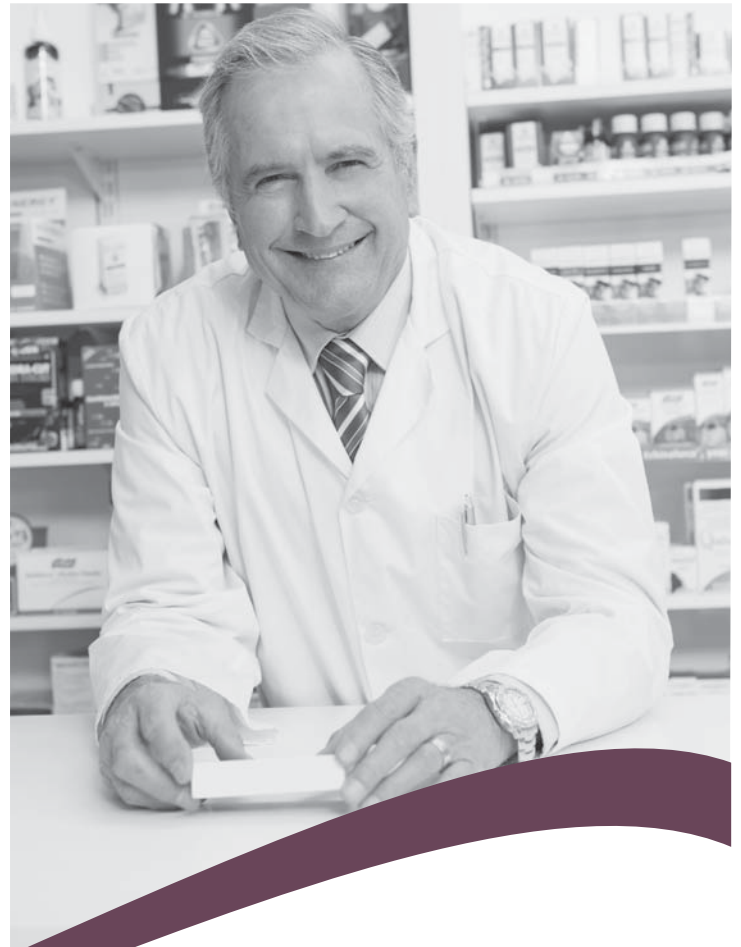




GlobalHealth

# 2017 Formulary Drug List

For Small Groups  
and Large  
Groups



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MGDF17 Lists Updated 12/2017

## HELPFUL NUMBERS

**Plan Issuer:**

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Oklahoma City, OK 73101-2393

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

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

**Behavioral Health and Substance Use:**

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

**Dental:**

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

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

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

**Pharmacy Benefits Manager:**

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

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

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

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

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

**24/7 Nurse Help Line:**  
Information Line  
1.877.280.2993 (toll-free)

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

**GlobalHealth Privacy Officer:**  
405.280.5524  
[privacy@globalhealth.com](mailto:privacy@globalhealth.com)

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

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

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## IMPORTANT INFORMATION

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

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

### Member Materials

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

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

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

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

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

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

### Preferred Drugs

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

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

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

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

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### Key

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

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

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

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

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

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

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

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

## PREVENTIVE CARE INDEX

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

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

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

### **Immunizations**

Covered immunizations include those that are routine vaccines recommended by ACIP and that meet the FDA approved indications for age and/or gender limitations. Coverage also includes non-routine immunizations as designated by the ACIP.

### **Contraceptive Methods**

#### Preferred Product Offering:

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

### Expanded Product Offering:

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

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

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

## THERAPEUTIC CLASS INDEX

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

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	3	
AMBISOME	3	
<i>amphotericin b</i>	1	
ANCOBON	3	
CANCIDAS	2	
<i>caspofungin intravenous recon soln 50 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
CASPOFUNGIN INTRAVENOUS RECON SOLN 70 MG	3	
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
ERAXIS(WATER DILUENT)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>fluconazole in dextrose(iso-o)</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	LCG	LCG; QL
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicronize</i>	1	
GRIS-PEG (ULTRAMICRONIZE)	3	
<i>itraconazole</i>	1	QL
<i>ketoconazole oral</i>	1	
LAMISIL ORAL TABLET	3	
MYCAMINE	2	
NOXAFIL	2	
<i>nystatin oral powder 150 million unit, 500 million unit</i>	1	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ONMEL	3	QL
ORAVIG	3	
SPORANOX ORAL SOLUTION	2	
SPORANOX PULSEPAK	3	QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	
VFEND IV	3	
<i>voriconazole</i>	1	
<b>ANTIVIRALS</b>		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir sodium intravenous solution</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	4	
ATRIPLA	4	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
<i>cidofovir</i>	1	
COMBIVIR	4*	
COMPLERA	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
CYTOVENE	3	
DAKLINZA	4*	ST; QL
DESCOVY	4	
<i>didanosine</i>	4	
EDURANT	4	
EMTRIVA	4	
<i>entecavir</i>	1	
EPCLUSA	4	ST; QL
EPIVIR	4*	
EPIVIR HBV ORAL SOLUTION	4	
EPIVIR HBV ORAL TABLET	4*	
EVOTAZ	4*	
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>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; QL
HEPSERA	3	

Drug Name	Drug Tier	Requirements / Limits
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	
MAVYRET	4	ST; QL
<i>nevirapine</i>	4	
NORVIR	4	
ODEFSEY	4	
OLYSIO	4*	ST; QL
<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	
<i>rimantadine</i>	1	
SELZENTRY	4	PA
SITAVIG	3	QL
SOVALDI	4*	ST; QL
<i>stavudine</i>	4	
STRIBILD	4	

Drug Name	Drug Tier	Requirements / Limits
SUSTIVA	4	
SYNAGIS	4	PA
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL
TECHNIVIE	4	ST; QL
TIVICAY	4	
TRIUMEQ	4	
TRIZIVIR	4*	
TRUVADA	4	
TYBOST	4*	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VALTREX	3	QL
VEMLIDY	2	
VIDEX 2 GRAM PEDIATRIC	4	
VIDEX EC	4*	
VIEKIRA PAK	4	ST; QL
VIEKIRA XR	4	ST; QL
VIRACEPT ORAL TABLET	4	
VIRAMUNE	4*	
VIRAMUNE XR	4*	
VIREAD	4	
VOSEVI	4*	ST; QL
ZEPATIER	4	ST; QL
ZERIT	4*	
ZIAGEN	4*	
<i>zidovudine</i>	4	
ZOVIRAX ORAL	3	
<b>CEPHALOSPORINS</b>		
AVYCAZ	2	
CEDAX ORAL CAPSULE	3	
<i>cefactor oral capsule</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	



Drug Name	Drug Tier	Requirements / Limits
<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	
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>	1	
<i>cefotaxime</i>	1	
<i>cefotetan</i>	1	
CEFOTETAN IN DEXTROSE, ISO-OSM	3	
<i>cefoxitin</i>	1	
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
CEFTAZIDIME IN D5W	3	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
DAXBIA	3	
FORTAZ	3	
FORTAZ IN DEXTROSE 5 %	3	
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	3	
ZERBAXA	2	
ZINACEF IN STERILE WATER	3	
ZINACEF INJECTION RECON SOLN 750 MG	3	
ZINACEF INTRAVENOUS	3	
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	2	

Drug Name	Drug Tier	Requirements / Limits
ERYPED 200	2	
ERYPED 400	2	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
PCE	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZMAX	3	

### MISCELLANEOUS ANTIINFECTIVES

ALBENZA	2	QL
ALINIA	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	
AZACTAM	3	
AZACTAM IN DEXTROSE (ISO-OSM)	3	
<i>aztreonam</i>	1	
<i>baciiim</i>	1	
<i>bacitracin intramuscular</i>	1	
BETHKIS	4*	QL
BILTRICIDE	2	
CAPASTAT	3	
CAYSTON	4	QL
<i>chloramphenicol sod succinate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN IN 5 % DEXTROSE	3	
CLEOCIN INJECTION	3	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR	3	
<i>clindamycin in 5 % dextrose</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml, 900 mg/6 ml</i>	1	
COARTEM	2	
<i>colistin (colistimethate na)</i>	1	
COLY-MYCIN M PARENTERAL	3	
CYCLOSERINE	3	
DALVANCE	2	
<i>dapsone oral</i>	1	
DARAPRIM	4	
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
<i>gentamicin injection</i>	1	
<i>gentamicin sulfate (ped) (pf)</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxychloroquine</i>	1	
<i>imipenem-cilastatin</i>	1	
IMPAVIDO	2	
INVANZ	3	
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	QL
KITABIS PAK	4	QL
LINCOCIN	3	
<i>lincomycin</i>	1	
<i>linezolid intravenous</i>	1	
<i>linezolid oral</i>	1	PA
<i>linezolid-0.9% sodium chloride</i>	1	
MALARONE	3	
MALARONE PEDIATRIC	3	
<i>mefloquine</i>	1	
MEPRON	3	
<i>meropenem</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE	2	
MERREM	3	
<i>metro i.v.</i>	1	
<i>metronidazole in nacl (iso-os)</i>	1	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
<i>neomycin</i>	1	
ORBACTIV	2	
<i>paromomycin</i>	1	
PASER	3	
PENTAM	3	
PLAQUENIL	3	
<i>polymyxin b sulfate</i>	1	
PRIFTIN	2	
PRIMAQUINE	3	

Drug Name	Drug Tier	Requirements / Limits
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>pyrazinamide</i>	1	
QUALAQUIN	3	
<i>quinine sulfate</i>	1	
<i>rifabutin</i>	1	
RIFADIN	3	
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
SIRTURO	2	
SIVEXTRO INTRAVENOUS	2	
SIVEXTRO ORAL	3	PA
STROMECTOL	3	QL
SYNERCID	3	
TINDAMAX ORAL TABLET 500 MG	3	QL
<i>tinidazole oral tablet 250 mg</i>	1	
<i>tinidazole oral tablet 500 mg</i>	1	QL
TOBI	4*	QL
TOBI PODHALER	4*	QL
<i>tobramycin in 0.225 % nacl</i>	4	QL
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN WITH NEBULIZER	4*	QL
TRECTOR	3	
VABOMERE	3	
XIFAXAN	2	QL
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	2	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	3	
ZYVOX ORAL	3	PA
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg</i>	LCG	LCG
<i>amoxicillin oral capsule 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	LCG	LCG
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg</i>	1	
<i>amoxicillin oral tablet 875 mg</i>	LCG	LCG
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam injection</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
AUGMENTIN XR	3	
<i>dicloxacillin oral capsule 250 mg</i>	1	
<i>dicloxacillin oral capsule 500 mg</i>	LCG	LCG
MOXATAG	3	
<i>nafcillin</i>	1	
<i>nafcillin in dextrose iso-osm</i>	1	
<i>oxacillin in dextrose(iso-osm)</i>	1	
<i>oxacillin injection</i>	1	
<i>oxacillin intravenous recon soln 2 gram</i>	1	
PENICILLIN G POT IN DEXTROSE	3	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>penicillin v potassium oral recon soln 250 mg/5 ml</i>	LCG	LCG
<i>penicillin v potassium oral tablet</i>	LCG	LCG
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
UNASYN INJECTION	3	
ZOSYN	3	
ZOSYN IN DEXTROSE (ISO-OSM)	3	
<b>QUINOLONES</b>		
AVELOX	3	
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	LCG
<i>ciprofloxacin in 5 % dextrose</i>	1	
<i>ciprofloxacin lactate</i>	1	
FACTIVE	3	
LEVAQUIN ORAL TABLET	3	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin in nacl (iso-osm)</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	LCG	LCG
<i>sulfatrim</i>	1	
<b>TETRACYCLINES</b>		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>demeclocycline</i>	1	
DORYX MPC	3	ST
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<i>doxy-100</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN INTRAVENOUS	3	
MINOCIN ORAL	3	ST
<i>minocycline</i>	1	
<i>mondoxyne nl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
ORACEA	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	LCG	LCG
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	
<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	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	

Drug Name	Drug 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	3	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous</i>	1	
<i>vancomycin oral capsule</i>	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	

## ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

### ADJUNCTIVE AGENTS

<i>amifostine crystalline</i>	4	
<i>dexrazoxane hcl</i>	4	
ELITEK	4	
ETHYOL	4*	
<i>leucovorin calcium oral</i>	1	
<i>mesna</i>	4	
MESNEX INTRAVENOUS	4*	
MESNEX ORAL	2	
TOTECT INTRAVENOUS RECON SOLN 500 MG	4*	
VISTOGARD	4	
VORAXAZE	3	
XGEVA	4	PA
ZINECARD (AS HCL)	4*	

## ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

<i>adriamycin intravenous solution</i>	4	
<i>adrucil</i>	4	
AFINITOR	4	ST
AFINITOR DISPERZ	4	ST
ALECENSA	4	
ALIMTA	4	
ALIQOPA	4*	
ALKERAN INTRAVENOUS	4*	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dacarbazine</i>	4	
<i>daunorubicin</i>	4	
DOCEFREZ	4*	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	4	
DOXIL	4*	
<i>doxorubicin</i>	4	
<i>doxorubicin, peg-liposomal</i>	1	
DROXIA	2	
ELLECE	4*	
EMCYT	2	
EMPLICITI	4*	
ENVARUS XR	4*	
<i>epirubicin intravenous recon soln 200 mg</i>	4	
<i>epirubicin intravenous solution</i>	4	
ERIVEDGE	4	ST
ERWINAZE	4*	
ETOPOPHOS	4	
<i>etoposide intravenous</i>	4	
<i>etoposide oral</i>	1	
EVOMELA	4*	
<i>exemestane</i>	1	
FARESTON	2	
FARYDAK	4*	
FASLODEX	4	
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	4*	ST
<i>floxuridine</i>	4	
<i>fludarabine</i>	4	
<i>fluorouracil intravenous</i>	4	
<i>flutamide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>gemcitabine</i>	4	
GEMZAR	4*	
<i>gengraf</i>	4	
GILOTRIF	4	
GLEEVEC	4*	PA
GLEOSTINE	2	
GLIADEL WAFER	3	
HEXALEN	2	
HYCANTIN ORAL	4	
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	4	
ICLUSIG	4	ST
IDAMYCIN PFS	4*	
<i>idarubicin</i>	4	
IDHIFA	4	
IFEX	4*	
<i>ifosfamide</i>	4	
<i>ifosfamide-mesna</i>	4	
<i>imatinib</i>	4	PA
IMBRUVICA	4	
IMFINZI	4*	
IMLYGIC	4*	
IMURAN	4*	
INLYTA	4	ST
IODOPEN	3	
IRESSA	4	
JAKAFI	4	ST
KISQALI	4*	
KISQALI FEMARA CO-PACK	4*	
KYMRIAH	4*	
LENVIMA	4	
<i>letrozole</i>	1	
LEUKERAN	2	
<i>lipodox</i>	4	
LONSURF	4	

