

CHRISTUS Health Plan

2017 Formulary

Revised: December 1, 2016

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Note to members:

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CHRISTUS Health Plan. When it refers to “plan” or “our plan,” it means CHRISTUS Health Plan.

This document includes a list of the drugs (formulary) for our plan, which is current as of formulary revision date.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the CHRISTUS Health Plan Formulary?

A formulary is a list of covered drugs selected by CHRISTUS Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CHRISTUS Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CHRISTUS Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of December 1, 2016. To get updated information about the drugs covered by CHRISTUS Health Plan, please contact our Member Services at 1-844-282-3025 or for TTY users, 1-800-659-8331 or visit christushealthplan.org.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

By Medical Condition:

The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR, HYPERTENSION/LIPIDS. If you know, what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

By Alphabetical Listing:

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CHRISTUS Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CHRISTUS Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CHRISTUS Health Plan before you fill your prescriptions. If you do not get approval, CHRISTUS Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, CHRISTUS Health Plan limits the amount of the drug that CHRISTUS Health Plan will cover. For example, CHRISTUS Health Plan provides 30 per 30 days per prescription for CRESTOR. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CHRISTUS Health Plan 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, CHRISTUS Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CHRISTUS Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask CHRISTUS Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section in your Evidence of Coverage "Prescription Drugs/Medications."

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CHRISTUS Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CHRISTUS Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CHRISTUS Health Plan.
- You can ask CHRISTUS Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the mandatory CHRISTUS Health Plan Formulary?

You can ask CHRISTUS Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CHRISTUS Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CHRISTUS Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

For requests for benefits that do not involve exceptions, the Plan will provide notice of its decision within 24 hours after receiving an expedited request or 72 hours after receiving a standard request. For requests for benefits that involve exceptions, the adjudication timeframes do not begin until the member's prescriber submits his or her supporting statement to the Plan for review. For payment requests, including payment

requests that involve exceptions, CHRISTUS Health Plan will provide written notice of its decision (and make payment when appropriate) within 14 calendar days after receiving a request.

If CHRISTUS Health Plan coverage determination is unfavorable, the decision will contain the information needed to file a request for appeal/ redetermination with the Plan.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

For more information

For more detailed information about your CHRISTUS Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CHRISTUS Health Plan, please contact our Member Services at 1-844-282-3025 or for TTY users, 1-800-659-8331 or visit christushealthplan.org.

CHRISTUS Health Plan Formulary

The formulary below/that begins on the next page provides coverage information about some of the drugs covered by CHRISTUS Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CRESTOR) and generic drugs are listed in lower-case italics (e.g. *enoxaparin*).

The information in the Requirements/Limits column tells you if CHRISTUS Health Plan has any special requirements for coverage of your drug.

Below is a list of abbreviations and that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan 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.

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

ST: Step Therapy. In some cases, the Plan 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.

Legend:

Copay Amount by Drug Tier: You will pay a copay for drugs in tiers 1 through 3. You will pay a coinsurance amount for drugs in tier 4. The amount you pay per prescription for drugs in tier 4 may vary each time you fill a prescription. The copay and coinsurance amounts depend on the plan and metal level you selected. The chart below shows the range of copays or coinsurance you may pay. For your specific copay and coinsurance amounts please refer to your Summary of Benefits or visit our website at www.christushealthplans.org/formsanddocuments

Tier Number	Tier Name	Copay for a one-month supply filled at a network pharmacy with standard cost-sharing
1	Generic Drugs	\$4 - \$25
2	Preferred Brand Drugs	\$35 - \$80
3	Non-Preferred Brand Drugs	\$75 - \$95 or 35%
4	Specialty Drugs	You pay 35% - 85% of the total cost

Under \$100 - \$
\$100 - \$250 - \$\$
\$251 - \$500 - \$\$\$
\$501 - \$1000 - \$\$\$\$
Over \$1000 - \$\$\$\$\$

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	
<i>clotrimazole</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
<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>	1	QL
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GRIS-PEG (ULTRAMICROSIZE)	3	
<i>itraconazole</i>	1	QL
<i>ketoconazole</i>	1	
LAMISIL	3	
NOXAFIL	2	
<i>nystatin</i>	1	
ONMEL	3	QL

Drug Name	Drug Tier	Requirements / Limits
ORAVIG	3	
SPORANOX	2	
SPORANOX PULSEPAK	3	QL
<i>terbinafine hcl</i>	1	
VFEND	3	
<i>voriconazole</i>	1	
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	2	
ATRIPLA	2	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
COMBIVIR	3	
COMPLERA	2	
CRIXIVAN	2	
DAKLINZA ORAL TABLET 30 MG, 60 MG	4	PA; \$\$\$\$\$; QL
DAKLINZA ORAL TABLET 90 MG	4	PA; ST; \$\$\$\$\$; QL
DESCOVY	2	
<i>didanosine</i>	1	
EDURANT	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
EMTRIVA	2		RELENZA	2	QL
<i>entecavir</i>	1		DISKHALER		
EPCLUSA	4	ST; \$\$\$\$\$; QL	SCRIPTOR	2	
EPIVIR	3		RETROVIR	3	
EPIVIR HBV ORAL SOLUTION	2		REYATAZ	2	
EPIVIR HBV ORAL TABLET	3		<i>rimantadine</i>	1	
EPZICOM	3		SELZENTRY	2	PA
EVOTAZ	3		SITAVIG	3	ST; QL
<i>famciclovir</i>	1	QL	SOVALDI	4	PA; ST; \$\$\$\$\$; QL
FAMVIR	3	QL	<i>stavudine</i>	1	
FLUMADINE	3		STRIBILD	2	
FUZEON	4	\$\$\$\$	SUSTIVA	2	
GENVOYA	2		TAMIFLU	2	QL
HARVONI	4	PA; ST; \$\$\$\$\$; QL	TECHNIVIE	4	ST; \$\$\$\$\$; QL
HEPSERA	3		TIVICAY	2	
INTELENCE	2		TRIUMEQ	2	
INVIRASE	2		TRIZIVIR	3	
ISENTRESS	2		TRUVADA	2	
KALETRA	2		TYBOST	3	
<i>lamivudine</i>	1		TYZEKA	2	
<i>lamivudine-zidovudine</i>	1		<i>valacyclovir</i>	1	QL
LEXIVA	2		VALCYTE	3	
<i>nevirapine</i>	1		<i>valganciclovir</i>	1	
NORVIR	2		VALTREX	3	QL
ODEFSEY	2		VIDEX 2 GRAM PEDIATRIC	2	
OLYSIO	4	PA; ST; \$\$\$\$\$; QL	VIDEX EC	3	
PREZCOBIX	3		VIEKIRA PAK	4	PA; ST; \$\$\$\$\$; QL
PREZISTA	2		VIEKIRA XR	4	ST; \$\$\$\$\$; QL
			VIRACEPT	2	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
VIRAMUNE	3		BIAXIN	3	
VIRAMUNE XR	3		<i>clarithromycin</i>	1	
VIRAZOLE	3	\$\$\$\$	DIFICID	3	
VIREAD	2		<i>e.e.s. 400</i>	1	
VITEKTA	3		E.E.S. GRANULES	2	
ZEPATIER	4	ST; \$\$\$\$\$; QL	ERYPED 200	2	
ZERIT	3		ERYPED 400	2	
ZIAGEN ORAL SOLUTION	2		<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ZIAGEN ORAL TABLET	3		ERY-TAB ORAL TABLET, DELAYE D RELEASE (DR/EC) 500 MG	2	
<i>zidovudine</i>	1		<i>erythrocin (as stearate)</i>	1	
ZOVIRAX	3		<i>erythromycin</i>	1	
CEPHALOSPORINS			<i>erythromycin ethylsuccinate</i>	1	
CEDAX	3		PCE	3	
<i>cefaclor</i>	1		ZITHROMAX	3	
<i>cefadroxil</i>	1		ZMAX	3	
<i>cefdinir</i>	1		MISCELLANEOUS ANTIINFECTIVES		
<i>cefditoren pivoxil</i>	1		ALBENZA	2	
<i>cefixime</i>	1		ALINIA	2	
<i>cefpodoxime</i>	1		<i>atovaquone</i>	1	
<i>cefprozil</i>	1		<i>atovaquone-proguanil</i>	1	
<i>ceftibuten</i>	1		BETHKIS	4	\$\$\$\$\$; LA; QL
CEFTIN	3		BILTRICIDE	2	
<i>cefuroxime axetil</i>	1		CAYSTON	2	LA; QL
<i>cephalexin</i>	1				
KEFLEX	3				
SPECTRACEF	3				
SUPRAX	3				
ERYTHROMYCINS & OTHER MACROLIDES					
<i>azithromycin</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate</i>	1	
CLEOCIN	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	
CYCLOCERINE	3	
<i>dapsone</i>	1	
DARAPRIM	2	LA
EMVERM	2	
<i>ethambutol</i>	1	
FLAGYL	3	
FLAGYL ER	3	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	
KETEK	3	
KITABIS PAK	4	\$\$\$\$\$; LA; QL
<i>linezolid</i>	1	PA
MALARONE	3	
MALARONE PEDIATRIC	3	
<i>mefloquine</i>	1	
MEPRON	3	
<i>metronidazole</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
NEBUPENT	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin</i>	1	
<i>paromomycin</i>	1	
PASER	3	
PLAQUENIL	3	
PRIFTIN	2	
PRIMAQUINE	3	
<i>pyrazinamide</i>	1	
QUALAQUN	3	
<i>quinine sulfate</i>	1	
<i>rifabutin</i>	1	
RIFADIN	3	
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
SIRTURO	2	LA
SIVEXTRO	3	PA
STROMECTOL	3	
TINDAMAX	3	
<i>tinidazole</i>	1	
TOBI	4	\$\$\$\$\$; LA; QL
TOBI PODHALER	4	\$\$\$\$\$; LA; QL
<i>tobramycin in 0.225 % nacl</i>	4	\$\$\$\$\$; QL
TOBRAMYCIN WITH NEBULIZER	4	QL
TRECATOR	3	
XIFAXAN	2	QL
ZYVOX	3	PA
PENICILLINS		
<i>amoxicillin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</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	3	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
QUINOLONES		
AVELOX	3	
AVELOX ABC PACK	3	
CIPRO	3	
CIPRO XR	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
LEVAQUIN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
<i>ofloxacin</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>demeclacycline</i>	1	
DORYX	3	ST
DORYX MPC	3	ST
<i>doxycycline hyolate</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	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline</i>	1	
<i>monodoxine nl</i>	1	
MONODOX	3	ST
<i>morgidox</i>	1	
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
ORACEA	3	ST
SOLODYN	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	
URINARY TRACT AGENTS		
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
VANCOCIN	3	
<i>vancomycin</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	2	LA
XGEVA	4	\$\$\$\$
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
AFINITOR	4	PA; \$\$\$\$\$; QL
AFINITOR DISPERZ	4	PA; \$\$\$\$\$
ALECENSA	4	PA; \$\$\$\$\$; LA; QL
ALKERAN	2	
<i>anastrozole</i>	1	
ARIMIDEX	3	
AROMASIN	3	
ASTAGRAF XL	3	ST
AZASAN	2	
<i>azathioprine</i>	1	
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BOSULIF	4	PA; \$\$\$\$\$; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
CABOMETYX ORAL TABLET 20 MG	4	PA; \$\$\$\$\$; LA; QL	FEMARA	3	
CABOMETYX ORAL TABLET 40 MG, 60 MG	4	PA; \$\$\$\$\$; LA	<i>flutamide</i>	1	
<i>capecitabine</i>	4	\$\$\$\$	<i>gengraf</i>	1	
CAPRELSA	2	PA; LA; QL	GILOTRIF	4	PA; \$\$\$\$\$; LA; QL
CASODEX	3		GLEEVEC	4	PA; \$\$\$\$\$; QL
CELLCEPT	3		GLEOSTINE	2	
COMETRIQ	3	PA; LA	GLIADEL WAFER	3	
COTELLIC	4	PA; \$\$\$\$\$; LA; QL	HEXALEN	2	
CYCLOPHOSPHAMIDE	2		HYCAMTIN	4	\$\$\$\$\$; LA
<i>cyclosporine</i>	1		HYDREA	3	
<i>cyclosporine modified</i>	1		<i>hydroxyurea</i>	1	
DROXIA	2		IBRANCE	4	PA; \$\$\$\$\$; LA; QL
ELIGARD	4	PA; \$\$\$	ICLUSIG	2	PA; LA; QL
ELIGARD (3 MONTH)	4	PA; \$\$\$	<i>imatinib</i>	4	PA; \$\$\$\$\$; QL
ELIGARD (4 MONTH)	4	PA; \$\$\$	IMBRUVICA	2	PA; LA; QL
ELIGARD (6 MONTH)	4	PA; \$\$\$	IMURAN	3	
EMCYT	2		INLYTA	4	PA; \$\$\$\$\$; LA; QL
ENVARSUS XR	3	ST	IRESSA	4	PA; \$\$\$\$\$; LA; QL
ERIVEDGE	4	PA; \$\$\$\$\$; LA; QL	JAKAFI	4	PA; \$\$\$\$\$; LA; QL
<i>etoposide</i>	1		LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; \$\$\$\$\$; LA
<i>exemestane</i>	1				
FARESTON	2				
FARYDAK	4	PA; \$\$\$\$\$; LA; QL			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	4	PA; \$\$\$\$\$
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	\$\$\$\$\$
LONSURF	4	PA; \$\$\$\$\$; LA
LUPRON DEPOT	4	PA; \$\$\$
LUPRON DEPOT (3 MONTH)	4	PA; \$\$\$
LUPRON DEPOT (4 MONTH)	4	PA; \$\$\$
LUPRON DEPOT (6 MONTH)	4	PA; \$\$\$
LUPRON DEPOT-PED	4	PA; \$\$\$\$
LUPRON DEPOT-PED (3 MONTH)	4	PA; \$\$\$\$
LYNPARZA	4	PA; \$\$\$\$\$; LA
LYSODREN	2	
MATULANE	2	LA
MEGACE	3	
MEGACE ES	3	
<i>megestrol</i>	1	
MEKINIST ORAL TABLET 0.5 MG	4	PA; \$\$\$\$\$; QL
MEKINIST ORAL TABLET 2 MG	4	PA; \$\$\$\$\$; LA; QL
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
NEORAL	3	
NEXAVAR	4	PA; \$\$\$\$\$; LA; QL
NILANDRON	3	
<i>nilutamide</i>	1	
NINLARO	4	PA; \$\$\$\$\$; LA; QL
<i>octreotide acetate</i>	4	\$\$\$\$\$
ODOMZO	4	PA; \$\$\$\$\$; LA; QL
PROGRAF	3	
PURIXAN	2	LA
RAPAMUNE ORAL SOLUTION	2	
RAPAMUNE ORAL TABLET	3	
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN	4	\$\$\$\$\$
SIGNIFOR	4	PA; \$\$\$\$\$; LA
<i>sirolimus</i>	1	
SOLTAMOX	3	ACA; LA
SOMATULINE DEPOT	4	\$\$\$\$\$; LA
SPRYCEL	4	PA; \$\$\$\$\$; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
STIVARGA	4	PA; \$\$\$\$\$; LA; QL
SUPPRELIN LA	4	\$\$\$\$; LA
SUTENT	4	PA; \$\$\$\$\$; LA; QL
SYNRIBO	3	LA
TABLOID	2	
<i>tacrolimus</i>	1	
TAFINLAR	4	PA; \$\$\$\$\$; QL
TAGRISSO	4	PA; \$\$\$\$\$; LA; QL
<i>tamoxifen</i>	1	ACA
TARCEVA	4	PA; \$\$\$\$\$; LA; QL
TARGETIN ORAL	3	
TARGETIN TOPICAL	2	
TASIGNA	4	PA; \$\$\$\$\$; QL
TEMODAR ORAL CAPSULE 100 MG	4	PA
TEMODAR ORAL CAPSULE 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	4	PA; \$\$\$\$\$
<i>temozolomide</i>	4	PA; \$\$\$\$\$
THALOMID	4	PA; \$\$\$\$\$; LA
<i>tretinoin (chemotherapy)</i>	1	
TREXALL	2	
TYKERB	4	PA; \$\$\$\$\$; LA; QL
VANTAS	4	\$\$\$\$; LA
VENCLEXTA	2	PA; LA

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK	2	PA; QL
VOTRIENT	4	PA; \$\$\$\$\$; LA; QL
XALKORI	4	PA; \$\$\$\$\$; LA; QL
XELODA	4	\$\$\$\$\$
XTANDI	4	PA; \$\$\$\$\$; LA; QL
ZELBORAF	4	PA; \$\$\$\$\$; LA; QL
ZOLINZA	4	\$\$\$\$\$; LA
ZORTRESS	2	
ZYDELIG	2	PA; LA; QL
ZYKADIA	4	PA; \$\$\$\$\$; LA; QL
ZYTIGA	4	PA; \$\$\$\$\$; LA; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	
BANZEL	2	
BRIVIACT	3	ST
<i>carbamazepine</i>	1	
CARBATROL	3	
CELONTIN	2	
<i>clonazepam</i>	1	
DEPAKENE	3	ST
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
DIASTAT	3		LAMICTAL ODT STARTER (GREEN)	3	ST
DIASTAT ACUDIAL	3		LAMICTAL ODT STARTER (ORANGE)	3	ST
<i>diazepam</i>	1		LAMICTAL STARTER (BLUE) KIT	3	ST
DILANTIN	2		LAMICTAL STARTER (GREEN) KIT	3	ST
DILANTIN EXTENDED	3		LAMICTAL STARTER (ORANGE) KIT	3	ST
DILANTIN INFATABS	3		LAMICTAL XR STARTER (BLUE)	3	ST
DILANTIN-125	3		LAMICTAL XR STARTER (GREEN)	3	ST
<i>divalproex</i>	1		LAMICTAL XR STARTER (ORANGE)	3	ST
<i>epitol</i>	1		<i>lamotrigine</i>	1	
EQUETRO	3		<i>levetiracetam</i>	1	
<i>ethosuximide</i>	1		LYRICA	2	ST
<i>felbamate</i>	1		MYSOLINE	3	
FELBATOL	3		NEURONTIN	3	ST
FYCOMPA	3		ONFI	2	
<i>gabapentin</i>	1		<i>oxcarbazepine</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	2		OXTELLAR XR	3	ST
GABITRIL ORAL TABLET 2 MG, 4 MG	3		PEGANONE	2	
GRALISE	3	ST	<i>phenobarbital</i>	1	
GRALISE 30-DAY STARTER PACK	3	ST	PHENYTEK	3	
KEPPRA	3	ST	<i>phenytoin</i>	1	
KEPPRA XR	3	ST			
KLONOPIN	3				
LAMICTAL	3	ST			
LAMICTAL ODT	3	ST			
LAMICTAL ODT STARTER (BLUE)	3	ST			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin sodium extended</i>	1		<i>bromocriptine</i>	1	
POTIGA	2		<i>carbidopa</i>	1	
<i>primidone</i>	1		<i>carbidopa-levodopa</i>	1	
QUDEXY XR	3	ST	<i>carbidopa-levodopa-entacapone</i>	1	
<i>roweepra</i>	1		COMTAN	3	
SABRIL	4	\$\$\$\$\$; LA	DUOPA	4	\$\$\$; LA
SPRITAM	3	ST	ELDEPRYL	3	
TEGRETOL	3		<i>entacapone</i>	1	
TEGRETOL XR	3		LODOSYN	3	
<i>tiagabine</i>	1		MIRAPEX	3	
TOPAMAX	3	ST	MIRAPEX ER	3	
<i>topiramate oral capsule, sprinkle</i>	1		NEUPRO	3	
TOPIRAMATE ORAL CAPSULE,SPRINK LE,ER 24HR	3	ST	PARLODEL	3	
<i>topiramate oral tablet</i>	1		<i>pramipexole</i>	1	
TRILEPTAL	3	ST	REQUIP	3	
TROKENDI XR	3	ST	REQUIP XL	3	
<i>valproic acid</i>	1		<i>ropinirole</i>	1	
<i>valproic acid (as sodium salt)</i>	1		RYTARY	3	
VIMPAT	2		<i>selegiline hcl</i>	1	
ZARONTIN	3		SINEMET	3	
ZONEGRAN	3		SINEMET CR	3	
<i>zonisamide</i>	1		STALEVO 100	3	
ANTIPARKINSONISM AGENTS			STALEVO 125	3	
APOKYN	4	\$\$\$\$\$; LA	STALEVO 150	3	
AZILECT	3		STALEVO 200	3	
<i>benztropine</i>	1		STALEVO 50	3	
			STALEVO 75	3	
			TASMAR	3	
			<i>tolcapone</i>	1	
			<i>trihexyphenidyl</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits			
ZELAPAR	3		ONZETRA XSAIL	3	QL			
MIGRAINE & CLUSTER HEADACHE THERAPY								
<i>almotriptan malate</i>	1	QL	PRODRIN	3				
ALSUMA	3	QL	RELPAX	3	ST; QL			
AMERGE	3	ST; QL	<i>rizatriptan</i>	1	QL			
AXERT	3	ST; QL	<i>sumatriptan</i>	1	QL			
CAFERGOT	3		<i>sumatriptan succinate</i>	1	QL			
D.H.E.45	3		SUMAVEL DOSEPRO	3	QL			
<i>dihydroergotamine injection</i>	1		TREXIMET ORAL TABLET 10-60 MG	3	ST			
<i>dihydroergotamine nasal</i>	1	QL	TREXIMET ORAL TABLET 85-500 MG	3	ST; QL			
FROVA	3	ST; QL	ZEMBRACE SYMTOUCH	3	QL			
<i>frovatriptan</i>	1	QL	<i>zolmitriptan</i>	1	QL			
IMITREX NASAL	3	QL	ZOMIG NASAL	2	QL			
IMITREX ORAL	3	ST; QL	ZOMIG ORAL	3	ST; QL			
IMITREX STATDOSE KIT REFILL	3	QL	ZOMIG ZMT	3	ST; QL			
IMITREX STATDOSE PEN	3	QL	MISCELLANEOUS NEUROLOGICAL THERAPY					
IMITREX SUBCUTANEOUS	3	QL	AMPYRA	4	PA; \$\$\$; LA			
<i>isometh-dichloral-acetaminophn</i>	1		ARICEPT	3	ST			
<i>isomethhepten-caf-acetaminophen</i>	1		<i>donepezil oral tablet 10 mg, 5 mg</i>	1				
MAXALT	3	ST; QL	<i>donepezil oral tablet 23 mg</i>	1	ST			
MAXALT-MLT	3	ST; QL	<i>donepezil oral tablet,disintegrating</i>	1				
<i>migergot</i>	1		EXELO	3	ST			
MIGRANAL	3	QL	<i>galantamine</i>	1				
<i>naratriptan</i>	1	QL	HORIZANT	3	ST			
<i>nodolor</i>	1		KEVEYIS	3	PA; LA			

