO XR	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 500 mg</i>	LCG	LCG
<i>ciprofloxacin in 5 % dextrose</i>	1	
<i>ciprofloxacin lactate</i>	1	
FACTIVE	3	
LEVAQUIN ORAL TABLET	3	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	LCG	LCG
<i>sulfatrim</i>	1	
<b>TETRACYCLINES</b>		
ACTICLATE	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>demeclocycline</i>	1	
DORYX MPC	3	ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<i>doxy-100</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN INTRAVENOUS	3	
MINOCIN ORAL	3	ST
<i>minocycline</i>	1	
<i>mondoxyne nl</i>	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
ORACEA	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	LCG	LCG
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	

## URINARY TRACT AGENTS

Drug Name	Drug Tier	Requirements / Limits
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	

VANCOMYCIN		
VANCOGIN	3	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML	3	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous</i>	1	
<i>vancomycin oral capsule</i>	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline</i>	4	
<i>dexrazoxane hcl</i>	4	
ELITEK	4	
ETHYOL	4*	
<i>leucovorin calcium oral</i>	1	
<i>mesna</i>	4	
MESNEX INTRAVENOUS	4*	

Drug Name	Drug Tier	Requirements / Limits
MESNEX ORAL	2	
VISTOGARD	4	
VORAXAZE	3	
XGEVA	4	PA
ZINECARD (AS HCL)	4*	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>adriamycin intravenous solution</i>	4	
<i>adrucil</i>	4	
AFINITOR	4	ST
AFINITOR DISPERZ	4	ST
ALECENSA	4	
ALIMTA	4	
ALKERAN INTRAVENOUS	4*	
ALKERAN ORAL	3	
ALUNBRIG	4*	
<i>anastrozole</i>	1	
ARIMIDEX	3	
AROMASIN	3	
ASTAGRAF XL	4*	
AZASAN	4	
<i>azathioprine</i>	4	
BAVENCIO	4	
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BICNU	4	
<i>bleo 15k</i>	1	
<i>bleomycin</i>	4	
BOSULIF	4	ST
CABOMETYX	4*	
<i>capecitabine</i>	4	
CAPRELSA	4	ST
<i>carboplatin intravenous solution</i>	4	
CASODEX	3	
CELLCEPT	4*	
<i>cisplatin</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>cladribine</i>	4	
<i>clofarabine</i>	1	
CLOLAR	4	
COMETRIQ	4*	ST
COSMEGEN	4*	
COTELLIC	4	
<i>cyclophosphamide intravenous</i>	4	
CYCLOPHOSPHAMIDE ORAL CAPSULE	2	
<i>cyclosporine modified</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cytarabine</i>	4	
<i>cytarabine (pf) injection solution</i>	4	
<i>dacarbazine</i>	4	
<i>daunorubicin</i>	4	
DOCEFREZ	4*	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	4	
DOXIL	4*	
<i>doxorubicin</i>	4	
<i>doxorubicin, peg-liposomal</i>	1	
DROXIA	2	
ELLECE	4*	
EMCYT	2	
EMPLICITI	4*	
ENVARUSUS XR	4*	
<i>epirubicin intravenous recon soln 200 mg</i>	4	
<i>epirubicin intravenous solution</i>	4	
ERIVEDGE	4	ST
ERWINAZE	4*	
ETOPOPHOS	4	
<i>etoposide intravenous</i>	4	
<i>etoposide oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EVOMELA	4*	
<i>exemestane</i>	1	
FARESTON	2	
FARYDAK	4*	
FASLODEX	4	
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	4*	ST
<i>floxuridine</i>	4	
<i>fludarabine</i>	4	
<i>fluorouracil intravenous</i>	4	
<i>flutamide</i>	1	
<i>gemcitabine</i>	4	
GEMZAR	4*	
<i>gengraf</i>	4	
GILOTRIF	4	
GLEEVEC	4*	PA
GLEOSTINE	2	
GLIADEL WAFER	3	
HEXALEN	2	
HYCAMTIN ORAL	4	
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	4	
ICLUSIG	4	ST
IDAMYCIN PFS	4*	
<i>idarubicin</i>	4	
IFEX	4*	
<i>ifosfamide</i>	4	
<i>ifosfamide-mesna</i>	4	
<i>imatinib</i>	4	PA
IMBRUVICA	4	
IMFINZI	4*	
IMLYGIC	4*	
IMURAN	4*	
INLYTA	4	ST
IODOPEN	3	

Drug Name	Drug Tier	Requirements / Limits
IRESSA	4	
JAKAFI	4	ST
KISQALI	4*	
KISQALI FEMARA CO-PACK	4*	
LENVIMA	4	
<i>letrozole</i>	1	
LEUKERAN	2	
<i>lipodox</i>	4	
LONSURF	4	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4*	PA; ST
LUPRON DEPOT (4 MONTH)	4*	PA; ST
LUPRON DEPOT (6 MONTH)	4*	PA; ST
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4*	PA; ST
LUPRON DEPOT-PED	4	PA
LUPRON DEPOT-PED (3 MONTH)	4	PA
LYNPARZA	4	
LYSODREN	2	
MATULANE	4	
MEGACE ES	3	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	4	
<i>melphalan</i>	1	
<i>melphalan hcl</i>	4	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (pf)</i>	4	
<i>methotrexate sodium injection</i>	4	
<i>methotrexate sodium oral</i>	1	
<i>mitomycin</i>	4	
MUSTARGEN	4	

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil</i>	4	
<i>mycophenolate sodium</i>	4	
MYFORTIC	4*	
MYLERAN	2	
NAVELBINE	4*	
NEORAL	4*	
NEXAVAR	4	ST
NILANDRON	3	
<i>nilutamide</i>	1	
NINLARO	4	
NIPENT	4*	
<i>octreotide acetate</i>	4	
ODOMZO	4*	
ONCASPAR	4	
<i>oxaliplatin</i>	4	
<i>paclitaxel</i>	4	
PHOTOFRIN	4	
PORTRAZZA	4*	
PROGRAF ORAL	4*	
PURIXAN	4	
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	4*	
RITUXAN HYCELA	4*	
RUBRACA	4	
RYDAPT	4	
SANDIMMUNE ORAL CAPSULE	4*	
SANDIMMUNE ORAL SOLUTION	4	
SANDOSTATIN	4*	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	
SIGNIFOR	4	PA
<i>sirolimus</i>	4	
SOLTAMOX	6	ACA
SOMATULINE DEPOT	4*	
SPRYCEL	4	ST

Drug Name	Drug Tier	Requirements / Limits
STIVARGA	4	ST
SUTENT	4	ST
SYNRIBO	4*	
TABLOID	2	
<i>tacrolimus oral</i>	4	
TAFINLAR	4	
TAGRISSO	4	
<i>tamoxifen</i>	ACA	ACA
TARCEVA	4	ST
TARGRETIN ORAL	3	
TARGRETIN TOPICAL	2	
TASIGNA	4	ST
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	4*	
TEMODAR ORAL	4*	PA
<i>temozolomide</i>	4	PA
TENIPOSIDE	2	
TEPADINA	3	
THALOMID	4	PA
<i>thiotepa</i>	4	
<i>toposar</i>	4	
<i>tretinoin (chemotherapy)</i>	1	
TREXALL	2	
TRISENOX	4	
TYKERB	4	ST
VENCLEXTA ORAL TABLET 100 MG	4	
VENCLEXTA STARTING PACK	4	
<i>vinblastine intravenous solution</i>	4	
<i>vincasar pfs</i>	4	
<i>vincristine</i>	4	
<i>vinorelbine</i>	4	
VOTRIENT	4	ST
XALKORI	4	ST
XATMEP	3	
XELODA	4*	
XERMELO	4	PA



Drug Name	Drug Tier	Requirements / Limits
XTANDI	4*	ST
ZANOSAR	4	
ZEJULA	4	
ZELBORAF	4	ST
ZEVALIN (Y-90)	4	
ZOLADEX	4	PA
ZOLINZA	4	
ZORTRESS	4	
ZYDELIG	4	
ZYKADIA	4	
ZYTIGA	4	ST

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

APTIOM	3	
BANZEL	2	
BRIVIACT ORAL	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX	3	
<i>clonazepam</i>	1	
DEPACON	3	
DEPAKENE	3	ST
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIASTAT	3	
DIASTAT ACUDIAL	3	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
<i>fosphenytoin</i>	1	
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	2	
GABITRIL ORAL TABLET 2 MG, 4 MG	3	
GRALISE	3	ST
GRALISE 30-DAY STARTER PACK	3	ST
KEPPRA INTRAVENOUS	3	
KEPPRA ORAL	3	ST
KEPPRA XR	3	ST
KLONOPIN	3	
LAMICTAL ODT	3	ST
LAMICTAL ODT STARTER (BLUE)	3	ST
LAMICTAL ODT STARTER (GREEN)	3	ST
LAMICTAL ODT STARTER (ORANGE)	3	ST
LAMICTAL ORAL TABLET	3	ST
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	ST
LAMICTAL STARTER (BLUE) KIT	3	ST
LAMICTAL STARTER (GREEN) KIT	3	ST
LAMICTAL STARTER (ORANGE) KIT	3	ST

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR	3	ST
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>levetiracetam</i>	1	
LYRICA	2	ST
MYSOLINE	3	
NEURONTIN	3	ST
ONFI ORAL SUSPENSION	2	
ONFI ORAL TABLET 10 MG, 20 MG	2	
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
PEGANONE	2	
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
QUDEXY XR	3	
<i>roweepra</i>	1	
SABRIL	4	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
TOPAMAX	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule, sprinkle 15 mg</i>	LCG	LCG
<i>topiramate oral capsule, sprinkle 25 mg</i>	1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	
<i>topiramate oral tablet</i>	1	
TRILEPTAL	3	ST
TROKENDI XR	3	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
ZARONTIN	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	ST
<i>zonisamide oral capsule 100 mg, 25 mg</i>	1	
<i>zonisamide oral capsule 50 mg</i>	LCG	LCG
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	4	
AZILECT	3	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COGENTIN	3	
COMTAN	3	
DUOPA	4*	
ELDEPRYL	3	
<i>entacapone</i>	1	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	

Drug Name	Drug Tier	Requirements / Limits
NEUPRO	3	
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	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 ORAL TABLET 100 MG	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
XADAGO	3	
ZELAPAR	3	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
<i>almotriptan malate</i>	1	QL
ALSUMA	3	QL
AMERGE	3	QL
AXERT	3	QL
CAFERGOT	3	
D.H.E.45	3	
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
<i>frovatriptan</i>	1	QL
IMITREX	3	QL

Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE KIT REFILL	3	QL
IMITREX STATDOSE PEN	3	QL
<i>isometh-dichloral-acetaminophn</i>	1	
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	1	
MAXALT	3	QL
MAXALT-MLT	3	QL
<i>migergot</i>	1	
MIGRANAL	3	QL
<i>naratriptan</i>	1	QL
<i>nodolor</i>	1	
ONZETRA XSAIL	3	QL
PRODRIN ORAL TABLET 65-20-325 MG	3	
RELPAK	3	QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
SUMAVEL DOSEPRO	3	QL
TREXIMET	3	QL
ZEMBRACE SYMTOUCH	3	QL
<i>zolmitriptan</i>	1	QL
ZOMIG NASAL	2	QL
ZOMIG ORAL	3	QL
ZOMIG ZMT	3	QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	4	ST
ARICEPT	3	
AUSTEDO	4*	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>donepezil</i>	1	
EXELON TRANSDERMAL	3	
<i>galantamine</i>	1	
HORIZANT	3	ST
INGREZZA	4*	PA; QL
KEVEYIS	4*	PA
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMZARIC	3	
NUEDEXTA	2	ST
RADICAVA	4	
RAZADYNE ER	3	
RAZADYNE ORAL TABLET	3	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>tetrabenazine</i>	4	PA; QL
XENAZINE	4*	PA; QL
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
AMRIX	3	
<i>baclofen</i>	1	
BRIDION	3	
<i>carisoprodol</i>	1	
<i>carisoprodol-asa-codeine</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral tablet 10 mg</i>	LCG	LCG
<i>cyclobenzaprine oral tablet 5 mg, 7.5 mg</i>	1	
DANTRIUM INTRAVENOUS	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>dantrolene</i>	1	
FEXMID	3	
LORZONE	3	
<i>meprobamate</i>	1	
MESTINON ORAL SYRUP	2	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN	3	
<i>metaxall</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
PARAFON FORTE DSC	3	
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	
<i>revonto</i>	1	
ROBAXIN	3	
ROBAXIN-750	3	
RYANODEX	3	
SKELAXIN	3	
SOMA	3	
<i>tizanidine</i>	1	
ZANAFLEX	3	
<b>NARCOTIC ANALGESICS</b>		
ABSTRAL	3	ST; QL
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	
ACETAMINOPHEN-CAFF-DIHYDROCOD ORAL TABLET 325-30-16 MG	3	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
ACTIQ	3	ST; QL
ALLZITAL	3	
ARYMO ER	3	ST; QL
<i>ascomp with codeine</i>	1	
<i>aspirin-caffeine-dihydrocodein</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ASTRAMORPH-PF INJECTION SOLUTION 0.5 MG/ML	3	
<i>astramorph-pf injection solution 1 mg/ml</i>	1	
BELBUCA	3	QL
BUPAP ORAL TABLET 50-300 MG	3	
BUPRENEX	3	
BUPRENORPHINE	3	
<i>buprenorphine hcl</i>	1	
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
BUTRANS	3	
<i>capacet</i>	1	
CAPITAL WITH CODEINE	3	
<i>codeine sulfate oral tablet</i>	1	
<i>codeine-butalbital-asa-caff</i>	1	
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 75 MG/1.5 ML	3	
<i>demerol (pf) injection solution 100 mg/ml</i>	1	
DEMEROL (PF) INJECTION SYRINGE	3	
DEMEROL INJECTION	3	
DEMEROL ORAL TABLET 100 MG	3	
DILAUDID	3	
<i>diskets</i>	1	
DOLOPHINE ORAL	3	
DURAGESIC	3	
<i>duramorph (pf)</i>	1	
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL	3	ST; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ESGIC	3	
EXALGO ER	3	ST; QL
<i>fentanyl citrate</i>	1	ST; QL
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
FENTANYL CITRATE-0.9%NACL (PF) INTRAVENOUS SOLUTION 20 MCG/ML	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR	3	
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	
FENTORA	3	ST; QL
FIORINAL	3	
FIORINAL-CODEINE #3	3	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone (pf)</i>	1	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 250 MG/250 ML (1 MG/ML)	3	
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml)</i>	1	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 2 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 1 MG/ML (1 ML), 2 MG/10 ML (0.2 MG/ML)	3	
<i>hydromorphone injection solution</i>	1	
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<i>hydromorphone oral tablet extended release 24 hr</i>	1	QL
<i>hydromorphone rectal</i>	1	
HYSINGLA ER	3	ST; QL
IBUDONE	3	
<i>ibuprofen-oxycodone</i>	1	
INFUMORPH P/F	3	
IONSYS	3	
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	ST; QL
LAZANDA	3	ST; QL
<i>levorphanol tartrate</i>	1	
<i>lorcet (hydrocodone)</i>	1	
<i>lorcet hd</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
<i>marten-tab</i>	1	
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine injection cartridge</i>	1	
<i>meperidine oral</i>	1	
<i>methadone injection solution</i>	1	
<i>methadone oral concentrate</i>	1	
<i>methadone oral solution</i>	1	
<i>methadone oral tablet</i>	1	
<i>methadone oral tablet,soluble</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methadose oral concentrate</i>	1	
<i>methadose oral tablet,soluble</i>	1	
MORPHABOND ER	3	ST
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS SOLUTION 5 MG/ML	3	
<i>morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	
<i>morphine concentrate oral solution</i>	1	
MORPHINE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 275 MG/55 ML (5 MG/ML)	3	
MORPHINE IN 0.9 % NACL INTRAVENOUS SOLUTION 10 MG/ML	3	
<i>morphine injection solution 15 mg/ml, 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
MORPHINE INTRAMUSCULAR	3	
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	3	
<i>morphine intravenous pt controlled analgesia syring</i>	1	
<i>morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 50 mg/ml</i>	1	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	3	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, extend. release pellets</i>	1	QL
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	
<i>morphine oral tablet extended release</i>	1	QL
<i>morphine rectal</i>	1	
MS CONTIN	3	ST; QL
NORCO	3	
OPANA	3	
OXAYDO	3	
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
<i>oxycodone-acetaminophen oral solution</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin</i>	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	
PRIMLEV	3	
ROXICODONE	3	
SUBSYS	3	ST; QL
SYNALGOS-DC	3	
<i>tencon oral tablet 50-325 mg</i>	1	
TREXIX ORAL CAPSULE 320.5-30-16 MG	3	
TYLENOL-CODEINE #3	3	
TYLENOL-CODEINE #4	3	