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4*	PA; ST
LUPRON DEPOT (4 MONTH)	4*	PA; ST
LUPRON DEPOT (6 MONTH)	4*	PA; ST
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4*	PA; ST
LUPRON DEPOT -PED	4	PA
LUPRON DEPOT -PED (3 MONTH)	4	PA
LYNPARZA	4	
LYSODREN	2	
MATULANE	4	
MEGACE ES	3	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	4	
<i>melfhalan</i>	1	
<i>melfhalan 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	
MYFORTIC	4*	
MYLERAN	2	
MYLOTARG	4*	
NAVELBINE	4*	
NEORAL	4*	
NERLYNX	4	

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



Drug Name	Drug Tier	Requirements / Limits
TAGRISSO	4	
<i>tamoxifen</i>	LCG	ACA
TARCEVA	4	ST
TARGRETIN ORAL	3	
TARGRETIN TOPICAL	2	
TASIGNA	4	ST
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	4*	
TEMODAR ORAL	4*	PA
<i>temozolomide</i>	4	PA
TENIPOSIDE	2	
TEPADINA	3	
THALOMID	4	PA
<i>thiotepa</i>	4	
<i>toposar</i>	4	
<i>tretinoin (chemotherapy)</i>	1	
TREXALL	2	
TRIPTODUR	4*	
TRISENOX	4	
TYKERB	4	ST
VENCLEXTA ORAL TABLET 100 MG	4	
VERZENIO	4*	
<i>vinblastine intravenous solution</i>	4	
<i>vincasar pfs</i>	4	
<i>vincristine</i>	4	
<i>vinorelbine</i>	4	
VOTRIENT	4	ST
VYXEOS	4	
XALKORI	4	ST
XATMEP	3	
XELODA	4*	
XERMELO	4	PA
XTANDI	4*	ST
ZANOSAR	4	
ZEJULA	4	
ZELBORAF	4	ST

Drug Name	Drug Tier	Requirements / Limits
ZEVALIN (Y-90)	4	
ZOLADEX	4	PA
ZOLINZA	4	
ZORTRESS	4	
ZYDELIG	4	
ZYKADIA	4	
ZYTIGA	4	ST
<b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM	3	
BANZEL	2	
BRIVIACT ORAL	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX	3	
<i>clonazepam</i>	1	
DEPACON	3	
DEPAKENE	3	ST
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	

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

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
LYRICA	2	ST
MYSOLINE	3	
NEURONTIN	3	ST
ONFI ORAL SUSPENSION	2	
ONFI ORAL TABLET 10 MG, 20 MG	2	
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
PEGANONE	2	
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>primidone</i>	1	
QUDEXY XR	3	
<i>roweepira</i>	1	
SABRIL	4	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
TOPAMAX	3	ST
<i>topiramate oral capsule, sprinkle 15 mg</i>	LCG	LCG
<i>topiramate oral capsule, sprinkle 25 mg</i>	1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	
<i>topiramate oral tablet</i>	1	
TRILEPTAL	3	ST
TROKENDI XR	3	
<i>valproate sodium</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>vigabatrin</i>	1	
VIMPAT INTRAVENOUS	2	
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
ZARONTIN	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	ST
<i>zonisamide oral capsule 100 mg, 25 mg</i>	1	
<i>zonisamide oral capsule 50 mg</i>	LCG	LCG
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	4	
AZILECT	3	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COGENTIN	3	
COMTAN	3	
DUOPA	4*	
ELDEPRYL	3	
<i>entacapone</i>	1	
GOCOVRI	4*	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	3	
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
XADAGO	3	
ZELAPAR	3	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
<i>almotriptan malate</i>	1	QL
AMERGE	3	QL
AXERT	3	QL
CAFERGOT	3	
D.H.E.45	3	
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	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	
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	1	
MAXALT	3	QL
MAXALT-MLT	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>migergot</i>	1	
MIGRANAL	3	QL
<i>naratriptan</i>	1	QL
<i>nodolor</i>	1	
ONZETRA XSAIL	3	QL
PRODRIN ORAL TABLET 65-20-325 MG	3	
RELPAK	3	QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
SUMAVEL DOSEPRO	3	QL
TREXIMET	3	QL
ZEMBRACE SYMTOUCH	3	QL
<i>zolmitriptan</i>	1	QL
ZOMIG NASAL	2	QL
ZOMIG ORAL	3	QL
ZOMIG ZMT	3	QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	4	ST
ARICEPT	3	
AUSTEDO	4*	PA; QL
<i>donepezil</i>	1	
EXELON TRANSDERMAL	3	
<i>galantamine</i>	1	
HORIZANT	3	ST
INGREZZA ORAL CAPSULE 40 MG	4*	PA; QL
INGREZZA ORAL CAPSULE 80 MG	4*	PA
KEVEYIS	4*	PA
<i>memantine oral solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>metaxall</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>regonol</i>	1	
<i>revonto</i>	1	
ROBAXIN	3	
ROBAXIN-750	3	
RYANODEX	3	
SKELAXIN	3	
SOMA	3	
<i>tizanidine</i>	1	
ZANAFLEX	3	

## NARCOTIC ANALGESICS

ABSTRAL	3	ST; QL
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	
ACETAMINOPHEN-CAFF-DIHYDROCOD ORAL TABLET 325-30-16 MG	3	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
ACTIQ	3	ST; QL
ALLZITAL	3	
ARYMO ER	3	ST; QL
<i>ascomp with codeine</i>	1	
ASTRAMORPH-PF INJECTION SOLUTION 0.5 MG/ML	3	
<i>astramorph-pf injection solution 1 mg/ml</i>	1	
BELBUCA	3	ST; QL
BUPAP ORAL TABLET 50-300 MG	3	
BUPRENEX	3	
BUPRENORPHINE	3	ST
<i>buprenorphine hcl</i>	1	
<i>butalbital compound w/codeine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
BUTRANS	3	ST
<i>capacet</i>	1	
CAPITAL WITH CODEINE	3	
<i>codeine sulfate oral tablet</i>	1	
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 75 MG/1.5 ML	3	
<i>demerol (pf) injection solution 100 mg/ml</i>	1	
DEMEROL (PF) INJECTION SYRINGE	3	
DEMEROL INJECTION	3	
DEMEROL ORAL TABLET 100 MG	3	
DILAUDID	3	
<i>diskets</i>	1	ST
DOLOPHINE ORAL	3	ST
DURAGESIC	3	ST
<i>duramorph (pf)</i>	1	
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL	3	ST; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC	3	
EXALGO ER	3	ST; QL
<i>fentanyl citrate</i>	1	ST; QL
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
FENTANYL CITRATE-0.9%NACL (PF) INTRAVENOUS SOLUTION 20 MCG/ML	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR	3	ST
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	
FENTORA	3	ST; QL
FIORICET ORAL CAPSULE	3	
FIORINAL	3	
FIORINAL-CODEINE #3	3	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone (pf)</i>	1	
HYDROMORPHONE IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR 0.2 MG/ML	3	
HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 15 MG/30 ML (0.5 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/50 ML (2 MG/ML), 250 MG/250 ML (1 MG/ML)	3	
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml)</i>	1	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 2 MG/ML	3	

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
CELEBREX	3	ST
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	LCG	ACA; OTC
<i>choline, magnesium salicylate</i>	1	
CONZIP	3	ST; QL
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	ST
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
DUEXIS	3	ST
<i>e.c. prin</i>	LCG	ACA; OTC
EC-NAPROSYN	3	ST
<i>ecotrin</i>	LCG	ACA; OTC
<i>ecotrin low strength</i>	LCG	ACA; OTC
<i>etodolac</i>	1	
EVZIO	3	QL
FELDENE	3	ST
FENOPROFEN ORAL CAPSULE	3	ST
<i>fenoprofen oral tablet</i>	1	
FENORTHO	3	ST
FLECTOR	3	ST; QL
<i>flurbiprofen</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	LCG	LCG
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin oral capsule 25 mg</i>	LCG	LCG
<i>indomethacin oral capsule 50 mg</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	LCG	LCG
<i>ketoprofen oral capsule 75 mg</i>	1	



Drug Name	Drug Tier	Requirements / Limits
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection cartridge 15 mg/ml</i>	1	
<i>ketorolac injection cartridge 30 mg/ml</i>	LCG	LCG
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	LCG	LCG
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular solution</i>	LCG	LCG
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral</i>	LCG	LCG; QL
<i>lite coat aspirin</i>	LCG	ACA; OTC
LODINE ORAL TABLET	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral suspension</i>	1	
<i>meloxicam oral tablet 15 mg</i>	LCG	LCG
<i>meloxicam oral tablet 7.5 mg</i>	LCG	LCG; QL
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
<i>nabumetone</i>	1	
<i>nalbuphine</i>	1	
NALFON ORAL CAPSULE 400 MG	3	ST
<i>naloxone</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	LCG	LCG
<i>naproxen oral tablet 250 mg</i>	1	
<i>naproxen oral tablet 375 mg, 500 mg</i>	LCG	LCG
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
ZIPSOR	3	ST
ZORVOLEX ORAL CAPSULE 18 MG	3	ST; QL
ZORVOLEX ORAL CAPSULE 35 MG	3	ST
ZUBSOLV	2	PA; QL
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ORAL TABLET	3	QL
ADASUVE	3	
ADDERALL	3	
ADDERALL XR	3	ST
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
AMBIEN	3	QL
AMBIEN CR	3	QL
<i>amitriptyline</i>	LCG	LCG
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	
APLENZIN	3	ST; QL
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
<i>armodafinil</i>	1	ST
ATIVAN ORAL	3	
<i>atomoxetine</i>	1	
BELSOMRA	3	QL
BRISDELLE	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 12 hr</i>	1	QL
<i>bupropion hcl oral tablet extended release 24 hr</i>	1	QL
<i>bupirone</i>	1	
BUTISOL ORAL TABLET 30 MG	3	
CELEXA ORAL TABLET	3	ST; QL

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	LCG	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</i>	1	
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	ST
MYDAYIS	3	ST
NARDIL	3	
<i>nefazodone</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
NUPLAZID	4*	
NUVIGIL	3	ST
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
ORAP	3	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	LCG	LCG; QL
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL
<i>paroxetine mesylate</i>	1	QL
PAXIL CR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST; QL
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
PRISTIQ	3	ST; QL
<i>procentra</i>	1	
<i>protriptyline</i>	1	
PROVIGIL	3	ST
PROZAC ORAL CAPSULE 10 MG, 40 MG	3	ST; QL
PROZAC ORAL CAPSULE 20 MG	3	ST
<i>quazepam</i>	1	
<i>quetiapine</i>	1	QL
QUILLICHEW ER	3	ST
QUILLIVANT XR	3	ST
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	QL
RISPERDAL CONSTA	2	
RISPERDAL M-TAB 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>	1	QL
RITALIN	3	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
ROZEREM	2	QL
SAPHRIS (BLACK CHERRY)	3	QL
SARAFEM ORAL TABLET 10 MG	3	ST; QL
SARAFEM ORAL TABLET 20 MG	3	ST
<i>seconal sodium</i>	1	QL
SEROQUEL	3	QL

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

Drug Name	Drug Tier	Requirements / Limits
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	
<i>ziprasidone hcl</i>	1	QL
ZOLOFT ORAL CONCENTRATE	3	ST
ZOLOFT ORAL TABLET	3	ST; QL
<i>zolpidem</i>	1	QL
ZOLPIMIST	3	QL
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL	3	QL
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	QL

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	3	
NORPACE CR	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR	3	
<i>sotalol af</i>	1	
SOTALOL INTRAVENOUS	3	
<i>sotalol oral</i>	1	
SOTYLIZE	2	
TIKOSYN	3	

## ANTIHYPERTENSIVE THERAPY

ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ADALAT CC	3	ST
<i>afeditab cr</i>	1	
ALDACTAZIDE	3	
ALDACTONE	3	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	
ATACAND	3	ST
ATACAND HCT	3	ST
<i>atenolol oral tablet 100 mg, 50 mg</i>	1	
<i>atenolol oral tablet 25 mg</i>	LCG	LCG
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	3	ST
AVAPRO	3	ST
AZOR	3	ST
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	3	ST
BENICAR HCT	3	ST
<i>betaxolol oral</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine hcl oral tablet</i>	LCG	LCG
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	1	
CLORPRES ORAL TABLET 0.3-15 MG	3	
COREG	3	ST
COREG CR	3	ST
CORGARD	3	ST
CORLOPAM	3	
CORZIDE	3	ST
COZAAR	3	ST
DEMADEX ORAL TABLET 10 MG, 20 MG	3	
DEMSEER	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	2	ST
DYAZIDE	3	
DYRENIUM	3	
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECRIN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>enalapril maleate</i>	1	
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED ORAL SOLUTION	3	
<i>eplerenone</i>	1	
<i>eprosartan</i>	1	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
EXFORGE	3	ST
EXFORGE HCT	3	ST
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	4*	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral tablet 25 mg</i>	LCG	LCG
HYZAAR	3	ST
<i>indapamide</i>	1	
INDERAL LA	3	ST
INDERAL XL	3	ST
INNOPRAN XL	3	ST
INSpra	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
<i>labetalol intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	
LASIX	3	
LEVATOL	3	ST
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg</i>	LCG	LCG
<i>lisinopril oral tablet 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	LCG	LCG
LOPRESSOR ORAL	3	ST
<i>losartan</i>	LCG	LCG
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyclothiazide</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>methyldopate</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
METOPROLOL SU-HYDROCHLOROTHIAZ	3	ST
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 75 mg</i>	1	
<i>metoprolol tartrate oral tablet 50 mg</i>	LCG	LCG
MICARDIS	3	ST
MICARDIS HCT	3	ST