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral solution</i>	1		<i>chlorzoxazone</i>	1	
<i>memantine oral tablet</i>	1		<i>cyclobenzaprine</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3		DANTRIUM	3	
NAMENDA	3	ST	<i>dantrolene</i>	1	
NAMENDA TITRATION PAK	3		FEXMID	3	ST
NAMENDA XR ORAL CAP,SPRINKLE,E R 24HR DOSE PACK	3		LORZONE	3	ST
NAMENDA XR ORAL CAPSULE,SPRINK LE,ER 24HR	3	ST	<i>meprobamate</i>	1	
NAMZARIC	3	ST	MESTINON ORAL SYRUP	2	
NUEDEXTA	2	PA	MESTINON ORAL TABLET	3	
RAZADYNE	3	ST	MESTINON TIMESPAN	3	
RAZADYNE ER	3	ST	<i>metaxall</i>	1	
<i>rivastigmine</i>	1		<i>metaxalone</i>	1	
<i>rivastigmine tartrate</i>	1		<i>methocarbamol</i>	1	
<i>tetrabenazine</i>	4	PA; ST; \$\$\$\$	<i>orphenadrine citrate</i>	1	
XENAZINE	4	PA;\$\$\$\$; LA	PARAFON FORTE DSC	3	
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY					
AMRIX	3	ST	<i>pyridostigmine bromide</i>	1	
<i>baclofen</i>	1		ROBAXIN	3	
<i>carisoprodol</i>	1		ROBAXIN-750	3	
<i>carisoprodol-asa-codeine</i>	1		SKELAXIN	3	
<i>carisoprodol-aspirin</i>	1		SOMA	3	
NARCOTIC ANALGESICS					
			<i>tizanidine</i>	1	
			ZANAFLEX	3	
			ABSTRAL		
			<i>acetaminophen-caff-dihydrocod</i>	1	PA; QL
			<i>acetaminophen-codeine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ACTIQ	3	PA; QL	<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	
ALLZITAL	3				
<i>ascomp with codeine</i>	1				
<i>aspirin-caffeine-dihydrocodein</i>	1				
BUPAP	3		FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR	3	
<i>buprenorphine hcl</i>	1				
<i>butalbital compound w/codeine</i>	1				
<i>butalbital-acetaminop-caf-cod</i>	1		FENTORA	3	PA; QL
<i>butalbital-acetaminophen</i>	1		FIORICET	3	
<i>butalbital-acetaminophen-caff</i>	1		FIORICET WITH CODEINE	3	
<i>butalbital-aspirin-caffeine</i>	1		FIORINAL	3	
BUTRANS	3		FIORINAL-CODEINE #3	3	
<i>capacet</i>	1		HYCET	3	
CAPITAL WITH CODEINE	3		<i>hydrocodone-acetaminophen</i>	1	
<i>codeine sulfate</i>	1		<i>hydrocodone-ibuprofen</i>	1	
<i>codeine-butalbital-asa-caff</i>	1		<i>hydromorphone oral liquid</i>	1	
DEMEROL	3		<i>hydromorphone oral tablet</i>	1	
DILAUDID	3		<i>hydromorphone oral tablet extended release 24 hr</i>	1	QL
DURAGESIC	3		<i>hydromorphone rectal</i>	1	
EMBEDA	3	ST; QL	HYSINGLA ER	3	ST; QL
<i>endocet</i>	1		IBUDONE	3	
ESGIC	3		<i>ibuprofen-oxycodone</i>	1	
EXALGO ER	3	ST; QL	IONSYS	3	
<i>fentanyl citrate</i>	1	PA; QL	KADIAN	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
LAZANDA	3	PA; QL	<i>oxycodone oral concentrate</i>	1	
<i>levorphanol tartrate</i>	1		<i>oxycodone oral solution</i>	1	
<i>lorcet (hydrocodone)</i>	1		<i>oxycodone oral tablet</i>	1	
<i>lorcet hd</i>	1		OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	ST; QL
<i>lorcet plus</i>	1		<i>oxycodone-acetaminophen</i>	1	
<i>lortab 10-325</i>	1		<i>oxycodone-aspirin</i>	1	
<i>lortab 5-325</i>	1		OXYCONTIN	3	ST; QL
<i>lortab 7.5-325</i>	1		<i>oxymorphone oral tablet</i>	1	
LORTAB ELIXIR	3		<i>oxymorphone oral tablet extended release 12 hr</i>	1	QL
<i>margesic</i>	1		PERCOCET	3	
<i>marten-tab</i>	1		PRIMLEV	3	
<i>meperidine</i>	1		<i>repxain</i>	1	
<i>morphine concentrate</i>	1		ROXICODONE	3	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	QL	SUBSYS	3	PA; QL
<i>morphine oral capsule, extend.release pellets</i>	1	QL	SYNALGOS-DC	3	
<i>morphine oral solution</i>	1		<i>tencon</i>	1	
<i>morphine oral tablet</i>	1		TREZIX	3	
<i>morphine oral tablet extended release</i>	1	QL	TYLENOL-CODEINE #3	3	
<i>morphine rectal</i>	1		TYLENOL-CODEINE #4	3	
MS CONTIN	3	ST; QL	VANATOL LQ	3	
NORCO	3		<i>verdrocet</i>	1	
OPANA	3		<i>vicodin</i>	1	
OPANA ER	3	ST; QL			
OXAYDO	3				
<i>oxycodone oral capsule</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>vicodin es</i>	1	
<i>vicodin hp</i>	1	
XARTEMIS XR	3	
XODOL 10/300	3	
XODOL 5/300	3	
XODOL 7.5/300	3	
XTAMPZA ER	3	ST; QL
<i>xylon 10</i>	1	
<i>zamicet</i>	1	
<i>zebutal</i>	1	
ZOHYDRO ER	3	ST; QL
NON-NARCOTIC ANALGESICS		
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspir-81</i>	1	ACA; OTC
<i>aspirin</i>	1	ACA; OTC
<i>aspirin low dose</i>	1	ACA; OTC
<i>aspir-low</i>	1	ACA; OTC
<i>aspir-trin</i>	1	ACA; OTC
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	QL
CAMBIA	3	ST; QL
CELEBREX	3	ST
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	1	ACA; OTC
<i>choline,magnesium salicylate</i>	1	
CONZIP	3	ST; QL
DAYPRO	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical gel</i>	1	ST; QL
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
DUEXIS	3	ST
<i>e.c. prin</i>	1	ACA; OTC
EC-NAPROSYN	3	ST
<i>ecotrin</i>	1	ACA; OTC
<i>ecotrin low strength</i>	1	ACA; OTC
<i>enteric coated aspirin</i>	1	ACA; OTC
<i>etodolac</i>	1	
EVZIO	3	ST; LA; 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</i>	1	
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin</i>	1	
<i>ketoprofen</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac</i>	1	QL	SPRIX	3	ST; LA; QL
<i>klofensaid ii</i>	1	ST; QL	<i>sulindac</i>	1	
<i>lite coat aspirin</i>	1	ACA; OTC	TIVORBEX ORAL CAPSULE 20 MG	3	ST; QL
<i>meclofenamate</i>	1		TIVORBEX ORAL CAPSULE 40 MG	3	ST
<i>mefenamic acid</i>	1		<i>tolmetin</i>	1	
<i>meloxicam oral suspension</i>	1		TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	ST; QL
<i>meloxicam oral tablet 15 mg</i>	1		TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	ST; QL
<i>meloxicam oral tablet 7.5 mg</i>	1	QL	<i>tramadol oral tablet</i>	1	QL
MOBIC ORAL TABLET 15 MG	3	ST	<i>tramadol oral tablet</i> extended release 24 hr	1	QL
MOBIC ORAL TABLET 7.5 MG	3	ST; QL	<i>tramadol oral tablet, er multiphase 24 hr</i>	1	
<i>nabumetone</i>	1		<i>tramadol-acetaminophen</i>	1	QL
NALFON	3	ST	ULTRACET	3	ST; QL
<i>naloxone</i>	1		ULTRAM	3	ST; QL
<i>naltrexone</i>	1		ULTRAM ER	3	ST; QL
NAPRELAN CR	3	ST	VIMOVO	3	ST
NAPROSYN	3	ST	VIVLODEX ORAL CAPSULE 10 MG	3	ST
<i>naproxen</i>	1		VIVLODEX ORAL CAPSULE 5 MG	3	ST; QL
<i>naproxen sodium</i>	1		VOLTAREN	3	ST; QL
NARCAN	2	QL	VOLTAREN-XR	3	ST
NUCYNTA	3	QL	ZIPSOR	3	ST
NUCYNTA ER	3	ST; QL			
<i>oxaprozinc</i>	1				
PENNSAID	3	ST; QL			
<i>pentazocine-naloxone</i>	1				
<i>piroxicam</i>	1				
PONSTEL	3	ST			
<i>salsalate</i>	1				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ZORVOLEX ORAL CAPSULE 18 MG	3	ST; QL	<i>bupropion hcl oral tablet</i>	1	
ZORVOLEX ORAL CAPSULE 35 MG	3	ST	<i>bupropion hcl oral tablet extended release</i>	1	QL
PSYCHOTHERAPEUTIC DRUGS					
ABILIFY	3	QL	<i>bupropion hcl oral tablet extended release 24 hr</i>	1	QL
ADASUVE	3		<i>buspirone</i>	1	
ADDERALL	3	PA	BUTISOL	3	
ADDERALL XR	3	PA; ST	CELEXA	3	ST; QL
ADDYI	3	PA	<i>chlordiazepoxide hcl</i>	1	
ADZENYS XR-ODT	3	ST	<i>chlorpromazine</i>	1	
<i>alprazolam</i>	1		<i>citalopram oral solution</i>	1	
<i>alprazolam intensol</i>	1		<i>citalopram oral tablet</i>	1	QL
AMBIEN	3	ST; QL	<i>clomipramine</i>	1	
AMBIEN CR	3	ST; QL	<i>clonidine hcl</i>	1	PA
<i>amitriptyline</i>	1		<i>clorazepate dipotassium</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1		<i>clozapine oral tablet</i>	1	
<i>amoxapine</i>	1		<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
ANAFRANIL	3		CLOZAPINE ORAL TABLET,DISINTE GRATING 150 MG, 200 MG	3	
APLENZIN	3	ST; QL	CLOZARIL	3	
APTENSIO XR	3	PA; ST	CONCERTA	3	PA; ST
<i>ariPIPRAZOLE oral solution</i>	1		CYMBALTA	3	ST; QL
<i>ariPIPRAZOLE oral tablet</i>	1	QL	DAYTRANA	3	PA; ST
<i>ariPIPRAZOLE oral tablet,disintegrating</i>	1	QL	<i>desipramine</i>	1	
<i>armodafinil</i>	1	PA			
ATIVAN	3				
BELSOMRA	3	ST; QL			
BRISDELLE	3	ST; QL			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DESOXYN	3	PA
DESVENLAFAVIN E	3	ST; QL
DESVENLAFAVIN E FUMARATE	3	ST
<i>dexedrine</i>	1	PA
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG	3	ST
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	3	PA; ST
<i>dexamethylphenidate</i>	1	PA
<i>dextroamphetamine</i>	1	PA
<i>dextroamphetamine-amphetamine</i>	1	PA
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
DORAL	3	
<i>doxepin</i>	1	
<i>duloxetine</i>	1	QL
DYANAVEL XR	3	ST
EDLUAR	3	ST; 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

Drug Name	Drug Tier	Requirements / Limits
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL
EVEKEO	3	PA
FANAPT	3	QL
FAZACLO	3	
FETZIMA	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL
<i>fluoxetine oral tablet 20 mg</i>	1	
FLUOXETINE ORAL TABLET 60 MG	3	ST
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine</i>	1	QL
FOCALIN	3	PA
FOCALIN XR	3	PA; ST
FORFIVO XL	3	ST; QL
GEODON	3	QL
<i>guanfacine</i>	1	PA
<i>guanidine</i>	1	
HALCION	3	
<i>haloperidol</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate</i>	1	
HETLIOZ	4	PA; \$\$\$\$\$; LA; QL
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTERMEZZO	3	ST; QL
INTUNIV ER	3	PA
INVEGA	3	QL
IRENKA	3	ST; QL
KAPVAY	3	PA
KHEDEZLA	3	ST; QL
LATUDA	3	QL
LEXAPRO ORAL SOLUTION	3	ST
LEXAPRO ORAL TABLET	3	ST; QL
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	3	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
<i>loxapine succinate</i>	1	
LUNESTA	3	ST; QL
<i>maprotiline</i>	1	
MARPLAN	3	
METADATE CD	3	PA; ST
<i>metadate er</i>	1	PA
<i>methamphetamine</i>	1	PA
METHYLIN	3	PA
<i>methylphenidate</i>	1	PA
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>modafinil</i>	1	PA
<i>molindone</i>	1	
NARDIL	3	
<i>nefazodone</i>	1	
NORPRAMIN	3	
<i>nortriptyline</i>	1	
NUPLAZID	4	\$\$\$\$\$; LA
NUVIGIL	3	PA
<i>olanzapine</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
OLEPTRO ER	3	ST
ORAP	3	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl</i>	1	QL
PAXIL CR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST; QL
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
PRISTIQ	3	ST; QL
<i>procentra</i>	1	PA
<i>protriptyline</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PROVIGIL	3	PA	SARAFEM ORAL TABLET 20 MG	3	ST
PROZAC ORAL CAPSULE 10 MG, 40 MG	3	ST; QL	<i>seconal sodium</i>	1	QL
PROZAC ORAL CAPSULE 20 MG	3	ST	SEROQUEL	3	QL
PROZAC WEEKLY	3	ST; QL	SEROQUEL XR	3	QL
<i>quazepam</i>	1		<i>sertraline oral concentrate</i>	1	
<i>quetiapine</i>	1	QL	<i>sertraline oral tablet</i>	1	QL
QUILLICHEW ER	3	ST	SILENOR	3	ST; QL
QUILLIVANT XR	3	PA; ST	SONATA	3	ST; QL
REMERON	3		STRATTERA	2	PA
REMERON SOLTAB	3		SURMONTIL	3	
RESTORIL	3		SYMBYAX	3	
REXULTI	3	QL	<i>temazepam</i>	1	
RISPERDAL M-TAB	3	QL	<i>thioridazine</i>	1	
RISPERDAL ORAL SOLUTION	3		<i>thiothixene</i>	1	
RISPERDAL ORAL TABLET	3	QL	TOFRANIL	3	
<i>risperidone oral solution</i>	1		TRANXENE T-TAB	3	
<i>risperidone oral tablet</i>	1	QL	<i>tranylcypromine</i>	1	
<i>risperidone oral tablet,disintegrating</i>	1	QL	<i>trazodone</i>	1	
RITALIN	3	PA	<i>triazolam</i>	1	
RITALIN LA	3	PA; ST	<i>trifluoperazine</i>	1	
ROZEREM	2	ST; QL	<i>trimipramine</i>	1	
SAPHRIS (BLACK CHERRY)	3	QL	TRINTELLIX	3	ST; QL
SARAFEM ORAL TABLET 10 MG	3	ST; QL	VALIUM	3	
			<i>venlafaxine</i>	1	QL
			VERSACLOZ	3	
			VIIIBRYD	3	ST; QL
			VRAYLAR	3	QL
			VYVANSE	2	PA; ST
			WELLBUTRIN SR	3	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
WELLBUTRIN XL	3	ST; QL
XANAX	3	
XANAX XR	3	
XYREM	2	LA
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA
<i>ziprasidone hcl</i>	1	QL
ZOLOFT ORAL CONCENTRATE	3	ST
ZOLOFT ORAL TABLET	3	ST; QL
<i>zolpidem</i>	1	QL
ZOLPIMIST	3	ST; QL
ZYPREXA	3	QL
ZYPREXA ZYDIS	3	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone</i>	1	
BETAPACE	3	
BETAPACE AF	3	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	3	

Drug Name	Drug Tier	Requirements / Limits
NORPACE CR	3	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL	3	
RYTHMOL SR	3	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	
TIKOSYN	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ACEON	3	
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-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ATACAND	3	ST
ATACAND HCT	3	ST
<i>atenolol</i>	1	
<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</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
BYSTOLIC	3	ST
BYVALSON	3	ST
CALAN	3	
CALAN SR	3	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazide</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDURA	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CARDURA XL	3	ST; QL
<i>carvedilol</i>	1	
CATAPRES	3	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl</i>	1	
<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
CORZIDE	3	ST
COZAAR	3	ST
DEMADEX	3	
DEMSEER	2	
DIBENZYLINE	3	
<i>diltiazem</i>	1	
DIOVAN	3	ST
DIOVAN HCT	3	ST
DIURIL	3	
<i>doxazosin</i>	1	QL
DUTOPROL	2	ST
DYAZIDE	3	
DYRENIUM	3	

