



GlobalHealth

# 2017 Formulary Drug List

For State, Education, and  
Local Government Employees



MMPDF17 Lists Updated 12/2017

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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  
PO Box 14711  
Lexington, KY 40512-4711

**Mail Order Pharmacy:**

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

**\*Specialty Pharmacy:**

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

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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> <i>0.25 MG and 0.5 MG</i>
FLUORIDE DROPS 0.125, 0.25 MG and 0.5 MG
MULTIVITAMIN W/ FLUORIDE 0.25 MG and 0.5 MG CHEWABLE, DROPS and SUSPENSION
Folic acid products
FOLIC ACID TABLET 0.4 MG and 0.8 MG
PRENATAL and MULTI VITAMINS W/ FOLIC ACID (0.4 MG and 0.8 MG)
Iron supplements

Drug Name
IRON (various strengths) DROPS, LIQUID, SUSPENSION, GRANULES
MULTIVITAMIN WITH IRON DROPS, LIQUID, SUSPENSION
Primary prevention of breast cancer (women without a diagnosis of breast cancer who are high risk)
RALOXIFENE
SOLTAMOX (LIQUID TAMOXIFEN)
TAMOXIFEN
Smoking cessation products
<i>ALL NICOTINE PRODUCTS (Rx and OTC; Brand and 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	
<i>caspofungin intravenous recon soln</i> <i>50 mg</i>	3	
CASPOFUNGIN INTRAVENOUS RECON SOLN 70 MG	3	
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	PA

Drug Name	Tier	Requirements / limits
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	PA
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)</i> <i>intravenous piggyback 200 mg/100</i> <i>ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for</i> <i>reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200</i> <i>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 ultramicrosized</i>	1	
GRIS-PEG (ULTRAMICROSIZED)	3	

Drug Name	Tier	Requirements / limits
<i>itraconazole</i>	1	QL
<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
<b>ANTIVIRALS</b>		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	4	
ATRIPLA	4	
BARACLUDE ORAL SOLUTION	2	PA
BARACLUDE ORAL TABLET	3	PA
<i>cidofovir</i>	1	
COMBIVIR	4*	
COMPLERA	4	

Drug Name	Tier	Requirements / limits
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
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
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 ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	4*	
<i>lopinavir-ritonavir</i>	4	

Drug Name	Tier	Requirements / limits
MAVYRET	4	PA
<i>nevirapine</i>	4	
NORVIR	4	
ODEFSEY	4	
<i>oseltamivir oral capsule 30 mg, 45 mg</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	
TRIUMEO	4	
TRIZIVIR	4*	
TRUVADA	4	
TYBOST	4*	
<i>valacyclovir</i>	3	QL
VALCYTE	3	PA

Drug Name	Tier	Requirements / limits
<i>valganciclovir</i>	1	PA
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	
VOSEVI	4	PA
ZERIT	4*	
ZIAGEN	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 SOLUTION	3	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SYRINGE	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	
<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	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	

Drug Name	Tier	Requirements / limits
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	
<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	
<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	

Drug Name	Tier	Requirements / limits
<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	

## MISCELLANEOUS ANTIINFECTIVES

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	
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	

Drug Name	Tier	Requirements / limits
<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 oral</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	
<i>hydroxychloroquine</i>	1	
<i>imipenem-cilastatin</i>	1	
IMPAVIDO	2	PA
INVANZ	2	
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	

Drug Name	Tier	Requirements / limits
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	
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	

Drug Name	Tier	Requirements / limits
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
SIRTURO	2	
SIVEXTRO INTRAVENOUS	2	
SIVEXTRO ORAL	3	PA
STROMECTOL	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	
VABOMERE	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	
<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	

Drug Name	Tier	Requirements / limits
<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 oral capsule</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	
<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	

Drug Name	Tier	Requirements / limits
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	
BAXDELA	3	
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	
<i>moxifloxacin in nacl (iso-osm)</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	3	

Drug Name	Tier	Requirements / limits
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	
<b>TETRACYCLINES</b>		
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
<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>mondoxylene nl</i>	1	

Drug Name	Tier	Requirements / limits
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	
<b>URINARY TRACT AGENTS</b>		
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	
TRIMPEX	3	
<b>VANCOMYCIN</b>		
VANCOGIN	3	PA
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS SOLUTION 1.75 GRAM/500 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	

