



2020 Incentive Formulary Unlimited

(List of Covered Drugs)

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

This formulary was updated on 1/1/2020. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.heathplan.org.

Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

Definitions

Prescription – Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

Generic Drug – A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

Brand Drug – A prescription item only available from a single-source supplier.

Multi-Source Brand Drugs – Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

How to Use Your Prescription Benefit

Please present The Health Plan ID card to the pharmacist with your prescription. You will be required to pay a copayment (“copay”) at the time of service based on the prescription plan in which you are enrolled. Your copayment levels are found under the pharmacy benefit section Pharmacy Benefit of your Summary of Benefits. Your ID card also contains important information to allow the pharmacy to correctly submit your claim. Please take it with you to the pharmacy.

Specialty Pharmacy Program

Specialty drugs are high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drug require prior authorization to assure appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. Dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications. Diseases targeted to receive therapy are, but not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis, Crohn’s disease and organ transplant.

Coverage for these agents are provided under your Specialty Pharmacy Benefit. The list of specialty drugs is available at www.healthplan.org/personal/products-and-services.

Drugs Requiring Prior Authorization

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 72 hours. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours.

Quantity Per Dispensing Event (QPC rules)

Generally, The Health Plan allows dispensing of approved medications up to a 34-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPC) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPC rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as "triptans," are to be used in specific doses up to a defined number of headaches per month. The QPC rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPC limits to request an exemption, have your provider contact pharmacy services at 1.800.624.6961, ext. 7914.

Non-Formulary Coverage Review

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary

exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 15 calendar days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours of receipt.

Generic Difference Policy

(copayment policy for multi-source drugs)

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand copayment plus the difference between The Health Plan cost of a brand-name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-formulary brand versions of generic drugs require coverage review as outlined above.

Out-of-Area Emergencies

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date or the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a Health Plan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy. Certain oral fluoride products may be covered as a preventative medication.
- The charge for prescription drugs or devices used to promote weight loss.
- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.
- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.

•Charges for lost or stolen prescription drugs unless noted within your Summary of Benefits. Please contact The Health plan for details.

- Certain legend drugs when any version or strength become available over the counter.

Pain Management Program and Opiate/Opioid Management

Pain Management Program will apply to plans within the value program.

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a 5 day supply. This limit is for the first fill of an opioid medication for a member who has no history of opioid usage in the past 130 days.

For those members needing further management of their pain, a prior authorization will be required if:

- The opioid exceeds 80 morphine milligram equivalents
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could cause respiratory depression.

A pharmacist will review the case to evaluate that the opioid is being utilized safely and appropriately. Additionally, the member can be limited to one prescriber and one pharmacy, if needed.

Formulary medications will be preferred over non-formulary medications. Step therapy rules will be applied when reviewing a request for non-formulary medications. Also, dosing and quantities may be limited.

List of Abbreviations

1: Preferred Generic

2: Preferred Brand

3: Non-preferred Drug

4: Specialty Preferred Generic

5: Specialty Preferred Brand

6: Specialty Non-preferred Drug

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.

SP: Specialty Drug

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.

* Note: Some plans may have one specialty drug copay structure for specialty preferred generic, preferred brands and non-preferred brands. Please refer to your plan document.

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Drug Name	Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	
<i>clotrimazole</i>	1	
CRESEMBA	2	ST
DIFLUCAN	3	
<i>fluconazole</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
NOXAFIL	2	ST
<i>nystatin</i>	1	
ONMEL	3	
ORAVIG	3	
POSACONAZOLE	2	ST
SPORANOX	3	
SPORANOX PULSEPAK	3	
<i>terbinafine hcl</i>	1	
VFEND	3	ST
<i>voriconazole</i>	1	ST
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>adefovir</i>	1	

Drug Name	Tier	Requirements / Limits
<i>amantadine hcl</i>	1	
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
CRIXIVAN	2	
DESCOVY	2	
<i>didanosine</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
EMTRIVA	2	
<i>entecavir</i>	1	
EPCLUSA	5	PA; ST; QL
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	3	
EVOTAZ	3	
<i>famciclovir</i>	1	
FLUMADINE	3	
<i>fosamprenavir</i>	1	
FUZEON	2	PA
GENVOYA	2	
HARVONI	5	PA; ST; QL
HEPSERA	3	
INTELENCE	2	
INVIRASE	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	Tier	Requirements / Limits
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	2	
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
<i>lopinavir-ritonavir</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL CAPSULE	2	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PREVYMIS	2	QL
PREZISTA	2	
RELENZA DISKHALER	3	QL
RESCRIPTOR	2	
RETROVIR	3	
REYATAZ ORAL CAPSULE	3	

Drug Name	Tier	Requirements / Limits
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin</i>	1	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
SYNAGIS	5	PA; LA
TAMIFLU	3	QL
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRIUMEQ	2	
TRIZIVIR	3	
TROGARZO	5	
TRUVADA	2	
TYBOST	3	
<i>valacyclovir</i>	1	
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIDEX 2 GRAM PEDIATRIC	2	
VIDEX EC	3	
VIEKIRA PAK	6	PA; ST; QL
VIRACEPT	2	
VIRAMUNE	3	
VIRAMUNE XR	3	
VIRAZOLE	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	Tier	Requirements / Limits
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	5	ST; QL
XOFLUZA	3	QL
ZEPATIER	5	ST; QL
ZERIT	3	
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX	3	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
KEFLEX	3	
SPECTRACEF	3	
SUPRAX	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	
<i>e.e.s. 400</i>	1	

Drug Name	Tier	Requirements / Limits
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALBENZA	3	QL
ALINIA	2	QL
ARAKODA	3	QL
ARIKAYCE	5	ST; LA
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
BETHKIS	5	ST; QL
BILTRICIDE	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	Tier	Requirements / Limits
CAYSTON	5	LA; QL
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL
CYCLOSERINE	3	
<i>dapsone</i>	1	
DARAPRIM	5	ST
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL	3	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	QL
<i>isoniazid</i>	1	
<i>ivermectin</i>	1	QL
KITABIS PAK	5	ST; QL
KRINTAFEL	3	QL
<i>linezolid</i>	1	PA
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>metronidazole</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	

Drug Name	Tier	Requirements / Limits
NEBUPENT	2	QL
<i>neomycin</i>	1	
<i>paromomycin</i>	1	
PASER	3	
<i>praziquantel</i>	1	
PRIFTIN	2	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
RIFADIN	3	
RIFAMATE	3	
<i>rifampin</i>	1	
RIFATER	3	
SIRTURO	2	LA
SIVEXTRO	3	PA
SOLOSEC	3	
STROMECTOL	3	QL
<i>tinidazole</i>	1	QL
TOBI PODHALER	5	PA; ST; QL
<i>tobramycin in 0.225 % nacl</i>	4	PA; ST; QL
TOBRAMYCIN WITH NEBULIZER	6	ST; QL
TRECTOR	3	
XIFAXAN	2	
ZYVOX	3	PA
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	

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Drug Name	Tier	Requirements / Limits
<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		
BAXDELA	3	
CIPRO	3	
CIPRO XR	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
FACTIVE	3	
LEVAQUIN	3	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
<i>ofloxacin</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	

Drug Name	Tier	Requirements / Limits
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>demeclocycline</i>	1	
DORYX	3	ST
DORYX MPC	3	ST
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
MINOCIN	3	ST
<i>minocycline</i>	1	
<i>mondoxyne nl</i>	1	
MONODOX	3	ST
<i>morgidox</i>	1	
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
NUZYRA (7 DAY WITH LOAD DOSE)	3	ST; QL
<i>okebo</i>	1	
ORACEA	2	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE	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	Tier	Requirements / Limits
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	
URINARY TRACT AGENTS		
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
TRIMPEX	3	
VANCOMYCIN		
FIRVANQ	3	
VANCOGIN	3	PA
<i>vancomycin</i>	1	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
KEPIVANCE	5	

Drug Name	Tier	Requirements / Limits
<i>leucovorin calcium</i>	1	
MESNEX	2	
VISTOGARD	5	
XGEVA	5	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	ST
ABRAXANE	5	
ADCETRIS	5	
AFINITOR	5	ST
AFINITOR DISPERZ	5	ST
ALECENSA	5	ST; QL
ALIQOPA	5	LA
ALKERAN	3	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	6	ST
ALUNBRIG ORAL TABLET 30 MG	6	ST; QL
ALUNBRIG ORAL TABLETS, DOSE PACK	6	ST
<i>anastrozole</i>	1	
AROMASIN	3	
ARRANON	5	
ARZERRA	6	
ASTAGRAF XL	3	ST
AVASTIN	5	ST
<i>azacitidine</i>	4	
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	5	ST; LA

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Drug Name	Tier	Requirements / Limits
BAVENCIO	5	ST; LA
BELEODAQ	6	
BELRAPZO	6	
BENDAMUSTINE	6	
BENDEKA	5	
BESPONSA	5	ST
<i>bexarotene</i>	4	PA; ST
<i>bicalutamide</i>	1	
BLINCYTO	5	
BORTEZOMIB	6	
BOSULIF ORAL TABLET 100 MG	5	PA; ST; QL
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; ST
BRAFTOVI	6	ST; LA
CABOMETYX ORAL TABLET 20 MG	5	PA; ST; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA; ST; LA
CALQUENCE	6	ST; LA; QL
<i>capecitabine</i>	4	PA
CAPRELSA	5	ST; LA
CASODEX	3	
CELLCEPT	3	
COMETRIQ	5	PA; ST
COPIKTRA	6	ST; LA
COTELLIC	5	ST; LA; QL
<i>cyclophosphamide</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	

Drug Name	Tier	Requirements / Limits
CYRAMZA	5	
DACOGEN	6	
DARZALEX	5	ST; LA
DAURISMO	6	ST
<i>decitabine</i>	4	
DROXIA	2	
ELIGARD	5	PA
ELIGARD (3 MONTH)	5	PA
ELIGARD (4 MONTH)	5	PA
ELIGARD (6 MONTH)	5	PA
ELZONRIS	5	ST
EMCYT	2	
EMPLICITI	6	ST
ENVARUSUS XR	3	ST
ERBITUX	5	PA
ERIVEDGE	5	PA; ST; QL
ERLEADA	5	ST
<i>erlotinib</i>	4	PA; ST
ERWINAZE	6	ST
<i>etoposide</i>	1	
EVOMELA	6	
<i>exemestane</i>	1	
FARESTON	3	
FARYDAK ORAL CAPSULE 10 MG	6	ST; QL
FARYDAK ORAL CAPSULE 15 MG, 20 MG	6	ST
FEMARA	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	Tier	Requirements / Limits
FIRMAGON KIT W DILUENT SYRINGE	5	ST
<i>flutamide</i>	1	
FOLOTYN	5	ST
GAMIFANT	5	ST
GAZYVA	5	
<i>gengraf</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG	5	PA; ST
GILOTRIF ORAL TABLET 40 MG	5	PA; ST; QL
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	5	
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	6	PA
HYCAMTIN INTRAVENOUS	6	
HYCAMTIN ORAL	5	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 75 MG	5	ST
IBRANCE ORAL CAPSULE 125 MG	5	ST; QL
ICLUSIG ORAL TABLET 15 MG	5	PA; ST
ICLUSIG ORAL TABLET 45 MG	5	PA; ST; QL
IDHIFA ORAL TABLET 100 MG	5	ST; LA