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Drug Name	Drug Tier	Requirements / Limits
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECRIN	3	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED	3	
<i>eplerenone</i>	1	
<i>eprosartan</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</i>	1	
<i>guanfacine</i>	1	
HEMANGEOL	3	LA
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
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</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LASIX	3	
LEVATOL	3	ST
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR	3	ST
LOPRESSOR HCT	3	ST
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
MAVIK	3	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyclothiazide</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
MICARDIS	3	ST
MICARDIS HCT	3	ST
MICROZIDE	3	
MINIPRESS	3	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>nicardipine</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NORVASC	3	ST
NYMALIZE	3	
ORENITRAM	4	PA; \$\$\$\$\$; LA
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PRINIVIL	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	
<i>reserpine</i>	1	
SECTRAL	3	ST
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULAR	3	ST
TARKA	3	
TEKTURNA	3	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENEX	3	
TENORETIC 100	3	ST
TENORETIC 50	3	ST
TENORMIN	3	ST
<i>terazosin</i>	1	QL
TIAZAC	3	
<i>timolol maleate</i>	1	
TOPROL XL	3	ST
<i>torsemide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	3	ST
TWYNSTA	3	ST
UPTRAVI	4	PA; \$\$\$\$\$; LA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil</i>	1	
VERELAN	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
VERELAN PM	3		ELIQUIS	2	PA
ZEBETA	3	ST	ELOCTATE	4	\$\$\$\$\$; LA
ZESTORETIC	3		<i>enoxaparin</i>	4	\$\$\$\$
ZESTRIL	3		<i>fondaparinux</i>	4	\$\$\$\$
ZIAC	3	ST	FRAGMIN	4	\$\$\$\$\$
CARDIAC GLYCOSIDES			HELIXATE FS	4	\$\$\$\$\$; LA
<i>digitek</i>	1		<i>hep flush-10 (pf)</i>	1	
<i>digox</i>	1		<i>heparin (porcine)</i>	1	
<i>digoxin</i>	1		HEPARIN (PORCINE) IN 0.9% NACL	3	
LANOXIN	3		<i>heparin (porcine) in 5 % dex</i>	1	
COAGULATION THERAPY			<i>heparin (porcine) in nacl (pf)</i>	1	
ADVATE	4	\$\$\$\$\$; LA	<i>heparin flush</i>	1	
ADYNOVATE	4	\$\$\$\$\$; LA	<i>heparin flush(porcine)- 0.9nacl</i>	1	
AFSTYLA	4	\$\$\$\$\$; LA	<i>heparin lock flush</i>	1	
AGGRENOX	3		<i>heparin lock flush (porcine)</i>	1	
ALPROLIX	4	\$\$\$\$\$; LA	<i>heparin lockflush(porcine)(pf)</i>	1	
AMICAR	2		HEPARIN(PORCIN E) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
ARIIXTRA	4	\$\$\$\$\$	<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>aspirin-dipyridamole</i>	1				
BENEFIX	4	\$\$\$\$\$; LA			
BRILINTA	2				
CEPROTIN (BLUE BAR)	2	LA			
CEPROTIN (GREEN BAR)	2	LA			
<i>cilostazol</i>	1				
<i>clopidogrel</i>	1				
COAGADEX	2	LA			
COUMADIN	3				
<i>dipyridamole</i>	1				
DURLAZA	3	ST			
EFFIENT	3				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits	
heparin, porcine (pf)	1		XARELTO ORAL TABLET 15 MG, 20 MG	2	PA	
IDELVION	4	\$\$\$\$\$; LA	XARELTO ORAL TABLETS,DOSE PACK	2	PA	
IXINITY	4	\$\$\$\$\$; LA	XYNTHA	4	\$\$\$\$\$; LA	
jantoven	1		XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	\$\$\$\$\$	
KOGENATE FS	4	\$\$\$\$\$; LA	XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 3,000 (+/-) UNIT	4	\$\$\$\$\$; LA	
KOVALTRY	4	\$\$\$\$\$; LA	YOSPRALA	3		
LOVENOX	4	\$\$\$\$	ZONTIVITY	3	PA	
MEPHYTON	2		LIPID/CHOLESTEROL LOWERING AGENTS			
monoject prefill (pf)	1		ALTOPREV	3	ST; QL	
NOVOEIGHT	4	\$\$\$\$\$; LA	amlodipine-atorvastatin	1	QL	
NOVOSEVEN RT	4	\$\$\$\$\$; LA	ANTARA	3	ST	
NUWIQ	4	\$\$\$\$\$; LA	atorvastatin	1	QL	
pentoxifylline	1		CADUET	3	ST; QL	
PHYTONADIONE (VITAMIN K1)	3		cholestyramine (with sugar)	1		
PLAVIX	3		cholestyramine light	1		
PRADAXA	3	PA	COLESTID FLAVORED	3	ST	
PROMACTA ORAL TABLET 12.5 MG	4	PA;\$\$\$\$; LA	COLESTID ORAL GRANULES	3	PA; ST	
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG	4	PA;\$\$\$\$				
RECOMBINATE	4	\$\$\$\$\$; LA				
RIXUBIS	4	\$\$\$\$\$; LA				
SAVAYSA	3	PA				
ticlopidine	1					
vitamin k	1					
vitamin k1	1					
warfarin	1					
WILATE	4	\$\$\$\$\$; LA				
XARELTO ORAL TABLET 10 MG	2					

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
COLESTID ORAL PACKET	3	PA	NIACOR	3	
COLESTID ORAL TABLET	3	ST	NIASPAN EXTENDED-RELEASE	3	
<i>colestipol</i>	1		<i>omega-3 acid ethyl esters</i>	1	PA
CRESTOR	3	ST; QL	PRALUENT PEN	4	PA; \$\$\$\$; LA; QL
<i>fenofibrate micronized</i>	1		PRALUENT SYRINGE	4	PA; \$\$\$\$; LA; QL
<i>fenofibrate nanocrystallized</i>	1		PRAVACHOL	3	ST; QL
FENOFIBRATE ORAL CAPSULE	3	ST	<i>pravastatin</i>	1	QL
<i>fenofibrate oral tablet</i>	1		<i>prevalite</i>	1	
<i>fenofibric acid</i>	1		QUESTRAN	3	ST
<i>fenofibric acid (choline)</i>	1		QUESTRAN LIGHT	3	ST
FENOGLIDE	3	ST	REPATHA PUSHTRONEX	4	PA; \$\$%; QL
FIBRICOR	3	ST	REPATHA SURECLICK	4	PA; \$\$\$\$; QL
<i>fluvastatin</i>	1	QL	REPATHA SYRINGE	4	PA; \$\$\$\$; QL
<i>gemfibrozil</i>	1		<i>rosuvastatin</i>	1	QL
JUXTAPID	2	PA; LA	<i>simvastatin</i>	1	QL
KYNAMRO	4	PA; \$\$\$\$\$; LA	TRICOR	3	ST
LESCOL	3	ST; QL	TRIGLIDE	3	ST
LESCOL XL	3	ST; QL	TRILIPIX	3	ST
LIPITOR	3	ST; QL	VASCEPA	2	PA
LIPOFEN	3	ST	VYTORIN 10-10	3	ST; QL
LIVALO	3	ST; QL	VYTORIN 10-20	3	ST; QL
LOFIBRA	3	ST	VYTORIN 10-40	3	ST; QL
LOPID	3		VYTORIN 10-80	3	ST; QL
<i>lovastatin</i>	1	QL	WELCHOL	3	ST
LOVAZA	3	PA	ZETIA	2	ST
<i>niacin</i>	1				

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Drug Name	Drug Tier	Requirements / Limits
ZOCOR	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA
ENTRESTO	2	PA; QL
RANEXA	3	
VECAMYL	3	LA
NITRATES		
DILATRATE-SR	3	
GONITRO	3	
ISOCHRON	3	
ISORDIL	3	
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC	3	ST
<i>calcipotriene</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene-betamethasone</i>	1	
<i>calcitrene</i>	1	
<i>calcitriol</i>	1	
COAL TAR	2	
COSENTYX	4	PA; \$\$\$\$\$
COSENTYX (2 SYRINGES)	4	PA; \$\$\$\$\$
COSENTYX PEN	4	PA; \$\$\$\$\$
COSENTYX PEN (2 PENS)	4	PA; \$\$\$\$\$
DOVONEX	3	
<i>drithocreme hp</i>	1	
ENSTILAR	3	
EPIFOAM	3	ST
<i>hydrocortisone-pramoxine</i>	1	
OVACE	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER,EXTENDED RELEASE	3	
OVACE PLUS TOPICAL CREAM	3	ST
OVACE PLUS TOPICAL FOAM	3	
OVACE PLUS TOPICAL LOTION	3	ST
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
PRAMOSONE E	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PROMISEB COMPLETE	3		BENSAL HP	3	
<i>seb-prev</i>	1		INOVA 4-1	3	ST
<i>selenium sulfide</i>	1		INOVA 8-2	3	ST
SELRX	3		KERALYT RX	3	
SORIATANE	3		KERALYT SCALP COMPLETE	3	
SORILUX	3		PODOCON	3	
STELARA	4	PA; ST; \$\$\$\$\$	POTASSIUM HYDROXIDE	3	
<i>sulfacetamide sodium</i>	1		<i>salacyn</i>	1	
TACLONEX	3		SALEX	3	
TALTZ AUTOINJECTOR	4	PA; \$\$\$\$\$; LA	<i>salicylic acid</i>	1	
TALTZ AUTOINJECTOR (2 PACK)	4	PA; \$\$\$\$\$; LA	<i>salicylic acid er-ceramides</i>	1	
TALTZ AUTOINJECTOR (3 PACK)	4	PA; \$\$\$\$\$; LA	SALKERA	3	
TALTZ SYRINGE	4	PA; \$\$\$\$\$; LA	<i>salvax</i>	1	
TALTZ SYRINGE (2 PACK)	4	PA; \$\$\$\$\$; LA	SALVAX DUO PLUS	3	
TALTZ SYRINGE (3 PACK)	4	PA; \$\$\$\$\$; LA	ULTRASAL-ER	3	
TERSI FOAM	3		VIRASAL	3	
VECTICAL	3		MISCELLANEOUS DERMATOLOGICALS		
ZITHRANOL	3		ALEVICYN ANTIPRURITIC	3	
ZITHRANOL-RR	3		ALEVICYN ANTIPRURITIC SG	3	
BURN THERAPY			AMELUZ	3	
SILVADENE	3		<i>ammonium lactate</i>	1	
<i>silver sulfadiazine</i>	1		ATOPICLAIR	3	
<i>ssd</i>	1		ATRAPRO CP	3	
<i>thermazene</i>	1		ATRAPRO HYDROGEL	3	
KERATOLYTICS			<i>avo cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
BIAFINE EMULSION	3		HPR PLUS-MB HYDROGEL	3	
<i>bp-50% urea</i>	1		HYDRO 35	3	
CARAC	3		HYDRO 40	3	
<i>celacyn</i>	1		HYLATOPIC	3	
<i>cem-urea</i>	1		HYLATOPICPLUS	3	
CERACADE	3		KERAFOAM	3	
CERAMAX	3		KERALAC	3	
CONDYLOX	3		<i>lactic acid</i>	1	
CORTANE-B	3		<i>lactic acid e</i>	1	
DERMASORB XM COMPLETE KIT	3		<i>latrix</i>	1	
<i>diclofenac sodium</i>	1	PA; QL	LEVULAN	3	
<i>doxepin</i>	1		LOUTREX	3	
EFUDEX	3		<i>luxamend</i>	1	
<i>eletone</i>	1		<i>mb hydrogel</i>	1	
ELIDEL	3	ST; QL	<i>mb hydrogel</i> (cyclomethicone)	1	
<i>emulsion sb</i>	1		<i>methoxsalen rapid</i>	1	
ENTTY	3		NEOSALUS	3	
EPICERAM	3		<i>nivatopic plus</i>	1	
FLUOROPLEX	3		OXSORALEN	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3		ULTRA		
<i>fluorouracil topical cream 5 %</i>	1		PANRETIN	3	
<i>fluorouracil topical solution</i>	1		PICATO	3	
GORDONS UREA	3		<i>podofilox</i>	1	
<i>hpr</i>	1		PRESERA	3	
<i>hpr plus</i>	1		PROMISEB	3	
<i>hpr plus hydrogel</i>	1		PROTOPIC	3	ST; QL
			<i>pruclair</i>	1	
			<i>prudoxin</i>	1	
			<i>prumyx</i>	1	
			<i>prutect</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
QUTENZA	3	LA
rea lo 39	1	
rea lo 40	1	
REGRANEX	2	QL
remeven	1	
RESTIZAN	3	
silver nitrate	1	
silver nitrate applicators	1	
SOLARAZE	3	PA; QL
sonafine	1	
sp antipruritic	1	
sp scar management	1	
tacrolimus	1	ST; QL
TOLAK	3	
UMECTA TOPICAL EMULSION	3	
umecta topical foam	1	
URAMAXIN	3	
URAMAXIN GT	3	
urea	1	
urea nail stick	1	
urea-hyaluronate sodium	1	
UTOPIC	3	
VALCHLOR	4	\$\$\$\$\$; LA
VEREGEN	3	
XCLAIR	3	
ZANABIN	3	
ZONALON	3	
THERAPY FOR ACNE		

Drug Name	Drug Tier	Requirements / Limits
ABSORICA	3	
ACANYA	3	ST
ACZONE	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
ATRALIN	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL FOAM	3	ST
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST
BENZAMYCIN	3	ST
BENZEFOAM	3	ST
BENZEFOAM ULTRA	3	ST
<i>benzepro</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
BENZEPRO (MICROSPPHERES)	3	ST	METROGEL	3	ST
<i>benzoyl peroxide</i>	1		METROLOTION	3	ST
<i>bp 10-1</i>	1		<i>metronidazole</i>	1	
<i>bpo</i>	1		MIRVASO	3	
<i>claravis</i>	1		<i>myorisan</i>	1	
<i>cleansing wash</i>	1		<i>neuac</i>	1	
CLEOCIN T	3	ST	NEUAC KIT	3	ST
CLINDACIN ETZ	3	ST	NORITATE	3	ST
<i>clindacin p</i>	1		NUOX	3	ST
CLINDACIN PAC	3	ST	ONEXTON	3	ST
CLINDAGEL	3	ST	PACNEX	3	ST
<i>clindamycin phosphate</i>	1		PLEXION	3	ST
<i>clindamycin-benzoyl peroxide</i>	1		PLEXION CLEANSING CLOTHS	3	ST
<i>clindamycin-tretinoin</i>	1	PA	PR BENZOYL PEROXIDE	3	ST
DIFFERIN	3	ST	RETIN-A	3	PA
DUAC	3	ST	RETIN-A MICRO	3	PA
EPIDUO	3	ST	RETIN-A MICRO PUMP	3	PA
EPIDUO FORTE	3	ST	<i>rosadan topical cream</i>	1	
<i>ery pads</i>	1		<i>rosadan topical gel</i>	1	
<i>erygel</i>	1		ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
<i>erythromycin with ethanol</i>	1		ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
<i>erythromycin-benzoyl peroxide</i>	1		ROSANIL	3	ST
EVOCLIN	3	ST	ROSULA	3	ST
FABIOR	3	PA			
FINACEA	3	ST			
INOVA	3	ST			
METROCREAM	3	ST			

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>rosula cleansing cloths</i>	1		<i>dermacinrx prizopak</i>	1	ST
SOOLANTRA	3	ST	<i>ethyl chloride</i>	1	
<i>ss 10-2</i>	1		<i>glydo</i>	1	QL
<i>sss 10-5</i>	1		<i>lidocaine hcl laryngotracheal</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1		<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>sulfacetamide sod-sulfur-urea</i>	1		<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>sulfacetamide-sulfur-cleansr23</i>	1		<i>lidocaine hcl mucous membrane solution</i>	1	
<i>sulfacleanse 8-4</i>	1		<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>sulfact na-sul-avobnz-otn-ocsa</i>	1		<i>lidocaine topical adhesive patch,medicated</i>	1	ST
SUMADAN	3	ST	<i>lidocaine topical ointment</i>	1	QL
SUMADAN XLT	3	ST	<i>lidocaine viscous</i>	1	
SUMAXIN	3	ST	<i>lidocaine-prilocaine topical cream</i>	1	QL
SUMAXIN CP	3	ST	<i>lidocaine-prilocaine topical kit</i>	1	
SUMAXIN TS	3	ST	LIDOCAINE-TETRACAIN	3	ST
TAZORAC	2	PA	LIDODERM	3	PA
<i>tretinoi</i> n	1	PA	<i>lidopril</i>	1	ST
<i>tretinoi</i> n microspheres	1	PA	LIDOPRIL XR	3	ST
TRETIN-X	3	PA	LIVIXIL PAK	3	ST
TRETIN-X CREAM KIT	3	PA	LP LITE PAK	3	ST
VANOXIDE-HC	3	ST	<i>lta pre-attached</i>	1	
VELTIN	3	PA; ST	NOVACORT (WITH ALOE)	3	ST
<i>zenatane</i>	1		PLIAGLIS	3	
<i>zencia</i>	1				
ZIANA	3	PA; ST			
TOPICAL ANESTHETICS					
BUCALSEP	3				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>relador pak</i>	1	ST
<i>relador pak plus</i>	1	ST
SYNERA	3	
TOPICAL ANTIBACTERIALS		
ALTABAX	3	
BACTROBAN	3	
CENTANY	3	
CENTANY AT	3	
CORTISPORIN	3	
<i>gentamicin</i>	1	
KLARON	3	ST
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone</i>	1	
CNL 8 NAIL	3	ST
<i>econazole</i>	1	
ECOZA	3	
ERTACZO	3	
EXELDERM	3	
EXODERM	3	
EXTINA	3	
JUBLIA	3	ST
KERYDIN	3	ST
<i>ketoconazole</i>	1	
LOPROX	3	
LOPROX (AS OLAMINE)	3	
LOPROX KIT	3	
LOTRISONE	3	
LUZU	3	
MENTAX	3	
NAFTIFINE TOPICAL CREAM 1 %	3	
<i>naftifine topical cream 2 %</i>	1	
NAFTIN	3	
NIZORAL	3	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	1	
OXISTAT	3	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PENLAC	3	ST	CLOCORTOLONE PIVALATE	3	ST
TRIACETIN	2		<i>clodan</i>	1	
TRIPLE DYE	3		CLODAN KIT	3	ST
VUSION	3		CLODERM	3	ST
XOLEGEL	3		CORDRAN	3	ST
TOPICAL ANTIVIRALS			CORDRAN TAPE LARGE ROLL	3	ST
<i>acyclovir</i>	1	PA; QL	<i>cormax</i>	1	
DENAVIR	3		CUTIVATE	3	ST
XERESE	3		DERMA-SMOOTHÉ/FS BODY OIL	3	ST
ZOVIRAX TOPICAL CREAM	2	PA; QL	DERMA-SMOOTHÉ/FS SCALP OIL	3	ST
ZOVIRAX TOPICAL OINTMENT	3	PA; QL	DERMASORB HC COMPLETE KIT	3	ST
TOPICAL CORTICOSTEROIDS			DERMASORB TA COMPLETE KIT	3	ST
<i>ala-cort</i>	1		DERMATOP	3	ST
ALA-SCALP	3	ST	DESONATE	3	ST
<i>alclometasone</i>	1		<i>desonide</i>	1	
<i>amcinonide</i>	1		DESOWEN	3	ST
ANUSOL-HC	3	ST	<i>desoximetasone</i>	1	
<i>apexicon e</i>	1		<i>diflorasone</i>	1	
AQUA GLYCOLIC HC	3	ST	DIPROLENE	3	ST
<i>betamethasone dipropionate</i>	1		DIPROLENE AF	3	ST
<i>betamethasone valerate</i>	1		ELOCON	3	ST
<i>betamethasone, augmented</i>	1		<i>fluocinolone</i>	1	
CAPEX	3	ST	<i>fluocinolone and shower cap</i>	1	
<i>clobetasol</i>	1		<i>fluocinonide</i>	1	QL
<i>clobetasol-emollient</i>	1		<i>fluocinonide-e</i>	1	QL
CLOBEX	3	ST			

