



MARKETPLACE PLAN |

Drug Formulary

West Virginia

WV-EXCM-0606a-V.14

CareSource is a Qualified
Health Plan issuer in the



Health Insurance Marketplace

INTRODUCTION

We are pleased to provide the 2020 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online [Find a Pharmacy](#) tool under “Quick Links” at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers’ recommended dosing frequencies and/or state regulations. For specific opioid analgesic therapy requirements for your plan, please do the following.

- Providers - visit the Pharmacy page. The information is listed under Quantity Limits.
- Members - visit the Pharmacy page, then click on **Drug Formulary**. The information is listed under Quantity Limits.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.

In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state- specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate. Choosing a

brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Drug Formulary. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at 855-202-0622. Hours are Monday through Friday from 7 a.m. to 7 p.m. EST.

Members may also access the express-scripts.com website through the CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource Member Portal, go to my.caresource.com.

Other Medical Supplies and Durable Medical Equipment (DME)

To support members, other medical supplies can continue to be filled by the CareSource Pharmacy Benefit Manager (PBM) through a retail pharmacy for a limited period of time until a DME provider can be contacted. This may include wound care supplies and enteral feeds.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on CareSource.com Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin

Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel

Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone

Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on [CareSource.com/marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane</i>	1	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral</i>	1	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG	3	
SPORANOX ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
SPORANOX PULSEPAK	3	QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	PA
<i>voriconazole oral</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	2	
APTIVUS (WITH VITAMIN E)	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
CRIXIVAN ORAL CAPSULE 200 MG	2	
DESCOVY	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofof</i>	1	
<i>efavirenz-lamivu-tenofof disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf)</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA	4	PA; QL
EPIVIR	3	
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	3	
EVOTAZ	3	
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN	2	
GENVOYA	2	

Drug Name	Drug Tier	Requirements / Limits
HEPSERA	3	
INTELENCE	2	
INVIRASE ORAL TABLET	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA ORAL SOLUTION	3	QL
KALETRA ORAL TABLET	2	QL
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
<i>lopinavir-ritonavir</i>	1	QL
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
RELENZA DISKHALER	3	QL
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation</i>	1	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY	2	
<i>stavudine oral capsule</i>	1	
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
TAMIFLU	3	QL
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIZIVIR	3	
TRUVADA	2	
TYBOST	3	
<i>valacyclovir</i>	1	QL
VALCYTE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIRACEPT ORAL TABLET	2	
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	
VIRAZOLE	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	4	PA; QL
XOFLUZA	3	QL
ZEPATIER	4	PA; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
ZOVIRAX ORAL SUSPENSION	3	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin</i>	1	
KEFLEX ORAL CAPSULE	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	QL
<i>clarithromycin</i>	1	
DIFICID	3	QL
<i>e.e.s. 400 oral tablet</i>	1	

Drug Name	Drug 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) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	
ZITHROMAX ORAL PACKET	3	QL
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	QL
ZITHROMAX TRI-PAK	3	QL
ZITHROMAX Z-PAK	3	QL
MISCELLANEOUS ANTIINFECTIVES		

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

Drug Name	Drug Tier	Requirements / Limits
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALBENZA	3	QL
ALINIA	2	QL
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
BETHKIS	4	PA; QL
<i>chloroquine phosphate</i>	1	QL
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
CYCLOSERINE	3	
<i>dapsone oral</i>	1	
DARAPRIM	4	PA
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET 500 MG	3	
<i>hydroxychloroquine</i>	1	QL
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	QL
KITABIS PAK	4	PA; QL
<i>linezolid</i>	1	PA
MALARONE	3	QL

Drug Name	Drug Tier	Requirements / Limits
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
<i>neomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	1	QL
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
RIFADIN ORAL	3	
RIFAMATE	3	
<i>rifampin oral</i>	1	
RIFATER	3	
STROMEKTOL	3	QL
<i>tinidazole</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL
<i>tobramycin inhalation</i>	4	PA; QL
TOBRAMYCIN WITH NEBULIZER	5	PA; QL
TRECTOR	3	
XENLETA ORAL	3	
XIFAXAN	2	QL
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
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 XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>penicillin v potassium</i>	1	
QUINOLONES		
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>coremino</i>	1	
<i>demeclocycline</i>	1	
DORYX MPC	3	ST
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<i>doxycycline hyclate oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
MINOLIRA ER	3	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	3	QL
ORACEA	2	ST
SEYSARA	3	ST

Drug Name	Drug Tier	Requirements / Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	
URINARY TRACT AGENTS		
FURADANTIN	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	3	QL
VANCOCIN	3	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin oral capsule</i>	1	PA; QL
<i>vancomycin oral recon soln</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	1	
MESNEX ORAL	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	4	PA; QL
ADAKVEO	4	PA
AFINITOR DISPERZ	4	PA
AFINITOR ORAL TABLET 10 MG	4	PA
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA
ALECENSA	4	PA; QL
ALKERAN	3	
ALUNBRIG	4	PA; QL
<i>anastrozole</i>	0	
AROMASIN	3	
ASPARLAS	5	PA
ASTAGRAF XL	3	ST
AYVAKIT	5	PA; QL
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	4	PA
BELRAPZO	5	PA

Drug Name	Drug Tier	Requirements / Limits
BENDEKA	4	PA
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BOSULIF	4	PA; QL
BRAFTOVI	5	PA; QL
BRUKINSA	5	PA
CABOMETYX	4	PA; QL
CALQUENCE	5	PA; QL
<i>capecitabine</i>	4	
CAPRELSA	4	PA; QL
CASODEX	3	
CELLCEPT	3	
COMETRIQ	4	PA
COPIKTRA	5	PA; QL
COTELLIC	4	PA; QL
<i>cyclophosphamide oral capsule</i>	1	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DARZALEX FASPRO	5	PA
DAURISMO	5	PA; QL
DROXIA	2	
ELZONRIS	4	PA
EMCYT	2	
ENHERTU	5	PA
ENSPRYNG	4	PA
ENVARUSUS XR	3	ST
ERIVEDGE	4	PA; QL
<i>erlotinib</i>	4	PA; QL
<i>etoposide oral</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (antineoplastic)</i>	4	PA
<i>everolimus (immunosuppressive)</i>	1	
<i>exemestane</i>	0	
FARYDAK	5	PA; QL
FEMARA	3	
<i>flutamide</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF	4	PA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; QL
ICLUSIG	4	PA; QL
IDHIFA	4	PA; QL
<i>imatinib</i>	4	PA; QL
IMURAN	3	
INLYTA	4	PA; QL
IRESSA	4	PA; QL
JAKAFI	4	PA; QL
KANJINTI	4	PA
KOSELUGO	5	PA
<i>lapatinib</i>	4	PA; QL
LENVIMA	4	PA
<i>letrozole</i>	1	
LEUKERAN	2	
LORBRENA	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
LYNPARZA ORAL TABLET	4	PA; QL
LYSODREN	2	
MATULANE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	4	PA; QL
MEKTOVI	5	PA; QL
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
MONJUVI	5	PA
MVASI	4	PA
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
NEORAL	3	
NERLYNX	4	PA
NEXAVAR	4	PA; QL
NILANDRON	3	PA
<i>nilutamide</i>	1	PA
NINLARO	4	PA; QL
NUBEQA	4	PA; QL
ODOMZO	4	PA; QL
PADCEV	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	Drug Tier	Requirements / Limits
PEMAZYRE	5	PA; QL
POLIVY	5	PA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	4	
RAPAMUNE	3	
RETEVMO	5	PA; QL
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA
ROZLYTREK	4	PA; QL
RUBRACA	4	PA; QL
RUXIENCE	4	PA
RYDAPT	4	PA
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SARCLISA	5	PA
SIGNIFOR	4	PA
<i>sirolimus</i>	1	
SOLTAMOX	0	\$0 for ages 35 and older
SPRYCEL	4	PA; QL
STIVARGA	4	PA; QL
SUTENT	4	PA; QL
TABRECTA	5	PA
<i>tacrolimus oral</i>	1	
TAFINLAR	4	PA; QL
TAGRISSO	4	PA; QL
TALZENNA	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tamoxifen</i>	0	\$0 for ages 35 and older
TARCEVA	5	PA; QL
TARGRETIN TOPICAL	4	PA
TASIGNA	4	PA; QL
TAZVERIK	5	PA
TECARTUS	5	PA
TEMODAR INTRAVENOUS	4	
TEMODAR ORAL	5	PA
<i>temozolomide</i>	4	PA
TIBSOVO	4	PA
<i>toremifene</i>	1	
TRAZIMERA	4	PA
TREANDA INTRAVENOUS RECON SOLN	4	PA
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRODELVY	5	PA
TUKYSA	5	PA; QL
TURALIO	5	PA; QL
TYKERB	4	PA; QL
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA; QL
VERZENIO	4	PA; QL
VITRAKVI	4	PA
VIZIMPRO	4	PA; QL
VOTRIENT	4	PA; QL
XALKORI	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
XELODA	5	
XOSPATA	4	PA
ZEJULA	4	PA; QL
ZELBORAF	4	PA; QL
ZEPZELCA	5	PA
ZIRABEV	4	PA
ZOLINZA	4	PA
ZORTRESS	2	
ZYDELIG	4	PA; QL
ZYKADIA ORAL TABLET	4	PA; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	4	PA
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
EPIDIOLEX	4	PA
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL	3	
GRALISE	3	ST
KLONOPIN	3	
LAMICTAL XR STARTER (BLUE)	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam oral</i>	1	
MYSOLINE	3	
ONFI ORAL SUSPENSION	3	PA
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
PEGANONE	2	
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
QUDEXY XR	2	ST
<i>roweepra</i>	1	
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	QL
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
XCOPRI	3	QL
XCOPRI MAINTENANCE PACK	3	QL
XCOPRI TITRATION PACK	3	QL
ZARONTIN	3	
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA
AZILECT	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
LODOSYN	3	PA
MIRAPEX ER	3	
NOURIANZ	5	PA; QL
OSMOLEX ER	5	PA; QL
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	3	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
STALEVO 100	3	