Drug Name	Drug Tier	Requirements / Limits
MICROZIDE	3	
MINIPRESS	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NORVASC	3	ST
NYMALIZE ORAL SOLUTION 60 MG/20 ML	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4*	ST
<i>papaverine injection solution</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	
<i>phentolamine injection recon soln</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	
PROCARDIA	3	ST
PROCARDIA XL	3	ST
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
QBRELIS	3	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
SODIUM EDECRIN	3	



Drug Name	Drug Tier	Requirements / Limits
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
TARKA	3	
<i>taztia xt</i>	1	
TEKURNA	3	
TEKURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	ST
TENORETIC 50	3	ST
TENORMIN	3	ST
<i>terazosin</i>	1	QL
TIAZAC	3	
<i>timolol maleate oral</i>	1	
TOPROL XL	3	ST
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	3	ST
TWYNSTA	3	ST
UPTRAVI	4	ST
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil</i>	1	
VERELAN	3	
VERELAN PM	3	
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST

Drug Name	Drug Tier	Requirements / Limits
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin injection</i>	1	
<i>digoxin oral solution 50 mcg/ml</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN	3	
LANOXIN PEDIATRIC	3	
<b>COAGULATION THERAPY</b>		
ADVATE	4	PA
AGGRENOX	3	
AMICAR	2	
<i>aminocaproic acid intravenous</i>	1	
ANGIOMAX	3	
ARGATROBAN IN 0.9 % SOD CHLOR	3	
ARGATROBAN IN NACL (ISO-OS)	2	
ARIXTRA	4*	
<i>aspirin-dipyridamole</i>	1	
BEVYXXA	3	
<i>bivalirudin</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COUMADIN ORAL	3	
CYKLOKAPRON	3	
<i>dipyridamole oral</i>	1	
DURLAZA	3	
EFFIENT	3	
ELIQUIS	2	PA
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4*	
FRAGMIN SUBCUTANEOUS SYRINGE	4*	
HELIXATE FS	4	

Drug Name	Drug 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% NACL 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	LCG
<i>jantoven oral tablet 10 mg, 2 mg, 6 mg, 7.5 mg</i>	1	
KCENTRA	3	
KOGENATE FS	4	
KOVALTRY	4	
LOVENOX	4*	
MEPHYTON	2	
NUWIQ	4*	
<i>pentoxifylline</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION	3	
PLAVIX	3	

Drug Name	Drug Tier	Requirements / Limits
PRADAXA	3	PA
<i>prasugrel</i>	1	
PRAXBIND	3	
PROMACTA	4	PA
<i>protamine</i>	1	
SAVAYSA	3	ST
<i>ticlopidine</i>	1	
<i>tranexamic acid intravenous</i>	1	
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
VONVENDI	4	
<i>warfarin oral tablet 1 mg, 2.5 mg, 3 mg, 4 mg, 5 mg</i>	LCG	LCG
<i>warfarin oral tablet 10 mg, 2 mg, 6 mg, 7.5 mg</i>	1	
XARELTO	2	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
ZONTIVITY	3	ST
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV	3	ST; QL
<i>amlodipine-atorvastatin</i>	1	QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	
<i>atorvastatin</i>	1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
COLESTID	3	
COLESTID FLAVORED ORAL PACKET	3	
<i>colestipol</i>	1	
CRESTOR	3	ST; QL
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	QL
<i>fenofibrate micronized</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>triklo</i>	1	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	3	
ZETIA	3	ST
ZOCOR	3	ST; QL

## MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR	2	ST
ENTRESTO	2	ST
NATRECOR	3	
NIPRIDE RTU	3	
RANEXA	3	
VECAMYL	3	

## NITRATES

DILATRATE-SR	3	
GONITRO	3	
ISOCHRON	3	
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR 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	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST
<i>calcipotriene</i>	1	
<i>calcipotriene-betamethasone</i>	1	
<i>calcitrene</i>	1	
<i>calcitriol topical</i>	1	
COAL TAR	2	
DOVONEX TOPICAL	3	
<i>drithocrema hp</i>	1	
ENSTILAR	3	
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine topical</i>	1	
OVACE	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	
OVACE PLUS TOPICAL LOTION	3	
PRAMOSONE	3	ST
PRAMOSONE E	3	ST
PROMISEB COMPLETE	3	
<i>seb-prev</i>	1	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SELRX	3	
SILIQ	4*	ST; QL

Drug Name	Drug Tier	Requirements / Limits
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX	3	
STELARA SUBCUTANEOUS	4*	ST
<i>sulfacetamide sodium topical</i>	1	
TACLONEX	3	
TALTZ AUTOINJECTOR	4*	ST
TALTZ AUTOINJECTOR (2 PACK)	4*	ST
TALTZ AUTOINJECTOR (3 PACK)	4*	ST
TALTZ SYRINGE	4*	ST
TALTZ SYRINGE (2 PACK)	4*	ST
TALTZ SYRINGE (3 PACK)	4*	ST
TERSI FOAM	3	
TREMFYA	4*	ST
VECTICAL	3	
ZITHRANOL	3	
<b>BURN THERAPY</b>		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>KERATOLYTICS</b>		
BENSAL HP TOPICAL OINTMENT 3 %	3	
INOVA 4-1	3	
INOVA 8-2	3	
KERALYT RX	3	
KERALYT SCALP COMPLETE	3	
PODOCON	3	
POTASSIUM HYDROXIDE	3	
SALEX	3	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er</i>	1	
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical cream,extended release</i>	1	
<i>salicylic acid topical film forming liquid w/appl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>salicylic acid topical film-forming soln er w/ appl</i>	1	
<i>salicylic acid topical foam</i>	1	
<i>salicylic acid topical gel</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion</i>	1	
<i>salicylic acid topical lotion, extended release</i>	1	
<i>salicylic acid topical shampoo</i>	1	
SALKERA	3	
<i>salvax</i>	1	
SALVAX DUO PLUS	3	
ULTRASAL-ER	3	
VIRASAL	3	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ALEVICYN ANTIPRURITIC	3	
ALEVICYN ANTIPRURITIC SG	3	
AMELUZ	3	
ATOPICLAIR	3	
ATRAPRO CP	3	
ATRAPRO HYDROGEL	3	
<i>avo cream</i>	1	
BIAFINE EMULSION	3	
<i>bp-50% urea</i>	1	
CARAC	3	
<i>cem-urea</i>	1	
CERAMAX	3	
CONDYLOX TOPICAL GEL	3	
CORTANE-B TOPICAL	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA
<i>doxepin topical</i>	1	
DUPIXENT	4	ST; QL
EFUDEX TOPICAL CREAM	3	
<i>eletone</i>	1	
ELIDEL	3	ST
<i>emulsion sb</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ENTTY	3	
EPICERAM	3	
EUCRISA	3	ST
FLUOROPLEX	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
GORDONS UREA TOPICAL OINTMENT 40 %	3	
<i>hpr</i>	1	
<i>hpr plus</i>	1	
<i>hpr plus hydrogel</i>	1	
HPR PLUS-MB HYDROGEL	3	
HYDRO 35	3	
HYDRO 40	3	
HYLATOPIC	3	
HYLATOPICPLUS	3	
IODOFLEX	3	
IODOSORB	3	
KERAFOAM	3	
KERALAC	3	
LEVULAN	3	
LOUTREX	3	
<i>luxamend</i>	1	
<i>mb hydrogel</i>	1	
<i>mb hydrogel (cyclomethicone)</i>	1	
<i>methoxsalen</i>	1	
NEOSALUS	3	
<i>nivatopic plus</i>	1	
OXSORALEN ULTRA	3	
PANRETIN	4*	
PHLAG SPRAY	3	
PICATO	3	
<i>podofilox</i>	1	
PRESERA	3	
PROMISEB	3	

Drug Name	Drug Tier	Requirements / Limits
PROTOPIC	3	ST
<i>pruclair</i>	1	
<i>prudoxin</i>	1	
<i>prumyx</i>	1	
<i>prutect</i>	1	
<i>rea lo 39</i>	1	
<i>rea lo 40 topical lotion</i>	1	
REGRANEX	2	QL
SEBUDERM	3	
<i>silver nitrate</i>	1	
<i>silver nitrate applicators</i>	1	
SOLARAZE	3	PA
<i>sonafine</i>	1	
<i>sp antipruritic</i>	1	
SYNERDERM	3	
<i>tacrolimus topical</i>	1	ST
TOLAK	3	
<i>umecta topical foam</i>	1	
URAMAXIN TOPICAL FOAM	3	
URAMAXIN TOPICAL GEL	3	
<i>urea nail stick</i>	1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam</i>	1	
<i>urea topical gel 45 %</i>	1	
<i>urea topical lotion 40 %, 45 %</i>	1	
UTOPIC	3	
UVADEX	2	
VALCHLOR	4	
VEREGEN	3	
XCLAIR	3	
ZONALON	3	
<b>THERAPY FOR ACNE</b>		
ABSORICA	3	
ACANYA TOPICAL GEL WITH PUMP	3	
ACZONE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	
<i>adapalene-benzoyl peroxide</i>	1	
AKTIPAK	3	
<i>amnesteem</i>	1	
ATRALIN	3	PA
AVAR LS	3	
<i>avar topical cleanser</i>	1	
AVAR TOPICAL FOAM	3	
AVAR TOPICAL PADS, MEDICATED	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
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>	1	
<i>cleansing wash topical cleanser</i>	1	
CLEOCIN T	3	
CLINDACIN ETZ TOPICAL KIT	3	
<i>clindacin p</i>	1	
CLINDACIN PAC	3	
CLINDAGEL	3	
<i>clindamycin phosphate topical</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dapsone topical</i>	1	
DIFFERIN TOPICAL CREAM	3	
DIFFERIN TOPICAL GEL 0.3 %	3	
DIFFERIN TOPICAL GEL WITH PUMP	3	
DIFFERIN TOPICAL LOTION	3	
DUAC	3	
EPIDUO FORTE	3	
EPIDUO TOPICAL GEL WITH PUMP	3	
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	
FABIOR	3	PA
FINACEA TOPICAL FOAM	3	
INOVA	3	
METROCREAM	3	
METROGEL TOPICAL GEL 1 %	3	
METROGEL TOPICAL GEL WITH PUMP	3	
METROLOTION	3	
<i>metronidazole topical</i>	1	
MIRVASO	3	
<i>neuac</i>	1	
NEUAC KIT	3	
NORITATE	3	
NUOX	3	
ONEXTON TOPICAL GEL WITH PUMP	3	
PLEXION	3	
PLEXION CLEANSING CLOTHS	3	
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
RHOFADE	3	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	
ROSANIL	3	
ROSULA	3	
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>sulfact na-sul-avobnz-otn-ocsa</i>	1	
SUMADAN	3	
SUMADAN XLT	3	
SUMAXIN	3	
SUMAXIN CP	3	
SUMAXIN TS	3	
<i>tazarotene</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
TRETIN-X CREAM KIT	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
VANOXIDE-HC	3	
VELTIN	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>zenatane</i>	1	
ZIANA	3	PA
<b>TOPICAL ANESTHETICS</b>		
BUCALSEP	3	
<i>ethyl chloride</i>	1	
<i>glydo</i>	1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl injection syringe 10 mg/ml (1 %)</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated</i>	1	ST
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	
LIDOCAINE-TETRACAINE	3	
LIDODERM	3	ST
<i>lta pre-attached</i>	1	
PLIAGLIS	3	
SYNERA	3	
XYLOCAINE INJECTION	3	
XYLOCAINE-EPINEPHRINE	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
ZINGO	3	
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX	3	

Drug Name	Drug Tier	Requirements / Limits
BACTROBAN TOPICAL CREAM	3	
CENTANY	3	
CENTANY AT	3	
CORTISPORIN TOPICAL	3	
DERMASORB AF COMPLETE KIT	3	
<i>gentamicin topical</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	
<i>iodoquinol-hc</i>	1	
KLARON	3	
<i>lugols topical</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
SILVRSTAT	3	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
VYTONA	3	
<b>TOPICAL ANTIFUNGALS</b>		
ALA-QUIN	3	
<i>ciclodan</i>	1	
CICLODAN KIT	3	
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole</i>	1	
ECOZA	3	
ERTACZO	3	
EXELDERM	3	
EXODERM	3	
EXTINA	3	
JUBLIA	3	
KERYDIN	3	
<i>ketoconazole topical</i>	1	
LOPROX (AS OLAMINE)	3	