Drug Name	Tier	Requirements / limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML	2	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous</i>	1	
<i>vancomycin oral capsule</i>	3	PA
VIBATIV INTRAVENOUS RECON SOLN 750 MG	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*	
ENVARUS 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 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*	
NEORAL	4*	PA

Drug Name	Tier	Requirements / limits
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
<i>tacrolimus oral</i>	4	



Drug Name	Tier	Requirements / limits
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
VERZENIO	4*	
<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
<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	
AZILECT	3	PA

Drug Name	Tier	Requirements / limits
<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	
<i>trihexyphenidyl</i>	1	

Drug Name	Tier	Requirements / limits
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
RELPAX	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
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 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	4*	PA
KEVEYIS	4*	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	ST
NAMENDA ORAL TABLET	3	ST
NAMENDA TITRATION PAK	3	ST
NAMENDA XR	2	ST
NAMZARIC	2	ST

Drug Name	Tier	Requirements / limits
NUEDEXTA	2	PA
RADICAVA	4	
RAZADYNE ER	3	
RAZADYNE ORAL TABLET	3	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>tetrabenazine</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	
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	

Drug Name	Tier	Requirements / limits
<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	
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	
<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	

Drug Name	Tier	Requirements / limits
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
<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
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	

Drug Name	Tier	Requirements / limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone (pf)</i>	1	
HYDROMORPHONE IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR 0.2 MG/ML	3	
HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRINGE 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 SYRINGE 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	
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	

Drug Name	Tier	Requirements / limits
<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	
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	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
<i>marten-tab</i>	1	
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine injection cartridge</i>	1	
<i>meperidine oral</i>	1	
<i>methadone injection solution</i>	1	
<i>methadone oral concentrate</i>	1	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	

Drug Name	Tier	Requirements / limits
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	
<i>morphine concentrate oral solution</i>	1	
MORPHINE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	3	
MORPHINE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 275 MG/55 ML (5 MG/ML)	3	
MORPHINE IN 0.9 % NACL INTRAVENOUS SOLUTION 10 MG/ML	3	
<i>morphine injection solution 15 mg/ml, 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
MORPHINE INTRAMUSCULAR	3	
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	3	
<i>morphine intravenous pt controlled analgesia syring</i>	1	
<i>morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 50 mg/ml</i>	1	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	3	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	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	

Drug Name	Tier	Requirements / limits
MS CONTIN	3	ST; QL
NORCO	3	
OPANA	3	
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	
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	
XODOL 10/300	3	

Drug Name	Tier	Requirements / limits
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
<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	
DICLO GEL	3	



Drug Name	Tier	Requirements / limits
<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	
DS PREP PAK	3	
DUEXIS	3	ST
<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
<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	

Drug Name	Tier	Requirements / limits
<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
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
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

Drug Name	Tier	Requirements / limits
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
<i>salsalate</i>	1	
SPRIX	4*	ST; QL
SUBOXONE	2	PA; QL
<i>sulindac</i>	1	
SURE RESULT DSS PREMIUM PACK	3	
TALWIN	3	
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

Drug Name	Tier	Requirements / limits
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
<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>buspironone</i>	1	

Drug Name	Tier	Requirements / limits
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	
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	
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	

Drug Name	Tier	Requirements / limits
<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	
DYANAVEL XR	3	PA; ST
EDLUAR	3	PA; QL
EFFEXOR XR	3	ST; QL
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL
EVEKEO	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	

Drug Name	Tier	Requirements / limits
<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	
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 TABLET	3	PA; QL
<i>lithium carbonate</i>	1	

Drug Name	Tier	Requirements / limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral</i>	1	
<i>loxapine succinate</i>	1	
LUNESTA	3	QL
<i>maprotiline</i>	1	
MARPLAN	3	
<i>metadate er</i>	LCG	
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	
<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
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

Drug Name	Tier	Requirements / limits
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
<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
<i>quazepam</i>	1	
<i>quetiapine oral tablet</i>	1	QL

Drug Name	Tier	Requirements / limits
<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 ORAL TABLET, DISINTEGRATING 0.5 MG, 1 MG, 3 MG, 4 MG	3	QL
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	3	QL
RITALIN	3	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
ROZEREM	2	PA; QL
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	3	PA; QL
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	3	PA
SARAFEM ORAL TABLET 10 MG, 20 MG	3	QL
<i>seconal sodium</i>	1	
SEROQUEL	3	PA; QL
SEROQUEL XR ORAL TABLET 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	