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Drug Name	Drug Tier	Requirements / Limits
<i>flurandrenolide</i>	1	
<i>fluticasone</i>	1	
<i>halobetasol propionate</i>	1	
HALOG	3	ST
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone butyr-emollient</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-min oil-wht pet</i>	1	
KENALOG	3	ST
LOCOID	3	ST
LOCOID LIPOCREAM	3	ST
LUXIQ	3	ST
<i>mometasone</i>	1	
OLUX	3	ST
OLUX-E	3	ST
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT	3	ST
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

Drug Name	Drug Tier	Requirements / Limits
SYNALAR TS	3	ST
TEMOVATE	3	ST
TEXACORT	3	ST
TOPICORT	3	ST
<i>triamcinolone acetonide</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	
ULTRAVATE	3	ST
ULTRAVATE X	3	ST
VANOS	3	ST; QL
VERDESO	3	ST
TOPICAL ENZYMES		
SANTYL	2	
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
EURAX	3	
<i>lindane</i>	1	
LYCELLE	3	
<i>malathion</i>	1	
NATROBA	3	
OVIDE	3	
<i>permethrin</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b gu</i>	1		<i>disulfiram</i>	1	
NEOSPORIN GU IRRIGANT	3		<i>etidronate disodium</i>	1	
PHYSIOLYTE	3		EVOXAC	3	
PHYSIOSOL IRRIGATION	3		EXJADE	4	\$\$\$\$\$; LA
<i>ringers</i>	1		FERRIPROX	2	LA
SORBITOL	3		GLASSIA	4	PA;\$\$\$\$\$; LA
SORBITOL-MANNITOL	3		INCRELEX	4	PA;\$\$\$\$\$; LA
<i>tis-u-sol pentalyte</i>	1		INFASURF	3	
VASHE WOUND THERAPY	3		JADENU	4	\$\$\$\$\$; LA
MISCELLANEOUS AGENTS					
<i>acamprosate</i>	1		<i>levocarnitine</i>	1	
<i>acetic acid</i>	1		<i>levocarnitine (with sugar)</i>	1	
ACTONEL	3	ST; QL	LIPOCHOL PLUS	3	
AGRYLIN	3		LITHOSTAT	3	
<i>alendronate</i>	1	QL	METOPIRONE	3	LA
<i>anagrelide</i>	1		<i>midodrine</i>	1	
<i>bd pre-filled normal saline</i>	1		<i>monoject 0.9% sodium chloride</i>	1	
BUPHENYL ORAL POWDER	3		<i>monoject prefill advanced ns</i>	1	
BUPHENYL ORAL TABLET	2		<i>monoject prefill saline flush</i>	1	
<i>caffeine citrated</i>	1		<i>normal saline flush</i>	1	
CARBAGLU	4	\$\$\$\$\$; LA	NORTHERA	4	PA;\$\$\$\$\$; LA
CARNITOR	3		ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	LA
CARNITOR (SUGAR-FREE)	3		ORFADIN ORAL CAPSULE 20 MG	2	
<i>cevimeline</i>	1		ORFADIN ORAL SUSPENSION	2	
CHEMET	2		<i>pilocarpine hcl</i>	1	
			RADIOGARDASE	3	
			RAVICTI	4	\$\$\$\$\$; LA

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Drug Name	Drug Tier	Requirements / Limits
RILUTEK	3	
<i>riluzole</i>	1	
<i>risedronate</i>	1	QL
SALAGEN	3	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % injection syringe</i>	1	
SODIUM CHLORIDE 0.9 % INJECTION SYRINGE, WITH SWAB CAP	3	
<i>sodium chloride 0.9 % intravenous</i>	1	
<i>sodium phenylbutyrate</i>	1	
SURVANTA	3	
SWABFLUSH	3	
SYPRINE	3	PA
<i>syrex sodium chloride 0.9%</i>	1	
THIOLA	3	LA
<i>water for irrigation, sterile</i>	1	
XURIDEN	2	LA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA
CHANTIX	2	ACA
CHANTIX CONTINUING MONTH BOX	2	ACA

Drug Name	Drug Tier	Requirements / Limits
CHANTIX STARTING MONTH BOX	2	ACA
<i>nicorelief</i>	1	ACA; OTC
<i>nicotine</i>	1	ACA; OTC
<i>nicotine (polacrilex)</i>	1	ACA; OTC
NICOTROL	3	ACA
NICOTROL NS	3	ACA
<i>nts step 1</i>	1	ACA; OTC
<i>quit 2</i>	1	ACA; OTC
<i>quit 4</i>	1	ACA; OTC
<i>stop smoking aid</i>	1	ACA; OTC
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	3	LA
ASTEPERO	3	
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
BACTROBAN NASAL	2	
<i>chlorhexidine gluconate</i>	1	
CLINPRO 5000	3	
DEBACTEROL	2	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
EPISIL	3	
<i>fluoridex daily defense</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FLUORIDEX SENSITIVITY RELIEF	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide</i>	1	QL
MUGARD	3	
<i>olopatadine</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
PATANASE	3	QL
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl</i>	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
SALAGEN	3	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride</i>	1	
<i>triamcinolone acetonide</i>	1	
TYZINE	3	