Drug Name	Drug Tier	Requirements / Limits
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	
LOPROX TOPICAL SHAMPOO	3	
LOTRISONE TOPICAL CREAM	3	
LUZU	3	
<i>naftifine</i>	1	
NAFTIN TOPICAL CREAM 2 %	3	
NAFTIN TOPICAL GEL	3	
NIZORAL TOPICAL SHAMPOO	3	
<i>nyamyc</i>	1	
<i>nyata</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	1	
OXISTAT	3	
PENLAC	3	
TRIA CETIN	2	
TRIPLE DYE	3	
VUSION	3	
XOLEGEL	3	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical</i>	1	ST; QL
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	2	ST; QL
ZOVIRAX TOPICAL OINTMENT	3	ST; QL
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 2.5 %</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	
<i>apexicon e</i>	1	
AQUA GLYCOLIC HC	3	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented</i>	1	
CAPEX	3	ST
<i>clobetasol</i>	1	
<i>clobetasol-emollient</i>	1	
CLOBEX	3	ST
CLOCORTOLONE PIVALATE	3	ST
<i>clodan</i>	1	
CLODAN KIT	3	ST
CLODERM	3	ST
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM	3	ST
CORDRAN TOPICAL LOTION	3	ST
CORDRAN TOPICAL OINTMENT	3	ST
<i>cormax scalp</i>	1	
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL	3	ST
DERMASORB HC COMPLETE KIT	3	ST
DERMASORB TA COMPLETE KIT	3	ST
DERMATOP	3	ST
DESONATE	3	ST
<i>desonide</i>	1	
DESOWEN	3	ST
<i>desoximetasone</i>	1	
<i>diflorasone</i>	1	
DIPROLENE TOPICAL OINTMENT	3	ST
ELOCON TOPICAL CREAM	3	ST
ELOCON TOPICAL OINTMENT	3	ST
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluocinonide-emollient</i>	1	
<i>flurandrenolide</i>	1	
<i>fluticasone topical</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone butyr-emollient</i>	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-min oil-wht pet</i>	1	
KENALOG TOPICAL	3	ST
LOCOID	3	ST
LOCOID LIPOCREAM	3	ST
LUXIQ	3	ST
<i>mometasone topical</i>	1	
<i>nolix</i>	1	
NUCORT	3	ST
OLUX	3	ST
OLUX-E	3	ST
PANDEL	3	ST
<i>prednicarbate</i>	1	
PSORCON	3	ST
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL CREAM	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST
TEXACORT	3	ST
TOPICORT	3	ST
<i>triamcinolone acetonide topical aerosol</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex</i>	1	
<i>triderm topical cream</i>	1	
TRIDESILON	3	ST
ULTRAVATE	3	ST
ULTRAVATE X	3	ST
VANOS	3	ST
VERDESO	3	ST
<b>TOPICAL ENZYMES</b>		
SANTYL	2	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
ELIMITE	3	
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
NATROBA	3	
OVIDE	3	
<i>permethrin topical cream</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
ADIPEX-P	3	PA
BELVIQ	3	PA
BELVIQ XR	3	PA
<i>benzphetamine</i>	1	PA
CONTRAVE	3	PA
<i>diethylpropion</i>	1	PA
LOMAIRA	3	PA
<i>phendimetrazine tartrate</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>phentermine</i>	1	PA
QSYMIA	3	PA
REGIMEX	3	PA
SAXENDA	3	PA
XENICAL	3	PA

## ANTIDOTES

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

DUODOTE

## IRRIGATING SOLUTIONS

*lactated ringers irrigation*

*neomycin-polymyxin b gu*

NEOSPORIN GU IRRIGANT

PHYSIOLYTE

PHYSIOSOL IRRIGATION

*ringer's irrigation*

SORBITOL IRRIGATION

SORBITOL-MANNITOL

*tis-u-sol pentalyte*

VASHE WOUND THERAPY

## MISCELLANEOUS AGENTS

*acamprosate*

*acetic acid irrigation*

ACTONEL ORAL TABLET 30 MG

AGRYLIN

*alendronate oral tablet 40 mg*

AMPHADASE

*anagrelide*

ANTABUSE

ARALAST NP

BUPHENYL ORAL POWDER

BUPHENYL ORAL TABLET

*caffeine citrate oral*

CARBAGLU

CARNITOR

Drug Name	Drug Tier	Requirements / Limits
CARNITOR (SUGAR-FREE)	3	
<i>cevimeline</i>	1	
CHEMET	2	ST
<i>disulfiram</i>	1	
ENDARI	3	
<i>etidronate disodium</i>	1	
EVOXAC	3	
EXJADE	4	ST
FERRIPROX ORAL SOLUTION	2	ST
FERRIPROX ORAL TABLET	4	ST
FERRLECIT	3	
GLASSIA	4*	PA; ST
HYLENEX	3	
<i>ic green</i>	1	
<i>indocyanine green</i>	1	
INFASURF	3	
JADENU	4	ST
JADENU SPRINKLE	4	ST
KIT PREP OF TC-99M-MEBROFENIN	3	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral tablet</i>	1	
LIPOCHOL PLUS	3	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
NITYR	4	
NORTHERA	4*	ST
NUTRESTORE	3	
ORFADIN	4	
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C	4	PA; ST
RADIOGARDASE	3	
RAVICTI	4	
RILUTEK	3	
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
SINOGRAFIN	3	
<i>sodium chlor 0.9% bacteriostat</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % injection syringe</i>	1	
<i>sodium chloride 0.9 % intravenous</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	
<i>sodium phenylbutyrate</i>	1	
SURVANTA	3	
SYPRINE	3	ST
THIOLA	4*	
<i>water for irrigation, sterile</i>	1	
XURIDEN	4	
ZEMAIRA	4	PA; ST
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	LCG	ACA; QL
CHANTIX	LCG	ACA; QL
CHANTIX CONTINUING MONTH BOX	LCG	ACA; QL
CHANTIX STARTING MONTH BOX	LCG	ACA; QL
NICODERM CQ	LCG	ACA; OTC; QL
<i>nicorelief</i>	LCG	ACA; OTC; QL
NICORETTE BUCCAL GUM 2 MG	LCG	ACA; OTC; QL
<i>nicorette buccal gum 4 mg</i>	LCG	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE	LCG	ACA; OTC; QL
NICORETTE BUCCAL MINI LOZENGE	LCG	ACA; OTC; QL
<i>nicotine (polacrilex)</i>	LCG	ACA; OTC; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 7 mg/24 hr</i>	LCG	ACA; OTC; QL
<i>nicotine transdermal patch, td daily, sequential</i>	LCG	ACA; OTC; QL
NICOTROL	LCG	ACA; QL
NICOTROL NS	LCG	ACA; QL
<i>nts step 1</i>	1	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>quit 2 buccal gum</i>	LCG	ACA; OTC; QL
QUIT 2 BUCCAL LOZENGE	LCG	ACA; OTC; QL
<i>quit 4 buccal gum</i>	LCG	ACA; OTC; QL
QUIT 4 BUCCAL LOZENGE	LCG	ACA; OTC; QL
<i>stop smoking aid</i>	LCG	ACA; OTC; QL
ZYBAN	LCG	ACA; QL
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
ALZAIR	3	
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	
<i>azelastine nasal aerosol, spray</i>	1	QL
<i>azelastine nasal spray, non-aerosol</i>	1	
BACTROBAN NASAL	2	
<i>chlorhexidine gluconate mucous membrane</i>	1	
DEBACTEROL	2	
EPISIL	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	QL
MUGARD	DME	
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PATANASE	3	QL
PERIDEX	3	
<i>perio gard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
Q-CARE RX Q4	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>triamcinolone acetonide dental</i>	1	
TYZINE NASAL SPRAY, NON-AEROSOL	3	

Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	1	
CETRAXAL	3	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	
<i>floxin otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<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	3	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR H.P.	4	PA
<i>betamethasone acet,sod phos</i>	1	
CELESTONE SOLUSPAN	3	
CORTEF	3	
<i>cortisone</i>	1	
<i>deltasone oral tablet 20 mg</i>	1	
DEPO-MEDROL	3	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phos (pf)</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
EMFLAZA	4*	ST
<i>fludrocortisone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone oral</i>	1	
KENALOG INJECTION	3	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>millipred dp</i>	1	
MILLIPRED ORAL SOLUTION	3	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	
<i>triamcinolone acetonide injection</i>	1	
TRIESENCE (PF)	3	
<i>veripred 20</i>	1	
ZODEX	3	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS TEST STRP	DS	OTC
ACCU-CHEK COMPACT PLUS TEST	DS	OTC
ACCU-CHEK GUIDE	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK SMARTVIEW TEST STRIP	DS	OTC
ACCUTREND GLUCOSE	DS	OTC
ADVANCED GLUC METER TEST STRIP	DS	OTC
ADVOCATE REDI-CODE	DS	OTC
ADVOCATE TEST STRIPS	DS	OTC
AGAMATRIX AMP TEST STRIPS	DS	OTC
ASSURE 4 STRIPS	DS	OTC
ASSURE PLATINUM STRIP	DS	OTC
ASSURE PRISM MULTI STRIP	DS	OTC
BIONIME RIGHTEST TEST STRIPS	DS	OTC
BLOOD GLUCOSE TEST	DS	OTC
BREEZE 2 TEST STRIPS	DS	OTC
CARESENS N TEST STRIPS	DS	OTC
CLEVER CHOICE MICRO TEST STRIP	DS	OTC
CLEVER CHOICE PRO STRIP	DS	OTC
CLEVER CHOICE TEST STRIPS	DS	OTC
CLEVER CHOICE VOICE+ TEST	DS	OTC
CONTOUR NEXT STRIPS	DS	OTC
CONTOUR TEST STRIPS	DS	OTC
COOL GLUCOSE TEST STRIP	DS	OTC
DIATRUE PLUS TEST STRIP	DS	OTC
EASY PLUS II TEST	DS	OTC
EASY STEP	DS	OTC
EASY TALK GLUCOSE TEST	DS	OTC
EASY TOUCH TEST STRIP	DS	OTC
EASY TRAK GLUCOSE TEST	DS	OTC
EASYGLUCO PLUS STRIP	DS	OTC
EASYGLUCO TEST	DS	OTC
EASYMAX	DS	OTC
ELEMENT COMPACT TEST STRIPS	DS	OTC
ELEMENT TEST STRIPS	DS	OTC
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	DS	OTC
EMBRACE EVO TEST STRIPS	DS	OTC
EMBRACE PRO TEST STRIPS	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
EVENCARE G2 STRIP	DS	OTC
EVENCARE G3 TEST	DS	OTC
EVOLUTION TEST STRIPS	DS	OTC
EZ SMART PLUS TEST	DS	OTC
EZ SMART TEST	DS	OTC
FIFTY50 TEST STRIP	DS	OTC
FORA D15G	DS	OTC
FORA D20 STRIP	DS	OTC
FORA D40-G31 TEST STRIPS	DS	OTC
FORA G20 STRIP	DS	OTC
FORA G30A STRIP	DS	OTC
FORA GD50 TEST STRIPS	DS	OTC
FORA TEST STRIP	DS	OTC
FORA TN'G VOICE TEST STRIPS	DS	OTC
FORA V10 STRIP	DS	OTC
FORA V10-V12-D10-D20 STRIPS	DS	OTC
FORA V12 GLUCOSE	DS	OTC
FORA V20 STRIP	DS	OTC
FORACARE GD20	DS	OTC
FORACARE GD40	DS	OTC
FORTISCARE GLUCOSE TEST STRIPS	DS	OTC
FREESTYLE INSULINX STRIP	DS	OTC
FREESTYLE INSULINX TEST STRIPS	DS	OTC
FREESTYLE LITE STRIPS	DS	OTC
FREESTYLE PRECISION NEO STRIPS	DS	OTC
FREESTYLE TEST	DS	OTC
GE100 BLOOD GLUCOSE TEST STRIP	DS	OTC
GENSTRIP TEST STRIP	DS	OTC
GLUCO NAVII TEST STRIP	DS	OTC
GLUCOCARD 01 SENSOR PLUS	DS	OTC
GLUCOCARD EXPRESSION STRIP	DS	OTC
GLUCOCARD SHINE TEST STRIPS	DS	OTC
GLUCOCARD VITAL SENSOR	DS	OTC
GLUCOCARD VITAL TEST STRIPS	DS	OTC
GLUCOCOM GLUCOSE	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
GM100 STRIP	DS	OTC
HEALTHPRO TEST STRIPS	DS	OTC
INFINITY TEST STRIPS	DS	OTC
MICRO BLOOD GLUCOSE	DS	OTC
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	DS	OTC
MYGLUCOHEALTH STRIP	DS	OTC
NEUTEK 2TEK TEST STRIPS	DS	OTC
NOVA MAX GLUCOSE TEST	DS	OTC
ON CALL EXPRESS TEST STRIP	DS	OTC
ON CALL PLUS TEST STRIP	DS	OTC
ON CALL VIVID TEST STRIP	DS	OTC
ONETOUCH ULTRA TEST	DS	OTC
ONETOUCH VERIO	DS	OTC
OPTIUM EZ	DS	OTC
OPTIUM TEST	DS	OTC
OPTUMRX STRIP	DS	OTC
PHARMACIST CHOICE	DS	OTC
PRECISION PCX PLUS TEST	DS	OTC
PRECISION PCX TEST	DS	OTC
PRECISION POINT OF CARE TEST	DS	OTC
PRECISION Q-I-D TEST	DS	OTC
PRECISION XTRA TEST	DS	OTC
PREMIUM V10 STRIP	DS	OTC
PRODIGY NO CODING	DS	OTC
QUINTET AC STRIP	DS	OTC
REFUAH PLUS	DS	OTC
RELION CONFIRM-MICRO	DS	OTC
RELION PRIME TEST STRIPS	DS	OTC
REVEAL TEST STRIP	DS	OTC
RIGHTEST GS550 TEST STRIPS	DS	OTC
SMART SENSE TEST STRIPS	DS	OTC
SMARTEST TEST	DS	OTC
SOLUS V2 TEST STRIPS	DS	OTC
SURE-TEST EASYPLUS MINI STRIP	DS	OTC
TELCARE TEST STRIPS	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
TEST N'GO TEST	DS	OTC
TRUE METRIX GLUCOSE TEST STRIP	DS	OTC
TRUETEST TEST STRIPS	DS	OTC
TRUETRACK TEST	DS	OTC
ULTIMA TEST STRIPS	DS	OTC
ULTRATRAK	DS	OTC
ULTRATRAK ULTIMATE STRIP	DS	OTC
UNISTRIP1 TEST STRIP	DS	OTC
WAVESENSE JAZZ	DS	OTC
WAVESENSE PRESTO STRIP	DS	OTC

### DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT

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

Drug Name	Drug Tier	Requirements / Limits
PRIMEAIRE	DME	
PROCHAMBER	DME	
RITFLO AEROCHAMBER	DME	
VORTEX HOLDING CHAMBER CHILD	DME	
VORTEX VHC FROG MASK-CHILD	DME	
VORTEX VHC LADYBUG MASK-TODDLR	DME	

### GLUCOSE ELEVATING AGENTS

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

### INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU

2TEK GLUCOSE/BLOOD PRESSURE	DS	OTC
ACCU-CHEK AVIVA CONNECT METER	DS	OTC
ACCU-CHEK AVIVA PLUS METER	DS	OTC
ACCU-CHEK COMBO SYSTEM	DS	
ACCU-CHEK COMPACT PLUS CONTROL	DS	OTC
ACCU-CHEK GUIDE GLUCOSE METER	DS	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	DS	OTC
ACCU-CHEK NANO	DS	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	DS	OTC
ACCUTREND GLUCOSE CONTROL	DS	OTC
ADVANCED GLUCOSE METER	DS	OTC
ADVOCATE BLOOD GLUCOSE MONITOR	DS	OTC
ADVOCATE DUO	DS	OTC
ADVOCATE LOW CONTROL	DS	OTC
ADVOCATE REDI-CODE DUO METER	DS	OTC
ADVOCATE REDI-CODE GLU MONITOR	DS	OTC
ADVOCATE REDI-CODE+ CTRL LOW	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
AGAMATRIX AMP GLUC MONITOR SYS	DS	OTC
AGAMATRIX CONTROL HIGH	DS	OTC
ASSURE 4 CONTROL SOLUTION	DS	OTC
ASSURE DOSE NORMAL CONTROL	DS	OTC
ASSURE PLATINUM	DS	OTC
ASSURE PRISM CONTROL 1-2 SOLN	DS	OTC
ASSURE PRISM MULTI METER	DS	OTC
AT HOME A1C	DS	OTC
AUTOJECT 2 INJECTION DEVICE	DS	OTC
AUTOPEN 1 TO 21 UNITS	DS	OTC
AUTOSOFT 90	DS	
BIONIME RIGHTEST GM300 SYSTEM	DS	OTC
BLOOD GLUCOSE CONTROL, NORMAL	DS	OTC
BLOOD-GLUCOSE METER	DS	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	DS	OTC
CARESENS CONTROL A NORMAL	DS	OTC
CARESENS N	DS	OTC
CARESENS N VOICE	DS	OTC
CARTRIDGE STAMPED IR 1200	DS	OTC
CLEO 90 INFUSION SET 24"	DS	
CLEVER CHEK BLOOD GLUCOSE	DS	OTC
CLEVER CHOICE GLUCOSE MONITOR	DS	OTC
CLEVER CHOICE LEVEL 2 CONTROL	DS	OTC
CLEVER CHOICE MICRO	DS	OTC
CLEVER CHOICE PRO	DS	OTC
COMFORT INFUSION SET 43"	DS	
COMFORT SHORT INSULIN PUMP 23"	DS	
CONTACT DETACH INFUS SET 23"	DS	
CONTOUR CONTROL SOLUTION, NML	DS	OTC
CONTOUR LINK	DS	OTC
CONTOUR NEXT EZ METER	DS	OTC



Drug Name	Drug Tier	Requirements / Limits
CONTOUR NEXT LEV 2 CONTROL SOL	DS	OTC
CONTOUR NEXT LINK	DS	OTC
CONTOUR NEXT METER	DS	OTC
CONTOUR NEXT ONE METER	DS	OTC
CONTROL AST MONITORING SYSTEM	DS	OTC
COOL BLOOD GLUCOSE METER	DS	OTC
COOL CONTROL A SOLUTION	DS	OTC
DEXCOM G5 RECEIVER	DS	
DEXCOM RECEIVER	DS	
DIATRUE CONTROL SOLN NORMAL	DS	OTC
DIATRUE PLUS BLOOD GLUCOSE MET	DS	OTC
EASY PLUS II BLOOD GLUCOSE MET	DS	OTC
EASY STEP BLOOD GLUCOSE METER	DS	OTC
EASY TALK BLOOD GLUCOSE METER	DS	OTC
EASY TOUCH GLUCOSE MONITOR	DS	OTC
EASY TRAK LOW CONTROL	DS	OTC
EASYGLUCO MONITORING SYSTEM	DS	OTC
EASYGLUCO PLUS KIT	DS	OTC
EASYGLUCO PLUS NORMAL CONTROL	DS	OTC
EASYMAX L BLOOD GLUCOSE METER	DS	OTC
EASYMAX LOW CONTROL	DS	OTC
EASYMAX NG KIT	DS	OTC
EASYMAX NORMAL CONTROL	DS	OTC
EASYMAX V SPEAKING GLUCOSE SYS	DS	OTC
EASYMAX V2 BLOOD GLUCOSE METER	DS	OTC
ELEMENT COMPACT GLUCOSE METER	DS	OTC
ELEMENT COMPACT NORMAL CONTROL	DS	OTC
ELEMENT COMPACT V GLUCOSE MTR	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
ELEMENT NORMAL CONTROL	DS	OTC
ELEMENT PLUS BLOOD GLUCOSE KIT	DS	OTC
EMBRACE BLOOD GLUCOSE SYSTEM	DS	OTC
EMBRACE EVO LEVEL 1	DS	OTC
EMBRACE GLUCOSE CONTROL LOW	DS	OTC
EMBRACE PRO GLUCOSE METER	DS	OTC
ENLITE SYSTEM	DS	
EVENCARE G2	DS	OTC
EVENCARE G3 GLUCOSE METER	DS	OTC
EVOLUTION BLOOD GLUCOSE METER	DS	OTC
EVOLUTION NORMAL CONTROL	DS	OTC
EZ SMART PLUS SYSTEM	DS	OTC
EZ SMART SYSTEM	DS	OTC
FORA D10	DS	OTC
FORA D20 KIT	DS	OTC
FORA G20 KIT	DS	OTC
FORA G30A	DS	OTC
FORA GD50 BLOOD GLUCOSE SYSTEM	DS	OTC
FORA PREMIUM V10 GLUCOSE METER	DS	OTC
FORA TEST N'GO VOICE METER	DS	OTC
FORA TN'G VOICE METER	DS	OTC
FORA V10 KIT	DS	OTC
FORA V12 BLOOD GLUCOSE SYSTEM	DS	OTC
FORA V20 KIT	DS	OTC
FORA V30A KIT	DS	OTC
FORACARE GD20 GLUCOSE METER	DS	OTC
FORACARE GD40A GLUCOSE METER	DS	OTC
FORACARE GD40B GLUCOSE METER	DS	OTC
FORACARE GDH LOW CONTROL	DS	OTC
FORTISCARE BLOOD GLUCOSE SYST	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
FORTISCARE NORMAL	DS	OTC
FREESTYLE CONTROL	DS	OTC
FREESTYLE FLASH SYSTEM	DS	OTC
FREESTYLE FREEDOM	DS	OTC
FREESTYLE FREEDOM LITE	DS	OTC
FREESTYLE INSULINX	DS	OTC
FREESTYLE LITE METER	DS	OTC
FREESTYLE PRECISION NEO METER	DS	OTC
FREESTYLE SIDEKICK II	DS	OTC
FREESTYLE SYSTEM KIT	DS	OTC
GE100 BLOOD GLUCOSE SYSTEM	DS	OTC
GE100 CONTROL SOLUTION NORMAL	DS	OTC
GLUCO NAVII GLUCOSE MONITOR	DS	OTC
GLUCOCARD 01 METER	DS	OTC
GLUCOCARD 01 NORMAL CONTROL	DS	OTC
GLUCOCARD EXPRESSION	DS	OTC
GLUCOCARD SHINE METER	DS	OTC
GLUCOCARD VITAL	DS	OTC
GLUCOCOM BLOOD GLUCOSE	DS	OTC
GLUCOCOM CONTROL NORMAL	DS	OTC
GLUCOSE CONTROL	DS	OTC
GM100 KIT	DS	OTC
HEALTHPRO GLUCOSE MONITOR	DS	OTC
HEALTHPRO HIGH-LOW CONTROL	DS	OTC
HUMAPEN LUXURA HD	DS	
INFINITY CONTROL SOLUTION NORM	DS	OTC
INFINITY STARTER KIT	DS	OTC
INFUSION SET 43" 6MM	DS	OTC
INSET 30 INFUSION SET 23"	DS	
INSET INFUSION SET 23"	DS	
JAZZ WIRELESS 2 METER KIT	DS	OTC
LANCETS 33 GAUGE	DS	OTC
LANCING DEVICE	DS	OTC
MEDISENSE	DS	OTC
MEDISENSE GLUCOSE KETONE	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
MICRODOT BLOOD GLUCOSE SYSTEM	DS	OTC
MINIMED INFUSION SET-MMT 390	DS	
MIO INFUSION SET	DS	
MYGLUCOHEALTH CONTROL SOLUTION	DS	OTC
MYGLUCOHEALTH KIT	DS	OTC
NOVA MAX BLOOD GLUCOSE METER	DS	OTC
NOVA MAX GLUCOSE CONTROL	DS	OTC
NOVAMAX PLUS GLU-KET	DS	OTC
NOVOPEN ECHO	DS	
OMNIPOD INSULIN REFILL	DS	
ON CALL EXPRESS CONTROL	DS	OTC
ON CALL EXPRESS METER KIT	DS	OTC
ON CALL PLUS CONTROL	DS	OTC
ON CALL PLUS METER KIT	DS	OTC
ON CALL VIVID CONTROL	DS	OTC
ON CALL VIVID METER KIT	DS	OTC
ON CALL VIVID PAL METER KIT	DS	OTC
ONETOUCH ULTRA CONTROL	DS	OTC
ONETOUCH ULTRA2	DS	OTC
ONETOUCH ULTRAMINI	DS	OTC
ONETOUCH VERIO FLEX	DS	OTC
ONETOUCH VERIO IQ METER	DS	OTC
ONETOUCH VERIO SYSTEM	DS	OTC
OPTUMRX KIT	DS	OTC
PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	DS	OTC
PHARMACIST CHOICE GLUCOSE SYS	DS	OTC
PRECISION XTRA MONITOR	DS	OTC
PREMIUM BLOOD GLUCOSE MONITOR	DS	OTC
PREMIUM V10	DS	OTC
PRESTO PRO BLOOD GLUCOSE METER	DS	OTC
PRODIGY AUTOCODE METER	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
PRODIGY AUTOCODE MONITOR SYST	DS	OTC
PRODIGY CONTROL SOLUTION, LOW	DS	OTC
PRODIGY CONTROL SOLUTION,HIGH	DS	OTC
PRODIGY POCKET METER	DS	OTC
PRODIGY VOICE GLUCOSE METER	DS	OTC
QUICK-SET PARADIGM	DS	
QUINTET BLOOD GLUCOSE METER	DS	OTC
REFUAH PLUS GLUCOSE CONTROL	DS	OTC
REFUAH PLUS GLUCOSE MONITOR	DS	OTC
RELION ALL-IN-ONE METER	DS	OTC
RELION CONFIRM	DS	OTC
RELION MICRO GLUCOSE MONITOR KIT	DS	OTC
RELION PRIME METER	DS	OTC
REVEAL BLOOD GLUCOSE METER	DS	OTC
RIGHTEST CONTROL SOLUTION HIGH	DS	OTC
RIGHTEST GM550 SYSTEM	DS	OTC
SAFE-CLIP BY MAIL	DS	OTC
SIDEKICK BLOOD GLUCOSE SYSTEM	DS	OTC
SILHOUETTE INFUSION SET	DS	
SMART SENSE MONITORING SYSTEM	DS	OTC
SMARTEST CONTROL	DS	OTC
SMARTEST EJECT	DS	OTC
SMARTEST PERSONA STARTER	DS	OTC
SMARTEST PRONTO STARTER	DS	OTC
SMARTEST PROTEGE	DS	OTC
SNAP INSULIN PUMP CONTROLLER	DS	
SNAP INSULIN PUMP-INFUSION SET	DS	
SOF-SET	DS	
SOF-SET CANNULA 24" TUBING	DS	
SOF-SET MICRO 24" POLYFIN TUB	DS	
SOLUS V2 AUDIBLE METER	DS	OTC

Drug Name	Drug Tier	Requirements / Limits
SOLUS V2 CONTROL SOLUTION,HIGH	DS	OTC
SURE-T PARADIGM	DS	
SURE-TEST EASYPLUS MINI METER	DS	OTC
T:30 INFUSION SET	DS	
T:SLIM	DS	
TELCARE BGM	DS	OTC
TELCARE BLOOD GLUCOSE KIT	DS	OTC
TELCARE CONTROL	DS	OTC
TEST N'GO BLOOD GLUCOSE SYSTEM	DS	OTC
TRUE METRIX AIR GLUCOSE METER	DS	OTC
TRUE METRIX GLUCOSE METER	DS	OTC
TRUE METRIX GO GLUCOSE METER	DS	OTC
TRUE METRIX LEVEL 1	DS	OTC
TRUE2GO BLOOD GLUCOSE SYSTEM	DS	OTC
TRUECONTROL LEVEL 0	DS	OTC
TRUERESULT BLOOD GLUCOSE SYSTEM KIT	DS	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM	DS	OTC
TRUETRACK SMART SYSTEM KIT	DS	OTC
ULTRATRAK GLUCOSE METER	DS	OTC
ULTRATRAK ULTIMATE	DS	OTC
UNISTRIP LOW CONTROL	DS	OTC
VGO 20	DS	
VGO 30	DS	
VGO 40	DS	
WAVESENSE AMP	DS	OTC
WAVESENSE CONTROL SOLUTION	DS	OTC
WAVESENSE PRESTO	DS	OTC
<b>INSULIN THERAPY</b>		
AFREZZA	3	
APIDRA	3	
APIDRA SOLOSTAR	3	
BASAGLAR KWIKPEN	2	