Drug Name	Tier	Requirements / limits
SYMBYAX	3	
<i>temazepam</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TOFRANIL	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	LCG	
<i>trazodone oral tablet 300 mg</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
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>zenedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	

Drug Name	Tier	Requirements / limits
<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
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<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 SR	3	PA
<i>sotalol af</i>	1	
SOTALOL INTRAVENOUS	2	

Drug Name	Tier	Requirements / limits
<i>sotalol oral</i>	1	
SOTYLIZE	2	
TIKOSYN	3	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ADALAT CC	3	ST
<i>afeditab cr</i>	1	
ALDACTAZIDE	3	
ALDACTONE	3	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	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	

Drug Name	Tier	Requirements / limits
BREVIBLOC IN NAACL (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	
<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	

Drug Name	Tier	Requirements / limits
CLOPRES 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	
<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	
EDECRIIN	3	
<i>enalapril maleate</i>	1	
<i>enalaprilat intravenous solution</i>	1	

Drug Name	Tier	Requirements / limits
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED ORAL SOLUTION	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	
<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	



Drug Name	Tier	Requirements / limits
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	
<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	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methylothiazide</i>	1	
<i>methyl/dopa</i>	1	
<i>methyl/dopa-hydrochlorothiazide</i>	1	
<i>methyl/dopate</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	

Drug Name	Tier	Requirements / limits
<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>nifedipine</i>	1	
<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-hcthiazyd</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	
SODIUM EDECIN	3	
<i>spironolactone</i>	1	

Drug Name	Tier	Requirements / limits
<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	
TEKTURNA	2	
TEKTURNA HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	ST
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	
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	

## CARDIAC GLYCOSIDES

Drug Name	Tier	Requirements / limits
<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	
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 NACL (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	

Drug Name	Tier	Requirements / limits
<i>hep flush-10 (pf)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush</i>	1	
<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	
NUWIQ	4*	PA
<i>pentoxifylline</i>	1	

Drug Name	Tier	Requirements / limits
PHYTONADIONE (VITAMIN K1) INJECTION	2	
PLAVIX	3	
PRADAXA	2	PA
PRAXBIND	3	
PROMACTA	4	PA
<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
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
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

Drug Name	Tier	Requirements / limits
<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	
<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
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
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

Drug Name	Tier	Requirements / limits
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
<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
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR	2	PA
ENTRESTO	2	PA
NATRECOR	2	
NIPRIDE RTU	3	
RANEXA	2	PA
VECAMYL	3	PA
<b>NITRATES</b>		
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	

Drug Name	Tier	Requirements / limits
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin in 5 % dextrose</i>	1	
<i>nitroglycerin intravenous</i>	1	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	3	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<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	

Drug Name	Tier	Requirements / limits
<i>hydrocortisone-pramoxine topical</i>	1	
OVACE	3	PA
OVACE PLUS SHAMPOO	3	PA
OVACE PLUS TOPICAL CREAM	3	PA
OVACE PLUS TOPICAL FOAM	3	PA
OVACE PLUS TOPICAL LOTION	3	PA
PRAMOSONE	3	
PRAMOSONE E	3	
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	
<b>BURN THERAPY</b>		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>KERATOLYTICS</b>		

Drug Name	Tier	Requirements / limits
BENSAL HP TOPICAL OINTMENT 3 %	3	
INOVA 4-1	3	
INOVA 8-2	3	
KERALYT RX	3	
KERALYT SCALP COMPLETE	3	
PODOCON	3	PA
POTASSIUM HYDROXIDE	3	
SALEX	3	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er</i>	1	
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical cream,extended release</i>	1	
<i>salicylic acid topical film forming liquid w/appl</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl</i>	1	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>		
ALEVICYN ANTIPRURITIC	3	
ALEVICYN ANTIPRURITIC SG	3	
ALEVICYN PLUS	3	
AMELUZ	3	PA
ATOPICLAIR	3	
ATRAPRO CP	3	
ATRAPRO HYDROGEL	3	

Drug Name	Tier	Requirements / limits
<i>avo cream</i>	1	
BIAFINE EMULSION	3	
<i>bp-50% urea</i>	1	
CARAC	2	PA
<i>cem-urea</i>	1	
CERAMAX	3	
CONDYLOX TOPICAL GEL	2	
CORTANE-B TOPICAL	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	