Drug Name	Drug Tier	Requirements / Limits
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	PA
<i>tolcapone</i>	1	PA
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate</i>	1	QL
AMERGE	3	ST; QL
CAFERGOT	3	
D.H.E.45	3	
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<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
NURTEC ODT	3	PA; QL
ONZETRA XSAIL	3	ST; QL
RELPAK	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
TOSYMRA	3	ST; QL
UBRELVY	3	PA; QL
ZEMBRACE SYMTOUCH	3	ST; QL
<i>zolmitriptan</i>	1	QL
ZOMIG NASAL	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT	3	ST
<i>dalfampridine</i>	4	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
EVRYSDI	5	PA; QL
EXELON TRANSDERMAL	3	ST
FIRDAPSE	5	PA
<i>galantamine</i>	1	
HORIZANT	3	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 ORAL TABLET	3	ST
NAMENDA TITRATION PAK	3	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	
NUEDEXTA	2	PA
RAZADYNE ER	3	ST
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
RUZURGI	4	PA
TEGSEDI	4	PA
<i>tetrabenazine</i>	4	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral</i>	1	
<i>carisoprodol-aspirin</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin-codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene oral</i>	1	
FEXMID	3	ST
LORZONE	3	ST
MESTINON ORAL	3	
MESTINON TIMESPAN	3	
<i>metaxall</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol oral</i>	1	
NORGESIC FORTE	3	
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</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	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
ROBAXIN-750	3	
SKELAXIN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tizanidine</i>	1	
ZANAFLEX	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
ACTIQ	3	PA; QL
ALLZITAL	3	ST
ARYMO ER	3	PA; QL
<i>ascomp with codeine</i>	1	
BELBUCA	2	PA; QL
<i>buprenorphine</i>	1	PA
<i>buprenorphine hcl sublingual</i>	1	
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate oral tablet 60 mg</i>	1	
<i>codeine-bitalbital-asa-caff</i>	1	
DILAUDID	3	
<i>diskets</i>	1	PA
DOLOPHINE ORAL TABLET 5 MG	3	PA
DSUVIA	3	
DURAGESIC	3	PA; QL
<i>dvorah</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC	3	ST
<i>fentanyl</i>	1	PA; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
FIORICET ORAL CAPSULE	3	ST
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
FIORINAL	3	ST
FIORINAL-CODEINE #3	3	
<i>hydrocodone bitartrate</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal</i>	1	
HYSINGLA ER	2	PA; QL
<i>ibuprofen-oxycodone</i>	1	
KADIAN ORAL CAPSULE,EXTENDED RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; QL
<i>lorcet hd</i>	1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
<i>methadone oral concentrate</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	Drug Tier	Requirements / Limits
<i>methadone oral solution</i>	1	PA
<i>methadone oral tablet</i>	1	PA
<i>methadone oral tablet, soluble</i>	1	PA
<i>methadose oral concentrate</i>	1	PA
<i>methadose oral tablet, soluble</i>	1	PA
<i>morphine concentrate oral solution</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal</i>	1	
MS CONTIN	3	PA; QL
NALOCET	3	
OXAYDO	3	
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin</i>	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate</i>	1	
ROXICODONE	3	
SUBLOCADE	4	
<i>tencon oral tablet 50-325 mg</i>	1	
VANATOL LQ	3	ST
VANATOL S	3	ST
<i>vtol lq</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	covered at \$0 for ages 69 and younger; OTC
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
ARTHROTEC 75	3	ST
<i>aspirin low dose</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet, chewable</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspir-trin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>bayer aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	3	QL
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CAMBIA	3	ST; QL
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>choline, magnesium salicylate</i>	1	
CONZIP	3	ST; QL
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
DUEXIS	3	ST
<i>e.c. prin</i>	0	covered at \$0 for ages 69 and younger; OTC
EC-NAPROSYN	3	ST
<i>ecotrin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>ecotrin low strength</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>etodolac</i>	1	
EUFLEXXA	4	PA
FELDENE	3	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
LICART	2	ST; QL
<i>lite coat aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
LODINE ORAL TABLET	3	ST
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
<i>nabumetone</i>	1	
NALFON ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
ORTHOVISC	4	PA
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
RELAFEN	3	ST
<i>salsalate</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>st joseph aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>st. joseph aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL
<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
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	ST; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	ST; QL
TRAMADOL ORAL TABLET 100 MG	3	
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol-acetaminophen</i>	1	QL
ULTRACET	3	QL
ULTRAM	3	QL
VIMOVO	3	ST
VIVITROL	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MYCITE	3	QL
ADASUVE	3	
ADDERALL XR	3	ST
ADHANSIA XR	3	ST
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	
ANAFRANIL	3	
APLENZIN	3	ST; QL
APTENSIO XR	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
<i>armodafinil</i>	1	ST; QL
ATIVAN ORAL	3	
<i>atomoxetine</i>	1	
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>bupirone</i>	1	
<i>chlorpromazine oral</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	

Drug Name	Drug Tier	Requirements / Limits
CONCERTA	3	ST
COTEMPLA XR-ODT	3	ST
DAYTRANA	2	ST
DAYVIGO	3	ST; QL
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>desvenlafaxine succinate</i>	1	ST; QL
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR	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	Drug Tier	Requirements / Limits
EDLUAR	3	ST; QL
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>eszopiclone</i>	1	QL
EVEKEO	3	
EVEKEO ODT	3	
FANAPT	3	QL
FETZIMA	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl oral</i>	1	
<i>flurazepam</i>	1	QL
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL
FORFIVO XL	3	ST; QL
GEODON ORAL	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>guanidine</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate oral</i>	1	
HETLIOZ	5	PA; QL
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG	3	ST; QL
INVEGA	3	QL
JORNAY PM	3	ST
KAPVAY	3	ST
KETAMINE SUBLINGUAL	3	
LATUDA	2	QL
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate</i>	1	
<i>maprotiline</i>	1	
MARPLAN	3	
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	ST; QL
<i>molindone</i>	1	
MYDAYIS	2	ST

Drug Name	Drug Tier	Requirements / Limits
NARDIL	3	
<i>nefazodone</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym)</i>	1	ST; QL
PAXIL CR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST; QL
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
<i>ramelteon</i>	1	QL
RELEXXII	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
RESTORIL	3	QL
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	3	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
SAPHRIS	3	QL
SARAFEM ORAL TABLET 10 MG	3	ST; QL
SARAFEM ORAL TABLET 20 MG	3	ST
<i>seconal sodium</i>	1	QL
SECUADO	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR	3	ST; QL
SUNOSI	2	ST; QL
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
<i>temazepam</i>	1	QL
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TRANXENE T- TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL
VERSACLOZ	3	
VIIIBRYD ORAL TABLET	2	ST; QL
VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	2	ST; QL
VYLEESI	5	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
WAKIX	5	ST; QL
WELLBUTRIN XL	3	ST; QL
XYREM	4	PA
XYWAV	5	PA
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
<i>zolpidem</i>	1	QL
ZOLPIMIST	3	ST; QL
ZULRESSO	4	PA
ZYPREXA ORAL	3	QL
ZYPREXA ZYDIS	3	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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

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

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-hcthiazid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	2	ST
CALAN SR	3	ST
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	ST; QL
CARDURA XL	3	ST; QL
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>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine</i>	1	QL
<i>clonidine hcl oral tablet</i>	1	
CONSENSI	3	
COREG CR	3	ST
CORGARD	3	ST
DEMSEER	2	PA
DIBENZYLINE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	QL
DYAZIDE	3	
DYRENIUM	3	
EDARBI	2	ST
EDARBYCLOR	2	ST
EDECIN	3	
<i>enalapril maleate</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INDERAL XL	3	ST
INNOPRAN XL	3	ST
INSPIRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
<i>labetalol oral</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metirosine</i>	1	PA
MINIPRESS	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiacid</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRINIVIL ORAL TABLET 10 MG, 20 MG	3	
PROCARDIA	3	ST
PROCARDIA XL	3	ST
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
<i>taztia xt</i>	1	
TEKTURNA	3	
TEKTURNA HCT	2	

Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORMIN ORAL TABLET 25 MG	3	ST
<i>terazosin</i>	1	QL
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>timolol maleate oral</i>	1	
<i>toremide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI	4	PA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil oral</i>	1	
VERELAN	3	ST
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	

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

Drug Name	Drug Tier	Requirements / Limits
ZIAC	3	ST
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ARIXTRA	5	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	
DOPTelet (15 TAB PACK)	4	PA; QL
EFFIENT	3	
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
<i>hep flush-10 (pf)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	
MEPHYTON	3	QL
<i>pentoxifylline</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) injection solution</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel</i>	1	
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
<i>warfarin</i>	1	
XARELTO	2	PA
XARELTO DVT-PE TREAT 30D START	2	PA
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	\$0 for ages 40-75 years; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
COLESTID	3	ST
COLESTID FLAVORED ORAL PACKET	3	ST
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	3	ST
FIBRICOR	3	ST
FLOLIPID	3	ST; QL
<i>fluvastatin</i>	0	\$0 for ages 40-75 years; QL
<i>gemfibrozil</i>	1	
LESCOL XL	3	ST; QL
LIPOFEN	2	ST
LIVALO	2	ST; QL
LOPID	3	
<i>lovastatin</i>	0	\$0 for ages 40-75 years; QL
LOVAZA	3	PA
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NIACOR	3	
NIASPAN EXTENDED-RELEASE	3	
<i>omega-3 acid ethyl esters</i>	1	PA
PRALUENT PEN	2	PA; QL
<i>pravastatin</i>	0	\$0 for ages 40-75 years; QL
<i>prevalite</i>	1	
QUESTRAN	3	ST
QUESTRAN LIGHT ORAL POWDER	3	ST
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	\$0 for ages 40-75 years; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	\$0 for ages 40-75 years; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX	3	ST
VASCEPA	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	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	Drug Tier	Requirements / Limits
ENTRESTO	2	QL
<i>ranolazine</i>	1	
VYNDAMAX	4	PA
VYNDAQEL	4	PA
NITRATES		
DILATRATE-SR	2	
GONITRO	3	
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		

Drug Name	Drug Tier	Requirements / Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST
<i>calcipotriene scalp</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene- betamethasone</i>	1	QL
<i>calcitriol topical</i>	1	
COSENTYX	4	PA; QL
COSENTYX (2 SYRINGES)	4	PA; QL
COSENTYX PEN	4	PA; QL
COSENTYX PEN (2 PENS)	4	PA; QL
DOVONEX TOPICAL	3	QL
ENSTILAR	2	QL
EPIFOAM	3	ST
<i>hydrocortisone- pramoxine topical</i>	1	
OVACE	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	

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Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH	3	
PRAMOSONE	3	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; QL
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX	3	QL
STELARA INTRAVENOUS	5	PA
STELARA SUBCUTANEOUS	4	PA; QL
<i>sulfacetamide sodium topical</i>	1	
TACLONEX TOPICAL OINTMENT	3	QL
TACLONEX TOPICAL SUSPENSION	2	QL
TERSI FOAM	3	
VECTICAL	3	
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	

Drug Name	Drug Tier	Requirements / Limits
KERATOLYTICS		
INOVA 4-1	3	ST
INOVA 8-2	3	ST
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	
CANTHARIDIN IN ACETONE	3	
CONDYLOX TOPICAL GEL	3	
CORTANE-B TOPICAL	3	
EFUDEX TOPICAL CREAM	3	
ESKATA	3	
FLUOROPLEX	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX	3	
IODOSORB	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OXSORALEN ULTRA	3	
PANRETIN	3	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROTOPIC	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
QBREXZA	2	PA
SCENESSE	5	PA
<i>tacrolimus topical</i>	1	ST; QL
TOLAK	3	
VALCHLOR	4	PA
<i>wintergreen oil</i>	1	
THERAPY FOR ACNE		
ABSORICA	3	ST
ABSORICA LD	3	ST
ACZONE	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	PA
<i>amnesteam</i>	1	
AMZEEQ	2	ST
ARAZLO	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL PADS, MEDICATED	3	ST

Drug Name	Drug Tier	Requirements / Limits
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST
BENZEPRO (MICROSPHERES)	3	ST
<i>benzebro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1</i>	1	ST
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<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	PA
<i>dapsone topical gel</i>	1	
DAPSONE TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
ENZOCLEAR	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
EVOCLIN	3	ST; QL
FABIOR	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA	3	ST
<i>isotretinoin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical</i>	1	
<i>myorisan</i>	1	
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
<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

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

Drug Name	Drug Tier	Requirements / Limits
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QL
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
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
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin</i>	1	PA
<i>tretinoin microspheres</i>	1	PA
TRETIN-X CREAM KIT	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	PA; ST
ZILXI	3	ST
TOPICAL ANESTHETICS		
<i>glydo</i>	1	QL
<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 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lta pre-attached</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
CORTISPORIN TOPICAL	3	
<i>gentamicin topical</i>	1	
KLARON	3	ST
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NEO-SYNALAR KIT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
TOPICAL ANTIFUNGALS		
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

Drug Name	Drug Tier	Requirements / Limits
<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 topical</i>	1	QL
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
ECOZA	3	QL
EXELDERM	3	QL
EXTINA	3	QL
<i>ketoconazole topical</i>	1	QL
<i>ketodan</i>	1	QL
<i>ketodan kit</i>	1	
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LOPROX TOPICAL SHAMPOO	3	QL
MENTAX	3	QL
MICONAZOLE NITRATE-ZINC OX-PET	3	QL
<i>naftifine</i>	1	QL
NAFTIN TOPICAL CREAM 2 %	3	QL
NAFTIN TOPICAL GEL	3	QL
<i>nyamyc</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical</i>	1	QL
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	QL
<i>oxiconazole</i>	1	QL
OXISTAT	3	QL
VUSION	3	QL
XOLEGEL	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	PA; QL
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical lotion</i>	1	ST
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol scalp</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX	3	ST; QL
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST
CLODERM	3	ST
CUTIVATE TOPICAL CREAM	3	ST