Drug Name	Drug Tier	Requirements / Limits
FIASP	3	
FIASP FLEXTOUCH	3	
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50-50	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R U-100	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70-30	3	
NOVOLOG MIX 70-30 FLEXPEN	3	
NOVOLOG PENFILL	3	
RELION NOVOLIN 70/30	3	
RELION NOVOLIN N	3	
RELION NOVOLIN R	3	
SOLIQUA 100/33	3	QL
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
XULTOPHY 100/3.6	3	QL

### MISCELLANEOUS HORMONES

Drug Name	Drug Tier	Requirements / Limits
ANADROL-50	3	
BRINEURA INTRAVENTRICULAR KIT	4	
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	
<i>clomiphene citrate</i>	50%	
<i>danazol</i>	1	
DDAVP NASAL SOLUTION	3	
DDAVP ORAL	3	
DEPO-TESTOSTERONE	3	PA
<i>desmopressin nasal solution</i>	1	
<i>desmopressin nasal spray, non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML)	2	
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
HECTOROL ORAL	3	
KORLYM	4*	PA
KUVAN ORAL POWDER IN PACKET 500 MG	4	PA
KUVAN ORAL TABLET, SOLUBLE	4	PA
MIACALCIN INJECTION	3	
MYALEPT	4	ST
NATPARA	4	ST
OXANDRIN	3	
<i>oxandrolone</i>	1	
<i>pamidronate</i>	4	
<i>paricalcitol oral</i>	1	
RAYALDEE	3	
ROCALTROL	3	

Drug Name	Drug Tier	Requirements / Limits
SAMSCA	4	PA; QL
SENSIPAR	2	ST
<i>serophene</i>	50%	
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	4	
STIMATE	4	
STRENSIQ	4	
SYNAREL	3	
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<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
ADLYXIN	3	ST; QL
ALOGLIPTIN	3	ST; QL
ALOGLIPTIN-METFORMIN	3	ST; QL
ALOGLIPTIN-PIOGLITAZONE	3	ST; QL
AMARYL	3	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
BYDUREON	2	ST; QL
BYETTA	2	ST; QL
<i>chlorpropamide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CYCLOSET	3	
DUETACT	3	ST; QL
FARXIGA	2	QL
FORTAMET	3	ST; QL
<i>glimepiride</i>	LCG	LCG
<i>glipizide</i>	LCG	LCG
<i>glipizide-metformin</i>	1	
GLUCOPHAGE	3	ST
GLUCOPHAGE XR	3	ST; QL
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	
GLUMETZA	3	ST; QL
<i>glyburide</i>	LCG	LCG
<i>glyburide micronized</i>	LCG	LCG
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	LCG	LCG
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	2	QL
INVOKAMET	3	QL
INVOKAMET XR	3	QL
INVOKANA	3	QL
JANUMET	2	ST; QL
JANUMET XR	2	ST; QL
JANUVIA	2	ST; QL
JARDIANCE	2	QL
JENTADUETO	2	ST; QL
JENTADUETO XR	2	ST; QL
KAZANO	3	ST; QL
KOMBIGLYZE XR	3	ST; QL
<i>metformin oral tablet</i>	LCG	LCG
<i>metformin oral tablet extended release 24 hr 500 mg</i>	LCG	LCG; QL

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL
<i>metformin oral tablet extended release 24hr</i>	1	ST; QL
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
NESINA	3	ST; QL
ONGLYZA	3	ST; QL
OSENI	3	ST; QL
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE	3	
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	QL
RIOMET	3	ST
STARLIX	3	
SYMLINPEN 120	2	ST; QL
SYMLINPEN 60	2	ST; QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TANZEUM	2	ST; QL
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	2	ST; QL
TRULICITY	3	ST; QL
VICTOZA 2-PAK	3	ST; QL
VICTOZA 3-PAK	3	ST; QL
XIGDUO XR	2	QL
<b>THYROID HORMONES</b>		
ARMOUR THYROID	2	
CYTOMEL	3	
LEVO-T	3	
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>belladonna-opium</i>	1	
BENTYL ORAL CAPSULE	3	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine oral capsule</i>	LCG	LCG
<i>dicyclomine oral solution</i>	LCG	LCG
<i>dicyclomine oral tablet</i>	LCG	LCG
<i>diphenoxylate-atropine</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
<i>ed-spaz</i>	1	
<i>glycopyrrolate injection</i>	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	3	
LOMOTIL	3	
<i>methscopolamine</i>	1	
MOTOFEN	3	
MYTESI	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>paregoric</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro</i>	1	
<i>propantheline</i>	1	

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

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

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



Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	
LOTRONEX	3	
MAGNEBIND 400	3	
<i>magnesium citrate oral solution</i>	LCG	ACA; OTC
MARINOL	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	
MESALAMINE ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	3	
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl injection solution</i>	LCG	LCG
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	LCG	LCG
<i>metoclopramide hcl oral tablet</i>	LCG	LCG
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	
MICORT-HC	3	ST
<i>milk of magnesia</i>	LCG	ACA; OTC
<i>milk of magnesia concentrated</i>	LCG	ACA; OTC
MOVANTIK	2	
MOVIPREP	LCG	ACA
NULYTELY WITH FLAVOR PACKS	3	
OCALIVA	4	PA; QL
<i>ondansetron</i>	1	QL
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral</i>	1	QL
ONDANSETRON IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 8 MG/50 ML	3	
<i>oral saline laxative oral liquid</i>	LCG	ACA; OTC
OSMOPREP	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	
<i>peg 3350-electrolytes</i>	LCG	ACA
<i>peg-electrolyte soln</i>	LCG	ACA
<i>peg-prep</i>	LCG	ACA
PENTASA	2	
PERTZYE	3	
PHOSLYRA	3	
<i>phosphate laxative oral liquid</i>	LCG	ACA; OTC
<i>pramcort</i>	1	
PREPOPIK	LCG	ACA
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	2	
REGLAN ORAL	3	
RELISTOR ORAL	3	
RELISTOR SUBCUTANEOUS SOLUTION	2	
RELISTOR SUBCUTANEOUS SYRINGE	2	
REMICADE	4	ST
RENAGEL	3	
RENFLXIS	4*	ST
REVELA ORAL POWDER IN PACKET	3	
REVELA ORAL TABLET	2	
ROWASA	3	
SANCUSO	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	
SFLOWASA	3	
<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	LCG	ACA
SUSTOL	3	
SYMPROIC	3	
SYNDROS	3	
TIGAN INTRAMUSCULAR	3	
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP	3	
<i>trilyte with flavor packets</i>	LCG	ACA
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	
UCERIS ORAL	2	
UCERIS RECTAL	3	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI ORAL	2	QL
VELPHORO	3	
VELTASSA	2	
VIBERZI	2	
VIOKACE	2	
<i>woman's laxative oral tablet, delayed release (dr/ec)</i>	LCG	ACA; OTC
<i>women's gentle laxative(bisac)</i>	LCG	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet</i>	LCG	ACA; OTC
ZENPEP	3	

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

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

Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	ST; QL
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	ST
PYLERA	3	
<i>rabeprazole</i>	1	
<i>ranitidine hcl injection</i>	1	
<i>ranitidine hcl oral capsule 300 mg</i>	1	
<i>ranitidine hcl oral tablet 300 mg</i>	1	
<i>sucralfate oral tablet</i>	1	
ZANTAC INJECTION	3	
ZANTAC ORAL TABLET 300 MG	3	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	ST; QL
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	ST
ZEGERID ORAL PACKET 20-1,680 MG	3	ST; QL
ZEGERID ORAL PACKET 40-1,680 MG	3	ST

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4*	ST
GRANIX	4	PA; ST
NEUPOGEN	4	PA
PROCRT	4	PA; ST
ZARXIO	4	ST

### GROWTH HORMONES

EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA
SAIZEN SAIZENPREP	4*	ST

### INTERFERONS

AUBAGIO	4*	PA
AVONEX (WITH ALBUMIN)	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL
BETASERON SUBCUTANEOUS KIT	4*	ST; QL
COPAXONE SUBCUTANEOUS SYRINGE	4*	ST; QL
COPEGUS	4*	ST
EXTAVIA	4	PA; QL
GILENYA	4	PA
<i>glatiramer</i>	4	PA; QL
<i>glatopa</i>	4	PA; QL
<i>moderiba</i>	4	ST
<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	ST
OCREVUS	4	ST
PEGASYS	4	QL
PEGASYS PROCLICK	4	QL
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4*	QL
PLEGRIDY	4	ST; QL
POMALYST	4	
REBETOL ORAL SOLUTION	4*	ST
REBIF (WITH ALBUMIN)	4	PA; QL
REBIF REBIDOSE	4	PA; QL
REBIF TITRATION PACK	4	PA; QL
REVLIMID	4	PA
<i>ribasphere</i>	4	
<i>ribasphere ribapak</i>	4	
<i>ribavirin oral capsule</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	
SYLATRON	4	
TECFIDERA	4	PA
ZINBRYTA	4*	ST; QL
<b>INTERLEUKINS</b>		
ACTIMMUNE	4	

Drug Name	Drug Tier	Requirements / Limits
ALDARA	3	
ALFERON N	4	
ARCALYST	4	ST
ILARIS (PF)	4	PA
<i>imiquimod</i>	1	
INTRON A INJECTION	4	
KINERET	4*	ST
ZYCLARA	3	
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	LCG	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	LCG	ACA
AFLURIA 2017-2018	LCG	ACA
AFLURIA 2017-2018 (PF)	LCG	ACA
AFLURIA QUAD 2017-2018	LCG	ACA
AFLURIA QUAD 2017-2018 (PF)	LCG	ACA
ATGAM	4*	
BCG VACCINE, LIVE (PF)	LCG	ACA
BEXSERO	LCG	ACA
BIOTHRAX	LCG	ACA
BOOSTRIX TDAP	LCG	ACA
BOTOX	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	LCG	ACA
DYSPOIT INTRAMUSCULAR RECON SOLN 300 UNIT	4*	PA
ENGERIX-B (PF)	LCG	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	LCG	ACA
FLUAD 2017-2018 (65 YR UP)(PF)	LCG	ACA
FLUARIX QUAD 2017-2018 (PF)	LCG	ACA
FLUBLOK 2017-2018 (PF)	LCG	ACA
FLUBLOK QUAD 2017-2018 (PF)	LCG	ACA
FLUCELVAX QUAD 2017-2018	LCG	ACA
FLUCELVAX QUAD 2017-2018 (PF)	LCG	ACA
FLULAVAL QUAD 2017-2018	LCG	ACA
FLULAVAL QUAD 2017-2018 (PF)	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUMIST QUAD 2017-2018	3	
FLUVIRIN 2017-2018	LCG	ACA
FLUVIRIN 2017-2018 (PF)	LCG	ACA
FLUZONE HIGH-DOSE 2017-18 (PF)	LCG	ACA
FLUZONE INTRADERM QUAD 2017-18	LCG	ACA
FLUZONE QUAD 2017-2018	LCG	ACA
FLUZONE QUAD 2017-2018 (PF)	LCG	ACA
FLUZONE QUAD PEDI 2017-18 (PF)	LCG	ACA
GAMMAPLEX	4*	PA
GARDASIL 9 (PF)	LCG	ACA
HAVRIX (PF)	LCG	ACA
HEPAGAM B	4*	
HIBERIX (PF)	LCG	ACA
HYPERHEP B S/D	4	
HYPERHEP B S-D NEONATAL	4	
HYPERRAB S/D (PF)	2	
HYPERTET S/D (PF)	3	
HYQVIA	4*	PA
IMOGAM RABIES-HT (PF)	4	
IMOVAX RABIES VACCINE (PF)	LCG	ACA
INFANRIX (DTAP) (PF)	LCG	ACA
IPOL	LCG	ACA
IXIARO (PF)	LCG	ACA
KINRIX (PF)	LCG	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	LCG	ACA
MENHIBRIX (PF)	LCG	ACA
MENOMUNE - A/C/Y/W-135	LCG	ACA
MENOMUNE - A/C/Y/W-135 (PF)	LCG	ACA
MENVEO A-C-Y-W-135-DIP (PF)	LCG	ACA
M-M-R II (PF)	LCG	ACA
NABI-HB	4*	
PEDIARIX (PF)	LCG	ACA
PEDVAX HIB (PF)	LCG	ACA
PENTACEL (PF)	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
PENTACEL ACTHIB COMPONENT (PF)	LCG	ACA
PNEUMOVAX 23	LCG	ACA
PREVNAR 13 (PF)	LCG	ACA
PROQUAD (PF)	LCG	ACA
QUADRACEL (PF)	LCG	ACA
RABAVERT (PF)	LCG	ACA
RECOMBIVAX HB (PF)	LCG	ACA
ROTARIX	LCG	ACA
ROTATEQ VACCINE	LCG	ACA
STAMARIL (PF)	LCG	ACA
TENIVAC (PF)	LCG	ACA
TETANUS,DIPHThERIA TOX PED(PF)	LCG	ACA
TETANUS-DIPHThERIA TOXOIDS-TD	LCG	ACA
TRUMENBA	LCG	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	LCG	ACA
TYPHIM VI	LCG	ACA
VAQTA (PF)	LCG	ACA
VARIVAX (PF)	LCG	ACA
VARIZIG	LCG	ACA
VAXCHORA VACCINE	LCG	ACA
VIVOTIF	LCG	ACA
VIVOTIF BERNA VACCINE	LCG	ACA
YF-VAX (PF)	LCG	ACA
ZOSTAVAX (PF)	LCG	ACA