Drug Name	Drug Tier	Requirements / Limits
VANATOL LQ	3	
<i>verdrocet</i>	1	
<i>vicodin</i>	1	
<i>vicodin es</i>	1	
<i>vicodin hp</i>	1	
XODOL 10/300	3	
XODOL 5/300	3	
XODOL 7.5/300	3	
XTAMPZA ER	3	ST; QL
<i>xylon 10</i>	1	
<i>zamicet</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	ST; QL
<b>NON-NARCOTIC ANALGESICS</b>		
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspir-81</i>	ACA	ACA; OTC
<i>aspirin low dose</i>	ACA	ACA; OTC
<i>aspirin oral tablet</i>	ACA	ACA; OTC
<i>aspirin oral tablet, chewable</i>	ACA	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	ACA	ACA; OTC
<i>aspir-low</i>	ACA	ACA; OTC
<i>aspir-trin</i>	ACA	ACA; OTC
<i>bayer aspirin</i>	ACA	ACA; OTC
BUNAVAIL	3	PA; QL
<i>buprenorphine-naloxone</i>	1	PA; QL
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	QL
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	3	
CAMBIA	3	ST; QL
CELEBREX	3	ST
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	ACA	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>choline,magnesium salicylate</i>	1	
CONZIP	3	ST; QL
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	ST
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
DUEXIS	3	ST
DYLOJECT	3	
<i>e.c. prin</i>	ACA	ACA; OTC
EC-NAPROSYN	3	ST
<i>ecotrin</i>	ACA	ACA; OTC
<i>ecotrin low strength</i>	ACA	ACA; OTC
<i>etodolac</i>	1	
EVZIO	3	QL
FELDENE	3	ST
FENOPROFEN ORAL CAPSULE	3	ST
<i>fenoprofen oral tablet</i>	1	
FENORTHO	3	ST
FLECTOR	3	ST; QL
<i>flurbiprofen</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	LCG	LCG
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin oral capsule 25 mg</i>	LCG	LCG
<i>indomethacin oral capsule 50 mg</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	LCG	LCG
<i>ketoprofen oral capsule 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection cartridge 15 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac injection cartridge 30 mg/ml</i>	LCG	LCG
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	LCG	LCG
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular solution</i>	LCG	LCG
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral</i>	LCG	LCG; QL
<i>lite coat aspirin</i>	ACA	ACA; OTC
LODINE ORAL TABLET	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral suspension</i>	1	
<i>meloxicam oral tablet 15 mg</i>	LCG	LCG
<i>meloxicam oral tablet 7.5 mg</i>	LCG	LCG; QL
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
<i>nabumetone</i>	1	
<i>nalbuphine</i>	1	
NALFON ORAL CAPSULE 400 MG	3	ST
<i>naloxone</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	LCG	LCG
<i>naproxen oral tablet 250 mg</i>	1	
<i>naproxen oral tablet 375 mg, 500 mg</i>	LCG	LCG
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL



Drug Name	Drug Tier	Requirements / Limits
NUCYNTA	3	QL
NUCYNTA ER	3	ST; QL
<i>oxaprozin</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
PONSTEL	3	ST
REVIA	3	
<i>salsalate</i>	1	
SPRIX	4*	ST; QL
SUBOXONE	2	PA; QL
<i>sulindac</i>	1	
TALWIN	3	
TIVORBEX ORAL CAPSULE 20 MG	3	ST; QL
TIVORBEX ORAL CAPSULE 40 MG	3	ST
<i>tolmetin</i>	1	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	ST; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	ST; QL
<i>tramadol oral tablet</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	
<i>tramadol-acetaminophen</i>	1	QL
ULTRACET	3	ST; QL
ULTRAM	3	ST; QL
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	ST; QL
VIMOVO	3	ST
VIVLODEX ORAL CAPSULE 10 MG	3	ST
VIVLODEX ORAL CAPSULE 5 MG	3	ST; QL
VOLTAREN TOPICAL	3	ST
VOLTAREN-XR	3	ST
ZIPSOR	3	ST
ZORVOLEX ORAL CAPSULE 18 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ZORVOLEX ORAL CAPSULE 35 MG	3	ST
ZUBSOLV	2	PA; QL
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ORAL TABLET	3	QL
ADASUVE	3	
ADDERALL	3	
ADDERALL XR	3	ST
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
AMBIEN	3	QL
AMBIEN CR	3	QL
<i>amitriptyline</i>	LCG	LCG
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	
APLENZIN	3	ST; QL
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
<i>armodafinil</i>	1	ST
ATIVAN ORAL	3	
<i>atomoxetine</i>	1	
BELSOMRA	3	QL
BRISDELLE	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 12 hr</i>	1	QL
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	QL
<i>bupirone</i>	1	
BUTISOL ORAL TABLET 30 MG	3	
CELEXA ORAL TABLET	3	ST; QL
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	LCG	LCG; QL
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	
CONCERTA	3	ST
CYMBALTA	3	ST; QL
DAYTRANA	3	ST
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXINE	3	ST; QL
DESVENLAFAXINE FUMARATE	3	ST
<i>desvenlafaxine succinate</i>	1	QL
<i>dexedrine</i>	1	
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam injection</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	3	
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg</i>	LCG	LCG
<i>doxepin oral capsule 150 mg, 75 mg</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine</i>	1	QL
DYANAVAL XR	3	ST

Drug Name	Drug Tier	Requirements / Limits
EDLUAR	3	QL
EFFEXOR XR	3	ST; QL
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL
EVEKEO	3	
FANAPT	3	QL
FAZACLO	3	
FETZIMA	3	ST; QL
<i>flumazenil</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	LCG	LCG; QL
<i>fluoxetine oral capsule 20 mg</i>	LCG	LCG
<i>fluoxetine oral capsule 40 mg</i>	1	QL
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	LCG	LCG; QL
<i>fluoxetine oral tablet 20 mg</i>	1	
FLUOXETINE ORAL TABLET 60 MG	3	ST
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine</i>	1	QL
FOCALIN	3	
FOCALIN XR	3	ST
FORFIVO XL	3	ST; QL
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>guanidine</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL	3	
HALDOL DECANOATE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol oral tablet 0.5 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 1 mg</i>	LCG	LCG
HETLIOZ	4*	ST; QL
<i>imipramine hcl</i>	LCG	LCG
<i>imipramine pamoate</i>	1	
INTERMEZZO	3	QL
INTUNIV ER	3	ST
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	QL
IRENKA	3	ST; QL
KAPVAY	3	ST
KHEDEZLA	3	ST; QL
LATUDA	3	QL
LEXAPRO ORAL TABLET	3	ST; QL
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral</i>	1	
<i>loxapine succinate</i>	1	
LUNESTA	3	QL
<i>maprotiline</i>	1	
MARPLAN	3	
<i>metadate er</i>	LCG	LCG
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	LCG	LCG

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr</i>	1	
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	ST
MYDAYIS	3	ST
NARDIL	3	
<i>nefazodone</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
NUPLAZID	4*	
NUVIGIL	3	ST
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
ORAP	3	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	LCG	LCG; QL
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL
PAXIL CR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST; QL
<i>phenelzine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pimozide</i>	1	
PRISTIQ	3	ST; QL
<i>procentra</i>	1	
<i>protriptyline</i>	1	
PROVIGIL	3	ST
PROZAC ORAL CAPSULE 10 MG, 40 MG	3	ST; QL
PROZAC ORAL CAPSULE 20 MG	3	ST
PROZAC WEEKLY	3	ST; QL
<i>quazepam</i>	1	
<i>quetiapine</i>	1	QL
QUILLICHEW ER	3	ST
QUILLIVANT XR	3	ST
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	QL
RISPERDAL CONSTA	2	
RISPERDAL M-TAB	3	QL
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	3	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
ROZEREM	2	QL
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG, 5 MG	3	QL
SARAFEM ORAL TABLET 10 MG	3	ST; QL
SARAFEM ORAL TABLET 20 MG	3	ST
<i>seconal sodium</i>	1	QL
SEROQUEL	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	QL
<i>sertraline oral concentrate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral tablet</i>	LCG	LCG; QL
SILENOR	3	QL
SONATA	3	QL
STRATTERA	3	ST
SURMONTIL	3	
SYMBYAX	3	
<i>temazepam</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TOFRANIL	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	LCG	LCG
<i>trazodone oral tablet 300 mg</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL
VALIUM	3	
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 25 mg</i>	LCG	LCG; QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	QL
VERSACLOZ	3	
VIIBRYD ORAL TABLET	3	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL
VRAYLAR	3	QL
VYVANSE	2	ST
WELLBUTRIN SR	3	ST; QL
WELLBUTRIN XL	3	ST; QL
XANAX	3	
XANAX XR	3	

Drug Name	Drug Tier	Requirements / Limits
XYREM	4	
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
ZOLOFT ORAL CONCENTRATE	3	ST
ZOLOFT ORAL TABLET	3	ST; QL
<i>zolpidem</i>	1	QL
ZOLPIMIST	3	QL
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL	3	QL
ZYPREXA RELPREW	3	
ZYPREXA ZYDIS	3	QL
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone oral</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	3	
NORPACE CR	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR	3	
<i>sotalol af</i>	1	
SOTALOL INTRAVENOUS	3	

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

Drug Name	Drug Tier	Requirements / Limits
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide</i>	1	
BYSTOLIC	3	ST
BYVALSON	3	ST
CALAN	3	
CALAN SR	3	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDENE IV	3	
CARDENE IV IN DEXTROSE	3	
CARDENE IV IN SODIUM CHLORIDE	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	ST; QL
CARDURA XL	3	ST; QL
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
CLEVIPREX	3	
<i>clonidine</i>	1	
<i>clonidine hcl oral tablet</i>	LCG	LCG
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	1	
CLOPRES ORAL TABLET 0.3-15 MG	3	
COREG	3	ST

Drug Name	Drug Tier	Requirements / Limits
COREG CR	3	ST
CORGARD	3	ST
CORLOPAM	3	
CORZIDE	3	ST
COZAAR	3	ST
DEMADEX ORAL TABLET 10 MG, 20 MG	3	
DEMSER	2	
DIBENZYLINE	3	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>dilt-xr</i>	1	
DIOVAN	3	ST
DIOVAN HCT	3	ST
DIURIL	3	
DIURIL IV	3	
<i>doxazosin</i>	1	QL
DUTOPROL	2	ST
DYAZIDE	3	
DYRENIUM	3	
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECRIN	3	
<i>enalapril maleate</i>	1	
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED ORAL SOLUTION	3	
<i>eplerenone</i>	1	
<i>eprosartan</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
EXFORGE	3	ST
EXFORGE HCT	3	ST
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	4*	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral tablet 25 mg</i>	LCG	LCG
HYZAAR	3	ST
<i>indapamide</i>	1	
INDERAL LA	3	ST
INDERAL XL	3	ST
INNOPRAN XL	3	ST
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	
LASIX	3	
LEVATOL	3	ST
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg</i>	LCG	LCG

Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril oral tablet 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	LCG	LCG
LOPRESSOR HCT	3	ST
LOPRESSOR ORAL	3	ST
<i>losartan</i>	LCG	LCG
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyclothiazide</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>methyldopate</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
METOPROLOL SU-HYDROCHLOROTHIAZ	3	ST
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 75 mg</i>	1	
<i>metoprolol tartrate oral tablet 50 mg</i>	LCG	LCG
MICARDIS	3	ST
MICARDIS HCT	3	ST
MICROZIDE	3	
MINIPRESS	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NORVASC	3	ST
NYMALIZE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4*	ST
<i>papaverine injection solution</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	
<i>phentolamine injection recon soln</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	
PROCARDIA	3	ST
PROCARDIA XL	3	ST
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
QBRELIS	3	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
SODIUM EDECRIN	3	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
TARKA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>taztia xt</i>	1	
TEKTRUNA	3	
TEKTRUNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	ST
TENORETIC 50	3	ST
TENORMIN	3	ST
<i>terazosin</i>	1	QL
TIAZAC	3	
<i>timolol maleate oral</i>	1	
TOPROL XL	3	ST
<i>toremide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	3	ST
TWYNSTA	3	ST
UPTRAVI	4	ST
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil</i>	1	
VERELAN	3	
VERELAN PM	3	
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin injection</i>	1	
<i>digoxin oral solution 50 mcg/ml</i>	1	
<i>digoxin oral tablet</i>	1	



Drug Name	Drug Tier	Requirements / Limits
LANOXIN	3	
LANOXIN PEDIATRIC	3	
<b>COAGULATION THERAPY</b>		
ADVATE	4	PA
AGGRENOX	3	
AMICAR	2	
<i>aminocaproic acid intravenous</i>	1	
ANGIOMAX	3	
ARGATROBAN IN 0.9 % SOD CHLOR	3	
ARGATROBAN IN NAACL (ISO-OS)	2	
ARIXTRA	4*	
<i>aspirin-dipyridamole</i>	1	
<i>bivalirudin</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COUMADIN ORAL	3	
CYKLOKAPRON	3	
<i>dipyridamole oral</i>	1	
DURLAZA	3	
EFFIENT	3	
ELIQUIS	2	PA
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4*	
FRAGMIN SUBCUTANEOUS SYRINGE	4*	
HELIXATE FS	4	
<i>hep flush-10 (pf)</i>	1	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe</i>	1	
IPRIVASK	4*	
<i>jantoven oral tablet 1 mg, 2.5 mg, 3 mg, 4 mg, 5 mg</i>	LCG	LCG
<i>jantoven oral tablet 10 mg, 2 mg, 6 mg, 7.5 mg</i>	1	
KCENTRA	3	
KOGENATE FS	4*	
KOVALTRY	4*	
LOVENOX	4*	
MEPHYTON	2	
NUWIQ	4*	
<i>pentoxifylline</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION	3	
PLAVIX	3	
PRADAXA ORAL CAPSULE 150 MG, 75 MG	3	PA
PRAXBIND	3	
PROMACTA	4	PA
<i>protamine</i>	1	
SAVAYSA	3	ST
<i>ticlopidine</i>	1	
<i>tranexamic acid intravenous</i>	1	
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VONVENDI	4	
<i>warfarin oral tablet 1 mg, 2.5 mg, 3 mg, 4 mg, 5 mg</i>	LCG	LCG
<i>warfarin oral tablet 10 mg, 2 mg, 6 mg, 7.5 mg</i>	1	
XARELTO	2	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
ZONTIVITY	3	ST
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV	3	ST; QL
<i>amlodipine-atorvastatin</i>	1	QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	
<i>atorvastatin</i>	1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
COLESTID	3	
COLESTID FLAVORED ORAL PACKET	3	
<i>colestipol</i>	1	
CRESTOR	3	ST; QL
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	QL
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	3	
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	3	
FIBRICOR	3	
<i>fluvastatin</i>	1	QL
<i>gemfibrozil</i>	1	
JUXTAPID	4	

