



GlobalHealth

# 2017 Formulary Drug List

For State, Education, and  
Local Government Employees



MMPDF17 Lists Updated 11/2017

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## HELPFUL NUMBERS

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**Pharmacy Benefits Manager:**

Express Scripts Holding Company  
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**Medication Prior Authorizations:**

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Express Scripts  
Attn: Commercial Claims  
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**Mail Order Pharmacy:**

Express Scripts Customer Service Center  
1.866.274.1612 (toll-free)  
1.800.899.2114 (TTY)  
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Accredo Specialty Pharmacy  
1.888.608.9010  
[www.accredo.com](http://www.accredo.com)

**GlobalHealth Compliance Officer:**

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

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## IMPORTANT INFORMATION

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

- State, Education, and Local Government Employees

### Member Materials

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

- See your *Member Handbook for State, Education, and Local Government Employees* (“*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 State, Education, and Local Government Employees* (“*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 6. 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   |
| <i>FLUORIDE CHEWABLE TABLET</i><br><i>0.25 MG and 0.5 MG</i>                  |
| FLUORIDE DROPS<br>0.125, 0.25 MG and 0.5 MG                                   |
| MULTIVITAMIN W/ FLUORIDE 0.25 MG and 0.5 MG<br>CHEWABLE, DROPS and SUSPENSION |
| Folic acid products   |
| FOLIC ACID TABLET 0.4 MG and 0.8 MG   |
| PRENATAL and MULTI VITAMINS W/ FOLIC ACID<br>(0.4 MG and 0.8 MG)              |
| Iron supplements  |

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

## 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                                   | Tier | Requirements / limits |
|---|------|-----------------------|
| <b>ANTI - INFECTIVES</b>                    |      |                       |
| <b>ANTIFUNGAL AGENTS</b>                    |      |                       |
| ABELCET                                     | 2    |                       |
| AMBISOME                                    | 2    |                       |
| <i>amphotericin b</i>                       | 1    |                       |
| ANCOBON                                     | 3    | PA                    |
| CANCIDAS                                    | 2    |                       |
| CASPOFUNGIN                                 | 3    |                       |
| <i>clotrimazole mucous membrane</i>         | 1    |                       |
| CRESEMBA                                    | 2    |                       |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION | 3    | PA                    |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG  | 3    | PA                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| DIFLUCAN ORAL TABLET 150 MG   | 3    | QL                    |
| ERAXIS(WATER DILUENT)   | 2    |                       |
| <i>fluconazole in dextrose(iso-o)</i>   | 1    |                       |
| <i>fluconazole in nacl (iso-osm)<br/>intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 1    |                       |
| <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  | QL                    |
| <i>flucytosine</i>  | 1    | PA                    |
| <i>griseofulvin microsize</i>   | 3    |                       |
| <i>griseofulvin ultramicrosize</i>  | 1    |                       |
| GRIS-PEG (ULTRAMICROSIZE)   | 3    |                       |
| <i>itraconazole</i>   | 1    | QL                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>ketoconazole oral</i>                                       | 1    |                       |
| LAMISIL ORAL TABLET  | 3    | PA                    |
| MYCAMINE   | 2    |                       |
| NOXAFIL  | 2    | PA                    |
| <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    | PA; QL                |
| ORAVIG   | 3    |                       |
| SPORANOX ORAL SOLUTION   | 2    | PA; QL                |
| SPORANOX PULSEPAK  | 3    | QL                    |
| <i>terbinafine hcl oral</i>                                    | 1    |                       |
| VFEND  | 3    | PA                    |
| VFEND IV   | 3    | PA                    |
| <i>voriconazole</i>  | 1    | PA                    |

## ANTIVIRALS

|  |    |    |
|--|----|----|
| <i>abacavir oral tablet</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  |    |
| APTIVUS                                      | 4  |    |
| ATRIPLA                                      | 4  |    |
| BARACLUDE ORAL SOLUTION                      | 2  | PA |
| BARACLUDE ORAL TABLET                        | 3  | PA |
| <i>cidofovir</i>                             | 1  |    |
| COMBIVIR                                     | 4* |    |
| COMPLERA                                     | 4  |    |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG         | 4  |    |

| Drug Name                      | Tier | Requirements / limits |
|--------------------------------|------|-----------------------|
| CYTOVENE                       | 3    |                       |
| DESCOVY                        | 4    |                       |
| <i>didanosine</i>              | 4    |                       |
| EDURANT                        | 4    |                       |
| EMTRIVA                        | 4    |                       |
| <i>entecavir</i>               | 1    | PA                    |
| EPIVIR                         | 4*   |                       |
| EPIVIR HBV ORAL SOLUTION       | 4    |                       |
| EPIVIR HBV ORAL TABLET         | 4*   |                       |
| EPZICOM                        | 4*   |                       |
| EVOTAZ                         | 4*   |                       |
| <i>famciclovir</i>             | 3    | QL                    |
| FAMVIR                         | 3    | QL                    |
| FLUMADINE ORAL TABLET          | 3    |                       |
| <i>fosamprenavir</i>           | 4    |                       |
| <i>foscarnet</i>               | 1    |                       |
| FOSCAVIR                       | 3    |                       |
| FUZEON SUBCUTANEOUS RECON SOLN | 4    |                       |
| GANCICLOVIR INTRAVENOUS        | 4*   |                       |
| <i>ganciclovir sodium</i>      | 1    |                       |
| GENVOYA                        | 4    |                       |
| HARVONI                        | 4    | ST                    |
| HEPSERA                        | 3    |                       |
| INTELENCE                      | 4    |                       |
| INVIRASE                       | 4    |                       |
| ISENTRESS                      | 4    |                       |
| ISENTRESS HD                   | 4    |                       |
| KALETRA ORAL SOLUTION          | 4*   |                       |
| KALETRA ORAL TABLET            | 4    |                       |
| <i>lamivudine</i>              | 4    |                       |
| <i>lamivudine-zidovudine</i>   | 4    |                       |
| LEXIVA                         | 4    |                       |
| <i>lopinavir-ritonavir</i>     | 4    |                       |
| MAVYRET                        | 4    | PA                    |
| <i>nevirapine</i>              | 4    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| NORVIR   | 4    |                       |
| ODEFSEY  | 4    |                       |
| <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    | PA                    |
| <i>rimantadine</i>                                 | 1    |                       |
| SELZENTRY  | 4    |                       |
| SITAVIG  | 3    | PA                    |
| <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    | PA                    |
| TIVICAY  | 4    |                       |
| TRIUMEQ  | 4    |                       |
| TRIZIVIR   | 4*   |                       |
| TRUVADA  | 4    |                       |
| TYBOST   | 4*   |                       |
| TYZEKA   | 2    |                       |
| <i>valacyclovir</i>                                | 3    | QL                    |
| VALCYTE  | 3    | PA                    |
| <i>valganciclovir</i>                              | 1    | PA                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| VALTREX  | 3    | QL                    |
| VEMLIDY  | 2    |                       |
| VIDEX 2 GRAM PEDIATRIC   | 4    |                       |
| VIDEX EC   | 4*   |                       |
| VIEKIRA PAK  | 4    | PA                    |
| VIEKIRA XR   | 4    | PA                    |
| VIRACEPT ORAL TABLET   | 4    |                       |
| VIRAMUNE   | 4*   |                       |
| VIRAMUNE XR  | 4*   |                       |
| VIREAD   | 4    |                       |
| VITEKTA  | 4*   |                       |
| VOSEVI   | 4    | PA                    |
| ZERIT  | 4*   |                       |
| ZIAGEN ORAL SOLUTION   | 4    |                       |
| ZIAGEN ORAL TABLET   | 4*   |                       |
| <i>zidovudine</i>  | 4    |                       |
| ZOVIRAX ORAL   | 3    | PA                    |
| <b>CEPHALOSPORINS</b>  |      |                       |
| AVYCAZ   | 2    |                       |
| CEDAX ORAL CAPSULE   | 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    |                       |
| 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    |                       |



| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML              | 3    |                       |
| CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION                                  | 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>   | 3    |                       |
| <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  | 2    |                       |
| CEFTIN ORAL SUSPENSION FOR RECONSTITUTION                                       | 3    |                       |
| CEFTIN ORAL TABLET 500 MG   | 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    |                       |
| <i>cefuroxime sodium intravenous</i>  | 1    |                       |
| <i>cephalexin</i>   | 1    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| CLAFORAN IN DEXTROSE(ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/50 ML   | 3    |                       |
| CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM                       | 3    |                       |
| DAXBIA   | 3    | PA                    |
| FORTAZ   | 3    |                       |
| FORTAZ IN DEXTROSE 5 %   | 2    |                       |
| KEFLEX ORAL CAPSULE  | 3    |                       |
| MAXIPIME   | 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  | 2    |                       |
| 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    |                       |
| BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML              | 3    |                       |
| BIAXIN ORAL TABLET   | 3    |                       |
| <i>clarithromycin</i>  | 1    |                       |
| DIFICID  | 3    |                       |
| <i>e.e.s. 400 oral tablet</i>                                      | 3    |                       |
| E.E.S. GRANULES  | 3    |                       |
| ERYPED 200   | 3    |                       |
| ERYPED 400   | 3    |                       |
| <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                | 3    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                    | 3    |                       |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG                              | 2    |                       |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 1    |                       |
| <i>erythromycin ethylsuccinate oral tablet</i>                        | 3    |                       |
| <i>erythromycin oral capsule, delayed release(dr/ec)</i>              | 1    |                       |
| <i>erythromycin oral tablet</i>                                       | 3    |                       |
| PCE   | 3    |                       |
| ZITHROMAX   | 3    |                       |
| ZITHROMAX TRI-PAK   | 3    |                       |
| ZITHROMAX Z-PAK   | 3    |                       |
| ZMAX  | 3    |                       |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>                                   |      |                       |
| ALBENZA   | 2    | PA                    |
| ALINIA  | 2    |                       |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>         | 1    |                       |
| <i>atovaquone</i>   | 1    | ST                    |
| <i>atovaquone-proguanil</i>   | 1    |                       |
| AZACTAM   | 3    |                       |
| AZACTAM IN DEXTROSE (ISO-OSM)   | 2    |                       |
| <i>aztreonam</i>  | 1    |                       |
| <i>bacim</i>  | 1    |                       |
| <i>bacitracin intramuscular</i>                                       | 1    |                       |
| BETHKIS   | 4    |                       |
| BILTRICIDE  | 2    |                       |
| CAPASTAT  | 2    |                       |
| CAYSTON   | 4    | PA; QL                |
| <i>chloramphenicol sod succinate</i>                                  | 1    |                       |
| <i>chloroquine phosphate</i>  | 1    |                       |
| CLEOCIN HCL   | 3    |                       |
| CLEOCIN IN 5 % DEXTROSE   | 3    |                       |
| CLEOCIN INJECTION   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML  | 3    |                       |
| CLEOCIN PEDIATRIC  | 3    |                       |
| CLIN SINGLE USE  | 3    |                       |
| <i>clindamycin hcl</i>   | 1    |                       |
| CLINDAMYCIN IN 0.9 % SOD CHLOR   | 3    |                       |
| <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    | PA                    |
| 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   | 2    |                       |
| GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 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    |                       |

| Drug Name                             | Tier | Requirements / limits |
|---------------------------------------|------|-----------------------|
| <i>hydroxychloroquine</i>             | 1    |                       |
| <i>imipenem-cilastatin</i>            | 1    |                       |
| IMPAVIDO                              | 2    | PA                    |
| INVANZ                                | 2    |                       |
| <i>isoniazid</i>                      | 1    |                       |
| <i>ivermectin</i>                     | 1    |                       |
| KETEK                                 | 3    |                       |
| KITABIS PAK                           | 4    |                       |
| LINCOCIN                              | 3    |                       |
| <i>lincomycin</i>                     | 1    |                       |
| <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    | ST                    |
| <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                            | 2    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG                                      | 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    |                       |
| SIVEXTRO INTRAVENOUS   | 2    |                       |
| SIVEXTRO ORAL  | 3    | PA                    |
| STROMEKTOL   | 3    |                       |
| SYNERCID   | 2    |                       |
| TINDAMAX ORAL TABLET 500 MG  | 3    |                       |
| <i>tinidazole</i>  | 1    |                       |
| TOBI   | 4*   | PA; QL                |
| TOBI PODHALER  | 4    | PA                    |
| <i>tobramycin in 0.225 % nacl</i>  | 4    | PA; QL                |
| <i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>              | 1    |                       |
| <i>tobramycin sulfate</i>  | 1    |                       |
| TOBRAMYCIN WITH NEBULIZER  | 4*   |                       |
| TRECTOR  | 3    |                       |
| XIFAXAN  | 2    | PA                    |
| 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  |                       |
| <i>amoxicillin oral capsule 500 mg</i>   | 1    |                       |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i> | LCG  |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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  |                       |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                        | 1    |                       |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>          | 1    |                       |
| <i>amoxicillin-pot clavulanate oral tablet</i>                                 | 1    |                       |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>          | 3    |                       |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>                       | 1    |                       |
| <i>ampicillin</i>  | 1    |                       |
| <i>ampicillin sodium</i>   | 1    |                       |
| <i>ampicillin-sulbactam injection</i>  | 1    |                       |
| <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  |                       |
| 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   | 2    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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  |                       |
| <i>penicillin v potassium oral tablet</i>  | 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)  | 2    |                       |
| <b>QUINOLONES</b>  |      |                       |
| AVELOX   | 3    |                       |
| 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  |                       |
| <i>ciprofloxacin in 5 % dextrose</i>   | 1    |                       |
| <i>ciprofloxacin lactate</i>   | 1    |                       |
| FACTIVE  | 3    | QL                    |
| LEVAQUIN ORAL TABLET   | 3    |                       |
| <i>levofloxacin in d5w</i>   | 1    |                       |
| <i>levofloxacin intravenous</i>  | 1    |                       |
| <i>levofloxacin oral</i>   | 1    |                       |

| Drug Name                                   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>moxifloxacin oral</i>                    | 1    |                       |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | 1    |                       |

## SULFA'S & RELATED AGENTS

|   |     |  |
|---|-----|--|
| 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 |  |
| <i>sulfatrim</i>  | 1   |  |

## TETRACYCLINES

|   |   |        |
|---|---|--------|
| ACTICLATE   | 3 | PA     |
| <i>avidoxy</i>  | 1 |        |
| AVIDOXY DK  | 3 | PA     |
| BENZODOX 30   | 3 |        |
| BENZODOX 60   | 3 |        |
| <i>demeclocycline</i>   | 1 |        |
| DORYX MPC   | 3 | PA     |
| DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG          | 3 | PA     |
| <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>   | 3 | PA; ST |
| <i>doxycycline monohydrate oral capsule</i>                       | 1 |        |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 1 |        |
| <i>doxycycline monohydrate oral tablet</i>                        | 1 |        |
| MINOCIN INTRAVENOUS   | 2 |        |
| MINOCIN ORAL  | 3 | PA     |

| Drug Name | Tier | Requirements / limits |
|-----------|------|-----------------------|
|-----------|------|-----------------------|

|  |     |        |
|--|-----|--------|
| <i>minocycline oral capsule</i>  | 1   |        |
| <i>minocycline oral tablet</i>   | 1   |        |
| <i>minocycline oral tablet extended release 24 hr</i>                          | 3   | PA; ST |
| <i>mondoxyne nl</i>  | 1   |        |
| MONODOX  | 3   | PA     |
| MORGIDOX 1X 50   | 3   | PA     |
| MORGIDOX 2X100   | 3   | PA     |
| <i>morgidox oral capsule 100 mg</i>  | 1   |        |
| ORACEA   | 2   | PA     |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 2   | PA     |
| TARGADOX   | 3   | PA     |
| <i>tetracycline</i>  | LCG |        |
| VIBRAMYCIN ORAL CAPSULE 100 MG   | 3   | PA     |
| VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION                                  | 3   |        |
| VIBRAMYCIN ORAL SYRUP  | 3   |        |

## URINARY TRACT AGENTS

|                                       |   |  |
|---------------------------------------|---|--|
| 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 | PA |
| VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS SOLUTION 1.75 GRAM/500 ML | 2 |    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK   | 2    |                       |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/250 ML, 1.25 GRAM/250 ML | 2    |                       |
| VANCOMYCIN INJECTION   | 3    |                       |
| <i>vancomycin intravenous</i>  | 1    |                       |
| <i>vancomycin oral capsule</i>   | 3    | PA                    |
| VIBATIV  | 2    |                       |

## 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* |    |
| MESNEX ORAL                          | 2  |    |
| TOTECT INTRAVENOUS RECON SOLN 500 MG | 4* |    |
| VISTOGARD                            | 4  |    |
| VORAXAZE                             | 2  |    |
| XGEVA                                | 4  | PA |
| ZINECARD (AS HCL)                    | 4* |    |

## ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

|  |    |    |
|--|----|----|
| <i>adriamycin intravenous solution</i> | 4  |    |
| <i>adrucil</i>                         | 4  |    |
| AFINITOR                               | 4  | PA |
| AFINITOR DISPERZ                       | 4  | PA |
| ALECENSA                               | 4  | PA |
| ALIMTA                                 | 4  |    |
| ALIQOPA                                | 4* |    |

| Drug Name                               | Tier | Requirements / limits |
|---|------|-----------------------|
| ALKERAN INTRAVENOUS                     | 4*   |                       |
| ALKERAN ORAL                            | 3    |                       |
| ALUNBRIG                                | 4*   | PA                    |
| <i>anastrozole</i>                      | 1    |                       |
| ARIMIDEX                                | 3    |                       |
| AROMASIN                                | 3    |                       |
| ASTAGRAF XL                             | 4*   | PA                    |
| AZASAN                                  | 4    |                       |
| <i>azathioprine</i>                     | 4    |                       |
| BAVENCIO                                | 4    | PA                    |
| BESPONSA                                | 4    |                       |
| <i>bexarotene</i>                       | 1    |                       |
| <i>bicalutamide</i>                     | 1    |                       |
| BICNU                                   | 4    |                       |
| <i>bleo 15k</i>                         | 1    |                       |
| <i>bleomycin</i>                        | 4    |                       |
| BOSULIF                                 | 4    |                       |
| CABOMETYX                               | 4*   | PA                    |
| <i>capecitabine</i>                     | 4    | PA                    |
| CAPRELSA                                | 4    | PA                    |
| <i>carboplatin intravenous solution</i> | 4    |                       |
| CASODEX                                 | 3    |                       |
| CELLCEPT                                | 4*   |                       |
| <i>cisplatin</i>                        | 4    |                       |
| <i>cladribine</i>                       | 4    |                       |
| <i>clofarabine</i>                      | 1    |                       |
| CLOLAR                                  | 4    |                       |
| COMETRIQ                                | 4*   | PA                    |
| COSMEGEN                                | 4*   |                       |
| COTELLIC                                | 4    | PA                    |
| <i>cyclophosphamide intravenous</i>     | 4    |                       |
| CYCLOPHOSPHAMIDE ORAL CAPSULE           | 2    |                       |
| <i>cyclosporine modified</i>            | 4    |                       |
| <i>cyclosporine oral capsule</i>        | 4    |                       |
| <i>cytarabine</i>                       | 4    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <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    |                       |
| ELIGARD   | 4    | PA                    |
| ELIGARD (3 MONTH)   | 4    | PA; QL                |
| ELIGARD (4 MONTH)   | 4    | PA                    |
| ELIGARD (6 MONTH)   | 4    | PA                    |
| ELLENC  | 4*   |                       |
| EMCYT   | 2    |                       |
| EMPLICITI   | 4*   |                       |
| ENVARUSUS XR  | 4*   | PA                    |
| <i>epirubicin intravenous recon soln 200 mg</i>   | 4    |                       |
| <i>epirubicin intravenous solution</i>  | 4    |                       |
| ERIVEDGE  | 4    |                       |
| ERWINAZE  | 4*   |                       |
| ETOPOPHOS   | 4    |                       |
| <i>etoposide intravenous</i>  | 4    |                       |
| <i>etoposide oral</i>   | 1    |                       |
| EVOMELA   | 4*   |                       |
| <i>exemestane</i>   | 1    |                       |
| FARESTON  | 2    |                       |
| FARYDAK   | 4*   | PA                    |
| FASLODEX  | 4    |                       |
| FEMARA  | 3    |                       |

| Drug Name                       | Tier | Requirements / limits |
|---------------------------------|------|-----------------------|
| FIRMAGON KIT W DILUENT SYRINGE  | 4    |                       |
| <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    | PA                    |
| GLIADEL WAFER                   | 3    |                       |
| HEXALEN                         | 2    |                       |
| HYCANTIN ORAL                   | 4    |                       |
| HYDREA                          | 3    |                       |
| <i>hydroxyurea</i>              | 1    |                       |
| IBRANCE                         | 4    | PA                    |
| ICLUSIG                         | 4    |                       |
| IDAMYCIN PFS                    | 4*   |                       |
| <i>idarubicin</i>               | 4    |                       |
| IDHIFA                          | 4*   | PA                    |
| IFEX                            | 4*   |                       |
| <i>ifosfamide</i>               | 4    |                       |
| <i>ifosfamide-mesna</i>         | 4    |                       |
| <i>imatinib</i>                 | 4    | PA                    |
| IMBRUVICA                       | 4    | PA                    |
| IMFINZI                         | 4*   |                       |
| IMLYGIC                         | 4*   |                       |
| IMURAN                          | 4*   |                       |
| INLYTA                          | 4    | PA                    |
| IODOPEN                         | 2    |                       |
| IRESSA                          | 4    | PA                    |
| JAKAFI                          | 4    |                       |
| KISQALI                         | 4*   | PA                    |
| KISQALI FEMARA CO-PACK          | 4*   | PA                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| KYMRIAH   | 4*   |                       |
| LENVIMA   | 4    | PA                    |
| <i>letrozole</i>  | 1    |                       |
| LEUKERAN  | 2    |                       |
| <i>leuprolide subcutaneous kit</i>                                    | 4    | PA                    |
| <i>lipodox</i>  | 4    |                       |
| LONSURF   | 4    | PA                    |
| LUPRON DEPOT  | 4    | PA                    |
| LUPRON DEPOT (3 MONTH)  | 4    | PA; QL                |
| LUPRON DEPOT (4 MONTH)  | 4    | PA                    |
| LUPRON DEPOT (6 MONTH)  | 4    | PA                    |
| LUPRON DEPOT-PED  | 4    | PA                    |
| LUPRON DEPOT-PED (3 MONTH)  | 4    | PA; QL                |
| LYNPARZA  | 4    |                       |
| LYSODREN  | 2    |                       |
| MATULANE  | 4    |                       |
| MEGACE  | 3    | PA                    |
| MEGACE ES   | 3    | PA                    |
| <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    |                       |
| <i>mycophenolate mofetil</i>  | 4    |                       |
| <i>mycophenolate sodium</i>   | 4    | PA                    |
| MYFORTIC  | 4*   | PA                    |
| MYLERAN   | 2    |                       |
| MYLOTARG  | 4*   |                       |
| NAVELBINE   | 4*   |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| NEORAL  | 4*   | PA                    |
| NERLYNX   | 4    | PA                    |
| NEXAVAR   | 4    | PA                    |
| NILANDRON   | 3    | PA                    |
| <i>nilutamide</i>   | 1    | PA                    |
| NINLARO   | 4    | PA                    |
| NIPENT  | 4*   |                       |
| <i>octreotide acetate</i>   | 4    | PA                    |
| ODOMZO  | 4*   | PA                    |
| ONCASPAR  | 4    |                       |
| <i>oxaliplatin</i>  | 4    |                       |
| <i>paclitaxel</i>   | 4    |                       |
| PHOTOFRIN   | 4    |                       |
| PORTRAZZA   | 4*   |                       |
| PROGRAF ORAL  | 4*   | PA                    |
| PURIXAN   | 4    |                       |
| RAPAMUNE ORAL SOLUTION  | 4    | PA                    |
| RAPAMUNE ORAL TABLET  | 4*   | PA                    |
| RITUXAN HYCELA  | 4    | PA                    |
| RUBRACA   | 4    | PA                    |
| RYDAPT  | 4    | PA                    |
| SANDIMMUNE ORAL CAPSULE   | 4*   | PA                    |
| SANDIMMUNE ORAL SOLUTION  | 4    | PA                    |
| SANDOSTATIN   | 4*   | PA                    |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON | 4    | PA                    |
| SIGNIFOR  | 4    |                       |
| <i>sirolimus</i>  | 4    |                       |
| SOLTAMOX  | 3    | ACA                   |
| SOMATULINE DEPOT  | 4    |                       |
| SPRYCEL   | 4    | PA                    |
| STIVARGA  | 4    | PA                    |
| SUTENT  | 4    | PA                    |
| SYNRIBO   | 4    |                       |
| TABLOID   | 2    | PA                    |



| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>tacrolimus oral</i>   | 4    |                       |
| TAFINLAR   | 4    |                       |
| TAGRISSO   | 4    | PA                    |
| <i>tamoxifen</i>   | 1    | ACA                   |
| TARCEVA  | 4    | PA                    |
| TARGRETIN ORAL   | 3    |                       |
| TARGRETIN TOPICAL  | 2    |                       |
| TASIGNA  | 4    | PA                    |
| 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    |                       |
| TRIPTODUR  | 4*   | PA                    |
| TRISENOX   | 4    |                       |
| TYKERB   | 4    | PA                    |
| VENCLEXTA ORAL TABLET 100 MG   | 4    | PA                    |
| <i>vinblastine intravenous solution</i>                              | 4    |                       |
| <i>vincasar pfs</i>  | 4    |                       |
| <i>vincristine</i>   | 4    |                       |
| <i>vinorelbine</i>   | 4    |                       |
| VOTRIENT   | 4    | PA                    |
| VYXEOS   | 4    |                       |
| XALKORI  | 4    |                       |
| XATMEP   | 3    | PA                    |
| XELODA   | 4*   | PA                    |
| XERMELO  | 4    | PA                    |
| XTANDI   | 4    | PA                    |
| ZANOSAR  | 4    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| ZEJULA  | 4    | PA                    |
| ZELBORAF  | 4    |                       |
| ZEVALIN (Y-90)  | 4    |                       |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG                    | 4    | PA; QL                |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG                     | 4    | PA                    |
| ZOLINZA   | 4    |                       |
| ZORTRESS  | 4    | PA                    |
| ZYDELIG   | 4    |                       |
| ZYKADIA   | 4    |                       |
| ZYTIGA  | 4    | PA                    |
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b> |      |                       |
| <b>ANTICONVULSANTS</b>                                  |      |                       |
| ACTIVE-PAC  | 3    |                       |
| APTIOM  | 3    | PA                    |
| BANZEL  | 2    | PA                    |
| BRIVIACT ORAL   | 3    | PA                    |
| <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> | 3    |                       |
| <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    |                       |
| DEPAKOTE  | 3    | PA                    |
| DEPAKOTE ER   | 3    | PA                    |
| DEPAKOTE SPRINKLES                                      | 3    | PA                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| DIASTAT  | 3    |                       |
| DIASTAT ACUDIAL  | 3    |                       |
| <i>diazepam rectal</i>                                 | 1    |                       |
| DILANTIN   | 2    |                       |
| DILANTIN EXTENDED                                      | 3    |                       |
| DILANTIN INFATABS                                      | 3    |                       |
| DILANTIN-125   | 3    |                       |
| <i>divalproex oral capsule, delayed rel sprinkle</i>   | 1    |                       |
| <i>divalproex oral tablet extended release 24 hr</i>   | 3    |                       |
| <i>divalproex oral tablet, delayed release (dr/ec)</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                                | 2    | PA                    |
| FYCOMPA ORAL TABLET                                    | 2    | PA                    |
| <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  | 2    | PA                    |
| GRALISE 30-DAY STARTER PACK                            | 2    | PA                    |
| KEPPRA   | 3    | PA                    |
| KEPPRA XR  | 3    | PA                    |
| KLONOPIN   | 3    |                       |
| LAMICTAL ODT   | 3    | PA                    |
| LAMICTAL ODT STARTER (BLUE)                            | 3    | PA                    |
| LAMICTAL ODT STARTER (GREEN)                           | 3    | PA                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| LAMICTAL ODT STARTER (ORANGE)                          | 3    | PA                    |
| LAMICTAL ORAL TABLET                                   | 3    | PA                    |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | 3    | PA                    |
| LAMICTAL STARTER (BLUE) KIT                            | 3    | PA                    |
| LAMICTAL STARTER (GREEN) KIT                           | 3    | PA                    |
| LAMICTAL STARTER (ORANGE) KIT                          | 3    | PA                    |
| LAMICTAL XR  | 3    | PA                    |
| LAMICTAL XR STARTER (BLUE)                             | 2    | PA                    |
| LAMICTAL XR STARTER (GREEN)                            | 2    | PA                    |
| LAMICTAL XR STARTER (ORANGE)                           | 2    | PA                    |
| <i>lamotrigine oral tablet</i>                         | 1    |                       |
| <i>lamotrigine oral tablet disintegrating, dose pk</i> | 1    | PA                    |
| <i>lamotrigine oral tablet extended release 24hr</i>   | 3    | PA                    |
| <i>lamotrigine oral tablet, chewable dispersible</i>   | 1    | PA                    |
| <i>lamotrigine oral tablet, disintegrating</i>         | 1    | PA                    |
| <i>lamotrigine oral tablets, dose pack</i>             | 1    |                       |
| <i>levetiracetam</i>                                   | 1    |                       |
| LYRICA ORAL CAPSULE                                    | 2    | PA; QL                |
| LYRICA ORAL SOLUTION                                   | 2    |                       |
| MYSOLINE   | 3    |                       |
| NEURONTIN  | 3    |                       |
| ONFI ORAL SUSPENSION                                   | 2    | PA                    |
| ONFI ORAL TABLET 10 MG, 20 MG                          | 2    | PA                    |
| <i>oxcarbazepine</i>                                   | 1    |                       |
| OXTELLAR XR  | 3    | PA                    |
| 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    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| POTIGA  | 2    |                       |
| <i>primidone</i>  | 1    |                       |
| OUDEXY XR   | 2    | PA                    |
| <i>roweepra</i>   | 1    | PA                    |
| SABRIL  | 4    | PA                    |
| SMARTRX GABAKIT   | 3    |                       |
| SMARTRX GABA-V KIT  | 3    |                       |
| TEGRETOL ORAL SUSPENSION  | 3    |                       |
| TEGRETOL ORAL TABLET  | 3    |                       |
| TEGRETOL XR   | 3    |                       |
| <i>tiagabine</i>  | 1    |                       |
| TOPAMAX   | 3    | PA; ST                |
| <i>topiramate oral capsule, sprinkle 15 mg</i>                  | LCG  |                       |
| <i>topiramate oral capsule, sprinkle 25 mg</i>                  | 1    |                       |
| TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR                        | 3    | PA                    |
| <i>topiramate oral tablet</i>                                   | 1    |                       |
| TRILEPTAL   | 3    | PA                    |
| TROKENDI XR   | 3    | PA                    |
| <i>valproate sodium</i>   | 1    |                       |
| <i>valproic acid</i>  | 1    |                       |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 1    |                       |
| <i>vigabatrin</i>   | 1    | PA                    |
| VIMPAT INTRAVENOUS  | 2    |                       |
| VIMPAT ORAL SOLUTION  | 2    | PA                    |
| VIMPAT ORAL TABLET  | 2    | PA                    |
| 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  |                       |
| <b>ANTIPARKINSONISM AGENTS</b>                                  |      |                       |
| APOKYN  | 4    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| AZILECT   | 3    | PA                    |
| <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    |                       |
| GOCOVRI   | 4*   |                       |
| LODOSYN   | 3    |                       |
| MIRAPEX   | 3    |                       |
| MIRAPEX ER  | 3    | PA                    |
| NEUPRO  | 3    | PA                    |
| PARLODEL  | 3    |                       |
| <i>pramipexole oral tablet</i>                        | 1    |                       |
| <i>pramipexole oral tablet extended release 24 hr</i> | 1    | PA                    |
| <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    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>trihexyphenidyl</i>   | 1    |                       |
| XADAGO   | 3    | PA                    |
| ZELAPAR  | 3    |                       |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>                 |      |                       |
| <i>almotriptan malate</i>                                      | 1    | QL                    |
| AMERGE   | 3    | QL                    |
| AXERT  | 3    | QL                    |
| CAFERGOT   | 3    |                       |
| D.H.E.45   | 3    |                       |
| <i>dihydroergotamine injection</i>                             | 1    |                       |
| <i>dihydroergotamine nasal</i>                                 | 3    | PA; QL                |
| <i>eletriptan hbr</i>  | 1    | QL                    |
| ERGOMAR  | 3    |                       |
| <i>ergotamine-caffeine</i>                                     | 1    |                       |
| <i>frovatriptan</i>  | 1    | QL                    |
| IMITREX  | 3    | QL                    |
| IMITREX STATDOSE KIT REFILL                                    | 3    | QL                    |
| IMITREX STATDOSE PEN   | 3    | QL                    |
| <i>isometh-dichloral-acetaminophn</i>                          | 1    | QL                    |
| <i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i> | 1    | QL                    |
| MAXALT   | 3    | QL                    |
| MAXALT-MLT   | 3    | QL                    |
| <i>migergot</i>  | 1    |                       |
| MIGRANAL   | 3    | PA; QL                |
| MIGRANOW   | 3    |                       |
| <i>naratriptan</i>   | 1    | QL                    |
| <i>nodolor</i>   | 1    | QL                    |
| ONZETRA XSAIL  | 3    | PA                    |
| PRODRIN ORAL TABLET 65-20-325 MG                               | 3    | QL                    |
| RELPAK   | 2    | QL                    |
| <i>rizatriptan</i>   | 1    | QL                    |
| <i>sumatriptan</i>   | 3    | QL                    |
| <i>sumatriptan succinate oral</i>                              | 1    | QL                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>sumatriptan succinate subcutaneous cartridge</i>           | 3    | QL                    |
| <i>sumatriptan succinate subcutaneous pen injector</i>        | 3    | QL                    |
| <i>sumatriptan succinate subcutaneous solution</i>            | 3    | QL                    |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | 1    |                       |
| ZEMBRACE SYMTOUCH   | 3    | PA                    |
| <i>zolmitriptan oral tablet</i>                               | 1    | QL                    |
| <i>zolmitriptan oral tablet, disintegrating</i>               | 3    | QL                    |
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG                         | 2    |                       |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG                           | 2    | QL                    |
| ZOMIG ORAL  | 3    | QL                    |
| ZOMIG ZMT   | 3    | QL                    |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>                     |      |                       |
| AMPYRA  | 4    | PA                    |
| ARICEPT   | 3    |                       |
| AUSTEDO   | 4*   | PA                    |
| <i>donepezil</i>  | 1    |                       |
| EXELON ORAL CAPSULE   | 3    |                       |
| EXELON TRANSDERMAL  | 3    |                       |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i>       | 3    |                       |
| <i>galantamine oral solution</i>                              | 1    |                       |
| <i>galantamine oral tablet</i>                                | 1    |                       |
| HORIZANT  | 3    | PA                    |
| INGREZZA ORAL CAPSULE 40 MG                                   | 4*   | PA                    |
| KEVEYIS   | 4*   |                       |
| <i>memantine oral solution</i>                                | 1    |                       |
| <i>memantine oral tablet</i>                                  | 1    |                       |
| MEMANTINE ORAL TABLETS, DOSE PACK                             | 3    | ST                    |
| NAMENDA   | 3    | ST                    |
| NAMENDA TITRATION PAK   | 3    | ST                    |

| Drug Name                    | Tier | Requirements / limits |
|------------------------------|------|-----------------------|
| NAMENDA XR                   | 2    | ST                    |
| NAMZARIC                     | 2    | ST                    |
| NUEDEXTA                     | 2    | PA                    |
| RADICAVA                     | 4    |                       |
| RAZADYNE ER                  | 3    |                       |
| RAZADYNE ORAL TABLET         | 3    |                       |
| <i>rivastigmine</i>          | 1    |                       |
| <i>rivastigmine tartrate</i> | 1    |                       |
| <i>tetabenazine</i>          | 4    | PA                    |
| XENAZINE                     | 4*   | PA                    |

## MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

|   |     |    |
|---|-----|----|
| AMRIX   | 3   | ST |
| <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 |    |
| <i>cyclobenzaprine oral tablet 5 mg, 7.5 mg</i> | 1   |    |
| DANTRIUM INTRAVENOUS                            | 3   |    |
| DANTRIUM ORAL CAPSULE 25 MG, 50 MG              | 3   |    |
| <i>dantrolene</i>                               | 1   |    |
| FEXMID  | 3   |    |
| LORZONE   | 3   | PA |
| <i>meprobamate</i>                              | 1   |    |
| MESTINON ORAL SYRUP                             | 2   |    |
| MESTINON ORAL TABLET                            | 3   |    |
| MESTINON TIMESPAN                               | 3   |    |
| <i>metaxall</i>                                 | 1   | ST |
| <i>metaxalone</i>                               | 3   | ST |
| <i>methocarbamol</i>                            | 1   |    |
| <i>orphenadrine citrate</i>                     | 1   |    |

| Drug Name                     | Tier | Requirements / limits |
|-------------------------------|------|-----------------------|
| 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    | PA                    |
| SOMA                          | 3    |                       |
| <i>tizanidine</i>             | 1    |                       |
| ZANAFLEX                      | 3    |                       |

## NARCOTIC ANALGESICS

|   |   |            |
|---|---|------------|
| <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 | PA; ST     |
| <i>ascomp with codeine</i>                                | 1 |            |
| <i>aspirin-caffeine-dihydrocodein</i>                     | 1 |            |
| ASTRAMORPH-PF INJECTION SOLUTION 0.5 MG/ML                | 3 |            |
| <i>astramorph-pf injection solution 1 mg/ml</i>           | 1 |            |
| BELBUCA   | 3 | PA; ST; QL |
| BUPAP ORAL TABLET 50-300 MG                               | 3 |            |
| BUPRENEX  | 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 |            |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>butalbital-acetaminophen-caff oral capsule</i>  | 1    |                       |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                                    | 1    |                       |
| <i>butalbital-aspirin-caffeine</i>   | 1    |                       |
| <i>capacet</i>   | 1    |                       |
| CAPITAL WITH CODEINE   | 3    |                       |
| <i>codeine sulfate oral tablet</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 ORAL  | 3    | ST                    |
| DILAUDID-HP (PF) INJECTION SOLUTION  | 3    |                       |
| <i>diskets</i>   | 1    | ST                    |
| DOLOPHINE ORAL   | 3    | ST                    |
| DURAGESIC  | 3    | PA; ST; QL            |
| <i>duramorph (pf)</i>  | 1    |                       |
| EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL   | 3    | ST                    |
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                           | 1    |                       |
| ESGIC  | 3    |                       |
| EXALGO ER  | 3    | ST                    |
| <i>fentanyl citrate</i>  | 3    | 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    | ST; QL                |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR  | 3    | PA; ST; QL            |
| FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%  | 3    |                       |
| FIORICET ORAL CAPSULE   | 3    |                       |
| 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 (PF)-0.9% NACL INTRAVENOUS SYRINGE 2 MG/10 ML (0.2 MG/ML)   | 3    |                       |
| HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)                                | 3    |                       |
| HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 15 MG/30 ML (0.5 MG/ML)                            | 3    |                       |
| HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/50 ML (2 MG/ML), 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  | 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>  | 3    | PA; ST                |
| <i>hydromorphone rectal</i>  | 1    |                       |
| HYSINGLA ER  | 2    | ST                    |
| IBUDONE  | 3    |                       |
| <i>ibuprofen-oxycodone</i>   | 1    |                       |
| INFUMORPH P/F  | 2    |                       |
| 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  | 2    | ST                    |
| <i>levorphanol tartrate</i>  | 1    | PA                    |
| <i>lorcet (hydrocodone)</i>  | 1    |                       |
| <i>lorcet hd</i>   | 1    |                       |
| <i>lorcet plus oral tablet 7.5-325 mg</i>  | 1    |                       |
| <i>lortab 10-325</i>   | 1    |                       |
| <i>lortab 5-325</i>  | 1    |                       |
| <i>lortab 7.5-325</i>  | 1    |                       |
| LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML  | 3    |                       |
| <i>margesic</i>  | 1    |                       |
| <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    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>methadone injection solution</i>  | 1    |                       |
| <i>methadone oral concentrate</i>  | 1    | ST                    |
| <i>methadone oral solution</i>   | 1    | ST                    |
| <i>methadone oral tablet</i>   | 1    | ST                    |
| <i>methadone oral tablet,soluble</i>   | 1    | ST                    |
| <i>methadose oral concentrate</i>  | 1    | ST                    |
| <i>methadose oral tablet,soluble</i>   | 1    | ST                    |
| MORPHABOND ER  | 3    | PA; 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    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| 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    | ST; QL                |
| <i>morphine oral capsule, extend. release pellets</i>                                  | 1    | ST; QL                |
| <i>morphine oral solution</i>  | 1    |                       |
| <i>morphine oral tablet</i>  | 1    | QL                    |
| <i>morphine oral tablet extended release</i>   | 1    | ST; QL                |
| <i>morphine rectal</i>   | 1    |                       |
| MS CONTIN  | 3    | ST; QL                |
| NORCO  | 3    |                       |
| OPANA  | 3    |                       |
| OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR                                       | 2    | ST                    |
| OXAYDO   | 3    | PA                    |
| <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                                      | 2    | ST; QL                |
| <i>oxymorphone oral tablet</i>   | 3    |                       |
| <i>oxymorphone oral tablet extended release 12 hr</i>                                  | 3    | ST                    |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG                       | 3    | PA                    |
| PRIMLEV  | 3    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>reprexain oral tablet 10-200 mg, 5-200 mg</i>                  | 1    |                       |
| ROXICODONE  | 3    |                       |
| SYNALGOS-DC   | 3    |                       |
| <i>tencon oral tablet 50-325 mg</i>                               | 1    |                       |
| TREZIX ORAL CAPSULE 320.5-30-16 MG                                | 3    |                       |
| TYLENOL-CODEINE #3  | 3    |                       |
| TYLENOL-CODEINE #4  | 3    |                       |
| VANATOL LQ  | 3    |                       |
| VANATOL S   | 3    |                       |
| <i>verdrocet</i>  | 1    |                       |
| <i>vicodin</i>  | 1    |                       |
| <i>vicodin es</i>   | 1    |                       |
| <i>vicodin hp</i>   | 1    |                       |
| XARTEMIS XR   | 3    |                       |
| XODOL 10/300  | 3    |                       |
| XODOL 5/300   | 3    |                       |
| XODOL 7.5/300   | 3    |                       |
| XTAMPZA ER  | 3    | PA; ST                |
| <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                    |
| <b>NON-NARCOTIC ANALGESICS</b>                                    |      |                       |
| ANAPROX DS  | 3    | ST                    |
| ARTHROTEC 50  | 3    | ST                    |
| ARTHROTEC 75  | 3    | ST                    |
| <i>aspir-81</i>   | 1    | ACA; OTC              |
| <i>aspirin low dose</i>   | 1    | ACA; OTC              |
| <i>aspirin oral tablet</i>  | 1    | ACA; OTC              |
| <i>aspirin oral tablet, chewable</i>                              | 1    | ACA; OTC              |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i> | 1    | ACA; OTC              |
| <i>aspir-low</i>  | 1    | ACA; OTC              |



| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>aspir-trin</i>                                       | 1    | ACA; OTC              |
| <i>bayer aspirin</i>                                    | 1    | ACA; OTC              |
| BUNAVAIL  | 3    | PA                    |
| <i>buprenorphine-naloxone</i>                           | 3    | 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) | 2    |                       |
| CAMBIA  | 3    | ST; QL                |
| CELEBREX  | 3    | PA                    |
| <i>celecoxib</i>  | 1    |                       |
| <i>children's aspirin</i>                               | 1    | ACA; OTC              |
| <i>choline,magnesium salicylate</i>                     | 1    |                       |
| CONZIP  | 3    | QL                    |
| DAYPRO  | 3    | ST                    |
| DERMACINRX LEXITRAL                                     | 3    |                       |
| <i>diclofenac potassium</i>                             | 1    |                       |
| <i>diclofenac sodium oral</i>                           | 1    |                       |
| <i>diclofenac sodium topical drops</i>                  | 3    | PA                    |
| <i>diclofenac sodium topical gel 1 %</i>                | 3    | PA; ST                |
| <i>diclofenac-misoprostol</i>                           | 1    |                       |
| DICLOTRAL   | 3    |                       |
| DICLOZOR  | 3    |                       |
| <i>diflunisal</i>                                       | 1    |                       |
| DISALCID  | 3    |                       |
| <i>dologesic (w-phenyltoloxamine)</i>                   | 1    |                       |
| DS PREP PAK   | 3    |                       |
| DUEXIS  | 3    | ST                    |
| DYLOJECT  | 3    |                       |
| <i>e.c. prin</i>  | 1    | ACA; OTC              |
| EC-NAPROSYN   | 3    | ST                    |
| <i>ecotrin</i>  | 1    | ACA; OTC              |
| <i>ecotrin low strength</i>                             | 1    | ACA; OTC              |
| <i>etodolac</i>   | 1    |                       |
| FELDENE   | 3    | ST                    |
| FENOPROFEN ORAL CAPSULE                                 | 3    | ST                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>fenoprofen oral tablet</i>                                | 1    |                       |
| FENORTHO   | 3    | ST                    |
| FLECTOR  | 2    | ST; QL                |
| <i>flurbiprofen</i>  | 1    |                       |
| FROTEK   | 3    |                       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>          | LCG  |                       |
| INDOCIN ORAL   | 3    | ST                    |
| INDOCIN RECTAL   | 3    |                       |
| <i>indomethacin oral capsule 25 mg</i>                       | LCG  |                       |
| <i>indomethacin oral capsule 50 mg</i>                       | 1    |                       |
| <i>indomethacin oral capsule, extended release</i>           | 1    |                       |
| INFLAMMA-K   | 3    |                       |
| <i>ketoprofen oral capsule</i>                               | 3    |                       |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i> | 1    | ST                    |
| <i>ketorolac injection cartridge 15 mg/ml</i>                | 1    |                       |
| <i>ketorolac injection cartridge 30 mg/ml</i>                | LCG  |                       |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml</i>       | 1    |                       |
| <i>ketorolac injection solution 30 mg/ml (1 ml)</i>          | LCG  |                       |
| <i>ketorolac injection syringe</i>                           | 1    |                       |
| <i>ketorolac intramuscular solution</i>                      | LCG  |                       |
| <i>ketorolac intramuscular syringe</i>                       | 1    |                       |
| <i>ketorolac oral</i>  | LCG  | QL                    |
| <i>klofensaid ii</i>   | 3    | PA; ST                |
| LIDOXIB  | 3    |                       |
| <i>lite coat aspirin</i>                                     | 1    | ACA; OTC              |
| LODINE ORAL TABLET   | 3    | ST                    |
| <i>meclofenamate</i>   | 1    |                       |
| <i>mefenamic acid</i>  | 3    |                       |
| <i>meloxicam oral suspension</i>                             | 1    |                       |
| <i>meloxicam oral tablet 15 mg</i>                           | LCG  |                       |
| <i>meloxicam oral tablet 7.5 mg</i>                          | LCG  | QL                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| 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    | PA; ST                |
| NAPROSYN ORAL SUSPENSION                                | 3    | ST                    |
| NAPROSYN ORAL TABLET 500 MG                             | 3    | ST                    |
| <i>naproxen oral suspension</i>                         | LCG  |                       |
| <i>naproxen oral tablet 250 mg</i>                      | 1    |                       |
| <i>naproxen oral tablet 375 mg, 500 mg</i>              | 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> | 3    | PA                    |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION          | 2    |                       |
| NUCYNTA   | 2    | QL                    |
| NUCYNTA ER  | 2    | ST                    |
| NUDICLO SOLUPAK   | 3    |                       |
| <i>oxaprozin</i>  | 3    |                       |
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP          | 3    | ST                    |
| <i>pentazocine-naloxone</i>                             | 1    |                       |
| <i>piroxicam</i>  | 1    |                       |
| PONSTEL   | 3    | ST                    |
| RE VIA  | 3    |                       |
| <i>salsalate</i>  | 1    |                       |
| SPRIX   | 4*   | ST; QL                |
| SUBOXONE  | 2    | PA; QL                |
| <i>sulindac</i>   | 1    |                       |
| SURE RESULT DSS PREMIUM PACK                            | 3    |                       |
| TALWIN  | 3    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| TIVORBEX  | 3    | ST                    |
| <i>tolmetin</i>                                     | 1    |                       |
| TORONOVA II SUIK                                    | 3    |                       |
| TORONOVA SUIK                                       | 3    |                       |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83       | 3    | QL                    |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75       | 3    | QL                    |
| <i>tramadol oral tablet</i>                         | 1    | QL                    |
| <i>tramadol oral tablet extended release 24 hr</i>  | 3    | QL                    |
| <i>tramadol oral tablet, er multiphase 24 hr</i>    | 3    |                       |
| <i>tramadol-acetaminophen</i>                       | 1    | QL                    |
| ULTRACET  | 3    | QL                    |
| ULTRAM  | 3    | QL                    |
| ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG | 3    | QL                    |
| VIMOVO  | 3    | ST                    |
| VIVLODEX  | 3    | PA; ST                |
| VOLTAREN TOPICAL                                    | 3    | ST                    |
| VOLTAREN-XR   | 3    | ST                    |
| VOPAC MDS   | 3    |                       |
| XELITRAL  | 3    |                       |
| ZIPSOR  | 3    | ST                    |
| ZORVOLEX  | 2    | ST                    |
| ZUBSOLV   | 2    | PA                    |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                      |      |                       |
| ABILIFY ORAL TABLET                                 | 3    | PA; QL                |
| ADASUVE   | 3    |                       |
| ADDERALL  | 3    |                       |
| ADDERALL XR   | 3    | ST                    |
| ADZENYS XR-ODT                                      | 3    | PA; ST                |
| <i>alprazolam</i>                                   | 1    |                       |
| <i>alprazolam intensol</i>                          | 1    |                       |
| AMBIEN  | 3    | QL                    |
| AMBIEN CR   | 3    | QL                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>amitriptyline</i>  | 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    | PA                    |
| <i>aripiprazole oral tablet</i>                                     | 1    | PA; QL                |
| <i>aripiprazole oral tablet, disintegrating</i>                     | 1    | PA; QL                |
| <i>armodafinil</i>  | 1    | PA                    |
| ATIVAN ORAL   | 3    |                       |
| <i>atomoxetine</i>  | 1    |                       |
| BELSOMRA  | 3    | PA                    |
| BRISDELLE   | 2    | PA                    |
| <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    | QL                    |
| <i>chlordiazepoxide hcl</i>   | 1    |                       |
| <i>chlorpromazine injection</i>                                     | 1    |                       |
| <i>chlorpromazine oral</i>  | 3    |                       |
| <i>citalopram oral solution</i>                                     | 1    |                       |
| <i>citalopram oral tablet</i>                                       | LCG  | QL                    |
| <i>clomipramine</i>   | 3    |                       |
| <i>clonidine hcl oral tablet extended release 12 hr</i>             | 3    |                       |
| <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    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| CLOZARIL   | 3    |                       |
| CONCERTA   | 3    | ST                    |
| COTEMPLA XR-ODT  | 3    | ST                    |
| CYMBALTA   | 3    | ST; QL                |
| DAYTRANA   | 2    | ST                    |
| <i>desipramine</i>   | 3    |                       |
| DESOXYN  | 3    |                       |
| DESVENLAFAXINE   | 3    | ST                    |
| DESVENLAFAXINE FUMARATE  | 3    | ST                    |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg</i> | 1    | QL                    |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>         | 1    |                       |
| <i>dexedrine</i>   | 1    |                       |
| DEXEDRINE SPANSULE   | 3    | ST                    |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50</i>                        | 3    |                       |
| <i>dexmethylphenidate oral tablet</i>  | 1    |                       |
| <i>dextroamphetamine</i>   | 3    |                       |
| <i>dextroamphetamine-amphetamine oral tablet</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  |                       |
| <i>doxepin oral capsule 150 mg, 75 mg</i>  | 1    |                       |
| <i>doxepin oral concentrate</i>  | 1    |                       |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>              | 1    | QL                    |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg, 60 mg</i>              | 1    |                       |
| DYANAVAL XR  | 3    | PA; ST                |
| EDLUAR   | 3    | PA; QL                |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| 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   | 2    | PA                    |
| FANAPT   | 3    | QL                    |
| FAZACLO  | 3    |                       |
| FETZIMA  | 2    | ST                    |
| <i>flumazenil</i>                                      | 1    |                       |
| <i>fluoxetine oral capsule 10 mg, 20 mg</i>            | LCG  | QL                    |
| <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  | QL                    |
| <i>fluoxetine oral tablet 20 mg</i>                    | 1    |                       |
| FLUOXETINE ORAL TABLET 60 MG                           | 3    |                       |
| <i>fluphenazine decanoate</i>                          | 1    |                       |
| <i>fluphenazine hcl</i>                                | 1    |                       |
| <i>flurazepam</i>                                      | 1    |                       |
| <i>fluvoxamine oral capsule, extended release 24hr</i> | 1    | ST; QL                |
| <i>fluvoxamine oral tablet</i>                         | 1    | QL                    |
| FOCALIN  | 3    |                       |
| FOCALIN XR   | 3    | ST                    |
| FORFIVO XL   | 3    | ST                    |
| GEODON INTRAMUSCULAR                                   | 3    |                       |
| GEODON ORAL  | 3    | PA; QL                |
| <i>guanfacine oral tablet extended release 24 hr</i>   | 1    |                       |
| <i>guanidine</i>                                       | 1    |                       |
| HALCION ORAL TABLET 0.25 MG                            | 3    |                       |
| HALDOL   | 3    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| HALDOL DECANOATE  | 3    |                       |
| <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  |                       |
| HETLIOZ   | 4*   |                       |
| <i>imipramine hcl</i>   | LCG  |                       |
| <i>imipramine pamoate</i>                                       | 3    | PA                    |
| INTERMEZZO  | 3    | PA; QL                |
| INTUNIV ER  | 3    | ST                    |
| INVEGA  | 3    | PA; QL                |
| IRENKA  | 3    | ST                    |
| KAPVAY  | 3    | ST                    |
| KHEDEZLA  | 3    | ST                    |
| LATUDA ORAL TABLET 120 MG, 60 MG                                | 2    | PA                    |
| LATUDA ORAL TABLET 20 MG, 40 MG, 80 MG                          | 2    | PA; QL                |
| LEXAPRO ORAL SOLUTION   | 3    | PA                    |
| LEXAPRO ORAL TABLET   | 3    | PA; QL                |
| <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    |                       |
| METADATE CD   | 3    | ST                    |
| <i>metadate er</i>  | LCG  |                       |
| <i>methamphetamine</i>  | 1    |                       |
| METHYLIN ORAL SOLUTION  | 3    |                       |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>      | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>    | 3    |                       |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>                  | 1    |                       |
| <i>methylphenidate hcl oral solution</i>   | 1    |                       |
| <i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>                               | LCG  |                       |
| <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 27 mg, 36 mg, 54 mg</i> | 3    |                       |
| <i>methylphenidate hcl oral tablet,chewable</i>                                  | 1    |                       |
| <i>mirtazapine</i>   | 1    |                       |
| <i>modafinil</i>   | 1    | PA; QL                |
| <i>molindone</i>   | 1    |                       |
| MYDAYIS  | 3    | PA; ST                |
| NARDIL   | 3    |                       |
| <i>nefazodone</i>  | 1    |                       |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG   | 3    |                       |
| <i>nortriptyline</i>   | 1    |                       |
| NUPLAZID   | 4*   | PA                    |
| NUVIGIL  | 3    | PA                    |
| <i>olanzapine intramuscular</i>  | 1    |                       |
| <i>olanzapine oral tablet</i>  | 1    | QL                    |
| <i>olanzapine oral tablet,disintegrating</i>                                     | 3    | PA; QL                |
| <i>olanzapine-fluoxetine</i>   | 1    | PA                    |
| ORAP   | 3    |                       |
| <i>oxazepam</i>  | 1    |                       |
| <i>paliperidone</i>  | 1    | PA; QL                |
| PAMELOR  | 3    |                       |
| PARNATE  | 3    |                       |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg</i>                                   | LCG  | QL                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>paroxetine hcl oral tablet 30 mg, 40 mg</i>           | 1    | QL                    |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | 1    | QL                    |
| <i>paroxetine mesylate</i>                               | 1    |                       |
| PAXIL CR   | 3    | QL                    |
| PAXIL ORAL SUSPENSION                                    | 3    |                       |
| PAXIL ORAL TABLET  | 3    | QL                    |
| <i>perphenazine</i>                                      | 1    |                       |
| <i>perphenazine-amitriptyline</i>                        | 1    |                       |
| PEXEVA   | 3    | QL                    |
| <i>phenelzine</i>  | 1    |                       |
| <i>pimozide</i>  | 1    |                       |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG | 3    | ST; QL                |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG         | 3    | ST                    |
| <i>procentra</i>   | 1    | PA                    |
| <i>protriptyline</i>                                     | 1    |                       |
| PROVIGIL   | 3    | PA; QL                |
| PROZAC ORAL CAPSULE 10 MG, 40 MG                         | 3    | PA; QL                |
| PROZAC ORAL CAPSULE 20 MG                                | 3    | PA                    |
| PROZAC WEEKLY  | 3    | PA; QL                |
| <i>quazepam</i>  | 1    |                       |
| <i>quetiapine oral tablet</i>                            | 1    | QL                    |
| <i>quetiapine oral tablet extended release 24 hr</i>     | 1    | PA; QL                |
| QUILLICHEW ER  | 2    | ST                    |
| QUILLIVANT XR  | 2    | ST                    |
| REMERON  | 3    |                       |
| REMERON SOLTAB   | 3    |                       |
| RESTORIL   | 3    |                       |
| REXULTI  | 3    | PA                    |
| RISPERDAL CONSTA   | 2    |                       |
| RISPERDAL M-TAB  | 3    | QL                    |
| RISPERDAL ORAL SOLUTION                                  | 3    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| RISPERDAL ORAL TABLET                                   | 3    | QL                    |
| <i>risperidone oral solution</i>                        | 1    |                       |
| <i>risperidone oral tablet</i>                          | 1    | QL                    |
| <i>risperidone oral tablet, disintegrating</i>          | 3    | QL                    |
| RITALIN   | 3    |                       |
| RITALIN LA  | 3    | ST                    |
| ROZEREM   | 2    | PA; QL                |
| SAPHRIS (BLACK CHERRY)<br>SUBLINGUAL TABLET 10 MG, 5 MG | 3    | PA; QL                |
| SAPHRIS (BLACK CHERRY)<br>SUBLINGUAL TABLET 2.5 MG      | 3    | PA                    |
| SARAFEM ORAL TABLET 10 MG, 20 MG                        | 3    | QL                    |
| <i>seconal sodium</i>                                   | 1    |                       |
| SEROQUEL  | 3    | PA; QL                |
| SEROQUEL XR ORAL TABLET<br>EXTENDED RELEASE 24 HR       | 3    | PA; QL                |
| <i>sertraline oral concentrate</i>                      | 1    |                       |
| <i>sertraline oral tablet</i>                           | LCG  | QL                    |
| SILENOR   | 3    | PA; 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 3.75 MG, 7.5 MG              | 3    |                       |
| <i>tranylcypromine</i>                                  | 1    |                       |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>      | LCG  |                       |
| <i>trazodone oral tablet 300 mg</i>                     | 1    |                       |
| <i>triazolam</i>  | 1    |                       |
| <i>trifluoperazine</i>                                  | 1    |                       |
| <i>trimipramine</i>                                     | 1    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| TRINTELLIX   | 3    | ST                    |
| VALIUM   | 3    | ST                    |
| <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  | QL                    |
| <i>venlafaxine oral tablet extended release 24hr</i>         | 1    | QL                    |
| VERSACLOZ  | 3    |                       |
| VIIBRYD ORAL TABLET  | 2    | QL                    |
| VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)        | 2    |                       |
| VRAYLAR  | 3    | PA                    |
| VYVANSE  | 2    | ST                    |
| WELLBUTRIN SR  | 3    | ST; QL                |
| WELLBUTRIN XL  | 3    | ST; QL                |
| XANAX  | 3    |                       |
| XANAX XR   | 3    |                       |
| 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    |                       |
| ZOLOFT ORAL TABLET   | 3    | QL                    |
| <i>zolpidem oral</i>   | 1    | QL                    |
| <i>zolpidem sublingual</i>                                   | 1    | PA; QL                |
| ZOLPIMIST  | 3    | PA; QL                |
| ZYPREXA INTRAMUSCULAR  | 3    |                       |
| ZYPREXA ORAL   | 3    | QL                    |
| ZYPREXA RELPREVV   | 3    |                       |
| ZYPREXA ZYDIS  | 3    | QL                    |