Drug Name	Tier	Requirements / limits
KERALAC	3	
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>protect</i>	1	
<i>rea lo 39</i>	1	
<i>rea lo 40 topical lotion</i>	1	
REGRANEX	2	PA; QL
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	
SYNERDERM	3	
<i>tacrolimus topical</i>	3	ST
TOLAK	3	

Drug Name	Tier	Requirements / limits
<i>umecta topical foam</i>	1	
URAMAXIN TOPICAL FOAM	3	
URAMAXIN TOPICAL GEL	3	
<i>urea nail stick</i>	1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam</i>	1	
<i>urea topical gel 45 %</i>	1	
<i>urea topical lotion 40 %, 45 %</i>	1	
<i>ure-k</i>	1	
UREVAZ	3	PA
UTOPIC	3	
UVADEX	2	
VALCHLOR	4	
VEREGEN	3	PA
XCLAIR	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>amnesteem</i>	3	PA
ATRALIN	3	PA
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

Drug Name	Tier	Requirements / limits
<i>avita topical cream</i>	1	
AVITA TOPICAL GEL	3	
AZELEX	3	
BENZACLIN	3	
BENZACLIN PUMP	3	
BENZAMYCIN	3	
BENZEFOAM	3	
BENZEFOAM ULTRA	3	
<i>benzepro topical towelette</i>	1	
<i>bp 10-1</i>	1	
<i>bpo topical gel</i>	1	
<i>bpo topical towelette 6 %</i>	1	
<i>claravis</i>	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
<i>dapsone topical</i>	1	ST; QL
DIFFERIN TOPICAL CREAM	3	
DIFFERIN TOPICAL GEL 0.3 %	3	
DIFFERIN TOPICAL GEL WITH PUMP	3	
DIFFERIN TOPICAL LOTION	3	
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	

Drug Name	Tier	Requirements / limits
<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	
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	



Drug Name	Tier	Requirements / limits
<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 CREAM KIT	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	
VANOXIDE-HC	3	
<i>zenatane</i>	3	PA
ZIANA	3	PA
<b>TOPICAL ANESTHETICS</b>		
ANASTIA	3	
ASTERO	3	
BUCALSEP	3	
<i>cidaleaze</i>	1	
DOLOTRANZ	3	

Drug Name	Tier	Requirements / limits
<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	
LIDOCAINE HCL TOPICAL CREAM 3.88 %	3	
<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	
LIDORX	3	
LIDOTRAL	3	
LIDOVEX	3	
LIDTOPIC MAX	3	
<i>lta pre-attached</i>	1	
NUMBONEX	3	

Drug Name	Tier	Requirements / limits
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	

## TOPICAL ANTIBACTERIALS

ALTABAX	3	
BACTROBAN TOPICAL CREAM	3	
CENTANY	3	
CENTANY AT	3	
CORTISPORIN TOPICAL	3	
DERMASORB AF COMPLETE KIT	3	
<i>gentamicin topical</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	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	
VYTONE	3	PA

## TOPICAL ANTIFUNGALS

ALA-QUIN	3	
<i>ciclodan</i>	1	
CICLODAN KIT	3	
<i>ciclopirox</i>	1	

Drug Name	Tier	Requirements / limits
<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	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	3	
<i>nystop</i>	1	
<i>oxiconazole</i>	3	PA
OXISTAT	3	PA
PENLAC	3	
TRIACETIN	2	
TRIPLE DYE	3	
VUSION	3	
XOLEGEL	3	PA

## TOPICAL ANTIVIRALS

Drug Name	Tier	Requirements / limits
<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
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	

Drug Name	Tier	Requirements / limits
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 TOPICAL OINTMENT	3	
ELLZIA PAK	3	
ELOCON TOPICAL CREAM	3	
ELOCON TOPICAL OINTMENT	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
<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	

Drug Name	Tier	Requirements / limits
<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	
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

Drug Name	Tier	Requirements / limits
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	
WHYTEDERM TDKAK	3	
WHYTEDERM TRILASIL PAK	3	
XILAPAK	3	
<b>TOPICAL ENZYMES</b>		
SANTYL	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
ELIMITE	3	
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	

Drug Name	Tier	Requirements / limits
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	
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	