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetasol hc</i>	1	
<i>acetic acid</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CETRAXAL	3	
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	
<i>floxin</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	
OTIPRIO	3	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	4	PA; \$\$\$\$\$; LA
CORTEF	3	
<i>cortisone</i>	1	
<i>deltasone</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
DEXPAK 10 DAY	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
DEXPAK 13 DAY	3		ACCU-CHEK SMARTVIEW TEST STRIP	3	ST; OTC
DEXPAK 6 DAY	3		ACCUTREND GLUCOSE	3	OTC
<i>fludrocortisone</i>	1		ADVANCED GLUC METER TEST STRIP	3	OTC
<i>hydrocortisone</i>	1		ADVOCATE REDI-CODE	3	ST; OTC
MEDROL	3		ADVOCATE TEST STRIPS	3	ST; OTC
MEDROL (PAK)	3		AGAMATRIX AMP TEST STRIPS	3	OTC
<i>methylprednisolone</i>	1		ASSURE 4 STRIPS	3	OTC
<i>millipred dp</i>	1		ASSURE PLATINUM	3	OTC
MILLIPRED ORAL SOLUTION	3		ASSURE PRISM MULTI STRIP	3	OTC
<i>millipred oral tablet</i>	1		BIONIME RIGHTEST TEST STRIPS	3	OTC
ORAPRED ODT	3		BLOOD GLUCOSE TEST	3	OTC
PEDIAPRED	3		BREEZE 2 TEST STRIPS	3	ST; OTC
<i>prednisolone</i>	1		CARESENS N TEST STRIPS	3	OTC
<i>prednisolone sodium phosphate</i>	1		CLEVER CHOICE MICRO TEST STRIP	3	OTC
<i>prednisone</i>	1		CLEVER CHOICE PRO	3	OTC
<i>prednisone intensol</i>	1		CLEVER CHOICE TEST STRIPS	3	OTC
RAYOS	3	ST	CLEVER CHOICE VOICE+ TEST	3	OTC
TRIESENCE (PF)	3				
<i>veripred 20</i>	1				
ANTITHYROID AGENTS					
<i>methimazole</i>	1				
<i>propylthiouracil</i>	1				
SSKI	3				
TAPAZOLE	3				
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES					
ACCU-CHEK AVIVA PLUS TEST STRP	3	ST; OTC			
ACCU-CHEK COMPACT TEST	3	ST; OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
CONTOUR NEXT STRIPS	3	ST; OTC	EVENCARE G3 TEST	3	OTC
CONTOUR TEST STRIPS	3	ST; OTC	EVENCARE MINI GLUCOSE TEST STR	3	OTC
CONTROL AST TEST	3	OTC	EVENCARE TEST	3	OTC
COOL GLUCOSE TEST STRIP	3	OTC	EVOLUTION TEST STRIPS	3	OTC
DIATRUE PLUS TEST STRIP	3	OTC	EZ SMART PLUS TEST	3	OTC
EASY PLUS II TEST	3	OTC	EZ SMART TEST	3	OTC
EASY STEP	3	OTC	FIFTY50 TEST STRIP	3	OTC
EASY TALK GLUCOSE TEST	3	OTC	FORA D10	3	OTC
EASY TOUCH TEST STRIP	3	OTC	FORA D15G	3	OTC
EASY TRAK GLUCOSE TEST	3	OTC	FORA D20	3	OTC
EASYGLUCO PLUS	3	OTC	FORA D40-G31 TEST STRIPS	3	OTC
EASYGLUCO TEST	3	OTC	FORA G20	3	OTC
EASymax	3	OTC	FORA G30A	3	OTC
ELEMENT COMPACT TEST STRIPS	3	OTC	FORA GD50 TEST STRIPS	3	OTC
ELEMENT TEST STRIPS	3	OTC	FORA TEST STRIP	3	OTC
EMBRACE BLOOD GLUCOSE SYSTEM	3	ST; OTC	FORA TN'G VOICE TEST STRIPS	3	OTC
EMBRACE EVO TEST STRIPS	3	ST; OTC	FORA V10	3	OTC
EMBRACE PRO TEST STRIPS	3	ST; OTC	FORA V12 GLUCOSE	3	OTC
EVENCARE G2	3	OTC	FORA V20	3	OTC
			FORACARE GD20	3	OTC
			FORACARE GD40	3	OTC
			FORTISCARE GLUCOSE TEST STRIPS	3	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
FREESTYLE INSULINX	2	ST; OTC	INFINITY TEST STRIPS	3	OTC
FREESTYLE INSULINX TEST STRIPS	2	ST; OTC	LIBERTY TEST	3	ST; OTC
FREESTYLE LITE STRIPS	2	ST; OTC	MICRO BLOOD GLUCOSE	3	OTC
FREESTYLE PRECISION NEO STRIPS	3	ST; OTC	MICRODOT BLOOD GLUCOSE SYSTEM	3	OTC
FREESTYLE TEST	2	ST; OTC	MYGLUCOHEALTH	3	OTC
GE100 BLOOD GLUCOSE TEST STRIP	3	OTC	NEUTEK 2TEK TEST STRIPS	3	OTC
GENSTRIP TEST STRIP	3	OTC	NOVA MAX GLUCOSE TEST	3	OTC
GLUCO NAVII TEST STRIP	3	OTC	ON CALL EXPRESS TEST STRIP	3	OTC
GLUCOCARD 01 SENSOR PLUS	3	OTC	ON CALL PLUS TEST STRIP	3	OTC
GLUCOCARD EXPRESSION	3	OTC	ON CALL VIVID TEST STRIP	3	OTC
GLUCOCARD SHINE TEST STRIPS	3	OTC	ONETOUCH ULTRA TEST	3	OTC
GLUCOCARD VITAL SENSOR	3	OTC	ONETOUCH VERIO	3	OTC
GLUCOCARD VITAL TEST STRIPS	3	OTC	OPTIUM EZ	3	ST; OTC
GLUCOCOM GLUCOSE	3	OTC	OPTIUM TEST	3	ST; OTC
GM100	3	OTC	OPTUMRX	3	OTC
GMATE TEST STRIPS	3	OTC	PHARMACIST CHOICE	3	OTC
HEALTHPRO TEST STRIPS	3	OTC	PRECISION PCX PLUS TEST	3	ST; OTC
			PRECISION PCX TEST	3	ST; OTC
			PRECISION POINT OF CARE TEST	3	ST; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PRECISION Q-I-D TEST	3	ST; OTC	ULTRATRAK	3	OTC
PRECISION XTRA TEST	3	ST; OTC	ULTRATRAK	3	OTC
PREMIUM V10	3	OTC	ULTIMATE		
PRODIGY NO CODING	3	OTC	UNISTRIP1 TEST STRIP	3	ST; OTC
QUINTET AC	3	OTC	WAVESENSE JAZZ	3	OTC
REFUAH PLUS	3	OTC	WAVESENSE PRESTO	3	OTC
RELION CONFIRM-MICRO	3	OTC	DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
RELION PRIME TEST STRIPS	3	OTC	GLUCAGEN DIAGNOSTIC KIT	2	
REVEAL TEST STRIP	3	OTC	GLUCAGON HCL	3	
RIGHTEST GS550 TEST STRIPS	3	OTC	GLUCOSE ELEVATING AGENTS		
SMART SENSE TEST STRIPS	3	OTC	GLUCAGEN HYPOKIT	2	
SMARTEST TEST	3	OTC	GLUCAGON EMERGENCY KIT (HUMAN)	2	
SOLUS V2 TEST STRIPS	3	OTC	PROGLYCEM	2	
SURE-TEST EASYPLUS MINI	3	OTC	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
TEL CARE TEST STRIPS	3	OTC	1ST TIER UNIFINE PENTIPS	2	OTC
TEST N'GO TEST	3	OTC	1ST TIER UNILET COMFORTOUCH	2	OTC
TRUE METRIX GLUCOSE TEST STRIP	3	ST; OTC	2TEK GLUCOSE/BLOOD PRESSURE	3	OTC
TRUETEST TEST STRIPS	3	ST; OTC	ACCU-CHEK AVIVA CONNECT METER	3	OTC
TRUETRACK TEST	3	ST; OTC	ACCU-CHEK AVIVA PLUS METER	3	OTC
ULTIMA TEST STRIPS	3	ST; OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK COMP BLUE CONT, M-H	3	OTC	ADVOCATE BLOOD GLUCOSE MONITOR	3	OTC
ACCU-CHEK COMPACT PLUS CONTROL	3	OTC	ADVOCATE DUO	3	OTC
ACCU-CHEK FASTCLIX	2	OTC	ADVOCATE LANCET	2	OTC
ACCU-CHEK NANO	3	OTC	ADVOCATE LOW CONTROL	3	OTC
ACCU-CHEK SAFE-T-PRO	2	OTC	ADVOCATE PEN NEEDLES	2	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC	ADVOCATE RAPID-SAFE LANCING	2	OTC
ACCU-CHEK SOFTCLIX LANCET DEV	2	OTC	ADVOCATE REDI-CODE DUO METER	3	OTC
ACCU-CHEK SOFTCLIX LANCETS	2	OTC	ADVOCATE REDI-CODE GLU MONITOR	3	OTC
ACCU-CHEK VOICEMATE	3	OTC	ADVOCATE REDI-CODE+ CTRL LOW	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC	AGAMATRIX AMP GLUC MONITOR SYS	3	OTC
ACTI-LANCE LANCETS	2	OTC	AGAMATRIX CONTROL HIGH	3	OTC
ADJUSTABLE LANCING DEVICE	2	OTC	ALTERNATE SITE LANCET	2	OTC
ADVANCED GLUCOSE METER	3	OTC	ALTERNATE SITE LANCING DEVICE	2	OTC
ADVANCED LANCING DEVICE	2	OTC	AQUA LANCE LANCING DEVICE	2	OTC
ADVANCED TRAVEL LANCETS	2	OTC	ASSURE 4 CONTROL SOLUTION	3	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ASSURE DOSE NORMAL CONTROL	3	OTC	BD INSULIN PEN NEEDLE UF SHORT	2	
ASSURE HAEMOLANCE PLUS	2	OTC	BD INTEGRA NEEDLE	2	
ASSURE LANCE	2	OTC	BD LANCET DEVICE	2	OTC
ASSURE LANCE PLUS	2	OTC	BD MICROTAINER LANCET	2	OTC
ASSURE PLATINUM	3	OTC	BD NOKOR ADMIX NEEDLE	2	
ASSURE PRISM CONTROL 1-2 SOLN	3	OTC	BD PRECISIONGLIDE	2	
ASSURE PRISM MULTI METER	3	OTC	BD PRECISIONGLIDE NON-STERILE	2	
AUTOJECT 2 INJECTION DEVICE	2	OTC	BD QUINCKE SPINAL NEEDLE	2	OTC
AUTO-LANCET MINI	2	OTC	BD SAFETYGLIDE NEEDLE	2	
AUTOLET IMPRESSION LANC DEV	2	OTC	BD SPECIALTY USE NEEDLES	2	
AUTOLET LANCING DEVICE	2	OTC	BD ULTRA FINE LANCETS	2	OTC
AUTOLET PLUS LANCING DEVICE	2	OTC	BD ULTRA-FINE NANO PEN NEEDLES	2	OTC
BD AUTOSHIELD PEN NEEDLE	2	OTC	BD WHITACRE SPINAL NEEDLE	2	
BD CURVED TONSIL REUSABLE	2		BD YALE REUSABLE REG METAL	2	
BD ECLIPSE	2		BIONIME RIGHTEST GM300 SYSTEM	3	OTC
BD FILTER NEEDLE-5 MICRON	2				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
BLOOD GLUCOSE CONTROL, NORMAL	3	OTC	CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
BLOOD-GLUCOSE METER	3	OTC	CLEVER CHOICE MICRO	3	OTC
BLUNT NEEDLE, DISPOSABLE	2		CLEVER CHOICE PRO	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC	CLICKFINE	2	OTC
BULLSEYE MINI SAFETY LANCETS	2	OTC	COAGUCHEK LANCETS	2	OTC
CAREFINE PEN NEEDLE	2	OTC	COLOR LANCETS	2	OTC
CAREONE THIN LANCET	2	OTC	COMFORT EZ PEN NEEDLES	2	OTC
CARESENS CONTROL A NORMAL	3	OTC	COMFORT INFUSION SET 43"	2	
CARESENS N	3	OTC	COMFORT LANCETS	2	OTC
CARESENS N VOICE	3	OTC	COMFORT SHORT INSULIN PUMP 23"	2	
CARTRIDGE STAMPED IR 1200	2	OTC	CONTACT DETACH INFUS SET 23"	2	
CHEMO TRANSFER PIN	2	OTC	CONTOUR CONTROL SOLUTION, NML	3	OTC
CLEO 90 INFUSION SET 24"	2		CONTOUR LINK	3	OTC
CLEVER CHEK BLOOD GLUCOSE	3	OTC	CONTOUR NEXT EZ METER	3	OTC
CLEVER CHEK LANCETS	2	OTC	CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
CLEVER CHOICE GLUCOSE MONITOR	3	OTC	CONTOUR NEXT LINK	3	OTC
			CONTOUR NEXT METER	3	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
CONTOUR NEXT USB METER	3	OTC	EASY STEP BLOOD GLUCOSE METER	3	OTC
CONTROL AST MONITORING SYSTEM	3	OTC	EASY TALK BLOOD GLUCOSE METER	3	OTC
COOL BLOOD GLUCOSE METER	3	OTC	EASY TOUCH FLIPLOCK NEEDLE	3	
COOL CONTROL A SOLUTION	3	OTC	EASY TOUCH GLUCOSE MONITOR	3	OTC
DEXCOM G4 RECEIVER	3		EASY TOUCH HYPODERMIC NEEDLE	3	
DEXCOM G5 RECEIVER	3		EASY TOUCH LANCING DEVICE	2	OTC
DIATRUE CONTROL SOLN NORMAL	3	OTC	EASY TRAK BLOOD GLUCOSE METER	3	OTC
DIATRUE PLUS BLOOD GLUCOSE MET	3	OTC	EASYGLUCO MONITORING SYSTEM	3	OTC
DROPLET LANCETS	2	OTC	EASYGLUCO PLUS	3	OTC
DROPLET LANCING DEVICE	2	OTC	EASYGLUCO PLUS NORMAL CONTROL	3	OTC
DROPLET PEN NEEDLE	2	OTC	EASymax L BLOOD GLUCOSE METER	3	OTC
EASY CLICK LANCING DEVICE	2	OTC	EASymax LOW CONTROL	3	OTC
EASY COMFORT LANCETS	2	OTC	EASymax NG	3	OTC
EASY COMFORT PEN NEEDLES	2	OTC	EASymax NORMAL CONTROL	3	OTC
EASY MINI EJECT LANCING DEVICE	2	OTC			
EASY PLUS II BLOOD GLUCOSE MET	3	OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
EASYMAX V SPEAKING GLUCOSE SYS	3	OTC	EVENCARE MINI MONITOR SYSTEM	3	OTC
EASYMAX V2 BLOOD GLUCOSE METER	3	OTC	EVOLUTION BLOOD GLUCOSE METER	3	OTC
ELEMENT COMPACT GLUCOSE METER	3	OTC	EVOLUTION NORMAL CONTROL	3	OTC
ELEMENT COMPACT NORMAL CONTROL	3	OTC	EXEL HYPODERMIC NEEDLES	2	
ELEMENT COMPACT V GLUCOSE MTR	3	OTC	e-z.ject lancets	1	OTC
ELEMENT NORMAL CONTROL	3	OTC	EZ SMART LANCETS	2	OTC
ELEMENT PLUS BLOOD GLUCOSE KIT	3	OTC	EZ SMART PLUS SYSTEM	3	OTC
EMBRACE BLOOD GLUCOSE SYSTEM	3	OTC	EZ SMART SYSTEM	3	OTC
EMBRACE EVO LEVEL 1	3	OTC	FIFTY50 SAFETY SEAL LANCETS	2	OTC
EMBRACE GLUCOSE CONTROL LOW	3	OTC	FILTER NEEDLES	3	
EMBRACE PRO GLUCOSE METER	3	OTC	FINE 30 UNIVERSAL LANCETS	2	OTC
ENLITE SYSTEM	3		FINGERSTIX LANCETS	2	OTC
EVENCARE	3	OTC	FLOW-EZE VENTED NEEDLE	2	
EVENCARE G2	3	OTC	FORA D10	3	OTC
EVENCARE G3 GLUCOSE METER	3	OTC	FORA D15	3	OTC
			FORA D20	3	OTC
			FORA D40	3	OTC
			FORA G20	3	OTC
			FORA G30A	3	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
FORA GD50 BLOOD GLUCOSE SYSTEM	3	OTC	FREESTYLE CONTROL	2	OTC
FORA LANCING DEVICE	2	OTC	FREESTYLE FLASH SYSTEM	2	OTC
FORA NORMAL CONTROL	3	OTC	FREESTYLE FREEDOM	2	OTC
FORA TEST N'GO VOICE METER	3	OTC	FREESTYLE FREEDOM LITE	2	OTC
FORA TN'G VOICE METER	3	OTC	FREESTYLE INSULINX	2	OTC
FORA V10	3	OTC	FREESTYLE LANCETS	2	OTC
FORA V10-V12-D10-D20	3	OTC	FREESTYLE LITE METER	2	OTC
FORA V12 BLOOD GLUCOSE SYSTEM	3	OTC	FREESTYLE PRECISION NEO METER	3	OTC
FORA V20	3	OTC	FREESTYLE SIDEKICK II	2	OTC
FORA V30A	3	OTC	FREESTYLE SYSTEM KIT	2	OTC
FORACARE GD20 GLUCOSE METER	3	OTC	FREESTYLE UNISTIK 2	2	OTC
FORACARE GD40A GLUCOSE METER	3	OTC	GE100 BLOOD GLUCOSE SYSTEM	3	OTC
FORACARE GD40B GLUCOSE METER	3	OTC	GE100 CONTROL SOLUTION NORMAL	3	OTC
FORACARE GDH LOW CONTROL	3	OTC	GLUCO NAVII GLUCOSE MONITOR	3	OTC
FORACARE LANCETS	2	OTC	GLUCOCARD 01 METER	3	OTC
FORTISCARE BLOOD GLUCOSE SYST	3	OTC	GLUCOCARD 01 NORMAL CONTROL	3	OTC
FORTISCARE NORMAL	3	OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD EXPRESSION	3	OTC	HEALTHY ACCENTS AUTOLET	2	OTC
GLUCOCARD SHINE METER	3	OTC	HEALTHY ACCENTS UNIFINE PENTIP	2	OTC
GLUCOCARD VITAL	3	OTC	HEALTHY ACCENTS UNILET LANCET	2	OTC
GLUCOCOM BLOOD GLUCOSE	3	OTC	<i>huber safety needles (disp.)</i>	1	
GLUCOCOM CONTROL NORMAL	3	OTC	HUMAPEN LUXURA HD	2	
GLUCOCOM LANCETS	2	OTC	HURRICANE LUER-LOCK DIS CAP	2	OTC
GLUCOSE CONTROL	3	OTC	HYPOLANCE AST LANCING	2	OTC
GM100	3	OTC	INCONTROL LANCING DEVICE	2	OTC
GMATE CONTROL SOLUTION, NORMAL	3	OTC	INCONTROL PEN NEEDLE	2	OTC
GMATE LANCETS	2	OTC	INCONTROL SUPER THIN LANCETS	2	OTC
GMATE LANCING DEVICE	2	OTC	INCONTROL ULTRA THIN LANCETS	2	OTC
GMATE SMART METER	3	OTC	INFINITY CONTROL SOLUTION NORM	3	OTC
GMATE SMART STARTER	3	OTC	INFINITY STARTER KIT	3	OTC
GMATE VOICE METER	3	OTC	INJECT EASE LANCETS	2	OTC
GUARDIAN REAL-TIME GLU MONITOR	3		INSUPEN	2	OTC
HEALTHPRO GLUCOSE MONITOR	3	OTC	INVACARE LANCETS	2	OTC
HEALTHPRO HIGH-LOW CONTROL	3	OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
JAZZ WIRELESS 2 METER KIT	3	OTC	MICRODOT BLOOD GLUCOSE SYSTEM	3	OTC
LANCETS	2	OTC	MICROLET LANCET	2	OTC
LANCETS,THIN	2	OTC	MINI LANCING DEVICE	2	OTC
LANCING DEVICE	2	OTC	MINI TRANSFER PIN	2	OTC
LANCING SYSTEM	2	OTC	MINI ULTRA-THIN II	2	OTC
LANZO LANCING DEVICE	2	OTC	MINIMED INFUSION SET-MMT 390	2	
LIBERTY BLOOD GLUCOSE MONITOR	3	OTC	MIO INFUSION SET	2	
LIBERTY LEV 1 GLUCOSE CONTROL	3	OTC	MONOJECT BLOOD COLLECTION	2	
LIBERTY LEV 2 GLUCOSE CONTROL	3	OTC	MONOJECT HYPODERMIC NEEDLES	2	
LIFESHIELD BLUNT CANNULA	2		MONOJECT MEDICATION TRANSF NDL	2	
LITE TOUCH LANCETS	2	OTC	MONOLET LANCETS	2	OTC
LOCAL ANESTHESIA NEEDLE 22GX2"	2		MONOLET THIN LANCETS	2	OTC
MEDISENSE	3	OTC	MULTI-DRAW NEEDLE	2	
MEDISENSE GLUCOSE KETONE	3	OTC	MULTI-LANCET DEVICE 2	2	OTC
MEDISENSE THIN LANCETS	2	OTC	MYGLUCOHEALT H	3	OTC
MEDLANCE PLUS LANCETS	2	OTC	MYGLUCOHEALT H CONTROL SOLUTION	3	OTC
MEDLANCE PLUS SPECIAL BLADE	2	OTC			
MICRO THIN LANCETS	2	OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
MYGLUCOHEALTH LANCETS	2	OTC	ON CALL PLUS LANCET	2	OTC
NEEDLES, HUBER DISPOSABLE	2		ON CALL PLUS LANCING DEVICE	2	OTC
NOKOR NEEDLE	2		ON CALL PLUS METER	3	OTC
NOVA MAX BLOOD GLUCOSE METER	3	OTC	ON CALL VIVID CONTROL	3	OTC
NOVA MAX GLUCOSE CONTROL	3	OTC	ON CALL VIVID METER	3	OTC
NOVA SAFETY LANCETS	2	OTC	ON CALL VIVID PAL METER	3	OTC
NOVA SUREFLEX LANCETS	2	OTC	ONETOUCH DELICA LANC DEVICE	2	OTC
NOVAMAX PLUS GLU-KET	3	OTC	ONETOUCH SURESOFT LANCING DEV	2	OTC
NOVOFINE 32	2	OTC	ONETOUCH ULTRA CONTROL	3	OTC
NOVOFINE AUTOCOVER	2	OTC	ONETOUCH ULTRA2	3	OTC
NOVOFINE PLUS	2	OTC	ONETOUCH ULTRAMINI	3	OTC
NOVOPEN ECHO	3		ONETOUCH ULTRASOFT LANCETS	2	OTC
NOVOTWIST	2	OTC	ONETOUCH VERIO FLEX	3	OTC
OMNIPOD INSULIN REFILL	2		ONETOUCH VERIO IQ METER	3	OTC
ON CALL EXPRESS CONTROL	3	OTC	ONETOUCH VERIO SYNC	3	OTC
ON CALL EXPRESS METER	3	OTC	ONETOUCH VERIO SYSTEM	3	OTC
ON CALL LANCET	2	OTC	ON-THE-GO LANCETS	2	OTC
ON CALL LANCING DEVICE	2	OTC			
ON CALL PLUS CONTROL	3	OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
OPTUMRX	3	OTC	PRODIGY CONTROL SOLUTION, LOW	3	OTC
PARADIGM REAL-TIME TRANSMIT-SN	3		PRODIGY CONTROL SOLUTION,HIGH	3	OTC
PARASYMPATH NERVE NDL 20 G X6"	2		PRODIGY LANCETS	2	OTC
PEN NEEDLE	2	OTC	PRODIGY LANCING DEVICE	2	OTC
PEN NEEDLE, DIABETIC	2	OTC	PRODIGY POCKET METER	3	OTC
PENTIPS	2	OTC	PRODIGY TWIST TOP LANCET	2	OTC
PHARMACIST CHOICE GLUCOSE SYS	3	OTC	PRODIGY VOICE GLUCOSE METER	3	OTC
PHASEAL PROTECTOR	3		QUICK-SET PARADIGM	2	
POLY HUB NEEDLE	2		QUINTET BLOOD GLUCOSE METER	3	OTC
PRECISION XTRA MONITOR	3	OTC	REFUAH PLUS GLUCOSE CONTROL	3	OTC
PREMIUM BLOOD GLUCOSE MONITOR	3	OTC	REFUAH PLUS GLUCOSE MONITOR	3	OTC
PREMIUM V10	3	OTC	RELIAMED LANCET	2	OTC
PRESSURE ACTIVATED LANCETS	2	OTC	RELIAMED MINI LANCING DEVICE	2	OTC
PRESTO PRO BLOOD GLUCOSE METER	3	OTC	RELIAMED SAFETY SEAL LANCETS	2	OTC
PRO COMFORT LANCETS	2	OTC	RELION ALL-IN-ONE METER	3	OTC
PRODIGY AUTOCODE METER	3	OTC	RELION CONFIRM	3	OTC
PRODIGY AUTOCODE MONITOR SYST	3	OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
RELION MICRO GLUCOSE MONITOR	3	OTC	SMART SENSE LANCETS	2	OTC
RELION NEEDLES	2	OTC	SMART SENSE MONITORING SYSTEM	3	OTC
RELION PEN NEEDLES	2	OTC	SMARTDIABETES VANTAGE	2	OTC
RELION PRIME METER	3	OTC	SMARTTEST CONTROL	3	OTC
RELION THIN LANCETS	2	OTC	SMARTTEST EJECT	3	OTC
RELION ULTRA THIN PLUS LANCETS	2	OTC	SMARTTEST LANCET	2	OTC
REVEAL BLOOD GLUCOSE METER	3	OTC	SMARTTEST PERSONA STARTER	3	OTC
RIGHTEST CONTROL SOLUTION HIGH	3	OTC	SMARTTEST PRONTO STARTER	3	OTC
RIGHTEST GD500 LANCING DEVICE	2	OTC	SMARTTEST PROTEGE	3	OTC
RIGHTEST GL300 LANCETS	2	OTC	SNAP INSULIN PUMP-INFUSION SET	2	
RIGHTEST GM550 SYSTEM	3	OTC	SOFT TOUCH LANCETS	2	OTC
SAFE-CLIP BY MAIL	2	OTC	SOLUS V2 AUDIBLE METER	3	OTC
SAFETY LANCETS	2	OTC	SOLUS V2 CONTROL SOLUTION,HIGH	3	OTC
SAFETY SEAL LANCETS	2	OTC	SOLUS V2 LANCETS	2	OTC
SAFETY-LET LANCETS	2	OTC	SOLUS V2 LANCING DEVICE	2	OTC
SIDEKICK BLOOD GLUCOSE SYSTEM	3	OTC	STERILANCE TL	2	OTC
SINGLE-LET	2	OTC	SUPER THIN LANCETS	2	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
SURE COMFORT LANCETS	2	OTC	TELCARE CONTROL	3	OTC
SURE COMFORT LANCING PEN	2	OTC	TEST N'GO BLOOD GLUCOSE SYSTEM	3	OTC
SURE COMFORT PEN NEEDLE	2	OTC	TITUS NEEDLE	2	
SURE-FINE PEN NEEDLES	2	OTC	TOPCARE UNIVERSAL1 LANCET	2	OTC
SUREFLEX LANCING DEVICE	2	OTC	TRANSFER PIN	2	OTC
SURE-LANCE	2	OTC	TRUE METRIX AIR GLUCOSE METER	3	OTC
SURE-PEN LANCING DEVICE	2	OTC	TRUE METRIX GLUCOSE METER	3	OTC
SURE-T PARADIGM	2		TRUE METRIX LEVEL 1	3	OTC
SURE-TEST EASYPLUS MINI METER	3	OTC	TRUE2GO BLOOD GLUCOSE SYSTEM	3	OTC
SURE-TOUCH LANCET	2	OTC	TRUECONTROL LEVEL 0	3	OTC
SURGUARD2 SAFETY	2		TRUEDRAW LANCING DEVICE	2	OTC
T:30 INFUSION SET	2		TRUEPLUS LANCETS	2	OTC
T:90 INFUSION SET 23"	2		TRUERESULT BLOOD GLUCOSE SYSTM	3	OTC
T:SLIM	2		TRUETEST LOW GLUCOSE CONTROL	3	OTC
T:SLIM G4	2		TRUETRACK BLOOD GLUCOSE SYSTEM	3	OTC
TECHLITE LANCETS	2	OTC	TRUETRACK SMART SYSTEM	3	OTC
TECHLITE PEN NEEDLE	2	OTC			
TELCARE BGM	3	OTC			
TELCARE BLOOD GLUCOSE KIT	3	OTC			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ULTICARE PEN NEEDLE	2	OTC	UNILET EXCELITE II LANCET	2	OTC
ULTI-LANCE	2	OTC	UNILET EXCELITE LANCET	2	OTC
ULTILET BASIC LANCETS	2	OTC	UNILET GP LANCET	2	OTC
ULTILET CLASSIC LANCETS	2	OTC	UNILET LANCET	2	OTC
ULTILET LANCETS	2	OTC	UNISTIK 2 DEVICE	2	OTC
ULTILET PEN NEEDLE	2	OTC	UNISTIK 2 NORMAL LANCET,DEVICE	2	OTC
ULTILET SAFETY LANCETS	2	OTC	UNISTIK 3	2	OTC
ULTIMA MONITOR	3	OTC	UNISTIK 3 EXTRA LANCET	2	OTC
ULTRA THIN LANCETS	2	OTC	UNISTIK CZT LANCET	2	OTC
ULTRA THIN PLUS LANCETS	2	OTC	UNISTIK SAFETY	2	OTC
ULTRA TLC LANCETS	2	OTC	UNISTIK TOUCH LANCETS	2	OTC
ULTRALANCE LANCETS	2	OTC	UNISTRIP LOW CONTROL	3	OTC
ULTRA-THIN II INS PEN NEEDLES	2	OTC	UNIVERSAL 1 LANCETS	2	OTC
ULTRATRAK GLUCOSE METER	3	OTC	VGO 20	2	
ULTRATRAK ULTIMATE	3	OTC	VGO 30	2	
UNIFINE PENTIPS	2	OTC	VGO 40	2	
UNIFINE PENTIPS PLUS	2	OTC	VOCALPOINT GLUCOSE CONTROL	3	OTC
UNILET COMFORTOUCH LANCET	2	OTC	WAVESENSE AMP	3	OTC
			WAVESENSE CONTROL SOLUTION	3	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits	
WAVENSENSE	3	OTC	LEVEMIR	2		
PRESTO			LEVEMIR	2		
INSULIN THERAPY						
AFREZZA	3		NOVOLIN 70/30	3		
APIDRA	3		NOVOLIN N	3		
APIDRA SOLOSTAR	3		NOVOLIN R	3		
HUMALOG	2		NOVOLOG	3		
HUMALOG KWIKPEN	2		NOVOLOG FLEXPEN	3		
HUMALOG MIX 50-50	2		NOVOLOG MIX 70-30	3		
HUMALOG MIX 50-50 KWIKPEN	2		NOVOLOG MIX 70-30 FLEXPEN	3		
HUMALOG MIX 75-25	2		NOVOLOG PENFILL	3		
HUMALOG MIX 75-25 KWIKPEN	2		TOUJEO SOLOSTAR	3		
HUMULIN 70/30	2		TRESIBA FLEXTOUCH U-100	3		
HUMULIN 70/30 KWIKPEN	2		TRESIBA FLEXTOUCH U-200	3		
HUMULIN N	2		MISCELLANEOUS HORMONES			
HUMULIN N KWIKPEN	2		ANADROL-50	3		
HUMULIN R	2		ANDRODERM	3	PA	
HUMULIN R U-500 (CONC) KWIKPEN	2		ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (1 %)	3	PA; ST	
HUMULIN R U-500 (CONCENTRATED)	2					
LANTUS	2					
LANTUS SOLOSTAR	2					

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA	<i>methyltestosterone</i>	1	
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; ST	MIACALCIN	3	
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA	MYALEPT	4	PA; \$\$\$\$\$; LA
ANDROID	3	ST	NATESTO	3	PA; ST
<i>androxy</i>	1		NATPARA	4	PA; \$\$\$\$\$; LA
AXIRON	2	PA	OXANDRIN	3	
<i>cabergoline</i>	1	QL	<i>oxandrolone</i>	1	
<i>calcitonin (salmon)</i>	1		<i>paricalcitol</i>	1	
<i>calcitriol</i>	1		ROCALTROL	3	
CERDELGA	4	\$\$\$\$\$	SAMSCA	4	PA; \$\$\$\$\$; LA; QL
<i>danazol</i>	1		SENSIPAR	4	PA; \$\$\$
DDAVP	3		SOMAVERT	4	\$\$\$\$\$; LA
<i>desmopressin</i>	1		STIMATE	4	\$\$
<i>doxercalciferol</i>	1		STRENSIQ	2	LA
FORTESTA	3	PA; ST	STRIANT	3	PA; ST
HECTOROL	3		SYNAREL	3	
KORLYM	3	PA; LA	TESTIM	3	PA; ST
KUVAN	4	PA; \$\$\$\$\$; LA	TESTOPEL	2	PA; LA
METHITEST	2		TESTOSTERONE TRANSDERMAL GEL	3	PA
			<i>testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %)</i>	1	PA
			TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; ST