CARDIOVASCULAR,  
HYPERTENSION & LIPIDS

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <b>ANTIARRHYTHMIC AGENTS</b>                            |      |                       |
| <i>amiodarone oral</i>                                  | 1    |                       |
| BETAPACE  | 3    |                       |
| BETAPACE AF   | 3    |                       |
| <i>disopyramide phosphate oral capsule</i>              | 1    |                       |
| <i>dofetilide</i>                                       | 1    |                       |
| <i>flecainide</i>                                       | 1    |                       |
| <i>mexiletine</i>                                       | 1    |                       |
| MULTAQ  | 3    | PA                    |
| NORPACE   | 3    |                       |
| NORPACE CR  | 3    |                       |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>      | 1    |                       |
| <i>procainamide injection</i>                           | 1    |                       |
| <i>propafenone oral capsule, extended release 12 hr</i> | 1    | PA                    |
| <i>propafenone oral tablet</i>                          | 1    |                       |
| <i>quinidine gluconate</i>                              | 1    |                       |
| <i>quinidine sulfate oral tablet</i>                    | 1    |                       |
| RYTHMOL ORAL TABLET 225 MG                              | 3    |                       |
| RYTHMOL SR  | 3    | PA                    |
| <i>sotalol af</i>                                       | 1    |                       |
| SOTALOL INTRAVENOUS                                     | 2    |                       |
| <i>sotalol oral</i>                                     | 1    |                       |
| SOTYLIZE  | 2    |                       |
| TIKOSYN   | 3    |                       |
| <b>ANTIHYPERTENSIVE THERAPY</b>                         |      |                       |
| ACCUPRIL  | 3    |                       |
| ACCURETIC   | 3    |                       |
| <i>acebutolol</i>                                       | 1    |                       |
| ACEON ORAL TABLET 4 MG, 8 MG                            | 3    |                       |
| ADALAT CC   | 3    | ST                    |
| <i>afeditab cr</i>                                      | 1    |                       |
| ALDACTAZIDE   | 3    |                       |
| ALDACTONE   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| 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    | ST                    |
| <i>amlodipine-valsartan</i>                            | 1    |                       |
| <i>amlodipine-valsartan-hcthiazid</i>                  | 1    | ST                    |
| ATACAND  | 3    |                       |
| ATACAND HCT  | 3    |                       |
| <i>atenolol oral tablet 100 mg, 50 mg</i>              | 1    |                       |
| <i>atenolol oral tablet 25 mg</i>                      | LCG  |                       |
| <i>atenolol-chlorthalidone</i>                         | 1    |                       |
| AVALIDE  | 3    |                       |
| AVAPRO   | 3    |                       |
| 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  |                       |
| BREVIBLOC IN NACL (ISO-OSM)                            | 3    |                       |
| BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML) | 3    |                       |
| <i>bumetanide</i>                                      | 1    |                       |
| BYSTOLIC   | 2    | ST                    |
| BYVALSON   | 2    | PA                    |
| CALAN  | 3    |                       |
| CALAN SR   | 3    |                       |
| <i>candesartan</i>                                     | 1    |                       |
| <i>candesartan-hydrochlorothiazid</i>                  | 1    |                       |
| <i>captopril</i>                                       | 1    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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    | QL                    |
| CATAPRES-TTS-2                                   | 3    | QL                    |
| CATAPRES-TTS-3                                   | 3    | QL                    |
| <i>chlorothiazide</i>                            | 1    |                       |
| <i>chlorothiazide sodium</i>                     | 1    |                       |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   | 1    |                       |
| CLEVIPREX  | 3    |                       |
| <i>clonidine</i>                                 | 3    | QL                    |
| <i>clonidine hcl oral tablet</i>                 | LCG  |                       |
| <i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i> | 1    |                       |
| CLORPRES ORAL TABLET 0.3-15 MG                   | 3    |                       |
| COREG  | 3    |                       |
| COREG CR   | 2    |                       |
| CORGARD  | 3    |                       |
| CORLOPAM   | 3    |                       |
| CORZIDE  | 3    |                       |
| COZAAR   | 3    |                       |
| DEMADEX ORAL TABLET 10 MG, 20 MG                 | 3    |                       |
| DEMSER   | 2    |                       |
| DIBENZYLINE                                      | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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 240 mg, 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    |                       |
| DILTIAZEM IN DEXTROSE 5 %  | 3    |                       |
| <i>dilt-xr</i>   | 1    |                       |
| DIOVAN   | 3    | ST                    |
| DIOVAN HCT   | 3    | ST                    |
| DIURIL   | 3    |                       |
| DIURIL IV  | 3    |                       |
| <i>doxazosin</i>   | 1    | QL                    |
| DUTOPROL   | 3    |                       |
| DYAZIDE  | 3    |                       |
| DYRENIUM   | 3    |                       |
| EDARBI   | 2    |                       |
| EDARBYCLOR   | 2    |                       |
| EDECIN   | 3    |                       |
| <i>enalapril maleate</i>   | 1    |                       |
| <i>enalaprilat intravenous solution</i>  | 1    |                       |
| <i>enalapril-hydrochlorothiazide</i>   | 1    |                       |
| EPANED   | 3    |                       |
| <i>eplerenone</i>  | 3    |                       |
| <i>eprosartan</i>  | 1    |                       |
| <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    |                       |



| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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  |                       |
| HYZAAR   | 3    |                       |
| <i>indapamide</i>  | 1    |                       |
| INDERAL LA   | 3    |                       |
| INDERAL XL   | 3    |                       |
| INNOPRAN XL  | 3    |                       |
| 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    |                       |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg</i>                       | LCG  |                       |
| <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  |                       |
| LOPRESSOR ORAL   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>losartan</i>  | 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    |                       |
| MAVIK ORAL TABLET 1 MG, 2 MG   | 3    |                       |
| 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    |                       |
| <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  |                       |
| MICARDIS   | 3    |                       |
| MICARDIS HCT   | 3    |                       |
| MICROZIDE  | 3    |                       |
| MINIPRESS  | 3    |                       |
| <i>minoxidil oral</i>  | 1    |                       |
| <i>moexipril</i>   | 1    |                       |
| <i>moexipril-hydrochlorothiazide</i>                                 | 1    |                       |
| <i>nadolol</i>   | 1    |                       |
| <i>nadolol-bendroflumethiazide</i>                                   | 1    |                       |
| <i>nicardipine intravenous solution</i>                              | 1    | PA                    |
| <i>nicardipine oral</i>  | 3    | PA                    |
| <i>nifedical xl</i>  | 1    |                       |
| <i>nifedipine</i>  | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>nimodipine</i>   | 1    |                       |
| <i>nisoldipine</i>  | 3    | PA                    |
| NORVASC   | 3    | ST                    |
| NYMALIZE ORAL SOLUTION 60 MG/20 ML                            | 3    |                       |
| <i>olmesartan</i>   | 1    | ST                    |
| <i>olmesartan-amlodipin-hcthiazid</i>                         | 1    |                       |
| <i>olmesartan-hydrochlorothiazide</i>                         | 1    | ST                    |
| ORENITRAM   | 4*   |                       |
| <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    | PA                    |
| <i>quinapril</i>  | 1    |                       |
| <i>quinapril-hydrochlorothiazide</i>                          | 1    |                       |
| <i>ramipril</i>   | 1    |                       |
| SECTRAL   | 3    |                       |
| 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    |                       |
| <i>taztia xt</i>  | 1    |                       |
| TEKURNA   | 2    |                       |
| TEKURNA HCT   | 2    |                       |

| Drug Name                              | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>telmisartan</i>                     | 1    |                       |
| <i>telmisartan-amlodipine</i>          | 1    |                       |
| <i>telmisartan-hydrochlorothiazid</i>  | 1    | ST                    |
| TENEX                                  | 3    |                       |
| TENORETIC 100                          | 3    |                       |
| TENORETIC 50                           | 3    |                       |
| TENORMIN                               | 3    |                       |
| <i>terazosin</i>                       | 1    | QL                    |
| TIAZAC                                 | 3    |                       |
| <i>timolol maleate oral</i>            | 1    |                       |
| TOPROL XL                              | 3    |                       |
| <i>toremide oral</i>                   | 1    |                       |
| <i>trandolapril</i>                    | 1    |                       |
| <i>trandolapril-verapamil</i>          | 1    |                       |
| <i>triamterene-hydrochlorothiazid</i>  | 1    |                       |
| TRIBENZOR                              | 3    | PA                    |
| TWYNSTA                                | 3    |                       |
| UPTRAVI                                | 4    |                       |
| <i>valsartan</i>                       | 1    |                       |
| <i>valsartan-hydrochlorothiazide</i>   | 1    |                       |
| VASERETIC                              | 3    |                       |
| VASOTEC                                | 3    |                       |
| <i>verapamil</i>                       | 1    |                       |
| VERELAN                                | 3    |                       |
| VERELAN PM                             | 3    |                       |
| ZEBETA                                 | 3    |                       |
| ZESTORETIC                             | 3    |                       |
| ZESTRIL                                | 3    |                       |
| ZIAC                                   | 3    |                       |
| <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  | Tier | Requirements / limits |
|--|------|-----------------------|
| LANOXIN  | 3    |                       |
| LANOXIN PEDIATRIC  | 2    |                       |
| <b>COAGULATION THERAPY</b>                               |      |                       |
| ADVATE   | 4    | PA                    |
| AGGRENOX   | 3    | ST                    |
| AMICAR   | 2    |                       |
| <i>aminocaproic acid intravenous</i>                     | 1    |                       |
| ANGIOMAX   | 3    |                       |
| ARGATROBAN IN 0.9 % SOD CHLOR                            | 2    |                       |
| ARGATROBAN IN NAACL (ISO-OS)                             | 2    |                       |
| ARIXTRA  | 4*   | PA; QL                |
| <i>aspirin-dipyridamole</i>                              | 3    | ST                    |
| BEVYXXA  | 3    |                       |
| <i>bivalirudin</i>                                       | 1    |                       |
| BRILINTA   | 2    | PA                    |
| <i>cilostazol</i>  | 1    |                       |
| <i>clopidogrel</i>                                       | 1    |                       |
| COUMADIN ORAL  | 3    |                       |
| CYKLOKAPRON  | 3    |                       |
| <i>dipyridamole oral</i>                                 | 1    |                       |
| DURLAZA  | 3    | PA                    |
| EFFIENT  | 2    |                       |
| ELIQUIS  | 2    | ST                    |
| <i>enoxaparin subcutaneous solution</i>                  | 4    |                       |
| <i>enoxaparin subcutaneous syringe</i>                   | 4    | QL                    |
| <i>fondaparinux</i>                                      | 4    | QL                    |
| 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    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>heparin flush</i>  | 1    |                       |
| <i>heparin flush(porcine)-0.9nacl</i>   | 1    |                       |
| <i>heparin lock flush</i>   | 1    |                       |
| <i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>  | 1    |                       |
| <i>heparin lockflush(porcine)(pf)</i>   | 1    |                       |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 100 unit/100 ml (1 unit/ml), 25,000 unit/250 ml, 25,000 unit/500 ml</i> | 1    |                       |
| HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML  | 3    |                       |
| <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  |                       |
| <i>jantoven oral tablet 10 mg, 2 mg, 6 mg, 7.5 mg</i>   | 1    |                       |
| KCENTRA   | 3    |                       |
| KOGENATE FS   | 4    |                       |
| KOVALTRY  | 4    |                       |
| LOVENOX SUBCUTANEOUS SOLUTION   | 4*   |                       |
| LOVENOX SUBCUTANEOUS SYRINGE  | 4*   | QL                    |
| MEPHYTON  | 2    |                       |
| <i>monoject prefill (pf)</i>  | 1    |                       |
| NUWIQ   | 4*   | PA                    |
| <i>pentoxifylline</i>   | 1    |                       |
| PHYTONADIONE (VITAMIN K1) INJECTION   | 2    |                       |
| PLAVIX  | 3    |                       |
| PRADAXA ORAL CAPSULE 150 MG, 75 MG  | 2    | PA                    |
| PRAXBIND  | 3    |                       |
| PROMACTA  | 4    | PA                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>protamine</i>   | 1    |                       |
| SAVAYSA  | 3    | PA                    |
| <i>ticlopidine</i>   | 1    |                       |
| <i>tranexamic acid intravenous</i>                         | 1    |                       |
| <i>vitamin k</i>   | 1    |                       |
| <i>vitamin k1 injection</i>                                | 1    |                       |
| VONVENDI   | 4    |                       |
| <i>warfarin oral tablet 1 mg, 2.5 mg, 3 mg, 4 mg, 5 mg</i> | LCG  |                       |
| <i>warfarin oral tablet 10 mg, 2 mg, 6 mg, 7.5 mg</i>      | 1    |                       |
| XARELTO  | 2    | ST                    |
| XYNTHA   | 4    | PA                    |
| XYNTHA SOLOFUSE  | 4    | PA                    |
| ZONTIVITY  | 2    | PA                    |

## LIPID/CHOLESTEROL LOWERING AGENTS

|   |   |            |
|---|---|------------|
| ALTOPREV  | 3 | ST; QL     |
| <i>amlodipine-atorvastatin</i>  | 3 | PA; QL     |
| ANTARA ORAL CAPSULE 30 MG, 90 MG  | 3 | PA         |
| <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 | PA; ST; QL |
| <i>cholestyramine (with sugar)</i>  | 1 |            |
| <i>cholestyramine light</i>   | 3 |            |
| COLESTID  | 3 |            |
| COLESTID FLAVORED ORAL PACKET   | 3 |            |
| <i>colestipol</i>   | 1 |            |
| CRESTOR   | 3 | ST; QL     |
| <i>ezetimibe</i>  | 1 |            |
| <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 |            |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>fenofibric acid</i>                                   | 1    |                       |
| <i>fenofibric acid (choline)</i>                         | 1    |                       |
| FENOGLIDE  | 3    |                       |
| FIBRICOR   | 3    |                       |
| FLOLIPID   | 3    | ST                    |
| <i>fluvastatin</i>                                       | 1    | QL                    |
| <i>gemfibrozil</i>                                       | 1    |                       |
| JUXTAPID   | 4    | PA                    |
| KYNAMRO  | 4*   | PA                    |
| LESCOL XL  | 3    | ST; QL                |
| LIPITOR  | 3    | ST; QL                |
| LIPOFEN  | 2    |                       |
| LIVALO   | 2    | ST; QL                |
| LOFIBRA  | 3    |                       |
| LOPID  | 3    |                       |
| <i>lovastatin</i>  | 1    | QL                    |
| LOVAZA   | 3    | PA                    |
| <i>niacin oral tablet extended release 24 hr</i>         | 3    |                       |
| NIASPAN EXTENDED-RELEASE                                 | 3    |                       |
| <i>omega-3 acid ethyl esters</i>                         | 3    | PA                    |
| PRALUENT PEN   | 4    | PA                    |
| PRALUENT SYRINGE   | 4    | 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  | QL                    |
| <i>pravastatin oral tablet 80 mg</i>                     | 1    | QL                    |
| <i>prevalite</i>   | 3    |                       |
| QUESTRAN   | 3    |                       |
| QUESTRAN LIGHT ORAL POWDER                               | 3    |                       |
| REPATHA PUSHTRONEX                                       | 4    | PA                    |
| REPATHA SURECLICK  | 4    | PA                    |
| REPATHA SYRINGE  | 4    | PA                    |
| <i>rosuvastatin</i>                                      | 1    | QL                    |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | LCG  | QL                    |

| Drug Name                            | Tier | Requirements / limits |
|--------------------------------------|------|-----------------------|
| <i>simvastatin oral tablet 80 mg</i> | 1    | QL                    |
| TRICOR                               | 3    |                       |
| TRIGLIDE ORAL TABLET 160 MG          | 3    |                       |
| <i>triklo</i>                        | 3    | PA                    |
| 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                              | 2    | ST                    |
| ZETIA                                | 3    |                       |
| ZOCOR                                | 3    | ST; QL                |

## MISCELLANEOUS CARDIOVASCULAR AGENTS

|             |   |    |
|-------------|---|----|
| CORLANOR    | 2 | PA |
| ENTRESTO    | 2 | PA |
| NATRECOR    | 2 |    |
| NIPRIDE RTU | 3 |    |
| RANEXA      | 2 | PA |
| VECAMYL     | 3 | PA |

## NITRATES

|                                      |   |  |
|--------------------------------------|---|--|
| DILATRATE-SR                         | 2 |  |
| 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 |  |

| Drug Name                                      | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>nitroglycerin oral</i>                      | 1    |                       |
| <i>nitroglycerin sublingual</i>                | 1    |                       |
| <i>nitroglycerin transdermal patch 24 hour</i> | 1    |                       |
| <i>nitroglycerin translingual</i>              | 3    |                       |
| NITROLINGUAL                                   | 3    |                       |
| NITROMIST                                      | 3    |                       |
| NITROSTAT                                      | 3    |                       |
| <i>nitro-time</i>                              | 1    |                       |

## DERMATOLOGICALS/TOPICAL THERAPY

### ANTIPSORIATIC / ANTISEBORRHEIC

|   |   |    |
|---|---|----|
| <i>acitretin</i>                        | 3 | ST |
| ANALPRAM-HC TOPICAL                     | 3 |    |
| <i>calcipotriene scalp</i>              | 1 |    |
| <i>calcipotriene topical</i>            | 3 |    |
| <i>calcipotriene-betamethasone</i>      | 1 | PA |
| <i>calcitrene</i>                       | 1 |    |
| <i>calcitriol topical</i>               | 1 |    |
| COAL TAR                                | 2 |    |
| COSENTYX                                | 4 | ST |
| COSENTYX (2 SYRINGES)                   | 4 | ST |
| COSENTYX PEN                            | 4 | ST |
| COSENTYX PEN (2 PENS)                   | 4 | ST |
| DOVONEX TOPICAL                         | 3 |    |
| <i>drithocrema hp</i>                   | 1 |    |
| ENSTILAR                                | 2 | PA |
| EPIFOAM                                 | 3 |    |
| <i>hydrocortisone-pramoxine topical</i> | 1 |    |
| OVACE                                   | 3 | PA |
| OVACE PLUS                              | 3 | PA |
| OVACE PLUS SHAMPOO                      | 3 | PA |
| OVACE PLUS WASH                         | 3 | PA |
| PRAMOSONE                               | 3 |    |
| PRAMOSONE E                             | 3 |    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| PROMISEB COMPLETE                                 | 3    |                       |
| <i>seb-prev</i>                                   | 3    |                       |
| <i>selenium sulfide topical lotion</i>            | 1    |                       |
| <i>selenium sulfide topical shampoo 2.25 %</i>    | 1    |                       |
| SELRX   | 3    |                       |
| SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG      | 3    | ST                    |
| SORILUX   | 3    |                       |
| STELARA INTRAVENOUS                               | 4*   | PA; ST                |
| STELARA SUBCUTANEOUS                              | 4    | PA; ST                |
| <i>sulfacetamide sodium topical cleanser</i>      | 3    |                       |
| <i>sulfacetamide sodium topical cleanser, gel</i> | 3    |                       |
| <i>sulfacetamide sodium topical shampoo</i>       | 1    |                       |
| TACLONEX TOPICAL OINTMENT                         | 3    | PA                    |
| TACLONEX TOPICAL SUSPENSION                       | 2    | PA                    |
| TERSI FOAM  | 3    |                       |
| TREMFYA   | 4*   | PA; ST                |
| VECTICAL  | 3    |                       |
| ZITHRANOL   | 3    |                       |
| ZITHRANOL-RR                                      | 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    | PA                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| POTASSIUM HYDROXIDE  | 3    |                       |
| <i>salacyn</i>   | 1    |                       |
| 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    | PA                    |
| <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    | PA                    |
| VIRASAL  | 3    |                       |
| <b>MISCELLANEOUS DERMATOLOGICALS</b>                                 |      |                       |
| 8-MOP  | 4*   |                       |
| ALEVICYN ANTIPRURITIC  | 3    |                       |
| ALEVICYN ANTIPRURITIC SG   | 3    |                       |
| ALEVICYN PLUS  | 3    |                       |
| ALUVEA   | 3    |                       |
| AMELUZ   | 3    | PA                    |
| ATOPICLAIR   | 3    |                       |
| ATRAPRO CP   | 3    |                       |
| ATRAPRO HYDROGEL   | 3    |                       |
| <i>avo cream</i>   | 1    |                       |
| BIAFINE EMULSION   | 3    |                       |
| <i>bp-50% urea</i>   | 1    |                       |