Drug Name	Tier	Requirements / Limits
IDHIFA ORAL TABLET 50 MG	5	ST; LA; QL
<i>imatinib</i>	4	PA
IMBRUVICA	5	PA; ST
IMFINZI	5	LA
IMLYGIC	6	ST
IMURAN	3	
INLYTA ORAL TABLET 1 MG	5	PA; ST
INLYTA ORAL TABLET 5 MG	5	PA; ST; QL
IRESSA	5	PA; ST; QL
ISTODAX	5	ST
IXEMPRA	5	
JAKAFI ORAL TABLET 10 MG, 20 MG, 25 MG, 5 MG	5	PA; ST
JAKAFI ORAL TABLET 15 MG	5	PA; ST; QL
JEVTANA	5	
KADCYLA	5	ST
KEYTRUDA	5	
KYMRIAH	5	ST
KYPROLIS	5	ST
LENVIMA	5	ST
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide</i>	4	PA; ST
LIBTAYO	5	ST
LONSURF	5	ST
LORBRENA	5	ST
LUMOXITI	6	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	Tier	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	6	PA; ST
LUPRON DEPOT (4 MONTH)	6	PA; ST
LUPRON DEPOT (6 MONTH)	6	PA; ST
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	6	PA; ST
LUPRON DEPOT-PED	5	PA
LUPRON DEPOT-PED (3 MONTH)	5	PA
LYNPARZA	5	ST
LYSODREN	2	
MARQIBO	5	
MATULANE	5	
MEGACE ES	3	
<i>megestrol</i>	1	
MEKINIST ORAL TABLET 0.5 MG	5	ST; QL
MEKINIST ORAL TABLET 2 MG	5	ST
MEKTOVI	6	ST; LA
<i>melphalan</i>	1	

Drug Name	Tier	Requirements / Limits
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	PA
<i>methotrexate sodium (pf)</i>	1	PA
<i>mitoxantrone</i>	4	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
MYLOTARG	5	ST; LA
NEORAL	3	
NERLYNX	5	ST; LA
NEXAVAR	5	PA; ST; LA; QL
NILANDRON	3	
<i>nilutamide</i>	1	
NINLARO	5	ST
NUBEQA	6	ST
<i>octreotide acetate</i>	4	PA
ODOMZO	6	ST; LA; QL
ONIVYDE	5	ST
OPDIVO	5	
PERJETA	5	ST
POLIVY	6	ST
PORTRAZZA	6	
POTELIGEO	5	ST
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	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	Tier	Requirements / Limits
PURIXAN	5	
RAPAMUNE	3	
RITUXAN	5	PA; ST
RITUXAN HYCELA	5	ST
RUBRACA	5	PA; ST; LA
RYDAPT	5	ST
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN	6	PA
SIGNIFOR	5	PA
<i>sirolimus</i>	1	
SOLTAMOX	3	
SOMATULINE DEPOT	5	PA; ST
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA; ST
SPRYCEL ORAL TABLET 140 MG	5	PA; ST; QL
STIVARGA	5	PA; ST; QL
SUPPRELIN LA	6	PA; ST
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG	5	PA; ST
SUTENT ORAL CAPSULE 50 MG	5	PA; ST; QL
SYLVANT	5	ST
SYNRIBO	5	PA
TABLOID	3	
<i>tacrolimus</i>	1	

Drug Name	Tier	Requirements / Limits
TAFINLAR ORAL CAPSULE 50 MG	5	ST
TAFINLAR ORAL CAPSULE 75 MG	5	ST; QL
TAGRISSE ORAL TABLET 40 MG	5	ST; LA
TAGRISSE ORAL TABLET 80 MG	5	ST; LA; QL
TALZENNA	5	ST
<i>tamoxifen</i>	1	
TARCEVA	6	PA; ST
TARGRETIN ORAL	6	PA; ST
TARGRETIN TOPICAL	5	PA; ST
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA; ST
TASIGNA ORAL CAPSULE 200 MG	5	PA; ST; QL
TECENTRIQ	5	LA
TEMODAR INTRAVENOUS	5	
TEMODAR ORAL	6	PA
<i>temozolomide</i>	4	PA
<i>temsirolimus</i>	4	
THALOMID	5	PA
TIBSOVO	5	ST
<i>topotecan</i>	4	
<i>toremifene</i>	1	
TORISEL	6	
TREANDA	5	
TRELSTAR	3	ST
<i>tretinoin (chemotherapy)</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	Tier	Requirements / Limits
TREXALL	3	PA
TRIPTODUR	5	PA
TYKERB	5	PA; ST; LA; QL
UNITUXIN	5	
VANTAS	5	PA; ST
VECTIBIX	5	PA
VELCADE	5	
VENCLEXTA	5	PA; ST; LA
VENCLEXTA STARTING PACK	5	PA; ST; QL
VERZENIO ORAL TABLET 100 MG	5	ST; LA; QL
VERZENIO ORAL TABLET 150 MG, 200 MG, 50 MG	5	ST; LA
VIDAZA	6	
VITRAKVI	5	ST; LA
VIZIMPRO	5	ST
VOTRIENT	5	PA; ST; QL
VYXEOS	5	
XALKORI ORAL CAPSULE 200 MG	5	PA; ST; QL
XALKORI ORAL CAPSULE 250 MG	5	PA; ST
XELODA	6	PA
XERMELO	5	PA; LA
XOSPATA	5	ST; LA
XTANDI	5	ST; QL
YERVOY	5	
YESCARTA	5	ST
YONDELIS	5	
YONSA	5	ST

Drug Name	Tier	Requirements / Limits
ZALTRAP	5	
ZEJULA	5	ST; LA; QL
ZELBORAF	5	ST
ZOLADEX	5	ST
ZOLINZA	5	PA
ZORTRESS	2	
ZYDELIG ORAL TABLET 100 MG	5	ST
ZYDELIG ORAL TABLET 150 MG	5	ST; QL
ZYKADIA ORAL CAPSULE	5	PA; ST; QL
ZYKADIA ORAL TABLET	5	ST; QL
ZYTIGA	5	ST
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	3	
BANZEL	2	
BRIVIACT	3	ST
<i>carbamazepine</i>	1	
CARBATROL	3	
CELONTIN	2	
<i>clobazam</i>	1	ST
<i>clonazepam</i>	1	
DEPAKENE	3	ST
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	5	ST
DIASTAT	3	

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Drug Name	Tier	Requirements / Limits
DIASTAT ACUDIAL	3	
<i>diazepam</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
EPIDIOLEX	5	ST; LA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	2	
<i>gabapentin</i>	1	
GABITRIL	3	
GRALISE	3	ST
GRALISE 30-DAY STARTER PACK	3	ST
KLONOPIN	3	
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
MYSOLINE	3	

Drug Name	Tier	Requirements / Limits
ONFI	3	ST
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
PEGANONE	2	
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
QUDEXY XR	2	ST
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SABRIL	5	PA; LA
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	ST
TEGRETOL	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
<i>topiramate</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
<i>vigabatrin</i>	4	PA; LA

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Drug Name	Tier	Requirements / Limits
<i>vigadrone</i>	4	PA
VIMPAT	2	
ZARONTIN	3	
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; LA
AZILECT	3	ST
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
DUOPA	6	
<i>entacapone</i>	1	
INBRIJA	5	ST
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	
NEUPRO	3	
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
SINEMET CR	3	
STALEVO 100	3	

Drug Name	Tier	Requirements / Limits
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
ZELAPAR	3	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; ST
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA; ST; QL
AJOVY	2	PA; ST
<i>almotriptan malate</i>	1	QL
AMERGE	3	ST; QL
CAFERGOT	3	
D.H.E.45	3	PA
<i>dihydroergotamine injection</i>	1	PA
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA; ST
EMGALITY SYRINGE	2	PA; ST
ERGOMAR	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	Tier	Requirements / Limits
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
<i>naratriptan</i>	1	QL
RELPAK	3	ST; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous</i>	1	PA; QL
<i>sumatriptan-naproxen</i>	1	ST; QL
TREXIMET	3	ST; QL
ZEMBRACE SYMTOUCH	3	PA; ST; QL
<i>zolmitriptan</i>	1	QL
ZOMIG	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT	3	ST
AUSTEDO	5	PA; ST; LA
<i>dalfampridine</i>	4	PA; ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
EXELON	3	ST
FIRDAPSE	6	ST; LA

Drug Name	Tier	Requirements / Limits
<i>galantamine</i>	1	
HORIZANT	3	ST
KEVEYIS	6	ST
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	
NAMENDA	3	ST
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMZARIC	2	ST
NUEDEXTA	2	ST
RADICAVA	5	
RAZADYNE	3	ST
RAZADYNE ER	3	ST
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
RUZURGI	5	ST
TEGSEDI	6	PA; LA
<i>tetrabenazine</i>	4	PA; ST
TYSABRI	5	PA; LA
ZOLGENSMA	5	ST
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	

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Drug Name	Tier	Requirements / Limits
BACLOFEN ORAL TABLET 5 MG	3	
<i>carisoprodol</i>	3	
<i>carisoprodol-asa-codeine</i>	3	ST
<i>carisoprodol-aspirin</i>	3	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM	3	
<i>dantrolene</i>	1	
FEXMID	3	PA; ST
LORZONE	3	ST
<i>meprobamate</i>	3	
MESTINON	3	
MESTINON TIMESPAN	3	
<i>metaxall</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
NORGESIC FORTE	3	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet extended release</i>	1	
ROBAXIN-750	3	
SKELAXIN	3	
SOMA	3	
<i>tizanidine</i>	1	
ZANAFLEX	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	ST
<i>acetaminophen-codeine</i>	1	ST
ACTIQ	3	PA; ST; QL
ALLZITAL	3	ST
ARYMO ER	3	PA; ST; QL
<i>ascomp with codeine</i>	1	
BELBUCA	2	ST
<i>buprenorphine hcl</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	ST
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	ST
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</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	Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	ST
<i>codeine-butalbital-asa-caff</i>	1	
DEMEROL	3	ST
DILAUDID	3	ST
<i>diskets</i>	1	PA; ST
DOLOPHINE	3	PA; ST
DSUVIA	3	
DURAGESIC	3	ST; QL
<i>dvorah</i>	1	ST
<i>endocet</i>	1	ST
ESGIC	3	ST
EXALGO ER	3	PA; ST; QL
<i>fentanyl</i>	1	ST; QL
<i>fentanyl citrate</i>	1	PA; ST; QL
FIORICET	3	ST
FIORINAL	3	ST
FIORINAL-CODEINE #3	3	
<i>hydrocodone-acetaminophen</i>	1	ST
<i>hydrocodone-ibuprofen</i>	1	ST
<i>hydromorphone oral liquid</i>	1	ST
<i>hydromorphone oral tablet</i>	1	ST
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; ST; QL

Drug Name	Tier	Requirements / Limits
<i>hydromorphone rectal</i>	1	ST
HYSINGLA ER	2	ST; QL
IBUDONE	3	ST
<i>ibuprofen-oxycodone</i>	1	ST
KADIAN	3	PA; ST; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	1	ST
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	ST
<i>lorcet (hydrocodone)</i>	1	ST
<i>lorcet hd</i>	1	ST
<i>lorcet plus</i>	1	ST
LORTAB ELIXIR	3	ST
<i>meperidine</i>	3	ST
<i>methadone</i>	1	PA; ST
<i>methadose</i>	1	PA; ST
MORPHABOND ER	3	ST; QL
<i>morphine concentrate</i>	1	ST
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; ST; QL
<i>morphine oral capsule, extend. release pellets</i>	1	PA; ST; QL
<i>morphine oral solution</i>	1	ST
<i>morphine oral tablet</i>	1	ST
<i>morphine oral tablet extended release</i>	1	PA; ST; QL
<i>morphine rectal</i>	1	ST
MS CONTIN	3	PA; 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	Tier	Requirements / Limits
NALOCET	3	ST
OPANA	3	ST
OXAYDO	3	ST
<i>oxycodone oral capsule</i>	1	ST
<i>oxycodone oral concentrate</i>	1	ST
<i>oxycodone oral solution</i>	1	ST
OXYCODONE ORAL SYRINGE	3	ST
<i>oxycodone oral tablet</i>	1	ST
<i>oxycodone-acetaminophen</i>	1	ST
<i>oxycodone-aspirin</i>	1	ST
OXYCONTIN	2	PA; ST; QL
<i>oxymorphone oral tablet</i>	1	ST
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; ST; QL
PERCOCET	3	ST
<i>phrenilin forte(with caffeine)</i>	1	
PRIMLEV	3	ST
PROBUPHINE	6	
ROXICODONE	3	ST
ROXYBOND	3	ST
SUBLOCADE	5	
<i>tencon</i>	1	
TREZIX	3	ST
TYLENOL-CODEINE #3	3	ST