Drug Name	Tier	Requirements / limits
<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	
EXJADE	4	PA
FERRIPROX ORAL SOLUTION	2	
FERRIPROX ORAL TABLET	4	
FERRLECIT	3	
GLASSIA	4*	PA
HYLENEX	3	
<i>ic green</i>	1	
<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 oral tablet</i>	1	
LIPOCHOL PLUS	3	

Drug Name	Tier	Requirements / limits
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	
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

Drug Name	Tier	Requirements / limits
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	
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

Drug Name	Tier	Requirements / limits
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>periogard</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>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	
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

Drug Name	Tier	Requirements / limits
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	
<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	

Drug Name	Tier	Requirements / limits
<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	
ZODEX	3	PA

## ANTITHYROID AGENTS

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

## BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

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
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
COOL GLUCOSE TEST STRIP	DS	OTC; QL

Drug Name	Tier	Requirements / limits
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
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



Drug Name	Tier	Requirements / limits
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
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
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

Drug Name	Tier	Requirements / limits
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
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
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	
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	
RITEFLO AEROCHAMBER	DME	
VORTEX HOLDING CHAMBER CHILD	DME	

Drug Name	Tier	Requirements / limits
VORTEX VHC FROG MASK-CHILD	DME	
VORTEX VHC LADYBUG MASK-TODDLR	DME	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	
PROGLYCEM	2	
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
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
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
AUTOSOFT 90	DS	
BIONIME RIGHTEST GM300 SYSTEM	DS	OTC; QL
BLOOD GLUCOSE CONTROL, NORMAL	DS	OTC
BLOOD-GLUCOSE METER	DS	OTC; QL

Drug Name	Tier	Requirements / limits
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
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

Drug Name	Tier	Requirements / limits
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
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

Drug Name	Tier	Requirements / limits
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
GLUCOSE CONTROL	DS	OTC
GM100 KIT	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
INFUSION SET 43" 6MM	DS	OTC
INSET 30 INFUSION SET 23"	DS	
INSET INFUSION SET 23"	DS	
JAZZ WIRELESS 2 METER KIT	DS	OTC; QL

Drug Name	Tier	Requirements / limits
LANCETS 33 GAUGE	DS	OTC
LANCING DEVICE	DS	OTC; QL
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 ECHO	DS	QL
OMNIPOD INSULIN REFILL	DS	
ON CALL EXPRESS CONTROL	DS	OTC
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 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

Drug Name	Tier	Requirements / limits
PREMIUM VIO	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
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
SILHOUETTE INFUSION SET	DS	
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	
SOF-SET	DS	
SOF-SET CANNULA 24" TUBING	DS	

Drug Name	Tier	Requirements / limits
SOF-SET MICRO 24" POLYFIN TUB	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
TRUETRACK BLOOD GLUCOSE SYSTEM	DS	OTC; QL
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	
WAVESENSE AMP	DS	OTC; QL
WAVESENSE CONTROL SOLUTION	DS	OTC
WAVESENSE PRESTO	DS	OTC; QL
<b>INSULIN THERAPY</b>		
AFREZZA	3	PA; QL
BASAGLAR KWIKPEN	2	QL
FIASP	3	QL
FIASP FLEXTOUCH	3	QL
HUMALOG	2	QL
HUMALOG JUNIOR KWIKPEN	3	QL

Drug Name	Tier	Requirements / limits
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
TRESIBA FLEXTOUCH U-100	2	QL
TRESIBA FLEXTOUCH U-200	2	QL
XULTOPHY 100/3.6	2	PA
<b>MISCELLANEOUS HORMONES</b>		
ANADROL-50	3	
ANDRODERM	2	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
AXIRON	3	PA
BRINEURA INTRAVENTRICULAR KIT	4	
<i>cabergoline</i>	1	QL

Drug Name	Tier	Requirements / limits
<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	
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	
MYALEPT	4	
NATPARA	4	PA
OXANDRIN	3	
<i>oxandrolone</i>	1	
<i>pamidronate</i>	4	
<i>paricalcitol oral</i>	1	
RAYALDEE	3	

Drug Name	Tier	Requirements / limits
ROCALTROL	3	
SAMSCA	4	QL
SENSIPAR	2	PA
<i>serophene</i>	50%	
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	4	
STIMATE	4	PA
STRENSIQ	4	
SYNAREL	2	
TESTONE CIK	3	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel</i>	1	PA
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA
VAPRISOL	3	
VASOPRESSIN IN 0.9 % NACL INTRAVENOUS SOLUTION 40 UNIT/100 ML(0.4 UNIT/ML)	3	
<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