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet</i>	1	PA	GLUCOTROL	3	
TESTRED	3	ST	GLUCOTROL XL	3	
VOGELXO	3	PA; ST	GLUCOVANCE	3	
ZAVESCA	4	\$\$\$\$\$; LA	GLUMETZA	3	ST
ZEMPLAR	3		<i>glyburide</i>	1	
NON-INSULIN HYPOGLYCEMIC AGENTS			<i>glyburide micronized</i>	1	
<i>acarbose</i>	1		<i>glyburide-metformin</i>	1	
ACTOPLUS MET	3	ST; QL	GLYNASE	3	
ACTOPLUS MET XR	2	ST; QL	GLYSET	3	
ACTOS	3	ST; QL	GLYXAMBI	2	ST; QL
ALOGLIPTIN	3	ST; QL	INVOKAMET	3	ST; QL
ALOGLIPTIN-METFORMIN	3	ST; QL	INVOKAMET XR	3	ST; QL
ALOGLIPTIN-PIOGLITAZONE	3	QL	INVOKANA	3	ST; QL
AMARYL	3		JANUMET	2	QL
AVANDIA	3	ST; LA; QL	JANUMET XR	2	QL
BYDUREON	2	PA; QL	JANUVIA	2	QL
BYETTA	2	PA; QL	JARDIANC	2	ST; QL
<i>chlorpropamide</i>	1		JENTADUETO	2	QL
CYCLOSET	3		JENTADUETO XR	2	QL
DUETACT	3	ST; QL	KAZANO	3	ST; QL
FARXIGA	2	ST; QL	KOMBIGLYZE XR	3	ST; QL
FORTAMET	3	ST	<i>metformin oral tablet</i>	1	
<i>glimepiride</i>	1		<i>metformin oral tablet extended release 24 hr</i>	1	
<i>glipizide</i>	1		<i>metformin oral tablet extended release 24hr</i>	1	ST
<i>glipizide-metformin</i>	1		<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST
GLUCOPHAGE	3	ST	<i>miglitol</i>	1	
GLUCOPHAGE XR	3	ST			

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nateglinide</i>	1	
NESINA	3	ST; QL
ONGLYZA	3	ST; QL
OSENI	3	QL
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRANDIN	3	
PRECOSE	3	
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	QL
RIOMET	3	ST
STARLIX	3	
SYMLINPEN 120	2	PA; QL
SYMLINPEN 60	2	PA; QL
SYNJARDY	2	ST; QL
TANZEUM	2	PA; QL
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	2	QL
TRULICITY	3	PA; QL
VICTOZA 2-PAK	3	PA; QL
VICTOZA 3-PAK	3	PA; QL
XIGDUO XR	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID	2	
CYTOMEL	3	
LEVO-T	3	

Drug Name	Drug Tier	Requirements / Limits
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>nature-throid</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
TIROSINT	3	
<i>unithroid</i>	1	
<i>westhroid</i>	1	
WP THYROID	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna</i>	1	
<i>alkaloids-opium</i>		
<i>belladonna-opium</i>	1	
BENTYL	3	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL	3	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
hyoscyamine sulfate	1		AMITIZA	2	
hyosyne	1		ANA-LEX KIT	3	
LEVIBID	3		ANALPRAM E	3	
LEVSIN	3		ANALPRAM-HC	3	
LEVSIN/SL	3		ANALPRAM-HC SINGLES	3	
LIBRAX (WITH CLIDINIUM)	3		anucort-hc	1	
LOMOTIL	3		ANUSOL-HC	3	
loperamide	1		ANZEMET	3	QL
methscopolamine	1		APRISO	2	
MOTOFEN	3		ASACOL HD	3	
MYTESI	3		AURYXIA	3	
NULEV	3		AZULFIDINE	3	
opium tincture	1		AZULFIDINE EN-TABS	3	
oscimin	1		balsalazide	1	
oscimin sl	1		bisacodyl	1	ACA; OTC
oscimin sr	1		bisa-lax	1	ACA; OTC
paregoric	1		budesonide	1	
phenohygro	1		calcium acetate	1	
propantheline	1		CANASA	2	
ROBINUL	3		CESAMET	3	QL
ROBINUL FORTE	3		CHENODAL	2	PA; LA
SYMAX DUOTAB	3		CHOLBAM ORAL CAPSULE 250 MG	2	PA; LA
symax fastabs	1		CHOLBAM ORAL CAPSULE 50 MG	2	PA; LA; QL
symax-sl	1		CIMZIA	4	PA; ST; \$\$\$\$\$; LA
symax-sr	1		citrate of magnesia	1	ACA; OTC
MISCELLANEOUS GASTROINTESTINAL AGENTS			citroma	1	ACA; OTC
ACTIGALL	3		clearlax	1	ACA; OTC
AKYNZEO	2	QL	COLAZAL	3	
alophen	1	ACA; OTC			
alosetron	1				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
colocort	1	
COLYTE WITH FLAVOR PACKS	3	
COMPАЗИНЕ	3	
compro	1	
constulose	1	
CORTENEMA	3	
CORTIFOAM	2	
CREON	2	
cromolyn	1	
CYSTADANE	2	LA
DELZICOL	3	
DICLEGIS	3	
DIPENTUM	3	
dronabinol	1	
ducodyl	1	ACA; OTC
eliphos	1	
EMEND	2	QL
ENTEREG	3	
ENTOCORT EC	3	
enulose	1	
FOSRENOL	3	
GASTROCROM	3	
GATTEX 30-VIAL	4	\$\$\$\$\$; LA
gavilax	1	ACA; OTC
gavilyte-c	1	ACA
gavilyte-g	1	ACA
gavilyte-h and bisacodyl	1	ACA
gavilyte-n	1	ACA
generlac	1	
gentle laxative	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
gentrelax	1	ACA; OTC
GIAZO	3	
GOLYTELÝ	3	
granisetron hcl	1	QL
healthylax	1	ACA; OTC
hemmorex-hc	1	
hydrocortisone	1	
hydrocortisone acetate	1	
hydrocortisone-pramoxine	1	
KAYEXALATE	3	
kionex	1	
kionex (with sorbitol)	1	
KRISTALOSE	3	
lactulose	1	
laxa clear	1	ACA; OTC
laxative (bisacodyl)	1	ACA; OTC
laxative feminine	1	ACA; OTC
laxative peg 3350	1	ACA; OTC
LIALDA	3	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL CREAM 3 %-1 % (7 GRAM)	3	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortisone acetate rectal kit</i>	1		OSMOPREP	3	
<i>lidocaine-hydrocortisone-aloe</i>	1		PANCREAZE	3	ST
LINZESS	2		<i>peg 3350-electrolytes</i>	1	ACA
LOTRONEX	3		<i>peg3350</i>	1	ACA; OTC
MAGNEBIND 400	3		<i>peg-electrolyte soln</i>	1	ACA
<i>magnesium citrate</i>	1	ACA; OTC	<i>peg-prep</i>	1	ACA
MARINOL	3		PENTASA	2	
<i>meclizine</i>	1		PERTZYE	3	ST
MESALAMINE ORAL	3		PHOSLYRA	3	
<i>mesalamine rectal</i>	1		<i>phosphate laxative</i>	1	ACA; OTC
<i>mesalamine with cleansing wipe</i>	1		<i>polyethylene glycol 3350</i>	1	ACA
<i>metoclopramide hcl</i>	1		<i>powderlax</i>	1	ACA; OTC
MICORT-HC RECTAL	3		<i>pramcort</i>	1	
MICORT-HC TOPICAL	3	ST	PREPOPIK	3	
<i>milk of magnesia</i>	1	ACA; OTC	<i>prochlorperazine</i>	1	
<i>milk of magnesia concentrated</i>	1	ACA; OTC	<i>prochlorperazine maleate</i>	1	
<i>miralax</i>	1	ACA; OTC	PROCORT	3	
MOVANTIK	2		PROCTOCORT	3	
MOVIPREP	3		PROCTOFOAM HC	3	
NULYTELY WITH FLAVOR PACKS	3		<i>procto-med hc</i>	1	
OCALIVA	4	PA; \$\$\$\$\$; LA; QL	<i>procto-pak</i>	1	
<i>ondansetron</i>	1	QL	<i>proctosol hc</i>	1	
<i>ondansetron hcl</i>	1	QL	<i>proctozone-hc</i>	1	
<i>oral saline laxative</i>	1	ACA; OTC	<i>purelax</i>	1	ACA; OTC
			RECTIV	2	
			REGLAN	3	
			RELISTOR ORAL	3	
			RELISTOR SUBCUTANEOUS	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RENAGEL	3	
RENVELA	2	
ROWASA	3	
SANCUSO	3	QL
SFROWASA	3	
<i>smoothlax</i>	1	ACA; OTC
<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	
SOLESTA	3	
<i>sps (with sorbitol)</i>	1	
SUCRAID	2	LA
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	3	
TIGAN	3	
TRANSDERM-SCOP	3	
<i>trilyte with flavor packets</i>	1	ACA
<i>trimethobenzamide</i>	1	
UCERIS ORAL	2	
UCERIS RECTAL	3	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VARUBI	2	QL
VELPHORO	3	
VELTASSA	4	\$\$\$\$\$; LA
VIBERZI	2	
VIOKACE	2	
<i>woman's laxative</i>	1	ACA; OTC
<i>women's gentle laxative(bisac)</i>	1	ACA; OTC
<i>women's laxative (bisacodyl)</i>	1	ACA; OTC
ZENPEP	3	
ZOFRAN (AS HYDROCHLORIDE)	3	QL
ZOFRAN ODT	3	QL
ZUPLENZ	3	QL
ULCER THERAPY		
ACIPHEX	3	ST
ACIPHEX SPRINKLE	3	ST; QL
<i>amoxicil- clarithromy- lansopraz</i>	1	QL
<i>carafate oral suspension</i>	1	
CARAFATE ORAL TABLET	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
CYTOTEC	3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	3	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	3	ST	NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL	NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1		NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24.65 MG	3	ST; QL	<i>nizatidine</i>	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	ST	OMECLAMOX-PAK	3	QL
<i>famotidine</i>	1		<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL	<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1		<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>misoprostol</i>	1		<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	ST; QL	<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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
PEPCID	3	
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 15 MG	3	ST; QL
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 30 MG	3	ST
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 15 MG	3	ST; QL
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 30 MG	3	ST
PREVPAC	3	QL
PRILOSEC	3	ST; QL
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	ST
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 20 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 40 MG	3	ST
PYLERA	3	
rabeprazole	1	
ranitidine hcl	1	
sucralfate	1	
ZANTAC	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		
ARANESP (IN POLYSORBATE)	4	PA;\$\$\$\$\$
EPOGEN	4	PA;\$\$\$\$\$
GRANIX	4	ST;\$\$\$\$\$
LEUKINE	4	\$\$\$\$\$
MIRCERA	3	PA; LA
MOZOBIL	4	\$\$\$\$\$; LA
NEULASTA	4	PA;\$\$\$\$\$; QL
NEUPOGEN	4	ST;\$\$\$\$\$
PROCIT	4	PA;\$\$\$\$\$
ZARXIO	4	ST;\$\$\$\$\$

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GROWTH HORMONES		
EGRIFTA	4	PA; \$\$\$\$\$; LA
GENOTROPIN	4	PA; \$\$\$\$\$
GENOTROPIN MINIQUICK	4	PA; \$\$\$\$\$
HUMATROPE	4	PA; \$\$\$\$\$
NORDITROPIN FLEXPRO	4	PA; \$\$\$\$\$
NUTROPIN AQ	4	PA; \$\$\$\$\$
NUTROPIN AQ NUSPIN	4	PA; \$\$\$\$\$
OMNITROPE	4	PA; \$\$\$\$\$
SAIZEN	4	PA; \$\$\$\$\$
SAIZEN CLICK.EASY	4	PA; \$\$\$\$\$
SEROSTIM	4	PA; \$\$\$\$\$
ZOMACTON	4	PA; \$\$\$\$\$
ZORBTIVE	4	PA; \$\$\$\$\$; LA
INTERFERONS		
AUBAGIO	4	PA; \$\$\$\$\$; LA
AVONEX	4	PA; \$\$\$\$\$; QL
AVONEX (WITH ALBUMIN)	4	PA; \$\$\$\$\$; QL
BETASERON	4	PA; ST; \$\$\$\$\$; QL
COPAXONE	4	PA; ST; \$\$\$\$\$; QL
COPEGUS	4	PA; \$\$\$
EXTAVIA	4	PA; \$\$\$\$\$; QL
GILENYA	4	PA; \$\$\$\$\$
<i>glatopa</i>	4	PA; \$\$\$\$\$; QL
<i>moderiba</i>	4	PA; \$\$\$
<i>moderiba dose pack</i>	4	PA; \$\$\$

Drug Name	Drug Tier	Requirements / Limits
PEGASYS	4	PA; \$\$\$\$\$; QL
PEGASYS PROCLICK	4	PA; \$\$\$\$\$; QL
PEGINTRON	4	PA; \$\$\$\$\$; QL
PEGINTRON REDIPEN	4	PA; \$\$\$\$\$; QL
PLEGRIDY	4	PA; ST; \$\$\$\$\$; QL
POMALYST	4	\$\$\$\$\$; LA
REBETOL	4	PA; \$\$\$\$\$
REBIF (WITH ALBUMIN)	4	PA; \$\$\$\$\$; QL
REBIF REBIDOSE	4	PA; \$\$\$\$\$; QL
REBIF TITRATION PACK	4	PA; \$\$\$\$\$; QL
REVLIMID	4	PA; \$\$\$\$\$; LA
<i>ribasphere</i>	4	PA; \$\$\$
<i>ribasphere ribapak</i>	4	PA; \$\$\$
<i>ribavirin</i>	4	PA; \$\$\$
SYLATRON SUBCUTANEOUS KIT 200 MCG, 600 MCG	4	\$\$\$\$\$
SYLATRON SUBCUTANEOUS KIT 300 MCG	4	\$\$\$\$\$; LA
TECFIDERA	4	PA; \$\$\$\$\$; LA
ZINBRYTA	3	PA; QL
INTERLEUKINS		
ACTIMMUNE	4	\$\$\$\$\$; LA
ALDARA	3	
ALFERON N	2	
ARCALYST	4	PA; \$\$\$\$\$; LA
<i>imiquimod</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	\$\$\$\$\$; LA	ENGERIX-B PEDIATRIC (PF)	2	ACA
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML)	4	\$\$\$\$\$	FLUAD 2016-2017 (65 YR UP)(PF)	2	ACA
INTRON A INJECTION SOLUTION	4	\$\$\$\$\$; LA	FLUARIX QUAD 2016-2017 (PF)	2	ACA
KINERET	3	PA; ST; LA	FLUBLOK 2016-2017 (PF)	2	ACA
PROLEUKIN	4	\$\$\$\$\$	FLUCELVAX QUAD 2016-2017 (PF)	2	ACA
ZYCLARA	3		FLULAVAL QUAD 2016-2017	2	ACA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS					
ACTHIB (PF)	3	ACA	FLUVIRIN 2016-2017 (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA	FLUZONE HIGH-DOSE 2016-17 (PF)	2	ACA
AFLURIA 2016-2017	2	ACA	FLUZONE INTRADERM QUAD 2016-17	2	ACA
AFLURIA 2016-2017 (PF)	2	ACA	FLUZONE QUAD 2016-2017	2	ACA
AFLURIA QUAD 2016-2017 (PF)	2	ACA	FLUZONE QUAD 2016-2017 (PF)	2	ACA
BEXSERO (PF)	2	ACA	FLUZONE QUAD PEDI 2016-17 (PF)	2	ACA
BIOTHRAX	2	ACA	GARDASIL (PF)	2	ACA
BOOSTRIX TDAP	2	ACA	GARDASIL 9 (PF)	2	ACA
CERVARIX VACCINE (PF)	2	ACA	HAVRIX (PF)	2	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA	HIBERIX (PF)	2	ACA
ENGERIX-B (PF)	2	ACA	IMOVAX RABIES VACCINE (PF)	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF)	2	ACA
IPOL	2	ACA
IXIARO (PF)	2	ACA
KINRIX (PF)	3	ACA
MENACTRA (PF)	2	ACA
MENHIBRIX (PF)	3	ACA
MENOMUNE - A/C/Y/W-135	2	ACA
MENOMUNE - A/C/Y/W-135 (PF)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF)	3	ACA
M-M-R II (PF)	2	ACA
PEDIARIX (PF)	3	ACA
PEDVAX HIB (PF)	2	ACA
PENTACEL (PF)	3	ACA
PENTACEL ACTHIB COMPONENT (PF)	3	ACA
PNEUMOVAX 23	2	ACA
PREVNAR 13 (PF)	2	ACA
PROQUAD (PF)	2	ACA
QUADRACEL (PF)	2	ACA
RABAVERT (PF)	2	ACA
RECOMBIVAX HB (PF)	2	ACA
ROTARIX	3	ACA
ROTATEQ VACCINE	2	ACA
TENIVAC (PF)	3	ACA
TETANUS,DIPHTHERIA TOXOID (PF)	2	ACA

Drug Name	Drug Tier	Requirements / Limits
TETANUS-DIPHTHERIA TOXOIDS-TD	2	ACA
TRUMENBA	2	ACA
TWINRIX (PF)	2	ACA
TYPHIM VI	2	ACA
VAQTA (PF)	3	ACA
VARIVAX (PF)	2	ACA
VARIZIG	2	ACA
VIVOTIF	2	ACA
VIVOTIF BERNARVACINE	2	ACA
YF-VAX (PF)	2	ACA
ZOSTAVAX (PF)	2	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	
COLCHICINE	3	ST
COLCRYS	2	ST
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	2	ST
ZURAMPIC	3	
ZYLOPRIM	3	
OSTEOPOROSIS THERAPY		
ACTONEL	3	ST; QL
<i>alendronate</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
BONIVA	3	ST; QL
EVISTA	3	
FORTEO	4	PA; \$\$\$\$; QL
FOSAMAX	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate</i>	1	QL
<i>raloxifene</i>	1	ACA
<i>risedronate</i>	1	QL
OTHER RHEUMATOLOGICALS		
ACTEMRA	4	PA; ST; \$\$\$\$; LA
ARAVA	3	QL
CUPRIMINE	3	
DEPEN TITRATABS	2	
ENBREL	4	ST; \$\$\$\$; QL
ENBREL SURECLICK	4	ST; \$\$\$\$; QL
HUMIRA	4	ST; \$\$\$\$\$; LA; QL
HUMIRA PEDIATRIC CROHN'S START	4	ST; \$\$\$\$\$; LA; QL
HUMIRA PEN CROHN'S-UC-HS START	4	ST; \$\$\$\$\$; LA; QL
<i>leflunomide</i>	1	QL
ORENCIA	4	PA; ST; \$\$\$\$
ORENCIA CLICKJECT	4	ST; \$\$\$\$\$
OTEZLA	4	PA; ST; \$\$\$\$; LA
OTEZLA STARTER	4	PA; ST; \$\$\$\$; LA