Drug Name	Tier	Requirements / Limits
TYLENOL-CODEINE #4	3	ST
VANATOL LQ	3	ST
VANATOL S	3	ST
<i>vicodin</i>	1	ST
<i>vicodin es</i>	1	ST
<i>vicodin hp</i>	1	ST
XTAMPZA ER	3	PA; ST; QL
<i>zebutal</i>	1	
ZOHYDRO ER	3	ST; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	3	ACA; OTC
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>bayer aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol tartrate injection</i>	1	PA; ST
<i>butorphanol tartrate nasal</i>	1	PA; ST; QL
CAMBIA	3	ST; QL
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	1	ACA; OTC
<i>choline,magnesium salicylate</i>	1	

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Drug Name	Tier	Requirements / Limits
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
<i>e.c. prin</i>	1	ACA; OTC
EC-NAPROSYN	3	ST
<i>ecotrin</i>	1	ACA; OTC
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac</i>	1	
EUFLEXXA	5	PA
FELDENE	3	ST
<i>fenoprofen</i>	1	ST
FLECTOR	2	ST
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin</i>	1	
<i>ketoprofen oral capsule</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac</i>	1	
<i>lite coat aspirin</i>	1	ACA; OTC
LODINE	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	

Drug Name	Tier	Requirements / Limits
MOBIC	3	ST
<i>nabumetone</i>	1	
NALFON	3	ST
<i>naloxone</i>	1	PA
<i>naltrexone</i>	1	
NAPROSYN	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium</i>	1	
NARCAN	2	
NUCYNTA	2	ST
NUCYNTA ER	2	PA; ST; QL
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	3	ST
<i>piroxicam</i>	1	
QMIIZ ODT	3	ST
<i>salsalate</i>	1	
SPRIX	6	ST
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	3	ACA; OTC
SUBOXONE	2	
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 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	Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75	3	ST
<i>tramadol oral tablet</i>	1	ST
<i>tramadol-acetaminophen</i>	1	ST
ULTRACET	3	ST
ULTRAM	3	ST
VIVITROL	5	
VOLTAREN-XR	3	ST
PSYCHOTHERAPEUTIC DRUGS		
ADASUVE	3	
ADDERALL XR	3	ST
ADDYI	3	
ADZENYS ER	3	ST
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	ST
ANAFRANIL	3	
APLENZIN	3	ST
APTENSIO XR	3	ST
<i>aripiprazole</i>	1	
<i>armodafinil</i>	1	PA; ST
ATIVAN	3	
<i>atomoxetine</i>	1	ST

Drug Name	Tier	Requirements / Limits
BELSOMRA	3	ST
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>bupirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	ST
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	
CONCERTA	3	ST
COTEMPLA XR-ODT	3	ST

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

Drug Name	Tier	Requirements / Limits
DAYTRANA	2	ST
<i>desipramine</i>	1	
DESOXYN	3	ST
DESVENLAFAXIN E	3	ST
<i>desvenlafaxine succinate</i>	1	
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	ST
<i>dextroamphetamine</i>	1	ST
<i>dextroamphetamine-amphetamine</i>	1	ST
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
DORAL	3	
<i>doxepin</i>	1	
<i>duloxetine</i>	1	
DYANAVEL XR	2	ST
EDLUAR	3	ST
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
EVEKEO	3	ST
EVEKEO ODT	3	ST
FANAPT	3	
FAZACLO	3	
FETZIMA	2	ST
<i>fluoxetine</i>	1	
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	

Drug Name	Tier	Requirements / Limits
<i>fluvoxamine</i>	1	
FORFIVO XL	3	ST
GEODON	3	
<i>guanfacine</i>	1	ST
<i>guanidine</i>	1	
HALCION	3	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	6	ST
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTERMEZZO	3	ST
INVEGA	3	
JORNAY PM	3	ST
KAPVAY	3	ST
KETAMINE	3	
LATUDA	2	
<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	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>metadate er</i>	1	ST
<i>methamphetamine</i>	1	ST
METHYLIN	3	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</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	Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	ST
<i>methylphenidate hcl oral solution</i>	1	ST
<i>methylphenidate hcl oral tablet</i>	1	ST
<i>methylphenidate hcl oral tablet extended release</i>	1	ST
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	ST
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet,chewable</i>	1	ST
<i>midazolam</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; ST
<i>molindone</i>	1	
MYDAYIS	2	ST
NARDIL	3	
<i>nefazodone</i>	3	
NORPRAMIN	3	
<i>nortriptyline</i>	1	
NUPLAZID	6	PA; ST
<i>olanzapine</i>	1	

Drug Name	Tier	Requirements / Limits
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	3	
<i>paliperidone</i>	1	
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl</i>	1	
<i>paroxetine mesylate(menop.sym)</i>	1	
PAXIL	3	ST
PAXIL CR	3	ST
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	ST
<i>protriptyline</i>	1	
QUAZEPAM	3	
<i>quetiapine</i>	1	
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
<i>ramelteon</i>	1	ST
RELEXXII	3	ST
REMERON	3	
REMERON SOLTAB	3	
RESTORIL	3	
REXULTI	3	
RISPERDAL	3	
<i>risperidone</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	Tier	Requirements / Limits
RITALIN	3	ST
RITALIN LA	3	ST
ROZEREM	3	ST
SAPHRIS	3	
<i>seconal sodium</i>	1	
<i>sertraline</i>	1	
SILENOR	3	ST
SUNOSI	2	
SYMBYAX	3	
<i>temazepam</i>	3	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TOFRANIL	3	
TRANXENE T-TAB	3	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	PA; ST
<i>venlafaxine</i>	1	
VERSACLOZ	3	
VIIBRYD	2	PA; ST
VRAYLAR	3	
VYVANSE	2	ST
WELLBUTRIN XL	3	ST
XYREM	5	PA; ST; LA
<i>zaleplon</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	ST

Drug Name	Tier	Requirements / Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	ST
<i>ziprasidone hcl</i>	1	
<i>zolpidem</i>	1	
ZOLPIMIST	3	ST
ZULRESSO	5	ST
ZYPREXA	3	
ZYPREXA ZYDIS	3	
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	3	
NORPACE CR	3	
<i>pacerone</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL SR	3	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
SOTYLIZE	2	

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Drug Name	Tier	Requirements / Limits
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ADALAT CC	3	ST
ALDACTAZIDE	3	
ALDACTONE	3	
<i>aliskiren</i>	1	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazyd</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
BYSTOLIC	2	ST

Drug Name	Tier	Requirements / Limits
CALAN	3	ST
CALAN SR	3	ST
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDURA	3	ST
CARDURA XL	3	ST
CAROSPIR	3	ST
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</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	
COREG CR	3	ST
CORGARD	3	ST
DEMSER	2	ST
DIBENZYLINE	3	ST
<i>diltiazem</i>	1	
<i>dilt-xr</i>	1	
DIURIL	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	Tier	Requirements / Limits
<i>doxazosin</i>	1	
DYAZIDE	3	
DYRENIUM	3	
EDARBI	2	ST
EDARBYCLOR	2	ST
EDECIN	3	
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol (glycine)</i>	4	ST
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
FLOLAN	5	ST
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide</i>	1	
<i>guanfacine</i>	1	
HEMANGEOL	6	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
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	Tier	Requirements / Limits
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR	3	ST
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN	3	
LOTENSIN HCT	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyclothiazide</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate</i>	1	
MICROZIDE	3	
MINIPRESS	3	
<i>minoxidil</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>nicardipine</i>	1	
<i>nifedipine oral capsule</i>	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	Tier	Requirements / Limits
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	6	ST
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	ST
<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	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	5	ST
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	

Drug Name	Tier	Requirements / Limits
SULAR	3	ST
TARKA	3	
<i>taztia xt</i>	1	
TEKTURNA	2	
TEKTURNA HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	ST
TENORETIC 50	3	ST
TENORMIN	3	ST
<i>terazosin</i>	1	
TIAZAC	3	
<i>timolol maleate</i>	1	
TOPROL XL	3	ST
<i>torse mide</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	ST
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
TWYNSTA	3	ST
UPTRAVI	5	ST; LA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>veletri</i>	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	Tier	Requirements / Limits
<i>verapamil</i>	1	
VERELAN	3	ST
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin</i>	1	
LANOXIN	3	
COAGULATION THERAPY		
ADVATE	5	PA; ST
ADYNOVATE	5	PA; ST
AFSTYLA	5	PA; ST
AGGRENOX	3	
ALPHANATE	5	ST
ALPHANINE SD	5	ST
ALPROLIX	5	PA; ST
AMICAR ORAL SOLUTION	2	
AMICAR ORAL TABLET	3	
<i>aminocaproic acid</i>	1	
ARIXTRA	6	PA
<i>aspirin-dipyridamole</i>	1	
BENEFIX	5	PA; ST
BEVYXXA	3	QL
BRILINTA	2	
CABLIVI	5	PA; LA
CEPROTIN (BLUE BAR)	5	PA

Drug Name	Tier	Requirements / Limits
CEPROTIN (GREEN BAR)	5	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
COAGADEX	5	PA
CORIFACT	5	
COUMADIN	3	
<i>dipyridamole</i>	1	
DOPTELET (15 TAB PACK)	5	PA; LA; QL
EFFIENT	3	
ELIQUIS	2	PA
ELOCTATE	5	PA; ST
<i>enoxaparin</i>	4	PA
FEIBA NF	5	
FIBRYGA	6	
<i>fondaparinux</i>	4	PA
FRAGMIN	5	PA
HELIXATE FS	5	PA; ST
HEMLIBRA	5	PA; ST
HEMOFIL M HIGH	5	ST
HEMOFIL M LOW	5	ST
HEMOFIL M MID	5	ST
HEMOFIL M SUPER HIGH	5	ST
<i>hep flush-10 (pf)</i>	1	PA
<i>heparin (porcine)</i>	1	PA
HEPARIN (PORCINE) IN 0.9% NAACL	3	PA
<i>heparin (porcine) in 5 % dex</i>	1	PA

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

Drug Name	Tier	Requirements / Limits
<i>heparin (porcine) in nacl (pf)</i>	1	PA
<i>heparin flush(porcine)-0.9nacl</i>	1	PA
<i>heparin lock flush</i>	1	PA
<i>heparin lock flush (porcine)</i>	1	PA
<i>heparin lockflush(porcine)(pf)</i>	1	PA
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	PA
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	PA
<i>heparin, porcine (pf) injection</i>	1	PA
<i>heparin, porcine (pf) intravenous</i>	1	PA
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	PA
HUMATE-P	5	ST
IDELVION	6	PA; ST
IXINITY	5	PA; ST
<i>jantoven</i>	1	
JIVI	5	PA; ST
KOATE	6	ST
KOGENATE FS	5	PA; ST
KOVALTRY	5	PA; ST

Drug Name	Tier	Requirements / Limits
MEPHYTON	3	PA; QL
MONONINE	5	ST
NOVOEIGHT	5	PA; ST
NOVOSEVEN RT	5	PA
NPLATE	5	PA
OBIZUR	5	
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	PA
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	PA
<i>phytonadione (vitamin k1) oral</i>	1	PA; QL
<i>prasugrel</i>	1	
PROFILNINE	5	ST
PROMACTA	5	PA; LA
REBINYN	6	PA; ST
RIASTAP	5	
RIXUBIS	6	PA; ST
TAVALISSE	6	PA; LA; QL
TRETTEN	5	PA
<i>vitamin k</i>	1	PA
<i>vitamin k1</i>	1	PA
VONVENDI	5	PA
<i>warfarin</i>	1	
WILATE	5	PA; ST
XARELTO	2	PA
ZONTIVITY	3	ST
LIPID/CHOLESTEROL LOWERING AGENTS		