Drug Name	Drug Tier	Requirements / Limits
KYNAMRO	4*	
LESCOL	3	ST; QL
LESCOL XL	3	ST; QL
LIPITOR	3	ST; QL
LIPOFEN	3	
LIVALO	3	ST; QL
LOPID	3	
<i>lovastatin</i>	1	QL
LOVAZA	3	PA
<i>niacin oral tablet extended release 24 hr</i>	1	
NIASPAN EXTENDED-RELEASE	3	
<i>omega-3 acid ethyl esters</i>	1	PA
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST; QL
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg</i>	LCG	LCG; QL
<i>pravastatin oral tablet 80 mg</i>	1	QL
<i>prevalite</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT ORAL POWDER	3	
<i>rosuvastatin</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	LCG	LCG; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRICOR	3	
TRIGLIDE ORAL TABLET 160 MG	3	
TRILIPIX	3	
VASCEPA	2	PA
VYTORIN 10-10	3	ST; QL
VYTORIN 10-20	3	ST; QL
VYTORIN 10-40	3	ST; QL
VYTORIN 10-80	3	ST; QL
WELCHOL	3	
ZETIA	3	ST
ZOCOR	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR	2	ST
ENTRESTO	2	ST
NATRECOR	3	
NIPRIDE RTU	3	
RANEXA	3	
VECAMYL	3	
<b>NITRATES</b>		
DILATRATE-SR	3	
GONITRO	3	
ISOCHRON	3	
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin in 5 % dextrose</i>	1	
<i>nitroglycerin intravenous</i>	1	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene</i>	1	
<i>calcipotriene-betamethasone</i>	1	
<i>calcitrene</i>	1	
<i>calcitriol topical</i>	1	
COAL TAR	2	
DOVONEX TOPICAL	3	
<i>drithocrema hp</i>	1	
ENSTILAR	3	
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine topical</i>	1	
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
PRAMOSONE E	3	ST
PROMISEB COMPLETE	3	
<i>seb-prev</i>	1	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SELRX	3	
SILIQ	4*	ST
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX	3	
STELARA SUBCUTANEOUS	4*	ST
<i>sulfacetamide sodium topical</i>	1	
TACLONEX	3	
TALTZ AUTOINJECTOR	4*	ST
TALTZ AUTOINJECTOR (2 PACK)	4*	ST
TALTZ AUTOINJECTOR (3 PACK)	4*	ST
TALTZ SYRINGE	4*	ST
TALTZ SYRINGE (2 PACK)	4*	ST
TALTZ SYRINGE (3 PACK)	4*	ST
TERSI FOAM	3	
VECTICAL	3	

Drug Name	Drug Tier	Requirements / Limits
ZITHRANOL	3	
<b>BURN THERAPY</b>		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>thermazene</i>	1	
<b>KERATOLYTICS</b>		
BENSAL HP TOPICAL OINTMENT 3 %	3	
INOVA 4-1	3	
INOVA 8-2	3	
KERALYT RX	3	
KERALYT SCALP COMPLETE	3	
PODOCON	3	
POTASSIUM HYDROXIDE	3	
SALEX	3	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er</i>	1	
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical cream,extended release</i>	1	
<i>salicylic acid topical film forming liquid w/appl</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl</i>	1	
<i>salicylic acid topical foam</i>	1	
<i>salicylic acid topical gel</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion</i>	1	
<i>salicylic acid topical lotion,extended release</i>	1	
<i>salicylic acid topical shampoo</i>	1	
SALKERA	3	
<i>salvax</i>	1	
SALVAX DUO PLUS	3	
ULTRASAL-ER	3	
VIRASAL	3	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		

Drug Name	Drug Tier	Requirements / Limits
ALEVICYN ANTIPRURITIC	3	
ALEVICYN ANTIPRURITIC SG	3	
AMELUZ	3	
ATOPICLAIR	3	
ATRAPRO CP	3	
ATRAPRO HYDROGEL	3	
<i>avo cream</i>	1	
BIAFINE EMULSION	3	
<i>bp-50% urea</i>	1	
CARAC	3	
<i>cem-urea</i>	1	
CERAMAX	3	
CONDYLOX TOPICAL GEL	3	
CORTANE-B TOPICAL	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA
<i>doxepin topical</i>	1	
DUPIXENT	4	ST; QL
EFUDEX TOPICAL CREAM	3	
<i>eletone</i>	1	
ELIDEL	3	ST
<i>emulsion sb</i>	1	
ENTTY	3	
EPICERAM	3	
EUCRISA	3	ST
FLUOROPLEX	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
GORDONS UREA TOPICAL OINTMENT 40 %	3	
<i>hpr</i>	1	
<i>hpr plus</i>	1	
<i>hpr plus hydrogel</i>	1	
HPR PLUS-MB HYDROGEL	3	
HYDRO 35	3	
HYDRO 40	3	

Drug Name	Drug Tier	Requirements / Limits
HYLATOPIC	3	
HYLATOPICPLUS	3	
IODOFLEX	3	
IODOSORB	3	
KERAFOAM	3	
KERALAC	3	
<i>lactic acid</i>	1	
<i>lactic acid e</i>	1	
LEVULAN	3	
LOUTREX	3	
<i>luxamend</i>	1	
<i>mb hydrogel</i>	1	
<i>mb hydrogel (cyclomethicone)</i>	1	
<i>methoxsalen</i>	1	
NEOSALUS	3	
<i>nivatopic plus</i>	1	
OXSORALEN ULTRA	3	
PANRETIN	4*	
PHLAG SPRAY	3	
PICATO	3	
<i>podofilox</i>	1	
PRESERA	3	
PROMISEB	3	
PROTOPIC	3	ST
<i>pruclair</i>	1	
<i>prudoxin</i>	1	
<i>prumyx</i>	1	
<i>prutect</i>	1	
<i>rea lo 39</i>	1	
<i>rea lo 40 topical lotion</i>	1	
REGRANEX	2	QL
SEBUDERM	3	
<i>silver nitrate</i>	1	
<i>silver nitrate applicators</i>	1	
SOLARAZE	3	PA
<i>sonafine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sp antipruritic</i>	1	
SYNERDERM	3	
<i>tacrolimus topical</i>	1	ST
TOLAK	3	
<i>umecta topical foam</i>	1	
URAMAXIN TOPICAL FOAM	3	
URAMAXIN TOPICAL GEL	3	
<i>urea nail stick</i>	1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam</i>	1	
<i>urea topical gel 45 %</i>	1	
<i>urea topical lotion 40 %, 45 %</i>	1	
UTOPIC	3	
UVADEX	2	
VALCHLOR	4	
VEREGEN	3	
XCLAIR	3	
ZONALON	3	
<b>THERAPY FOR ACNE</b>		
ABSORICA	3	
ACANYA TOPICAL GEL WITH PUMP	3	
ACZONE	3	
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	
AKTIPAK	3	
<i>amnesteem</i>	1	
ATRALIN	3	PA
AVAR LS	3	
<i>avar topical cleanser</i>	1	
AVAR TOPICAL FOAM	3	
AVAR TOPICAL PADS, MEDICATED	3	
AVAR-E GREEN	3	
AVAR-E LS	3	

Drug Name	Drug Tier	Requirements / Limits
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
AZELEX	3	
BENZAACLIN	3	
BENZAACLIN PUMP	3	
BENZAMYCIN	3	
BENZEFOAM	3	
BENZEFOAM ULTRA	3	
<i>benzepro topical towelette</i>	1	
<i>bp 10-1</i>	1	
<i>bpo topical gel</i>	1	
<i>bpo topical towelette 6 %</i>	1	
<i>claravis</i>	1	
<i>cleansing wash topical cleanser</i>	1	
CLEOCIN T	3	
CLINDACIN ETZ TOPICAL KIT	3	
<i>clindacin p</i>	1	
CLINDACIN PAC	3	
CLINDAGEL	3	
<i>clindamycin phosphate topical</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
DIFFERIN TOPICAL CREAM	3	
DIFFERIN TOPICAL GEL 0.3 %	3	
DIFFERIN TOPICAL GEL WITH PUMP	3	
DIFFERIN TOPICAL LOTION	3	
DUAC	3	
EPIDUO FORTE	3	
EPIDUO TOPICAL GEL WITH PUMP	3	
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	
FABIOR	3	PA
FINACEA TOPICAL FOAM	3	

Drug Name	Drug Tier	Requirements / Limits
INOVA	3	
METROCREAM	3	
METROGEL TOPICAL GEL 1 %	3	
METROGEL TOPICAL GEL WITH PUMP	3	
METROLOTION	3	
<i>metronidazole topical</i>	1	
MIRVASO	3	
<i>neuac</i>	1	
NEUAC KIT	3	
NORITATE	3	
NUOX	3	
ONEXTON TOPICAL GEL WITH PUMP	3	
PLEXION	3	
PLEXION CLEANSING CLOTHS	3	
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
RHOFADE	3	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	
ROSANIL	3	
ROSULA	3	
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	
<i>ss 10-2</i>	1	
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>sulfact na-sul-avobnz-otn-ocsa</i>	1	
SUMADAN	3	
SUMADAN XLT	3	
SUMAXIN	3	
SUMAXIN CP	3	
SUMAXIN TS	3	
<i>tazarotene</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
TRETIN-X CREAM KIT	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
VANOXIDE-HC	3	
VELTIN	3	PA
<i>zenatane</i>	1	
ZIANA	3	PA
<b>TOPICAL ANESTHETICS</b>		
BUCALSEP	3	
<i>ethyl chloride</i>	1	
<i>glydo</i>	1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl injection syringe 10 mg/ml (1 %)</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch, medicated</i>	1	ST
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	
LIDOCAINE-TETRACAINE	3	
LIDODERM	3	ST
<i>lta pre-attached</i>	1	
PLIAGLIS	3	
SYNERA	3	
XYLOCAINE INJECTION	3	
XYLOCAINE-EPINEPHRINE	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
ZINGO	3	
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX	3	
BACTROBAN TOPICAL CREAM	3	
CENTANY	3	
CENTANY AT	3	
CORTISPORIN TOPICAL	3	
DERMASORB AF COMPLETE KIT	3	
<i>gentamicin topical</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	
<i>iodoquinol-hc</i>	1	
KLARON	3	
<i>lugols topical</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
SILVRSTAT	3	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
VYTON	3	
<b>TOPICAL ANTIFUNGALS</b>		
ALA-QUIN	3	
<i>ciclodan</i>	1	
CICLODAN KIT	3	
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole</i>	1	
ECOZA	3	
ERTACZO	3	
EXELDERM	3	
EXODERM	3	
EXTINA	3	
JUBLIA	3	
KERYDIN	3	
<i>ketoconazole topical</i>	1	
LOPROX (AS OLAMINE)	3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	
LOPROX TOPICAL SHAMPOO	3	
LOTRISONE TOPICAL CREAM	3	
LUZU	3	
<i>naftifine</i>	1	
NAFTIN TOPICAL CREAM 2 %	3	
NAFTIN TOPICAL GEL	3	
NIZORAL TOPICAL SHAMPOO	3	
<i>nyamyc</i>	1	
<i>nyata</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nystop</i>	1	
<i>oxiconazole</i>	1	
OXISTAT	3	
PENLAC	3	
TRIACETIN	2	
TRIPLE DYE	3	
VUSION	3	
XOLEGEL	3	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical</i>	1	ST; QL
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	2	ST; QL
ZOVIRAX TOPICAL OINTMENT	3	ST; QL
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 2.5 %</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	
<i>apexicon e</i>	1	
AQUA GLYCOLIC HC	3	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
CAPEX	3	ST
<i>clobetasol</i>	1	
<i>clobetasol-emollient</i>	1	
CLOBEX	3	ST
CLOCORTOLONE PIVALATE	3	ST
<i>clodan</i>	1	
CLODAN KIT	3	ST
CLODERM	3	ST
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM	3	ST
CORDRAN TOPICAL LOTION	3	ST
CORDRAN TOPICAL OINTMENT	3	ST



Drug Name	Drug Tier	Requirements / Limits
<i>cormax scalp</i>	1	
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTHIE/FS BODY OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL	3	ST
DERMASORB HC COMPLETE KIT	3	ST
DERMASORB TA COMPLETE KIT	3	ST
DERMATOP	3	ST
DESONATE	3	ST
<i>desonide</i>	1	
DESOWEN	3	ST
<i>desoximetasone</i>	1	
<i>diflorasone</i>	1	
DIPROLENE AF	3	ST
DIPROLENE TOPICAL OINTMENT	3	ST
ELOCON TOPICAL CREAM	3	ST
ELOCON TOPICAL OINTMENT	3	ST
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurandrenolide</i>	1	
<i>fluticasone topical</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone butyr-emollient</i>	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-min oil-wht pet</i>	1	
KENALOG TOPICAL	3	ST
LOCOID	3	ST
LOCOID LIPOCREAM	3	ST
LUXIQ	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone topical</i>	1	
<i>nolix</i>	1	
NUCORT	3	ST
OLUX	3	ST
OLUX-E	3	ST
PANDEL	3	ST
<i>prednicarbate</i>	1	
PSORCON	3	ST
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL CREAM	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST
TEXACORT	3	ST
TOPICORT	3	ST
<i>triamcinolone acetonide topical aerosol</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex</i>	1	
<i>triderm topical cream</i>	1	
TRIDESILON	3	ST
ULTRAVATE	3	ST
ULTRAVATE X	3	ST
VANOS	3	ST
VERDESO	3	ST

## TOPICAL ENZYMES

SANTYL

2

## TOPICAL SCABICIDES / PEDICULICIDES

Drug Name	Drug Tier	Requirements / Limits
ELIMITE	3	
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
NATROBA	3	
OVIDE	3	
<i>permethrin topical cream</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	

## DIAGNOSTICS & MISCELLANEOUS AGENTS

### ANOREXIANTS

ADIPEX-P	3	PA
BELVIQ	3	PA
BELVIQ XR	3	PA
<i>benzphetamine</i>	1	PA
CONTRAVE	3	PA
<i>diethylpropion</i>	1	PA
LOMAIRA	3	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phentermine</i>	1	PA
QSYMIA	3	PA
REGIMEX	3	PA
SAXENDA	3	PA
XENICAL	3	PA

### ANTIDOTES

ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	3	
DUODOTE	3	

### IRRIGATING SOLUTIONS

<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
NEOSPORIN GU IRRIGANT	3	
PHYSIOLYTE	3	

Drug Name	Drug Tier	Requirements / Limits
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
VASHE WOUND THERAPY	3	

## MISCELLANEOUS AGENTS

<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
ACTONEL ORAL TABLET 30 MG	3	ST; QL
AGRYLIN	3	
<i>alendronate oral tablet 40 mg</i>	1	QL
AMPHADASE	3	
<i>anagrelide</i>	1	
ANTABUSE	3	
ARALAST NP	4	PA; ST
BUPHENYL ORAL POWDER	3	
BUPHENYL ORAL TABLET	2	
<i>caffeine citrate oral</i>	1	
CARBAGLU	4	
CARNITOR	3	
CARNITOR (SUGAR-FREE)	3	
<i>cevimeline</i>	1	
CHEMET	2	ST
<i>disulfiram</i>	1	
<i>etidronate disodium</i>	1	
EVOXAC	3	
EXJADE	4	ST
FERRIPROX ORAL SOLUTION	2	ST
FERRIPROX ORAL TABLET	4	ST
FERRLECIT	3	
GLASSIA	4*	PA; ST
HYLENEX	3	
<i>ic green</i>	1	
<i>indocyanine green</i>	1	
INFASURF	3	