| Drug Name                                | Tier | Requirements / limits |
|--|------|-----------------------|
| CARAC                                    | 2    | PA                    |
| <i>cem-urea</i>                          | 1    |                       |
| CERAMAX                                  | 3    |                       |
| CONDYLOX TOPICAL GEL                     | 2    |                       |
| CONDYLOX TOPICAL SOLUTION                | 3    |                       |
| CORTANE-B TOPICAL                        | 3    |                       |
| DERMASORB XM COMPLETE KIT                | 3    |                       |
| <i>diclofenac sodium topical gel 3 %</i> | 1    | PA                    |
| <i>doxepin topical</i>                   | 1    | PA                    |
| DUPIXENT                                 | 4    | PA                    |
| EFUDEX TOPICAL CREAM                     | 3    |                       |
| <i>eletone</i>                           | 1    |                       |
| ELIDEL                                   | 2    | ST                    |
| <i>emulsion sb</i>                       | 1    |                       |
| ENTTY                                    | 3    |                       |
| EPICERAM                                 | 3    |                       |
| EUCRISA                                  | 3    | PA; ST                |
| FLUOROPLEX                               | 3    |                       |
| <i>fluorouracil topical cream 5 %</i>    | 1    |                       |
| <i>fluorouracil topical solution</i>     | 1    |                       |
| GORDONS UREA TOPICAL OINTMENT 40 %       | 3    |                       |
| <i>hpr</i>                               | 1    | QL                    |
| <i>hpr plus</i>                          | 1    | QL                    |
| <i>hpr plus hydrogel</i>                 | 1    | QL                    |
| HPR PLUS-MB HYDROGEL                     | 3    | QL                    |
| HYDRO 35                                 | 3    |                       |
| HYDRO 40                                 | 3    |                       |
| HYLATOPIC                                | 3    | QL                    |
| HYLATOPICPLUS TOPICAL CREAM              | 3    | QL                    |
| HYLATOPICPLUS TOPICAL FOAM               | 3    | QL                    |
| HYLATOPICPLUS TOPICAL LOTION             | 3    |                       |
| IODOFLEX                                 | 3    |                       |
| IODOSORB                                 | 3    |                       |
| KERAFOAM                                 | 3    |                       |
| KERALAC                                  | 3    |                       |

| Drug Name                           | Tier | Requirements / limits |
|-------------------------------------|------|-----------------------|
| <i>lactic acid</i>                  | 1    |                       |
| <i>lactic acid e</i>                | 1    |                       |
| <i>latrix</i>                       | 1    |                       |
| LEVULAN                             | 3    |                       |
| LOUTREX                             | 3    |                       |
| <i>luxamend</i>                     | 1    |                       |
| <i>mb hydrogel</i>                  | 3    | QL                    |
| <i>mb hydrogel (cyclomethicone)</i> | 3    | QL                    |
| <i>methoxsalen</i>                  | 1    |                       |
| NEOSALUS                            | 3    |                       |
| <i>nivatopic plus</i>               | 1    | QL                    |
| NUTRASEB                            | 3    |                       |
| OXSORALEN ULTRA                     | 3    |                       |
| PANRETIN                            | 4*   |                       |
| PHLAG SPRAY                         | 3    |                       |
| PICATO                              | 2    |                       |
| <i>podofilox</i>                    | 1    |                       |
| PRESERA                             | 3    |                       |
| PROMISEB                            | 3    |                       |
| PROTOPIC                            | 3    | ST                    |
| <i>pruclair</i>                     | 1    |                       |
| <i>prudoxin</i>                     | 1    | PA                    |
| <i>prumyx</i>                       | 1    |                       |
| <i>prutect</i>                      | 1    |                       |
| <i>rea lo 39</i>                    | 1    |                       |
| <i>rea lo 40</i>                    | 1    |                       |
| REGRANEX                            | 2    | PA; QL                |
| <i>remeven</i>                      | 1    |                       |
| RYNODERM                            | 3    |                       |
| SEBUDERM                            | 3    |                       |
| <i>silver nitrate</i>               | 1    |                       |
| <i>silver nitrate applicators</i>   | 1    |                       |
| SOLARAZE                            | 3    | PA                    |
| <i>sonafine</i>                     | 1    |                       |
| <i>sp antipruritic</i>              | 1    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| SYNERDERM  | 3    |                       |
| <i>tacrolimus topical</i>                              | 3    | ST                    |
| TOLAK  | 3    |                       |
| TROPAZONE LOTION                                       | 3    |                       |
| UMECTA TOPICAL EMULSION                                | 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</i>                                | 1    |                       |
| <i>urea topical lotion 40 %, 45 %</i>                  | 1    |                       |
| <i>ure-k</i>   | 1    |                       |
| UREVAZ   | 3    | PA                    |
| UTOPIC   | 3    |                       |
| UVADEX   | 2    |                       |
| VALCHLOR   | 4    |                       |
| VEREGEN  | 3    | PA                    |
| XCLAIR   | 3    |                       |
| ZANABIN  | 3    |                       |
| ZONALON  | 3    | PA                    |
| <b>THERAPY FOR ACNE</b>                                |      |                       |
| ABSORICA   | 2    | PA                    |
| ACANYA TOPICAL GEL WITH PUMP                           | 2    |                       |
| ACZONE TOPICAL GEL                                     | 3    | ST; QL                |
| ACZONE TOPICAL GEL WITH PUMP                           | 3    | PA; QL                |
| <i>adapalene topical cream</i>                         | 3    |                       |
| <i>adapalene topical gel 0.3 %</i>                     | 3    |                       |
| <i>adapalene topical gel with pump</i>                 | 3    |                       |
| ADAPALENE TOPICAL LOTION                               | 3    |                       |
| <i>adapalene-benzoyl peroxide</i>                      | 1    | ST                    |
| <i>amnestem</i>  | 3    | PA                    |
| ATRALIN  | 3    | PA                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| AVAR LS   | 3    | PA                    |
| <i>avar topical cleanser</i>                              | 1    | PA                    |
| AVAR TOPICAL FOAM   | 3    | PA                    |
| AVAR TOPICAL PADS, MEDICATED                              | 3    | PA                    |
| AVAR-E GREEN  | 3    |                       |
| AVAR-E LS   | 3    | PA                    |
| <i>avita topical cream</i>                                | 1    |                       |
| AVITA TOPICAL GEL   | 3    |                       |
| AZELEX  | 3    |                       |
| BENZACLIN   | 3    |                       |
| BENZACLIN PUMP  | 3    |                       |
| BENZAMYCIN  | 3    |                       |
| BENZAMYCINPAK   | 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>   | 3    | PA                    |
| <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    | PA                    |
| <i>clindamycin phosphate topical</i>                      | 1    |                       |
| <i>clindamycin-benzoyl peroxide topical gel</i>           | 3    |                       |
| <i>clindamycin-benzoyl peroxide topical gel with pump</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    |                       |



| Drug Name                              | Tier | Requirements / limits |
|--|------|-----------------------|
| DUAC                                   | 3    |                       |
| EPIDUO FORTE                           | 2    | ST                    |
| EPIDUO TOPICAL GEL WITH PUMP           | 2    | ST                    |
| <i>ery pads</i>                        | 1    |                       |
| <i>erygel</i>                          | 3    |                       |
| <i>erythromycin with ethanol</i>       | 1    |                       |
| <i>erythromycin-benzoyl peroxide</i>   | 1    |                       |
| EVOCLIN                                | 3    |                       |
| FABIOR                                 | 3    | PA; QL                |
| FINACEA                                | 2    | PA                    |
| INOVA                                  | 3    |                       |
| METROCREAM                             | 3    |                       |
| METROGEL TOPICAL GEL 1 %               | 3    |                       |
| METROGEL TOPICAL GEL WITH PUMP         | 3    |                       |
| METROLOTION                            | 3    |                       |
| <i>metronidazole topical</i>           | 3    |                       |
| MIRVASO                                | 2    | PA                    |
| <i>neuac</i>                           | 1    |                       |
| NEUAC KIT                              | 3    |                       |
| NORITATE                               | 3    | PA                    |
| NUOX                                   | 3    |                       |
| ONEXTON TOPICAL GEL WITH PUMP          | 2    | PA                    |
| PLEXION                                | 3    |                       |
| PLEXION CLEANSING CLOTHS               | 3    |                       |
| RETIN-A                                | 3    |                       |
| RETIN-A MICRO                          | 3    | ST                    |
| RETIN-A MICRO PUMP                     | 3    | ST                    |
| RHOFADE                                | 3    | PA                    |
| <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    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| ROSULA  | 3    |                       |
| <i>rosula cleansing cloths</i>                                    | 1    |                       |
| SOOLANTRA   | 2    | PA                    |
| <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    |                       |
| <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; QL                |
| TAZORAC TOPICAL CREAM 0.05 %                                      | 2    | PA; QL                |
| TAZORAC TOPICAL CREAM 0.1 %                                       | 3    | PA; QL                |
| TAZORAC TOPICAL GEL   | 2    | PA; QL                |
| <i>tretinoin microspheres</i>                                     | 3    | ST                    |
| <i>tretinoin topical cream</i>                                    | 1    |                       |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i>                      | 1    |                       |
| <i>tretinoin topical gel 0.05 %</i>                               | 1    | PA                    |
| TRETIN-X  | 3    |                       |
| TRETIN-X CREAM KIT  | 3    | PA                    |
| VANOXIDE-HC   | 3    |                       |
| <i>zenatane</i>   | 3    | PA                    |
| <i>zencia</i>   | 1    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| ZIANA  | 3    | PA                    |
| <b>TOPICAL ANESTHETICS</b>   |      |                       |
| ANASTIA  | 3    |                       |
| ASTERO   | 3    |                       |
| BUCALSEP   | 3    |                       |
| <i>cidaleaze</i>   | 1    |                       |
| DOLOTRANZ  | 3    |                       |
| <i>ethyl chloride</i>  | 1    |                       |
| <i>glydo</i>   | 1    |                       |
| LDO PLUS   | 3    |                       |
| <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    |                       |
| <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 topical cream 3 %</i>   | 1    |                       |
| <i>lidocaine hcl topical lotion</i>  | 1    |                       |
| <i>lidocaine hcl-hydrocortison ac topical</i>  | 3    |                       |
| <i>lidocaine topical adhesive patch, medicated</i>                                       | 3    | PA                    |
| <i>lidocaine viscous</i>   | 1    |                       |
| <i>lidocaine-epinephrine</i>   | 1    |                       |
| <i>lidocaine-prilocaine topical cream</i>  | 1    | QL                    |
| LIDOCAINE-TETRACAINE   | 3    |                       |
| LIDODERM   | 3    | PA                    |
| <i>lido-k</i>  | 1    |                       |
| LIDOPAC  | 3    |                       |
| <i>lidopin topical cream 3 %</i>   | 1    |                       |
| LIDOPIN TOPICAL CREAM 3.25 %   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| LIDORX   | 3    |                       |
| LIDOTRAL   | 3    |                       |
| LIDOVEX  | 3    |                       |
| LIDTOPIC MAX   | 3    |                       |
| <i>lta pre-attached</i>  | 1    |                       |
| NUMBONEX   | 3    |                       |
| PLIAGLIS   | 3    |                       |
| SYNERA   | 3    | PA                    |
| TRANZAREL  | 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>dermazene</i>   | 1    |                       |
| <i>gentamicin topical</i>  | 1    |                       |
| <i>hydrocortisone-iodoquinol-aloe</i>  | 1    | PA                    |
| <i>iodoquinol-hc</i>   | 1    |                       |
| KLARON   | 3    | QL                    |
| <i>lugols topical</i>  | 1    |                       |
| <i>mupirocin</i>   | 1    |                       |
| <i>mupirocin calcium</i>   | 1    |                       |
| NEO-SYNALAR  | 3    |                       |
| NEO-SYNALAR KIT  | 3    |                       |
| QUINJA   | 3    |                       |
| SILVRSTAT  | 3    |                       |
| <i>sulfacetamide sodium (acne)</i>   | 1    | QL                    |
| SULFAMYLON   | 2    |                       |

| Drug Name                                       | Tier | Requirements / limits |
|---|------|-----------------------|
| VYSTONE   | 3    | PA                    |
| <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    |                       |
| DERMACINRX THERAZOLE PAK                        | 3    |                       |
| <i>econazole</i>                                | 3    |                       |
| ECOZA   | 3    |                       |
| ERTACZO   | 3    |                       |
| EXELDERM  | 3    |                       |
| EXODERM   | 3    |                       |
| EXTINA  | 3    |                       |
| JUBLIA  | 3    | PA                    |
| KERYDIN   | 3    | PA                    |
| <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    |                       |
| NYATA (WITH CURATIN)                            | 3    |                       |
| <i>nystatin topical</i>                         | 1    |                       |
| <i>nystatin-triamcinolone</i>                   | 3    |                       |
| <i>nystop</i>                                   | 1    |                       |
| <i>oxiconazole</i>                              | 3    | PA                    |

| Drug Name                                    | Tier | Requirements / limits |
|--|------|-----------------------|
| OXISTAT                                      | 3    | PA                    |
| PENLAC                                       | 3    |                       |
| TRIACETIN                                    | 2    |                       |
| TRIPLE DYE                                   | 3    |                       |
| VUSION                                       | 3    |                       |
| XOLEGEL                                      | 3    | PA                    |
| <b>TOPICAL ANTIVIRALS</b>                    |      |                       |
| <i>acyclovir topical</i>                     | 3    | QL                    |
| DENAVIR                                      | 3    | PA                    |
| XERESE                                       | 3    | PA                    |
| ZOVIRAX TOPICAL CREAM                        | 2    | PA; QL                |
| ZOVIRAX TOPICAL OINTMENT                     | 3    | PA; QL                |
| <b>TOPICAL CORTICOSTEROIDS</b>               |      |                       |
| ADVANCED ALLERGY COLLECT KIT                 | 3    |                       |
| <i>ala-cort topical cream 2.5 %</i>          | 1    |                       |
| ALA-SCALP                                    | 3    |                       |
| <i>alclometasone</i>                         | 1    |                       |
| <i>amcinonide</i>                            | 1    |                       |
| <i>apexicon e</i>                            | 1    |                       |
| AQUA GLYCOLIC HC                             | 3    |                       |
| <i>betamethasone dipropionate</i>            | 1    |                       |
| <i>betamethasone valerate</i>                | 1    |                       |
| <i>betamethasone, augmented</i>              | 1    |                       |
| CAPEX  | 3    |                       |
| <i>clobetasol scalp</i>                      | 1    |                       |
| <i>clobetasol topical cream</i>              | 1    |                       |
| <i>clobetasol topical foam</i>               | 1    | PA; QL                |
| <i>clobetasol topical gel</i>                | 1    |                       |
| <i>clobetasol topical lotion</i>             | 1    |                       |
| <i>clobetasol topical ointment</i>           | 1    |                       |
| <i>clobetasol topical shampoo</i>            | 1    |                       |
| <i>clobetasol topical spray, non-aerosol</i> | 1    |                       |
| <i>clobetasol-emollient topical cream</i>    | 1    |                       |
| <i>clobetasol-emollient topical foam</i>     | 1    | QL                    |

| Drug Name                                | Tier | Requirements / limits |
|--|------|-----------------------|
| CLOBEX                                   | 3    | ST                    |
| CLOCORTOLONE PIVALATE                    | 3    |                       |
| <i>clodan</i>                            | 1    |                       |
| CLODAN KIT                               | 3    |                       |
| CLODERM                                  | 3    |                       |
| CORDRAN TAPE LARGE ROLL                  | 3    | QL                    |
| CORDRAN TOPICAL CREAM                    | 3    | PA                    |
| CORDRAN TOPICAL LOTION                   | 3    |                       |
| CORDRAN TOPICAL OINTMENT                 | 3    |                       |
| <i>cormax scalp</i>                      | 1    |                       |
| CUTIVATE TOPICAL CREAM                   | 3    |                       |
| CUTIVATE TOPICAL LOTION                  | 3    |                       |
| DERMACINRX SILAPAK                       | 3    |                       |
| DERMA-SMOOTH/FS BODY OIL                 | 3    |                       |
| DERMA-SMOOTH/FS SCALP OIL                | 3    |                       |
| DERMASORB HC COMPLETE KIT                | 3    |                       |
| DERMASORB TA COMPLETE KIT                | 3    |                       |
| DERMATOP                                 | 3    |                       |
| DERMAWERX SDS                            | 3    |                       |
| DESONATE                                 | 3    |                       |
| <i>desonide</i>                          | 3    |                       |
| DESOWEN                                  | 3    |                       |
| <i>desoximetasone</i>                    | 3    | PA                    |
| <i>diflorasone</i>                       | 1    |                       |
| DIPROLENE                                | 3    |                       |
| DIPROLENE AF                             | 3    |                       |
| ELLZIA PAK                               | 3    |                       |
| ELOCON                                   | 3    |                       |
| <i>fluocinolone and shower cap</i>       | 3    |                       |
| <i>fluocinolone topical cream</i>        | 3    |                       |
| <i>fluocinolone topical oil</i>          | 3    |                       |
| <i>fluocinolone topical ointment</i>     | 3    |                       |
| <i>fluocinolone topical solution</i>     | 1    |                       |
| <i>fluocinonide topical cream 0.05 %</i> | 1    |                       |
| <i>fluocinonide topical cream 0.1 %</i>  | 1    | PA                    |

| Drug Name                                    | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>fluocinonide topical gel</i>              | 1    |                       |
| <i>fluocinonide topical ointment</i>         | 1    |                       |
| <i>fluocinonide topical solution</i>         | 1    |                       |
| <i>fluocinonide-e</i>                        | 1    |                       |
| <i>fluocinonide-emollient</i>                | 1    |                       |
| <i>flurandrenolide topical cream</i>         | 1    | PA                    |
| <i>flurandrenolide topical lotion</i>        | 1    |                       |
| <i>flurandrenolide topical ointment</i>      | 1    |                       |
| <i>fluticasone topical</i>                   | 1    |                       |
| <i>halobetasol propionate</i>                | 3    |                       |
| HALOG  | 3    | PA                    |
| <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    |                       |
| LOCOID                                       | 3    | PA                    |
| LOCOID LIPOCREAM                             | 3    | PA                    |
| LUXIQ  | 3    |                       |
| <i>mometasone topical</i>                    | 1    |                       |
| <i>nolix</i>                                 | 1    |                       |
| NOXIPAK                                      | 3    |                       |
| NUCORT                                       | 3    | PA                    |
| NUTRIARX                                     | 3    |                       |
| OLUX   | 3    | PA; ST; QL            |
| OLUX-E                                       | 3    | QL                    |
| PANDEL                                       | 3    |                       |
| <i>prednicarbate</i>                         | 1    |                       |
| PSORCON                                      | 3    |                       |
| SANADERMRX                                   | 3    |                       |
| <i>scalacort</i>                             | 1    |                       |
| SCALACORT DK                                 | 3    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| SERNIVO   | 3    | PA                    |
| SURE RESULT TAC PAK   | 3    |                       |
| SYNALAR   | 3    |                       |
| SYNALAR CREAM KIT   | 3    |                       |
| SYNALAR OINTMENT KIT  | 3    |                       |
| SYNALAR TS  | 3    |                       |
| TEMOVATE TOPICAL CREAM  | 3    | ST                    |
| TEMOVATE TOPICAL OINTMENT   | 3    | ST                    |
| TEXACORT  | 3    |                       |
| TOPICORT  | 3    | PA                    |
| <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    | PA                    |
| <i>triderm topical cream</i>  | 1    |                       |
| TRIDESILON  | 3    |                       |
| TRI-SILA  | 3    |                       |
| ULTRAVATE TOPICAL CREAM   | 3    |                       |
| ULTRAVATE TOPICAL LOTION  | 3    | PA                    |
| ULTRAVATE TOPICAL OINTMENT  | 3    |                       |
| ULTRAVATE X   | 3    | PA                    |
| VANOS   | 3    | ST                    |
| VERDESO   | 3    |                       |
| WHYTERM TDKAK   | 3    |                       |
| WHYTERM TRILASIL PAK  | 3    |                       |
| XILAPAK   | 3    |                       |
| <b>TOPICAL ENZYMES</b>  |      |                       |
| SANTYL  | 2    |                       |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                             |      |                       |
| ELIMITE   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| EURAX  | 3    |                       |
| <i>lindane topical shampoo</i>   | 1    |                       |
| <i>malathion</i>   | 3    |                       |
| NATROBA  | 3    |                       |
| OVIDE  | 3    |                       |
| <i>permethrin topical cream</i>  | 1    |                       |
| SKLICE   | 3    |                       |
| <i>spinosad</i>  | 3    |                       |
| ULESFIA  | 3    | PA                    |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>                              |      |                       |
| <b>ANOREXIANTS</b>   |      |                       |
| ADIPEX-P   | 3    |                       |
| BELVIQ   | 3    | PA                    |
| BELVIQ XR  | 3    | PA                    |
| <i>benzphetamine</i>   | 1    |                       |
| CONTRAVE   | 3    | PA                    |
| <i>diethylpropion</i>  | 1    |                       |
| LOMAIRA  | 3    |                       |
| <i>phendimetrazine tartrate</i>  | 1    |                       |
| <i>phentermine</i>   | 1    |                       |
| REGIMEX  | 3    |                       |
| SAXENDA  | 3    | PA                    |
| XENICAL  | 3    | PA                    |
| <b>ANTIDOTES</b>   |      |                       |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML | 3    |                       |
| DUODOTE  | 3    |                       |
| <b>IRRIGATING SOLUTIONS</b>  |      |                       |
| <i>lactated ringers irrigation</i>   | 1    |                       |
| <i>neomycin-polymyxin b gu</i>   | 1    |                       |
| NEOSPORIN GU IRRIGANT  | 3    |                       |
| PHYSIOLYTE   | 3    |                       |

| Drug Name                            | 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    |                       |
| <b>MISCELLANEOUS AGENTS</b>          |      |                       |
| <i>acamprosate</i>                   | 3    |                       |
| <i>acetic acid irrigation</i>        | 1    |                       |
| ACTONEL ORAL TABLET 30 MG            | 3    | QL                    |
| AGRYLIN                              | 3    |                       |
| <i>alendronate oral tablet 40 mg</i> | 1    | QL                    |
| AMPHADASE                            | 3    |                       |
| <i>anagrelide</i>                    | 1    |                       |
| ANTABUSE                             | 3    |                       |
| ARALAST NP                           | 4    | PA                    |
| 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>                    | 3    |                       |
| CHEMET                               | 2    |                       |
| <i>disulfiram</i>                    | 1    |                       |
| ENDARI                               | 3    |                       |
| <i>etidronate disodium</i>           | 1    |                       |
| EVOXAC                               | 3    |                       |
| EXIADE                               | 4    | PA                    |
| FERRIPROX ORAL SOLUTION              | 2    |                       |
| FERRIPROX ORAL TABLET                | 4    |                       |
| FERRLECIT                            | 3    |                       |
| GLASSIA                              | 4*   | PA                    |
| HYLENEX                              | 3    |                       |
| <i>ic green</i>                      | 1    |                       |

| Drug Name                                       | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>indocyanine green</i>                        | 1    |                       |
| INFASURF  | 3    |                       |
| JADENU  | 4    | PA                    |
| JADENU SPRINKLE                                 | 4    | PA                    |
| KIT PREP OF TC-99M-MEBROFENIN                   | 3    |                       |
| <i>levocarnitine (with sugar)</i>               | 1    |                       |
| <i>levocarnitine intravenous</i>                | 1    |                       |
| <i>levocarnitine oral tablet</i>                | 1    |                       |
| LIPOCHOL PLUS                                   | 3    |                       |
| LITHOSTAT                                       | 3    |                       |
| METOPIRONE                                      | 3    |                       |
| <i>midodrine</i>                                | 1    |                       |
| NITYR   | 4*   |                       |
| NORTHERA  | 4*   | PA                    |
| NUTRESTORE                                      | 3    |                       |
| ORFADIN   | 4    | PA                    |
| <i>pilocarpine hcl oral tablet 5 mg</i>         | 1    |                       |
| PROLASTIN-C                                     | 4    | PA                    |
| RADIOGARDASE                                    | 3    |                       |
| RAVICTI   | 4    |                       |
| RILUTEK   | 3    |                       |
| <i>riluzole</i>                                 | 1    |                       |
| <i>risedronate oral tablet 30 mg</i>            | 3    | 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    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| SYPRINE   | 3    |                       |
| THIOLA  | 4*   | PA                    |
| <i>water for irrigation, sterile</i>                              | 1    |                       |
| XURIDEN   | 4    | PA                    |
| ZEMAIRA   | 4    | PA                    |
| <b>SMOKING DETERRENTS</b>   |      |                       |
| <i>bupropion hcl (smoking deter)</i>                              | 1    | ACA; QL               |
| CHANTIX   | 2    | ACA; QL               |
| CHANTIX CONTINUING MONTH BOX                                      | 2    | ACA; QL               |
| CHANTIX STARTING MONTH BOX  | 2    | ACA; QL               |
| NICODERM CQ   | 2    | ACA; OTC; QL          |
| <i>nicorelief</i>   | 1    | ACA; OTC; QL          |
| NICORETTE BUCCAL GUM 2 MG   | 2    | ACA; OTC; QL          |
| <i>nicorette buccal gum 4 mg</i>                                  | 1    | ACA; OTC; QL          |
| NICORETTE BUCCAL LOZENGE  | 2    | ACA; OTC; QL          |
| NICORETTE BUCCAL MINI LOZENGE                                     | 2    | ACA; OTC; QL          |
| <i>nicotine (polacrilex)</i>                                      | 1    | ACA; OTC; QL          |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 7 mg/24 hr</i> | 1    | ACA; OTC; QL          |
| <i>nicotine transdermal patch, td daily, sequential</i>           | 1    | ACA; OTC; QL          |
| NICOTROL  | 3    | ACA; QL               |
| NICOTROL NS   | 3    | ACA; QL               |
| <i>nts step 1</i>   | 1    | ACA; OTC; QL          |
| <i>quit 2 buccal gum</i>  | 1    | ACA; OTC; QL          |
| QUIT 2 BUCCAL LOZENGE   | 2    | ACA; OTC; QL          |
| <i>quit 4 buccal gum</i>  | 1    | ACA; OTC; QL          |
| QUIT 4 BUCCAL LOZENGE   | 2    | ACA; OTC; QL          |
| <i>stop smoking aid</i>   | 1    | ACA; OTC; QL          |
| ZYBAN   | 3    | ACA; QL               |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>                         |      |                       |
| <b>MISCELLANEOUS AGENTS</b>                                       |      |                       |
| ALZAIR  | 3    |                       |

| Drug Name                                      | Tier | Requirements / limits |
|--|------|-----------------------|
| ASTEPRO NASAL SPRAY, NON-AEROSOL               | 3    | QL                    |
| <i>azelastine nasal</i>                        | 1    | QL                    |
| BACTROBAN NASAL                                | 3    |                       |
| <i>chlorhexidine gluconate mucous membrane</i> | 1    |                       |
| DEBACTEROL                                     | 3    |                       |
| EPISIL   | 3    |                       |
| GELCLAIR                                       | 3    |                       |
| GELX   | 3    |                       |
| <i>ipratropium bromide nasal</i>               | 1    | QL                    |
| MUGARD   | DME  |                       |
| <i>olopatadine nasal</i>                       | 3    | QL                    |
| <i>oralone</i>                                 | 1    |                       |
| ORAMAGICRX                                     | 3    |                       |
| <i>paroex oral rinse</i>                       | 1    |                       |
| PATANASE                                       | 3    | QL                    |
| PERIDEX  | 3    |                       |
| <i>perio gard</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 SPRAY, NON-AEROSOL                | 3    |                       |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b>         |      |                       |
| <i>acetic acid otic (ear)</i>                  | 1    |                       |
| <i>acetic acid-aluminum acetate</i>            | 1    |                       |
| <i>ciprofloxacin hcl otic (ear)</i>            | 1    |                       |
| DERMOTIC OIL                                   | 3    |                       |
| <i>floxin otic (ear) drops</i>                 | 1    |                       |
| <i>fluocinolone acetonide oil</i>              | 3    |                       |
| <i>hydrocortisone-acetic acid</i>              | 1    |                       |
| <i>ofloxacin otic (ear)</i>                    | 1    |                       |