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

Drug Name	Tier	Requirements / Limits
<i>amlodipine-atorvastatin</i>	1	
ANTARA	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	3	ST
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	ST
COLESTID FLAVORED	3	ST
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid</i>	1	
FIBRICOR	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	ACA
<i>gemfibrozil</i>	1	
JUXTAPID	5	ST; LA
LESCOL XL	3	ST

Drug Name	Tier	Requirements / Limits
LIPOFEN	2	
LIVALO	2	ST
LOPID	3	
<i>lovastatin</i>	1	ACA
LOVAZA	3	PA
<i>niacin</i>	1	
NIACOR	3	
NIASPAN EXTENDED-RELEASE	3	
<i>omega-3 acid ethyl esters</i>	1	PA
PRALUENT PEN	2	PA; ST
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	3	ST
QUESTRAN LIGHT	3	ST
REPATHA PUSHTRONEX	2	PA; ST
REPATHA SURECLICK	2	PA; ST
REPATHA SYRINGE	2	PA; ST
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
<i>triklo</i>	1	PA
VASCEPA	2	PA

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

Drug Name	Tier	Requirements / Limits
WELCHOL	3	ST
ZYPITAMAG	3	ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	ST
ENTRESTO	2	
RANEXA	3	
<i>ranolazine</i>	1	
VECAMYL	3	
VYNDAQEL	5	ST
NITRATES		
DILATRATE-SR	2	
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		

Drug Name	Tier	Requirements / Limits
<i>acitretin</i>	1	
ANALPRAM-HC	3	ST
<i>calcipotriene</i>	1	QL
<i>calcipotriene- betamethasone</i>	1	QL
<i>calcitrene</i>	1	QL
<i>calcitriol</i>	1	
COAL TAR	2	
COSENTYX	5	PA; ST
COSENTYX (2 SYRINGES)	5	PA; ST
COSENTYX PEN	5	PA; ST
COSENTYX PEN (2 PENS)	5	PA; ST
DOVONEX	3	QL
<i>drithocrema hp</i>	1	
ENSTILAR	2	QL
EPIFOAM	3	ST
<i>hydrocortisone- pramoxine</i>	1	
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
<i>selenium sulfide</i>	1	
SELRX	3	
SKYRIZI	5	PA; ST; QL
SORIATANE	3	
SORILUX	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	Tier	Requirements / Limits
STELARA INTRAVENOUS	6	PA; ST
STELARA SUBCUTANEOUS	5	PA; ST; QL
<i>sulfacetamide sodium</i>	1	
TACLONEX TOPICAL OINTMENT	3	QL
TACLONEX TOPICAL SUSPENSION	2	QL
TERSI FOAM	3	
TREMFYA	5	PA; ST
VECTICAL	3	
ZITHRANOL	3	
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
BENSAL HP	3	
INOVA 4-1	3	ST
INOVA 8-2	3	ST
KERALYT RX	3	
KERALYT SCALP COMPLETE	3	
PODOCON	3	
SALEX	3	
<i>salicylic acid</i>	1	
<i>salicylic acid er-ceramides</i>	1	
SALKERA	3	
<i>salvax</i>	1	

Drug Name	Tier	Requirements / Limits
SALVAX DUO PLUS	3	
ULTRASAL-ER	3	
VIRASAL	3	
XALIX	3	
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ	3	
<i>ammonium lactate</i>	1	
CARAC	2	
<i>cem-urea</i>	1	
CONDYLOX	3	
CORTANE-B	3	
<i>doxepin</i>	1	ST; QL
DUPIXENT	5	PA; ST; QL
EFUDEX	3	
ESKATA	3	
EUCRISA	3	ST; QL
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
HYDRO 35	3	
HYDRO 40	3	
<i>iodine-sodium iodide</i>	1	
IODOFLEX	3	
IODOSORB	3	
KERAFOAM	3	
KERALAC	3	
LEVULAN	3	
LOUTREX	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</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	Tier	Requirements / Limits
OXSORALEN ULTRA	3	
PANRETIN	3	
PICATO	2	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROMISEB	3	
PROTOPIC	3	ST; QL
<i>prudoxin</i>	1	ST; QL
QBREXZA	2	
QUTENZA	3	
REGRANEX	2	
<i>silver nitrate</i>	1	
<i>silver nitrate applicators</i>	1	
<i>tacrolimus</i>	1	ST; QL
TOLAK	3	
<i>umecta</i>	1	
URAMAXIN	3	
<i>urea</i>	1	
<i>urea nail stick</i>	1	
UTOPIC	3	
VALCHLOR	5	
VEREGEN	3	
<i>wintergreen oil</i>	1	
ZONALON	3	ST; QL
THERAPY FOR ACNE		
ABSORICA	3	
ACANYA	3	ST
ACZONE	3	ST
<i>adapalene topical cream</i>	1	

Drug Name	Tier	Requirements / Limits
<i>adapalene topical gel</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
ALTRENO	3	
<i>amneesteem</i>	1	
ATRALIN	3	
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	
AVITA TOPICAL GEL	3	
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZAACLIN	3	ST
BENZAACLIN PUMP	3	ST
BENZAMYCIN	3	ST
<i>benzepro</i>	1	
BENZEPRO (MICROSPHERES)	3	ST
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</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	Tier	Requirements / Limits
<i>bpo</i>	1	
<i>claravis</i>	1	
<i>cleansing wash</i>	1	
CLEOCIN T	3	ST; QL
CLINDACIN ETZ	3	ST
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
CLINDAGEL	3	ST
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	QL
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	ST
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
DIFFERIN	3	ST
DUAC	3	ST
EPIDUO	3	ST
EPIDUO FORTE	2	ST

Drug Name	Tier	Requirements / Limits
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST
FABIOR	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	
METROCREAM	3	ST
METROGEL	3	ST
METROLOTION	3	ST
<i>metronidazole</i>	1	
MIRVASO	2	ST
<i>myorisan</i>	1	
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
ONEXTON	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	
RETIN-A MICRO	3	

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Drug Name	Tier	Requirements / Limits
RETIN-A MICRO PUMP	3	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	2	ST
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur</i>	1	
<i>sulfacetamide sod-sulfur-urea</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA

Drug Name	Tier	Requirements / Limits
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
TRETIN-X	3	
TRETIN-X CREAM KIT	3	
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST
TOPICAL ANESTHETICS		
COCAINE	3	
<i>ethyl chloride</i>	1	
<i>glydo</i>	1	QL
GOPRELTO	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution</i>	1	
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch, medicated</i>	1	ST
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lta pre-attached</i>	1	
PLIAGLIS	3	ST; QL
SYNERA	3	
ZTLIDO	2	ST
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QL
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
CORTISPORIN	3	
<i>dermazene</i>	1	
<i>gentamicin</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	
KLARON	3	ST
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
SILVRSTAT	3	
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	

Drug Name	Tier	Requirements / Limits
VYtone	3	
XEPI	3	ST; QL
TOPICAL ANTIFUNGALS		
ALA-QUIN	3	
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	1	QL
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
ECOZA	3	QL
ERTACZO	3	QL
EXELDERM	3	QL
EXODERM	3	
EXTINA	3	QL

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Drug Name	Tier	Requirements / Limits
JUBLIA	3	ST
KERYDIN	3	ST
<i>ketoconazole</i>	1	QL
LOPROX	3	QL
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	
LOTRISONE	3	QL
LUZU	3	QL
MENTAX	3	QL
MICONAZOLE NITRATE-ZINC OX-PET	3	QL
<i>naftifine</i>	1	QL
NAFTIN	3	QL
NIZORAL	3	QL
<i>nyamyc</i>	1	
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	
<i>oxiconazole</i>	1	QL
OXISTAT	3	QL
PENLAC	3	ST
TRIACETIN	2	
TRIPLE DYE	3	
VUSION	3	QL
XOLEGEL	3	QL

Drug Name	Tier	Requirements / Limits
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	ST
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	2	ST
ZOVIRAX TOPICAL OINTMENT	3	ST
TOPICAL CORTICOSTEROIDS		
<i>ala-cort</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	
<i>apexicon e</i>	1	
AQUA GLYCOLIC HC	3	ST
<i>baser</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol</i>	1	QL
<i>clobetasol-emollient</i>	1	QL
CLOBEX	3	ST; QL
<i>clodan</i>	1	QL
CLODAN KIT	3	ST
CLODERM	3	ST
CORDRAN	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	Tier	Requirements / Limits
CORDRAN TAPE LARGE ROLL	3	ST
<i>cormax</i>	1	QL
CUTIVATE	3	ST
DERMA- SMOOTHE/FS BODY OIL	3	ST
DERMA- SMOOTHE/FS SCALP OIL	3	ST
DERMATOP	3	ST
DESONATE	3	ST
<i>desonide</i>	1	
DESOWEN	3	ST
<i>desoximetasone</i>	1	
<i>diflorasone</i>	1	ST; QL
DIPROLENE	3	ST
DUOBRII	3	
ELOCON	3	ST
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>flurandrenolide</i>	1	QL
<i>fluticasone propionate</i>	1	
<i>halcinonide</i>	1	
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST

Drug Name	Tier	Requirements / Limits
<i>halobetasol propionate topical ointment</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	
IMPOYZ	3	ST; QL
KENALOG	3	ST; QL
LEXETTE	3	ST
LOCOID	3	ST
LOCOID LIPOCREAM	3	ST
LUXIQ	3	ST
<i>mometasone</i>	1	
<i>nolix</i>	1	QL
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT	3	ST
PSORCON	3	ST; QL
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST

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Drug Name	Tier	Requirements / Limits
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE	3	ST; QL
TEXACORT	3	ST
TOPICORT	3	ST
<i>triamcinolone acetonide topical aerosol</i>	1	QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	
TRIDESILON	3	ST
ULTRAVATE	3	ST
TOPICAL ENZYMES		
SANTYL	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>lindane</i>	1	
<i>malathion</i>	1	
NATROBA	3	
OVIDE	3	
<i>permethrin</i>	1	

Drug Name	Tier	Requirements / Limits
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
SAXENDA	3	PA
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's</i>	1	
SORBITOL	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
VASHE WOUND THERAPY	3	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
AGRYLIN	3	
<i>alendronate</i>	1	
<i>anagrelide</i>	1	
ANTABUSE	3	
<i>aqua care sodium chloride</i>	1	
<i>aqua care sterile water</i>	1	
ARALAST NP	5	PA; ST; 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	Tier	Requirements / Limits
BUPHENYL	3	
<i>caffeine citrate</i>	1	
CARBAGLU	5	LA
CARNITOR	3	
CARNITOR (SUGAR-FREE)	3	
<i>cevimeline</i>	1	
CHEMET	2	ST
<i>deferasirox</i>	4	PA; ST
<i>disulfiram</i>	1	
ENDARI	6	ST
<i>etidronate disodium</i>	1	
EVOXAC	3	
FERRIPROX	5	ST
GLASSIA	5	PA; ST; LA
GLEOLAN	3	
INCRELEX	5	PA; LA
INFASURF	3	
<i>levocarnitine</i>	1	
<i>levocarnitine (with sugar)</i>	1	
LIPOCHOL PLUS	3	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
NITYR	5	PA; LA
NORTHERA	6	ST
<i>pilocarpine hcl</i>	1	
PROLASTIN-C	5	PA; ST; LA
RADIOGARDASE	3	
RAVICTI	5	
RECLAST	6	PA