Drug Name	Drug Tier	Requirements / Limits
JADENU	4	ST
JADENU SPRINKLE	4*	ST
KIT PREP OF TC-99M-MEBROFENIN	3	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral tablet</i>	1	
LIPOCHOL PLUS	3	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
NORTHERA	4*	ST
NUTRESTORE	3	
ORFADIN	4	
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C	4	PA; ST
RADIOGARDASE	3	
RAVICTI	4	
RILUTEK	3	
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
SINOGRAFIN	3	
<i>sodium chlor 0.9% bacteriostat</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % injection syringe</i>	1	
<i>sodium chloride 0.9 % intravenous</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	
<i>sodium phenylbutyrate</i>	1	
SURVANTA	3	
SYPRINE	3	ST
THIOLA	4*	
<i>water for irrigation, sterile</i>	1	
XURIDEN	4	
ZEMAIRA	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	ACA	ACA; QL
CHANTIX	ACA	ACA; QL
CHANTIX CONTINUING MONTH BOX	ACA	ACA; QL
CHANTIX STARTING MONTH BOX	ACA	ACA; QL
NICODERM CQ	ACA	ACA; OTC; QL
<i>nicorelief</i>	ACA	ACA; OTC; QL
NICORETTE BUCCAL GUM 2 MG	ACA	ACA; OTC; QL
<i>nicorette buccal gum 4 mg</i>	ACA	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE	ACA	ACA; OTC; QL
NICORETTE BUCCAL MINI LOZENGE	ACA	ACA; OTC; QL
<i>nicotine (polacrilex)</i>	ACA	ACA; OTC; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 7 mg/24 hr</i>	ACA	ACA; OTC; QL
<i>nicotine transdermal patch, td daily, sequential</i>	ACA	ACA; OTC; QL
NICOTROL	ACA	ACA; QL
NICOTROL NS	ACA	ACA; QL
<i>nts step 1</i>	ACA	ACA; OTC; QL
<i>quit 2 buccal gum</i>	ACA	ACA; OTC; QL
QUIT 2 BUCCAL LOZENGE	ACA	ACA; OTC; QL
<i>quit 4 buccal gum</i>	ACA	ACA; OTC; QL
QUIT 4 BUCCAL LOZENGE	ACA	ACA; OTC; QL
<i>stop smoking aid</i>	ACA	ACA; OTC; QL
ZYBAN	ACA	ACA; QL
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	
<i>azelastine nasal aerosol, spray</i>	1	QL
<i>azelastine nasal spray, non-aerosol</i>	1	
BACTROBAN NASAL	2	
<i>chlorhexidine gluconate mucous membrane</i>	1	
DEBACTEROL	2	

Drug Name	Drug Tier	Requirements / Limits
EPISIL	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	QL
MUGARD	DME	
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PATANASE	3	QL
PERIDEX	3	
<i>perlogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
Q-CARE RX Q4	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>triamcinolone acetonide dental</i>	1	
TYZINE NASAL DROPS 0.1 %	3	
TYZINE NASAL SPRAY, NON-AEROSOL	3	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CETRAXAL	3	
<i>ciprofloxacin hcl otic</i>	1	
DERMOTIC OIL	3	
<i>floxin otic drops</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic</i>	1	
OTIPRIO	3	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
<i>neomycin-polymyxin-hc otic</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OTOVEL	3	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR H.P.	4	PA
<i>betamethasone acet,sod phos</i>	1	
CELESTONE SOLUSPAN	3	
CORTEF	3	
<i>cortisone</i>	1	
<i>deltasone oral tablet 20 mg</i>	1	
DEPO-MEDROL	3	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phos (pf)</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
EMFLAZA	4*	ST
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
KENALOG INJECTION	3	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>millipred dp</i>	1	
MILLIPRED ORAL SOLUTION	3	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	
<i>triamcinolone acetonide injection</i>	1	
TRIESENCE (PF)	3	
<i>veripred 20</i>	1	

## ANTITHYROID AGENTS

<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	

## BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

ACCU-CHEK AVIVA PLUS TEST STRP	DS	OTC
ACCU-CHEK COMPACT PLUS TEST	DS	OTC
ACCU-CHEK GUIDE	DS	OTC
ACCU-CHEK SMARTVIEW TEST STRIP	DS	OTC
ACCUTREND GLUCOSE	DS	OTC
ADVANCED GLUC METER TEST STRIP	DS	OTC
ADVOCATE REDI-CODE	DS	OTC
ADVOCATE TEST STRIPS	DS	OTC
AGAMATRIX AMP TEST STRIPS	DS	OTC
ASSURE 4 STRIPS	DS	OTC
ASSURE PLATINUM STRIP	DS	OTC
ASSURE PRISM MULTI STRIP	DS	OTC
BIONIME RIGHTEST TEST STRIPS	DS	OTC
BLOOD GLUCOSE TEST	DS	OTC
BREEZE 2 TEST STRIPS	DS	OTC
CARESENS N TEST STRIPS	DS	OTC
CLEVER CHOICE MICRO TEST STRIP	DS	OTC
CLEVER CHOICE PRO STRIP	DS	OTC
CLEVER CHOICE TEST STRIPS	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE VOICE+ TEST	DS	OTC
CONTOUR NEXT STRIPS	DS	OTC
CONTOUR TEST STRIPS	DS	OTC
COOL GLUCOSE TEST STRIP	DS	OTC
DIATRUE PLUS TEST STRIP	DS	OTC
EASY PLUS II TEST	DS	OTC
EASY STEP	DS	OTC
EASY TALK GLUCOSE TEST	DS	OTC
EASY TOUCH TEST STRIP	DS	OTC
EASY TRAK GLUCOSE TEST	DS	OTC
EASYGLUCO PLUS STRIP	DS	OTC
EASYGLUCO TEST	DS	OTC
EASYMAX	DS	OTC
ELEMENT COMPACT TEST STRIPS	DS	OTC
ELEMENT TEST STRIPS	DS	OTC
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	DS	OTC
EMBRACE EVO TEST STRIPS	DS	OTC
EMBRACE PRO TEST STRIPS	DS	OTC
EVENCARE G2 STRIP	DS	OTC
EVENCARE G3 TEST	DS	OTC
EVOLUTION TEST STRIPS	DS	OTC
EZ SMART PLUS TEST	DS	OTC
EZ SMART TEST	DS	OTC
FIFTY50 TEST STRIP	DS	OTC
FORA D15G	DS	OTC
FORA D20 STRIP	DS	OTC
FORA D40-G31 TEST STRIPS	DS	OTC
FORA G20 STRIP	DS	OTC
FORA G30A STRIP	DS	OTC
FORA GD50 TEST STRIPS	DS	OTC
FORA TEST STRIP	DS	OTC
FORA TN'G VOICE TEST STRIPS	DS	OTC
FORA V10 STRIP	DS	OTC
FORA V10-V12-D10-D20 STRIPS	DS	OTC
FORA V12 GLUCOSE	DS	OTC
FORA V20 STRIP	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
FORACARE GD20	DS	OTC
FORACARE GD40	DS	OTC
FORTISCARE GLUCOSE TEST STRIPS	DS	OTC
FREESTYLE INSULINX STRIP	DS	OTC
FREESTYLE INSULINX TEST STRIPS	DS	OTC
FREESTYLE LITE STRIPS	DS	OTC
FREESTYLE PRECISION NEO STRIPS	DS	OTC
FREESTYLE TEST	DS	OTC
GE100 BLOOD GLUCOSE TEST STRIP	DS	OTC
GENSTRIP TEST STRIP	DS	OTC
GLUCO NAVII TEST STRIP	DS	OTC
GLUCOCARD 01 SENSOR PLUS	DS	OTC
GLUCOCARD EXPRESSION STRIP	DS	OTC
GLUCOCARD SHINE TEST STRIPS	DS	OTC
GLUCOCARD VITAL SENSOR	DS	OTC
GLUCOCARD VITAL TEST STRIPS	DS	OTC
GLUCOCOM GLUCOSE	DS	OTC
GM100 STRIP	DS	OTC
HEALTHPRO TEST STRIPS	DS	OTC
INFINITY TEST STRIPS	DS	OTC
LIBERTY TEST	DS	OTC
MICRO BLOOD GLUCOSE	DS	OTC
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	DS	OTC
MYGLUCOHEALTH STRIP	DS	OTC
NEUTEK 2TEK TEST STRIPS	DS	OTC
NOVA MAX GLUCOSE TEST	DS	OTC
ON CALL EXPRESS TEST STRIP	DS	OTC
ON CALL PLUS TEST STRIP	DS	OTC
ON CALL VIVID TEST STRIP	DS	OTC
ONETOUCH ULTRA TEST	DS	OTC
ONETOUCH VERIO	DS	OTC
OPTIUM EZ	DS	OTC
OPTIUM TEST	DS	OTC
OPTUMRX STRIP	DS	OTC
PHARMACIST CHOICE	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
PRECISION PCX PLUS TEST	DS	OTC
PRECISION PCX TEST	DS	OTC
PRECISION POINT OF CARE TEST	DS	OTC
PRECISION Q-I-D TEST	DS	OTC
PRECISION XTRA TEST	DS	OTC
PREMIUM V10 STRIP	DS	OTC
PRODIGY NO CODING	DS	OTC
QUINTET AC STRIP	DS	OTC
REFUAH PLUS	DS	OTC
RELION CONFIRM-MICRO	DS	OTC
RELION PRIME TEST STRIPS	DS	OTC
REVEAL TEST STRIP	DS	OTC
RIGHTEST GS550 TEST STRIPS	DS	OTC
SMART SENSE TEST STRIPS	DS	OTC
SMARTEST TEST	DS	OTC
SOLUS V2 TEST STRIPS	DS	OTC
SURE-TEST EASYPLUS MINI STRIP	DS	OTC
TELCARE TEST STRIPS	DS	OTC
TEST N'GO TEST	DS	OTC
TRUE METRIX GLUCOSE TEST STRIP	DS	OTC
TRUETEST TEST STRIPS	DS	OTC
TRUETRACK TEST	DS	OTC
ULTIMA TEST STRIPS	DS	OTC
ULTRATRAK	DS	OTC
ULTRATRAK ULTIMATE STRIP	DS	OTC
UNISTRIP1 TEST STRIP	DS	OTC
WAVESENSE JAZZ	DS	OTC
WAVESENSE PRESTO STRIP	DS	OTC

## DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT

ACE AEROSOL CLOUD ENHANCER	DME	
AEROCHAMBER MINI	DME	
AEROCHAMBER PLUS FLOW-VU	DME	
AEROCHAMBER PLUS Z STAT SM MSK	DME	
AEROTRACH PLUS	DME	

Drug Name	Drug Tier	Requirements / Limits
AEROVENT PLUS	2	
BREATHERITE WITH MASK, SMALL	DME	
CLEVER CHOICE CHAMBER-SM MASK	2	
COMPACT SPACE CHAMBER-LRG MASK	2	
EASIVENT HOLDING CHAMBER	DME	
E-Z SPACER	DME	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL	3	
INSPIRACHAMBER WITH MASK-LARGE	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	DS	
LITAIRE MDI CHAMBER	2	
MICROCHAMBER	DME	
MICROSPACER	DME	
OPTICHAMBER DIAMOND LG MASK	DME	
POCKET CHAMBER	DME	
PRIMEAIRE	DME	
PROCHAMBER	DME	
RITFLO AEROCHAMBER	DME	
VORTEX HOLDING CHAMBER CHILD	DME	
VORTEX VHC FROG MASK-CHILD	DME	
VORTEX VHC LADYBUG MASK-TODDLR	DME	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	
PROGLYCEM	2	
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIP</b>		
2TEK GLUCOSE/BLOOD PRESSURE	DS	OTC
ACCU-CHEK AVIVA CONNECT METER	DS	OTC
ACCU-CHEK AVIVA PLUS METER	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK COMBO SYSTEM	DS	
ACCU-CHEK COMPACT PLUS CONTROL	DS	OTC
ACCU-CHEK GUIDE GLUCOSE METER	DS	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	DS	OTC
ACCU-CHEK NANO	DS	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	DS	OTC
ACCUTREND GLUCOSE CONTROL	DS	OTC
ADVANCED GLUCOSE METER	DS	OTC
ADVOCATE BLOOD GLUCOSE MONITOR	DS	OTC
ADVOCATE DUO	DS	OTC
ADVOCATE LOW CONTROL	DS	OTC
ADVOCATE REDI-CODE DUO METER	DS	OTC
ADVOCATE REDI-CODE GLU MONITOR	DS	OTC
ADVOCATE REDI-CODE+ CTRL LOW	DS	OTC
AGAMATRIX AMP GLUC MONITOR SYS	DS	OTC
AGAMATRIX CONTROL HIGH	DS	OTC
ASSURE 4 CONTROL SOLUTION	DS	OTC
ASSURE DOSE NORMAL CONTROL	DS	OTC
ASSURE PLATINUM	DS	OTC
ASSURE PRISM CONTROL 1-2 SOLN	DS	OTC
ASSURE PRISM MULTI METER	DS	OTC
AT HOME A1C	DS	OTC
AUTOJECT 2 INJECTION DEVICE	DS	OTC
AUTOPEN 1 TO 21 UNITS	DS	OTC
BIONIME RIGHTEST GM300 SYSTEM	DS	OTC
BLOOD GLUCOSE CONTROL, NORMAL	DS	OTC
BLOOD-GLUCOSE METER	DS	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	DS	OTC
CARESENS CONTROL A NORMAL	DS	OTC
CARESENS N	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
CARESENS N VOICE	DS	OTC
CARTRIDGE STAMPED IR 1200	DS	OTC
CLEO 90 INFUSION SET 24"	DS	
CLEVER CHEK BLOOD GLUCOSE	DS	OTC
CLEVER CHOICE GLUCOSE MONITOR	DS	OTC
CLEVER CHOICE LEVEL 2 CONTROL	DS	OTC
CLEVER CHOICE MICRO	DS	OTC
CLEVER CHOICE PRO	DS	OTC
COMFORT INFUSION SET 43"	DS	
COMFORT SHORT INSULIN PUMP 23"	DS	
CONTACT DETACH INFUS SET 23"	DS	
CONTOUR CONTROL SOLUTION, NML	DS	OTC
CONTOUR LINK	DS	OTC
CONTOUR NEXT EZ METER	DS	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	DS	OTC
CONTOUR NEXT LINK	DS	OTC
CONTOUR NEXT METER	DS	OTC
CONTOUR NEXT ONE METER	DS	OTC
CONTROL AST MONITORING SYSTEM	DS	OTC
COOL BLOOD GLUCOSE METER	DS	OTC
COOL CONTROL A SOLUTION	DS	OTC
DEXCOM G5 RECEIVER	DS	
DIATRUE CONTROL SOLN NORMAL	DS	OTC
DIATRUE PLUS BLOOD GLUCOSE MET	DS	OTC
EASY PLUS II BLOOD GLUCOSE MET	DS	OTC
EASY STEP BLOOD GLUCOSE METER	DS	OTC
EASY TALK BLOOD GLUCOSE METER	DS	OTC
EASY TOUCH GLUCOSE MONITOR	DS	OTC
EASY TRAK LOW CONTROL	DS	OTC
EASYGLUCO MONITORING SYSTEM	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
EASYGLUCO PLUS KIT	DS	OTC
EASYGLUCO PLUS NORMAL CONTROL	DS	OTC
EASYMAX L BLOOD GLUCOSE METER	DS	OTC
EASYMAX LOW CONTROL	DS	OTC
EASYMAX NG KIT	DS	OTC
EASYMAX NORMAL CONTROL	DS	OTC
EASYMAX V SPEAKING GLUCOSE SYS	DS	OTC
EASYMAX V2 BLOOD GLUCOSE METER	DS	OTC
ELEMENT COMPACT GLUCOSE METER	DS	OTC
ELEMENT COMPACT NORMAL CONTROL	DS	OTC
ELEMENT COMPACT V GLUCOSE MTR	DS	OTC
ELEMENT NORMAL CONTROL	DS	OTC
ELEMENT PLUS BLOOD GLUCOSE KIT	DS	OTC
EMBRACE BLOOD GLUCOSE SYSTEM	DS	OTC
EMBRACE EVO LEVEL 1	DS	OTC
EMBRACE GLUCOSE CONTROL LOW	DS	OTC
EMBRACE PRO GLUCOSE METER	DS	OTC
ENLITE SYSTEM	DS	
EVENCARE G2	DS	OTC
EVENCARE G3 GLUCOSE METER	DS	OTC
EVOLUTION BLOOD GLUCOSE METER	DS	OTC
EVOLUTION NORMAL CONTROL	DS	OTC
EZ SMART PLUS SYSTEM	DS	OTC
EZ SMART SYSTEM	DS	OTC
FORA D10	DS	OTC
FORA D20 KIT	DS	OTC
FORA G20 KIT	DS	OTC
FORA G30A	DS	OTC