Drug Name	Tier	Requirements / limits
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	
<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	

Drug Name	Tier	Requirements / limits
<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 ORAL TABLET 1 MG, 2 MG	3	
PRECOSE	3	
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	QL
RIOMET	3	ST
STARLIX	3	
SYMLINPEN 120	2	QL
SYMLINPEN 60	2	QL
SYNJARDY	2	PA
SYNJARDY XR	2	PA
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADIJENTA	2	PA; QL
TRULICITY	2	PA
XIGDUO XR	2	PA

## THYROID HORMONES

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	

Drug Name	Tier	Requirements / limits
<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	
<i>thyroid (pork)</i>	1	
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	
<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	
<i>chlordiazepoxide-clidinium</i>	1	

Drug Name	Tier	Requirements / limits
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 tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN INJECTION	2	
LEVSIN ORAL	3	
LEVSIN/SL	3	
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	



Drug Name	Tier	Requirements / limits
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
ACTIGALL	3	
AKYNZEO	2	
<i>alophen</i>	1	ACA; OTC
<i>alose tron</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
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

Drug Name	Tier	Requirements / limits
<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
<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-n</i>	1	ACA

Drug Name	Tier	Requirements / limits
<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	
<i>kionex</i>	1	
<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

Drug Name	Tier	Requirements / limits
<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	
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
NULYTELY WITH FLAVOR PACKS	3	
OCALIVA	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	

Drug Name	Tier	Requirements / limits
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	
RENFLEXIS	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
SFROWASA	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
SYMPROIC	3	
SYNDROS	3	PA
TIGAN INTRAMUSCULAR	3	
TIGAN ORAL CAPSULE 300 MG	3	

Drug Name	Tier	Requirements / limits
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 ORAL	2	PA
VELPHORO	3	
VELTASSA	2	
VIBERZI	2	PA
VIOKACE	2	PA
<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	

Drug Name	Tier	Requirements / limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	PA; QL
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	PA
<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	
<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	

Drug Name	Tier	Requirements / limits
<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
PRIOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	PA; QL
PROTONIX INTRAVENOUS	3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	PA
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

Drug Name	Tier	Requirements / limits
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
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 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>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA

Drug Name	Tier	Requirements / limits
<i>glatopa</i>	4	PA; QL
<i>moderiba</i>	4	
<i>moderiba dose pack oral tablets, dose pack 200 mg (28)- 400 mg (28), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	
OCREVUS	4	PA
PEGASYS	4	PA; QL
PEGASYS PROCLICK	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
<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

Drug Name	Tier	Requirements / limits
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

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

<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	

### OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	QL
<i>alendronate oral solution</i>	1	

Drug Name	Tier	Requirements / limits
<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

## OTHER RHEUMATOLOGICALS

ACTEMRA	4	PA; ST
ARAVA	3	QL
CUPRIMINE	3	PA
DEPEN TITRATABS	2	
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; ST; QL
ENBREL SUBCUTANEOUS SYRINGE	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

Drug Name	Tier	Requirements / limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	
RIDAURA	2	
SAVELLA	2	ST; QL
XELJANZ	4	PA; ST
XELJANZ XR	4	PA; ST

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	3	ACA; QL
FC2 FEMALE CONDOM	2	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	2	ACA; QL
WIDE-SEAL DIAPHRAGM	3	ACA

### ESTROGENS & PROGESTINS

ACTIVELLA	3	
ALORA	3	QL
<i>amabelz</i>	1	
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	

Drug Name	Tier	Requirements / limits
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	
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>jevantage lo</i>	1	
<i>jinteli</i>	1	
<i>jolivette</i>	1	ACA; QL
<i>lopreeza</i>	1	

Drug Name	Tier	Requirements / limits
<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
ORTHO MICRONOR	3	ACA; QL
PREFEST	3	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
<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	

Drug Name	Tier	Requirements / limits
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 7	3	QL
<i>terconazole</i>	1	QL
TODAY CONTRACEPTIVE SPONGE	2	ACA; OTC
<i>tranexamic acid oral</i>	1	
<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



Drug Name	Tier	Requirements / limits
<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>briellyn</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
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>ellinest</i>	1	ACA; QL