Drug Name	Tier	Requirements / Limits
REVCovi	5	ST
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate</i>	1	
SALAGEN (PILOCARPINE)	3	
<i>sodium chloride 0.9 %</i>	1	PA
<i>sodium chloride 0.9 % (flush)</i>	1	PA
<i>sodium chloride injection</i>	1	PA
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	
SOLIRIS	5	ST
SURVANTA	3	
SYPRINE	3	ST
THIOLA	6	
TIGLUTIK	3	PA
<i>trientine</i>	1	ST
ULTOMIRIS	6	ST
<i>water for irrigation, sterile</i>	1	
XURIDEN	5	
ZEMAIRA	5	PA; ST; LA
<i>zoledronic acid-mannitol-water</i>	4	PA
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA
CHANTIX	2	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	Tier	Requirements / Limits
CHANTIX CONTINUING MONTH BOX	2	ACA
CHANTIX STARTING MONTH BOX	2	ACA
NICODERM CQ	2	ACA; OTC
<i>nicorelief</i>	1	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	2	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	2	ACA; OTC
<i>nicotine</i>	1	ACA; OTC
<i>nicotine (polacrilex)</i>	1	ACA; OTC
NICOTROL	3	ACA
NICOTROL NS	3	ACA
<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		
ALZAIR	3	
ARESTIN	6	
<i>azelastine nasal aerosol, spray</i>	1	QL
<i>azelastine nasal spray, non-aerosol</i>	1	

Drug Name	Tier	Requirements / Limits
DEBACTEROL	3	
EPISIL	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
<i>pilocarpine hcl</i>	1	
PROTHELIAL	6	
SALAGEN (PILOCARPINE)	3	
<i>triamcinolone acetonide</i>	1	
TYZINE	3	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	
OTIPRIO	3	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	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	Tier	Requirements / Limits
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	6	PA
CORTEF	3	
<i>cortisone</i>	1	
<i>decadron</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets, dose pack</i>	1	ST
DEXPAK 10 DAY	3	ST
DEXPAK 13 DAY	3	ST
DEXPAK 6 DAY	3	ST
DXEVO	3	ST
<i>fludrocortisone</i>	1	
<i>hidex</i>	1	ST
<i>hydrocortisone</i>	1	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
ORAPRED ODT	3	

Drug Name	Tier	Requirements / Limits
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	ST
TAPERDEX	3	ST
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		
FREESTYLE INSULINX	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE TEST	2	OTC
ONETOUCH ULTRA BLUE TEST STRIP	2	OTC
ONETOUCH VERIO	2	OTC
PRECISION XTRA TEST	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		

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

Drug Name	Tier	Requirements / Limits
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	PA
GLUCAGON HCL	3	PA
INSPIRACHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	

Drug Name	Tier	Requirements / Limits
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	PA
GLUCAGON EMERGENCY KIT (HUMAN)	2	PA
PROGLYCEM	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK COMPACT PLUS CONTROL	3	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVOCATE LOW CONTROL	3	OTC
ADVOCATE REDI-CODE+ CTRL LOW	3	OTC
AGAMATRIX CONTROL HIGH	3	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	Tier	Requirements / Limits
ASSURE DOSE NORMAL CONTROL	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN	3	OTC
AT HOME A1C	3	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET	2	OTC
BD SPECIALTY USE NEEDLES	2	
BD ULTRA FINE LANCETS	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
BLOOD GLUCOSE CONTROL, NORMAL	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC
CARESENS CONTROL A NORMAL	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
CONTOUR CONTROL SOLUTION, NML	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
COOL CONTROL A SOLUTION	3	OTC

Drug Name	Tier	Requirements / Limits
DIATRUE CONTROL SOLN NORMAL	3	OTC
EASY PLUS II HIGH CONTROL	3	OTC
EASY STEP HIGH CONTROL SOLN	3	OTC
EASY TALK HIGH CONTROL	3	OTC
EASY TRAK LOW CONTROL	3	OTC
EASYGLUCO PLUS NORMAL CONTROL	3	OTC
EASYMAX LOW CONTROL	3	OTC
EASYMAX NORMAL CONTROL	3	OTC
ECLIPSE NEEDLE	3	
ELEMENT COMPACT NORMAL CONTROL	3	OTC
ELEMENT NORMAL CONTROL	3	OTC
EMBRACE EVO LEVEL 1	3	OTC
EMBRACE GLUCOSE CONTROL LOW	3	OTC
EMBRACE TALK CONTROL-LOW (L1)	3	OTC
EVOLUTION NORMAL 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	Tier	Requirements / Limits
FORA GTEL MULTI-FUNCTN MONITOR	3	OTC
FORA NORMAL CONTROL	3	OTC
FORACARE GDH LOW CONTROL	3	OTC
FORTISCARE NORMAL	3	OTC
FREESTYLE CONTROL	2	OTC
GE100 CONTROL SOLUTION NORMAL	3	OTC
GENTEEL VACUUM LANCING DEVICE	3	OTC
GLUCOCARD 01 NORMAL CONTROL	3	OTC
GLUCOCOM CONTROL NORMAL	3	OTC
GLUCOSE CONTROL	3	OTC
HEALTHPRO HIGH-LOW CONTROL	3	OTC
INFINITY CONTROL SOLUTION NORM	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2	3	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE	2	OTC

Drug Name	Tier	Requirements / Limits
MEDISENSE GLUCOSE KETONE	2	OTC
MYGLUCOHEALT H CONTROL SOLUTION	3	OTC
NOVA MAX GLUCOSE CONTROL	3	OTC
NOVAMAX PLUS GLU-KET	3	OTC
ON CALL EXPRESS CONTROL	3	OTC
ON CALL PLUS CONTROL	3	OTC
ON CALL VIVID CONTROL	3	OTC
ONETOUCH ULTRA CONTROL	2	OTC
PEN NEEDLE, DIABETIC	3	OTC
PRODIGY CONTROL SOLUTION, LOW	3	OTC
PRODIGY CONTROL SOLUTION,HIGH	3	OTC
REFUAH PLUS GLUCOSE CONTROL	3	OTC
RIGHTEST CONTROL SOLUTION HIGH	3	OTC
SAFE-CLIP BY MAIL	2	OTC
SMARTEST 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	Tier	Requirements / Limits
SOLUS V2 CONTROL SOLUTION,HIGH	3	OTC
TELCARE CONTROL	3	OTC
TRUE METRIX LEVEL 1	3	OTC
TRUECONTROL LEVEL 0	3	OTC
UNISTRIP LOW CONTROL	3	OTC
VERASENS CONTROL SOLN-LEVEL 1	3	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIVAGUARD INO CONTROL SOLUTION	3	OTC
WAVESENSE CONTROL SOLUTION	3	OTC
INSULIN THERAPY		
AFREZZA	3	PA
BASAGLAR KWIKPEN U-100 INSULIN	3	PA
HUMALOG JUNIOR KWIKPEN U-100	2	PA
HUMALOG KWIKPEN INSULIN	2	PA
HUMALOG MIX 50-50 INSULN U-100	2	PA

Drug Name	Tier	Requirements / Limits
HUMALOG MIX 50-50 KWIKPEN	2	PA
HUMALOG MIX 75-25 KWIKPEN	2	PA
HUMALOG MIX 75-25(U-100)INSULN	2	PA
HUMALOG U-100 INSULIN	2	PA
HUMULIN 70/30 U-100 INSULIN	2	PA
HUMULIN 70/30 U-100 KWIKPEN	2	PA
HUMULIN N NPH INSULIN KWIKPEN	2	PA
HUMULIN N NPH U-100 INSULIN	2	PA
HUMULIN R REGULAR U-100 INSULN	2	PA
HUMULIN R U-500 (CONC) INSULIN	2	PA
HUMULIN R U-500 (CONC) KWIKPEN	2	PA
LANTUS SOLOSTAR U-100 INSULIN	2	PA
LANTUS U-100 INSULIN	2	PA
LEVEMIR FLEXTOUCH U-100 INSULN	2	PA
LEVEMIR U-100 INSULIN	2	PA
SOLIQUA 100/33	2	PA
TOUJEO MAX U-300 SOLOSTAR	2	PA

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

Drug Name	Tier	Requirements / Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	PA
TRESIBA FLEXTOUCH U-100	2	PA
TRESIBA FLEXTOUCH U-200	2	PA
TRESIBA U-100 INSULIN	2	PA
XULTOPHY 100/3.6	2	PA
MISCELLANEOUS HORMONES		
ALDURAZYME	5	
ANADROL-50	3	
ANDRODERM	2	PA
ANDROGEL	3	PA
ANDROID	3	PA; ST
AVEED	6	PA; LA
BRINEURA	5	
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol</i>	1	PA
CERDELGA	5	ST
CEREZYME	5	ST
<i>cinacalcet</i>	1	PA; ST
CRYSVITA	5	ST; QL
<i>danazol</i>	1	
DDAVP NASAL SOLUTION	2	PA
DDAVP NASAL SPRAY WITH PUMP	3	PA
DDAVP ORAL	3	PA

Drug Name	Tier	Requirements / Limits
DEPO-TESTOSTERONE	3	PA
<i>desmopressin</i>	1	PA
<i>doxercalciferol</i>	1	ST
ELAPRASE	5	
ELELYSO	6	ST
FABRAZYME	5	
FORTESTA	3	PA
GALAFOLD	6	ST; LA; QL
JYNARQUE	6	PA; LA; QL
KANUMA	5	
KORLYM	6	PA
KUVAN	5	PA
LUMIZYME	5	
MEPSEVII	5	
METHITEST	2	PA
<i>methyltestosterone</i>	1	PA
MIACALCIN	2	PA
<i>miglustat</i>	4	ST; LA
MYALEPT	5	PA; ST; LA
NAGLAZYME	5	LA
NATESTO	3	PA
NATPARA	5	PA; ST; LA
NOCDURNA (MEN)	3	ST; QL
NOCDURNA (WOMEN)	3	ST; QL
ORILISSA	2	PA; ST; QL
OXANDRIN	3	
<i>oxandrolone</i>	1	
PALYNZIQ	5	PA; LA; QL
<i>paricalcitol intravenous</i>	1	PA

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

Drug Name	Tier	Requirements / Limits
<i>paricalcitol oral</i>	1	ST
RAYALDEE	3	ST
SAMSCA	5	PA
SENSIPAR	3	PA; ST
SOMAVERT	5	PA
STIMATE	5	PA
STRENSIQ	5	PA; ST; LA
STRIANT	3	PA
SYNAREL	2	
TESTOPEL	6	PA
<i>testosterone</i>	1	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
TESTRED	3	PA; ST
VIMIZIM	5	
VOGELXO	3	PA
VPRIV	6	ST
XYOSTED	3	PA
ZEMPLAR INTRAVENOUS	3	PA
ZEMPLAR ORAL	3	ST
<i>zoledronic acid</i>	4	
<i>zoledronic acid-mannitol-water</i>	4	
ZOLEDRONIC AC-MANNITOL-0.9NACL	6	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	ST

Drug Name	Tier	Requirements / Limits
ACTOPLUS MET XR	3	ST
ACTOS	3	ST
AMARYL	3	
AVANDIA	3	ST
BYDUREON	2	PA; ST
BYDUREON BCISE	2	PA; ST
BYETTA	2	PA; ST
CYCLOSET	3	
DUETACT	3	ST
FARXIGA	2	ST
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	2	ST
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	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	Tier	Requirements / Limits
JENTADUETO XR	2	ST
METFORMIN ORAL SOLUTION	3	ST
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OSENI	3	ST
OZEMPIC	2	PA; ST
<i>pioglitazone</i>	1	
<i>pioglitazone-glimepiride</i>	1	
<i>pioglitazone-metformin</i>	1	
PRANDIN	3	
PRECOSE	3	
QTERN	3	ST
<i>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	
RIOMET	3	ST
SEGLUROMET	2	ST
STARLIX	3	
STEGLATRO	2	ST
STEGLUJAN	3	ST
SYMLINPEN 120	2	PA; ST
SYMLINPEN 60	2	PA; ST
SYNJARDY	2	ST
SYNJARDY XR	2	ST
<i>tolazamide</i>	1	