Drug Name	Drug Tier	Requirements / Limits
OTREXUP (PF)	3	ST
RASUVO (PF)	3	ST
RIDAURA	2	
SAVELLA	2	ST; QL
SIMPONI	4	PA; ST; \$\$\$\$\$
SIMPONI ARIA	4	PA; ST; \$\$\$\$\$
XELJANZ	4	ST; \$\$\$\$
XELJANZ XR	4	ST; \$\$\$\$
OBSTETRICS & GYNECOLOGY		
ESTROGENS & PROGESTINS		
ACTIVELLA	3	
ALORA	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
CLIMARA	3	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE	2	
DIVIGEL	3	QL
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	QL
ESTRACE ORAL	3	
ESTRACE VAGINAL	2	
<i>estradiol oral</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol transdermal</i>	1	QL
<i>estradiol-norethindrone acet</i>	1	
ESTRING	3	
ESTROGEL	3	QL
<i>estrogens-methyltestosterone</i>	1	
<i>estropipate</i>	1	
EVAMIST	3	QL
FEMHRT LOW DOSE	3	
FEMRING	3	
<i>fyavolv</i>	1	
<i>jevantique lo</i>	1	
<i>jinteli</i>	1	
<i>lopreeza</i>	1	
<i>medroxyprogesterone</i>	1	
MENEST	2	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>mimvey lo</i>	1	
MINIVELLE	3	QL
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol</i>	1	
PREFEST	3	
PREMARIN	3	
PREMPHASE	3	
PREMPRO	3	
<i>progesterone micronized</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROMETRIUM	3	
PROVERA	3	
VAGIFEM	3	
VIVELLE-DOT	3	QL
MISCELLANEOUS OB/GYN		
AVC VAGINAL	3	
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>fem ph</i>	1	
GYZNAZOLE-1	3	
<i>isoxsuprine</i>	1	
LUPANETA PACK (1 MONTH)	4	PA; \$\$\$
LUPANETA PACK (3 MONTH)	4	PA; \$\$\$
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
NUVESSA	3	
OSPHENA	3	
PREPIDIL	3	
PROSTIN E2	3	
RELAGARD	3	
TERAZOL 7	3	
<i>terconazole</i>	1	
<i>tranexamic acid</i>	1	
<i>vandazole</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
OXYTOCICS		
<i>methergine</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN	3	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak</i>	1	
<i>gentamicin</i>	1	
ILOTYCIN	3	
<i>levofloxacin</i>	1	
MOXEZA	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
NEOSPORIN (NEO-POLYMER-GRAMICID)	3	
OCUFLOX	3	
<i>ofloxacin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin</i>	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
VIROPTIC	3	
ZIRGAN	3	
BETA-BLOCKERS		
BETAGAN	3	
<i>betaxolol</i>	1	
BETIMOL	3	
BETOPTIC S	3	
<i>carteolol</i>	1	
ISTALOL	3	
<i>levobunolol</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE (PF)	3	
TIMOPTIC-XE	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CYCLOGYL	3	
cyclopentolate	1	
homatropaire	1	
homatropine hbr	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	
PAREMYD	3	
tropicamide	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	
MIOCHOL-E	3	
pilocarpine hcl	1	
MISCELLANEOUS OPHTHALMOLOGICS		
acuicyn	1	
AKTEN (PF)	3	
ALCAINE	3	
ALOCRIL	3	ST
ALOMIDE	3	ST
altacaine	1	
altafluor	1	
AVENOVA	3	
azelastine	1	
BEPREVE	3	ST
cromolyn	1	
CYSTARAN	2	LA
ELESTAT	3	ST
EMADINE	3	ST
epinastine	1	
EYLEA	4	PA; \$\$\$; LA

Drug Name	Drug Tier	Requirements / Limits
fluocaine	1	
fluorescein-benoxinate	1	
fluorescein-proparacaine	1	
flurox	1	
JETREA (PF)	2	LA
LACRISERT	3	
LASTACAFT	3	ST
LUCENTIS	4	PA; \$\$\$; LA
MACUGEN	4	PA; \$\$\$\$\$; LA
olopatadine	1	
OMIDRIA	3	
PATADAY	3	ST
PATANOL	3	ST
PAZEO	3	ST
proparacaine	1	
RESTASIS	2	PA; QL
tetcaine	1	
tetracaine hcl	1	
tetracaine hcl (pf)	1	
TETRAVISC	3	
TETRAVISC FORTE	3	
XIIDRA	3	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
ACUVAIL (PF)	3	
bromfenac	1	
BROMSITE	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac</i>	1	
NEVANAC	3	
OCUFEN	3	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
DIAMOX	3	
SEQUELS		
<i>methazolamide</i>	1	
NEPTAZANE	3	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
<i>bimatoprost</i>	1	PA
COMBIGAN	3	
COSOPT	3	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	PA
LUMIGAN	3	PA; ST
<i>miostat</i>	1	
MITOSOL	3	
SIMBRINZA	3	
TRAVATAN Z	3	PA; ST
TRUSOPT	3	
XALATAN	3	PA; ST
ZIOPTAN (PF)	3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</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	
STEROIDS		
ALREX	3	ST
<i>dexamethasone sodium phosphate</i>	1	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
FML S.O.P.	3	
ILUVIEN	4	\$\$\$\$; LA
LOTEMAX	3	
MAXIDEX	3	
OMNIPRED	3	
OZURDEX	4	\$\$
PRED FORTE	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PRED MILD	2		ADRENAClick	3	QL
<i>prednisolone acetate</i>	1		<i>arbinoxxa</i>	1	
<i>prednisolone sodium phosphate</i>	1		<i>carbinoxamine maleate</i>	1	
RETISERT	4	\$\$\$\$\$	<i>cetirizine</i>	1	
STEROID-SULFONAMIDE COMBINATIONS			CLARINEX ORAL SYRUP	3	
BLEPHAMIDE	3		CLARINEX ORAL TABLET	3	QL
BLEPHAMIDE S.O.P.	3		<i>clemastine</i>	1	
<i>sulfacetamide-prednisolone</i>	1		<i>cyproheptadine</i>	1	
SULFONAMIDES			<i>desloratadine</i>	1	QL
BLEPH-10	3		<i>diphenhydramine hcl</i>	1	
<i>sulfacetamide sodium</i>	1		<i>epinephrine</i>	1	QL
SYMPATHOMIMETICS			EPIPEN 2-PAK	2	QL
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2		EPIPEN JR 2-PAK	2	QL
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3		<i>hydroxyzine hcl</i>	1	
<i>apraclonidine</i>	1		<i>hydroxyzine pamoate</i>	1	
<i>brimonidine</i>	1		KARBINAL ER	3	
IOPIDINE	3		<i>levocetirizine oral solution</i>	1	
VASOCONSTRICTOR DECONGESTANTS			<i>levocetirizine oral tablet</i>	1	QL
CYCLOMYDRIL	3		<i>phenadoz</i>	1	
<i>phenylephrine hcl</i>	1		<i>phenergan</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD			<i>promethazine</i>	1	
ANTIHISTAMINE & ANTIALLERGENIC AGENTS			<i>promethegan</i>	1	
			VISTARIL	3	
			XYZAL ORAL SOLUTION	3	
			XYZAL ORAL TABLET	3	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm</i>	1	
CAPCOF	3	
<i>centergy</i>	1	
<i>cheratussin ac</i>	1	
<i>cheratussin dac</i>	1	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
FLOWTUSS	3	ST
<i>guaifenesin ac</i>	1	
<i>guaifenesin dac</i>	1	
HISTEX-AC	3	
HYCOFENIX	3	ST
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-cpm-pseudoephed</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
<i>iophen c-nr</i>	1	
<i>lortuss ex</i>	1	
MAR-COF BP	3	
MAR-COF CG	3	
<i>m-clear wc</i>	1	
M-END MAX D	3	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>phenylhistidine dh</i>	1	
POLY-TUSSIN AC	3	
<i>promethazine vc</i>	1	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
PRO-RED AC (W/ DEXCHLORPHENIR)	3	
<i>relcofc</i>	1	
RESPA-AR	3	
REZIRA	3	
<i>rydex</i>	1	
SEMPREX-D	3	
TESSALON PERLES	3	
<i>tusnel c</i>	1	
TUSNEL PEDIATRIC	3	
TUSSICAPS	3	ST
<i>tussigon</i>	1	
TUSSIONEX PENN KINETIC ER	3	
TUZISTRA XR	3	ST
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
VITUZ	3	ST
ZODRYL AC 25	3	
ZODRYL AC 30	3	
ZODRYL AC 35	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ZODRYL AC 40	2		ALVESCO	3	ST; QL
ZODRYL AC 50	3		ANORO ELLIPTA	2	QL
ZODRYL AC 60	3		ARCAPTA NEOHALER	3	QL
ZODRYL AC 80	3		ARNUITY ELLIPTA	3	ST; QL
ZODRYL DAC 25	3		ASMANEX HFA	3	QL
ZODRYL DAC 30	3		ASMANEX TWISTHALER	3	QL
ZODRYL DAC 35	3		ATROVENT HFA	2	QL
ZODRYL DAC 40	3		BECONASE AQ	3	ST; QL
ZODRYL DAC 50	3		BEVESPI AEROSPHERE	3	QL
ZODRYL DAC 60	3		BREO ELLIPTA	3	PA; QL
ZODRYL DAC 80	3		BROVANA	3	QL
ZODRYL DEC 25	3		<i>budesonide</i>	1	QL
ZODRYL DEC 30	2		COMBIVENT RESPIMAT	2	QL
ZODRYL DEC 35	3		<i>cromolyn</i>	1	
ZODRYL DEC 40	3		CUROSURF	3	
ZODRYL DEC 50	3		DALIRESP	3	PA
ZODRYL DEC 60	3		DULERA	2	PA; QL
ZODRYL DEC 80	3		DYMISTA	3	ST; QL
ZONATUSS	3		ELIXOPHYLLIN	3	
Z-TUSS AC	3		ESBRIET	4	PA;\$\$\$\$; LA; QL
ZUTRIPRO	3		FIRAZYR	4	PA;\$\$\$\$; LA
PULMONARY AGENTS			FLOVENT DISKUS	3	ST; QL
ACCOLATE	3		FLOVENT HFA	3	ST; QL
<i>acetylcysteine</i>	1		<i>flunisolide</i>	1	QL
ADCIRCA	4	PA; \$\$\$; QL	<i>fluticasone</i>	1	QL
ADEMPAS	4	PA;\$\$\$\$; LA	FORADIL AEROLIZER	3	QL
ADRENALIN	3				
ADVAIR DISKUS	3	PA; QL			
ADVAIR HFA	3	PA; QL			
AEROSPAN	3	ST; QL			
<i>albuterol sulfate</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
HYPER-SAL	3		PULMOZYME	4	\$\$\$\$
INCRUSE ELLIPTA	2	QL	QNASL	3	QL
<i>ipratropium bromide</i>	1		QVAR	2	QL
<i>ipratropium-albuterol</i>	1	QL	REVATIO	4	PA; \$\$\$\$\$; QL
KALYDECO	4	PA; \$\$\$\$\$; LA; QL	RUCONEST	4	PA; \$\$\$\$\$; LA
LETAIRIS	4	PA; ST; \$\$\$\$\$; LA	SEREVENT DISKUS	3	QL
<i>levalbuterol hcl</i>	1		<i>sildenafil</i>	4	PA; \$\$\$; QL
LEVALBUTEROL TARTRATE	3		SINGULAIR	3	
<i>metaproterenol</i>	1		<i>sodium chloride</i>	1	
<i>mometasone</i>	1	QL	SPIRIVA RESPIMAT	3	QL
<i>montelukast</i>	1		SPIRIVA WITH HANDIHALER	3	QL
NASONEX	3	ST; QL	STIOLTO RESPIMAT	3	QL
NEBUSAL	3		STRIVERDI RESPIMAT	2	QL
OFEV	4	PA; \$\$\$\$\$; LA; QL	SURFAXIN	3	
OMNARIS	3	ST; QL	SYMBICORT	2	PA; QL
OPSUMIT	4	PA; ST; \$\$\$\$\$; LA	<i>terbutaline</i>	1	
ORKAMBI	4	PA; \$\$\$\$\$; LA; QL	THEO-24	3	
PERFOROMIST	2	QL	<i>theochron</i>	1	
PROAIR HFA	2	QL	<i>theophylline</i>	1	
PROAIR RESPICLICK	2	QL	TRACLEER	4	PA; \$\$\$\$\$; LA
PROVENTIL HFA	3	QL	<i>triamcinolone acetonide</i>	1	QL
PULMICORT	3	QL	TUDORZA PRESSAIR	2	QL
PULMICORT FLEXHALER	3	QL	TYVASO	4	PA; \$\$\$\$\$; LA
<i>pulmosal</i>	1		TYVASO REFILL KIT	4	PA; \$\$\$\$\$; LA
			TYVASO STARTER KIT	4	PA; \$\$\$\$\$; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VENTAVIS	4	PA; \$\$\$\$\$; LA
VENTOLIN HFA	3	QL
VERAMYST	3	ST; QL
VOSPIRE ER	3	
XOLAIR	4	PA; \$\$\$\$; LA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	
<i>zafirlukast</i>	1	
ZETONNA	3	ST; QL
ZYFLO	3	ST
ZYFLO CR	3	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	
DETROL	3	ST
DETROL LA	3	ST
DITROPAN XL	3	ST
ENABLEX	3	ST
<i>flavoxate</i>	1	
GELNIQUE	3	QL
MYRBETRIQ	3	
<i>oxybutynin chloride</i>	1	
OXYTROL	3	ST; QL
<i>tolterodine</i>	1	
TOVIAZ	3	
<i>trospium</i>	1	
VESICARE	3	

Drug Name	Drug Tier	Requirements / Limits
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		

<i>alfuzosin</i>	1	
AVODART	3	ST
CIALIS	3	PA; QL
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
RAPAFLO	3	ST
<i>tamsulosin</i>	1	
UROXATRAL	3	ST

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	
URECHOLINE	3	

MISCELLANEOUS UROLOGICALS

<i>azuphen mb</i>	1	
CAVERJECT	2	PA; QL
CAVERJECT IMPULSE	2	PA; QL
CIALIS	3	PA; QL
CYSTAGON	2	LA
<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	