Drug Name	Tier	Requirements / limits
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>falmina (28)</i>	1	ACA; QL
<i>fayosim</i>	1	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
<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</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

Drug Name	Tier	Requirements / limits
<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-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
<i>luteria (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

Drug Name	Tier	Requirements / limits
<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
<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
<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
<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

Drug Name	Tier	Requirements / limits
<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>tillia 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
<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>zovia 1/35e (28)</i>	1	ACA; QL
<i>zovia 1/50e (28)</i>	1	ACA; QL
<b>OXYTOCICS</b>		

Drug Name	Tier	Requirements / limits
<i>methergine</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	
<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	
TOBEX	3	
VIGAMOX	3	
ZYMAXID	3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	

Drug Name	Tier	Requirements / limits
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	
TIMOPTIC	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 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>homatropaire</i>	1	
<i>homatropine hbr</i>	1	
MYDRIACYL	3	
PAREMYD	3	
<i>tropicamide</i>	1	
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE	3	
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	

Drug Name	Tier	Requirements / limits
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>acuicyn</i>	1	
AKTEN (PF)	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	
ELESTAT	3	
EMADINE	3	
<i>epinastine</i>	1	
<i>flucaine</i>	1	
<i>fluorescein-proparacaine</i>	1	
<i>flurox</i>	1	
LACRISERT	3	
LASTACAFT	3	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	
<i>olopatadine ophthalmic (eye) drops 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	

Drug Name	Tier	Requirements / limits
TETRAVISC	3	
TETRAVISC FORTE OPHTHALMIC (EYE) DROPS,HYPERVISCIOUS	3	
VITRASE	3	
XIIDRA	2	PA

## NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACULAR	3	
ACULAR LS	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	2	
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	

Drug Name	Tier	Requirements / limits
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	
<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	

## STERIODS

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

Drug Name	Tier	Requirements / limits
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	

### STERIOD-SULFONAMIDE COMBINATIONS

BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	

### SULFONAMIDES

BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	

### SYMPATHOMIMETICS

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	

### VASOCONSTRICTOR DECONGESTANTS

CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	

### RESPIRATORY, ALLERGY, COUGH & COLD

Drug Name	Tier	Requirements / limits
<b>ANTIHISTAMINE &amp; ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection</i>	1	
ADYPHREN	3	
ADYPHREN AMP	3	
ADYPHREN AMP II	3	
ADYPHREN II	3	
<i>carbinoxamine maleate</i>	1	
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 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

Drug Name	Tier	Requirements / limits
<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	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	3	
<i>centergy</i>	1	
<i>cheratussin ac</i>	1	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
FLOWTUSS	3	
<i>g tussin ac</i>	1	
<i>guaia tussin 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>lortuss ex oral syrup</i>	1	

Drug Name	Tier	Requirements / limits
MAR-COF BP	3	
MAR-COF CG	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	LCG	
<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	
<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	

Drug Name	Tier	Requirements / limits
ZODRYL DAC 25	3	
ZODRYL DAC 30	3	
ZODRYL DAC 35	3	
ZODRYL DAC 40	3	
ZODRYL DAC 50	3	
ZODRYL DAC 60	3	
ZODRYL DAC 80	3	
ZODRYL DEC 25	3	
ZODRYL DEC 30	2	
ZODRYL DEC 35	3	
ZODRYL DEC 40	3	
ZODRYL DEC 50	3	
ZODRYL DEC 60	3	
ZODRYL DEC 80	3	
Z-TUSS AC	3	
ZUTRIPRO	3	
<b>PULMONARY AGENTS</b>		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADCIRCA	4	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	

Drug Name	Tier	Requirements / limits
ARCAPTA NEOHALER	2	QL
ARMONAIR RESPICLICK	2	
ARNUITY ELLIPTA	2	
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
HAEGARDA	4*	PA
HYPER-SAL	3	



Drug Name	Tier	Requirements / limits
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	
<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
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	ST
QNASL 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

Drug Name	Tier	Requirements / limits
<i>sildenafil (antihypertensive) oral</i>	4	PA; QL
SINGULAIR	3	
<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 tablet 2.5 mg</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
TRELEGY ELLIPTA	3	
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
XHANCE	3	ST
XOLAIR	4	PA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	

Drug Name	Tier	Requirements / limits
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	PA
ZYFLO	3	PA
ZYFLO CR	3	PA
<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