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Drug Name	Drug Tier	Requirements / Limits
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTHIE/FS BODY OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL	3	ST
DESONATE	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL LOTION	3	ST
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST
DUOBRII	3	ST; QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
IMPOYZ	3	ST; QL
KENALOG TOPICAL	3	ST; QL
LEXETTE	3	ST
LUXIQ	3	ST
<i>mometasone topical</i>	1	
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT TOPICAL	3	ST
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL CREAM	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
<i>tovet emollient</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON	3	ST
ULTRAVATE TOPICAL LOTION	3	ST
TOPICAL SCABICIDES / PEDICULICIDES		

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

Drug Name	Drug Tier	Requirements / Limits
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin topical cream</i>	1	
SKLICE	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
AGRYLIN	3	
<i>anagrelide</i>	1	
ANTABUSE	3	
<i>aqua care sodium chloride</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aqua care sterile water</i>	1	
<i>caffeine citrate oral</i>	1	
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
<i>cevimeline</i>	1	
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
EVOXAC	3	
FERRIPROX	4	PA
FERRLECIT	3	PA
GIVLAARI	5	PA
GLEOLAN	3	
INFASURF	3	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
NORTHERA	5	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride injection</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	PA
SURVANTA	3	
THIOLA	5	PA
THIOLA EC	5	PA
TIGLUTIK	3	PA
<i>water for irrigation, sterile</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	0	\$0 for ages 18 and older for first 180 days
CHANTIX	0	\$0 for ages 18 and older for first 180 days
CHANTIX CONTINUING MONTH BOX	0	\$0 for ages 18 and older for first 180 days
CHANTIX STARTING MONTH BOX	0	\$0 for ages 18 and older for first 180 days
NICODERM CQ	0	\$0 for ages 18 and older for first 180 days; OTC

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL GUM 2 MG	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicorette buccal gum 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL LOZENGE	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL MINI LOZENGE	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex)</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICOTROL	0	\$0 for ages 18 and older for first 180 days
NICOTROL NS	0	\$0 for ages 18 and older for first 180 days
<i>quit 2</i>	0	\$0 for ages 18 and older for first 180 days; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>quit 4</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>stop smoking aid</i>	0	\$0 for ages 18 and older for first 180 days; OTC

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CLINPRO 5000	3	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
EPISIL	3	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
GELCLAIR	3	
GELX	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium bromide nasal</i>	1	QL
MUGARD	3	
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PATANASE	3	QL
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PROTHELIAL	5	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</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 otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	2	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
CORTEF	3	
<i>cortisone</i>	1	
<i>decadron oral tablet</i>	1	
<i>dexabliss</i>	1	ST
<i>dexamethasone intensol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
DXEVO	3	ST
<i>fludrocortisone</i>	1	
<i>hidex</i>	1	ST
<i>hydrocortisone oral</i>	1	
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	ST
TAPERDEX	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
TRIESENCE (PF)	3	
ZCORT	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE TEST	2	OTC
ONETOUGH ULTRA BLUE TEST STRIP	2	OTC
ONETOUGH VERIO TEST STRIPS	2	OTC
PRECISION XTRA TEST	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	

Drug Name	Drug Tier	Requirements / Limits
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	
GLUCAGON HCL	3	
INSPIRACHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	

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

Drug Name	Drug Tier	Requirements / Limits
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	QL
GLUCAGON (HCL) EMERGENCY KIT	2	QL
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AT HOME A1C	3	OTC
AUTOJECT 2 INJECTION DEVICE	2	OTC
AUTOPEN 1 TO 21 UNITS	2	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS	2	OTC

Drug Name	Drug Tier	Requirements / Limits
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
CEQR SIMPLICITY	3	
DEXCOM G4 RECEIVER	2	
DEXCOM G5 RECEIVER	2	
DEXCOM G6 RECEIVER	2	
DEXCOM RECEIVER	2	
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER	3	
FORA GTCL MULTI-FUNCTN MONITOR	3	OTC
FREESTYLE FREEDOM	2	OTC
FREESTYLE FREEDOM LITE	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL
FREESTYLE LITE METER	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
GUARDIAN REAL-TIME GLU MONITOR	3	
INPEN (FOR HUMALOG)	3	
INPEN (FOR NOVOLOG OR FIASP)	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
NOVOPEN ECHO	3	
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH ULTRAMINI	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO IQ METER	2	OTC
ONETOUCH VERIO METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	OTC
PRECISION XTRA KETONE-GLUCOSE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA MONITOR	2	OTC
SAFE-CLIP BY MAIL	2	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
BASAGLAR KWIKPEN U-100 INSULIN	3	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	

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

Drug Name	Drug Tier	Requirements / Limits
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULIN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
LEVEMIR FLEXTOUCH U-100 INSULIN	2	
LEVEMIR U-100 INSULIN	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
SOLIQUA 100/33	2	QL

Drug Name	Drug Tier	Requirements / Limits
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	QL
MISCELLANEOUS HORMONES		
ANADROL-50	3	
ANDRODERM	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL
ANDROID	3	ST
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol oral</i>	1	
<i>danazol</i>	1	
DDAVP NASAL SOLUTION	2	
DDAVP ORAL	3	
DEPO-TESTOSTERONE	3	PA
<i>desmopressin nasal spray, non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	1	ST
FORTESTA	3	PA; QL
MENOPUR	4	
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	2	
NATESTO	2	PA; QL
NOC DURNA (MEN)	3	PA; QL
NOC DURNA (WOMEN)	3	PA; QL
NOVAREL	4	QL
ORILISSA	2	PA; QL
OVIDREL	4	
<i>oxandrolone</i>	1	
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	ST
ROCALTROL	3	ST
SOMAVERT	4	PA
SYNAREL	2	
TEPEZZA	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	1	PA; QL
TESTRED	3	ST
VOGELXO	3	PA; QL
XYOSTED	3	PA
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	ST; QL
ACTOS	3	ST; QL
ALOGLIPTIN	1	ST; QL
AMARYL	3	
CYCLOSET	3	
DUETACT	3	ST; QL
FARXIGA	2	ST; QL
FORTAMET	3	ST; QL
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL	3	
GLUCOTROL XL	3	
<i>glyburide</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYSET	3	
GLYXAMBI	2	ST; QL
JANUMET	2	ST; QL
JANUMET XR	2	ST; QL
JANUVIA	2	ST; QL
JARDIANCE	2	ST; QL
JENTADUETO	2	ST; QL
JENTADUETO XR	2	ST; QL
<i>metformin oral solution</i>	1	
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OZEMPIC	2	PA; QL
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE	3	
QTERN ORAL TABLET 5-5 MG	3	ST
<i>repaglinide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide-metformin</i>	1	QL
RIOMET	3	ST
RIOMET ER	3	ST
RYBELSUS	2	PA; QL
STARLIX	3	
SYMLINPEN 120	2	PA; QL
SYMLINPEN 60	2	PA; QL
SYNJARDY	2	ST; QL
SYNJARDY XR	2	ST; QL
TRADJENTA	2	ST; QL
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL
XIGDUO XR	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID	2	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	

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

Drug Name	Drug Tier	Requirements / Limits
THYROLAR-3	3	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>ed-spaz</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
LEVBIID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LOMOTIL	3	

Drug Name	Drug Tier	Requirements / Limits
<i>loperamide oral capsule</i>	1	
<i>methscopolamine</i>	1	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>propantheline</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	

MISCELLANEOUS GASTROINTESTINAL AGENTS

ACTIGALL	3	
<i>alophen (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>alose tron</i>	1	
AMITIZA	3	QL
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	3	
AURYXIA	3	
AVSOLA	5	PA
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>bisacodyl oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>bisa-lax (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
BONJESTA	3	QL
<i>budesonide oral</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	
CANASA	3	
CHENODAL	4	PA
<i>citrate of magnesia</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>citroma</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>clearlax</i>	0	covered at \$0 for ages 50-75 years; OTC
CLENPIQ	0	\$0 for ages 50-75 years

Drug Name	Drug Tier	Requirements / Limits
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn oral</i>	1	
DIPENTUM	3	
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>ducodyl (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>dulcolax (magnesium hydroxide)</i>	0	OTC
ENTEREG	3	
ENTOCORT EC	3	
<i>enulose</i>	1	
<i>fleet laxative (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
GASTROCROM	3	
GATTEX 30-VIAL	5	PA
<i>gavilax oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>gentlelax</i>	0	covered at \$0 for ages 50-75 years; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>glycolax oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>granisetron hcl oral</i>	1	QL
<i>healthylax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	1	ST
<i>kionex (with sorbitol)</i>	1	
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxaclear</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>laxative (bisacodyl) oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>laxative peg 3350 oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC

Drug Name	Drug Tier	Requirements / Limits
LIALDA	3	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LOTRONEX	3	
<i>magnesium citrate oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC
MARINOL	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>milk of magnesia</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>milk of magnesia concentrated</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>miralax oral powder in packet</i>	0	covered at \$0 for ages 50-75 years; OTC

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

Drug Name	Drug Tier	Requirements / Limits
MOTEGRITY	3	QL
MOVANTIK	2	QL
<i>natura-lax</i>	0	covered at \$0 for ages 50-75 years; OTC
NULYTELY LEMON-LIME	0	
NULYTELY WITH FLAVOR PACKS	3	
<i>ondansetron</i>	1	QL
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid</i>	0	covered at \$0 for ages 50-75 years; OTC
ORTIKOS	3	
<i>peg-electrolyte soln</i>	0	\$0 for ages 50-75 years
<i>peg-prep</i>	0	\$0 for ages 50-75 years
PENTASA	2	
PHOSLYRA	2	
<i>phosphate laxative oral liquid</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>polyethylene glycol 3350</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>powderlax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	

Drug Name	Drug Tier	Requirements / Limits
PROCTOCORT RECTAL	3	ST
PROCTOFOAM HC	3	ST
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	0	covered at \$0 for ages 50-75 years; OTC
RECTIV	2	
REGLAN ORAL	3	
RENVELA	3	
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	3	QL
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
SFROWASA	3	
<i>smoothlax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>sodium polystyrene (sorb free)</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
SYNDROS	3	PA
TIGAN ORAL CAPSULE 300 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>trilyte with flavor packets</i>	0	\$0 for ages 50-75 years
<i>trimethobenzamide oral</i>	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>women's laxative (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
ZELNORM	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	
ZOFRAN ORAL TABLET	3	QL
ZUPLENZ	3	QL

ULCER THERAPY

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
CARAFATE	3	
<i>cimetidine</i>	1	
<i>cimetidine hcl oral</i>	1	
CYTOTEC	3	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol</i>	1	
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	3	ST; QL
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	ST
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole oral granules dr for susp in packet</i>	1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	3	
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	1	
<i>ranitidine hcl oral syrup</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate</i>	1	
TALICIA	2	QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA	4	PA; QL
MACRILEN	5	QL

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

Drug Name	Drug Tier	Requirements / Limits
MOZOBIL	4	
NIVESTYM	4	PA
REBLOZYL	5	PA
RETACRIT	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
GROWTH HORMONES		
EGRIFTA SV	4	PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
NORDITROPIN FLEXPPO	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	
ZORBTIVE	5	
INTERFERONS		
AUBAGIO	5	PA
BETASERON SUBCUTANEOUS KIT	4	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE	5	PA; QL
<i>dimethyl fumarate</i>	4	PA
GILENYA ORAL CAPSULE 0.5 MG	4	PA
<i>glatiramer</i>	4	PA; QL
<i>glatopa</i>	4	PA; QL
MAVENCLAD (10 TABLET PACK)	5	PA; QL
MAVENCLAD (4 TABLET PACK)	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (5 TABLET PACK)	5	PA; QL
MAVENCLAD (6 TABLET PACK)	5	PA; QL
MAVENCLAD (7 TABLET PACK)	5	PA; QL
MAVENCLAD (8 TABLET PACK)	5	PA; QL
MAVENCLAD (9 TABLET PACK)	5	PA; QL
MAYZENT	4	PA; QL
PEGASYS	4	PA; QL
PLEGRIDY	4	PA; QL
POMALYST	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
REVLIMID	4	PA
<i>ribavirin oral capsule</i>	4	PA
<i>ribavirin oral tablet 200 mg</i>	4	PA
TECFIDERA	4	PA
VUMERITY	4	PA
ZEPOSIA	4	PA
ZEPOSIA STARTER KIT	4	PA
ZEPOSIA STARTER PACK	4	PA
INTERLEUKINS		
ACTIMMUNE	4	PA
ALDARA	3	
ALFERON N	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet</i>	1	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	0	\$0 for ages 1 month and older
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	\$0 for ages 7 and older
AFLURIA QD 2020-21(3YR UP)(PF)	0	
AFLURIA QD 2020-21(6-35MO)(PF)	0	
AFLURIA QUAD 2020-2021(6MO UP)	0	
ASCENIV	5	PA
BCG VACCINE, LIVE (PF)	0	
BEXSERO	0	\$0 for ages 10 years and older
BIOTHRAX	0	
BOOSTRIX TDAP	0	\$0 for ages 7 and older
CUTAQUIG	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	0	\$0 for ages 1-12 months old
ENGRIX-B (PF)	0	
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	
FLUAD 2020-2021 (65 YR UP)(PF)	0	