| Drug Name                                       | Tier | Requirements / limits |
|---|------|-----------------------|
| OTIPRIO   | 3    |                       |
| <b>OTIC STEROID / ANTIBIOTIC</b>                |      |                       |
| CIPRO HC  | 3    |                       |
| CIPRODEX  | 2    |                       |
| COLY-MYCIN S                                    | 3    |                       |
| <i>neomycin-polymyxin-hc otic (ear)</i>         | 1    |                       |
| OTOVEL  | 2    |                       |
| <b>ENDOCRINE/DIABETES</b>                       |      |                       |
| <b>ADRENAL HORMONES</b>                         |      |                       |
| ACTHAR H.P.                                     | 4    | PA                    |
| ARZE-JECT-A                                     | 3    |                       |
| <i>betamethasone acet,sod phos</i>              | 1    |                       |
| CELESTONE SOLUSPAN                              | 3    |                       |
| CORTEF  | 3    |                       |
| <i>cortisone</i>                                | 1    |                       |
| CUSHINGS SYNDROME DIAGNOSTIC                    | 3    |                       |
| <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    |                       |
| DEPAK 10 DAY                                    | 3    |                       |
| DEPAK 13 DAY                                    | 3    |                       |
| DEPAK 6 DAY                                     | 3    |                       |
| <i>fludrocortisone</i>                          | 1    |                       |
| <i>hydrocortisone oral</i>                      | 1    |                       |
| KENALOG INJECTION                               | 3    |                       |
| LIDOCIDEX-I                                     | 3    |                       |
| LIDOCILONE I                                    | 3    |                       |
| MEDROL  | 3    |                       |
| MEDROL (PAK)                                    | 3    |                       |
| <i>methylprednisolone</i>                       | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>methylprednisolone acetate</i>   | 1    |                       |
| <i>millipred dp</i>   | 1    |                       |
| MILLIPRED ORAL SOLUTION   | 3    |                       |
| <i>millipred oral tablet</i>  | 1    |                       |
| ORAPRED ODT   | 3    |                       |
| P-CARE K40  | 3    |                       |
| P-CARE K80  | 3    |                       |
| PEDIAPRED   | 3    |                       |
| POD-CARE 100K   | 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    |                       |
| <i>prednisolone sodium phosphate oral tablet,disintegrating</i>   | 1    |                       |
| <i>prednisone</i>   | 1    |                       |
| <i>prednisone intensol</i>  | 1    |                       |
| PRO-C-DURE 5  | 3    |                       |
| PRO-C-DURE 6  | 3    |                       |
| RAYOS   | 3    |                       |
| <i>triamcinolone acetonide injection</i>  | 1    |                       |
| TRIESENCE (PF)  | 3    |                       |
| <i>veripred 20</i>  | 3    |                       |
| <b>ANTITHYROID AGENTS</b>   |      |                       |
| <i>methimazole oral tablet 10 mg, 5 mg</i>  | 1    |                       |
| <i>propylthiouracil</i>   | 1    |                       |
| SSKI  | 3    |                       |
| TAPAZOLE  | 3    |                       |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>  |      |                       |
| ADVANCED GLUC METER TEST STRIP  | DS   | OTC; QL               |
| AGAMATRIX AMP TEST STRIPS   | DS   | OTC; QL               |
| ASSURE 4 STRIPS   | DS   | OTC; QL               |
| ASSURE PLATINUM STRIP   | DS   | OTC; QL               |



| Drug Name                      | Tier | Requirements / limits |
|--------------------------------|------|-----------------------|
| ASSURE PRISM MULTI STRIP       | DS   | OTC; QL               |
| BIONIME RIGHTEST TEST STRIPS   | DS   | OTC; QL               |
| BLOOD GLUCOSE TEST             | DS   | OTC; QL               |
| CARESENS N TEST STRIPS         | DS   | OTC; QL               |
| CLEVER CHOICE MICRO TEST STRIP | DS   | OTC; QL               |
| CLEVER CHOICE PRO STRIP        | DS   | OTC; QL               |
| CLEVER CHOICE TEST STRIPS      | DS   | OTC; QL               |
| CLEVER CHOICE VOICE+ TEST      | DS   | OTC; QL               |
| CONTROL AST TEST               | DS   | OTC; QL               |
| COOL GLUCOSE TEST STRIP        | DS   | OTC; QL               |
| DIATRUE PLUS TEST STRIP        | DS   | OTC; QL               |
| EASY PLUS II TEST              | DS   | OTC; QL               |
| EASY STEP                      | DS   | OTC; QL               |
| EASY TALK GLUCOSE TEST         | DS   | OTC; QL               |
| EASY TOUCH TEST STRIP          | DS   | OTC; QL               |
| EASY TRAK GLUCOSE TEST         | DS   | OTC; QL               |
| EASYGLUCO PLUS STRIP           | DS   | OTC; QL               |
| EASYGLUCO TEST                 | DS   | OTC; QL               |
| EASYMAX                        | DS   | OTC; QL               |
| ELEMENT COMPACT TEST STRIPS    | DS   | OTC; QL               |
| ELEMENT TEST STRIPS            | DS   | OTC; QL               |
| EVENCARE G2 STRIP              | DS   | OTC; QL               |
| EVENCARE G3 TEST               | DS   | OTC; QL               |
| EVENCARE MINI GLUCOSE TEST STR | DS   | OTC; QL               |
| EVOLUTION TEST STRIPS          | DS   | OTC; QL               |
| EZ SMART PLUS TEST             | DS   | OTC; QL               |
| EZ SMART TEST                  | DS   | OTC; QL               |
| FIFTY50 TEST STRIP             | DS   | OTC; QL               |
| FORA D15G                      | DS   | OTC; QL               |
| FORA D20 STRIP                 | DS   | OTC; QL               |
| FORA D40-G31 TEST STRIPS       | DS   | OTC; QL               |
| FORA G20 STRIP                 | DS   | OTC; QL               |
| FORA G30A STRIP                | DS   | OTC; QL               |
| FORA GD50 TEST STRIPS          | DS   | OTC; QL               |
| FORA TEST STRIP                | DS   | OTC; QL               |

| Drug Name                           | Tier | Requirements / limits |
|-------------------------------------|------|-----------------------|
| FORA TN'G VOICE TEST STRIPS         | DS   | OTC; QL               |
| FORA V10 STRIP                      | DS   | OTC; QL               |
| FORA V10-V12-D10-D20 STRIPS         | DS   | OTC; QL               |
| FORA V12 GLUCOSE                    | DS   | OTC; QL               |
| FORA V20 STRIP                      | DS   | OTC; QL               |
| FORACARE GD20                       | DS   | OTC; QL               |
| FORACARE GD40                       | DS   | OTC; QL               |
| FORTISCARE GLUCOSE TEST STRIPS      | DS   | OTC; QL               |
| GE100 BLOOD GLUCOSE TEST STRIP      | DS   | OTC; QL               |
| GENSTRIP TEST STRIP                 | DS   | OTC; QL               |
| GLUCO NAVII TEST STRIP              | DS   | OTC; QL               |
| GLUCOCARD 01 SENSOR PLUS            | DS   | OTC; QL               |
| GLUCOCARD EXPRESSION STRIP          | DS   | OTC; QL               |
| GLUCOCARD SHINE TEST STRIPS         | DS   | OTC; QL               |
| GLUCOCARD VITAL SENSOR              | DS   | OTC; QL               |
| GLUCOCARD VITAL TEST STRIPS         | DS   | OTC; QL               |
| GLUCOCOM GLUCOSE                    | DS   | OTC; QL               |
| GM100 STRIP                         | DS   | OTC; QL               |
| GMATE TEST STRIPS                   | DS   | OTC; QL               |
| HEALTHPRO TEST STRIPS               | DS   | OTC; QL               |
| INFINITY TEST STRIPS                | DS   | OTC; QL               |
| MICRO BLOOD GLUCOSE                 | DS   | OTC; QL               |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | DS   | OTC; QL               |
| MYGLUCOHEALTH STRIP                 | DS   | OTC; QL               |
| NEUTEK 2TEK TEST STRIPS             | DS   | OTC; QL               |
| NOVA MAX GLUCOSE TEST               | DS   | OTC; QL               |
| ON CALL EXPRESS TEST STRIP          | DS   | OTC; QL               |
| ON CALL PLUS TEST STRIP             | DS   | OTC; QL               |
| ON CALL VIVID TEST STRIP            | DS   | OTC; QL               |
| ONETOUCH ULTRA TEST                 | DS   | OTC; QL               |
| ONETOUCH VERIO                      | DS   | OTC; QL               |
| OPTUMRX STRIP                       | DS   | OTC; QL               |
| PHARMACIST CHOICE                   | DS   | OTC; QL               |
| PREMIUM V10 STRIP                   | DS   | OTC; QL               |
| PRODIGY NO CODING                   | DS   | OTC; QL               |

| Drug Name                     | Tier | Requirements / limits |
|-------------------------------|------|-----------------------|
| QUINTET AC STRIP              | DS   | OTC; QL               |
| REFUAH PLUS                   | DS   | OTC; QL               |
| RELION CONFIRM-MICRO          | DS   | OTC; QL               |
| RELION PRIME TEST STRIPS      | DS   | OTC; QL               |
| REVEAL TEST STRIP             | DS   | OTC; QL               |
| RIGHTEST GS550 TEST STRIPS    | DS   | OTC; QL               |
| SMART SENSE TEST STRIPS       | DS   | OTC; QL               |
| SMARTEST TEST                 | DS   | OTC; QL               |
| SOLUS V2 TEST STRIPS          | DS   | OTC; QL               |
| SURE-TEST EASYPLUS MINI STRIP | DS   | OTC; QL               |
| TELCARE TEST STRIPS           | DS   | OTC; QL               |
| TEST N'GO TEST                | DS   | OTC; QL               |
| ULTRATRAK                     | DS   | OTC; QL               |
| ULTRATRAK ULTIMATE STRIP      | DS   | OTC; QL               |
| WAVESENSE JAZZ                | DS   | OTC; QL               |
| WAVESENSE PRESTO STRIP        | DS   | OTC; QL               |

## 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 |  |
| 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   |  |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| INSPIRACHAMBER WITH MASK-LARGE                              | 2    |                       |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" | DS   |                       |
| LITEAIRE 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  |                       |

## GLUCOSE ELEVATING AGENTS

|                                |   |  |
|--------------------------------|---|--|
| GLUCAGEN HYPOKIT               | 2 |  |
| GLUCAGON EMERGENCY KIT (HUMAN) | 2 |  |
| PROGLYCEM                      | 2 |  |

## INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU

|                                |    |         |
|--------------------------------|----|---------|
| 2TEK GLUCOSE/BLOOD PRESSURE    | DS | OTC; QL |
| ACCU-CHEK COMBO SYSTEM         | DS |         |
| ACCU-CHEK COMPACT PLUS CONTROL | DS | OTC     |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL | DS | OTC     |
| ACCU-CHEK SMARTVIEW CONTRL SOL | DS | OTC     |
| ACCUTREND GLUCOSE CONTROL      | DS | OTC     |
| ADVANCED GLUCOSE METER         | DS | OTC; QL |
| ADVOCATE LOW CONTROL           | DS | OTC     |
| ADVOCATE REDI-CODE+ CTRL LOW   | DS | OTC     |
| AGAMATRIX AMP GLUC MONITOR SYS | DS | OTC; QL |
| AGAMATRIX CONTROL HIGH         | DS | OTC     |

| Drug Name                      | Tier | Requirements / limits |
|--------------------------------|------|-----------------------|
| ASSURE 4 CONTROL SOLUTION      | DS   | OTC                   |
| ASSURE DOSE NORMAL CONTROL     | DS   | OTC                   |
| ASSURE PLATINUM                | DS   | OTC; QL               |
| ASSURE PRISM CONTROL 1-2 SOLN  | DS   | OTC                   |
| ASSURE PRISM MULTI METER       | DS   | OTC; QL               |
| AT HOME A1C                    | DS   | OTC                   |
| AUTOJECT 2 INJECTION DEVICE    | DME  | OTC; QL               |
| AUTOPEN 1 TO 21 UNITS          | DS   | OTC; QL               |
| BIONIME RIGHTEST GM300 SYSTEM  | DS   | OTC; QL               |
| BLOOD GLUCOSE CONTROL, NORMAL  | DS   | OTC                   |
| BLOOD-GLUCOSE METER            | DS   | OTC; QL               |
| BREEZE 2 CONTROL SOLUTION,HIGH | DS   | OTC                   |
| CARESENS CONTROL A NORMAL      | DS   | OTC                   |
| CARESENS N                     | DS   | OTC; QL               |
| CARESENS N VOICE               | DS   | OTC; QL               |
| CARTRIDGE STAMPED IR 1200      | DS   | OTC                   |
| CLEO 90 INFUSION SET 24"       | DS   |                       |
| CLEVER CHEK BLOOD GLUCOSE      | DS   | OTC; QL               |
| CLEVER CHOICE GLUCOSE MONITOR  | DS   | OTC; QL               |
| CLEVER CHOICE LEVEL 2 CONTROL  | DS   | OTC                   |
| CLEVER CHOICE MICRO            | DS   | OTC; QL               |
| CLEVER CHOICE PRO              | DS   | OTC; QL               |
| COMFORT INFUSION SET 43"       | DS   |                       |
| COMFORT SHORT INSULIN PUMP 23" | DS   |                       |
| CONTACT DETACH INFUS SET 23"   | DS   |                       |
| CONTOUR CONTROL SOLUTION, NML  | DS   | OTC                   |
| CONTOUR NEXT LEV 2 CONTROL SOL | DS   | OTC                   |
| CONTOUR NEXT LINK              | DS   | OTC; QL               |
| CONTROL AST MONITORING SYSTEM  | DS   | OTC; QL               |
| COOL BLOOD GLUCOSE METER       | DS   | OTC; QL               |
| COOL CONTROL A SOLUTION        | DS   | OTC                   |
| DEXCOM G5 RECEIVER             | DS   | QL                    |

| Drug Name                      | Tier | Requirements / limits |
|--------------------------------|------|-----------------------|
| DEXCOM RECEIVER                | DS   | QL                    |
| DIATRUE CONTROL SOLN NORMAL    | DS   | OTC                   |
| DIATRUE PLUS BLOOD GLUCOSE MET | DS   | OTC; QL               |
| EASY PLUS II BLOOD GLUCOSE MET | DS   | OTC; QL               |
| EASY STEP BLOOD GLUCOSE METER  | DS   | OTC; QL               |
| EASY TALK BLOOD GLUCOSE METER  | DS   | OTC; QL               |
| EASY TOUCH GLUCOSE MONITOR     | DS   | OTC; QL               |
| EASY TRAK LOW CONTROL          | DS   | OTC                   |
| EASYGLUCO MONITORING SYSTEM    | DS   | OTC; QL               |
| EASYGLUCO PLUS KIT             | DS   | OTC; QL               |
| EASYGLUCO PLUS NORMAL CONTROL  | DS   | OTC                   |
| EASYMAX L BLOOD GLUCOSE METER  | DS   | OTC; QL               |
| EASYMAX LOW CONTROL            | DS   | OTC                   |
| EASYMAX NG KIT                 | DS   | OTC; QL               |
| EASYMAX NORMAL CONTROL         | DS   | OTC                   |
| EASYMAX V SPEAKING GLUCOSE SYS | DS   | OTC; QL               |
| EASYMAX V2 BLOOD GLUCOSE METER | DS   | OTC; QL               |
| ELEMENT COMPACT GLUCOSE METER  | DS   | OTC; QL               |
| ELEMENT COMPACT NORMAL CONTROL | DS   | OTC                   |
| ELEMENT COMPACT V GLUCOSE MTR  | DS   | OTC; QL               |
| ELEMENT NORMAL CONTROL         | DS   | OTC                   |
| ELEMENT PLUS BLOOD GLUCOSE KIT | DS   | OTC; QL               |
| EMBRACE EVO LEVEL 1            | DS   | OTC                   |
| EMBRACE GLUCOSE CONTROL LOW    | DS   | OTC                   |
| ENLITE SYSTEM                  | DS   | QL                    |
| EVENCARE G2                    | DS   | OTC; QL               |
| EVENCARE G3 GLUCOSE METER      | DS   | OTC; QL               |
| EVENCARE MINI MONITOR SYSTEM   | DS   | OTC; QL               |
| EVOLUTION BLOOD GLUCOSE METER  | DS   | OTC; QL               |

| Drug Name                      | Tier | Requirements / limits |
|--------------------------------|------|-----------------------|
| EVOLUTION NORMAL CONTROL       | DS   | OTC                   |
| EZ SMART PLUS SYSTEM           | DS   | OTC; QL               |
| EZ SMART SYSTEM                | DS   | OTC; QL               |
| FORA D10                       | DS   | OTC; QL               |
| FORA D20 KIT                   | DS   | OTC; QL               |
| FORA G20 KIT                   | DS   | OTC; QL               |
| FORA G30A                      | DS   | OTC; QL               |
| FORA GD50 BLOOD GLUCOSE SYSTEM | DS   | OTC; QL               |
| FORA NORMAL CONTROL            | DS   | OTC                   |
| FORA PREMIUM V10 GLUCOSE METER | DS   | OTC; QL               |
| FORA TEST N'GO VOICE METER     | DS   | OTC; QL               |
| FORA TN'G VOICE METER          | DS   | OTC; QL               |
| FORA V10 KIT                   | DS   | OTC; QL               |
| FORA V12 BLOOD GLUCOSE SYSTEM  | DS   | OTC; QL               |
| FORA V20 KIT                   | DS   | OTC; QL               |
| FORA V30A KIT                  | DS   | OTC; QL               |
| FORACARE GD20 GLUCOSE METER    | DS   | OTC; QL               |
| FORACARE GD40A GLUCOSE METER   | DS   | OTC; QL               |
| FORACARE GD40B GLUCOSE METER   | DS   | OTC; QL               |
| FORACARE GDH LOW CONTROL       | DS   | OTC                   |
| FORTISCARE BLOOD GLUCOSE SYST  | DS   | OTC; QL               |
| FORTISCARE NORMAL              | DS   | OTC                   |
| FREESTYLE CONTROL              | DS   | OTC                   |
| GE100 BLOOD GLUCOSE SYSTEM     | DS   | OTC; QL               |
| GE100 CONTROL SOLUTION NORMAL  | DS   | OTC                   |
| GLUCO NAVII GLUCOSE MONITOR    | DS   | OTC; QL               |
| GLUCOCARD 01 METER             | DS   | OTC; QL               |
| GLUCOCARD 01 NORMAL CONTROL    | DS   | OTC                   |
| GLUCOCARD EXPRESSION           | DS   | OTC; QL               |
| GLUCOCARD SHINE METER          | DS   | OTC; QL               |
| GLUCOCARD VITAL                | DS   | OTC; QL               |
| GLUCOCOM BLOOD GLUCOSE         | DS   | OTC; QL               |
| GLUCOCOM CONTROL NORMAL        | DS   | OTC                   |

| Drug Name                      | Tier | Requirements / limits |
|--------------------------------|------|-----------------------|
| GLUCOSE CONTROL                | DS   | OTC                   |
| GM100 KIT                      | DS   | OTC; QL               |
| GMATE CONTROL SOLUTION, NORMAL | DS   | OTC                   |
| GMATE SMART METER              | DS   | OTC; QL               |
| GMATE SMART STARTER            | DS   | OTC; QL               |
| GMATE VOICE METER              | DS   | OTC; QL               |
| HEALTHPRO GLUCOSE MONITOR      | DS   | OTC; QL               |
| HEALTHPRO HIGH-LOW CONTROL     | DS   | OTC                   |
| HUMAPEN LUXURA HD              | DS   | QL                    |
| INFINITY CONTROL SOLUTION NORM | DS   | OTC                   |
| INFINITY STARTER KIT           | DS   | OTC; QL               |
| INSET 30 INFUSION SET 23"      | DS   |                       |
| INSET INFUSION SET 23"         | DS   |                       |
| JAZZ WIRELESS 2 METER KIT      | DS   | OTC; QL               |
| LANCETS 33 GAUGE               | DS   | OTC                   |
| LANCING DEVICE                 | DS   | OTC; QL               |
| 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; QL               |
| MINIMED INFUSION SET-MMT 390   | DS   |                       |
| MIO INFUSION SET               | DS   |                       |
| MYGLUCOHEALTH CONTROL SOLUTION | DS   | OTC                   |
| MYGLUCOHEALTH KIT              | DS   | OTC; QL               |
| NOVA MAX BLOOD GLUCOSE METER   | DS   | OTC; QL               |
| NOVA MAX GLUCOSE CONTROL       | DS   | OTC                   |
| NOVAMAX PLUS GLU-KET           | DS   | OTC                   |
| NOVOPEN 3                      | DS   | OTC; QL               |
| NOVOPEN ECHO                   | DS   | QL                    |
| OMNIPOD INSULIN REFILL         | DS   |                       |
| ON CALL EXPRESS CONTROL        | DS   | OTC                   |

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

| Drug Name                        | Tier | Requirements / limits |
|----------------------------------|------|-----------------------|
| RELION MICRO GLUCOSE MONITOR KIT | DS   | OTC; QL               |
| RELION PRIME METER               | DS   | OTC; QL               |
| REVEAL BLOOD GLUCOSE METER       | DS   | OTC; QL               |
| RIGHTEST CONTROL SOLUTION HIGH   | DS   | OTC                   |
| RIGHTEST GM550 SYSTEM            | DS   | OTC; QL               |
| SAFE-CLIP BY MAIL                | DS   | OTC                   |
| SIDEKICK BLOOD GLUCOSE SYSTEM    | DS   | OTC                   |
| SMART SENSE MONITORING SYSTEM    | DS   | OTC; QL               |
| SMARTEST CONTROL                 | DS   | OTC                   |
| SMARTEST EJECT                   | DS   | OTC; QL               |
| SMARTEST PERSONA STARTER         | DS   | OTC; QL               |
| SMARTEST PRONTO STARTER          | DS   | OTC; QL               |
| SMARTEST PROTEGE                 | DS   | OTC; QL               |
| SNAP INSULIN PUMP CONTROLLER     | DS   |                       |
| SNAP INSULIN PUMP-INFUSION SET   | DS   |                       |
| SOLUS V2 AUDIBLE METER           | DS   | OTC; QL               |
| SOLUS V2 CONTROL SOLUTION,HIGH   | DS   | OTC                   |
| SURE-T PARADIGM                  | DS   |                       |
| SURE-TEST EASYPLUS MINI METER    | DS   | OTC; QL               |
| T:30 INFUSION SET                | DS   |                       |
| T:90 INFUSION SET 23"            | DS   |                       |
| T:SLIM                           | DS   |                       |
| T:SLIM G4                        | DS   |                       |
| TELCARE BGM                      | DS   | OTC; QL               |
| TELCARE BLOOD GLUCOSE KIT        | DS   | OTC; QL               |
| TELCARE CONTROL                  | DS   | OTC                   |
| TEST N'GO BLOOD GLUCOSE SYSTEM   | DS   | OTC; QL               |
| TRUE METRIX LEVEL 1              | DS   | OTC                   |
| TRUECONTROL LEVEL 0              | DS   | OTC                   |
| TRUETEST LOW GLUCOSE CONTROL     | DS   | OTC                   |
| TRUETRACK BLOOD GLUCOSE SYSTEM   | DS   | OTC; QL               |

| Drug Name                  | Tier | Requirements / limits |
|----------------------------|------|-----------------------|
| ULTIMA MONITOR             | DS   | OTC; QL               |
| ULTRATRAK GLUCOSE METER    | DS   | OTC; QL               |
| ULTRATRAK ULTIMATE         | DS   | OTC; QL               |
| UNISTRIP LOW CONTROL       | DS   | OTC                   |
| VGO 20                     | DS   |                       |
| VGO 30                     | DS   |                       |
| VGO 40                     | DS   |                       |
| VOCALPOINT GLUCOSE CONTROL | DS   | OTC                   |
| WAVESENSE AMP              | DS   | OTC; QL               |
| WAVESENSE CONTROL SOLUTION | DS   | OTC                   |
| WAVESENSE PRESTO           | DS   | OTC; QL               |

## INSULIN THERAPY

|                                |   |        |
|--------------------------------|---|--------|
| AFREZZA                        | 3 | PA; QL |
| BASAGLAR KWIKPEN               | 2 | QL     |
| HUMALOG                        | 2 | QL     |
| HUMALOG JUNIOR KWIKPEN         | 3 | QL     |
| HUMALOG KWIKPEN                | 2 | QL     |
| HUMALOG MIX 50-50              | 2 | QL     |
| HUMALOG MIX 50-50 KWIKPEN      | 2 | ST; QL |
| HUMALOG MIX 75-25              | 2 | QL     |
| HUMALOG MIX 75-25 KWIKPEN      | 2 | QL     |
| HUMULIN 70/30                  | 2 | QL     |
| HUMULIN 70/30 KWIKPEN          | 2 | QL     |
| HUMULIN N                      | 2 | QL     |
| HUMULIN N KWIKPEN              | 2 | QL     |
| HUMULIN R U-100                | 2 | QL     |
| HUMULIN R U-500 (CONC) KWIKPEN | 2 | QL     |
| HUMULIN R U-500 (CONCENTRATED) | 2 | PA; QL |
| LANTUS                         | 2 | QL     |
| LANTUS SOLOSTAR                | 2 | QL     |
| LEVEMIR                        | 2 | QL     |
| LEVEMIR FLEXTOUCH              | 2 | QL     |
| SOLIQUA 100/33                 | 2 | PA     |
| TOUJEO SOLOSTAR                | 2 | QL     |

| Drug Name               | Tier | Requirements / limits |
|-------------------------|------|-----------------------|
| TRESIBA FLEXTOUCH U-100 | 2    | QL                    |
| TRESIBA FLEXTOUCH U-200 | 2    | QL                    |
| XULTOPHY 100/3.6        | 2    | PA                    |