Drug Name	Drug Tier	Requirements / Limits
FORA GD50 BLOOD GLUCOSE SYSTEM	DS	OTC
FORA PREMIUM V10 GLUCOSE METER	DS	OTC
FORA TEST N'GO VOICE METER	DS	OTC
FORA TN'G VOICE METER	DS	OTC
FORA V10 KIT	DS	OTC
FORA V12 BLOOD GLUCOSE SYSTEM	DS	OTC
FORA V20 KIT	DS	OTC
FORA V30A KIT	DS	OTC
FORACARE GD20 GLUCOSE METER	DS	OTC
FORACARE GD40A GLUCOSE METER	DS	OTC
FORACARE GD40B GLUCOSE METER	DS	OTC
FORACARE GDH LOW CONTROL	DS	OTC
FORTISCARE BLOOD GLUCOSE SYST	DS	OTC
FORTISCARE NORMAL	DS	OTC
FREESTYLE CONTROL	DS	OTC
FREESTYLE FLASH SYSTEM	DS	OTC
FREESTYLE FREEDOM	DS	OTC
FREESTYLE FREEDOM LITE	DS	OTC
FREESTYLE INSULINX	DS	OTC
FREESTYLE LITE METER	DS	OTC
FREESTYLE PRECISION NEO METER	DS	OTC
FREESTYLE SIDEKICK II	DS	OTC
FREESTYLE SYSTEM KIT	DS	OTC
GE100 BLOOD GLUCOSE SYSTEM	DS	OTC
GE100 CONTROL SOLUTION NORMAL	DS	OTC
GLUCO NAVII GLUCOSE MONITOR	DS	OTC
GLUCOCARD 01 METER	DS	OTC
GLUCOCARD 01 NORMAL CONTROL	DS	OTC
GLUCOCARD EXPRESSION	DS	OTC
GLUCOCARD SHINE METER	DS	OTC
GLUCOCARD VITAL	DS	OTC
GLUCOCOM BLOOD GLUCOSE	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
GLUCOCOM CONTROL NORMAL	DS	OTC
GLUCOSE CONTROL	DS	OTC
GM100 KIT	DS	OTC
HEALTHPRO GLUCOSE MONITOR	DS	OTC
HEALTHPRO HIGH-LOW CONTROL	DS	OTC
HUMAPEN LUXURA HD	DS	
INFINITY CONTROL SOLUTION NORM	DS	OTC
INFINITY STARTER KIT	DS	OTC
INSET 30 INFUSION SET 23"	DS	
INSET INFUSION SET 23"	DS	
JAZZ WIRELESS 2 METER KIT	DS	OTC
LANCETS 33 GAUGE	DS	OTC
LANCING DEVICE	DS	OTC
LIBERTY LEV 1 GLUCOSE CONTROL	DS	OTC
LIBERTY LEV 2 GLUCOSE CONTROL	DS	OTC
MEDISENSE	DS	OTC
MEDISENSE GLUCOSE KETONE	DS	OTC
MICRODOT BLOOD GLUCOSE SYSTEM	DS	OTC
MINIMED INFUSION SET-MMT 390	DS	
MIO INFUSION SET	DS	
MYGLUCOHEALTH CONTROL SOLUTION	DS	OTC
MYGLUCOHEALTH KIT	DS	OTC
NOVA MAX BLOOD GLUCOSE METER	DS	OTC
NOVA MAX GLUCOSE CONTROL	DS	OTC
NOVAMAX PLUS GLU-KET	DS	OTC
NOVOPEN ECHO	DS	
OMNIPOD INSULIN REFILL	DS	
ON CALL EXPRESS CONTROL	DS	OTC
ON CALL EXPRESS METER KIT	DS	OTC
ON CALL PLUS CONTROL	DS	OTC
ON CALL PLUS METER KIT	DS	OTC
ON CALL VIVID CONTROL	DS	OTC
ON CALL VIVID METER KIT	DS	OTC
ON CALL VIVID PAL METER KIT	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRA CONTROL	DS	OTC
ONETOUCH ULTRA2	DS	OTC
ONETOUCH ULTRAMINI	DS	OTC
ONETOUCH VERIO FLEX	DS	OTC
ONETOUCH VERIO IQ METER	DS	OTC
ONETOUCH VERIO SYNC	DS	OTC
ONETOUCH VERIO SYSTEM	DS	OTC
OPTUMRX KIT	DS	OTC
PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	DS	OTC
PHARMACIST CHOICE GLUCOSE SYS	DS	OTC
PRECISION XTRA MONITOR	DS	OTC
PREMIUM BLOOD GLUCOSE MONITOR	DS	OTC
PREMIUM V10	DS	OTC
PRESTO PRO BLOOD GLUCOSE METER	DS	OTC
PRODIGY AUTOCODE METER	DS	OTC
PRODIGY AUTOCODE MONITOR SYST	DS	OTC
PRODIGY CONTROL SOLUTION, LOW	DS	OTC
PRODIGY CONTROL SOLUTION,HIGH	DS	OTC
PRODIGY POCKET METER	DS	OTC
PRODIGY VOICE GLUCOSE METER	DS	OTC
QUICK-SET PARADIGM	DS	
QUINTET BLOOD GLUCOSE METER	DS	OTC
REFUAH PLUS GLUCOSE CONTROL	DS	OTC
REFUAH PLUS GLUCOSE MONITOR	DS	OTC
RELION ALL-IN-ONE METER	DS	OTC
RELION CONFIRM	DS	OTC
RELION MICRO GLUCOSE MONITOR KIT	DS	OTC
RELION PRIME METER	DS	OTC
REVEAL BLOOD GLUCOSE METER	DS	OTC
RIGHTEST CONTROL SOLUTION HIGH	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
RIGHTEST GM550 SYSTEM	DS	OTC
SAFE-CLIP BY MAIL	DS	OTC
SIDEKICK BLOOD GLUCOSE SYSTEM	DS	OTC
SMART SENSE MONITORING SYSTEM	DS	OTC
SMARTEST CONTROL	DS	OTC
SMARTEST EJECT	DS	OTC
SMARTEST PERSONA STARTER	DS	OTC
SMARTEST PRONTO STARTER	DS	OTC
SMARTEST PROTEGE	DS	OTC
SNAP INSULIN PUMP CONTROLLER	DS	
SNAP INSULIN PUMP-INFUSION SET	DS	
SOLUS V2 AUDIBLE METER	DS	OTC
SOLUS V2 CONTROL SOLUTION,HIGH	DS	OTC
SURE-T PARADIGM	DS	
SURE-TEST EASYPLUS MINI METER	DS	OTC
T:30 INFUSION SET	DS	
T:SLIM	DS	
TELCARE BGM	DS	OTC
TELCARE BLOOD GLUCOSE KIT	DS	OTC
TELCARE CONTROL	DS	OTC
TEST N'GO BLOOD GLUCOSE SYSTEM	DS	OTC
TRUE METRIX AIR GLUCOSE METER	DS	OTC
TRUE METRIX GLUCOSE METER	DS	OTC
TRUE METRIX GO GLUCOSE METER	DS	OTC
TRUE METRIX LEVEL 1	DS	OTC
TRUE2GO BLOOD GLUCOSE SYSTEM	DS	OTC
TRUECONTROL LEVEL 0	DS	OTC
TRUERESULT BLOOD GLUCOSE SYSTEM	DS	OTC
TRUETEST LOW GLUCOSE CONTROL	DS	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM	DS	OTC
TRUETRACK SMART SYSTEM KIT	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
ULTRATRAK GLUCOSE METER	DS	OTC
ULTRATRAK ULTIMATE	DS	OTC
UNISTRIP LOW CONTROL	DS	OTC
VGO 20	DS	
VGO 30	DS	
VGO 40	DS	
WAVESENSE AMP	DS	OTC
WAVESENSE CONTROL SOLUTION	DS	OTC
WAVESENSE PRESTO	DS	OTC

### INSULIN THERAPY

AFREZZA	3	
APIDRA	3	
APIDRA SOLOSTAR	3	
BASAGLAR KWIKPEN	2	
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50-50	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R U-100	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70-30	3	
NOVOLOG MIX 70-30 FLEXPEN	3	

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG PENFILL	3	
RELION NOVOLIN 70/30	3	
RELION NOVOLIN N	3	
RELION NOVOLIN R	3	
SOLIQUA 100/33	3	QL
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
XULTOPHY 100/3.6	3	QL

### MISCELLANEOUS HORMONES

ANADROL-50	3	
<i>androxy</i>	1	
BRINEURA INTRAVENTRICULAR KIT	4	
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	50%	
<i>clomiphene citrate</i>	50%	
<i>danazol</i>	1	
DDAVP NASAL SOLUTION	3	
DDAVP ORAL	3	
DEPO-TESTOSTERONE	3	PA
<i>desmopressin nasal solution</i>	1	
<i>desmopressin nasal spray, non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML)	2	
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
HECTOROL ORAL	3	
KORLYM	4*	PA

Drug Name	Drug Tier	Requirements / Limits
KUVAN ORAL POWDER IN PACKET 500 MG	4	PA
KUVAN ORAL TABLET,SOLUBLE	4	PA
MIACALCIN INJECTION	3	
MYALEPT	4	ST
NATPARA	4	ST
OXANDRIN	3	
<i>oxandrolone</i>	1	
<i>pamidronate</i>	4	
<i>paricalcitol oral</i>	1	
RAYALDEE	3	
ROCALTROL	3	
SAMSCA	4	PA; QL
SENSIPAR	2	ST
SOMAVERT	4	
STIMATE	4	
STRENSIQ	4	
SYNAREL	3	
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA
VAPRISOL	3	
VASOSTRICT	3	
ZAVESCA	4	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose</i>	1	
ACTOPLUS MET	3	ST; QL
ACTOPLUS MET XR	2	ST; QL
ACTOS	3	ST; QL
ADLYXIN	3	ST; QL
ALOGLIPTIN	3	ST; QL
ALOGLIPTIN-METFORMIN	3	ST; QL
ALOGLIPTIN-PIOGLITAZONE	3	ST; QL
AMARYL	3	

Drug Name	Drug Tier	Requirements / Limits
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
BYDUREON	2	ST; QL
BYETTA	2	ST; QL
<i>chlorpropamide</i>	1	
CYCLOSET	3	
DUETACT	3	ST; QL
FARXIGA	2	QL
FORTAMET	3	ST
<i>glimepiride</i>	LCG	LCG
<i>glipizide</i>	LCG	LCG
<i>glipizide-metformin</i>	1	
GLUCOPHAGE	3	ST
GLUCOPHAGE XR	3	ST
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	
GLUMETZA	3	ST
<i>glyburide</i>	LCG	LCG
<i>glyburide micronized</i>	LCG	LCG
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	LCG	LCG
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	2	QL
INVOKAMET	3	QL
INVOKAMET XR	3	QL
INVOKANA	3	QL
JANUMET	2	ST; QL
JANUMET XR	2	ST; QL
JANUVIA	2	ST; QL
JARDIANCE	2	QL
JENTADUETO	2	ST; QL
JENTADUETO XR	2	ST; QL
KAZANO	3	ST; QL
KOMBIGLYZE XR	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet</i>	LCG	LCG
<i>metformin oral tablet extended release 24 hr 500 mg</i>	LCG	LCG
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr</i>	1	ST
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
NESINA	3	ST; QL
ONGLYZA	3	ST; QL
OSENI	3	ST; QL
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE	3	
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	QL
RIOMET	3	ST
STARLIX	3	
SYMLINPEN 120	2	ST; QL
SYMLINPEN 60	2	ST; QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TANZEUM	2	ST; QL
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	2	ST; QL
TRULICITY	3	ST; QL
VICTOZA 2-PAK	3	ST; QL
VICTOZA 3-PAK	3	ST; QL
XIGDUO XR	2	QL
<b>THYROID HORMONES</b>		
ARMOUR THYROID	2	
CYTOMEL	3	
LEVO-T	3	

Drug Name	Drug Tier	Requirements / Limits
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 50 mcg</i>	v	LCG
<i>levothyroxine oral tablet 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 50 mcg</i>	LCG	LCG
<i>levoxyl oral tablet 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine</i>	1	
<i>nature-throid</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
TIROSINT	3	
TRIOSTAT	3	
<i>unithroid oral tablet 100 mcg, 50 mcg</i>	LCG	LCG
<i>unithroid oral tablet 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 75 mcg, 88 mcg</i>	1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	
WP THYROID	3	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>		
<i>anaspaz</i>	1	
<i>atropine injection solution</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>belladonna alkaloids-opium</i>	1	
<i>belladonna-opium</i>	1	
BENTYL ORAL CAPSULE	3	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine oral capsule</i>	LCG	LCG
<i>dicyclomine oral solution</i>	LCG	LCG
<i>dicyclomine oral tablet</i>	LCG	LCG
<i>diphenoxylate-atropine</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
<i>ed-spaz</i>	1	
<i>glycopyrrolate injection</i>	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate oral</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	3	
LOMOTIL	3	
<i>methscopolamine</i>	1	
MOTOFEN	3	
MYTESI	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>paregoric</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro</i>	1	
<i>propantheline</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ROBINUL	3	
ROBINUL FORTE	3	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
ACTIGALL	3	
AKYNZEO	2	QL
<i>alophen</i>	ACA	ACA; OTC
<i>alosetron</i>	1	
ALOXI	2	QL
AMITIZA	2	
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM	3	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1% (4G)	3	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	ST
ANZEMET ORAL	3	QL
<i>aprepitant</i>	1	QL
APRISO	2	
ASACOL HD	3	
AURYXIA	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>bisacodyl oral</i>	ACA	ACA; OTC
<i>bisa-lax</i>	ACA	ACA; OTC
<i>budesonide oral</i>	1	
<i>calcium acetate oral capsule</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CANASA	2	
CESAMET	3	QL