Drug Name	Drug Tier	Requirements / Limits
FLUAD QUAD 2020-21(65Y UP)(PF)	0	
FLUARIX QUAD 2020-2021 (PF)	0	
FLUBLOK QUAD 2020-2021 (PF)	0	
FLUCELVAX QUAD 2020-2021	0	
FLUCELVAX QUAD 2020-2021 (PF)	0	
FLULAVAL QUAD 2020-2021 (PF)	0	
FLUMIST QUAD 2020-2021	0	
FLUZONE HIGHDOSE QUAD 20-21 PF	0	
FLUZONE QUAD 2020-2021	0	
FLUZONE QUAD 2020-2021 (PF)	0	
GARDASIL 9 (PF)	0	\$0 for ages 9-26 years old
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	0	\$0 for ages 1 year and older
HAVRIX (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 1 year and older
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 18 years and older
HIBERIX (PF)	0	
IMOVAX RABIES VACCINE (PF)	0	

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Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF)	0	\$0 for ages 1-12 months old
IPOLE	0	
IXIARO (PF)	0	
KINRIX (PF)	0	\$0 for ages 4-6 years old
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	\$0 for ages 9 months and older
MENQUADFI (PF)	0	
MENVEO A-C-Y-W-135-DIP (PF)	0	\$0 for ages 2 months and older
M-M-R II (PF)	0	\$0 for ages 6 months and older
PEDIARIX (PF)	0	\$0 for ages 1-12 months old
PEDVAX HIB (PF)	0	\$0 for ages 1 month and older
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	0	\$0 for ages 1-6 years
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF)	0	\$0 for ages 1-6 years
PNEUMOVAX-23	0	\$0 for ages 2 years and older
PREVNAR 13 (PF)	0	\$0 for ages 1 month and older

Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF)	0	\$0 for ages 1 year and older
QUADRACEL (PF)	0	\$0 for ages 4-6 years old
RABAVERT (PF)	0	
RECOMBIVAX HB (PF)	0	
ROTARIX	0	\$0 for ages 1-9 months
ROTATEQ VACCINE	0	\$0 for ages 1-9 months
SHINGRIX (PF)	0	\$0 for ages 50 years and older
STAMARIL (PF)	0	
TDVAX	0	\$0 for ages 7 and older
TENIVAC (PF)	0	\$0 for ages 7 and older
TETANUS,DIPHTHERIA TOX PED(PF)	0	\$0 for ages 1-12 months old
TRUMENBA	0	\$0 for ages 10 years and older
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 18 years and older
TYPHIM VI	0	
VAQTA (PF)	0	\$0 for ages 1 year and older
VARIVAX (PF)	0	\$0 for ages 1 year and older
VARIZIG INTRAMUSCULAR SOLUTION	0	
VAXCHORA VACCINE	0	
VIVOTIF	0	

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Drug Name	Drug Tier	Requirements / Limits
XEMBIFY	4	PA
YF-VAX (PF)	0	
ZOSTAVAX (PF)	0	\$0 for ages 60 years and older

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
<i>colchicine oral tablet</i>	1	
COLCRYS	2	ST
<i>febuxostat</i>	1	ST
GLOPERBA	3	
MITIGARE	2	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA	3	ST; QL
BINOSTO	3	ST; QL
BONIVA ORAL	3	ST; QL
EVISTA	3	
FOSAMAX ORAL TABLET 70 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	0	\$0 for ages 35 and older
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TYMLOS	4	PA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL
ACTEMRA INTRAVENOUS	4	PA
ACTEMRA SUBCUTANEOUS	4	PA; QL
ARAVAL	3	QL
DEPEN TITRATABS	2	PA
ENBREL	4	PA; QL
ENBREL MINI	4	PA; QL
ENBREL SURECLICK	4	PA; QL
HUMIRA	4	PA; QL
HUMIRA PEN	4	PA; QL
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA; QL
HUMIRA(CF)	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEDI CROHNS STARTER	4	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL
<i>leflunomide</i>	1	QL
OTEZLA	4	PA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	ST
<i>penicillamine</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RIDAURA	2	
RINVOQ	4	PA; QL
SAVELLA	2	ST; QL
SIMPONI ARIA	5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
XELJANZ	4	PA; QL
XELJANZ XR	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	0	
FC2 FEMALE CONDOM	0	OTC
FEMCAP VAGINAL DEVICE 22 MM	0	

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Drug Name	Drug Tier	Requirements / Limits
WIDE-SEAL DIAPHRAGM	0	
ESTROGENS & PROGESTINS		
ALORA	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	
BIJUVA	3	
<i>camila</i>	0	
CLIMARA	3	QL
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	4	
<i>deblitane</i>	0	
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	QL
DEPO-SUBQ PROVERA 104	3	QL

Drug Name	Drug Tier	Requirements / Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	2	QL
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	2	
<i>dotti</i>	1	QL
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	QL
ENDOMETRIN	4	
<i>errin</i>	0	
ESTRACE	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	QL
FEMHRT LOW DOSE	3	
<i>fyavolv</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>heather</i>	0	
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>jinteli</i>	1	
<i>lyza</i>	0	
<i>medroxyprogesterone intramuscular</i>	0	QL
<i>medroxyprogesterone oral</i>	1	
MENEST	3	
MENOSTAR	3	QL
MINIVELLE	3	QL
<i>nora-be</i>	0	
<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda</i>	0	
PREFEST	3	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone micronized</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	0	
<i>tulana</i>	0	
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	QL
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	0	OTC
<i>isoxsuprine</i>	1	
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
NUVARING	0	
NUVESSA	3	
ORIAHNN	2	PA
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	0	OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	2	
<i>vaginal contraceptive foam</i>	0	OTC
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
<i>xulane</i>	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	0	
AFTERA	0	OTC; QL
<i>altavera (28)</i>	0	
<i>alyacen 1/35 (28)</i>	0	
<i>alyacen 7/7/7 (28)</i>	0	
<i>amethia</i>	0	
<i>amethia lo</i>	0	
<i>amethyst (28)</i>	0	
<i>apri</i>	0	
<i>aranelle (28)</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30 (21)</i>	0	
<i>aurovela 1/20 (21)</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30 (28)</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela fe 1-20 (28)</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette (28)</i>	0	
BALCOLTRA	0	ST
<i>balziva (28)</i>	0	
<i>bekyree (28)</i>	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30 (28)</i>	0	
<i>blisovi fe 1/20 (28)</i>	0	
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant (28)</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal (28)</i>	0	
<i>chateal eq (28)</i>	0	
<i>cryselle (28)</i>	0	
<i>cyclafem 1/35 (28)</i>	0	
<i>cyclafem 7/7/7 (28)</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35 (28)</i>	0	
<i>dasetta 7/7/7 (28)</i>	0	
<i>daysee</i>	0	
<i>desog-e.estradiol/e.estradiol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>econtra ez</i>	0	OTC; QL
<i>econtra one-step</i>	0	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>elinest</i>	0	
ELLA	0	QL
<i>emoquette</i>	0	
<i>enpresse</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
ESTROSTEP FE-28	0	ST
<i>ethynodiol diac-eth estradiol</i>	0	
<i>falmina (28)</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	
GENERESS FE	0	ST
<i>gianvi (28)</i>	0	
<i>hailey</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30 (28)</i>	0	
<i>hailey fe 1/20 (28)</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel (28)</i>	0	
<i>jolessa</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30 (21)</i>	0	
<i>junel 1/20 (21)</i>	0	
<i>junel fe 1.5/30 (28)</i>	0	
<i>junel fe 1/20 (28)</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva (28)</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>kelnor 1/35 (28)</i>	0	
<i>kelnor 1-50</i>	0	
<i>kurvelo (28)</i>	0	
<i>l norgest/e.estradiol-e.estradiol</i>	0	
<i>larin 1.5/30 (21)</i>	0	
<i>larin 1/20 (21)</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30 (28)</i>	0	
<i>larin fe 1/20 (28)</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena 28</i>	0	
<i>lessina</i>	0	
<i>levonest (28)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; QL
<i>levonorgestrel-ethinyl estradiol</i>	0	
<i>levonorg-eth estradiol triphasic</i>	0	
<i>levora-28</i>	0	
<i>lillow (28)</i>	0	
LO LOESTRIN FE	0	ST
<i>lojaimiess</i>	0	
<i>loryna (28)</i>	0	
LOSEASONIQUE	0	ST
<i>low-ogestrel (28)</i>	0	
<i>lo-zumandimine (28)</i>	0	
<i>lutra (28)</i>	0	
<i>marlissa (28)</i>	0	
<i>melodetta 24 fe</i>	0	
<i>mibelas 24 fe</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1.5/30 (21)</i>	0	
<i>microgestin 1/20 (21)</i>	0	
<i>microgestin fe 1.5/30 (28)</i>	0	
<i>microgestin fe 1/20 (28)</i>	0	
<i>mili</i>	0	
MIRCETTE (28)	0	ST
<i>mono-linyah</i>	0	
<i>my choice</i>	0	OTC; QL
<i>my way</i>	0	OTC; QL
NATAZIA	0	ST
<i>necon 0.5/35 (28)</i>	0	
<i>new day</i>	0	OTC; QL
<i>nikki (28)</i>	0	
<i>noreth-ethinyl estradiol-iron</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7 (28)</i>	0	
<i>ocella</i>	0	
<i>opcicon one-step</i>	0	OTC; QL
<i>option-2</i>	0	OTC; QL
<i>orsythia</i>	0	
<i>philith</i>	0	
<i>pimtrea (28)</i>	0	
<i>pirmella</i>	0	
PLAN B ONE-STEP	0	OTC; QL
<i>portia 28</i>	0	
<i>previfem</i>	0	
QUARTETTE	0	ST
<i>reclipsen (28)</i>	0	
<i>rivelsa</i>	0	
SEASONIQUE	0	ST
<i>setlakin</i>	0	
<i>simliya (28)</i>	0	
<i>simpesse</i>	0	
SLYND	0	ST
<i>sprintec (28)</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
TAKE ACTION	0	OTC; QL
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20 (28)</i>	0	
TAYTULLA	0	ST
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-linyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-previfem (28)</i>	0	
<i>tri-sprintec (28)</i>	0	
<i>trivora (28)</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>tydemy</i>	0	
<i>velivet triphasic regimen (28)</i>	0	
<i>vienva</i>	0	
<i>viorele (28)</i>	0	
<i>volnea (28)</i>	0	
<i>vyfemla (28)</i>	0	
<i>vylibra</i>	0	
<i>wera (28)</i>	0	
<i>wymzya fe</i>	0	
YAZ (28)	0	ST
<i>zarah</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine (28)</i>	0	
OXYTOCICS		
<i>methergine</i>	1	ST; QL
<i>methylergonovine oral</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AZASITE	2	
BACIGUENT	3	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	1	
MOXEZA	3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION	3	ST
<i>moxifloxacin ophthalmic (eye)</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	ST
NATACYN	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	
BETIMOL	3	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
TIMOPTIC	3	
TIMOPTIC-XE	3	