## MISCELLANEOUS HORMONES

|   |   |    |
|---|---|----|
| ANADROL-50  | 3 |    |
| ANDRODERM   | 2 | PA |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1%)                   | 3 | PA |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62%)                | 2 | PA |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1% (25 MG/2.5GRAM), 1% (50 MG/5 GRAM)                | 3 | PA |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62% (20.25 MG/1.25 GRAM), 1.62% (40.5 MG/2.5 GRAM) | 2 | PA |
| <i>androxy</i>  | 1 |    |
| AXIRON  | 3 | PA |
| 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  | 4 |    |
| <i>clomiphene citrate</i>   | 1 |    |
| <i>danazol</i>  | 1 |    |
| DDAVP NASAL SOLUTION  | 3 | PA |
| DDAVP ORAL  | 3 | PA |
| DEPO-TESTOSTERONE   | 3 |    |
| <i>desmopressin nasal solution</i>  | 1 | PA |
| <i>desmopressin nasal spray, non-aerosol</i>  | 1 | PA |
| <i>desmopressin oral</i>  | 1 | PA |
| <i>doxercalciferol</i>  | 1 |    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>fortical</i>  | 1    |                       |
| GONAL-F  | 4    | PA                    |
| GONAL-F RFF  | 4    | PA                    |
| GONAL-F RFF REDI-JECT  | 4    | PA                    |
| HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML)                  | 2    |                       |
| HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML                       | 3    |                       |
| HECTOROL ORAL  | 3    |                       |
| KORLYM   | 4*   |                       |
| KUVAN ORAL POWDER IN PACKET 500 MG                             | 4    | PA                    |
| KUVAN ORAL TABLET,SOLUBLE                                      | 4    | PA                    |
| MIACALCIN INJECTION  | 2    |                       |
| MIACALCIN NASAL  | 3    |                       |
| MYALEPT  | 4    |                       |
| NATPARA  | 4    | PA                    |
| OXANDRIN   | 3    |                       |
| <i>oxandrolone</i>   | 1    |                       |
| <i>pamidronate</i>   | 4    |                       |
| <i>paricalcitol oral</i>                                       | 1    |                       |
| RAYALDEE   | 3    |                       |
| ROCALTROL  | 3    |                       |
| SAMSCA   | 4    | QL                    |
| SENSIPAR   | 2    | PA                    |
| <i>serophene</i>   | 50%  |                       |
| SOMAVERT   | 4    |                       |
| STIMATE  | 4    | PA                    |
| STRENSIQ   | 4    |                       |
| SYNAREL  | 2    |                       |
| TESTONE CIK  | 3    |                       |
| <i>testosterone cypionate</i>                                  | 1    |                       |
| <i>testosterone enanthate</i>                                  | 1    |                       |
| <i>testosterone transdermal solution in metered pump w/app</i> | 1    | PA                    |
| VAPRISOL   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>vasopressin in 0.9 % nacl intravenous solution 60 unit/100 ml (0.6 unit/ml)</i> | 1    |                       |
| 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                |
| ALOGLIPTIN-PIOGLITAZONE  | 3    | PA; QL                |
| AMARYL   | 3    |                       |
| AVANDIA ORAL TABLET 2 MG, 4 MG   | 3    | ST; QL                |
| BYDUREON SUBCUTANEOUS PEN INJECTOR   | 2    | PA                    |
| BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON                                | 2    | PA; QL                |
| BYETTA   | 2    | PA; QL                |
| <i>chlorpropamide</i>  | 1    |                       |
| CYCLOSET   | 3    |                       |
| DM2  | 3    |                       |
| DUETACT  | 3    | ST; QL                |
| FARXIGA  | 2    | PA                    |
| FORTAMET   | 3    | ST                    |
| <i>glimepiride</i>   | LCG  |                       |
| <i>glipizide</i>   | LCG  |                       |
| <i>glipizide-metformin</i>   | 1    |                       |
| GLUCOPHAGE   | 3    | ST                    |
| GLUCOPHAGE XR  | 3    | ST                    |
| GLUCOTROL  | 3    |                       |
| GLUCOTROL XL   | 3    |                       |
| GLUCOVANCE   | 3    |                       |
| <i>glyburide</i>   | LCG  |                       |
| <i>glyburide micronized</i>  | LCG  |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>glyburide-metformin oral tablet 1.25-250 mg</i>          | LCG  |                       |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 1    |                       |
| GLYNASE   | 3    |                       |
| GLYSET  | 3    |                       |
| GLYXAMBI  | 2    | PA                    |
| INVOKAMET   | 2    | PA                    |
| INVOKAMET XR  | 2    | PA                    |
| INVOKANA  | 2    | PA                    |
| JANUMET   | 2    | PA; QL                |
| JANUMET XR  | 2    | PA; QL                |
| JANUVIA   | 2    | PA; QL                |
| JARDIANCE   | 2    | PA                    |
| JENTADUETO  | 2    | PA; QL                |
| JENTADUETO XR   | 2    | PA                    |
| <i>metformin oral tablet</i>                                | LCG  |                       |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>  | LCG  |                       |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>  | 1    |                       |
| <i>metformin oral tablet extended release 24hr</i>          | 1    |                       |
| <i>miglitol</i>   | 1    |                       |
| <i>nateglinide</i>  | 1    |                       |
| OSENI   | 3    | PA; QL                |
| <i>pioglitazone</i>   | 1    | QL                    |
| <i>pioglitazone-glimepiride</i>                             | 1    | QL                    |
| <i>pioglitazone-metformin</i>                               | 3    | QL                    |
| PRANDIN   | 3    |                       |
| PRECOSE   | 3    |                       |
| <i>repaglinide</i>  | 1    |                       |
| <i>repaglinide-metformin</i>                                | 1    | QL                    |
| RIOMET  | 3    | ST                    |
| STARLIX   | 3    |                       |
| SYMLINPEN 120   | 2    | QL                    |
| SYMLINPEN 60  | 2    | QL                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| SYNJARDY   | 2    | PA                    |
| SYNJARDY XR  | 2    | PA                    |
| <i>tolazamide</i>  | 1    |                       |
| <i>tolbutamide</i>   | 1    |                       |
| TRADJENTA  | 2    | PA; QL                |
| TRULICITY  | 2    | PA                    |
| XIGDUO XR  | 2    | PA                    |
| <b>THYROID HORMONES</b>  |      |                       |
| ARMOUR THYROID   | 2    |                       |
| CYTOMEL  | 3    |                       |
| LEVO-T   | 3    |                       |
| LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG   | 2    |                       |
| <i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>   | 1    |                       |
| <i>levothyroxine oral tablet 100 mcg, 50 mcg</i>   | 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  |                       |
| <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   | 3    |                       |
| THYROLAR-1/2   | 3    |                       |
| THYROLAR-1/4   | 3    |                       |
| THYROLAR-2   | 3    |                       |
| THYROLAR-3   | 3    |                       |
| TIROSINT   | 3    |                       |
| TRIOSTAT   | 3    |                       |
| <i>unithroid oral tablet 100 mcg, 50 mcg</i>   | LCG  |                       |



| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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    |                       |

## GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

|  |     |  |
|--|-----|--|
| <i>anaspaz</i>   | 1   |  |
| <i>atropine injection solution</i>                         | 1   |  |
| <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>    | 1   |  |
| <i>belladonna alkaloids-opium</i>                          | 1   |  |
| <i>belladonna-opium</i>                                    | 1   |  |
| BENTYL ORAL CAPSULE  | 3   |  |
| BENTYL ORAL TABLET   | 3   |  |
| <i>chlordiazepoxide-clidinium</i>                          | 1   |  |
| CUVPOSA  | 3   |  |
| <i>dicyclomine oral capsule</i>                            | LCG |  |
| <i>dicyclomine oral solution</i>                           | LCG |  |
| <i>dicyclomine oral tablet</i>                             | 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   |  |
| LEVBIID  | 3   |  |
| LEVSIN INJECTION   | 2   |  |
| LEVSIN ORAL  | 3   |  |
| LEVSIN/SL  | 3   |  |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| LIBRAX (WITH CLIDINIUM)                           | 3    |                       |
| LOMOTIL   | 3    |                       |
| <i>methscopolamine</i>                            | 1    |                       |
| MOTOFEN   | 3    |                       |
| MYTESI  | 3    | PA                    |
| 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    |                       |
| ROBINUL   | 3    |                       |
| ROBINUL FORTE                                     | 3    |                       |
| SYMAX DUOTAB                                      | 3    |                       |
| <i>symax fastabs</i>                              | 1    |                       |
| <i>symax-sl</i>                                   | 1    |                       |
| <i>symax-sr</i>                                   | 1    |                       |

### MISCELLANEOUS GASTROINTESTINAL AGENTS

|  |   |          |
|--|---|----------|
| ACTIGALL                                     | 3 |          |
| AKYNZEO                                      | 2 |          |
| <i>alophen</i>                               | 1 | ACA; OTC |
| <i>alosetron</i>                             | 1 | PA       |
| ALOXI  | 2 | QL       |
| AMITIZA                                      | 2 | PA       |
| ANA-LEX KIT                                  | 3 |          |
| ANALPRAM-HC RECTAL CREAM                     | 3 |          |
| ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1% (4G) | 3 |          |
| <i>anucort-hc</i>                            | 1 | QL       |
| ANUSOL-HC RECTAL SUPPOSITORY                 | 3 | QL       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR                   | 3    |                       |
| ANZEMET ORAL   | 3    | QL                    |
| <i>aprepitant</i>  | 1    | QL                    |
| APRISO   | 2    | ST                    |
| AURYXIA  | 3    |                       |
| AZULFIDINE   | 3    |                       |
| AZULFIDINE EN-TABS   | 3    |                       |
| <i>balsalazide</i>   | 1    |                       |
| <i>bisacodyl oral</i>  | 1    | ACA; OTC              |
| <i>bisa-lax</i>  | 1    | ACA; OTC              |
| <i>budesonide oral</i>   | 3    | ST                    |
| <i>calcium acetate oral capsule</i>                                | 1    |                       |
| <i>calcium acetate oral tablet 667 mg</i>                          | 1    |                       |
| CANASA   | 2    | ST                    |
| CESAMET  | 3    | QL                    |
| CHENODAL   | 4    |                       |
| CHOLBAM  | 4    | PA                    |
| <i>citrate of magnesia</i>   | 1    | ACA; OTC              |
| <i>citroma</i>   | 1    | 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    | PA                    |
| <i>cromolyn oral</i>   | 1    |                       |
| CYSTADANE  | 4    |                       |
| DICLEGIS   | 3    |                       |
| <i>dimenhydrinate injection solution</i>                           | 1    |                       |
| <i>dronabinol</i>  | 3    | PA                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>droperidol injection solution</i>                         | 1    |                       |
| <i>ducodyl</i>   | 1    | ACA; OTC              |
| <i>eliphos</i>   | 1    |                       |
| EMEND (FOSAPREPITANT)  | 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    |                       |
| ENTOCORT EC  | 3    | ST                    |
| <i>enulose</i>   | 1    |                       |
| <i>fleet laxative</i>  | 1    | ACA; OTC              |
| FOSRENOL   | 2    | ST                    |
| GASTROCROM   | 3    |                       |
| GATTEX 30-VIAL   | 4*   |                       |
| <i>gavilyte-c</i>  | 1    | ACA                   |
| <i>gavilyte-g</i>  | 1    | ACA                   |
| <i>gavilyte-h and bisacodyl</i>                              | 1    | ACA                   |
| <i>gavilyte-n</i>  | 1    | ACA                   |
| <i>generlac</i>  | 1    |                       |
| <i>gentle laxative oral</i>                                  | 1    | ACA; OTC              |
| GIAZO  | 3    |                       |
| GOLYTELY ORAL POWDER IN PACKET                               | 3    | 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    | QL                    |
| <i>hydrocortisone acetate rectal</i>                         | 1    | QL                    |
| <i>hydrocortisone rectal</i>                                 | 1    |                       |
| <i>hydrocortisone topical cream with perineal applicator</i> | 1    |                       |
| <i>hydrocortisone-pramoxine rectal</i>                       | 1    |                       |
| KAYEXALATE   | 3    |                       |
| <i>kionex</i>  | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>kionex (with sorbitol)</i>                                   | 1    |                       |
| KRISTALOSE  | 3    |                       |
| <i>lactulose oral solution 10 gram/15 ml</i>                    | 1    |                       |
| <i>lanthanum</i>  | 1    | ST                    |
| <i>laxative (bisacodyl) oral</i>                                | 1    | ACA; OTC              |
| <i>laxative feminine</i>  | 1    | ACA; OTC              |
| LIALDA  | 2    | ST                    |
| 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    |                       |
| <i>lidocaine-hydrocortisone-aloe</i>                            | 1    |                       |
| LINZESS   | 2    | PA; QL                |
| LOTRONEX  | 3    |                       |
| MAGNEBIND 400   | 3    |                       |
| <i>magnesium citrate oral solution</i>                          | 1    | ACA; OTC              |
| MARINOL   | 3    | PA                    |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> | 1    |                       |
| <i>mesalamine rectal</i>  | 1    |                       |
| <i>mesalamine with cleansing wipe</i>                           | 1    |                       |
| <i>metoclopramide hcl injection solution</i>                    | LCG  |                       |
| <i>metoclopramide hcl injection syringe</i>                     | 1    |                       |
| <i>metoclopramide hcl oral solution</i>                         | LCG  |                       |
| <i>metoclopramide hcl oral tablet</i>                           | LCG  |                       |
| <i>metoclopramide hcl oral tablet, disintegrating</i>           | 1    |                       |
| METZOLV ODT ORAL TABLET, DISINTEGRATING 5 MG                    | 3    |                       |
| MICORT-HC   | 3    |                       |
| <i>milk of magnesia</i>   | 1    | ACA; OTC              |
| <i>milk of magnesia concentrated</i>                            | 1    | ACA; OTC              |
| MOVANTIK  | 2    | PA                    |
| MOVIPREP  | 3    | ACA                   |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| NULYTELY WITH FLAVOR PACKS                                      | 3    |                       |
| OICALIVA  | 4    | PA                    |
| <i>ondansetron</i>  | 1    | QL                    |
| <i>ondansetron hcl (pf)</i>                                     | 1    |                       |
| <i>ondansetron hcl intravenous</i>                              | 1    |                       |
| <i>ondansetron hcl oral</i>                                     | 1    | QL                    |
| ONDANSETRON IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 8 MG/50 ML | 3    |                       |
| <i>oral saline laxative oral liquid</i>                         | 1    | ACA; OTC              |
| OSMOPREP  | 3    | ACA                   |
| <i>peg 3350-electrolytes</i>                                    | 1    | ACA                   |
| <i>peg-electrolyte soln</i>                                     | 1    | ACA                   |
| <i>peg-prep</i>   | 1    | ACA                   |
| PENTASA   | 2    | ST                    |
| PHOSLYRA  | 3    |                       |
| <i>phosphate laxative oral liquid</i>                           | 1    | ACA; OTC              |
| <i>pramcort</i>   | 1    |                       |
| PREPOPIK  | 2    | ACA                   |
| <i>prochlorperazine</i>   | 1    |                       |
| <i>prochlorperazine edisylate</i>                               | 1    |                       |
| <i>prochlorperazine maleate</i>                                 | 1    |                       |
| PROCORT   | 3    |                       |
| PROCTOCORT RECTAL   | 3    | QL                    |
| PROCTOFOAM HC   | 2    |                       |
| <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    | PA; ST                |
| RENAGEL   | 3    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| RENFLXIS  | 4*   | PA; ST                |
| REVELA ORAL POWDER IN PACKET                                    | 3    | ST                    |
| REVELA ORAL TABLET  | 2    | ST                    |
| ROWASA  | 3    |                       |
| SANCUSO   | 2    | PA; QL                |
| <i>scopolamine base</i>   | 1    |                       |
| <i>sevelamer carbonate</i>                                      | 1    | ST                    |
| SFLOWASA  | 3    | ST                    |
| <i>sodium polystyrene sulfonate oral</i>                        | 1    |                       |
| <i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i> | 1    |                       |
| 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   | 2    | ACA                   |
| SUSTOL  | 3    | PA                    |
| SYNDROS   | 3    | PA                    |
| TIGAN INTRAMUSCULAR   | 3    |                       |
| TIGAN ORAL CAPSULE 300 MG                                       | 3    |                       |
| TRANSDERM-SCOP  | 3    |                       |
| <i>trilyte with flavor packets</i>                              | 1    | ACA                   |
| <i>trimethobenzamide oral</i>                                   | 1    |                       |
| TRULANCE  | 3    | PA                    |
| UCERIS ORAL   | 2    | ST                    |
| UCERIS RECTAL   | 3    | ST                    |
| URSO 250  | 3    |                       |
| URSO FORTE  | 3    |                       |
| <i>ursodiol</i>   | 1    |                       |
| VARUBI  | 2    | PA                    |
| VELPHORO  | 3    |                       |
| VELTASSA  | 2    |                       |
| VIBERZI   | 2    | PA                    |
| VIOKACE   | 2    | PA                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>woman's laxative oral tablet, delayed release (dr/ec)</i>             | 1    | ACA; OTC              |
| <i>women's gentle laxative(bisac)</i>                                    | 1    | ACA; OTC              |
| <i>women's laxative (bisacodyl) oral tablet</i>                          | 1    | ACA; OTC              |
| ZENPEP   | 2    | PA                    |
| ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS                                    | 3    |                       |
| ZOFRAN (AS HYDROCHLORIDE) ORAL   | 3    | QL                    |
| ZOFRAN ODT   | 3    | QL                    |
| ZUPLENZ  | 3    | QL                    |
| <b>ULCER THERAPY</b>   |      |                       |
| ACIPHEX  | 3    | PA                    |
| ACIPHEX SPRINKLE   | 3    | PA                    |
| <i>amoxicil-clarithromy-lansopraz</i>                                    | 3    | PA; 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    | PA; QL                |
| DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 60 MG                      | 3    | PA                    |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> | 3    | PA                    |
| <i>esomeprazole sodium</i>   | 1    |                       |
| ESOMEPRAZOLE STRONTIUM   | 3    |                       |
| <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    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>misoprostol</i>   | 1    |                       |
| NEXIUM IV INTRAVENOUS RECON SOLN 40 MG                                       | 3    |                       |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG                             | 3    | PA                    |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG | 2    | PA; QL                |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG                      | 2    | PA                    |
| <i>nizatidine</i>  | 1    |                       |
| OMECLAMOX-PAK  | 3    | PA; QL                |
| <i>omeppi oral capsule 40-1.1 mg-gram</i>                                    | 1    | PA                    |
| <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 40-1.1 mg-gram</i>             | 3    | PA                    |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>                 | 1    | PA; QL                |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>                 | 1    | PA                    |
| <i>pantoprazole intravenous</i>  | 1    |                       |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>               | LCG  | QL                    |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>               | LCG  |                       |
| PEPCID ORAL SUSPENSION   | 3    |                       |
| PEPCID ORAL TABLET 40 MG   | 3    |                       |
| PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG                           | 3    | PA                    |
| PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG                    | 3    | PA                    |
| PREVPAC  | 3    | QL                    |
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON                                 | 3    | PA; QL                |
| PROTONIX INTRAVENOUS   | 3    |                       |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET                                 | 3    | PA                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG  | 3    | PA; QL                |
| PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG  | 3    | PA                    |
| PYLERA  | 2    | PA                    |
| <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    |                       |
| ZANTAC INJECTION                                    | 3    |                       |
| ZANTAC ORAL TABLET 300 MG                           | 3    |                       |
| ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM                 | 3    | PA                    |
| ZEGERID ORAL PACKET 20-1,680 MG                     | 3    | PA; QL                |
| ZEGERID ORAL PACKET 40-1,680 MG                     | 3    | PA                    |
| <b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>     |      |                       |
| <b>BIOTECHNOLOGY DRUGS</b>                          |      |                       |
| GRANIX  | 4    | PA                    |
| NEULASTA SUBCUTANEOUS SYRINGE                       | 4    | PA; QL                |
| NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR | 4    | PA                    |
| NEUPOGEN  | 4    | PA                    |
| PROCRIT   | 4    | PA                    |
| ZARXIO  | 4    | PA                    |
| <b>GROWTH HORMONES</b>                              |      |                       |
| EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG                | 4    | PA                    |
| GENOTROPIN  | 4    | PA                    |
| GENOTROPIN MINIQUICK                                | 4    | PA                    |
| HUMATROPE   | 4    | PA                    |
| NORDITROPIN FLEXPRO                                 | 4    | PA                    |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG   | 4    | PA                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| ZORBTIVE  | 4*   | PA                    |
| <b>INTERFERONS</b>  |      |                       |
| AUBAGIO   | 4*   | PA                    |
| AVONEX (WITH ALBUMIN)   | 4    | PA; QL                |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT   | 4    | PA; QL                |
| AVONEX INTRAMUSCULAR SYRINGE  | 4    | PA                    |
| AVONEX INTRAMUSCULAR SYRINGE KIT  | 4    | PA; QL                |
| BETASERON SUBCUTANEOUS KIT  | 4    | PA; QL                |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML  | 4*   | PA; QL                |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML  | 4    | PA                    |
| COPEGUS   | 4*   |                       |
| EXTAVIA SUBCUTANEOUS KIT  | 4    | PA; QL                |
| EXTAVIA SUBCUTANEOUS RECON SOLN   | 4    | PA                    |
| GILENYA   | 4    | PA                    |
| <i>glatopa</i>  | 4    | PA; QL                |
| <i>moderiba</i>   | 4    |                       |
| <i>moderiba dose pack</i>   | 4    |                       |
| OCREVUS   | 4    | PA                    |
| PEGASYS   | 4    | PA; QL                |
| PEGASYS PROCLICK  | 4    | PA; QL                |
| PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML | 4*   | PA; QL                |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML  | 4*   | PA; QL                |
| PLEGRIDY  | 4    | PA                    |
| POMALYST  | 4    |                       |
| REBETOL ORAL SOLUTION   | 4*   | PA                    |
| REBIF (WITH ALBUMIN)  | 4    | PA; QL                |
| REBIF REBIDOSE  | 4    | PA; QL                |
| REBIF TITRATION PACK  | 4    | PA; QL                |
| REVLIMID  | 4    | PA                    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>ribavirin oral capsule</i>                      | 4    | PA                    |
| <i>ribavirin oral tablet 200 mg</i>                | 4    |                       |
| SYLATRON   | 4    | PA                    |
| TECFIDERA  | 4    | PA                    |
| ZINBRYTA   | 4*   | PA                    |
| <b>INTERLEUKINS</b>                                |      |                       |
| ACTIMMUNE  | 4    |                       |
| ALDARA   | 3    | ST                    |
| ALFERON N  | 4    |                       |
| ARCALYST   | 4    | PA                    |
| ILARIS (PF)  | 4    | PA                    |
| <i>imiquimod</i>                                   | 1    |                       |
| INTRON A INJECTION                                 | 4    |                       |
| <b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b> |      |                       |
| ATGAM  | 4    |                       |
| BOTOX  | 4    | PA                    |
| DYSPORT  | 4*   | PA                    |
| GAMMAPLEX  | 4*   | PA                    |
| HEPAGAM B  | 4    |                       |
| HIZENTRA   | 4    | PA                    |
| HYPERHEP B S/D                                     | 4    |                       |
| HYPERHEP B S-D NEONATAL                            | 4    |                       |
| HYPERRAB S/D (PF)                                  | 2    | PA                    |
| HYPERTET S/D (PF)                                  | 2    |                       |
| HYQVIA   | 4*   | PA                    |
| IMOGAM RABIES-HT (PF)                              | 4    | PA                    |
| NABI-HB  | 4*   |                       |
| ROTARIX  | 3    | ACA                   |
| ROTATEQ VACCINE                                    | 2    | ACA                   |
| VARIZIG  | 2    | ACA                   |
| VIVOTIF  | 2    | ACA                   |
| VIVOTIF BERNA VACCINE                              | 2    | ACA                   |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>                |      |                       |
| <b>GOUT THERAPY</b>                                      |      |                       |
| <i>allopurinol</i>                                       | LCG  |                       |
| <i>allopurinol sodium</i>                                | 1    |                       |
| <i>aloprim</i>   | 1    |                       |
| COLCRYS  | 2    |                       |
| DUZALLO  | 3    | PA                    |
| MITIGARE   | 2    |                       |
| <i>probenecid</i>  | 1    |                       |
| <i>probenecid-colchicine</i>                             | 1    |                       |
| ULORIC   | 2    | ST                    |
| ZURAMPIC   | 3    | PA; ST                |
| ZYLOPRIM   | 3    |                       |
| <b>OSTEOPOROSIS THERAPY</b>                              |      |                       |
| ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG                  | 3    | QL                    |
| <i>alendronate oral solution</i>                         | 1    |                       |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i> | 1    | QL                    |
| ATELVIA  | 3    | QL                    |
| BINOSTO  | 3    | QL                    |
| BONIVA ORAL  | 3    | QL                    |
| EVISTA   | 3    |                       |
| FORTEO   | 4    | PA; QL                |
| FOSAMAX ORAL TABLET 70 MG                                | 3    | QL                    |
| FOSAMAX PLUS D   | 3    | QL                    |
| <i>ibandronate oral</i>                                  | 1    | QL                    |
| PROLIA   | 4*   | PA                    |
| <i>raloxifene</i>  | 1    | ACA                   |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>       | 3    | QL                    |
| <i>risedronate oral tablet, delayed release (dr/ec)</i>  | 1    | QL                    |
| TYMLOS   | 4    | PA                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <b>OTHER RHEUMATOLOGICALS</b>   |      |                       |
| ACTEMRA   | 4    | PA; ST                |
| ARAVA   | 3    | QL                    |
| CUPRIMINE   | 3    | PA                    |
| DEPEN TITRATABS   | 2    |                       |
| ENBREL  | 4    | PA; ST; QL            |
| ENBREL SURECLICK  | 4    | PA; ST; QL            |
| HUMIRA  | 4    | PA; ST; QL            |
| HUMIRA PEDIATRIC CROHN'S START  | 4    | PA; ST                |
| HUMIRA PEN  | 4    | PA; ST; QL            |
| HUMIRA PEN CROHN'S-UC-HS START  | 4    | PA; ST                |
| KEVZARA   | 4*   | PA; ST                |
| <i>leflunomide</i>  | 1    | QL                    |
| OTEZLA  | 4    | PA; ST                |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 4    | PA; ST                |
| OTREXUP (PF)  | 2    | PA                    |
| RASUVO (PF)   | 2    |                       |
| RIDAURA   | 2    |                       |
| SAVELLA   | 2    | ST; QL                |
| XELJANZ   | 4    | PA; ST                |
| XELJANZ XR  | 4    | PA; ST                |
| <b>OBSTETRICS &amp; GYNECOLOGY</b>                                    |      |                       |
| <b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>                   |      |                       |
| CAYA CONTOURED  | 3    | ACA; QL               |
| FC2 FEMALE CONDOM   | 2    | ACA; OTC              |
| FEMCAP VAGINAL DEVICE 22 MM   | 2    | ACA; QL               |
| WIDE-SEAL DIAPHRAGM   | 3    | ACA                   |
| <b>ESTROGENS &amp; PROGESTINS</b>                                     |      |                       |
| ACTIVELLA   | 3    |                       |
| ALORA   | 3    | QL                    |
| <i>amabelz</i>  | 1    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| ANGELIQ  | 3    |                       |
| AYGESTIN   | 3    |                       |
| <i>camila</i>  | 1    | ACA; QL               |
| CLIMARA  | 3    | QL                    |
| CLIMARA PRO  | 3    | QL                    |
| COMBIPATCH   | 2    |                       |
| <i>covaryx</i>   | 1    |                       |
| <i>covaryx h.s.</i>  | 1    |                       |
| CRINONE  | 2    |                       |
| <i>deblitane</i>   | 1    | ACA; QL               |
| DELESTROGEN  | 3    |                       |
| DEPO-ESTRADIOL   | 2    |                       |
| DEPO-PROVERA INTRAMUSCULAR SOLUTION                            | 2    |                       |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION                          | 3    | ACA; QL               |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE                             | 3    | ACA; QL               |
| DEPO-SUBQ PROVERA 104  | 3    | ACA; QL               |
| DIVIGEL  | 2    | QL                    |
| DUAVEE   | 2    |                       |
| <i>eemt</i>  | 1    |                       |
| <i>eemt hs</i>   | 1    |                       |
| ELESTRIN   | 3    | QL                    |
| <i>errin</i>   | 1    | ACA; QL               |
| 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  |                       |
| <i>estradiol transdermal</i>                                   | 1    | QL                    |
| <i>estradiol vaginal</i>                                       | 1    |                       |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | 1    |                       |
| <i>estradiol-norethindrone acet</i>                            | 1    |                       |
| ESTRING  | 3    | QL                    |
| <i>estrogens-methyltestosterone</i>                            | 1    |                       |
| <i>estropipate</i>   | LCG  |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| EVAMIST  | 3    | QL                    |
| FEMHRT LOW DOSE  | 3    |                       |
| FEMRING  | 3    | QL                    |
| <i>fyavolv</i>   | 1    |                       |
| <i>heather</i>   | 1    | ACA; QL               |
| <i>hydroxyprogesterone caproate</i>  | 1    |                       |
| <i>jencycla</i>  | 1    | ACA; QL               |
| <i>jevantique lo</i>   | 1    |                       |
| <i>jinteli</i>   | 1    |                       |
| <i>jolivette</i>   | 1    | ACA; QL               |
| <i>lopreeza</i>  | 1    |                       |
| <i>lyza</i>  | 1    | ACA; QL               |
| MAKENA   | 4    | PA                    |
| <i>medroxyprogesterone intramuscular suspension</i>                          | LCG  | ACA; QL               |
| <i>medroxyprogesterone intramuscular syringe</i>                             | 1    | ACA; QL               |
| <i>medroxyprogesterone oral</i>  | LCG  |                       |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG                                 | 3    |                       |
| MENOSTAR   | 3    | QL                    |
| <i>mimvey</i>  | 1    |                       |
| <i>mimvey lo</i>   | 1    |                       |
| MINIVELLE  | 2    | QL                    |
| <i>nora-be</i>   | 1    | ACA; QL               |
| <i>norethindrone (contraceptive)</i>   | 1    | ACA; QL               |
| <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>   | 1    | ACA; QL               |
| <i>norlyroc</i>  | 1    | ACA; QL               |
| NOR-QD   | 3    | ACA; QL               |
| ORTHO MICRONOR   | 3    | ACA; QL               |
| PREFEST  | 3    |                       |
| PREMARIN   | 2    |                       |
| PREMPHASE  | 2    |                       |
| PREMPRO  | 2    |                       |