Drug Name	Drug Tier	Requirements / Limits
CHENODAL	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	ST
CHOLBAM ORAL CAPSULE 50 MG	4	ST; QL
CIMZIA	4*	ST
CIMZIA POWDER FOR RECONST	4*	ST
<i>citrate of magnesia</i>	ACA	ACA; OTC
<i>citroma</i>	ACA	ACA; OTC
COLAZAL	3	
<i>colocort</i>	1	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CORTIFOAM	2	
CREON	2	
<i>cromolyn oral</i>	1	
CYSTADANE	4	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	
DICLEGIS	3	
<i>dimenhydrinate injection solution</i>	1	
DIPENTUM	3	
<i>dronabinol</i>	1	
<i>droperidol injection solution</i>	1	
<i>ducodyl</i>	ACA	ACA; OTC
<i>eliphos</i>	1	
EMEND INTRAVENOUS	2	QL
EMEND ORAL CAPSULE 125 MG, 40 MG	2	QL
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL CAPSULE,DOSE PACK	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	QL
ENTOCORT EC	3	
<i>enulose</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fleet laxative</i>	ACA	ACA; OTC
FOSRENOL	3	
GASTROCROM	3	
GATTEX 30-VIAL	4*	
<i>gavilyte-c</i>	ACA	ACA
<i>gavilyte-g</i>	ACA	ACA
<i>gavilyte-n</i>	ACA	ACA
<i>generlac</i>	1	
<i>gentle laxative oral</i>	ACA	ACA; OTC
GIAZO	3	
GOLYTELY ORAL POWDER IN PACKET	ACA	ACA
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron (pf)</i>	1	
<i>granisetron hcl intravenous</i>	1	
<i>granisetron hcl oral</i>	1	QL
<i>hemmorex-hc</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1%, 2.5-1% (4g)</i>	1	
<i>kionex</i>	1	
<i>kionex (with sorbitol)</i>	1	
KRISTALOSE	3	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative (bisacodyl) oral</i>	ACA	ACA; OTC
<i>laxative feminine</i>	ACA	ACA; OTC
LIALDA	3	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL CREAM 3%-1% (7 GRAM)	3	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5%</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	
LOTRONEX	3	
MAGNEBIND 400	3	
<i>magnesium citrate oral solution</i>	ACA	ACA; OTC
MARINOL	3	
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl injection solution</i>	LCG	LCG
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	LCG	LCG
<i>metoclopramide hcl oral tablet</i>	LCG	LCG
<i>metoclopramide hcl oral tablet,disintegrating</i>	1	
MICORT-HC	3	ST
<i>milk of magnesia</i>	ACA	ACA; OTC
<i>milk of magnesia concentrated</i>	ACA	ACA; OTC
MOVANTIK	2	
MOVIPREP	ACA	ACA
NULYTELY WITH FLAVOR PACKS	3	
OCALIVA	4	PA; QL
<i>ondansetron</i>	1	QL
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral</i>	1	QL
<i>oral saline laxative oral liquid</i>	ACA	ACA; OTC
OSMOPREP	ACA	ACA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	
<i>peg 3350-electrolytes</i>	ACA	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>peg-electrolyte soln</i>	ACA	ACA
<i>peg-prep</i>	ACA	ACA
PENTASA	2	
PERTZYE	3	
PHOSLYRA	3	
<i>phosphate laxative oral liquid</i>	ACA	ACA; OTC
<i>pramcort</i>	1	
PREPOPIK	ACA	ACA
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	2	
REGLAN ORAL	3	
RELISTOR ORAL	3	
RELISTOR SUBCUTANEOUS SOLUTION	2	
RELISTOR SUBCUTANEOUS SYRINGE	2	
REMICADE	4	ST
RENAGEL	3	
REVELA ORAL POWDER IN PACKET	3	
REVELA ORAL TABLET	2	
ROWASA	3	
SANCUSO	3	QL
<i>sevelamer carbonate oral powder in packet</i>	1	
SFROWASA	3	
<i>sodium polystyrene sulfonate oral</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	



Drug Name	Drug Tier	Requirements / Limits
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	3	
<i>sps (with sorbitol)</i>	1	
SUCRAID	4	
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	ACA	ACA
SUSTOL	3	
SYNDROS	3	
TIGAN INTRAMUSCULAR	3	
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP	3	
<i>trilyte with flavor packets</i>	ACA	ACA
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	
UCERIS ORAL	2	
UCERIS RECTAL	3	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI	2	QL
VELPHORO	3	
VELTASSA	2	
VIBERZI	2	
VIOKACE	2	
<i>woman's laxative oral tablet, delayed release (dr/ec)</i>	ACA	ACA; OTC
<i>women's gentle laxative(bisac)</i>	ACA	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet</i>	ACA	ACA; OTC
ZENPEP	3	
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	3	
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	QL
ZOFRAN ODT	3	QL
ZUPLENZ	3	QL

Drug Name	Drug Tier	Requirements / Limits
ACIPHEX	3	ST
ACIPHEX SPRINKLE	3	ST; QL
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	3	
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	ST; QL
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	ST
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole sodium</i>	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 24.65 MG	3	ST; QL
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 49.3 MG	3	ST
<i>famotidine (pf)</i>	1	
<i>famotidine (pf)-nacl (iso-os)</i>	1	
<i>famotidine intravenous</i>	1	
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>misoprostol</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST
<i>nizatidine</i>	1	

## ULCER THERAPY

Drug Name	Drug Tier	Requirements / Limits
OMECLAMOX-PAK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole intravenous</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	LCG	LCG; QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	LCG	LCG
PEPCID ORAL SUSPENSION	3	
PEPCID ORAL TABLET 40 MG	3	
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	ST
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	ST
PREVPAC	3	QL
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	ST; QL
PROTONIX INTRAVENOUS	3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	ST
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST; QL
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	ST
PYLERA	3	
<i>rabeprazole</i>	1	
<i>ranitidine hcl injection</i>	1	
<i>ranitidine hcl oral capsule 300 mg</i>	1	
<i>ranitidine hcl oral tablet 300 mg</i>	1	
<i>sucralfate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZANTAC INJECTION	3	
ZANTAC ORAL TABLET 300 MG	3	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	ST; QL
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	ST
ZEGERID ORAL PACKET 20-1,680 MG	3	ST; QL
ZEGERID ORAL PACKET 40-1,680 MG	3	ST
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4*	ST
GRANIX	4	PA; ST
NEUPOGEN	4	PA
PROCRIT	4	PA; ST
ZARXIO	4	ST
<b>GROWTH HORMONES</b>		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA
SAIZEN SAIZENPREP	4*	ST
<b>INTERFERONS</b>		
AUBAGIO	4*	PA
AVONEX (WITH ALBUMIN)	4	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL
BETASERON SUBCUTANEOUS KIT	4*	ST; QL
COPAXONE SUBCUTANEOUS SYRINGE	4*	ST; QL
COPEGUS	4*	ST
EXTAVIA	4	PA; QL
GILENYA	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>glatopa</i>	4	PA; QL
<i>moderiba</i>	4	ST
<i>moderiba dose pack</i>	4	ST
OCREVUS	4	ST
PEGASYS	4	QL
PEGASYS PROCLICK	4	QL
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML	4*	QL
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4*	QL
PLEGRIDY	4	ST; QL
POMALYST	4	
REBETOL ORAL SOLUTION	4*	ST
REBIF (WITH ALBUMIN)	4	PA; QL
REBIF REBIDOSE	4	PA; QL
REBIF TITRATION PACK	4	PA; QL
REVLIMID	4	PA
<i>ribaspHERE</i>	4	ST
<i>ribaspHERE ribapak</i>	4	ST
<i>ribavirin oral capsule</i>	4	ST
<i>ribavirin oral tablet 200 mg</i>	4	ST
SYLATRON	4	
TECFIDERA	4	PA
ZINBRYTA	4*	ST; QL
<b>INTERLEUKINS</b>		
ACTIMMUNE	4	
ALDARA	3	
ALFERON N	4	
ARCALYST	4	ST
ILARIS (PF)	4	PA
<i>imiquimod</i>	1	
INTRON A INJECTION	4	
KINERET	4*	ST
ZYCLARA	3	
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		

Drug Name	Drug Tier	Requirements / Limits
ACTHIB (PF)	ACA	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	ACA	ACA
ATGAM	4*	
BCG VACCINE, LIVE (PF)	ACA	ACA
BEXSERO	ACA	ACA
BIOTHRAX	ACA	ACA
BOOSTRIX TDAP	ACA	ACA
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	ACA	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	4*	PA
ENGERIX-B (PF)	ACA	ACA
ENGERIX-B PEDIATRIC (PF)	ACA	ACA
FLUBLOK 2017-2018 (PF)	ACA	ACA
FLUBLOK QUAD 2017-2018 (PF)	ACA	ACA
GAMMAPLEX	4*	PA
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	ACA	ACA
GARDASIL 9 (PF)	ACA	ACA
HAVRIX (PF)	ACA	ACA
HEPAGAM B	4*	
HIBERIX (PF)	ACA	ACA
HYPERHEP B S/D	4	
HYPERHEP B S-D NEONATAL	4	
HYPERRAB S/D (PF)	2	
HYPERTET S/D (PF)	3	
HYQVIA	4*	PA
IMOGAM RABIES-HT (PF)	4	
IMOVAX RABIES VACCINE (PF)	ACA	ACA
INFANRIX (DTAP) (PF)	ACA	ACA
IPOL	ACA	ACA
IXIARO (PF)	ACA	ACA
KINRIX (PF)	ACA	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	ACA	ACA
MENHIBRIX (PF)	ACA	ACA
MENOMUNE - A/C/Y/W-135	ACA	ACA

Drug Name	Drug Tier	Requirements / Limits
MENOMUNE - A/C/Y/W-135 (PF)	ACA	ACA
MENVEO A-C-Y-W-135-DIP (PF)	ACA	ACA
M-M-R II (PF)	ACA	ACA
NABI-HB	4*	
PEDIARIX (PF)	ACA	ACA
PEDVAX HIB (PF)	ACA	ACA
PENTACEL (PF)	ACA	ACA
PENTACEL ACTHIB COMPONENT (PF)	ACA	ACA
PNEUMOVAX 23	ACA	ACA
PREVNAR 13 (PF)	ACA	ACA
PROQUAD (PF)	ACA	ACA
QUADRACEL (PF)	ACA	ACA
RABAVERT (PF)	ACA	ACA
RECOMBIVAX HB (PF)	ACA	ACA
ROTARIX	ACA	ACA
ROTATEQ VACCINE	ACA	ACA
STAMARIL (PF)	ACA	ACA
TENIVAC (PF)	ACA	ACA
TETANUS,DIPHThERIA TOX PED(PF)	ACA	ACA
TETANUS-DIPHThERIA TOXOIDS-TD	ACA	ACA
TRUMENBA	ACA	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	ACA	ACA
TYPHIM VI	ACA	ACA
VAQTA (PF)	ACA	ACA
VARIVAX (PF)	ACA	ACA
VARIZIG	ACA	ACA
VAXCHORA VACCINE	ACA	ACA
VIVOTIF	ACA	ACA
VIVOTIF BERNA VACCINE	ACA	ACA
YF-VAX (PF)	ACA	ACA
ZOSTAVAX (PF)	ACA	ACA

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

Drug Name	Drug Tier	Requirements / Limits
<i>allopurinol</i>	LCG	LCG
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
COLCHICINE	3	
COLCRYS	2	
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	2	ST
ZURAMPIC	3	ST
ZYLOPRIM	3	

### OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA ORAL	3	ST; QL
EVISTA	3	
FORTEO	4*	PA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate oral</i>	1	QL
PROLIA	4*	PA
<i>raloxifene</i>	ACA	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TYMLOS	4	ST; QL

### OTHER RHEUMATOLOGICALS

ACTEMRA INTRAVENOUS	4	ST
ARAVA	3	QL
CUPRIMINE	3	
DEPEN TITRATABS	2	

Drug Name	Drug Tier	Requirements / Limits
ENBREL	4	ST; QL
ENBREL SURECLICK	4	ST; QL
HUMIRA	4	ST; QL
HUMIRA PEDIATRIC CROHN'S START	4	ST; QL
HUMIRA PEN CROHN'S-UC-HS START	4	ST; QL
HUMIRA PEN PSORIASIS-UVEITIS	4	ST; QL
KEVZARA	4*	ST; QL
<i>leflunomide</i>	1	QL
ORENCIA	4*	ST
ORENCIA CLICKJECT	4*	ST
OTEZLA	4	ST
OTEZLA STARTER	4	ST
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
RIDAURA	2	
SAVELLA	2	ST; QL
XELJANZ	4*	ST
XELJANZ XR	4*	ST

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	ACA	ACA
FC2 FEMALE CONDOM	ACA	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	ACA	ACA
WIDE-SEAL DIAPHRAGM	ACA	ACA