Drug Name	Drug Tier	Requirements / Limits
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
CYCLOPENTROPIC-PHENYLEPH-WATR	3	
CYCLOPENTROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	
<i>homatropaire</i>	1	
MYDRIACYL	3	
PAREMYD	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		

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

Drug Name	Drug Tier	Requirements / Limits
AKTEN (PF)	3	
ALCAINE	3	
ALOCRIIL	3	ST
ALOMIDE	3	ST
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine ophthalmic (eye)</i>	1	
BEOVU	5	PA
BEPREVE	2	ST
CEQUA	3	PA
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOSPORINE IN KLARITY	3	
DEXAMET- MOXIFL- KETORO- NACL(PF)	3	
<i>epinastine</i>	1	
KLARITY-A (AZITHRO- CHONDR)(PF)	3	
KLARITY-B (BETAMETH- CHOND)(PF)	3	
KLARITY-L (LOTEPRED- CHOND)(PF)	3	
LACRISERT	3	
LASTACRAFT	3	ST
LIDOCAINE- PHENYLEPHRIN- BSS(PF)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine- phenylephrn in water</i>	1	
MYDRIATIC4(TRO P-PROP-PE- KTRLC)	3	
<i>olopatadine ophthalmic (eye)</i>	1	
PAZEO	2	ST
PREDNISOL ACE- GATIFLOX- BROMFEN	3	
PREDNISOLN SP- GATIFLOX- BROMFEN	3	
PREDNISOLN SP- MOXIFLOX- BROMFEN	3	
PREDNISOLONE ACETATE- NEPAFENAC	3	
PREDNISOLONE SOD PH- BROMFENAC	3	
PREDNISOLONE- MOXIFLO- NEPAFENAC	3	
PREDNISOLONE- MOXIFLOX- BROMFEN	3	
RACEPINEPH- LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetracaine hcl</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL (PF) OPTHALMIC (EYE)	3	
ZERVIAE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac ophthalmic (eye)</i>	1	
PROLENSA	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
<i>bimatoprost ophthalmic (eye)</i>	1	PA
BRIMONIDINE-DORZOLAMIDE (PF)	3	
COMBIGAN	2	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	PA
LATANOPROST (PF)	3	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	PA
<i>miostat</i>	1	
ROCKLATAN	3	PA
SIMBRINZA	3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(P F)	3	
TRAVATAN Z	3	PA
<i>travoprost</i>	1	PA
TRUSOPT	3	
ZIOPTAN (PF)	2	PA
STEROID-ANTIBIOTIC COMBINATIONS		

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

Drug Name	Drug Tier	Requirements / Limits
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
PREDNISOLONE ACET-GATIFLOXACIN	3	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	3	
ZYLET	2	

Drug Name	Drug Tier	Requirements / Limits
STEROIDS		
ALREX	2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	
INVELTYS	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate oral solution</i>	1	
DIPHEN ORAL ELIXIR	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK	2	ST; QL
EPIPEN JR 2-PAK	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>phenadoz rectal suppository 25 mg</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	QL
VISTARIL	3	
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	3	
CLARINEX-D 12 HOUR	3	QL
CODITUSSIN DAC	3	
HISTEX-AC	3	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
MAXI-TUSS CD	3	
M-END PE	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	ST
TUZISTRA XR	3	ST
<i>virtussin dac</i>	1	
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	PA; QL
ADVAIR HFA	2	PA; QL
AIRDUO RESPICLICK	3	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	3	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>alyq</i>	4	PA; QL
<i>ambrisentan</i>	4	PA
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	ST; QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	2	PA; QL
BREZTRI AEROSPHERE	2	QL
BROVANA	3	QL
<i>budesonide inhalation</i>	1	QL
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
CUROSURF	3	

Drug Name	Drug Tier	Requirements / Limits
DULERA	2	PA; QL
DYMISTA	2	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl</i>	1	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>fluticasone propionate nasal</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	PA; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; QL
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; QL
KALYDECO ORAL TABLET	4	PA; QL
<i>levalbuterol hcl</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
LONHALA MAGNAIR REFILL	3	QL
LONHALA MAGNAIR STARTER	3	QL
<i>metaproterenol oral syrup</i>	1	
<i>mometasone nasal</i>	1	ST; QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL
NUCALA SUBCUTANEOUS SYRINGE	4	PA; QL
OFEV	4	PA; QL
OPSUMIT	4	PA
ORKAMBI	4	PA; QL
PERFOROMIST	2	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PULMICORT FLEXHALER	2	QL
<i>pulmosal</i>	1	
PULMOZYME	4	PA
QNASL	2	ST; QL
QVAR REDIHALER	2	QL

Drug Name	Drug Tier	Requirements / Limits
REVATIO ORAL	5	PA; QL
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; QL
SINUVA	5	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SURFAXIN	3	
SYMDEKO	4	PA; QL
<i>tadalafil (pulm.hypertension)</i>	4	PA; QL
<i>terbutaline oral</i>	1	
THEO-24	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	5	PA
TRACLEER ORAL TABLET FOR SUSPENSION	4	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	Drug Tier	Requirements / Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	2	
TRIKAFTA	4	PA
VENTOLIN HFA	2	QL
<i>wixela inhub</i>	1	PA; QL
XHANCE	3	ST; 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 ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; QL
<i>oxybutynin chloride</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	2	ST
<i>trospium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	PA
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	Drug Tier	Requirements / Limits
SHOHL'S MODIFIED	3	
URELLE	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
<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	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>effer-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	

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m20</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 oral</i>	1	
POTABA ORAL CAPSULE	3	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>strong iodine oral</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	0	Covered at \$0 for ages 50 and younger; OTC
<i>b complex-vitamin b12</i>	0	covered at \$0 for ages 50 years and younger; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>b complex-vitamin c-folic acid oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-50 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL BLOOM	3	
CITRANATAL DHA (ALGAL OIL)	3	