Drug Name	Tier	Requirements / Limits
<i>tolbutamide</i>	1	
TRADJENTA	2	PA; ST
TRULICITY	2	PA; ST
XIGDUO XR	2	ST
THYROID HORMONES		
ARMOUR THYROID	2	
EUTHYROX	3	
LEVO-T	3	
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine</i>	1	
<i>nature-throid</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>thyroid (pork)</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	
<i>westhroid</i>	1	
WP THYROID	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</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	Tier	Requirements / Limits
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL	3	
<i>ed-spaz</i>	1	
GLYCATE	3	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>loperamide</i>	1	
<i>methscopolamine</i>	3	
MOTOFEN	3	
MYTESI	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>paregoric</i>	1	
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
<i>propantheline</i>	3	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	

Drug Name	Tier	Requirements / Limits
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	
<i>alophen</i>	1	ACA; OTC
<i>alose tron</i>	1	
ANA-LEX KIT	3	
ANALPRAM-HC	3	
ANALPRAM-HC SINGLES	3	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	2	
AURYXIA	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>bisacodyl</i>	1	ACA; OTC
<i>bisa-lax</i>	1	ACA; OTC
<i>budesonide</i>	1	
<i>calcium acetate</i>	1	
CANASA	3	
CESAMET	3	QL
CHENODAL	5	PA; LA
CHOLBAM	5	ST
<i>citrate of magnesia</i>	1	ACA; OTC
<i>citroma</i>	1	ACA; OTC
<i>clearlax</i>	1	ACA; OTC
CLENPIQ	2	ACA
COLAZAL	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	Tier	Requirements / Limits
COMPAZINE	3	
<i>compro</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn</i>	1	
CYSTADANE	5	
<i>dronabinol</i>	1	ST
<i>ducodyl</i>	1	ACA; OTC
ENTEREG	3	
ENTOCORT EC	3	
ENTYVIO	5	ST
<i>enulose</i>	1	
<i>fleet laxative</i>	1	ACA; OTC
GASTROCROM	3	
GATTEX 30-VIAL	6	PA
<i>gavilax</i>	1	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative</i>	1	ACA; OTC
<i>gentlelax</i>	1	ACA; OTC
GIALAX	3	ACA
<i>glycolax</i>	1	ACA; OTC
GOLYTELY	3	ACA
<i>granisetron hcl</i>	1	QL
<i>healthylax</i>	1	ACA; OTC
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	

Drug Name	Tier	Requirements / Limits
<i>hydrocortisone-pramoxine</i>	1	
INFLECTRA	6	PA; ST
<i>lactulose</i>	1	
<i>lanthanum</i>	1	
<i>laxaclear</i>	1	ACA; OTC
<i>laxative (bisacodyl)</i>	1	ACA; OTC
<i>laxative feminine</i>	1	ACA; OTC
<i>laxative peg 3350</i>	1	ACA; OTC
LIALDA	3	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL
LOKELMA	2	QL
LOTRONEX	3	
<i>magnesium citrate</i>	1	ACA; OTC
MARINOL	3	ST
<i>meclizine</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl</i>	1	
MICORT-HC	3	ST
<i>milk of magnesia</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	Tier	Requirements / Limits
<i>milk of magnesia concentrated</i>	1	ACA; OTC
<i>miralax</i>	1	ACA; OTC
MOTEGRITY	3	QL
MOVANTIK	2	QL
MOVIPREP	3	ACA
<i>natura-lax</i>	1	ACA; OTC
OICALIVA	5	PA; LA
<i>ondansetron</i>	1	QL
<i>ondansetron hcl</i>	1	QL
<i>oral saline laxative</i>	1	ACA; OTC
OSMOPREP	3	ACA
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
<i>peg-prep</i>	1	ACA
PENTASA	2	
PHOSLYRA	2	
<i>phosphate laxative</i>	1	ACA; OTC
PLENVU	3	ACA
<i>polyethylene glycol 3350</i>	1	ACA; OTC
<i>powderlax</i>	1	ACA; OTC
PREPOPIK	2	ACA
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT	3	ST
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	

Drug Name	Tier	Requirements / Limits
<i>proctozone-hc</i>	1	
<i>purelax</i>	1	ACA; OTC
RECTIV	2	
REGLAN	3	
RELISTOR	2	PA; ST
REMICADE	5	PA; ST
RENFLEXIS	6	PA; ST
RENVELA	3	
ROWASA	3	
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
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	6	
<i>sps (with sorbitol)</i>	1	
SUCRAID	5	
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	2	ACA
SYMPROIC	2	
SYNDROS	3	ST
TIGAN	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	Tier	Requirements / Limits
TRANSDERM-SCOP	3	
<i>trilyte with flavor packets</i>	1	ACA
<i>trimethobenzamide</i>	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI	2	QL
VELPHORO	2	
VIBERZI	2	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	1	ACA; OTC
<i>women's laxative (bisacodyl)</i>	1	ACA; OTC
ZENPEP	2	
ZOFRAN	3	QL
ZUPLENZ	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	1	
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
CYTOTEC	3	
DEXILANT	3	ST

Drug Name	Tier	Requirements / Limits
<i>esomeprazole magnesium</i>	1	
ESOMEPRAZOLE STRONTIUM	3	ST
<i>famotidine</i>	1	
<i>lansoprazole</i>	1	
<i>misoprostol</i>	1	
NEXIUM	3	ST
NEXIUM PACKET	2	ST
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	
<i>omeprazole</i>	1	
<i>pantoprazole</i>	1	
PEPCID	3	
PYLERA	2	
<i>rabeprazole</i>	1	
<i>ranitidine hcl</i>	1	
<i>sucralfate</i>	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA	6	PA; ST; QL
LEUKINE	5	PA
MACRILEN	6	QL
MOZOBIL	5	PA
NEULASTA	5	PA; ST; QL
NIVESTYM	5	PA; ST
PROCRIT	5	PA
RETACRIT	5	PA; ST
UDENYCA	5	PA; ST; QL
ZARXIO	5	PA; 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	Tier	Requirements / Limits
GROWTH HORMONES		
EGRIFTA	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
NORDITROPIN FLEXPRO	5	PA
SEROSTIM	5	PA
ZORBTIVE	6	PA
INTERFERONS		
AVONEX	5	PA; ST; QL
AVONEX (WITH ALBUMIN)	5	PA; ST; QL
BETASERON	5	PA; ST; QL
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	6	PA; ST; QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; ST; QL
GILENYA	5	PA; ST
<i>glatiramer</i>	4	PA; ST; QL
<i>glatopa</i>	4	PA; ST; QL
LEMTRADA	6	ST
MAVENCLAD (10 TABLET PACK)	6	ST; LA; QL
MAVENCLAD (4 TABLET PACK)	6	ST; LA; QL
MAVENCLAD (5 TABLET PACK)	6	ST; LA; QL
MAVENCLAD (6 TABLET PACK)	6	ST; LA; QL
MAVENCLAD (7 TABLET PACK)	6	ST; LA; QL

Drug Name	Tier	Requirements / Limits
MAVENCLAD (8 TABLET PACK)	6	ST; LA; QL
MAVENCLAD (9 TABLET PACK)	6	ST; LA; QL
MAYZENT	5	ST; QL
OCREVUS	5	ST
PEGASYS	5	PA; QL
PEGASYS PROCLICK	5	PA; QL
PEGINTRON	6	PA; QL
PLEGRIDY	5	PA; ST; QL
POMALYST	5	PA; ST; LA
REBIF (WITH ALBUMIN)	5	PA; ST; QL
REBIF REBIDOSE	5	PA; ST; QL
REBIF TITRATION PACK	5	PA; ST; QL
REVLIMID	5	PA; LA
<i>ribasphere</i>	4	PA; ST
<i>ribasphere ribapak</i>	4	PA; ST
<i>ribavirin</i>	4	PA; ST
SYLATRON	5	PA
TECFIDERA	5	PA; ST
INTERLEUKINS		
ACTIMMUNE	5	PA
ALDARA	3	
ALFERON N	2	PA
ARCALYST	6	PA; ST
ILARIS (PF)	5	PA; LA
<i>imiquimod</i>	1	
INTRON A	5	PA
PROLEUKIN	5	PA

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

Drug Name	Tier	Requirements / Limits
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	ACA
AFLURIA QD 2019-20(3YR UP)(PF)	2	ACA
AFLURIA QD 2019-20(6-35MO)(PF)	2	ACA
AFLURIA QUAD 2019-20(6MO UP)	2	ACA
BCG VACCINE, LIVE (PF)	2	ACA
BEXSERO	2	ACA
BIOTHRAX	2	ACA
BIVIGAM	6	PA
BOOSTRIX TDAP	2	ACA
BOTOX	5	PA
CUTAQUIG	6	PA
CUVITRU	6	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	2	ACA
DYSPORT	6	PA
ENGERIX-B (PF)	2	ACA
ENGERIX-B PEDIATRIC (PF)	2	ACA
FLEBOGAMMA DIF	6	PA
FLUAD 2019-2020 (65 YR UP)(PF)	2	ACA
FLUARIX QUAD 2019-2020 (PF)	2	ACA

Drug Name	Tier	Requirements / Limits
FLUBLOK QUAD 2019-2020 (PF)	2	ACA
FLUCELVAX QUAD 2019-2020	2	ACA
FLUCELVAX QUAD 2019-2020 (PF)	2	ACA
FLULAVAL QUAD 2019-2020	2	ACA
FLULAVAL QUAD 2019-2020 (PF)	2	ACA
FLUMIST QUAD 2019-2020	3	ACA
FLUZONE HIGH-DOSE 2019-20 (PF)	2	ACA
FLUZONE QUAD 2019-2020	2	ACA
FLUZONE QUAD 2019-2020 (PF)	2	ACA
FLUZONE QUAD PEDI 2019-20 (PF)	2	ACA
GAMASTAN	5	
GAMASTAN S/D	5	
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA
GAMMAKED	6	PA
GAMMAPLEX	6	PA
GAMMAPLEX (WITH SORBITOL)	6	PA
GAMUNEX-C	5	PA
GARDASIL 9 (PF)	2	ACA
GRASTEK	2	ST
HAVRIX (PF)	2	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	Tier	Requirements / Limits
HEPLISAV-B (PF)	3	
HIBERIX (PF)	2	ACA
HIZENTRA	5	PA
HYQVIA	6	PA
IMOVAX RABIES VACCINE (PF)	2	ACA
INFANRIX (DTAP) (PF)	2	ACA
IPOL	2	ACA
IXIARO (PF)	2	ACA
KINRIX (PF)	3	ACA
MENACTRA (PF)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF)	3	ACA
M-M-R II (PF)	2	ACA
MYOBLOC	5	PA
OCTAGAM	6	PA
ODACTRA	2	ST
ORALAIR	5	ST
PANZYGA	6	PA
PEDIARIX (PF)	2	ACA
PEDVAX HIB (PF)	2	ACA
PENTACEL (PF)	2	ACA
PENTACEL ACTHIB COMPONENT (PF)	2	ACA
PNEUMOVAX 23	2	ACA
PREVNAR 13 (PF)	2	ACA
PRIVIGEN	5	PA
PROQUAD (PF)	2	ACA
PROVENGE	5	
QUADRACEL (PF)	2	ACA
RABAVERT (PF)	2	ACA