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol</i>	LCG	LCG
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
COLCHICINE	3	
COLCRYS	2	
DUZALLO	3	

Drug Name	Drug Tier	Requirements / Limits
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	2	ST
ZURAMPIC	3	ST
ZYLOPRIM	3	

## OSTEOPOROSIS THERAPY

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

## OTHER RHEUMATOLOGICALS

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEDIATRIC CROHN'S START	4	ST; QL
HUMIRA PEN	4	ST; QL
HUMIRA PEN CROHN'S-UC-HS START	4	ST; QL
KEVZARA	4*	ST; QL
<i>leflunomide</i>	1	QL
ORENCIA	4*	ST
ORENCIA CLICKJECT	4*	ST
OTEZLA	4	ST
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	ST
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
RIDAURA	2	
SAVELLA	2	ST; QL
XELJANZ	4*	ST
XELJANZ XR	4*	ST

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

### ESTROGENS & PROGESTINS

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

Drug Name	Drug Tier	Requirements / Limits
AYGESTIN	3	
<i>camila</i>	LCG	ACA
CLIMARA	3	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	50%	
<i>deblitane</i>	LCG	ACA
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SOLUTION	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	LCG	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	LCG	ACA; QL
DEPO-SUBQ PROVERA 104	LCG	ACA; QL
DIVIGEL	3	QL
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	QL
ENDOMETRIN	50%	
<i>errin</i>	LCG	ACA
ESTRACE ORAL	3	
ESTRACE VAGINAL	2	
<i>estradiol oral tablet 0.5 mg, 2 mg</i>	1	
<i>estradiol oral tablet 1 mg</i>	LCG	LCG
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	3	
ESTROGEL	3	QL

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

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

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



Drug Name	Drug Tier	Requirements / Limits
<i>dasetta 1/35 (28)</i>	LCG	ACA
<i>dasetta 7/7/7 (28)</i>	LCG	ACA
<i>daysee</i>	LCG	ACA
<i>delyla (28)</i>	LCG	ACA
<i>desog-e.estradiol/e.estradiol</i>	LCG	ACA
<i>desogestrel-ethinyl estradiol</i>	LCG	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	LCG	ACA
<i>drospirenone-ethinyl estradiol</i>	LCG	ACA
<i>econtra ez</i>	LCG	ACA; OTC; QL
<i>elinest</i>	LCG	ACA
ELLA	LCG	ACA; QL
<i>emoquette</i>	LCG	ACA
<i>enpresse</i>	LCG	ACA
<i>enskyce</i>	LCG	ACA
<i>estarylla</i>	LCG	ACA
ESTROSTEP FE-28	LCG	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	LCG	ACA
<i>falmina (28)</i>	LCG	ACA
<i>fayosim</i>	LCG	ACA
<i>femynor</i>	LCG	ACA
GENERESS FE	LCG	ACA
<i>gianvi (28)</i>	LCG	ACA
<i>gildagia</i>	LCG	ACA
<i>introvale</i>	LCG	ACA
<i>isibloom</i>	LCG	ACA
<i>jolessa</i>	LCG	ACA
<i>juleber</i>	LCG	ACA
<i>junel 1.5/30 (21)</i>	LCG	ACA
<i>junel 1/20 (21)</i>	LCG	ACA
<i>junel fe 1.5/30 (28)</i>	LCG	ACA
<i>junel fe 1/20 (28)</i>	LCG	ACA
<i>junel fe 24</i>	LCG	ACA
<i>kaitlib fe</i>	LCG	ACA
<i>kariva (28)</i>	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>kelnor 1/35 (28)</i>	LCG	ACA
<i>kimidess (28)</i>	LCG	ACA
<i>kurvelo</i>	LCG	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	LCG	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
<i>larin 1.5/30 (21)</i>	LCG	ACA
<i>larin 1/20 (21)</i>	LCG	ACA
<i>larin 24 fe</i>	LCG	ACA
<i>larin fe 1.5/30 (28)</i>	LCG	ACA
<i>larin fe 1/20 (28)</i>	LCG	ACA
<i>larissia</i>	LCG	ACA
<i>layolis fe</i>	LCG	ACA
<i>leena 28</i>	LCG	ACA
<i>lessina</i>	LCG	ACA
<i>levonest (28)</i>	LCG	ACA
<i>levonorgestrel-ethinyl estradiol</i>	LCG	ACA
<i>levonorg-eth estradiol triphasic</i>	LCG	ACA
<i>levora-28</i>	LCG	ACA
<i>lillow</i>	LCG	ACA
LO LOESTRIN FE	LCG	ACA
LOESTRIN 1.5/30 (21)	LCG	ACA
LOESTRIN 1/20 (21)	LCG	ACA
LOESTRIN FE 1.5/30 (28-DAY)	LCG	ACA
LOESTRIN FE 1/20 (28-DAY)	LCG	ACA
<i>lomedía 24 fe</i>	LCG	ACA
<i>loryna (28)</i>	LCG	ACA
LOSEASONIQUE	LCG	ACA
<i>low-ogestrel (28)</i>	LCG	ACA
<i>lutera (28)</i>	LCG	ACA
<i>marlissa</i>	LCG	ACA
<i>melodetta 24 fe</i>	1	ACA
<i>mibelas 24 fe</i>	LCG	ACA
<i>microgestin 1.5/30 (21)</i>	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1/20 (21)</i>	LCG	ACA
MICROGESTIN 24 FE	LCG	ACA
<i>microgestin fe 1.5/30 (28)</i>	LCG	ACA
<i>microgestin fe 1/20 (28)</i>	LCG	ACA
MINASTRIN 24 FE	LCG	ACA
MIRCETTE (28)	LCG	ACA
<i>mono-linyah</i>	LCG	ACA
<i>mononessa (28)</i>	LCG	ACA
<i>my way</i>	LCG	ACA; OTC; QL
<i>myzilra</i>	LCG	ACA
NATAZIA	LCG	ACA
<i>necon 0.5/35 (28)</i>	LCG	ACA
<i>necon 1/50 (28)</i>	LCG	ACA
<i>necon 7/7/7 (28)</i>	LCG	ACA
<i>next choice one dose</i>	LCG	ACA; OTC; QL
<i>nikki (28)</i>	LCG	ACA
<i>noreth-ethinyl estradiol-iron</i>	LCG	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	LCG	ACA
<i>norethindrone-e.estradiol-iron</i>	LCG	ACA
<i>norgestimate-ethinyl estradiol</i>	LCG	ACA
<i>nortrel 0.5/35 (28)</i>	LCG	ACA
<i>nortrel 1/35 (21)</i>	LCG	ACA
<i>nortrel 1/35 (28)</i>	LCG	ACA
<i>nortrel 7/7/7 (28)</i>	LCG	ACA
<i>ocella</i>	LCG	ACA
<i>ogestrel (28)</i>	LCG	ACA
<i>opcicon one-step</i>	LCG	ACA; OTC; QL
<i>option-2</i>	LCG	ACA; OTC; QL
<i>orsythia</i>	LCG	ACA
ORTHO TRI-CYCLEN (28)	LCG	ACA
ORTHO TRI-CYCLEN LO (28)	LCG	ACA
ORTHO-CYCLEN (28)	LCG	ACA
ORTHO-NOVUM 1/35 (28)	LCG	ACA
ORTHO-NOVUM 7/7/7 (28)	LCG	ACA
<i>philith</i>	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>pimtreea (28)</i>	LCG	ACA
<i>pirmella</i>	LCG	ACA
PLAN B ONE-STEP	LCG	ACA; OTC; QL
<i>portia</i>	LCG	ACA
<i>previfem</i>	LCG	ACA
QUARTETTE	LCG	ACA
<i>quasense</i>	LCG	ACA
<i>rajani</i>	LCG	ACA
<i>reclipsen (28)</i>	LCG	ACA
<i>rivelsa</i>	LCG	ACA
SAFYRAL	LCG	ACA
SEASONIQUE	LCG	ACA
<i>setlakin</i>	LCG	ACA
<i>sprintec (28)</i>	LCG	ACA
<i>sronyx</i>	LCG	ACA
<i>syeda</i>	LCG	ACA
TAKE ACTION	LCG	ACA; OTC; QL
<i>tarina fe 1/20 (28)</i>	LCG	ACA
TAYTULLA	LCG	ACA
<i>tilia fe</i>	LCG	ACA
<i>tri femynor</i>	LCG	ACA
<i>tri-estarylla</i>	LCG	ACA
<i>tri-legest fe</i>	LCG	ACA
<i>tri-linyah</i>	LCG	ACA
<i>tri-lo-estarylla</i>	LCG	ACA
<i>tri-lo-marzia</i>	LCG	ACA
<i>tri-lo-sprintec</i>	LCG	ACA
<i>trinessa (28)</i>	LCG	ACA
<i>trinessa lo</i>	LCG	ACA
TRI-NORINYL (28)	LCG	ACA
<i>tri-previfem (28)</i>	LCG	ACA
<i>tri-sprintec (28)</i>	LCG	ACA
<i>trivora (28)</i>	LCG	ACA
<i>velivet triphasic regimen (28)</i>	LCG	ACA
<i>vestura (28)</i>	LCG	ACA
<i>vienva</i>	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>viorele (28)</i>	LCG	ACA
<i>vyfemla (28)</i>	LCG	ACA
<i>wera (28)</i>	LCG	ACA
<i>wymzya fe</i>	LCG	ACA
YASMIN (28)	LCG	ACA
YAZ (28)	LCG	ACA
<i>zarah</i>	LCG	ACA
<i>zenchent (28)</i>	LCG	ACA
<i>zovia 1/35e (28)</i>	LCG	ACA
<i>zovia 1/50e (28)</i>	LCG	ACA

## OXYTOCICS

*methergine*

1

## OPHTHALMOLOGY

### ANTIBIOTICS

AZASITE

3

*bacitracin ophthalmic (eye)*

1

*bacitracin-polymyxin b ophthalmic (eye)*

1

BESIVANCE

3

BETADINE OPHTHALMIC PREP

3

CILOXAN

3

*ciprofloxacin hcl ophthalmic (eye)*

1

*erythromycin ophthalmic (eye)*

1

*gatifloxacin*

1

*gentak ophthalmic (eye) ointment*

1

*gentamicin ophthalmic (eye)*

1

*levofloxacin ophthalmic (eye)*

1

MOXEZA

3

MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION

3

*moxifloxacin ophthalmic (eye)*

1

NATACYN

2

*neomycin-bacitracin-polymyxin*

1

*neomycin-polymyxin-gramicidin*

1

*neo-polycin*

1

OCUFLOX

3

Drug Name	Drug Tier	Requirements / Limits
<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	

## ANTIVIRALS

*trifluridine*

1

VIROPTIC

3

ZIRGAN

3

## BETA-BLOCKERS

BETAGAN OPHTHALMIC (EYE) DROPS 0.5 %

3

*betaxolol ophthalmic (eye)*

1

BETIMOL

3

BETOPTIC S

3

*carteolol*

1

ISTALOL

3

*levobunolol ophthalmic (eye) drops 0.5 %*

1

*metipranolol*

1

*timolol maleate ophthalmic (eye)*

1

TIMOPTIC

3

TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %

3

TIMOPTIC-XE

3

## CHOLINESTERASE INHIBITOR MIOTICS

PHOSPHOLINE IODIDE

2

## CYCLOPLEGIC MYDRIATICS

*atropine ophthalmic (eye)*

1

CYCLOGYL

3

*cyclopentolate*

1

*homatropaire*

1

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	3	
<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	
LASTACFT	3	
<i>olopatadine ophthalmic (eye)</i>	1	
OMIDRIA	3	
PATADAY	3	
PATANOL	3	
PAZEO	3	
PHOTREXA VISCOUS	3	
<i>proparacaine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RESTASIS	2	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetcaine</i>	1	
<i>tetracaine hcl</i>	1	
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	1	
TETRAVISC	3	
TETRAVISC FORTE OPHTHALMIC (EYE) DROPS,HYPERVISCIOUS	3	
VITRASE	3	
XIIDRA	3	QL
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL (PF)	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	3	
PROLENSA	3	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
DIAMOX SEQUELS	3	
<i>methazolamide</i>	1	
NEPTAZANE	3	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	3	
<i>bimatoprost ophthalmic (eye)</i>	1	ST
COMBIGAN	3	
COSOPT	3	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	ST
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
<i>miostat</i>	1	
MITOSOL	3	
SIMBRINZA	3	
TRAVATAN Z	3	ST
TRUSOPT	3	
XALATAN	3	ST
ZIOPTAN (PF)	3	ST

### 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	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	

### STERIODS

ALREX	3	
<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.	3	
LOTEMAX	3	
MAXIDEX	3	

Drug Name	Drug Tier	Requirements / Limits
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

#### ANTI-HISTAMINE & ANTIALLERGENIC AGENTS

<i>adrenalin injection</i>	1	
AUVI-Q	3	QL
<i>carbinoxamine maleate</i>	1	
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desloratadine</i>	1	QL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR	3	QL
<i>epinephrine injection solution</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	
<i>phenadoz</i>	1	
PHENERGAN INJECTION	3	
<i>phenergan rectal</i>	1	
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet 12.5 mg, 50 mg</i>	1	
<i>promethazine oral tablet 25 mg</i>	LCG	LCG
<i>promethazine rectal</i>	1	
<i>promethegan</i>	1	
RYVENT	3	
VISTARIL	3	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	3	
<i>centergy</i>	1	
<i>cheratussin ac</i>	1	
CLARINEX-D 12 HOUR	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
FLOWTUSS	3	
<i>g tussin ac</i>	1	
<i>guaiaatusin 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	
MAR-COF BP	3	
MAR-COF CG	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	LCG	LCG
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
PRO-RED AC (W/ DEXCHLORPHENIR)	3	
<i>relcof c</i>	1	
RESPA-AR	3	
<i>rydex</i>	1	
SEMPREX-D	3	