| Drug Name                            | Tier | Requirements / limits |
|--------------------------------------|------|-----------------------|
| <i>progesterone</i>                  | 4    |                       |
| <i>progesterone micronized</i>       | 1    |                       |
| PROMETRIUM                           | 3    |                       |
| PROVERA                              | 3    |                       |
| <i>sharobel</i>                      | 1    | ACA; QL               |
| 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                           | 2    | ACA; OTC              |
| <i>fem ph</i>                        | 1    |                       |
| GYNAZOLE-1                           | 3    |                       |
| <i>gynol ii</i>                      | 1    | ACA; OTC              |
| <i>isoxsuprine</i>                   | 1    |                       |
| LUPANETA PACK (1 MONTH)              | 4*   | PA; QL                |
| LUPANETA PACK (3 MONTH)              | 4*   | PA; QL                |
| LYSTEDA                              | 3    |                       |
| METROGEL VAGINAL                     | 3    |                       |
| <i>metronidazole vaginal</i>         | 1    |                       |
| NUVARING                             | 2    | ACA; QL               |
| NUVESSA                              | 3    |                       |
| OSPHENA                              | 3    |                       |
| PREPIDIL                             | 3    |                       |
| PROSTIN E2                           | 3    |                       |
| RELAGARD                             | 3    |                       |
| TERAZOL 3 VAGINAL CREAM              | 3    | QL                    |
| TERAZOL 7                            | 3    | QL                    |
| <i>terconazole</i>                   | 1    | QL                    |
| TODAY CONTRACEPTIVE SPONGE           | 2    | ACA; OTC              |
| <i>tranexamic acid oral</i>          | 1    |                       |

| Drug Name                                       | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>vaginal contraceptive foam</i>               | 1    | ACA; OTC              |
| <i>vandazole</i>                                | 1    |                       |
| VCF CONTRACEPTIVE FILM                          | 2    | ACA; OTC              |
| VCF CONTRACEPTIVE GEL                           | 2    | ACA; OTC              |
| <i>xulane</i>                                   | 1    | ACA; QL               |
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b> |      |                       |
| AFTERA  | 3    | ACA; OTC; QL          |
| <i>altavera (28)</i>                            | 1    | ACA; QL               |
| <i>alyacen 1/35 (28)</i>                        | 1    | ACA; QL               |
| <i>alyacen 7/7/7 (28)</i>                       | 1    | ACA; QL               |
| <i>amethia</i>                                  | 1    | ACA; QL               |
| <i>amethia lo</i>                               | 1    | ACA; QL               |
| <i>amethyst</i>                                 | 1    | ACA; QL               |
| <i>apri</i>                                     | 1    | ACA; QL               |
| <i>aranelle (28)</i>                            | 1    | ACA; QL               |
| <i>ashlyna</i>                                  | 1    | ACA; QL               |
| <i>aubra</i>                                    | 1    | ACA; QL               |
| <i>aviane</i>                                   | 1    | ACA; QL               |
| <i>azurette (28)</i>                            | 1    | ACA; QL               |
| <i>balziva (28)</i>                             | 1    | ACA; QL               |
| <i>bekyree (28)</i>                             | 1    | ACA; QL               |
| BEYAZ   | 3    | ACA; QL               |
| <i>blisovi 24 fe</i>                            | 1    | ACA; QL               |
| <i>blisovi fe 1.5/30 (28)</i>                   | 1    | ACA; QL               |
| <i>blisovi fe 1/20 (28)</i>                     | 1    | ACA; QL               |
| BREVICON (28)                                   | 3    | ACA; QL               |
| <i>brielllyn</i>                                | 1    | ACA; QL               |
| <i>camrese</i>                                  | 1    | ACA; QL               |
| <i>camrese lo</i>                               | 1    | ACA; QL               |
| <i>caziant (28)</i>                             | 1    | ACA; QL               |
| <i>chateal</i>                                  | 1    | ACA; QL               |
| <i>cryselle (28)</i>                            | 1    | ACA; QL               |
| <i>cyclafem 1/35 (28)</i>                       | 1    | ACA; QL               |
| <i>cyclafem 7/7/7 (28)</i>                      | 1    | ACA; QL               |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| CYCLESSA (28)  | 3    | ACA; QL               |
| <i>cyred</i>   | 1    | ACA; QL               |
| <i>dasetta 1/35 (28)</i>                                     | 1    | ACA; QL               |
| <i>dasetta 7/7/7 (28)</i>                                    | 1    | ACA; QL               |
| <i>daysee</i>  | 1    | ACA; QL               |
| <i>delyla (28)</i>   | 1    | ACA; QL               |
| <i>desog-e.estradiol/e.estradiol</i>                         | 1    | ACA; QL               |
| <i>desogestrel-ethinyl estradiol</i>                         | 1    | ACA; QL               |
| <i>drospirenone-e.estradiol-lm.fa</i>                        | 1    | ACA; QL               |
| <i>drospirenone-ethinyl estradiol</i>                        | 1    | ACA; QL               |
| <i>econtra ez</i>  | 1    | ACA; OTC; QL          |
| <i>elinet</i>  | 1    | ACA; QL               |
| ELLA   | 3    | ACA; QL               |
| <i>emoquette</i>   | 1    | ACA; QL               |
| <i>enpresse</i>  | 1    | ACA; QL               |
| <i>enskyce</i>   | 1    | ACA; QL               |
| <i>estarylla</i>   | 1    | ACA; QL               |
| ESTROSTEP FE-28  | 3    | ACA; QL               |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> | 1    | ACA; QL               |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> | 1    | ACA                   |
| <i>fallback solo</i>   | 1    | ACA; OTC; QL          |
| <i>falmina (28)</i>  | 1    | ACA; QL               |
| <i>fayosim</i>   | 1    | ACA; QL               |
| FEMCON FE  | 3    | ACA; QL               |
| <i>femynor</i>   | 1    | ACA; QL               |
| GENERESS FE  | 3    | ACA; QL               |
| <i>gianvi (28)</i>   | 1    | ACA; QL               |
| <i>gildagia</i>  | 1    | ACA; QL               |
| <i>introvale</i>   | 1    | ACA; QL               |
| <i>isibloom</i>  | 1    | ACA; QL               |
| <i>jolessa</i>   | 1    | ACA; QL               |
| <i>juleber</i>   | 1    | ACA; QL               |
| <i>junel 1.5/30 (21)</i>                                     | 1    | ACA; QL               |
| <i>junel 1/20 (21)</i>                                       | 1    | ACA; QL               |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>junel fe 1.5/30 (28)</i>  | 1    | ACA; QL               |
| <i>junel fe 1/20 (28)</i>  | 1    | ACA; QL               |
| <i>junel fe 24</i>   | 1    | ACA; QL               |
| <i>kaitlib fe</i>  | 1    | ACA; QL               |
| <i>kariva (28)</i>   | 1    | ACA; QL               |
| <i>kelnor 1/35 (28)</i>  | 1    | ACA; QL               |
| <i>kimidess (28)</i>   | 1    | ACA; QL               |
| <i>kurvelo</i>   | 1    | ACA; QL               |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1    | ACA; QL               |
| <i>larin 1.5/30 (21)</i>   | 1    | ACA; QL               |
| <i>larin 1/20 (21)</i>   | 1    | ACA; QL               |
| <i>larin 24 fe</i>   | 1    | ACA; QL               |
| <i>larin fe 1.5/30 (28)</i>  | 1    | ACA; QL               |
| <i>larin fe 1/20 (28)</i>  | 1    | ACA; QL               |
| <i>larissia</i>  | 1    | ACA; QL               |
| <i>layolis fe</i>  | 1    | ACA; QL               |
| <i>leena 28</i>  | 1    | ACA; QL               |
| <i>lessina</i>   | 1    | ACA; QL               |
| <i>levonest (28)</i>   | 1    | ACA; QL               |
| <i>levonorgestrel oral tablet 1.5 mg</i>   | 1    | ACA; OTC; QL          |
| <i>levonorgestrel-ethinyl estrad</i>   | 1    | ACA; QL               |
| <i>levonorg-eth estrad triphasic</i>   | 1    | ACA; QL               |
| <i>levora-28</i>   | 1    | ACA; QL               |
| <i>lillow</i>  | 1    | ACA; QL               |
| LO LOESTRIN FE   | 2    | ACA; QL               |
| LOESTRIN 1.5/30 (21)   | 3    | ACA; QL               |
| LOESTRIN 1/20 (21)   | 3    | ACA; QL               |
| LOESTRIN FE 1.5/30 (28-DAY)  | 3    | ACA; QL               |
| LOESTRIN FE 1/20 (28-DAY)  | 3    | ACA; QL               |
| <i>lomedica 24 fe</i>  | 1    | ACA; QL               |
| <i>loryna (28)</i>   | 1    | ACA; QL               |
| LOSEASONIQUE   | 3    | ACA; QL               |
| <i>low-ogestrel (28)</i>   | 1    | ACA; QL               |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>lutera (28)</i>  | 1    | ACA; QL               |
| <i>marlissa</i>   | 1    | ACA; QL               |
| <i>melodetta 24 fe</i>  | 1    | ACA; QL               |
| <i>mibelas 24 fe</i>  | 1    | ACA; QL               |
| <i>microgestin 1.5/30 (21)</i>                                | 1    | ACA; QL               |
| <i>microgestin 1/20 (21)</i>                                  | 1    | ACA; QL               |
| MICROGESTIN 24 FE   | 3    | ACA; QL               |
| <i>microgestin fe 1.5/30 (28)</i>                             | 1    | ACA; QL               |
| <i>microgestin fe 1/20 (28)</i>                               | 1    | ACA; QL               |
| MINASTRIN 24 FE   | 3    | ACA; QL               |
| MIRCETTE (28)   | 3    | ACA; QL               |
| <i>mono-linyah</i>  | 1    | ACA; QL               |
| <i>mononessa (28)</i>   | 1    | ACA; QL               |
| <i>my way</i>   | 1    | ACA; OTC; QL          |
| <i>myzilra</i>  | 1    | ACA; QL               |
| NATAZIA   | 2    | ACA; QL               |
| <i>necon 0.5/35 (28)</i>                                      | 1    | ACA; QL               |
| <i>necon 1/35 (28)</i>  | 1    | ACA; QL               |
| <i>necon 1/50 (28)</i>  | 1    | ACA; QL               |
| <i>necon 7/7/7 (28)</i>                                       | 1    | ACA; QL               |
| <i>next choice one dose</i>                                   | 1    | ACA; OTC; QL          |
| <i>nikki (28)</i>   | 1    | ACA; QL               |
| <i>noreth-ethinyl estradiol-iron</i>                          | 1    | ACA; QL               |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> | 1    | ACA; QL               |
| <i>norethindrone-e.estradiol-iron</i>                         | 1    | ACA; QL               |
| <i>norgestimate-ethinyl estradiol</i>                         | 1    | ACA; QL               |
| NORINYL 1/35 (28)   | 3    | ACA; QL               |
| <i>nortrel 0.5/35 (28)</i>                                    | 1    | ACA; QL               |
| <i>nortrel 1/35 (21)</i>                                      | 1    | ACA; QL               |
| <i>nortrel 1/35 (28)</i>                                      | 1    | ACA; QL               |
| <i>nortrel 7/7/7 (28)</i>                                     | 1    | ACA; QL               |
| <i>ocella</i>   | 1    | ACA; QL               |
| <i>ogestrel (28)</i>  | 1    | ACA; QL               |
| <i>opcicon one-step</i>                                       | 1    | ACA; OTC; QL          |
| <i>option-2</i>   | 1    | ACA; OTC; QL          |

| Drug Name                  | Tier | Requirements / limits |
|----------------------------|------|-----------------------|
| <i>orsythia</i>            | 1    | ACA; QL               |
| ORTHO TRI-CYCLEN (28)      | 3    | ACA; QL               |
| ORTHO TRI-CYCLEN LO (28)   | 3    | ACA; QL               |
| ORTHO-CYCLEN (28)          | 3    | ACA; QL               |
| ORTHO-NOVUM 1/35 (28)      | 3    | ACA; QL               |
| ORTHO-NOVUM 7/7/7 (28)     | 3    | ACA; QL               |
| OVCON-35 (28)              | 3    | ACA; QL               |
| <i>philith</i>             | 1    | ACA; QL               |
| <i>pimtrea (28)</i>        | 1    | ACA; QL               |
| <i>pirmella</i>            | 1    | ACA; QL               |
| PLAN B ONE-STEP            | 2    | ACA; OTC; QL          |
| <i>portia</i>              | 1    | ACA; QL               |
| <i>previfem</i>            | 1    | ACA; QL               |
| QUARTETTE                  | 3    | ACA; QL               |
| <i>quasense</i>            | 1    | ACA; QL               |
| <i>rajani</i>              | 1    | ACA; QL               |
| <i>reclipsen (28)</i>      | 1    | ACA; QL               |
| <i>rivelsa</i>             | 1    | ACA; QL               |
| SAFYRAL                    | 2    | ACA; QL               |
| SEASONIQUE                 | 3    | ACA; QL               |
| <i>setlakin</i>            | 1    | ACA; QL               |
| <i>sprintec (28)</i>       | 1    | ACA; QL               |
| <i>sronyx</i>              | 1    | ACA; QL               |
| <i>syeda</i>               | 1    | ACA; QL               |
| TAKE ACTION                | 3    | ACA; OTC; QL          |
| <i>tarina fe 1/20 (28)</i> | 1    | ACA; QL               |
| TAYTULLA                   | 2    | ACA; QL               |
| <i>tilla fe</i>            | 1    | ACA; QL               |
| <i>tri femynor</i>         | 1    | ACA; QL               |
| <i>tri-estarylla</i>       | 1    | ACA; QL               |
| <i>tri-legest fe</i>       | 1    | ACA; QL               |
| <i>tri-linyah</i>          | 1    | ACA; QL               |
| <i>tri-lo-estarylla</i>    | 1    | ACA; QL               |
| <i>tri-lo-marzia</i>       | 1    | ACA; QL               |
| <i>tri-lo-sprintec</i>     | 1    | ACA; QL               |

| Drug Name                                      | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>trinessa (28)</i>                           | 1    | ACA; QL               |
| <i>trinessa lo</i>                             | 1    | ACA; QL               |
| TRI-NORINYL (28)                               | 3    | ACA; QL               |
| <i>tri-previfem (28)</i>                       | 1    | ACA; QL               |
| <i>tri-sprintec (28)</i>                       | 1    | ACA; QL               |
| <i>trivora (28)</i>                            | 1    | ACA; QL               |
| <i>velivet triphasic regimen (28)</i>          | 1    | ACA; QL               |
| <i>vestura (28)</i>                            | 1    | ACA; QL               |
| <i>vienva</i>                                  | 1    | ACA; QL               |
| <i>viorele (28)</i>                            | 1    | ACA; QL               |
| <i>vyfemla (28)</i>                            | 1    | ACA; QL               |
| <i>wera (28)</i>                               | 1    | ACA; QL               |
| <i>wymzya fe</i>                               | 1    | ACA; QL               |
| YASMIN (28)                                    | 3    | ACA; QL               |
| YAZ (28)                                       | 3    | ACA; QL               |
| <i>zarah</i>                                   | 1    | ACA; QL               |
| <i>zenchent (28)</i>                           | 1    | ACA; QL               |
| <i>zenchent fe</i>                             | 1    | ACA; QL               |
| <i>zovia 1/35e (28)</i>                        | 1    | ACA; QL               |
| <i>zovia 1/50e (28)</i>                        | 1    | ACA; QL               |
| <b>OXYTOCICS</b>                               |      |                       |
| <i>methergine</i>                              | 1    |                       |
| <i>methylergonovine oral</i>                   | 1    |                       |
| <b>OPHTHALMOLOGY</b>                           |      |                       |
| <b>ANTIBIOTICS</b>                             |      |                       |
| AZASITE  | 2    |                       |
| <i>bacitracin ophthalmic (eye)</i>             | 1    |                       |
| <i>bacitracin-polymyxin b ophthalmic (eye)</i> | 1    |                       |
| BESIVANCE                                      | 3    |                       |
| BETADINE OPHTHALMIC PREP                       | 3    |                       |
| CILOXAN  | 3    |                       |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>      | 1    |                       |
| <i>erythromycin ophthalmic (eye)</i>           | 1    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>gatifloxacin</i>                              | 1    |                       |
| <i>gentak ophthalmic (eye) ointment</i>          | 1    |                       |
| <i>gentamicin ophthalmic (eye)</i>               | 1    |                       |
| <i>levofloxacin ophthalmic (eye)</i>             | 1    |                       |
| MOXEZA   | 2    |                       |
| MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION | 3    |                       |
| <i>moxifloxacin ophthalmic (eye)</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 (eye)</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    |                       |
| <b>ANTIVIRALS</b>                                |      |                       |
| <i>trifluridine</i>                              | 1    |                       |
| VIROPTIC   | 3    |                       |
| ZIRGAN   | 3    |                       |
| <b>BETA-BLOCKERS</b>                             |      |                       |
| BETAGAN OPHTHALMIC (EYE) DROPS 0.5 %             | 3    |                       |
| <i>betaxolol ophthalmic (eye)</i>                | 1    |                       |
| BETIMOL  | 3    |                       |
| BETOPTIC S                                       | 3    |                       |
| <i>carteolol</i>                                 | 1    |                       |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>  | 1    |                       |
| <i>metipranolol</i>                              | 1    |                       |
| <i>timolol maleate ophthalmic (eye)</i>          | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| TIMOPTIC  | 3    |                       |
| TIMOPTIC OCUDOSE (PF)<br>OPHTHALMIC (EYE) DROPPERETTE<br>0.5 %  | 3    |                       |
| TIMOPTIC-XE   | 3    |                       |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>                         |      |                       |
| PHOSPHOLINE IODIDE  | 2    |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                   |      |                       |
| <i>atropine ophthalmic (eye)</i>                                | 1    |                       |
| CYCLOGYL  | 3    |                       |
| <i>cyclopentolate</i>   | 1    |                       |
| <i>homatropine</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 (eye)<br/>drops 1 %, 2 %, 4 %</i> | 1    |                       |
| <b>MISCELLANEOUS<br/>OPHTHALMOLOGICS</b>                        |      |                       |
| <i>acuicyn</i>  | 1    |                       |
| AKTEN (PF)  | 3    |                       |
| ALCAINE   | 3    |                       |
| ALOCRIL   | 3    |                       |
| ALOMIDE   | 3    |                       |
| <i>altacaine</i>  | 1    |                       |
| <i>altafluor</i>  | 1    |                       |
| AVENOVA   | 3    |                       |
| <i>azelastine ophthalmic (eye)</i>                              | 1    |                       |
| BEPREVE   | 2    | QL                    |
| <i>cromolyn ophthalmic (eye)</i>                                | 1    |                       |
| CYSTARAN  | 4    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| 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 (eye) drops<br/>0.1 %</i>    | 3    |                       |
| <i>olopatadine ophthalmic (eye) drops<br/>0.2 %</i>    | 3    | ST                    |
| OMIDRIA  | 3    |                       |
| PATADAY  | 3    | ST                    |
| PATANOL  | 3    |                       |
| PAZEO  | 2    | ST                    |
| PHOTREXA VISCOUS                                       | 3    |                       |
| <i>proparacaine</i>                                    | 1    |                       |
| RESTASIS   | 2    | PA; QL                |
| RESTASIS MULTIDOSE                                     | 2    | PA                    |
| <i>tetacaine</i>                                       | 1    |                       |
| <i>tetracaine hcl</i>                                  | 1    |                       |
| <i>tetracaine hcl (pf) ophthalmic (eye)</i>            | 1    |                       |
| TETRAVISC  | 3    |                       |
| TETRAVISC FORTE OPHTHALMIC<br>(EYE) DROPS,HYPERVISCOUS | 3    |                       |
| VITRASE  | 3    |                       |
| XIIDRA   | 2    | PA                    |
| <b>NON-STEROIDAL ANTI-<br/>INFLAMMATORY AGENTS</b>     |      |                       |
| ACULAR   | 3    |                       |
| ACULAR LS  | 3    |                       |
| <i>bromfenac</i>                                       | 1    |                       |
| BROMSITE   | 3    |                       |
| <i>diclofenac sodium ophthalmic (eye)</i>              | 1    |                       |
| <i>flurbiprofen sodium</i>                             | 1    |                       |

| Drug Name                         | Tier | Requirements / limits |
|-----------------------------------|------|-----------------------|
| ILEVRO                            | 2    |                       |
| <i>ketorolac ophthalmic (eye)</i> | 1    |                       |
| NEVANAC                           | 2    |                       |
| OCUFEN                            | 3    |                       |
| PROLENSA                          | 2    |                       |

## ORAL DRUGS FOR GLAUCOMA

|   |   |  |
|---|---|--|
| <i>acetazolamide oral capsule, extended release</i> | 3 |  |
| <i>acetazolamide oral tablet</i>                    | 1 |  |
| <i>acetazolamide sodium</i>                         | 1 |  |
| DIAMOX SEQUELS                                      | 3 |  |
| <i>methazolamide</i>                                | 1 |  |
| NEPTAZANE   | 3 |  |

## OTHER GLAUCOMA DRUGS

|                                       |   |  |
|---------------------------------------|---|--|
| AZOPT                                 | 3 |  |
| <i>bimatoprost ophthalmic (eye)</i>   | 1 |  |
| COMBIGAN                              | 2 |  |
| COSOPT                                | 3 |  |
| COSOPT (PF)                           | 3 |  |
| <i>dorzolamide</i>                    | 1 |  |
| <i>dorzolamide-timolol</i>            | 1 |  |
| <i>latanoprost</i>                    | 1 |  |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 2 |  |
| <i>miostat</i>                        | 1 |  |
| MITOSOL                               | 3 |  |
| SIMBRINZA                             | 3 |  |
| TRAVATAN Z                            | 2 |  |
| TRUSOPT                               | 3 |  |
| XALATAN                               | 3 |  |

## STEROID-ANTIBIOTIC COMBINATIONS

|                                      |   |  |
|--------------------------------------|---|--|
| MAXITROL                             | 3 |  |
| <i>neomycin-bacitracin-poly-hc</i>   | 1 |  |
| <i>neomycin-polymyxin b-dexameth</i> | 1 |  |

| Drug Name                                     | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i> | 1    |                       |
| <i>neo-polycin hc</i>                         | 1    |                       |
| PRED-G  | 3    |                       |
| PRED-G S.O.P.                                 | 3    |                       |
| TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION    | 3    |                       |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT            | 2    |                       |
| TOBRADEX ST                                   | 2    |                       |
| <i>tobramycin-dexamethasone</i>               | 1    |                       |
| ZYLET   | 2    |                       |