Drug Name	Tier	Requirements / Limits
RAGWITEK	2	ST
RECOMBIVAX HB (PF)	2	ACA
ROTARIX	3	ACA
ROTATEQ VACCINE	2	ACA
SHINGRIX (PF)	2	ACA
STAMARIL (PF)	2	ACA
TDVAX	2	ACA
TENIVAC (PF)	3	ACA
TETANUS,DIPHTHERIA TOX PED(PF)	2	ACA
TRUMENBA	2	ACA
TWINRIX (PF)	2	ACA
TYPHIM VI	2	ACA
VAQTA (PF)	3	ACA
VARIVAX (PF)	2	ACA
VARIZIG	2	ACA
VAXCHORA VACCINE	2	ACA
VIVOTIF	2	ACA
XEOMIN	6	PA
YF-VAX (PF)	2	ACA
ZOSTAVAX (PF)	3	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
COLCRYS	2	
<i>febuxostat</i>	1	ST
KRYSTEXXA	5	PA
MITIGARE	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	Tier	Requirements / Limits
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	3	ST
ZYLOPRIM	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
ACTONEL ORAL TABLET 5 MG	3	ST
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL
AELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA INTRAVENOUS	6	PA
BONIVA ORAL	3	ST; QL
EVISTA	3	
FORTEO	5	PA; ST; QL
FOSAMAX	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate intravenous</i>	4	PA
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg</i>	1	QL
<i>risedronate oral tablet 5 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TYMLOS	5	PA; ST
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; ST
ACTEMRA ACTPEN	5	PA; ST
ARAVA	3	
BENLYSTA INTRAVENOUS	5	
BENLYSTA SUBCUTANEOUS	5	PA; ST; QL
DEPEN TITRATABS	2	ST
D-PENAMINE	2	ST
ENBREL	5	PA; ST; QL
ENBREL MINI	5	PA; ST; QL
ENBREL SURECLICK	5	PA; ST; QL
HUMIRA	5	PA; ST; QL
HUMIRA PEDIATRIC CROHNS START	5	PA; ST; QL
HUMIRA PEN	5	PA; ST; QL
HUMIRA PEN CROHNS-UC-HS START	5	PA; ST; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS	5	PA; ST; QL
HUMIRA(CF)	5	PA; ST; QL
HUMIRA(CF) PEDI CROHNS STARTER	5	PA; ST; QL
HUMIRA(CF) PEN	5	PA; 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	Tier	Requirements / Limits
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; ST; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; ST; QL
KEVZARA	6	PA; ST; QL
<i>leflunomide</i>	1	
OTEZLA	5	PA; ST
OTEZLA STARTER	5	PA; ST
OTREXUP (PF)	2	PA; ST
<i>penicillamine</i>	1	ST
RASUVO (PF)	2	PA; ST
RIDAURA	2	
RINVOQ ER	5	ST
SAVELLA	2	ST
SIMPONI	5	PA; ST; QL
SIMPONI ARIA	6	PA; ST
XELJANZ	5	ST; QL
XELJANZ XR	5	ST; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	3	ACA
FC2 FEMALE CONDOM	2	ACA; OTC
FEMCAP	2	ACA
WIDE-SEAL DIAPHRAGM	3	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	3	
ALORA	3	QL

Drug Name	Tier	Requirements / Limits
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
BIJUVA	3	
<i>camila</i>	1	ACA
CLIMARA	3	QL
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE	2	
<i>deblitane</i>	1	ACA
DELESTROGEN	3	PA
DEPO-ESTRADIOL	2	PA
DEPO-PROVERA	3	ACA; QL
DEPO-SUBQ PROVERA 104	3	QL
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)	2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.75 MG/0.75 GRAM (0.1%)	2	QL
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	
<i>errin</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	Tier	Requirements / Limits
ESTRACE	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	PA
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	
FEMHRT LOW DOSE	3	
<i>fyavolv</i>	1	
<i>heather</i>	1	ACA
<i>hydroxyprogest(pf)(p reg presv)</i>	4	PA
<i>hydroxyprogesterone cap(ppres)</i>	4	PA
<i>hydroxyprogesterone caproate</i>	1	
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	1	
<i>lopreeza</i>	1	
<i>lyza</i>	1	ACA
MAKENA	6	PA
MAKENA (PF)	6	PA

Drug Name	Tier	Requirements / Limits
<i>medroxyprogesterone intramuscular</i>	1	ACA; QL
<i>medroxyprogesterone oral</i>	1	
MENEST	3	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>mimvey lo</i>	1	
MINIVELLE	3	QL
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol</i>	1	
<i>norlyda</i>	1	ACA
<i>norlyroc</i>	1	ACA
ORTHO MICRONOR	3	ST; ACA
PREFEST	3	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	4	PA
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		

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

Drug Name	Tier	Requirements / Limits
ANNOVERA	3	
AVC VAGINAL	3	
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	1	ACA; OTC
INTRAROSA	3	PA
<i>isoxsuprine</i>	1	
LUPANETA PACK (1 MONTH)	5	PA
LUPANETA PACK (3 MONTH)	5	PA
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
NUVARING	2	ACA
NUVESSA	3	
OSPHENA	3	
PREPIDIL	3	
PROSTIN E2	3	
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	2	ACA; OTC
<i>tranexamic acid</i>	1	

Drug Name	Tier	Requirements / Limits
TRIMO-SAN JELLY	2	
<i>vaginal contraceptive foam</i>	1	ACA; OTC
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
AFTERA	3	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethia lo</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</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	Tier	Requirements / Limits
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
BALCOLTRA	3	ST
<i>balziva (28)</i>	1	ACA
<i>bekyree (28)</i>	1	ACA
BEYAZ	3	ST; ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>cyclafem 1/35 (28)</i>	1	ACA
<i>cyclafem 7/7/7 (28)</i>	1	ACA
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>delyla (28)</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>desogestrel-ethinyl estradiol</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	1	ACA; OTC
<i>econtra one-step</i>	1	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	3	ACA
<i>emoquette</i>	1	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
ESTROSTEP FE-28	3	ST; ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>fayosim</i>	1	ACA
<i>femynor</i>	1	ACA
GENERESS FE	3	ST; ACA
<i>gianvi (28)</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>introvale</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</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	Tier	Requirements / Limits
<i>kariva</i> (28)	1	ACA
<i>kelnor 1/35</i> (28)	1	ACA
<i>kelnor 1-50</i>	1	ACA
<i>kurvelo</i> (28)	1	ACA
<i>l norgest/e.estradiol-e.estrad</i>	1	ACA
<i>larin 1.5/30</i> (21)	1	ACA
<i>larin 1/20</i> (21)	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30</i> (28)	1	ACA
<i>larin fe 1/20</i> (28)	1	ACA
<i>larissia</i>	1	ACA
<i>layolis fe</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest</i> (28)	1	ACA
<i>levonorgestrel</i>	1	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
<i>lillow</i> (28)	1	ACA
LO LOESTRIN FE	2	ST
<i>loryna</i> (28)	1	ACA
LOSEASONIQUE	3	ST; ACA
<i>low-ogestrel</i> (28)	1	ACA
<i>lo-zumandimine</i> (28)	1	ACA
<i>lutra</i> (28)	1	ACA
<i>marlissa</i> (28)	1	ACA
<i>melodetta 24 fe</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>microgestin 1.5/30</i> (21)	1	ACA
<i>microgestin 1/20</i> (21)	1	ACA
<i>microgestin fe 1.5/30</i> (28)	1	ACA
<i>microgestin fe 1/20</i> (28)	1	ACA
<i>mili</i>	1	ACA
MIRCETTE (28)	3	ST; ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	1	ACA; OTC
<i>my way</i>	1	ACA; OTC
NATAZIA	3	ST
<i>necon 0.5/35</i> (28)	1	ACA
<i>new day</i>	1	ACA; OTC
<i>nikki</i> (28)	1	ACA
<i>noreth-ethinyl estradiol-iron</i>	1	ACA
<i>norethindrone ac-eth estradiol</i>	1	ACA
<i>norethindrone-e.estradiol-iron</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35</i> (28)	1	ACA
<i>nortrel 1/35</i> (21)	1	ACA
<i>nortrel 1/35</i> (28)	1	ACA
<i>nortrel 7/7/7</i> (28)	1	ACA
<i>ocella</i>	1	ACA
<i>ogestrel</i> (28)	1	ACA
<i>opcicon one-step</i>	1	ACA; OTC
<i>option-2</i>	1	ACA; OTC
<i>orsythia</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	Tier	Requirements / Limits
ORTHO-NOVUM 1/35 (28)	3	ST; ACA
ORTHO-NOVUM 7/7/7 (28)	3	ST; ACA
<i>philith</i>	1	ACA
<i>pimtrex</i> (28)	1	ACA
<i>pirmella</i>	1	ACA
PLAN B ONE-STEP	2	ACA; OTC
<i>portia</i> 28	1	ACA
<i>previfem</i>	1	ACA
QUARTETTE	3	ST; ACA
<i>reclipsen</i> (28)	1	ACA
<i>rivelsa</i>	1	ACA
SAFYRAL	3	ST; ACA
SEASONIQUE	3	ST; ACA
<i>setlakin</i>	1	ACA
<i>simliya</i> (28)	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec</i> (28)	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
TAKE ACTION	3	ACA; OTC
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20</i> (28)	1	ACA
TAYTULLA	2	ST
<i>tilia fe</i>	1	ACA
<i>tri femynor</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA

Drug Name	Tier	Requirements / Limits
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-previfem</i> (28)	1	ACA
<i>tri-sprintec</i> (28)	1	ACA
<i>trivora</i> (28)	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>velivet triphasic regimen</i> (28)	1	ACA
<i>vienva</i>	1	ACA
<i>viorele</i> (28)	1	ACA
<i>vyfemla</i> (28)	1	ACA
<i>vylibra</i>	1	ACA
<i>wera</i> (28)	1	ACA
<i>wymzya fe</i>	1	ACA
YAZ (28)	3	ST; ACA
<i>zarah</i>	1	ACA
<i>zovia 1/35e</i> (28)	1	ACA
<i>zumandimine</i> (28)	1	ACA
OXYTOCICS		
<i>methergine</i>	1	ST; QL
<i>methylergonovine</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	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	Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP	3	
CEFUROXIME (PF) IN 0.9% NACL	3	
CILOXAN	3	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak</i>	1	
<i>gentamicin</i>	1	
<i>levofloxacin</i>	1	
MOXEZA	3	
<i>moxifloxacin</i>	1	
MOXIFLOXACIN (PF)-BSS NO.2	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin</i>	1	
TOBEX	3	

Drug Name	Tier	Requirements / Limits
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol</i>	1	
BETIMOL	3	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate</i>	1	
TIMOPTIC	3	
TIMOPTIC-XE	3	
CHOLINESTERASE INHIBITOR MIIOTICS		
PHOSPHOLINE IODIDE	2	
CYCLOPLEGIC MYDRIATICS		
ATROPINE IN 0.9 % SOD CHLORIDE	3	
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL	3	
<i>cyclopentolate</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	Tier	Requirements / Limits
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	
<i>homatropaire</i>	1	
<i>homatropine hbr</i>	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	
<i>mydriatic3 (trop-cyclopent-pe)</i>	1	
PAREMYD	3	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine</i>	1	
BEPREVE	2	ST
BEVACIZUMAB	3	
CEQUA	3	PA
<i>cromolyn</i>	1	
CYCLOSPORINE IN KLARITY	3	
CYSTARAN	5	

Drug Name	Tier	Requirements / Limits
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	
EYLEA	5	PA
<i>flucaine</i>	1	
<i>fluorescein-proparacaine</i>	1	
JETREA (PF)	5	PA
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	
LASTACAFT	3	ST
<i>lidocaine-phenylephrn in water</i>	1	
LIDOCAN-PHENYLEPH-BSS NO.2(PF)	3	
LUCENTIS	6	PA
LUXTURNA	5	ST
MACUGEN	6	PA
MYDRIATIC4(TRO P-PROP-PE-KTRLC)	3	
<i>olopatadine</i>	1	
OMIDRIA	3	
OXERVATE	5	PA

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Drug Name	Tier	Requirements / Limits
PATANOL	3	ST
PAZEO	2	ST
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOSUS	3	
PREDNISOL ACE- GATIFLOX- BROMFEN	3	
PREDNISOLN SP- GATIFLOX- BROMFEN	3	
PREDNISOLN SP- MOXIFLOX- BROMFEN	3	
PREDNISOLONE ACETATE- BROMFENAC	3	
PREDNISOLONE ACETATE- NEPAFENAC	3	
PREDNISOLONE SOD PH- BROMFENAC	3	
PREDNISOLONE- MOXIFLO- NEPAFENAC	3	
PREDNISOLONE- MOXIFLOX- BROMFEN	3	
<i>proparacaine</i>	1	
RACEPINEPH- LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA

Drug Name	Tier	Requirements / Limits
<i>tetcaine</i>	1	
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF)	3	
TETRAVISC	3	
TETRAVISC FORTE	3	
VISUDYNE	5	
XIIDRA	2	ST
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac</i>	1	
PROLENSA	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
<i>bimatoprost</i>	1	
BRIMONIDINE- DORZOLAMIDE (PF)	3	
COMBIGAN	2	
COSOPT (PF)	3	
<i>dorzolamide</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	Tier	Requirements / Limits
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	
LATANOPROST (PF)	3	
LUMIGAN	2	ST
<i>miostat</i>	1	
MITOSOL	3	
RHOPRESSA	2	
ROCKLATAN	3	
SIMBRINZA	3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(PF)	3	
TRAVATAN Z	2	ST
TRUSOPT	3	
VYZULTA	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		

Drug Name	Tier	Requirements / Limits
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
GATIFLOXACIN-DEXAMETHASON E	3	
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	
PREDNISOLONE ACET-GATIFLOXACIN	3	
PREDNISOLONE SOD PH-GATIFLOXAC	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	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	Tier	Requirements / Limits
<i>tobramycin-dexamethasone</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
ZYLET	2	
STEROIDS		
ALREX	2	ST
<i>dexamethasone sodium phosphate</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	
ILUVIEN	6	
INVELTYS	2	
LOTEMAX	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
OZURDEX	5	PA
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate</i>	1	
RETISERT	6	PA
YUTIQ	6	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	

Drug Name	Tier	Requirements / Limits
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	
<i>sulfacetamide sodium</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST

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Drug Name	Tier	Requirements / Limits
<i>cetirizine</i>	1	
CLARINEX	3	QL
<i>clemastine</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>epinephrine</i>	1	PA
EPIPEN 2-PAK	2	PA; ST
EPIPEN JR 2-PAK	2	PA; ST
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>phenadoz</i>	1	
<i>promethazine</i>	1	
<i>promethegan</i>	1	
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	PA
VISTARIL	3	
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>centergy</i>	1	

Drug Name	Tier	Requirements / Limits
CLARINEX-D 12 HOUR	3	QL
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
OBREDON	3	ST
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
SEMPREX-D	3	
TESSALON PERLES	3	
TUSNEL PEDIATRIC	3	
TUSSICAPS	3	ST
TUXARIN ER	3	
TUZISTRA XR	3	ST
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	5	PA; ST; LA
ADRENALIN	3	
ADVAIR DISKUS	3	ST; QL
ADVAIR HFA	2	ST; QL
AIRDUO RESPICLICK	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	Tier	Requirements / Limits
<i>alyq</i>	1	PA; ST
<i>ambrisentan</i>	4	PA; ST; LA
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	3	QL
ARMONAIR RESPICLICK	2	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER	2	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	2	ST; QL
BROVANA	3	QL
<i>budesonide</i>	1	QL
CINRYZE	5	PA; ST
COMBIVENT RESPIMAT	2	QL
<i>cromolyn</i>	1	
CUROSURF	3	
DALIRESP ORAL TABLET 250 MCG	2	PA; ST; QL
DALIRESP ORAL TABLET 500 MCG	2	PA; ST
DULERA	2	ST; QL
DYMISTA	2	PA; QL
ELIXOPHYLLIN	3	
ESBRIET ORAL CAPSULE	5	ST; QL

Drug Name	Tier	Requirements / Limits
ESBRIET ORAL TABLET 267 MG	5	ST; QL
ESBRIET ORAL TABLET 801 MG	5	ST
FASENRA	5	ST
FIRAZYR	6	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	ST; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	ST; QL
HAEGARDA	6	PA; ST; LA
HYPER-SAL	3	
<i>icatibant</i>	4	PA; ST
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	6	PA; ST
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA

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Drug Name	Tier	Requirements / Limits
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; QL
KALYDECO ORAL TABLET	5	PA; QL
LETAIRIS	5	PA; ST; LA
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	3	QL
LONHALA MAGNAIR STARTER	3	QL
<i>metaproterenol</i>	1	
<i>mometasone</i>	1	QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	5	ST; LA; QL
OFEV	5	ST; QL
OPSUMIT	5	PA; ST; LA
ORKAMBI	5	PA; ST; QL
PERFOROMIST	2	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PULMICORT FLEXHALER	2	QL
<i>pulmosal</i>	1	
PULMOZYME	5	PA

Drug Name	Tier	Requirements / Limits
QNASL	2	QL
QVAR REDHALER	2	QL
REVATIO INTRAVENOUS	6	PA
REVATIO ORAL	6	PA; ST
RUCONEST	5	PA; ST
SEEBRI NEOHALER	3	QL
SEREVENT DISKUS	2	QL
<i>sildenafil (antihypertensive) intravenous</i>	4	PA
<i>sildenafil (antihypertensive) oral suspension for reconstitution</i>	4	PA; ST
<i>sildenafil (antihypertensive) oral tablet</i>	4	PA
SINUVA	6	
<i>sodium chloride</i>	1	
SURFAXIN	3	
SYMBICORT	2	ST; QL
SYMDEKO	5	ST; QL
<i>tadalafil (antihypertensive)</i>	4	PA; ST
TAKHZYRO	6	PA; ST; LA
<i>terbutaline</i>	1	
THEO-24	3	
<i>theochron</i>	1	
<i>theophylline</i>	1	
TRACLEER	5	PA; LA

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Drug Name	Tier	Requirements / Limits
TRELEGY ELLIPTA	2	QL
TYVASO	5	PA; ST
TYVASO REFILL KIT	5	PA; ST
TYVASO STARTER KIT	5	PA; ST
UTIBRON NEOHALER	3	QL
VENTAVIS	6	PA; ST
VENTOLIN HFA	2	QL
<i>wixela inhub</i>	1	ST; QL
XHANCE	3	PA; QL
XOLAIR	5	PA; LA; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST
ZYFLO	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	
DITROPAN XL	3	ST
ENABLEX	3	ST
<i>flavoxate</i>	1	
GELNIQUE	2	QL
MYRBETRIQ	2	
<i>oxybutynin chloride</i>	1	
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	

Drug Name	Tier	Requirements / Limits
<i>tolterodine</i>	1	
TOVIAZ	2	
<i>trospium</i>	1	
VESICARE	2	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
URECHOLINE	3	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	5	LA
<i>cytra k crystals</i>	1	
ELMIRON	2	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
<i>phosphasal</i>	1	
<i>potassium citrate</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	Tier	Requirements / Limits
PROCYSBI	6	ST
RENACIDIN	2	
SHOHL'S MODIFIED	3	
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>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
<i>vilamit mb</i>	1	
<i>vilevev mb</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	

Drug Name	Tier	Requirements / Limits
<i>effe-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols</i>	1	
<i>potassium chloride</i>	1	
<i>strong iodine</i>	1	
VITAMINS & HEMATINICS		
<i>b complex-vitamin b12</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	1	ACA; OTC
<i>balance b-100</i>	1	ACA; OTC
<i>balanced b-100</i>	1	ACA; OTC
<i>balanced b-100 complex</i>	1	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	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	Tier	Requirements / Limits
<i>b-complex with vitamin c</i>	1	ACA; OTC
CADEAU DHA	3	
<i>calcium pnv</i>	1	
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL DHA (ALGAL OIL)	3	
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	1	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>completenate</i>	1	
<i>complex b-100</i>	1	ACA; OTC
CONCEPT DHA	3	
CONCEPT OB	3	
<i>dialyvite 800</i>	1	ACA; OTC
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
<i>elite-ob</i>	1	
ENBRACE HR	3	
EXTRA-VIRT PLUS DHA	3	
<i>fluoride (sodium)</i>	1	ACA; OTC
<i>fluoritab</i>	1	ACA; OTC

Drug Name	Tier	Requirements / Limits
FOLET ONE	3	
<i>folic acid</i>	1	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	1	ACA; OTC
<i>full spectrum b-vitamin c</i>	1	ACA; OTC
<i>kobee</i>	1	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn</i>	1	ACA; OTC
<i>ludent fluoride</i>	1	ACA; OTC
MARNATAL-F	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	1	ACA; OTC
<i>multivitamins with fluoride</i>	1	ACA; OTC
<i>mvc-fluoride</i>	1	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>mynate 90 plus</i>	1	
NATACHEW (FE BIS-GLYCINATE)	3	
<i>natural b-100 complex</i>	1	ACA; OTC
NEEVODHA (WITH ALGAL OIL)	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	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	Tier	Requirements / Limits
NESTABS ONE	3	
<i>newgen</i>	1	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>obstetrix dha</i>	1	
OBSTETRIX EC	3	
OBSTETRIX ONE	3	
OBTREX DHA	3	
O-CAL PRENATAL	3	
<i>one daily prenatal</i>	1	ACA; OTC
<i>perry prenatal</i>	1	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv ob+dha</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-dha + docusate</i>	1	
<i>pnv-ferrous fumarate-docu-fa</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	

Drug Name	Tier	Requirements / Limits
<i>prenal true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal</i>	1	ACA; OTC
<i>prenatal complete</i>	1	ACA; OTC
<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	
PRENATAL PLUS DHA	3	
<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 vits96-iron fum-folic</i>	1	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	

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

Drug Name	Tier	Requirements / Limits
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA DHA	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
<i>rena-vite</i>	1	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19</i>	1	
<i>se-natal 19 (with docusate)</i>	1	
<i>stress formula</i>	1	ACA; OTC
<i>stress formula with iron</i>	1	ACA; OTC
<i>stress formula with iron(sulf)</i>	1	ACA; OTC
<i>super b complex-vitamin c</i>	1	ACA; OTC
<i>super b maxi complex</i>	1	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>super b-50 complex plus</i>	1	ACA; OTC
<i>super quint</i>	1	ACA; OTC
<i>super quint b-50</i>	1	ACA; OTC
<i>superplex-t</i>	1	ACA; OTC
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
THRIVITE RX	3	
<i>total b/c</i>	1	ACA; OTC
TRICARE	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	1	ACA; OTC
<i>trust natal dha</i>	1	
<i>ultra b-100 complex</i>	1	ACA; OTC
<i>vinate care</i>	1	
VINATE DHA RF	3	
<i>vinate ii</i>	1	
<i>vinate m</i>	1	
<i>vinate one</i>	1	
<i>virt-c dha</i>	1	
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	
VITAFOL FE+ (WITH DOCUSATE)	3	
VITAFOL GUMMIES	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	Tier	Requirements / Limits
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex</i>	1	ACA; OTC
<i>vitamin b complex-folic acid</i>	1	ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>vitamins a,c,d and fluoride</i>	1	ACA; OTC
VITAPEARL	3	
VITATRUE	3	
<i>vp-ch plus</i>	1	
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	3	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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Discrimination is Against the Law

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

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

If you need these services, contact The Health Plan Customer Service Department.

If you believe that The Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Health Plan Appeals Coordinator, 1110 Main Street, Wheeling, WV 26003, Phone: 1.877.847.7907, TTY: 711, Fax 740.699.6163, Email: info@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance The Health Plan Customer Service Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD).

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-847-7907 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-847-7907 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-847-7907 (TTY: 711)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-847-7907 (ATS: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-847-7907 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-847-7907 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-847-7907 (TTY: 711).번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-847-7907 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-847-7907 (رقم هاتف الصم والبكم: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-847-7907 (TTY: 711) पर कॉल करें।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-847-7907 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-847-7907 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-847-7907 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-847-7907 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-847-7907 (TTY: 711) まで、お電話にてご連絡ください。

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-847-7907 (TTY: 711).

AANDACHT: Als u nederlands spreek, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-847-7907 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-847-7907 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-847-7907 (телетайп: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-847-7907 (TTY: 711).



This formulary was updated on 1/1/2020. For more recent information or other questions, please contact The Health Plan Pharmacy Services at 1.800.624.6961 extension 7914, or visit www.heathplan.org.