Drug Name	Drug Tier	Requirements / Limits
TESSALON PERLES	3	
<i>tusnel c</i>	1	
TUSNEL PEDIATRIC ORAL LIQUID	3	
TUSSICAPS	3	
<i>tussigon</i>	1	
TUSSIONEX PENNKINETIC ER	3	
TUZISTRA XR	3	
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
VITUZ	3	
ZODRYL AC 25	3	
ZODRYL AC 30	3	
ZODRYL AC 35	3	
ZODRYL AC 40	2	
ZODRYL AC 50	3	
ZODRYL AC 60	3	
ZODRYL AC 80	3	
ZODRYL DAC 25	3	
ZODRYL DAC 30	3	
ZODRYL DAC 35	3	
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	

Drug Name	Drug Tier	Requirements / Limits
ADCIRCA	4*	ST; QL
ADEMPAS	4	ST
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	ST; QL
ADVAIR HFA	3	ST; QL
AEROSPAN	3	QL
AIRDUO RESPICLICK	3	ST; QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	LCG	LCG
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	LCG	LCG
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALVESCO	3	QL
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	3	QL
ARMONAIR RESPICLICK	2	
ARNUITY ELLIPTA	3	QL
ASMANEX HFA	3	QL
ASMANEX TWISTHALER	3	QL
ATROVENT HFA	2	QL
BECONASE AQ	3	ST; QL
BERINERT INTRAVENOUS KIT	4*	PA
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	ST; QL
BROVANA	3	QL
<i>budesonide inhalation</i>	1	QL
<i>budesonide nasal</i>	1	QL
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
CUROSURF	3	
DALIRESP	3	ST
DULERA	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
DYMISTA	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
ESBRIET	4	ST
FIRAZYR	4	PA
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
FLUTICASONE-SALMETEROL	2	ST; QL
HAEGARDA	4*	PA
HYPER-SAL	3	
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	4	PA
KALYDECO	4	PA
LETAIRIS	4*	ST
<i>levalbuterol hcl</i>	1	
LEVALBUTEROL TARTRATE	3	
<i>metaproterenol</i>	1	
<i>mometasone nasal</i>	1	QL
<i>montelukast</i>	1	
NASONEX	3	ST; QL
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	4	ST; QL
OFEV	4	ST
OMNARIS	3	ST; QL
OPSUMIT	4	ST
ORKAMBI	4	ST
PERFOROMIST	2	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	3	QL

Drug Name	Drug Tier	Requirements / Limits
PULMICORT	3	QL
PULMICORT FLEXHALER	3	QL
<i>pulmosal</i>	1	
PULMOZYME	4	
QNASL	3	ST; QL
QVAR	2	QL
REVATIO ORAL	4*	ST; QL
RUCONEST	4*	PA
SEEBRI NEOHALER	3	QL
SEREVENT DISKUS	3	QL
<i>sildenafil (antihypertensive) oral</i>	4	PA; QL
SINGULAIR	3	
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT	3	QL
SPIRIVA WITH HANDIHALER	3	QL
STIOLTO RESPIMAT	3	QL
STRIVERDI RESPIMAT	2	QL
SURFAXIN	3	
SYMBICORT	2	ST; QL
<i>terbutaline oral tablet 2.5 mg</i>	LCG	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	
TRACLEER	4	PA
TRELEGY ELLIPTA	3	
TUDORZA PRESSAIR	2	QL
TYVASO	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
UTIBRON NEOHALER	3	QL



Drug Name	Drug Tier	Requirements / Limits
VENTAVIS	4	ST
VENTOLIN HFA	3	QL
XHANCE	3	
XOLAIR	4	PA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	
<i>zafirlukast</i>	1	
ZETONNA	3	ST; QL
<i>zileuton</i>	1	
ZYFLO	3	
ZYFLO CR	3	
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin</i>	1	
DETROL	3	
DETROL LA	3	
DITROPAN XL	3	
ENABLEX	3	
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	QL
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL
MYRBETRIQ	3	
<i>oxybutynin chloride</i>	1	
OXYTROL	3	QL
<i>tolterodine</i>	1	
TOVIAZ	3	
<i>trospium</i>	1	
VESICARE	3	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin</i>	1	
AVODART	3	ST

Drug Name	Drug Tier	Requirements / Limits
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	ST; QL
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
RAPAFLO	3	ST
<i>tamsulosin</i>	1	
UROXATRAL	3	ST
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	1	
URECHOLINE	3	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadil</i>	1	
<i>azuphen mb</i>	1	
CAVERJECT	2	PA; QL
CAVERJECT IMPULSE	2	PA; QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	ST; QL
CYSTAGON	4	
<i>cytra k crystals</i>	1	
<i>cytra-2</i>	1	
<i>cytra-3</i>	1	
<i>cytra-k</i>	1	
EDEX	3	PA; QL
ELMIRON	2	
<i>hyolev mb</i>	1	
<i>hyophen</i>	1	
INDIOMIN MB	3	
K-PHOS NO 2	2	
K-PHOS ORIGINAL	2	
LEVITRA	3	ST; QL
<i>methen-sod phos-meth blue-hyos</i>	1	
MUSE	2	PA; QL
ORACIT	3	

Drug Name	Drug Tier	Requirements / Limits
<i>phosphasal</i>	1	
<i>pot,sodium citrate-citric acid</i>	1	
<i>potassium citrate</i>	1	
<i>potassium citrate-citric acid</i>	1	
PROCYSBI	4*	
PROSTIN VR PEDIATRIC	3	
SHOHL'S MODIFIED	3	
<i>sodium citrate-citric acid</i>	1	
STAXYN	3	ST; QL
STENDRA	3	QL
<i>tricitrates</i>	1	
<i>ur n-c</i>	1	
<i>uramit mb</i>	1	
URELLE	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<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	
VIAGRA	2	ST; QL
<i>virtrate-2</i>	1	
<i>virtrate-3</i>	1	
<i>virtrate-k</i>	1	

## URINARY ANESTHETICS

Drug Name	Drug Tier	Requirements / Limits
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	LCG	ACA; OTC
<i>calcium 500 + d oral tablet,chewable</i>	LCG	ACA; OTC
<i>calcium 500 with d</i>	LCG	ACA; OTC
<i>calcium 600 + d(3) oral capsule</i>	LCG	ACA; OTC
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	LCG	ACA; OTC
<i>calcium 600 with vitamin d3 oral capsule</i>	LCG	ACA; OTC
<i>calcium 600 with vitamin d3 oral tablet,chewable</i>	LCG	ACA; OTC
<i>calcium carb and citrate-vitd3</i>	LCG	ACA; OTC
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit</i>	LCG	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>	LCG	ACA; OTC
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i>	LCG	ACA; OTC
<i>calcium citrate + d</i>	LCG	ACA; OTC
<i>calcium citrate-vitamin d2</i>	LCG	ACA; OTC
<i>calcium citrate-vitamin d3</i>	LCG	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>	LCG	ACA; OTC
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	

Drug Name	Drug Tier	Requirements / Limits
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
GLYCOPHOS	3	
<i>hi-cal plus vit d</i>	LCG	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>	LCG	ACA; OTC
<i>oyster shell + d3</i>	LCG	ACA; OTC
<i>oyster shell calcium-vit d3</i>	LCG	ACA; OTC
<i>oystercal-d</i>	LCG	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	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
POTASSIUM CL-LIDO-0.9 % NACL	3	
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
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	3	
ISOLYTE-S	3	
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<b>VITAMINS &amp; HEMATINICS</b>		
ACTIVE FE	3	
ANIMI-3 WITH VITAMIN D	3	
ATABEX EC	3	
<i>b complex-vitamin b12</i>	LCG	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	LCG	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	LCG	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	LCG	ACA; OTC
<i>balanced b-50 oral tablet</i>	LCG	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	LCG	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>	LCG	ACA; OTC
<i>cholecalciferol (vitamin d3) oral drops 400 unit/ml</i>	LCG	ACA; OTC
<i>cholecalciferol (vitamin d3) oral tablet 1,000 unit, 400 unit</i>	LCG	ACA; OTC
<i>cholecalciferol (vitamin d3) oral tablet, chewable 1,000 unit</i>	LCG	ACA; OTC
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL DHA (ALGAL OIL)	3	
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	LCG	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>	LCG	ACA; OTC
CONCEPT DHA	3	
CONCEPT OB	3	
<i>corvita 150</i>	1	
CORVITE 150 ORAL TABLET 150 MG IRON- 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>delta d3</i>	LCG	ACA; OTC
<i>dialyvite 800</i>	LCG	ACA; OTC
<i>dothelle dha</i>	1	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>d-vi-sol</i>	LCG	ACA; OTC
ENBRACE HR	3	
<i>ergocalciferol (vitamin d2) oral capsule</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	LCG	ACA; OTC
ESCAVITE	3	
ESCAVITE D	3	
ESCAVITE LQ	3	
EXTRA-VIRT PLUS DHA	3	
FERAHEME	3	
FERIVA 21-7 TABLET	3	
<i>ferocon</i>	1	
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>	LCG	ACA
<i>fluor-a-day (with xylitol) oral tablet, chewable 1 mg f (2.2 mg)-236.79 mg</i>	1	
<i>fluoride (sodium) oral drops</i>	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	LCG	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>	LCG	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>	LCG	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	
<i>folplex 2.2</i>	1	
<i>foltabs 800</i>	LCG	ACA; OTC
FOLTRATE	3	
<i>full spectrum b-vitamin c</i>	LCG	ACA; OTC
FUSION PLUS	3	
FUSION SPRINKLES	3	
<i>hematinic/folic acid</i>	1	
<i>hematogen</i>	1	
<i>hematogen fa</i>	1	
<i>hematogen forte</i>	1	
HEMATRON-AF	3	
<i>hemenatal ob</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	LCG	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	LCG	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>	LCG	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 0.25 mg/ml</i>	LCG	ACA
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	1	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	LCG	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>	LCG	ACA
<i>multivitamins with fluoride oral tablet, chewable 1 mg</i>	1	
<i>multivit-fluor (vit e acetate)</i>	1	ACA
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	LCG	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>mvc-fluoride oral tablet, chewable 1 mg</i>	1	
<i>mynatal</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>mynate 90 plus</i>	1	
NASCOBAL	3	
NATACHEW (FE BIS-GLYCINATE)	3	
NATELLE ONE	3	
<i>natural b-100 complex</i>	LCG	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	
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	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	LCG	ACA; OTC
<i>oyster shell calcium-vit d2 oral tablet 250 (625)-125 mg-unit</i>	LCG	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>perry prenatal</i>	LCG	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-dha + docusate</i>	1	
<i>pnv-ferrous fumarate-docu-fa</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pnv-vp-u</i>	1	
POLY-VI-FLOR	3	
POLY-VI-FLOR WITH IRON	3	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PREFERA-OB	3	
PREFERA-OB ONE	3	
PREFERA-OB PLUS DHA	3	
<i>prena1 chew</i>	1	
<i>prena1 pearl</i>	1	
<i>prena1 true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	LCG	ACA; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	LCG	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	LCG	ACA; OTC
<i>prenatal one daily</i>	LCG	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	LCG	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet , 27 mg iron- 0.8 mg</i>	LCG	ACA; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	LCG	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	LCG	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROFERRIN-FORTE	2	
PROVIDA DHA	3	
PROVIDA OB	3	
PURALOR CI	3	
PUREFE OB PLUS	3	
PUREFE PLUS	3	
<i>purevit dualfe plus</i>	1	
QUFLORA	3	
QUFLORA FE	3	
QUFLORA FE (FERROUS SULFATE)	3	
QUFLORA PEDIATRIC	3	
QUFLORA PEDIATRIC DROPS	3	
<i>relnate dha</i>	1	
<i>rena-vite</i>	LCG	ACA; OTC
<i>risacal-d</i>	LCG	ACA; OTC
R-NATAL OB	3	

Drug Name	Drug Tier	Requirements / Limits
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>	LCG	ACA; OTC
<i>stress formula with iron</i>	LCG	ACA; OTC
<i>stress formula with iron(sulf)</i>	LCG	ACA; OTC
<i>super b complex-vitamin c</i>	LCG	ACA; OTC
<i>super b maxi complex</i>	LCG	ACA; OTC
<i>super b-50 complex plus</i>	LCG	ACA; OTC
<i>super quint</i>	LCG	ACA; OTC
<i>super quint b-50</i>	LCG	ACA; OTC
<i>superplex-t</i>	LCG	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>	LCG	ACA; OTC
TRICARE	3	
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>trinatal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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>	LCG	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>	LCG	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	
<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>	LCG	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
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>	LCG	ACA; OTC
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex oral tablet</i>	LCG	ACA; OTC
<i>vitamin d3 oral capsule 1,000 unit, 400 unit</i>	LCG	ACA; OTC
<i>vitamin d3 oral tablet 1,000 unit, 400 unit</i>	LCG	ACA; OTC
<i>vitamin d3 oral tablet, chewable</i>	LCG	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	LCG	ACA
VITAPEARL	3	
VITA-RESPA	3	
VITATRUE	3	
<i>vol-nate</i>	1	
<i>vol-plus</i>	1	
<i>vol-tab rx</i>	1	
<i>vp-ch plus</i>	1	
<i>vp-ch-pnv</i>	1	
<i>vp-ggr-b6</i>	1	
<i>vp-heme ob</i>	1	
<i>vp-heme one</i>	1	
VP-PNV-DHA	3	
<i>zatean-ch</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	



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