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100 oral tablet extended release</i>	0	covered at \$0 for ages 50 years and younger; OTC
CONCEPT DHA	3	
CONCEPT OB	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
DRISDOL ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>elite-ob</i>	1	
ENBRACE HR	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME	2	PA
FLORIVA (FLUORIDE-VITAMIN D3)	3	OTC
<i>fluoride (sodium) oral drops</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>fluoritab oral tablet, chewable</i>	0	covered at \$0 for ages 1-16 years; OTC
FLURA-DROPS	3	OTC
FOLET ONE	3	
<i>folic acid injection</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>full spectrum b-vitamin c</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>hydroxocobalamin</i>	1	
INFED	2	PA
INJECTAFER	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>kobee</i>	0	covered at \$0 for ages 50 years and younger; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>ludent fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>multivitamins with fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>mvc-fluoride</i>	0	covered at \$0 for ages 1-16 years; 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	
NASCOBAL	2	
NATACHEW (FE BIS-GLYCINATE)	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>natural b-100 complex</i>	0	covered at \$0 for ages 50 years and younger; OTC
NEEVODHA (WITH ALGAL OIL)	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	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	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>perry prenatal</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>pnv 29-1</i>	1	
<i>pnv-dha</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pnv-dha + docusate</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	
PREGENNA	3	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<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 complete</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal multi-dha (algal oil)</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal one daily</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal vits96-iron fum-folic</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
<i>rena-vite</i>	0	covered at \$0 for ages 50 years and younger; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>stress formula with iron</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>stress formula with iron(sulf)</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super b complex-vitamin c</i>	0	covered at \$0 for ages 50 years and younger; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>super b maxi complex</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super quints</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super quints b-50</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
THRIVITE RX	3	
TRICARE	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRINAZ	3	
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
VENOFER	2	PA
VINATE DHA RF	3	
<i>virt-c dha</i>	1	
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL FE PLUS	3	
VITAFOL FE+ (WITH DOCUSATE)	3	
VITAFOL GUMMIES	3	
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 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>vitamin b complex-folic acid oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>vitamins a,c,d and fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
VITAPEARL	3	
VITATRUE	3	
<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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100 INSULIN.....	49	BEXSERO.....	60	buprenorphine hcl.....	17
bayer aspirin	20	bicalutamide	10	buprenorphine-naloxone.....	20
BCG VACCINE, LIVE (PF)	60	BIDIL	28	bupropion hcl.....	23
b-complex with vitamin c.....	80	BIJUVA.....	64	BUPROPION HCL	23
BD INTEGRA NEEDLE	48	BIKTARVY	3	bupropion hcl (smoking deter)	
BD MICROTAINER		bimatoprost.....	72		44
LANCET	48	BINOSTO.....	62	buspirone	23
BD SPECIALTY USE		BIOTHRAX	60	butalbital compound w/codeine	
NEEDLES	48	bisacodyl.....	54		17
BD ULTRA FINE LANCETS		bisa-lax (bisacodyl)	54	butalbital-acetaminop-caf-cod	
.....	48	bisoprolol fumarate.....	28		17
BD ULTRA-FINE NANO		bisoprolol-hydrochlorothiazide		butalbital-acetaminophen	17
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BENZEPRO		bp 10-1.....	36	calcipotriene-betamethasone	34
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BENZNIDAZOLE	7	BREATHERITE MDI		calcitriol	34, 50, 51
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benzoyl peroxide	36	BREO ELLIPTA	76		54
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beser	40	brimonidine	74	camrese	66
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betamethasone valerate	40	bromocriptine	15		28
betamethasone, augmented...	40	brompheniramine-pseudoeph-		CANTHARIDIN IN	
BETAPACE	27	dm	75	ACETONE	35
BETAPACE AF	27	BROMSITE.....	72	CAPCOF.....	75
BETASERON	59	BROVANA	76	capecitabine	10
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CARAFATE.....	57	cevimeline	43	(ALGAL OIL)	80
carbamazepine.....	13	CHANTIX.....	44	CITRANATAL HARMONY	
CARBATROL.....	13	CHANTIX CONTINUING		(IRON FUM)	80
carbidopa	15	MONTH BOX.....	44	citrate of magnesia.....	54
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carbidopa-levodopa-		MONTH BOX.....	44	claravis.....	36
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carbinoxamine maleate.....	74	chateal (28).....	66	CLARINEX-D 12 HOUR	75
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CARDIZEM CD	28	CHENODAL	54	classic prenatal.....	80
CARDIZEM LA.....	28	children's aspirin.....	20	clearlax	54
CARDURA	28	chlordiazepoxide-clidinium..	53	clemastine	74
CARDURA XL.....	28	chlorhexidine gluconate	45	CLENPIQ	54
carisoprodol-aspirin.....	16	chloroquine phosphate.....	7	CLEOCIN.....	65
carisoprodol-aspirin-codeine	17	chlorpromazine	23	CLEOCIN HCL.....	7
CARNITOR	43	chlorthalidone	28	CLEOCIN PEDIATRIC	7
CARNITOR (SUGAR-FREE)		chlorzoxazone.....	17	CLEOCIN T	36
.....	43	cholestyramine (with sugar) .	32	CLIMARA.....	64
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cartia xt.....	28		20	CLINDACIN PAC	36
carvedilol.....	28	ciclodan	39	clindamycin hcl	7
carvedilol phosphate.....	28	CICLODAN KIT.....	39	clindamycin pediatric	7
CASODEX.....	10	ciclopirox.....	39	clindamycin phosphate ..	36, 37,
CATAPRES	28	ciclopirox-ure-camph-menth-		65	
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caziant (28).....	66	cimetidine	57	CLINPRO 5000	45
cefaclor	5	cimetidine hcl	57	clobazam.....	13
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cefdinir	6	CIPRO HC.....	46	clobetasol-emollient	40
cefditoren pivoxil	6	CIPRODEX	46	CLOBEX	40
cefixime	6	ciprofloxacin hcl.....	8, 46, 69	clodan	40
cefpodoxime	6	ciprofloxacin-dexamethasone		CLODAN KIT	40
cefprozil.....	6		46	CLODERM.....	40
cefuroxime axetil.....	6	citalopram.....	23	clomipramine	23
celecoxib.....	20	CITRANATAL (DUAL-		clonazepam	13
CELLCEPT	10	IRON).....	80	clonidine	28
CELONTIN	13	CITRANATAL 90 DHA		clonidine hcl	23, 28
CENTANY.....	39	(ALGAL OIL)	80	clopidogrel	31
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codeine-butalbital-asa-caff... 18		CREON	54	dasetta 1/35 (28)	66
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COLAZAL	54	CRIXIVAN	3	DAURISMO.....	10
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COMBIVENT RESPIMAT .	76	cyanocobalamin (vitamin b-12)		decadron	46
COMBIVIR.....	3		80	deferiprone.....	43
COMETRIQ	10	cyclafem 1/35 (28).....	66	DELESTROGEN	64
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CHAMBER	47	cyclobenzaprine.....	17	DEMSEER.....	28
COMPAZINE	54	CYCLOGYL	70	DENAVIR	40
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complex b-100.....	80	cyclopentolate.....	70	dentagel.....	45
compro.....	54	CYCLOPEN-TROPIC-		DEPAKOTE	13
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CONCEPT OB	80	PHEN-KETR-WAT	70	DEPEN TITRATABS	62
CONCERTA	23	cyclophosphamide	10	DEPO-ESTRADIOL	64
CONDYLOX	35	CYCLOP-TROP-PROPA-		DEPO-PROVERA.....	64
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CONZIP	20	CYCLOSET	51	DEPO-TESTOSTERONE....51	
COPAXONE	59	cyclosporine.....	10	DERMA-SMOOTH/FS	
COPIKTRA	10	CYCLOSPORINE IN		BODY OIL	41
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coremino.....	8	cyclosporine modified	10	SCALP OIL	41
CORGARD	28	cyproheptadine	74	DERMOTIC OIL.....	46
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.....	34	dantrolene	17	DESOXYN	23
COSENTYX PEN	34	dapsone	7, 37	DESVENLAFAXINE	23
COSENTYX PEN (2 PENS)	34	DAPSONE.....	37	desvenlafaxine succinate	23
COSOPT (PF)	72	DAPTACEL (DTAP		dexabliss	46
COTELLIC.....	10	PEDIATRIC) (PF).....	60	dexamethasone	46
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DEXCOM G4 RECEIVER	48	DIPENTUM	54	DUEXIS	20
DEXCOM G5 RECEIVER	48	DIPHEN	74	dulcolax (magnesium hydroxide).....	54
DEXCOM G6 RECEIVER	48	diphenoxylate-atropine	53	DULERA	76
DEXCOM RECEIVER	48	DIPROLENE (AUGMENTED)	41	duloxetine	23
DEXEDRINE SPANSULE	23	dipyridamole.....	31	DUOBRII	41
dexmethylphenidate	23	DISALCID	20	DURAGESIC	18
DEXTENZA.....	73	diskets.....	18	DUREZOL	73
dextroamphetamine	23	disopyramide phosphate	27	dutasteride.....	78
dextroamphetamine-amphetamine	23	disulfiram.....	43	dutasteride-tamsulosin	78
DEXYCU (PF)	73	DITROPAN XL	78	dvorah	18
DIACOMIT	13	DIURIL	28	DXEVO	46
dialyvite 800.....	80	divalproex.....	13	DYANAVEL XR	23
DIASTAT	13	DIVIGEL.....	64	DYAZIDE	28
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diazepam intensol.....	23	DOLOPHINE	18	E	
diazoxide	48	donepezil	16	e.c. prin	20
DIBENZYLINE	28	DOPTelet (15 TAB PACK)	31	e.e.s. 400	6
diclofenac potassium	20	DORYX.....	8	E.E.S. GRANULES.....	6
diclofenac sodium	20, 72	DORYX MPC	8	EASIVENT HOLDING CHAMBER	47
diclofenac-misoprostol	20	dorzolamide	72	ECLIPSE NEEDLE.....	48
dicloxacillin.....	8	DORZOLAMIDE (PF).....	72	EC-NAPROSYN	20
dicyclomine	53	dorzolamide-timolol	72	econazole	39
didanosine.....	4	dorzolamide-timolol (pf)	72	econtra ez.....	66
DIFFERIN	37	DORZOLAMIDE-TIMOLOL (PF).....	72	econtra one-step.....	66
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diflorasone	41	DOVATO	4	ecotrin low strength	20
DIFLUCAN.....	3	DOVONEX	34	ECOZA	39
diflunisal.....	20	doxazosin.....	28	EDARBI	28
digitek.....	31	doxepin	23	EDARBYCLOR	28
digox.....	31	doxercalciferol.....	51	EDECRIN.....	28
digoxin.....	31	doxycycline hyclate.....	8, 9	EDLUAR.....	24
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DILANTIN.....	13	doxylamine-pyridoxine (vit b6)	54	EDURANT	4
DILANTIN EXTENDED	13	DRISDOL.....	80	eeamt	64
DILANTIN INFATABS	13	dronabinol.....	54	eeamt hs.....	64
DILANTIN-125	13	drospirenone-ethinyl estradiol	66	efavirenz	4
DILATRATE-SR	34	DROXIA	10	efavirenz-emtricitabin-tenofov	4
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EGRIFTA SV.....	59	ENVARUS XR.....	10	ethacrynic acid.....	29
ELESTRIN.....	64	ENZOCLEAR.....	37	ethambutol.....	7
eletriptan.....	15	EPCLUSA.....	4	ethosuximide.....	13
ELIMITE.....	43	EPIDIOLEX.....	13	ethynodiol diac-eth estradiol	67
elinest.....	67	EPIFOAM.....	34	etodolac.....	20
ELIQUIS.....	31	epinastine.....	71	etonogestrel-ethinyl estradiol	65
ELIQUIS DVT-PE TREAT		epinephrine.....	74	etoposide.....	10
30D START.....	31	epinephrine hcl.....	76	EUFLEXXA.....	20
elite-ob.....	80	EPIPEN 2-PAK.....	74	EURAX.....	43
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ELLA.....	67	EPISIL.....	45	EVAMIST.....	64
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eluryng.....	65	EPIVIR.....	4	EVEKEO ODT.....	24
ELZONRIS.....	10	EPIVIR HBV.....	4	everolimus (antineoplastic) ..	11
EMCYT.....	10	eplerenone.....	29	everolimus	
EMGALITY PEN.....	15	eprosartan.....	29	(immunosuppressive)	11
EMGALITY SYRINGE.....	15	EPZICOM.....	4	EVERSENSE SENSOR-	
emoquette.....	67	EQUETRO.....	13	HOLDER.....	48
EMSAM.....	24	ergocalciferol (vitamin d2)...	81	EVISTA.....	62
emtricitabine.....	4	ergoloid.....	24	EVOCLIN.....	37
emtricitabine-tenofovir (tdf)...	4	ERGOMAR.....	15	EVOTAZ.....	4
EMTRIVA.....	4	ergotamine-caffeine.....	15	EVOXAC.....	43
EMVERM.....	7	ERIVEDGE.....	10	EVRYSDI.....	16
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enalapril-hydrochlorothiazide		errin.....	64	EXELON.....	16
.....	29	ery pads.....	37	exemestane.....	11
ENBRACE HR.....	80	erygel.....	37	EXTINA.....	39
ENBREL.....	62	ERYPED 200.....	6	ezetimibe.....	32
ENBREL MINI.....	62	ERYPED 400.....	6	F	
ENBREL SURECLICK.....	62	ery-tab.....	6	FABIOR.....	37
endocet.....	18	ERY-TAB.....	6	FACTIVE.....	8
ENDOMETRIN.....	64	erythrocine (as stearate)	6	falmina (28).....	67
ENERGIX-B (PF).....	60	erythromycin.....	6, 69	famciclovir.....	4
ENERGIX-B PEDIATRIC		erythromycin ethylsuccinate...	6	famotidine.....	57
(PF).....	60	erythromycin with ethanol....	37	FANAPT.....	24
ENHERTU.....	10	escitalopram oxalate.....	24	FARXIGA.....	51
ENLITE SYSTEM.....	48	ESGIC.....	18	FARYDAK.....	11
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ENSPRYNG.....	10	ESTRACE.....	64	felbamate.....	13
ENSTILAR.....	34	estradiol.....	64	FELBATOL.....	13
entacapone.....	15	estradiol valerate.....	64	FELDENE.....	20
entecavir.....	4	estradiol-norethindrone acet.	64	felodipine.....	29
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FEMCAP	63	FLUBLOK QUAD 2020-2021 (PF)	60	FML LIQUIFILM	73
FEMHRT LOW DOSE	64	FLUCELVAX QUAD 2020- 2021	60	FOLET ONE	81
femynor	67	FLUCELVAX QUAD 2020- 2021 (PF)	60	folic acid	81
fenofibrate	33	fluconazole	3	folivane-ob	81
FENOFIBRATE	33	fludrocortisone	46	foltabs 800	81
fenofibrate micronized	33	FLULAVAL QUAD 2020- 2021 (PF)	60	fondaparinux	31
fenofibrate nanocrystallized	33	FLUMADINE	4	FORA GTEL MULTI- FUNCTN MONITOR	48
fenofibric acid	33	FLUMIST QUAD 2020-2021	60	FORFIVO XL	24
fenofibric acid (choline)	33	fluocinolone	41	FORTAMET	51
FENOGLIDE	33	fluocinolone acetonide oil ...	46	FORTESTA	51
fenoprofen	20	fluocinolone and shower cap	41	FOSAMAX	62
fentanyl	18	fluocinonide	41	FOSAMAX PLUS D	62
fentanyl citrate	18	fluocinonide-e	41	fosamprenavir	4
FERAHEME	81	fluoride (sodium)	45, 81	fosinopril	29
FERRIPROX	43	FLUORIDEX DAILY DEFENSE	45	fosinopril-hydrochlorothiazide	29
FERRLECIT	43	FLUORIDEX SENSITIVITY RELIEF	45	FREESTYLE FREEDOM ...	48
FETZIMA	24	fluoritab	81	FREESTYLE FREEDOM LITE	48
FEXMID	17	fluorometholone	73	FREESTYLE INSULINX ...	47, 48
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FINACEA	37	fluorouracil	35	FREESTYLE LIBRE 14 DAY READER	48
finasteride	78	fluoxetine	24	FREESTYLE LIBRE 14 DAY SENSOR	48
FIORICET	18	fluphenazine hcl	24	FREESTYLE LITE METER	48
FIORICET WITH CODEINE	18	FLURA-DROPS	81	FREESTYLE LITE STRIPS	47
FIORINAL	18	flurazepam	24	FREESTYLE TEST	47
FIORINAL-CODEINE #3 ...	18	flurbiprofen	20	FROVA	15
FIRDAPSE	16	flurbiprofen sodium	72	frovatriptan	15
FIRVANQ	9	flutamide	11	full spectrum b-vitamin c	81
flac otic oil	46	fluticasone propionate ...	41, 76	FULPHILA	58
FLAGYL	7	fluticasone propion-salmeterol	76	FURADANTIN	9
FLAREX	73	FLUTICASONE PROPION- SALMETEROL	76	furosemide	29
flavoxate	78	fluvastatin	33	FUZEON	4
flecainide	27	fluvoxamine	24	fyavolv	64
FLECTOR	20	FLUZONE HIGHDOSE QUAD 20-21 PF	60	G	
fleet laxative (bisacodyl)	54	FLUZONE QUAD 2020-2021	60	gabapentin	13
FLEXICHAMBER	47			GABITRIL	13
FLOLIPID	33			galantamine	16
FLOMAX	78			GALZIN	79
FLORIVA (FLUORIDE- VITAMIN D3)	81			GARDASIL 9 (PF)	60
FLOVENT DISKUS	76			GASTROCROM	54
FLOVENT HFA	76				
FLUAD 2020-2021 (65 YR UP)(PF)	60				
FLUAD QUAD 2020-21(65Y UP)(PF)	60				