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Drug Name	Drug Tier	Requirements / Limits
hyophen	1	
INDIOMIN MB	3	
K-PHOS NO 2	2	
K-PHOS ORIGINAL	2	
LEVITRA	3	PA; QL
<i>methen-sod phos-</i> <i>meth blue-hyos</i>	1	
ORACIT	3	
PAPAVERINE- ALPROSTADIL- WATER	3	
PAPAV- PHENTOLAM- ALPROST-WATER	3	
PAPAV- PHENTOLAMINE IN WATER	3	
PHENTOLAM- ALPROSTADIL IN WATER	3	
<i>phosphasal</i>	1	
<i>pot,sodium citrate-</i> <i>citric acid</i>	1	
<i>potassium citrate</i>	1	
<i>potassium citrate-</i> <i>citric acid</i>	1	
PROCYSBI	4	ST; \$\$\$\$\$; LA
RENACIDIN	2	
SHOHL'S MODIFIED	3	
<i>sodium citrate-citric acid</i>	1	
STAXYN	3	PA; QL
STENDRA	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tricitrates</i>	1	
<i>ur n-c</i>	1	
<i>uramit mb</i>	1	
URELLE	3	
<i>uretron d-s</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
<i>urogesic-blue</i>	1	
<i>urolet mb</i>	1	
<i>uro-mp</i>	1	
<i>urophen mb</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
UTA	3	
<i>utira-c</i>	1	
VIAGRA	2	PA; QL
<i>virtrate-2</i>	1	
<i>virtrate-3</i>	1	
<i>virtrate-k</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits	
ELECTROLYTES						
<i>calcium 500 + d</i>	1	ACA; OTC	KLOR-CON/25	3		
<i>calcium 500 with d</i>	1	ACA; OTC	<i>klor-con/ef</i>	1		
<i>calcium 600 + d(3)</i>	1	ACA; OTC	<i>k-phos-neutral</i>	1		
<i>calcium 600 with vitamin d3</i>	1	ACA; OTC	<i>k-sol</i>	1		
<i>calcium carb and citrate-vitd3</i>	1	ACA; OTC	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		
<i>calcium carbonate-vitamin d3</i>	1	ACA; OTC	<i>k-tab oral tablet extended release 8 meq</i>	1		
<i>calcium citrate + d</i>	1	ACA; OTC	<i>lugols</i>	1		
<i>calcium citrate-vitamin d2</i>	1	ACA; OTC	<i>oysco 500/d</i>	1	ACA; OTC	
<i>calcium citrate-vitamin d3</i>	1	ACA; OTC	<i>oysco d</i>	1	ACA; OTC	
<i>calcium with vitamin d</i>	1	ACA; OTC	<i>oyster shell + d3</i>	1	ACA; OTC	
<i>citrus calcium</i>	1	ACA; OTC	<i>oyster shell calcium-vit d3</i>	1	ACA; OTC	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3		<i>oystercal-d</i>	1	ACA; OTC	
<i>effer-k oral tablet, effervescent 25 meq</i>	1		<i>phospha 250 neutral</i>	1		
GALZIN	3		POTABA	3		
<i>hi-cal plus vit d</i>	1	ACA; OTC	<i>potassium bicarb and chloride</i>	1		
<i>k-effervescent</i>	1		<i>potassium bicarb-citric acid</i>	1		
<i>klor-con</i>	1		<i>potassium chloride</i>	1		
<i>klor-con 10</i>	1		<i>strong iodine</i>	1		
<i>klor-con 8</i>	1		<i>virt-phos 250 neutral</i>	1		
<i>klor-con m10</i>	1		MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES			
<i>klor-con m15</i>	1		FORTAVIT	3		
<i>klor-con m20</i>	1		VITAMINS & HEMATINICS			
<i>klor-con sprinkle</i>	1		ACTIVE FE	3		
			ACTIVE OB	3		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ANIMI-3 WITH VITAMIN D	3		CITRANATAL (DUAL-IRON)	3	
ATABEX EC	3		CITRANATAL 90 DHA (ALGAL OIL)	3	
<i>b complete</i>	1	ACA; OTC	CITRANATAL ASSURE	3	
<i>b complex-vitamin b12</i>	1	ACA; OTC	CITRANATAL B-CALM (FE GLUC)	3	
<i>b complex-vitamin c-folic acid</i>	1	ACA; OTC	CITRANATAL DHA (ALGAL OIL)	3	
<i>b-50 complex</i>	1	ACA; OTC	CITRANATAL HARMONY (IRON FUM)	3	
BACMIN	3		<i>classic prenatal</i>	1	ACA; OTC
<i>balance b-50</i>	1	ACA; OTC	<i>c-nate dha</i>	1	
<i>balanced b-100</i>	1	ACA; OTC	COMPLETE FORMULATION D3000	3	
<i>balanced b-100 complex</i>	1	ACA; OTC	COMPLETE FORMULATION PEDIATRIC	3	
<i>balanced b-50</i>	1	ACA; OTC	<i>complete natal dha</i>	1	
<i>bal-care dha</i>	1		<i>completenate</i>	1	
BAL-CARE DHA ESSENTIAL	3		<i>complex b-100</i>	1	ACA; OTC
<i>b-complex with vitamin c</i>	1	ACA; OTC	CONCEPT DHA	3	
BIFERA RX	3		CONCEPT OB	3	
CADEAU DHA	3		<i>corvita</i>	1	
<i>calcium pnv</i>	1		<i>corvita 150</i>	1	
<i>calcium-folic acid-vitamin d</i>	1		CORVITE	3	
CARDIOTEK-RX (BIOPERINE)	3		CORVITE 150	3	
<i>centratex</i>	1		CORVITE FE	3	
<i>chewable multivit-a,b,d,e,k,zn</i>	1		CORVITE FREE	3	
<i>children's iron</i>	1	ACA; OTC	<i>cyanocobalamin (vitamin b-12)</i>	1	
<i>cholecalciferol (vitamin d3)</i>	1	ACA; OTC	<i>delta d3</i>	1	ACA; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
dalyvite	1		fer-iron	1	ACA; OTC
DIALYVITE 3000	3		FERIVA 21-7 TABLET	3	
DIALYVITE 5000	3		FERIVA FA (SUMALATE)	3	
dalyvite 800	1	ACA; OTC	ferocon	1	
DIALYVITE 800 WITH IRON	3		FERRALET 90 DUAL-IRON DELIVERY	3	
DIALYVITE SUPREME D	3		ferraplus 90	1	
dothelle dha	1		ferrex 150 forte	1	
DRISDOL	3		ferrex 150 forte plus	1	
DUET DHA BALANCED	3		ferrex 28	1	
DUET DHA WITH OMEGA-3	3		ferrocite plus	1	
d-vi-sol	1	ACA; OTC	ferrogels forte	1	
d-vita	1	ACA; OTC	ferrous sulfate	1	ACA; OTC
ELDERCAPS	3		FLORIVA	3	
ENBRACE HR	3		FLORIVA (FLUORIDE-VITAMIN D3)	3	
ENLYTE (FERROUS GLYCINE)	3		FLORIVA PLUS	3	
ergocalciferol (vitamin d2) oral capsule	1		FLUORABON	3	
ergocalciferol (vitamin d2) oral tablet	1	ACA; OTC	FLUOR-A-DAY	3	
ESCAVITE	3		fluor-a-day (with xylitol) oral tablet, chewable 0.25 mg f (0.55 mg)-236.79mg	1	ACA
ESCAVITE D	3		fluor-a-day (with xylitol) oral tablet, chewable 1 mg f (2.2 mg)-236.79 mg	1	
ESCAVITE LQ	3		FLUORITAB ORAL DROPS	3	
EXTRA-VIRT PLUS DHA	3				
fabb	1				
fe c plus	1				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>fluoritab oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	1	ACA	FUSION SPRINKLES	3	
<i>fluoritab oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	1		<i>hematinic plus vit/minerals</i>	1	
FLURA-DROPS	3		<i>hematinic/folic acid</i>	1	
<i>focalgin 90 dha</i>	1		<i>hematogen</i>	1	
<i>focalgin ca</i>	1		<i>hematogen fa</i>	1	
<i>focalgin dss</i>	1		<i>hematogen forte</i>	1	
<i>folbecal</i>	1		HEMATRON-AF	3	
<i>folbee</i>	1		<i>hemenatal ob</i>	1	
<i>folbee ar</i>	1		<i>hemenatal ob + dha</i>	1	
<i>folbee plus</i>	1		<i>hemetab</i>	1	
<i>folbic</i>	1		HEMOCYTE-F	3	
FOLET ONE	3		HEMOCYTE-PLUS	3	
FOLGARD OS	3		<i>hydroxocobalamin</i>	1	
FOLGARD RX	3		ICAR-C PLUS	3	
<i>folic acid oral tablet 1 mg</i>	1		<i>ifex 150 forte</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC	INTEGRA F	3	
<i>folic acid-vit b6-vit b12</i>	1		INTEGRA PLUS	3	
<i>folivane-f</i>	1		IROSPAN 24/6	3	
<i>folivane-ob</i>	1		<i>kobee</i>	1	ACA; OTC
<i>folivane-plus</i>	1		KOSHER PRENATAL PLUS IRON	3	
<i>folplex 2.2</i>	1		<i>kpn</i>	1	ACA; OTC
<i>foltabs 800</i>	1	ACA; OTC	<i>levomefolate dha</i>	1	
FOLTRATE	3		<i>ludent fluoride oral tablet, chewable 0.25 mg fluoride (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	1	ACA
<i>full spectrum b-vitamin c</i>	1	ACA; OTC	<i>ludent fluoride oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	1	
FUSION PLUS	3				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>macnatal cn dha</i>	1		M-VIT	3	
MARNATAL-F	3		<i>myferon 150 forte</i>	1	
MAXARON FORTE	3		<i>mynatal</i>	1	
MAXFE (FOLATE-DOCUSATE)	3		<i>mynatal advance</i>	1	
MAXINATE	3		<i>mynatal plus</i>	1	
MEBOLIC	3		<i>mynatal-z</i>	1	
METHAVER	3		<i>mynate 90 plus</i>	1	
<i>multigen folic</i>	1		<i>mynephrocaps</i>	1	
<i>multigen plus</i>	1		NASCOBAL	3	
<i>multi-vit with fluoride-iron</i>	1	ACA	NATACHEW (FE BIS-GLYCINATE)	3	
<i>multi-vitamin with fluoride oral drops</i>	1	ACA	NATELLE ONE	3	
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	1	ACA	<i>natural b-100 complex</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 1 mg</i>	1		NEEVODHA (WITH ALGAL OIL)	3	
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	1	ACA	<i>nephplex rx</i>	1	
<i>multivitamins with fluoride oral tablet, chewable 1 mg</i>	1		NEPHROCAPS	3	
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	1	ACA	NEPHROCAPS QT	3	
<i>mvc-fluoride oral tablet, chewable 1 mg</i>	1		NEPHRON FA	3	
			<i>nephro-vite rx</i>	1	
			NESTABS	3	
			NESTABS ABC	3	
			NESTABS DHA	3	
			NEURIN-SL	3	
			<i>newgen</i>	1	
			NEXA PLUS	3	
			NICOMIDE	3	
			NICOMIDE (SELENIUM-CHROMIUM)	3	
			NIVA-FOL	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
NIVA-PLUS	3		<i>pnv-ferrous fumarate-docu-fa</i>	1	
NUFERA	3		<i>pnv-omega</i>	1	
NUTRICAP	3		<i>pnv-select</i>	1	
OB COMPLETE	3		<i>pnv-vp-u</i>	1	
OB COMPLETE GOLD	3		<i>poly-iron 150 forte</i>	1	
OB COMPLETE ONE	3		POLY-VI-FLOR	3	
OB COMPLETE PETITE	3		POLY-VI-FLOR FS	3	
OB COMPLETE PREMIER	3		POLY-VI-FLOR WITH IRON	3	
OB COMPLETE WITH DHA	3		<i>poly-vita (iron)</i>	1	ACA; OTC
<i>obstetrix dha</i>	1		<i>poly-vitamin with iron</i>	1	ACA; OTC
OBSTETRIX EC	3		<i>pr natal 400</i>	1	
OBTREX DHA	3		<i>pr natal 400 ec</i>	1	
O-CAL FA	3		<i>pr natal 430</i>	1	
O-CAL PRENATAL	3		<i>pr natal 430 ec</i>	1	
<i>one daily prenatal</i>	1	ACA; OTC	PREFERA-OB	3	
<i>oyster shell calcium-vit d2</i>	1	ACA; OTC	PREFERA-OB ONE	3	
PAIRE OB PLUS DHA	3		PREFERA-OB PLUS DHA	3	
PED MULTIVITAMINS-A,B,D,E,K,ZN	3		<i>prenal chew</i>	1	
<i>perry prenatal</i>	1	ACA; OTC	<i>prenal pearl</i>	1	
<i>pnv 29-1</i>	1		<i>prenal true</i>	1	
<i>pnv ob+dha</i>	1		<i>prenaissance</i>	1	
<i>pnv-dha</i>	1		<i>prenaissance next</i>	1	
<i>pnv-dha + docusate</i>	1		<i>prenaissance plus</i>	1	
			PRENATA	3	
			<i>prenatabs fa</i>	1	
			<i>prenatabs rx</i>	1	
			<i>prenatal</i>	1	ACA; OTC
			<i>prenatal complete</i>	1	ACA; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal formula</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	1	ACA; OTC
<i>prenatal one daily</i>	1	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit#96-ferrous fum-fa</i>	1	ACA; OTC
<i>prenatal vitamin</i>	1	ACA; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	1	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PREQUE 10	3	
<i>pretab</i>	1	
PROFERRIN-FORTE	2	
PROTECT IRON	3	
PROVIDA DHA	3	
PROVIDA OB	3	
PURALOR CI	3	
PUREFE OB PLUS	3	
PUREFE PLUS	3	
<i>purevit dualfe plus</i>	1	
QUFLORA FE	3	
QUFLORA PEDIATRIC	3	
QUFLORA PEDIATRIC DROPS	3	
<i>relnate dha</i>	1	
<i>renal caps</i>	1	
<i>rena-vite</i>	1	ACA; OTC
<i>rena-vite rx</i>	1	
<i>reno caps</i>	1	
<i>risacal-d</i>	1	ACA; OTC
R-NATAL OB	3	
<i>rulavite dha</i>	1	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19</i>	1	
<i>se-natal 19 (with docusate)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>se-tan plus</i>	1	
<i>sodium fluoride oral drops</i>	1	ACA
<i>sodium fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	1	ACA
<i>sodium fluoride oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	1	
SOFTGELS MULTIVIT-A,B,D,E,K,ZN	3	
<i>stress formula</i>	1	ACA; OTC
<i>stress formula with iron</i>	1	ACA; OTC
<i>stress formula with iron(sulf)</i>	1	ACA; OTC
STROVITE FORTE	3	
STROVITE ONE	3	
<i>super b complex-vitamin c</i>	1	ACA; OTC
<i>super b maxi complex</i>	1	ACA; OTC
<i>super b-50 complex plus</i>	1	ACA; OTC
<i>super quints</i>	1	ACA; OTC
<i>super quints b-50</i>	1	ACA; OTC
<i>superplex-t</i>	1	ACA; OTC
SUPERVITE	3	
TANDEM PLUS	3	
<i>taron forte</i>	1	
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>TEXAVITE LQ</i>	3	
<i>THRIVITE RX</i>	3	
<i>thrivite-19</i>	1	
<i>tl gard rx</i>	1	
<i>tl g-fol os</i>	1	
<i>tl icon</i>	1	
<i>tl-hem 150</i>	1	
<i>total b/c</i>	1	ACA; OTC
TRICARE	3	
TRICARE PRENATAL	3	
TRICARE PRENATAL DHA ONE	3	
TRICARE PRENATAL WITH DHA	3	
<i>tricon</i>	1	
TRIFERIC	3	
<i>trigels-fforte</i>	1	
<i>trinatal gt</i>	1	
<i>trinatal rx I</i>	1	
<i>trinate</i>	1	
<i>triphrocaps</i>	1	
<i>triple vitamin with fluoride</i>	1	ACA
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	ACA
<i>tri-vitamin with fluoride</i>	1	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>trust natal dha</i>	1		<i>vit b complex-folic acid</i>	1	ACA; OTC
UDAMIN SP	3		VITAFOL	3	
<i>ultimatecare one</i>	1		VITAFOL FE+ (WITH DOCUSATE)	3	
<i>ultimatecare one nf</i>	1		VITAFOL GUMMIES	3	
<i>ultra b-100 complex</i>	1	ACA; OTC	VITAFOL NANO	3	
<i>v-c forte</i>	1		VITAFOL ULTRA	3	
<i>vemavite-prx-2</i>	1		<i>vitafol-ob</i>	1	
<i>vic-forte</i>	1		VITAFOL-OB+DHA	3	
<i>vinate care</i>	1		VITAFOL-ONE	3	
<i>vinate dha</i>	1		VITAL-D RX	3	
VINATE DHA RF	3		VITAMED MD ONE RX	3	
<i>vinate ii</i>	1		VITAMED MD PLUS RX	3	
<i>vinate m</i>	1		VITAMEDMD REDICHEW RX	3	
<i>vinate one</i>	1		<i>vitamin b complex</i>	1	ACA; OTC
<i>vinate ultra</i>	1		<i>vitamin d3</i>	1	ACA; OTC
<i>virt-advance</i>	1		<i>vitamins a,c,d and fluoride</i>	1	ACA
<i>virt-c dha</i>	1		VITAPEarl	3	
VIRT-CAPS	3		VITA-RESPA	3	
<i>virt-gard</i>	1		VITATRUE	3	
<i>virt-nate</i>	1		VIVA DHA	3	
<i>virt-nate dha</i>	1		<i>vol-care rx</i>	1	
<i>virt-pn</i>	1		<i>vol-nate</i>	1	
<i>virt-pn dha</i>	1		<i>vol-plus</i>	1	
<i>virt-pn plus</i>	1		<i>vol-tab rx</i>	1	
VIRTPREX	3		<i>vp-ch plus</i>	1	
<i>virt-select</i>	1				
<i>virt-vite</i>	1				
<i>virt-vite forte</i>	1				
<i>virt-vite gt</i>	1				
VIRT-VITE PLUS	3				
<i>vit 3</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<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>vp-vite rx</i>	1	
<i>wee care</i>	1	ACA; OTC
XYZBAC	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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SPIRIVA RESPIMAT	86	sulfacetamide sodium	37, 83	SURE-PEN LANCING	
SPIRIVA WITH HANDIHALER.....	86	sulfacetamide sodium (acne)	42	DEVICE	63
spironolactone	32	sulfacetamide sodium-sulfur	41	SURE-T PARADIGM	63
spironolacton-hydrochlorothiazide	32	sulfacetamide sod-sulfur-urea	41	SURE-TEST EASYPLUS	
SPORANOX	8	sulfacetamide-prednisolone	83	MINI	51
SPORANOX PULSEPAK	8	sulfacetamide-sulfur-cleanser	23	SURE-TEST EASYPLUS	
SPRITAM.....	18	41	MINI METER	63
SPRIX.....	24	sulfacleanse 8-4	41	SURE-TOUCH LANCET	63
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sps (with sorbitol).....	72	sulfadiazine	12	SURGUARD2 SAFETY	63
ss 10-2	41	sulfamethoxazole-trimethoprim	12	SURMONTIL	28
ssd.....	37	SULFAMYLYON	42	SURVANTA	46
SSKI	48	sulfasalazine	72	SUSTIVA	9
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STALEVO 200.....	18	sumatriptan	19	symax fastabs	69
STALEVO 50.....	18	sumatriptan succinate	19	symax-sl	69
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STELARA	37	super b complex-vitamin c	96	SYMLINPEN 60	68
STENDRA	88	super b maxi complex	96	SYNALAR	44
STERILANCE TL.....	62	super b-50 complex plus	96	SYNALAR CREAM KIT	44
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STIOLTO RESPIMAT	86	super quints b-50	96	SYNALAR TS	44
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stress formula with iron(sulf).....	96	SURE COMFORT LANCETS	63	SYPRINE	46
STRIANT	66	SURE COMFORT LANCING PEN	63	syrex sodium chloride 0.9%	46
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STRIVERDI RESPIMAT	86	30 INFUSION SET	63		
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TALTZ AUTOINJECTOR (2 PACK).....	37	TENIVAC (PF)	77	TIAZAC	32
TALTZ AUTOINJECTOR (3 PACK).....	37	TENORETIC 100.....	32	ticlopidine	34
TALTZ SYRINGE	37	TENORETIC 50.....	32	TIGAN.....	72
TALTZ SYRINGE (2 PACK)	37	TENORMIN.....	32	TIKOSYN.....	29
TALTZ SYRINGE (3 PACK)	37	TERAZOL 7.....	79	timolol maleate	32, 80
TAMIFLU	9	terazosin.....	32	TIMOPTIC	80
tamoxifen.....	16	terbinafine hcl.....	8	TIMOPTIC OCUDOSE (PF)	80
tamsulosin.....	87	terbutaline.....	86	TIMOPTIC-XE.....	80
TANDEM PLUS	96	terconazole.....	79	TINDAMAX	11
TANZEUM	68	TERSI FOAM	37	tinidazole	11
TAPAZOLE	48	TESSALON PERLES	84	TIROSINT	68
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TARGETIN	16	TESTIM.....	66	TIVICAY	9
TARKA	32	TESTOPEL	66	TIVORBEX	24
taron forte	96	testosterone	66, 67	tizanidine	20
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taron-prex prenatal-dha	96	TESTRED	67	tl g-fol os	96
TASIGNA	16	TETANUS,DIPHTHERIA TOX PED(PF)	77	tl icon	96
TASMAR	18	TETANUS-DIPHTHERIA TOXOIDS-TD.....	77	tl-hem 150.....	96
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TECFIDERA	75	tetrabenazine.....	20	TOBI PODHALER	11
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TECHLITE PEN NEEDLE..	63	tetracaine hcl (pf).....	81	TOBRADEX ST.....	82
TECHNIVIE.....	9	tetracycline	13	tobramycin	80
TEGRETOL	18	TETRAVISC	81	tobramycin in 0.225 % nacl..	11
TEGRETOL XR.....	18	TETRAVISC FORTE	81	TOBRAMYCIN WITH NEBULIZER	11
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TEKTURNA HCT	32	TEXAVITE LQ	96	TOBREX	80
TEL CARE BGM	63	THALOMID.....	16	TOFRANIL	28
TEL CARE BLOOD GLUCOSE KIT	63	THEO-24.....	86	TOLAK.....	39
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telmisartan-amlodipine.....	32	THIOLA	46	tolmetin	24
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TOVIAZ.....	87	trifluoperazine	28
TRACLEER	86	trifluridine.....	80
TRADJENTA.....	68	trigels-f forte.....	96
tramadol.....	24	TRIGLIDE.....	35
TRAMADOL	24	trihexyphenidyl.....	18
tramadol-acetaminophen	24	TRILEPTAL.....	18
trandolapril	32	TRILIPIX	35
trandolapril-verapamil.....	32	trilyte with flavor packets....	72
tranexamic acid	79	trimethobenzamide	72
TRANSDERM-SCOP.....	72	trimethoprim.....	13
TRANSFER PIN	63	trimipramine	28
TRANXENE T-TAB.....	28	trinatal gt.....	96
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TRESIBA FLEXTOUCH U- 100.....	65	TRIPLE DYE	43
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tretinoin	41	TRISTART DHA	96
tretinoin (chemotherapy).....	16	tri-tabs dha.....	96
tretinoin microspheres	41	TRIUMEQ.....	9
TRETIN-X	41	triveen-duo dha	96
TRETIN-X CREAM KIT....	41	TRI-VI-FLOR	96
TREXALL.....	16	tri-vit with fluoride and iron.....	96
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TREZIX.....	22	TRIZIVIR	9
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ULTRA TLC LANCETS	64
ULTRACET	24
ULTRALANCE LANCETS	64
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XARELTO	34
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XIFAXAN	11	ZEMPLAR	67	ZODRYL DEC	40
XIGDUO XR	68	zenatane	41	ZODRYL DEC	50
XXIIDRA	81	zencia	41	ZODRYL DEC	60
XODOL 10/300	23	ZENPEP	72	ZODRYL DEC	80
XODOL 5/300	23	zenzedi	29	ZOFRAN (AS	
XODOL 7.5/300	23	ZENZEDI	29	HYDROCHLORIDE)	72
XOLAIR	87	ZEPATIER	10	ZOFRAN ODT	72
XOLEGEL	43	ZERIT	10	ZOHYDRO ER	23
XOPENEX	87	ZESTORETIC	33	ZOLINZA	16
XOPENEX CONCENTRATE	87	ZESTRIL	33	zolmitriptan	19
XOPENEX HFA	87	ZETIA	35	ZOLOFT	29
XTAMPZA ER	23	ZETONNA	87	zolpidem	29
XTANDI	16	ZIAC	33	ZOLPIMIST	29
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XYNTHA SOLOFUSE	34	ZINBRYTA	75	ZONALON	39
XYREM	29	zingiber	98	ZONATUSS	85
XYZAL	83	ZIOPTAN (PF)	82	ZONEGRAN	18
XYZBAC	98	ziprasidone hcl	29	zonisamide	18
Y		ZIPSOR	24	ZONTIVITY	34
YALE SPINAL NEEDLE	65	ZIRGAN	80	ZORBTIVE	75
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ZANAFLEX	20	ZODRYL AC 35	84	ZUTRIPRO	85
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ZARXIO	74	ZODRYL AC 60	85	ZYFLO	87
zatean-ch	98	ZODRYL AC 80	85	ZYFLO CR	87
zatean-pn dha	98	ZODRYL DAC 25	85	ZYKADIA	16
zatean-pn plus	98	ZODRYL DAC 30	85	ZYLET	82
ZAVESCA	67	ZODRYL DAC 35	85	ZYLOPRIM	77
ZEBETA	33	ZODRYL DAC 40	85	ZYMAXID	80
zebutal	23	ZODRYL DAC 50	85	ZYPREXA	29
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ZELAPAR	19	ZODRYL DAC 80	85	ZYTIGA	16
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		ZODRYL DEC 30	85		

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