### ESTROGENS & PROGESTINS

ACTIVELLA	3	
ALORA	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
<i>camila</i>	ACA	ACA
CLIMARA	3	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE	50%	
<i>deblitane</i>	ACA	ACA
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
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	3	QL
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	QL
ENDOMETRIN	50%	
<i>errin</i>	6	ACA
ESTRACE ORAL	3	
ESTRACE VAGINAL	2	
<i>estradiol oral tablet 0.5 mg, 2 mg</i>	1	
<i>estradiol oral tablet 1 mg</i>	LCG	LCG
<i>estradiol transdermal</i>	1	QL
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	3	
ESTROGEL	3	QL
<i>estrogens-methyltestosterone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>estropipate</i>	LCG	LCG
EVAMIST	3	QL
FEMHRT LOW DOSE	3	
FEMRING	3	
<i>fyavolv</i>	1	
<i>heather</i>	ACA	ACA
<i>hydroxyprogesterone caproate</i>	1	
<i>jencycla</i>	ACA	ACA
<i>jevantage lo</i>	1	
<i>jinteli</i>	1	
<i>jolivette</i>	ACA	ACA
<i>lopreeza</i>	1	
<i>lyza</i>	ACA	ACA
MAKENA	4	PA
<i>medroxyprogesterone intramuscular suspension</i>	ACA	LCG; ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	ACA	ACA; QL
<i>medroxyprogesterone oral</i>	LCG	LCG
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>mimvey lo</i>	1	
MINIVELLE	3	QL
<i>nora-be</i>	ACA	ACA
<i>norethindrone (contraceptive)</i>	ACA	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda</i>	ACA	ACA
<i>norlyroc</i>	ACA	ACA
ORTHO MICRONOR	ACA	ACA
PREFEST	3	
PREMARIN	3	
PREMPHASE	3	
PREMPRO	3	
<i>progesterone</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	ACA	ACA
VAGIFEM	3	
VIVELLE-DOT	3	QL
<i>yuvafem</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
AVC VAGINAL	3	
CERVIDIL	3	
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
CONCEPTROL	ACA	ACA; OTC
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	ACA	ACA; OTC
<i>isoxsuprine</i>	1	
LUPANETA PACK (1 MONTH)	4*	PA
LUPANETA PACK (3 MONTH)	4*	PA
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole vaginal</i>	1	
NUVARING	6	ACA
NUVESSA	3	
OSPHENA	3	
PREPIDIL	3	
PROSTIN E2	3	
RELAGARD	3	
TERAZOL 7	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	ACA	ACA; OTC
<i>tranexamic acid oral</i>	1	
<i>vaginal contraceptive foam</i>	ACA	ACA; OTC
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	ACA	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE GEL	ACA	ACA; OTC
<i>xulane</i>	ACA	ACA
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
AFTERA	ACA	ACA; OTC; QL
<i>altavera (28)</i>	ACA	ACA
<i>alyacen 1/35 (28)</i>	ACA	ACA
<i>alyacen 7/7/7 (28)</i>	ACA	ACA
<i>amethia</i>	ACA	ACA
<i>amethia lo</i>	ACA	ACA
<i>amethyst</i>	ACA	ACA
<i>apri</i>	ACA	ACA
<i>aranelle (28)</i>	ACA	ACA
<i>ashlyna</i>	ACA	ACA
<i>aubra</i>	ACA	ACA
<i>aviane</i>	ACA	ACA
<i>azurette (28)</i>	ACA	ACA
<i>balziva (28)</i>	ACA	ACA
<i>bekyree (28)</i>	ACA	ACA
BEYAZ	ACA	ACA
<i>blisovi 24 fe</i>	ACA	ACA
<i>blisovi fe 1.5/30 (28)</i>	ACA	ACA
<i>blisovi fe 1/20 (28)</i>	ACA	ACA
BREVICON (28)	ACA	ACA
<i>briellyn</i>	ACA	ACA
<i>camrese</i>	ACA	ACA
<i>camrese lo</i>	ACA	ACA
<i>caziant (28)</i>	ACA	ACA
<i>chateal</i>	ACA	ACA
<i>cryselle (28)</i>	ACA	ACA
<i>cyclafem 1/35 (28)</i>	ACA	ACA
<i>cyclafem 7/7/7 (28)</i>	ACA	ACA
CYCLESSA (28)	ACA	ACA
<i>cyred</i>	ACA	ACA
<i>dasetta 1/35 (28)</i>	ACA	ACA
<i>dasetta 7/7/7 (28)</i>	ACA	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>daysee</i>	ACA	ACA
<i>delyla (28)</i>	ACA	ACA
<i>desog-e.estradiol/e.estradiol</i>	ACA	ACA
DESOGEN	ACA	ACA
<i>desogestrel-ethinyl estradiol</i>	ACA	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	ACA	ACA
<i>drospirenone-ethinyl estradiol</i>	ACA	ACA
<i>econtra ez</i>	ACA	ACA; OTC; QL
<i>elinest</i>	ACA	ACA
ELLA	ACA	ACA; QL
<i>emoquette</i>	ACA	ACA
<i>enpresse</i>	ACA	ACA
<i>enskyce</i>	ACA	ACA
<i>estarylla</i>	ACA	ACA
ESTROSTEP FE-28	ACA	ACA
<i>ethynodiol diac-eth estradiol</i>	ACA	ACA
<i>fallback solo</i>	ACA	ACA; OTC; QL
<i>falmina (28)</i>	ACA	ACA
<i>fayosim</i>	ACA	ACA
<i>femynor</i>	ACA	ACA
GENERESS FE	ACA	ACA
<i>gianvi (28)</i>	ACA	ACA
<i>gildagia</i>	ACA	ACA
<i>introvale</i>	ACA	ACA
<i>isibloom</i>	ACA	ACA
<i>jolessa</i>	ACA	ACA
<i>juleber</i>	ACA	ACA
<i>junel 1.5/30 (21)</i>	ACA	ACA
<i>junel 1/20 (21)</i>	ACA	ACA
<i>junel fe 1.5/30 (28)</i>	ACA	ACA
<i>junel fe 1/20 (28)</i>	ACA	ACA
<i>junel fe 24</i>	ACA	ACA
<i>kaitlib fe</i>	ACA	ACA
<i>kariva (28)</i>	ACA	ACA
<i>kelnor 1/35 (28)</i>	ACA	ACA
<i>kimidess (28)</i>	ACA	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>kurvelo</i>	ACA	ACA
<i>l norgest/e.estradiol-e.estrad</i>	ACA	ACA
<i>larin 1.5/30 (21)</i>	ACA	ACA
<i>larin 1/20 (21)</i>	ACA	ACA
<i>larin 24 fe</i>	ACA	ACA
<i>larin fe 1.5/30 (28)</i>	ACA	ACA
<i>larin fe 1/20 (28)</i>	ACA	ACA
<i>larissia</i>	ACA	ACA
<i>layolis fe</i>	ACA	ACA
<i>leena 28</i>	ACA	ACA
<i>lessina</i>	ACA	ACA
<i>levonest (28)</i>	ACA	ACA
<i>levonorgestrel-ethinyl estrad</i>	ACA	ACA
<i>levonorg-eth estrad triphasic</i>	ACA	ACA
<i>levora-28</i>	ACA	ACA
LO LOESTRIN FE	ACA	ACA
LOESTRIN 1.5/30 (21)	ACA	ACA
LOESTRIN 1/20 (21)	ACA	ACA
LOESTRIN FE 1.5/30 (28-DAY)	ACA	ACA
LOESTRIN FE 1/20 (28-DAY)	ACA	ACA
<i>lomedica 24 fe</i>	ACA	ACA
<i>loryna (28)</i>	ACA	ACA
LOSEASONIQUE	ACA	ACA
<i>low-ogestrel (28)</i>	ACA	ACA
<i>lutra (28)</i>	ACA	ACA
<i>marlissa</i>	ACA	ACA
<i>mibelas 24 fe</i>	ACA	ACA
<i>microgestin 1.5/30 (21)</i>	ACA	ACA
<i>microgestin 1/20 (21)</i>	ACA	ACA
MICROGESTIN 24 FE	ACA	ACA
<i>microgestin fe 1.5/30 (28)</i>	ACA	ACA
<i>microgestin fe 1/20 (28)</i>	ACA	ACA
MINASTRIN 24 FE	ACA	ACA
MIRCETTE (28)	ACA	ACA
<i>mono-linyah</i>	ACA	ACA
<i>mononessa (28)</i>	ACA	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>my way</i>	ACA	ACA; OTC; QL
<i>myzilra</i>	ACA	ACA
NATAZIA	ACA	ACA
<i>necon 0.5/35 (28)</i>	ACA	ACA
<i>necon 1/50 (28)</i>	ACA	ACA
<i>necon 7/7/7 (28)</i>	ACA	ACA
<i>next choice one dose</i>	ACA	ACA; OTC; QL
<i>nikki (28)</i>	ACA	ACA
<i>noreth-ethinyl estradiol-iron</i>	ACA	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	ACA	ACA
<i>norethindrone-e.estradiol-iron</i>	ACA	ACA
<i>norgestimate-ethinyl estradiol</i>	ACA	ACA
<i>nortrel 0.5/35 (28)</i>	ACA	ACA
<i>nortrel 1/35 (21)</i>	ACA	ACA
<i>nortrel 1/35 (28)</i>	ACA	ACA
<i>nortrel 7/7/7 (28)</i>	ACA	ACA
<i>ocella</i>	ACA	ACA
<i>ogestrel (28)</i>	ACA	ACA
<i>opcicon one-step</i>	ACA	ACA; OTC; QL
<i>option-2</i>	ACA	ACA; OTC; QL
<i>orsythia</i>	ACA	ACA
ORTHO TRI-CYCLEN (28)	ACA	ACA
ORTHO TRI-CYCLEN LO (28)	ACA	ACA
ORTHO-CYCLEN (28)	ACA	ACA
ORTHO-NOVUM 1/35 (28)	ACA	ACA
ORTHO-NOVUM 7/7/7 (28)	ACA	ACA
OVCON-35 (28)	ACA	ACA
<i>philith</i>	ACA	ACA
<i>pimtrea (28)</i>	ACA	ACA
<i>pirmella</i>	ACA	ACA
PLAN B ONE-STEP	ACA	ACA; OTC; QL
<i>portia</i>	ACA	ACA
<i>previfem</i>	ACA	ACA
QUARTETTE	ACA	ACA
<i>quasense</i>	ACA	ACA
<i>rajani</i>	ACA	ACA



Drug Name	Drug Tier	Requirements / Limits
<i>reclipsen (28)</i>	ACA	ACA
<i>rivelsa</i>	ACA	ACA
SAFYRAL	ACA	ACA
SEASONIQUE	ACA	ACA
<i>setlakin</i>	ACA	ACA
<i>sprintec (28)</i>	ACA	ACA
<i>sronyx</i>	ACA	ACA
<i>syeda</i>	ACA	ACA
TAKE ACTION	ACA	ACA; OTC; QL
<i>tarina fe 1/20 (28)</i>	ACA	ACA
TAYTULLA	ACA	ACA
<i>tilia fe</i>	ACA	ACA
<i>tri femynor</i>	ACA	ACA
<i>tri-estarylla</i>	ACA	ACA
<i>tri-legest fe</i>	ACA	ACA
<i>tri-linyah</i>	ACA	ACA
<i>tri-lo-estarylla</i>	ACA	ACA
<i>tri-lo-marzia</i>	ACA	ACA
<i>tri-lo-sprintec</i>	ACA	ACA
<i>trinessa (28)</i>	ACA	ACA
<i>trinessa lo</i>	ACA	ACA
TRI-NORINYL (28)	ACA	ACA
<i>tri-previfem (28)</i>	ACA	ACA
<i>tri-sprintec (28)</i>	ACA	ACA
<i>trivora (28)</i>	ACA	ACA
<i>velivet triphasic regimen (28)</i>	ACA	ACA
<i>vestura (28)</i>	ACA	ACA
<i>vienva</i>	ACA	ACA
<i>viorele (28)</i>	ACA	ACA
<i>vyfemla (28)</i>	ACA	ACA
<i>wera (28)</i>	ACA	ACA
<i>wymzya fe</i>	ACA	ACA
YASMIN (28)	ACA	ACA
YAZ (28)	ACA	ACA
<i>zarah</i>	ACA	ACA
<i>zenchent (28)</i>	ACA	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>zenchent fe</i>	ACA	ACA
<i>zovia 1/35e (28)</i>	ACA	ACA
<i>zovia 1/50e (28)</i>	ACA	ACA
<b>OXYTOCICS</b>		
<i>methergine</i>	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
AZASITE	3	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin ophthalmic</i>	1	
<i>levofloxacin ophthalmic</i>	1	
MOXEZA	3	
MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION	3	
<i>moxifloxacin ophthalmic</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin</i>	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	

Drug Name	Drug Tier	Requirements / Limits
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	
VIROPTIC	3	
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
BETAGAN OPHTHALMIC DROPS 0.5 %	3	
<i>betaxolol ophthalmic</i>	1	
BETIMOL	3	
BETOPTIC S	3	
<i>carteolol</i>	1	
ISTALOL	3	
<i>levobunolol ophthalmic drops 0.5 %</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate ophthalmic</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.5 %	3	
TIMOPTIC-XE	3	
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	2	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic</i>	1	
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
<i>homatropaire</i>	1	
<i>homatropine hbr</i>	1	
MYDRIACYL	3	
PAREMYD	3	
<i>tropicamide</i>	1	
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE	3	
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic drops 1 % , 2 % , 4 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>acuicyn</i>	1	
AKTEN (PF)	3	
ALOCRIAL	3	
ALOMIDE	3	
<i>altacaine</i>	1	
<i>altafluor</i>	1	
AVENOVA	3	
<i>azelastine ophthalmic</i>	1	
BEPREVE	3	
<i>cromolyn ophthalmic</i>	1	
CYSTARAN	4	
ELESTAT	3	
EMADINE	3	
<i>epinastine</i>	1	
<i>flucaine</i>	1	
<i>fluorescein-proparacaine</i>	1	
<i>flurox</i>	1	
LACRISERT	3	
LASTACFT	3	
<i>olopatadine ophthalmic</i>	1	
OMIDRIA	3	
PATADAY	3	
PATANOL	3	
PAZEO	3	
<i>proparacaine</i>	1	
RESTASIS	2	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetcaine</i>	1	
<i>tetracaine hcl</i>	1	
<i>tetracaine hcl (pf) ophthalmic</i>	1	
TETRAVISC	3	
TETRAVISC FORTE OPHTHALMIC DROPS,HYPERVISCOUS	3	
VITRASE	3	
XIIDRA	3	QL

Drug Name	Drug Tier	Requirements / Limits
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL (PF)	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic</i>	1	
NEVANAC	3	
OCUFEN	3	
PROLENSA	3	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
DIAMOX SEQUELS	3	
<i>methazolamide</i>	1	
NEPTAZANE	3	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	3	
<i>bimatoprost ophthalmic</i>	1	ST
COMBIGAN	3	
COSOPT	3	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	ST
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	ST
<i>miostat</i>	1	
MITOSOL	3	
SIMBRINZA	3	
TRAVATAN Z	3	ST
TRUSOPT	3	

Drug Name	Drug Tier	Requirements / Limits
XALATAN	3	ST
ZIOPTAN (PF)	3	ST
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
TOBRADEX	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
<b>STERIODS</b>		
ALREX	3	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
FML S.O.P.	3	
LOTEMAX	3	
MAXIDEX	3	
OMNIPRED	3	
PRED FORTE	3	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<b>STERIOD-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>SULFONAMIDES</b>		
BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE	3	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic</i>	1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		
ADRENALICK	3	QL
<i>adrenalin injection</i>	1	
AUVI-Q	3	QL
<i>carbinoxamine maleate</i>	1	
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR	3	QL
<i>epinephrine injection solution</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	
<i>phenadoz</i>	1	
PHENERGAN INJECTION	3	
<i>phenergan rectal</i>	1	
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet 12.5 mg, 50 mg</i>	1	
<i>promethazine oral tablet 25 mg</i>	LCG	LCG
<i>promethazine rectal</i>	1	
<i>promethegan</i>	1	
RYVENT	3	
VISTARIL	3	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	3	
<i>centergy</i>	1	
<i>cheratussin ac</i>	1	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
FLOWTUSS	3	
<i>g tussin ac</i>	1	
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin dac</i>	1	
HISTEX-AC	3	
HYCOFENIX	3	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-cpm-pseudoephed</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>lortuss ex oral syrup</i>	1	
MAR-COF BP	3	
MAR-COF CG	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	LCG	LCG
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
PRO-RED AC (W/ DEXCHLORPHENIR)	3	
<i>relcof c</i>	1	
RESPA-AR	3	
REZIRA	3	
<i>rydex</i>	1	
SEMPREX-D	3	
TESSALON PERLES	3	
<i>tusnel c</i>	1	
TUSNEL PEDIATRIC ORAL LIQUID	3	
TUSSICAPS	3	
<i>tussion</i>	1	
TUSSIONEX PENNKINETIC ER	3	
TUZISTRA XR	3	
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
VITUZ	3	

Drug Name	Drug Tier	Requirements / Limits
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	
Z-TUSS AC	3	
ZUTRIPRO	3	
<b>PULMONARY AGENTS</b>		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADCIRCA	4*	ST; QL
ADEMPAS	4	ST
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	ST; QL
ADVAIR HFA	3	ST; QL
AEROSPAN	3	QL
AIRDUO RESPICLICK	3	ST; QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	LCG	LCG
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	LCG	LCG
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALVESCO	3	QL
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX HFA	3	QL
ASMANEX TWISTHALER	3	QL
ATROVENT HFA	2	QL
BECONASE AQ	3	ST; QL
BERINERT INTRAVENOUS KIT	4*	PA
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	ST; QL
BROVANA	3	QL
<i>budesonide inhalation</i>	1	QL
<i>budesonide nasal</i>	1	QL
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
CUROSURF	3	
DALIRESP	3	ST
DULERA	2	ST; QL
DYMISTA	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
ESBRIET	4	ST
FIRAZYR	4	PA
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
FLUTICASONE-SALMETEROL	2	ST; QL
HYPER-SAL	3	