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

gatifloxacin.....	69	GLYNASE	52	heparin(porcine) in 0.45% nacl	
GATTEX 30-VIAL	54	GLYSET.....	52	.....	32
gavilax	54	GLYXAMBI	52	HEPARIN(PORCINE) IN	
GELCLAIR	45	GOJJI MULTI-FUNCTIONAL		0.45% NACL	32
GELNIQUE.....	78	METER	49	heparin, porcine (pf)	32
GELX	45	GONITRO	34	HEPARIN, PORCINE (PF)..	32
gemfibrozil	33	GRALISE	13	HEPLISAV-B (PF).....	60
GENERESS FE	67	granisetron hcl	55	HEPSERA	4
generlac	54	griseofulvin microsize	3	HETLIOZ	24
gengraf.....	11	griseofulvin ultramicrosize	3	HIBERIX (PF).....	60
GENOTROPIN	59	guanfacine	24, 29	hidex	46
GENOTROPIN MINIQUICK		guanidine	24	HISTEX-AC	75
.....	59	GUARDIAN REAL-TIME		homatropaire.....	70
gentak	69	GLU MONITOR	49	HORIZANT.....	16
gentamicin	39, 69	GVOKE HYPOPEN 2-PACK		HUMALOG JUNIOR	
GENTEEL VACUUM		.....	48	KWIKPEN U-100	49
LANCING DEVICE	49	GVOKE PFS 2-PACK		HUMALOG KWIKPEN	
gentle laxative (bisacodyl) ...	54	SYRINGE.....	48	INSULIN	49
gentlelax	54	GYNAZOLE-1	65	HUMALOG MIX 50-50	
GENVOYA	4	gynol ii.....	65	INSULN U-100	49
GEODON	24	H		HUMALOG MIX 50-50	
gianvi (28)	67	hailey	67	KWIKPEN.....	49
GILENYA	59	hailey 24 fe	67	HUMALOG MIX 75-25	
GILOTRIF.....	11	hailey fe 1.5/30 (28)	67	KWIKPEN.....	49
GIVLAARI.....	43	hailey fe 1/20 (28)	67	HUMALOG MIX 75-25(U-	
glatiramer	59	halcinonide	41	100)INSULN	49
glatopa	59	halobetasol propionate.....	41	HUMALOG U-100 INSULIN	
GLEOLAN	43	HALOBETASOL		.....	50
GLEOSTINE.....	11	PROPIONATE	41	HUMIRA.....	62
glimepiride	51	HALOG	41	HUMIRA PEN	62
glipizide.....	51	haloperidol.....	24	HUMIRA PEN CROHNS-UC-	
glipizide-metformin.....	51	haloperidol lactate	24	HS START	62
GLOPERBA.....	62	HAVRIX (PF)	60	HUMIRA PEN PSOR-	
GLUCAGEN DIAGNOSTIC		healthylax	55	UVEITS-ADOL HS	62
KIT	47	heather	65	HUMIRA(CF)	62
GLUCAGEN HYPOKIT	48	hemmorex-hc.....	55	HUMIRA(CF) PEDI	
GLUCAGON (HCL)		hep flush-10 (pf).....	31	CROHNS STARTER	63
EMERGENCY KIT	48	heparin (porcine)	31	HUMIRA(CF) PEN.....	63
GLUCAGON EMERGENCY		HEPARIN (PORCINE) IN		HUMIRA(CF) PEN	
KIT (HUMAN)	48	0.9% NACL.....	31	CROHNS-UC-HS.....	63
GLUCAGON HCL	47	heparin (porcine) in 5 % dex	31	HUMIRA(CF) PEN PSOR-	
GLUCOTROL.....	51	heparin (porcine) in nacl (pf)	31	UV-ADOL HS.....	63
GLUCOTROL XL	51	heparin flush(porcine)-0.9nacl		HUMULIN 70/30 U-100	
glyburide.....	51	.....	31	INSULIN	50
glyburide micronized.....	52	heparin lock flush	31	HUMULIN 70/30 U-100	
glyburide-metformin	52	heparin lock flush (porcine) .	31	KWIKPEN.....	50
glycolax	55	heparin lockflush(porcine)(pf)		HUMULIN N NPH INSULIN	
glydo.....	38	.....	32	KWIKPEN.....	50

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

HUMULIN N NPH U-100	IMOVAX RABIES VACCINE	ISENTRESS	4
INSULIN.....50	(PF).....60	ISENTRESS HD	4
HUMULIN R REGULAR U-	IMPOYZ.....42	isibloom	67
100 INSULN	IMURAN.....11	isoniazid.....7	
HUMULIN R U-500 (CONC)	IMVEXXY MAINTENANCE	ISOPTO CARPINE	70
INSULIN.....50	PACK	ISORDIL	34
HUMULIN R U-500 (CONC)	IMVEXXY STARTER PACK	ISORDIL TITRADOSE	34
KWIKPEN	65	isosorbide dinitrate	34
hydralazine	INBRIJA.....15	isosorbide mononitrate	34
HYDREA	incassia	isotretinoin.....37	
hydrochlorothiazide.....29	INCRUSE ELLIPTA.....76	isoxsuprine.....65	
hydrocodone bitartrate.....18	indapamide	isradipine	29
hydrocodone-acetaminophen18	INDERAL XL	itraconazole.....3	
hydrocodone-homatropine ...75	INDOCIN	ivermectin	7
hydrocodone-ibuprofen	indomethacin	IXIARO (PF)	61
hydrocortisone	INFANRIX (DTAP) (PF).....61	J	
hydrocortisone acetate.....55	INFASURF.....43	jaimiess	67
hydrocortisone butyrate.....41	INFED	JAKAFI	11
hydrocortisone butyr-emollient	INJECTAFER	JALYN	78
.....41	INLYTA	jantoven	32
hydrocortisone valerate	INNOPRAN XL	JANUMET	52
hydrocortisone-acetic acid...46	INOVA	JANUMET XR.....52	
hydrocortisone-pramoxine ..34,	INOVA 4-1	JANUVIA.....52	
55	INOVA 8-2.....35	JARDIANCE	52
hydromet.....75	INPEN (FOR HUMALOG) .49	jasmiel (28).....67	
hydromorphone	INPEN (FOR NOVOLOG OR	jencycla.....65	
hydroxocobalamin.....81	FIASP).....49	JENTADUETO	52
hydroxychloroquine	INSPIRACHAMBER.....47	JENTADUETO XR.....52	
hydroxyurea.....11	INSPIRA.....29	jinteli.....65	
hydroxyzine hcl.....74	INSULIN SYRINGE-	jolessa	67
hydroxyzine pamoate	NEEDLE U-100	JORNAY PM.....24	
hyophen	47	juleber	67
hyoscyamine sulfate	INTELENCE	JULUCA.....4	
hyosyne	INTERMEZZO	june1 1.5/30 (21)	67
HYSINGLA ER	introvale.....67	june1 1/20 (21)	67
I	INVEGA.....24	june1 fe 1.5/30 (28)	67
ibandronate.....62	INVELTYS	june1 fe 1/20 (28)	67
IBRANCE	INVIRASE	june1 fe 24	67
ibu.....21	iodine-sodium iodide.....35	K	
ibuprofen	IODOFLEX.....35	KADIAN	18
ibuprofen-oxycodone	IODOSORB.....35	kaitlib fe.....67	
ICLUSIG	IOPIDINE.....74	KALETRA	4
IDHIFA	IPOL	kalliga	67
ILEVRO	ipratropium bromide.....45, 76	KALYDECO	76
imatinib	ipratropium-albuterol.....76	KANJINTI.....11	
imipramine hcl.....24	irbesartan	KAPVAY	24
imipramine pamoate.....24	irbesartan-hydrochlorothiazide	KARBINAL ER	74
imiquimod	29	kariva (28)	67
	IRESSA		
	11		

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KEFLEX	6	LAMICTAL XR STARTER (GREEN)	14	levofloxacin	8, 69
kelnor 1/35 (28)	67	LAMICTAL XR STARTER (ORANGE)	14	levonest (28)	67
kelnor 1-50	67	lamivudine	4	levonorgestrel	67
KENALOG	42	lamivudine-zidovudine	4	levonorgestrel-ethinyl estrad	67
KETAMINE	24	lamotrigine	14	levonorg-eth estrad triphasic	67
ketoconazole	3, 39	LANCETS	49	levora-28	67
ketodan	39	LANCING DEVICE	49	levo-t	52
ketodan kit	39	LANOXIN	31	levothyroxine	52
ketoprofen	21	lansoprazole	57, 58	levoxyl	52
ketorolac	72	LANTUS SOLOSTAR U-100 INSULIN	50	LEVSIN	53
KINRIX (PF)	61	LANTUS U-100 INSULIN	50	LEVSIN/SL	53
kionex (with sorbitol)	55	lapatinib	11	LEXETTE	42
KITABIS PAK	7	larin 1.5/30 (21)	67	LEXIVA	4
KLARITY-A (AZITHRO- CHONDR)(PF)	71	larin 1/20 (21)	67	LIALDA	55
KLARITY-B (BETAMETH- CHOND)(PF)	71	larin 24 fe	67	LICART	21
KLARITY-L (LOTEPRED- CHOND)(PF)	71	larin fe 1.5/30 (28)	67	lidocaine	38
KLARON	39	larin fe 1/20 (28)	67	lidocaine hcl	38
KLONOPIN	13	larissia	67	lidocaine hcl-hydrocortison ac	38, 55
klor-con	79	LASIX	29	LIDOCAINE HCL- HYDROCORTISON AC	55
klor-con 10	79	LASTACRAFT	71	lidocaine viscous	38
klor-con 8	79	latanoprost	72	lidocaine-hydrocortisone-aloe	55
klor-con m10	79	LATANOPROST (PF)	72	LIDOCAINE- PHENYLEPHRIN-BSS(PF)	71
klor-con m15	79	LATUDA	24	lidocaine-phenylephrn in water	71
klor-con m20	79	laxaclear	55	lidocaine-prilocaine	38
klor-con/ef	79	laxative (bisacodyl)	55	lillow (28)	67
kobee	81	laxative peg 3350	55	lindane	43
KOSELUGO	11	layolis fe	67	linezolid	7
KOSHER PRENATAL PLUS IRON	81	leena 28	67	liothyronine	52
K-PHOS NO 2	78	leflunomide	63	LIPOFEN	33
K-PHOS ORIGINAL	78	LENVIMA	11	lisinopril	29
kpn	81	LESCOL XL	33	lisinopril-hydrochlorothiazide	29
KRISTALOSE	55	lessina	67	lite coat aspirin	21
k-tab	79	letrozole	11	LITEAIRE MDI CHAMBER	47
K-TAB	79	leucovorin calcium	10	lithium carbonate	24
kurvelo (28)	67	LEUKERAN	11	lithium citrate	24
KYNMOBI	15	levabuterol hcl	76	LITHOBID	24
L		LEVABID	53	LITHOSTAT	43
l norgest/e.estradiol-e.estrad.	67	LEVEMIR FLEXTOUCH U- 100 INSULN	50	LIVALO	33
labetalol	29	LEVEMIR U-100 INSULIN	50	LO LOESTRIN FE	67
LACRISERT	71	levetiracetam	14	LODINE	21
lactated ringers	43	levobunolol	70		
lactulose	55	levocarnitine	43		
LAMICTAL XR STARTER (BLUE)	13	levocarnitine (with sugar)	43		
		levocetirizine	74		