## STEROIDS

|  |   |    |
|--|---|----|
| ALREX  | 2 | QL |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 1 |    |
| DUREZOL  | 3 |    |
| FLAREX   | 3 |    |
| <i>fluorometholone</i>                                 | 1 |    |
| FML FORTE  | 3 |    |
| FML LIQUIFILM  | 3 |    |
| FML S.O.P.   | 2 |    |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL                     | 2 | QL |
| LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION              | 2 | QL |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT                      | 2 |    |
| MAXIDEX  | 3 |    |
| OMNIPRED   | 3 |    |
| PRED FORTE   | 3 |    |
| PRED MILD  | 2 |    |
| <i>prednisolone acetate</i>                            | 1 |    |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>  | 1 |    |
| VEXOL  | 3 |    |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <b>STEROID-SULFONAMIDE COMBINATIONS</b>          |      |                       |
| BLEPHAMIDE                                       | 3    |                       |
| BLEPHAMIDE S.O.P.                                | 3    |                       |
| <i>sulfacetamide-prednisolone</i>                | 1    |                       |
| <b>SULFONAMIDES</b>                              |      |                       |
| BLEPH-10   | 3    |                       |
| <i>sulfacetamide sodium ophthalmic (eye)</i>     | 1    |                       |
| <b>SYMPATHOMIMETICS</b>                          |      |                       |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %          | 2    |                       |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %         | 3    |                       |
| <i>apraclonidine</i>                             | 1    |                       |
| <i>brimonidine</i>                               | 1    |                       |
| IOPIDINE   | 3    |                       |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>             |      |                       |
| CYCLOMYDRIL                                      | 3    |                       |
| <i>phenylephrine hcl ophthalmic (eye)</i>        | 1    |                       |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>    |      |                       |
| <b>ANTIHISTAMINE &amp; ANTIALLERGENIC AGENTS</b> |      |                       |
| <i>adrenalin injection</i>                       | 1    |                       |
| ADYPHREN   | 3    |                       |
| ADYPHREN AMP                                     | 3    |                       |
| ADYPHREN AMP II                                  | 3    |                       |
| ADYPHREN II                                      | 3    |                       |
| <i>arbinoxa</i>                                  | 1    |                       |
| <i>carbinoxamine maleate</i>                     | 1    |                       |
| CLARINEX ORAL SYRUP                              | 3    |                       |
| CLARINEX ORAL TABLET                             | 3    | QL                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <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 0.15 MG/0.15 ML               | 3    |                       |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML | 3    | QL                    |
| <i>epinephrine injection solution</i>                             | 3    |                       |
| <i>epinephrine injection syringe 0.1 mg/ml</i>                    | 3    |                       |
| EPINEPHRINESNAP-V   | 3    |                       |
| EPISNAP   | 3    |                       |
| <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    | QL                    |
| PHENERGAN INJECTION   | 3    |                       |
| <i>phenergan rectal</i>   | 1    | QL                    |
| <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  |                       |
| <i>promethazine rectal</i>  | 1    | QL                    |
| <i>promethegan</i>  | 1    | QL                    |
| RYVENT  | 3    | PA                    |
| VISTARIL  | 3    |                       |
| <b>COUGH &amp; COLD THERAPY</b>                                   |      |                       |
| <i>benzonatate</i>  | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| BROMFED DM  | 3    |                       |
| <i>brompheniramine-pseudoeph-dm oral syrup</i>          | 1    |                       |
| CAPCOF  | 3    |                       |
| <i>centergy</i>   | 1    |                       |
| <i>cheratussin ac</i>                                   | 1    |                       |
| <i>cheratussin dac</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    |                       |
| <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>iophen c-nr</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    |                       |
| <i>pe-guai</i>  | 1    |                       |
| <i>phenylhistine dh</i>                                 | 1    |                       |
| <i>poly-tussin</i>                                      | 1    |                       |

| Drug Name                                  | Tier | Requirements / limits |
|--|------|-----------------------|
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML | 3    |                       |
| <i>poly-tussin d</i>                       | 1    |                       |
| <i>promethazine vc-codeine</i>             | 1    |                       |
| <i>promethazine-codeine</i>                | 1    |                       |
| <i>promethazine-dm</i>                     | 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>r-tanna</i>                             | 1    |                       |
| <i>rydex</i>                               | 1    |                       |
| SEMPREX-D                                  | 3    | PA                    |
| TESSALON PERLES                            | 3    |                       |
| <i>tusnel c</i>                            | 1    |                       |
| TUSNEL PEDIATRIC ORAL LIQUID               | 3    |                       |
| TUSSICAPS                                  | 2    |                       |
| <i>tussigon</i>                            | 1    |                       |
| TUSSIONEX PENNKINETIC ER                   | 3    |                       |
| TUZISTRA XR                                | 3    |                       |
| <i>virtussin ac</i>                        | 1    |                       |
| <i>virtussin dac</i>                       | 1    |                       |
| VITUZ                                      | 3    |                       |
| ZODRYL AC 25                               | 3    |                       |
| ZODRYL AC 30                               | 3    |                       |
| ZODRYL AC 35                               | 3    |                       |
| ZODRYL AC 40                               | 2    |                       |
| ZODRYL AC 50                               | 3    |                       |
| ZODRYL AC 60                               | 3    |                       |
| ZODRYL AC 80                               | 3    |                       |
| ZODRYL DAC 25                              | 3    |                       |
| ZODRYL DAC 30                              | 3    |                       |
| ZODRYL DAC 35                              | 3    |                       |



| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| 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    | PA; QL                |
| ADEMPAS  | 4    |                       |
| ADRENALIN NASAL  | 3    |                       |
| ADVAIR DISKUS  | 2    | ST; QL                |
| ADVAIR HFA   | 2    | ST; QL                |
| AEROSPAN   | 3    |                       |
| AIRDUO RESPICLICK  | 3    | ST                    |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>                     | 1    |                       |
| <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  |                       |
| <i>albuterol sulfate oral syrup</i>  | 1    |                       |
| <i>albuterol sulfate oral tablet</i>   | LCG  |                       |
| <i>albuterol sulfate oral tablet extended release 12 hr</i>  | 1    |                       |
| ANORO ELLIPTA  | 2    |                       |
| ARCAPTA NEOHALER   | 2    | QL                    |
| ARMONAIR RESPICLICK  | 2    |                       |
| ARNUITY ELLIPTA  | 2    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| ASMANEX HFA  | 2    |                       |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) | 2    | QL                    |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)   | 2    |                       |
| ATROVENT HFA   | 2    | QL                    |
| BERINERT INTRAVENOUS KIT   | 4    | PA                    |
| BEVESPI AEROSPHERE   | 2    |                       |
| BREO ELLIPTA   | 2    | ST                    |
| BROVANA  | 3    | PA; QL                |
| <i>budesonide inhalation</i>   | 1    | QL                    |
| <i>budesonide nasal</i>  | 1    | QL                    |
| CINRYZE  | 4    | PA                    |
| COMBIVENT RESPIMAT   | 2    | PA; QL                |
| <i>cromolyn inhalation</i>   | 1    |                       |
| CUROSURF   | 3    |                       |
| DALIRESP   | 2    |                       |
| DULERA   | 2    | ST; QL                |
| DYMISTA  | 2    | ST; QL                |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML   | 3    |                       |
| ESBRIET  | 4    | PA                    |
| FIRAZYR  | 4    | PA                    |
| FLOVENT DISKUS   | 2    | QL                    |
| FLOVENT HFA  | 2    | QL                    |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>   | 1    | QL                    |
| FLUTICASONE-SALMETEROL   | 2    | ST                    |
| FORADIL AEROLIZER  | 3    | QL                    |
| HAEGARDA   | 4*   | PA                    |
| HYPER-SAL  | 3    |                       |
| INCRUSE ELLIPTA  | 2    |                       |
| <i>ipratropium bromide inhalation</i>  | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>ipratropium-albuterol</i>                            | 1    | QL                    |
| KALBITOR  | 4    |                       |
| KALYDECO  | 4    |                       |
| LETAIRIS  | 4    | PA                    |
| <i>levalbuterol hcl</i>                                 | 3    |                       |
| <i>metaproterenol</i>                                   | 1    |                       |
| <i>mometasone nasal</i>                                 | 1    | PA; 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    | PA                    |
| OFEV  | 4    |                       |
| OPSUMIT   | 4    | PA                    |
| ORKAMBI   | 4    | PA                    |
| PERFOROMIST   | 2    | QL                    |
| PROAIR HFA  | 2    | QL                    |
| PROAIR RESPICLICK                                       | 2    |                       |
| PULMICORT   | 3    | QL                    |
| PULMICORT FLEXHALER                                     | 2    | QL                    |
| <i>pulmosal</i>   | 1    |                       |
| PULMOZYME   | 4    | PA                    |
| ONASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION        | 2    | ST                    |
| ONASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION        | 2    | ST; QL                |
| QVAR  | 2    | QL                    |
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION              | 4*   | PA                    |
| REVATIO ORAL TABLET                                     | 4*   | PA; QL                |
| RUCONEST  | 4*   |                       |
| SEEBRI NEOHALER   | 3    |                       |
| SEREVENT DISKUS   | 2    | QL                    |
| <i>sildenafil oral</i>                                  | 4    | PA; QL                |
| SINGULAIR   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i> | 1    |                       |
| SPIRIVA RESPIMAT   | 2    |                       |
| SPIRIVA WITH HANDIHALER  | 2    | QL                    |
| STIOLTO RESPIMAT   | 2    |                       |
| STRIVERDI RESPIMAT   | 2    |                       |
| SURFAXIN   | 3    |                       |
| SYMBICORT  | 2    | ST; QL                |
| <i>terbutaline oral</i>  | LCG  |                       |
| <i>terbutaline subcutaneous</i>  | 1    |                       |
| THEO-24  | 3    |                       |
| <i>theochron</i>   | 1    |                       |
| <i>theophylline oral elixir</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    |                       |
| TICALAST   | 3    |                       |
| TICANASE   | 3    |                       |
| TICASPRAY  | 3    |                       |
| TRACLEER   | 4    | PA                    |
| TUDORZA PRESSAIR   | 2    | QL                    |
| TYVASO   | 4    | ST                    |
| TYVASO REFILL KIT  | 4    | ST                    |
| TYVASO STARTER KIT   | 4    | ST                    |
| UTIBRON NEOHALER   | 3    |                       |
| VENTAVIS   | 4    | ST                    |
| VENTOLIN HFA   | 2    | QL                    |
| XOLAIR   | 4    | PA; QL                |
| XOPENEX  | 3    |                       |
| XOPENEX CONCENTRATE  | 3    |                       |
| <i>zafirlukast</i>   | 1    |                       |
| <i>zileuton</i>  | 1    | PA                    |
| ZYFLO  | 3    | PA                    |
| ZYFLO CR   | 3    | PA                    |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <b>UROLOGICALS</b>  |      |                       |
| <b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>                              |      |                       |
| <i>darifenacin</i>  | 1    | PA                    |
| DETROL  | 3    |                       |
| DETROL LA   | 3    |                       |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 15 MG                | 3    |                       |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG                        | 3    | QL                    |
| ENABLEX   | 3    | PA                    |
| <i>flavoxate</i>  | 1    |                       |
| GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)          | 2    | PA                    |
| GELNIQUE TRANSDERMAL GEL IN PACKET  | 2    | PA; QL                |
| MYRBETRIQ   | 2    | ST                    |
| <i>oxybutynin chloride oral syrup</i>                                     | 1    |                       |
| <i>oxybutynin chloride oral tablet</i>                                    | 1    |                       |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i> | 1    |                       |
| <i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>         | 1    | QL                    |
| OXYTROL   | 3    | QL                    |
| <i>tolterodine oral capsule, extended release 24hr</i>                    | 3    |                       |
| <i>tolterodine oral tablet</i>  | 1    |                       |
| TOVIAZ  | 2    | ST                    |
| <i>trospium</i>   | 3    |                       |
| VESICARE  | 2    | ST                    |
| <b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>                         |      |                       |
| <i>alfuzosin</i>  | 1    |                       |
| AVODART   | 3    | ST                    |
| <i>dutasteride</i>  | 1    | ST                    |

| Drug Name                             | Tier | Requirements / limits |
|---------------------------------------|------|-----------------------|
| <i>dutasteride-tamsulosin</i>         | 1    | ST                    |
| <i>finasteride oral tablet 5 mg</i>   | 1    |                       |
| FLOMAX                                | 3    | ST                    |
| JALYN                                 | 3    | ST                    |
| PROSCAR                               | 3    | ST                    |
| RAPAFLO                               | 2    | 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    |                       |
| CYSTAGON                              | 4    |                       |
| <i>cytra k crystals</i>               | 1    |                       |
| <i>cytra-2</i>                        | 1    |                       |
| <i>cytra-3</i>                        | 1    |                       |
| <i>cytra-k</i>                        | 1    |                       |
| ELMIRON                               | 2    | PA                    |
| <i>hyolev mb</i>                      | 1    |                       |
| <i>hyophen</i>                        | 1    |                       |
| INDIOMIN MB                           | 3    |                       |
| K-PHOS NO 2                           | 3    |                       |
| K-PHOS ORIGINAL                       | 2    |                       |
| <i>methen-sod phos-meth blue-hyos</i> | 1    |                       |
| 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    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>sodium citrate-citric acid</i>                            | 1    |                       |
| <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    |                       |
| <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>urolet mb</i>   | 1    |                       |
| <i>uro-mp</i>  | 1    |                       |
| <i>urophen mb</i>  | 1    |                       |
| UROQID-ACID NO.2   | 3    |                       |
| <i>uryl</i>  | 1    |                       |
| <i>ustell</i>  | 1    |                       |
| UTA  | 3    |                       |
| <i>utira-c</i>   | 1    |                       |
| <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> | 1    | ACA; OTC              |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>calcium 500 + d oral tablet,chewable</i>   | 1    | ACA; OTC              |
| <i>calcium 500 with d</i>   | 1    | ACA; OTC              |
| <i>calcium 600 + d(3) oral capsule</i>  | 1    | ACA; OTC              |
| <i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>  | 1    | ACA; OTC              |
| <i>calcium 600 with vitamin d3 oral capsule</i>   | 1    | ACA; OTC              |
| <i>calcium 600 with vitamin d3 oral tablet,chewable</i>   | 1    | ACA; OTC              |
| <i>calcium carb and citrate-vitd3</i>   | 1    | ACA; OTC              |
| <i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit</i>  | 1    | 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> | 1    | ACA; OTC              |
| <i>calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i>  | 1    | ACA; OTC              |
| <i>calcium citrate + d</i>  | 1    | ACA; OTC              |
| <i>calcium citrate-vitamin d2</i>   | 1    | ACA; OTC              |
| <i>calcium citrate-vitamin d3</i>   | 1    | ACA; OTC              |
| CALCIUM GLUCONATE IN D5W INTRAVENOUS SOLUTION 1 GRAM/100 ML, 2 GRAM/100 ML, 4 GRAM/250 ML   | 3    |                       |
| <i>citrus calcium</i>   | 1    | 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   | 2    |                       |
| <i>hi-cal plus vit d</i>  | 1    | ACA; OTC              |
| <i>k-effervescent</i>   | 1    |                       |
| <i>klor-con</i>   | 1    |                       |
| <i>klor-con 10</i>  | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <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    |                       |
| <i>k-sol</i>  | 1    |                       |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ   | 3    |                       |
| <i>k-tab oral tablet extended release 8 meq</i>   | 1    |                       |
| <i>lugols oral</i>  | 1    |                       |
| NORMOSOL-R  | 3    |                       |
| <i>oysco 500/d oral tablet</i>  | 1    | ACA; OTC              |
| <i>oyster shell + d3</i>  | 1    | ACA; OTC              |
| <i>oyster shell calcium-vit d3</i>  | 1    | ACA; OTC              |
| <i>oystercal-d</i>  | 1    | 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    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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    |                       |
| POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS SOLUTION 15 MMOL/250 ML               | 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    |                       |

## MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES

|                   |   |  |
|-------------------|---|--|
| ISOLYTE S PH 7.4  | 2 |  |
| ISOLYTE-S         | 2 |  |
| NORMOSOL-R PH 7.4 | 2 |  |
| PLASMA-LYTE 148   | 2 |  |
| PLASMA-LYTE A     | 2 |  |

## VITAMINS & HEMATINICS

|   |   |          |
|---|---|----------|
| ACTIVE FE   | 3 |          |
| ANIMI-3 WITH VITAMIN D  | 3 |          |
| ATABEX EC   | 3 |          |
| <i>b complex-vitamin b12</i>                                      | 1 | ACA; OTC |
| <i>b complex-vitamin c-folic acid</i>                             | 1 | ACA; OTC |
| B-12 COMPLIANCE   | 3 |          |
| <i>b-12 kit</i>   | 1 |          |
| <i>balanced b-100 complex oral tablet extended release 100 mg</i> | 1 | ACA; OTC |
| <i>balanced b-100 oral tablet 0.4 mg</i>                          | 1 | ACA; OTC |
| <i>balanced b-50 oral tablet</i>                                  | 1 | ACA; OTC |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>bal-care dha</i>  | 1    |                       |
| BAL-CARE DHA ESSENTIAL   | 3    |                       |
| <i>b-complex with vitamin c oral tablet</i>                          | 1    | 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>          | 1    | ACA; OTC              |
| <i>cholecalciferol (vitamin d3) oral drops 400 unit/ml</i>           | 1    | ACA; OTC              |
| <i>cholecalciferol (vitamin d3) oral tablet 1,000 unit, 400 unit</i> | 1    | ACA; OTC              |
| <i>cholecalciferol (vitamin d3) oral tablet, chewable 1,000 unit</i> | 1    | ACA; OTC              |
| <i>ciferex</i>   | 1    |                       |
| 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    |                       |
| CITRANATAL DHA (ALGAL OIL)   | 3    |                       |
| CITRANATAL HARMONY (IRON FUM)  | 3    |                       |
| <i>classic prenatal</i>  | 1    | 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>                    | 1    | 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    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>delta d3</i>  | 1    | ACA; OTC              |
| DERMACINRX PUREFOLIX   | 3    |                       |
| <i>dialyvite 800</i>   | 1    | 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    |                       |
| DURACHOL   | 3    |                       |
| <i>d-vi-sol</i>  | 1    | ACA; OTC              |
| <i>d-vita</i>  | 1    | ACA; OTC              |
| ELDERCAPS  | 3    |                       |
| ENBRACE HR   | 3    |                       |
| <i>ergocalciferol (vitamin d2) oral capsule</i>                                      | 1    |                       |
| <i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>                              | 1    | ACA; OTC              |
| ESCAVITE   | 3    |                       |
| ESCAVITE D   | 3    |                       |
| ESCAVITE LQ  | 3    |                       |
| EXTRA-VIRT PLUS DHA  | 3    |                       |
| FERAHEME   | 2    |                       |
| FERIVA 21-7 TABLET   | 3    |                       |
| <i>ferocon</i>   | 1    |                       |
| FERRALET 90 DUAL-IRON DELIVERY   | 3    |                       |
| <i>ferraplus 90</i>  | 1    |                       |
| <i>ferrogels forte</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> | 1    | ACA                   |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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>  | 1    | ACA                   |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i> | 1    | ACA                   |
| <i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>                                     | 1    |                       |
| FLURITAB ORAL DROPS  | 3    |                       |
| <i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>  | 1    | 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>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>   | 1    | 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    |                       |
| <i>folivane-plus</i>   | 1    |                       |
| FOLIXAPURE   | 3    |                       |
| <i>folplex 2.2</i>   | 1    |                       |
| <i>foltabs 800</i>   | 1    | ACA; OTC              |
| FOLTRATE   | 3    |                       |
| <i>full spectrum b-vitamin c</i>   | 1    | ACA; OTC              |
| FUSION PLUS  | 3    |                       |
| FUSION SPRINKLES   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <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>   | 1    | ACA; OTC              |
| KOSHER PRENATAL PLUS IRON  | 3    |                       |
| <i>kpn oral tablet</i>   | 1    | 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> | 1    | ACA                   |
| <i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>                                     | 1    |                       |
| <i>macnatal cn dha</i>   | 1    |                       |
| MARNATAL-F   | 3    |                       |
| MAXFE (FOLATE-DOCUSATE)  | 3    |                       |
| MAXINATE   | 3    |                       |
| <i>multigen folic</i>  | 1    |                       |
| <i>multigen plus</i>   | 1    |                       |
| <i>multi-vit with fluoride-iron</i>  | 1    |                       |
| <i>multi-vitamin with fluoride oral drops</i>  | 1    | ACA                   |
| <i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>                                     | 1    | ACA                   |
| <i>multi-vitamin with fluoride oral tablet, chewable 1 mg</i>  | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg</i> | 1    | 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>                | 1    | 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  | 2    | PA                    |
| NATACHEW (FE BIS-GLYCINATE)   | 3    |                       |
| NATELLE ONE   | 3    |                       |
| <i>natural b-100 complex</i>  | 1    | ACA; OTC              |
| NEEVODHA (WITH ALGAL OIL)   | 3    |                       |
| NEPHRON FA  | 3    |                       |
| NESTABS   | 3    |                       |
| NESTABS ABC   | 3    |                       |
| NESTABS DHA   | 3    |                       |
| NESTABS ONE   | 3    |                       |
| NEURIN-SL   | 3    |                       |
| <i>newgen</i>   | 1    |                       |
| NEXA PLUS   | 3    |                       |
| NEXAVIR   | 3    |                       |
| NIVA-PLUS   | 3    |                       |
| NOXIFOL-D3  | 3    |                       |
| OB COMPLETE GOLD  | 3    |                       |
| OB COMPLETE ONE   | 3    |                       |
| OB COMPLETE PETITE  | 3    |                       |
| OB COMPLETE PREMIER   | 3    |                       |
| OB COMPLETE WITH DHA  | 3    |                       |
| <i>obstetrix dha</i>  | 1    |                       |
| OBSTETRIX EC  | 3    |                       |
| OBSTETRIX ONE   | 3    |                       |

| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| 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>       | 1    | ACA; OTC              |
| <i>ortho d</i>   | 1    |                       |
| <i>oyster shell calcium-vit d2 oral tablet 250 (625)-125 mg-unit</i> | 1    | ACA; OTC              |
| PED MULTIVITAMINS-A,B,D,E,K,ZN                                       | 3    |                       |
| <i>perry prenatal</i>  | 1    | ACA; OTC              |
| PHYSICIANS EZ USE B-12   | 3    |                       |
| <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 next</i>   | 1    |                       |
| <i>prenaissance plus</i>   | 1    |                       |
| PRENATA  | 3    |                       |



| Drug Name  | Tier | Requirements / limits |
|--|------|-----------------------|
| <i>prenatabs fa</i>                                      | 1    |                       |
| <i>prenatabs rx</i>                                      | 1    |                       |
| <i>prenatal complete</i>                                 | 1    | ACA; OTC              |
| <i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>  | 1    | ACA; OTC              |
| <i>prenatal multi-dha (algal oil)</i>                    | 1    | ACA; OTC              |
| <i>prenatal one daily</i>                                | 1    | ACA; OTC              |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i>          | 1    | 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> | 1    | ACA; OTC              |
| <i>prenatal vitamin plus low iron</i>                    | 1    |                       |
| <i>prenatal vitamin with minerals</i>                    | 1    | ACA; OTC              |
| <i>prenatal vits96-iron fum-folic</i>                    | 1    | 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    |                       |
| PREQUE 10  | 3    |                       |
| <i>pretab</i>  | 1    |                       |
| PRIMACARE  | 3    |                       |
| PROFERRIN-FORTE  | 3    |                       |
| PROVIDA DHA  | 3    |                       |
| PROVIDA OB   | 3    |                       |
| PURALOR CI   | 3    |                       |

| Drug Name                             | Tier | Requirements / limits |
|---------------------------------------|------|-----------------------|
| PUREFE OB PLUS                        | 3    |                       |
| PUREFE PLUS                           | 3    |                       |
| <i>purevit dualfe plus</i>            | 1    |                       |
| QUFLORA FE                            | 3    |                       |
| QUFLORA FE (FERROUS SULFATE)          | 3    |                       |
| QUFLORA PEDIATRIC                     | 3    |                       |
| QUFLORA PEDIATRIC DROPS               | 3    |                       |
| <i>relnate dha</i>                    | 1    |                       |
| <i>rena-vite</i>                      | 1    | ACA; OTC              |
| REVESTA                               | 3    |                       |
| <i>risacal-d</i>                      | 1    | ACA; OTC              |
| R-NATAL OB                            | 3    |                       |
| ROXIFOL-D                             | 3    |                       |
| <i>rulavite dha</i>                   | 1    |                       |
| 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    |                       |
| SOFTGELS MULTIVIT-A,B,D,E,K,ZN        | 3    |                       |
| <i>stress formula</i>                 | 1    | ACA; OTC              |
| <i>stress formula with iron</i>       | 1    | ACA; OTC              |
| <i>stress formula with iron(sulf)</i> | 1    | ACA; OTC              |
| <i>super b complex-vitamin c</i>      | 1    | ACA; OTC              |
| <i>super b maxi complex</i>           | 1    | ACA; OTC              |
| <i>super b-50 complex plus</i>        | 1    | ACA; OTC              |
| <i>super quintis</i>                  | 1    | ACA; OTC              |
| <i>super quintis b-50</i>             | 1    | ACA; OTC              |
| <i>superplex-t</i>                    | 1    | 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    |                       |

| Drug Name                              | Tier | Requirements / limits |
|--|------|-----------------------|
| 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>                       | 1    | ACA; OTC              |
| TRICARE                                | 3    |                       |
| TRICARE PRENATAL                       | 3    |                       |
| TRICARE PRENATAL DHA ONE               | 3    |                       |
| TRICARE PRENATAL WITH DHA              | 3    |                       |
| <i>tricon</i>                          | 1    |                       |
| TRIFERIC                               | 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>       | 1    | 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> | 1    | ACA; OTC              |
| <i>vemavite-prx-2</i>                  | 1    |                       |
| VENOFER                                | 2    |                       |
| <i>vinate care</i>                     | 1    |                       |
| VINATE DHA RF                          | 3    |                       |
| <i>vinate ii</i>                       | 1    |                       |
| <i>vinate m</i>                        | 1    |                       |
| <i>vinate one</i>                      | 1    |                       |
| <i>virt-advance</i>                    | 1    |                       |
| <i>virt-c dha</i>                      | 1    |                       |

| Drug Name   | Tier | Requirements / limits |
|---|------|-----------------------|
| <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    |                       |
| <i>virt-vite gt</i>                                 | 1    |                       |
| VIRT-VITE PLUS                                      | 3    |                       |
| <i>vit 3</i>  | 1    |                       |
| <i>vit b complex-folic acid oral tablet</i>         | 1    | 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>                              | 1    | ACA; OTC              |
| VITAMED MD ONE RX                                   | 3    |                       |
| VITAMED MD PLUS RX                                  | 3    |                       |
| VITAMEDMD REDICHEW RX                               | 3    |                       |
| <i>vitamin b complex oral tablet</i>                | 1    | ACA; OTC              |
| <i>vitamin d3 oral capsule 1,000 unit, 400 unit</i> | 1    | ACA; OTC              |
| <i>vitamin d3 oral tablet 1,000 unit, 400 unit</i>  | 1    | ACA; OTC              |
| <i>vitamin d3 oral tablet,chewable</i>              | 1    | ACA; OTC              |
| <i>vitamins a,c,d and fluoride</i>                  | 1    | ACA                   |
| VITAPEARL   | 3    |                       |
| VITA-RESPA  | 3    |                       |
| VITATRUE  | 3    |                       |
| <i>vol-nate</i>                                     | 1    |                       |
| <i>vol-plus</i>                                     | 1    |                       |

| Drug Name          | Tier | Requirements / limits |
|--------------------|------|-----------------------|
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| <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    |                       |

| Drug Name             | Tier | Requirements / limits |
|-----------------------|------|-----------------------|
| <i>zatean-pn dha</i>  | 1    |                       |
| <i>zatean-pn plus</i> | 1    |                       |
| <i>zavara</i>         | 1    |                       |
| <i>zingiber</i>       | 1    |                       |
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## NOTICE ABOUT NON-DISCRIMINATION

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We don't discriminate based on race, ethnicity, national origin, color, religion, sex, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location. All organizations that provide Medicare Advantage plans, like our plan, must obey Federal laws against discrimination, including Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, and all other laws that apply to organizations that get Federal funding, and any other laws and rules that apply for any other reason.

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### GlobalHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Compliance Attorney.

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 1-877-280-5600 (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 1-877-280-5600 (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 1-877-280-5600 (TTY: 711).  |
| Korean     | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-280-5600 OR (TTY: 711)번으로 전화해 주십시오.   |
| German     | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-280-5600 (TTY: 711).                      |
| Arabic     | بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، اذكر تتحدث كنت إذا: ملحوظة 0065-082-778-1 (برقم والبكم الصم هاتف 117). اتصل  |
| Burmese    | သတိပြုရန် - အကယုၣ် သုၣ်သညုၣ်မုၢ်မာၣ်ကား ကို ဂျဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သုၣ်အတကြု စီစဉ်ဆော့ၣ်ရကြုပေးပါမညု။ ဖုန်းနံပါတ် 1-877-280-5600 (TTY: 711) သို့မူ ခေၣ်ဆိုပါ။ |
| Hmong      | LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-280-5600 (TTY: 711).  |
| Tagalog    | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-280-5600 (TTY: 711).                |
| French     | ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-280-5600 (ATS: 711).                            |
| Laotian    | ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-280-5600 (TTY: 711).   |
| Thai       | เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-280-5600 (TTY: 711).   |
| Urdu       | 1-877-280-5600 (TTY: 711) کریں کال - بین دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خیردار   |
| Cherokee   | Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-280-5600 (TTY: 711).  |
| Persian    | شما برای رایگان بصورت زبانی تسهیلات کنید، می گفتگو فارسی زبان به اگر: توجه<br>بگیرید تماس با .باشد می فراهم 1-877-280-5600 (TTY: 711)                                  |







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Effective: 2017 Lists Updated 11/2017