Drug Name	Tier	Requirements / limits
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin</i>	1	
AVODART	3	ST
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
RAPAFLO	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	

Drug Name	Tier	Requirements / limits
<i>potassium citrate</i>	1	
<i>potassium citrate-citric acid</i>	1	
PROCYSBI	4*	
PROSTIN VR PEDIATRIC	3	
SHOHL'S MODIFIED	3	
<i>sodium citrate-citric acid</i>	1	
<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>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	
PYRIDIDIUM	3	

Drug Name	Tier	Requirements / limits
<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
<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, 1 GRAM/50 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>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	

Drug Name	Tier	Requirements / limits
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	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
KLOR-CON/25	3	
<i>klor-con/ef</i>	1	
<i>k-phos-neutral</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<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	

Drug Name	Tier	Requirements / limits
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
POTASSIUM CL-LIDO-0.9 % NACL	3	
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
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	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
ISOLYTE S PH 7.4	2	
ISOLYTE-S	2	
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
<b>VITAMINS &amp; HEMATINICS</b>		
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>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

Drug Name	Tier	Requirements / limits
<i>balanced b-50 oral tablet</i>	1	ACA; OTC
<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	

Drug Name	Tier	Requirements / limits
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<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
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	
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
<i>fluor-a-day (with xylitol) oral tablet, chewable 1 mg f (2.2 mg) -236.79 mg</i>	1	

Drug Name	Tier	Requirements / limits
<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	
<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	
<i>hematinic/folic acid</i>	1	
<i>hematogen</i>	1	
<i>hematogen fa</i>	1	

Drug Name	Tier	Requirements / limits
<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	
MARNATAL-F	3	
MAXFE (FOLATE-DOCUSATE)	3	
<i>multigen folic</i>	1	
<i>multigen plus</i>	1	
<i>multi-vit with fluoride-iron</i>	1	
<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	
<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>multivit-fluor (vit e acetate)</i>	1	ACA

Drug Name	Tier	Requirements / limits
<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	
OBTREX DHA	3	
O-CAL FA	3	
O-CAL PRENATAL	3	

Drug Name	Tier	Requirements / limits
<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
<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 plus</i>	1	
PRENATA	3	
<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

Drug Name	Tier	Requirements / limits
<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	
<i>pretab</i>	1	
PRIMACARE	3	
PROFERRIN-FORTE	3	
PROVIDA DHA	3	
PROVIDA OB	3	
PURALOR CI	3	
PUREFE OB PLUS	3	
PUREFE PLUS	3	
<i>purevit dualfe plus</i>	1	
QUFLORA	3	
QUFLORA FE	3	
QUFLORA FE (FERROUS SULFATE)	3	

Drug Name	Tier	Requirements / limits
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	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19</i>	1	
<i>se-natal 19 (with docusate)</i>	1	
<i>se-tan plus</i>	1	
<i>stress formula</i>	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 quint</i>	1	ACA; OTC
<i>super quint 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	
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	



Drug Name	Tier	Requirements / limits
TRICARE PRENATAL	3	
TRICARE PRENATAL DHA ONE	3	
<i>tricon</i>	1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
<i>trigels-f forte</i>	1	
<i>trinatal gt</i>	1	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>tri-tabs dha</i>	1	
<i>triveen-duo dha</i>	1	
TRI-VI-FLOR	3	
<i>tri-vit with fluoride and iron</i>	1	
<i>tri-vitamin with fluoride</i>	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	
<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	

Drug Name	Tier	Requirements / limits
<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	
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	
<i>vol-tab rx</i>	1	
<i>vp-ch plus</i>	1	
<i>vp-ch-pnv</i>	1	
<i>vp-ggr-b6</i>	1	
<i>vp-heme ob</i>	1	
<i>vp-heme one</i>	1	
VP-PNV-DHA	3	
<i>zatean-ch</i>	1	
<i>zatean-pn dha</i>	1	

Drug Name	Tier	Requirements / limits
<i>zatean-pn plus</i>	1	
<i>zavara</i>	1	

Drug Name	Tier	Requirements / limits
<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၊ သုၣ်အတၢ်ကြိ စီစဉ်ဆော့ၣ်ရၢ်ပေးပါမညု။ 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 بگیرید تماس با .باشد می فراهم 1-877-280-5600 (TTY: 711)





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