Drug Name	Drug Tier	Requirements / Limits
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	4	PA
KALYDECO	4	PA
LETAIRIS	4*	ST
<i>levalbuterol hcl</i>	1	
LEVALBUTEROL TARTRATE	3	
<i>metaproterenol</i>	1	
<i>mometasone nasal</i>	1	QL
<i>montelukast</i>	1	
NASONEX	3	ST; QL
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	4	ST; QL
OFEV	4	ST
OMNARIS	3	ST; QL
OPSUMIT	4	ST
ORKAMBI	4	ST
PERFOROMIST	2	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	3	QL
PULMICORT	3	QL
PULMICORT FLEXHALER	3	QL
<i>pulmosal</i>	1	
PULMOZYME	4	
QNASL	3	ST; QL
QVAR	2	QL
REVATIO ORAL	4*	ST; QL
RUCONEST	4*	PA
SEEBRI NEOHALER	3	QL
SEREVENT DISKUS	3	QL
<i>sildenafil oral</i>	4	PA; QL
SINGULAIR	3	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT	3	QL
SPIRIVA WITH HANDIHALER	3	QL
STIOLTO RESPIMAT	3	QL
STRIVERDI RESPIMAT	2	QL
SURFAXIN	3	
SYMBICORT	2	ST; QL
<i>terbutaline oral</i>	LCG	LCG
<i>terbutaline subcutaneous</i>	1	
THEO-24	3	
<i>theochron</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER	4	PA
TUDORZA PRESSAIR	2	QL
TYVASO	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
UTIBRON NEOHALER	3	QL
VENTAVIS	4	ST
VENTOLIN HFA	3	QL
XOLAIR	4	PA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	
<i>zafirlukast</i>	1	
ZETONNA	3	ST; QL
<i>zileuton</i>	1	
ZYFLO	3	
ZYFLO CR	3	
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
ENABLEX	3	
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	QL
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL
MYRBETRIO	3	
<i>oxybutynin chloride</i>	1	
OXYTROL	3	QL
<i>tolterodine</i>	1	
TOVIAZ	3	
<i>trospium</i>	1	
VESICARE	3	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin</i>	1	
AVODART	3	ST
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	ST; QL
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
RAPAFLO	3	ST
<i>tamsulosin</i>	1	
UROXATRAL	3	ST
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	1	
URECHOLINE	3	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadil</i>	1	
<i>azuphen mb</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CAVERJECT	2	PA; QL
CAVERJECT IMPULSE	2	PA; QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	ST; QL
CYSTAGON	4	
<i>cytra k crystals</i>	1	
<i>cytra-2</i>	1	
<i>cytra-3</i>	1	
<i>cytra-k</i>	1	
EDEX	3	PA; QL
ELMIRON	2	
<i>hyolev mb</i>	1	
<i>hyophen</i>	1	
INDIOMIN MB	3	
K-PHOS NO 2	2	
K-PHOS ORIGINAL	2	
LEVITRA	3	ST; QL
<i>methen-sod phos-meth blue-hyos</i>	1	
MUSE	2	PA; QL
ORACIT	3	
<i>phosphasal</i>	1	
<i>pot,sodium citrate-citric acid</i>	1	
<i>potassium citrate</i>	1	
<i>potassium citrate-citric acid</i>	1	
PROCYSBI	4*	
PROSTIN VR PEDIATRIC	3	
SHOHL'S MODIFIED	3	
<i>sodium citrate-citric acid</i>	1	
STAXYN	3	ST; QL
STENDRA	3	QL
<i>tricitrates</i>	1	
<i>ur n-c</i>	1	
<i>uramit mb</i>	1	
URELLE	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>urin ds</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>urophen mb</i>	1	
UROOID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
UTA	3	
<i>utira-c</i>	1	
VIAGRA	2	ST; QL
<i>virtrate-2</i>	1	
<i>virtrate-3</i>	1	
<i>virtrate-k</i>	1	
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	ACA	ACA; OTC
<i>calcium 500 + d oral tablet,chewable</i>	ACA	ACA; OTC
<i>calcium 500 with d</i>	ACA	ACA; OTC
<i>calcium 600 + d(3) oral capsule</i>	ACA	ACA; OTC
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	ACA	ACA; OTC
<i>calcium 600 with vitamin d3 oral capsule</i>	ACA	ACA; OTC
<i>calcium 600 with vitamin d3 oral tablet,chewable</i>	ACA	ACA; OTC
<i>calcium carb and citrate-vitd3</i>	ACA	ACA; OTC



Drug Name	Drug Tier	Requirements / Limits
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit</i>	ACA	ACA; OTC
<i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500 mg(1,250mg) -400 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) -800 unit</i>	ACA	ACA; OTC
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500-100 mg-unit</i>	ACA	ACA; OTC
<i>calcium citrate + d</i>	ACA	ACA; OTC
<i>calcium citrate-vitamin d2</i>	ACA	ACA; OTC
<i>calcium citrate-vitamin d3</i>	ACA	ACA; OTC
CALCIUM GLUCONATE IN D5W INTRAVENOUS SOLUTION 2 GRAM/100 ML	3	
<i>citrus calcium</i>	ACA	ACA; OTC
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
GLYCOPHOS	3	
<i>hi-cal plus vit d</i>	ACA	ACA; OTC
<i>k-effervescent</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
KLOR-CON/25	3	
<i>klor-con/ef</i>	1	
<i>k-phos-neutral</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lugols oral</i>	1	
NORMOSOL-R	3	
<i>oysco 500/d oral tablet</i>	ACA	ACA; OTC
<i>oyster shell + d3</i>	ACA	ACA; OTC
<i>oyster shell calcium-vit d3</i>	ACA	ACA; OTC
<i>oystercal-d</i>	ACA	ACA; OTC
<i>phospha 250 neutral</i>	1	
POTABA ORAL CAPSULE	3	
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium bicarb and chloride</i>	1	
<i>potassium bicarb-citric acid</i>	1	
<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
POTASSIUM CL-LIDO-0.9 % NACL	3	
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
<i>potassium phosphate m-/d-basic</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	
<i>sodium chloride 3 %</i>	1	
<i>sodium chloride 5 %</i>	1	
<i>sodium chloride intravenous</i>	1	
<i>sodium phosphate</i>	1	
<i>strong iodine oral</i>	1	
<i>virt-phos 250 neutral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
ISOLYTE S PH 7.4	3	
ISOLYTE-S	3	
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<b>VITAMINS &amp; HEMATINICS</b>		
ACTIVE FE	3	
ANIMI-3 WITH VITAMIN D	3	
ATABEX EC	3	
<i>b complex-vitamin b12</i>	ACA	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	ACA	ACA; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	ACA	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	ACA	ACA; OTC
<i>balanced b-50 oral tablet</i>	ACA	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	ACA	ACA; OTC
BIFERA RX	3	
CADEAU DHA	3	
<i>calcium pnv</i>	1	
<i>calcium-folic acid-vitamin d</i>	1	
<i>cholecalciferol (vitamin d3) oral capsule 1,000 unit</i>	ACA	ACA; OTC
<i>cholecalciferol (vitamin d3) oral drops 400 unit/ml</i>	ACA	ACA; OTC
<i>cholecalciferol (vitamin d3) oral tablet 1,000 unit, 400 unit</i>	ACA	ACA; OTC
<i>cholecalciferol (vitamin d3) oral tablet, chewable 1,000 unit</i>	ACA	ACA; OTC
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC)	3	

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL DHA (ALGAL OIL)	3	
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	ACA	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>completenate</i>	1	
<i>complex b-100 oral tablet extended release</i>	ACA	ACA; OTC
CONCEPT DHA	3	
CONCEPT OB	3	
<i>corvita 150</i>	1	
CORVITE 150 ORAL TABLET 150 MG IRON- 1 MG	3	
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>delta d3</i>	ACA	ACA; OTC
<i>dialyvite 800</i>	ACA	ACA; OTC
<i>dothelle dha</i>	1	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>d-vi-sol</i>	ACA	ACA; OTC
ENBRACE HR	3	
<i>ergocalciferol (vitamin d2) oral capsule</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	ACA	ACA; OTC
ESCAVITE	3	
ESCAVITE D	3	
ESCAVITE LQ	3	
EXTRA-VIRT PLUS DHA	3	
FERAHEME	3	
FERIVA 21-7 TABLET	3	
<i>ferocon</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FERRALET 90 DUAL-IRON DELIVERY	3	
<i>ferraplus 90</i>	1	
FLORIVA	3	
FLORIVA (FLUORIDE-VITAMIN D3)	3	
FLORIVA PLUS	3	
FLUORABON	3	
FLUOR-A-DAY	3	
<i>fluor-a-day (with xylitol) oral tablet, chewable 0.25 mg f (0.55 mg) -236.79mg</i>	ACA	ACA
<i>fluor-a-day (with xylitol) oral tablet, chewable 1 mg f (2.2 mg) -236.79 mg</i>	1	
<i>fluoride (sodium) oral drops</i>	ACA	ACA
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	ACA	ACA
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	ACA	ACA
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
FLURA-DROPS	3	
<i>focalgin 90 dha</i>	1	
<i>focalgin ca</i>	1	
<i>focalgin dss</i>	1	
<i>folbecal</i>	1	
<i>folbee</i>	1	
FOLET ONE	3	
FOLGARD RX	3	
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	ACA	ACA; OTC
<i>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg</i>	1	
<i>folivane-f</i>	1	
<i>folivane-ob</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>folivane-plus</i>	1	
<i>folplex 2.2</i>	1	
<i>foltabs 800</i>	ACA	ACA; OTC
FOLTRATE	3	
<i>full spectrum b-vitamin c</i>	ACA	ACA; OTC
FUSION PLUS	3	
FUSION SPRINKLES	3	
<i>hematinic/folic acid</i>	1	
<i>hematogen</i>	1	
<i>hematogen fa</i>	1	
<i>hematogen forte</i>	1	
HEMATRON-AF	3	
<i>hemenatal ob</i>	1	
<i>hemenatal ob + dha</i>	1	
<i>hemetab</i>	1	
HEMOCYTE-F	3	
<i>hydroxocobalamin</i>	1	
ICAR-C PLUS	3	
<i>infed</i>	1	
INJECTAFER	3	
INTEGRA F	3	
INTEGRA PLUS	3	
IROSPAN 24/6	3	
<i>kobee</i>	ACA	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	ACA	ACA; OTC
<i>levomefolate dha</i>	1	
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	ACA	ACA
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
MARNATAL-F	3	
MAXFE (FOLATE-DOCUSATE)	3	
<i>multigen folic</i>	1	
<i>multigen plus</i>	1	
<i>multi-vit with fluoride-iron</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>multi-vitamin with fluoride oral drops</i>	ACA	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	ACA	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 1 mg</i>	1	
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	ACA	ACA
<i>multivitamins with fluoride oral tablet, chewable 1 mg</i>	1	
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	ACA	ACA
<i>mvc-fluoride oral tablet, chewable 1 mg</i>	1	
<i>mynatal</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>mynate 90 plus</i>	1	
NASCOBAL	3	
NATACHEW (FE BIS-GLYCINATE)	3	
NATELLE ONE	3	
<i>natural b-100 complex</i>	ACA	ACA; OTC
NEEVODHA (WITH ALGAL OIL)	3	
NEPHRON FA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NEURIN-SL	3	
<i>newgen</i>	1	
NEXA PLUS	3	
NEXAVIR	3	
NIVA-PLUS	3	
OB COMPLETE GOLD	3	
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>obstetrix dha</i>	1	
OBSTETRIX EC	3	
OBSTETRIX ONE	3	
OBTREX DHA	3	
O-CAL FA	3	
O-CAL PRENATAL	3	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	ACA	ACA; OTC
<i>oyster shell calcium-vit d2 oral tablet 250 (625)-125 mg-unit</i>	ACA	ACA; OTC
<i>perry prenatal</i>	ACA	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-dha + docusate</i>	1	
<i>pnv-ferrous fumarate-docu-fa</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pnv-vp-u</i>	1	
POLY-VI-FLOR	3	
POLY-VI-FLOR WITH IRON	3	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PREFERA-OB	3	
PREFERA-OB ONE	3	
PREFERA-OB PLUS DHA	3	
<i>prena1 chew</i>	1	
<i>prena1 pearl</i>	1	
<i>prena1 true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal complete</i>	ACA	ACA; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	ACA	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	ACA	ACA; OTC
<i>prenatal one daily</i>	ACA	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	ACA	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet , 27 mg iron- 0.8 mg</i>	ACA	ACA; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	ACA	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	ACA	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL (IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROFERRIN-FORTE	2	
PROVIDA DHA	3	
PROVIDA OB	3	
PURALOR CI	3	
PUREFE OB PLUS	3	
PUREFE PLUS	3	
<i>purevit dualfe plus</i>	1	
QUFLORA FE	3	

Drug Name	Drug Tier	Requirements / Limits
QUFLORA FE (FERROUS SULFATE)	3	
QUFLORA PEDIATRIC	3	
QUFLORA PEDIATRIC DROPS	3	
<i>relnate dha</i>	1	
<i>rena-vite</i>	ACA	ACA; OTC
<i>risacal-d</i>	ACA	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19</i>	1	
<i>se-natal 19 (with docusate)</i>	1	
<i>se-tan plus</i>	1	
<i>stress formula</i>	ACA	ACA; OTC
<i>stress formula with iron</i>	ACA	ACA; OTC
<i>stress formula with iron(sulf)</i>	ACA	ACA; OTC
<i>super b complex-vitamin c</i>	ACA	ACA; OTC
<i>super b maxi complex</i>	ACA	ACA; OTC
<i>super b-50 complex plus</i>	ACA	ACA; OTC
<i>super quint</i>	ACA	ACA; OTC
<i>super quint b-50</i>	ACA	ACA; OTC
<i>superplex-t</i>	ACA	ACA; OTC
TANDEM PLUS	3	
<i>taron forte</i>	1	
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
TEXAVITE LQ	3	
THRIVITE RX	3	
<i>thrivite-19</i>	1	
<i>tl gard rx</i>	1	
<i>tl icon</i>	1	
<i>tl-hem 150</i>	1	
<i>total b/c</i>	ACA	ACA; OTC
TRICARE	3	
TRICARE PRENATAL	3	
TRICARE PRENATAL DHA ONE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tricon</i>	1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
<i>trigels-f forte</i>	1	
<i>trinatal gt</i>	1	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>tri-tabs dha</i>	1	
<i>triveen-duo dha</i>	1	
TRI-VI-FLOR	3	
<i>tri-vit with fluoride and iron</i>	1	
<i>tri-vitamin with fluoride</i>	ACA	ACA
<i>trust natal dha</i>	1	
<i>ultimatecare one</i>	1	
<i>ultimatecare one nf</i>	1	
<i>ultra b-100 complex oral tablet</i>	ACA	ACA; OTC
<i>vemavite-prx-2</i>	1	
VENOFER	2	
<i>vinate care</i>	1	
<i>vinate dha</i>	1	
VINATE DHA RF	3	
<i>vinate ii</i>	1	
<i>vinate m</i>	1	
<i>vinate one</i>	1	
<i>vinate ultra</i>	1	
<i>virt-advance</i>	1	
<i>virt-c dha</i>	1	
<i>virt-gard</i>	1	
<i>virt-nate</i>	1	
<i>virt-nate dha</i>	1	
<i>virt-pn</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	
VIRTPREX	3	
<i>virt-select</i>	1	
<i>virt-vite</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>virt-vite gt</i>	1	
VIRT-VITE PLUS	3	
<i>vit 3</i>	1	
<i>vit b complex-folic acid oral tablet</i>	ACA	ACA; OTC
VITAFOL FE+ (WITH DOCUSATE)	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	2	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
<i>vitajoy daily d</i>	ACA	ACA; OTC
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex oral tablet</i>	ACA	ACA; OTC
<i>vitamin d3 oral capsule 1,000 unit, 400 unit</i>	ACA	ACA; OTC
<i>vitamin d3 oral tablet 1,000 unit, 400 unit</i>	ACA	ACA; OTC
<i>vitamin d3 oral tablet,chewable</i>	ACA	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	ACA	ACA
VITAPEARL	3	
VITA-RESPA	3	
VITATRUE	3	
<i>vol-nate</i>	1	
<i>vol-plus</i>	1	
<i>vol-tab rx</i>	1	
<i>vp-ch plus</i>	1	
<i>vp-ch-pnv</i>	1	
<i>vp-ggr-b6</i>	1	
<i>vp-heme ob</i>	1	
<i>vp-heme one</i>	1	
VP-PNV-DHA	3	
<i>zatean-ch</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
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If you believe that GlobalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: ATTN: Compliance Attorney, 701 NE 10<sup>th</sup> St, Ste. 300, Oklahoma City, OK 73104-5403, Fax: (405) 280-5894, or E-mail: [compliance@globalhealth.com](mailto:compliance@globalhealth.com). You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Compliance Attorney is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language	Translation
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-280-2964 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-280-2964 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-280-2964 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-280-2964 OR (TTY: 711)번으로 전화해 주십시오.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-280-2964 (TTY: 711).
Arabic	بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، انكر تتحدث كنت إذا: ملحوظة 4692-082-778-1 (برقم والبيكم الصم هاتف 117). اتصل
Burmese	သတိပေးချက် - အကယ်၍ သင့်အတွက် မကုန်မတောင်း ကို ရဟပါက၊ ဘာသာစကား အကူအညီ အခမဲ့ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-877-280-2964 (TTY: 711) သို့မူ ခေ့ဆိုပါ။
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-280-2964 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-280-2964 (TTY: 711).
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-280-2964 (ATS: 711).
Laotian	ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນ ມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-280-2964 (TTY: 711).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-280-2964 (TTY: 711).
Urdu	1-877-280-2964 (TTY: 711) کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خبردار
Cherokee	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-280-2964 (TTY: 711).
Persian	شما برای رایگان بصورت زبانی تسهیلات کنید، می گفتگو فارسی زبان به اگر: توجه بگیرید تماس با .باشند می فراهم 1-877-280-2964 (TTY: 711)





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