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LODOSYN.....	15	LYUMJEV U-100 INSULIN		MEKINIST	11
lojaimiess.....	67		50	MEKTOVI.....	11
LOMOTIL.....	53	lyza	65	melodetta 24 fe	67
LONHALA MAGNAIR		M		meloxicam	21
REFILL	77	MACRILEN	58	melphalan	11
LONHALA MAGNAIR		MACROBID	9	memantine	16
STARTER	77	MACRODANTIN	9	MEMANTINE.....	16
loperamide.....	53	mafenide acetate	39	MENACTRA (PF).....	61
LOPID	33	magnesium citrate.....	55	M-END PE	75
lopinavir-ritonavir	4	MALARONE	7	MENEST	65
LOPRESSOR	29	MALARONE PEDIATRIC ...	7	MENOPUR.....	51
LOPROX.....	39	malathion	43	MENOSTAR.....	65
LOPROX (AS OLAMINE)..	39	maprotiline.....	24	MENQUADFI (PF)	61
LOPROX KIT	39	MARINOL	55	MENTAX	39
lorazepam	24	marlissa (28).....	67	MENVEO A-C-Y-W-135-DIP	
lorazepam intensol.....	24	MARNATAL-F.....	81	(PF).....	61
LORBRENA	11	MARPLAN	24	MEPHYTON.....	32
lorcet hd.....	18	MATULANE.....	11	MEPRON	7
LORTAB ELIXIR.....	18	matzim la	29	mercaptopurine	11
loryna (28).....	67	MAVENCLAD (10 TABLET		mesalamine	55
LORZONE	17	PACK).....	59	mesalamine with cleansing	
losartan	29	MAVENCLAD (4 TABLET		wipe	55
losartan-hydrochlorothiazide	29	PACK).....	59	MESNEX.....	10
LOSEASONIQUE	67	MAVENCLAD (5 TABLET		MESTINON	17
LOTEMAX	73	PACK).....	59	MESTINON TIMESPAN ...	17
LOTEMAX SM	73	MAVENCLAD (6 TABLET		metaproterenol	77
LOTENSIN	29	PACK).....	59	metaxall	17
LOTENSIN HCT	29	MAVENCLAD (7 TABLET		metaxalone.....	17
loteprednol etabonate	73	PACK).....	59	metformin	52
LOTRONEX	55	MAVENCLAD (8 TABLET		methadone.....	18, 19
lovastatin	33	PACK).....	59	methadose	19
LOVAZA	33	MAVENCLAD (9 TABLET		methamphetamine.....	24
low-ogestrel (28)	67	PACK).....	59	methazolamide.....	72
loxapine succinate	24	MAXITROL	73	methenamine hippurate	9
lo-zumandimine (28).....	67	MAXI-TUSS CD.....	75	methenamine mandelate	9
lta pre-attached	38	MAXZIDE.....	29	methen-sod phos-meth blue-	
ludent fluoride	81	MAXZIDE-25MG.....	29	hyos.....	78
lugols	39, 79	MAYZENT	59	methergine	69
LUMIGAN.....	72	meclizine	55	methimazole	47
lutura (28)	67	meclofenamate.....	21	METHITEST	51
LUXIQ	42	MECOBALAMIN (VITAMIN		methocarbamol	17
LYNPARZA.....	11	B12).....	81	methotrexate sodium	11
LYSODREN.....	11	MEDROL	46	methotrexate sodium (pf)	11
LYSTEDA.....	65	MEDROL (PAK)	46	methoxsalen.....	35
LYUMJEV KWIKPEN U-100		medroxyprogesterone	65	methscopolamine.....	53
INSULIN.....	50	mefenamic acid.....	21	methyl salicylate.....	35
LYUMJEV KWIKPEN U-200		mefloquine.....	7	methyldopa	29
INSULIN.....	50	megestrol	11		

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methyldopa-	MIOCHOL-E.....	MYCOBUTIN.....
hydrochlorothiazide.....	miostat.....	mycophenolate mofetil.....
methylergonovine.....	miralax.....	mycophenolate sodium.....
METHYLIN.....	MIRAPEX ER.....	MYDAYIS.....
methylphenidate hcl.....	MIRCETTE (28).....	MYDRIACYL.....
METHYLPHENIDATE HCL	mirtazapine.....	MYDRIATIC4(TROP-PROP-
.....	misoprostol.....	PE-KTRLC).....
methylprednisolone.....	MITIGARE.....	MYFORTIC.....
methyltestosterone.....	MKO (MIDAZOLAM-	MYLERAN.....
metoclopramide hcl.....	KETAMINE-ONDAN)....	mynatal.....
metolazone.....	M-M-R II (PF).....	mynatal advance.....
METOPIRONE.....	m-natal plus.....	mynatal plus.....
metoprolol succinate.....	MOBIC.....	mynatal-z.....
metoprolol tartrate.....	modafinil.....	mynate 90 plus.....
METROCREAM.....	moexipril.....	myorisan.....
METROGEL.....	molindone.....	MYSOLINE.....
METROGEL VAGINAL.....	mometasone.....	N
metronidazole.....	mondoxylene nl.....	nabumetone.....
metyrosine.....	MONJUVI.....	nadolol.....
mexiletine.....	MONODOX.....	nadolol-bendroflumethiazide
MIACALCIN.....	mono-lynyah.....	naftifine.....
mibelas 24 fe.....	montelukast.....	NAFTIN.....
MICONAZOLE NITRATE-	morgidox.....	NALFON.....
ZINC OX-PET.....	MORGIDOX 1X 50.....	NALOCET.....
miconazole-3.....	MORGIDOX 2X100.....	naloxone.....
MICROCHAMBER.....	morphine.....	naltrexone.....
microgestin 1.5/30 (21).....	morphine concentrate.....	NAMENDA.....
microgestin 1/20 (21).....	MOTEGRITY.....	NAMENDA TITRATION
microgestin fe 1.5/30 (28)....	MOVANTIK.....	PAK.....
microgestin fe 1/20 (28).....	MOXATAG.....	NAMENDA XR.....
MICROSPACER.....	MOXEZA.....	NAPRELAN CR.....
midazolam.....	moxifloxacin.....	NAPROSYN.....
midodrine.....	MOXIFLOXACIN (PF)-BSS	naproxen.....
migergot.....	.....	naproxen sodium.....
miglitol.....	MOXIFLOXACIN-SOD	naproxen-esomeprazole.....
MIGRANAL.....	CHLOR,ISO(PF).....	naratriptan.....
mili.....	MOZOBIL.....	NARCAN.....
milk of magnesia.....	MS CONTIN.....	NARDIL.....
milk of magnesia concentrated	MUGARD.....	NASCOBAL.....
.....	multi-vitamin with fluoride..	NATACHEW (FE BIS-
millipred.....	multivitamins with fluoride..	GLYCINATE).....
millipred dp.....	mupirocin.....	NATACYN.....
MINIPRESS.....	mupirocin calcium.....	NATAZIA.....
MINITRAN.....	MVASI.....	nateglinide.....
MINIVELLE.....	mvc-fluoride.....	NATESTO.....
minocycline.....	my choice.....	natural b-100 complex.....
MINOLIRA ER.....	my way.....	natura-lax.....
minoxidil.....	MYAMBUTOL.....	NEBUPENT.....

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nebusal.....	77	nikki (28).....	68	NOVOPEN ECHO	49
NEBUSAL	77	NILANDRON	11	np thyroid.....	52
necon 0.5/35 (28).....	68	nilutamide.....	11	NUBEQA	11
NEEVODHA (WITH ALGAL OIL).....	82	nimodipine.....	29	NUCALA	77
nefazodone	25	NINLARO	11	NUCORT.....	42
neomycin	7	nisoldipine	29	NUDEXTA	16
neomycin-bacitracin-poly-hc	73	nitro-bid.....	34	NULEV.....	53
neomycin-bacitracin- polymyxin	70	NITRO-DUR	34	NULYTELY LEMON-LIME	56
neomycin-polymyxin b gu ...	43	nitrofurantoin.....	9	NULYTELY WITH FLAVOR PACKS	56
neomycin-polymyxin b- dexameth	73	nitrofurantoin macrocrystal	9	NURTEC ODT.....	15
neomycin-polymyxin- gramicidin.....	70	nitrofurantoin monohyd/m- cryst	9	NUVARING.....	65
neomycin-polymyxin-hc 46, 73		nitroglycerin	34	NUVESSA.....	65
neo-polycin.....	70	NITROLINGUAL	34	NUZYRA	9
neo-polycin hc	73	NITROMIST	34	nyamyc	39
NEORAL.....	11	NITROSTAT.....	34	NYMALIZE	29
NEO-SYNALAR KIT	39	nitro-time	34	nystatin	3, 40
NERLYNX.....	11	NIVESTYM	59	nystatin-triamcinolone	40
NESTABS	82	nizatidine	58	nystop	40
NESTABS ABC.....	82	NOC DURNA (MEN).....	51	O	
NESTABS DHA	82	NOC DURNA (WOMEN)....	51	OB COMPLETE	82
NESTABS ONE.....	82	nora-be.....	65	OB COMPLETE ONE	82
neuac.....	37	NORDITROPIN FLEXPRO	59	OB COMPLETE PETITE	82
NEUAC KIT	37	noreth-ethinyl estradiol-iron	68	OB COMPLETE PREMIER	82
nevirapine.....	4	norethindrone (contraceptive)	65	OB COMPLETE WITH DHA	82
new day	68	norethindrone acetate	65	obstetrix dha	82
newgen	82	norethindrone ac-eth estradiol	65, 68	OBSTETRIX EC	82
NEXAVAR	11	norethindrone-e.estradiol-iron	68	OBSTETRIX ONE	82
NEXIUM.....	58	NORGESIC FORTE	17	OBTREX DHA	82
NEXIUM PACKET	58	norgestimate-ethinyl estradiol	68	ocella.....	68
NEXLETOL	33	NORITATE	37	OCUFLOX	70
NEXLIZET.....	33	norlyda.....	65	ODEFSEY	4
niacin.....	33	NORPACE	27	ODOMZO.....	11
NIACOR	33	NORPACE CR.....	27	OFEV.....	77
NIASPAN EXTENDED- RELEASE	33	NORPRAMIN.....	25	ofloxacin	8, 46, 70
nicardipine.....	29	NORTHERA	43	olanzapine.....	25
NICODERM CQ.....	44	nortrel 0.5/35 (28).....	68	olanzapine-fluoxetine	25
nicorette.....	44	nortrel 1/35 (21).....	68	olmesartan.....	29
NICORETTE.....	44	nortrel 1/35 (28).....	68	olmesartan-amlodipin- hcthiazid	29
nicotine.....	44	nortrel 7/7/7 (28)	68	olmesartan- hydrochlorothiazide	30
nicotine (polacrilex)	44	nortriptyline	25	olopatadine	45, 71
NICOTROL.....	44	NORVIR.....	4	OLUX.....	42
NICOTROL NS	44	NOURIANZ	15	OLUX-E	42
nifedipine.....	29	NOVAREL.....	51	OMECLAMOX-PAK.....	58

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omega-3 acid ethyl esters	33	oscimin sl.....	53	PATANASE	45
omeprazole	58	oscimin sr	53	PAXIL	25
omeprazole-sodium		oseltamivir	4	PAXIL CR	25
bicarbonate	58	OSMOLEX ER.....	15	PAZEO	71
ondansetron	56	OTEZLA	63	PEDIARIX (PF)	61
ondansetron hcl	56	OTEZLA STARTER.....	63	PEDVAX HIB (PF)	61
one daily prenatal	82	OTREXUP (PF)	63	PEGANONE.....	14
ONETOUCH ULTRA BLUE		OVACE	34	PEGASYS	59
TEST STRIP	47	OVACE PLUS	34, 35	peg-electrolyte soln	56
ONETOUCH ULTRA2		OVACE PLUS SHAMPOO	34	peg-prep	56
METER	49	OVACE PLUS WASH.....	35	PEMAZYRE.....	12
ONETOUCH ULTRAMINI	49	OVIDE.....	43	PEN NEEDLE, DIABETIC	49
ONETOUCH VERIO FLEX		OVIDREL	51	penicillamine	63
METER	49	oxandrolone	51	penicillin v potassium.....	8
ONETOUCH VERIO IQ		oxaprozin	21	PENTACEL (PF).....	61
METER	49	OXAYDO.....	19	PENTACEL ACTHIB	
ONETOUCH VERIO METER		oxazepam.....	25	COMPONENT (PF)	61
.....	49	oxcarbazepine.....	14	pentamidine	7
ONETOUCH VERIO		oxiconazole.....	40	PENTASA	56
REFLECT METER	49	OXISTAT	40	pentazocine-naloxone	21
ONETOUCH VERIO TEST		OXSORALEN ULTRA	35	pentoxifylline.....	32
STRIPS.....	47	OXTELLAR XR	14	PEPCID	58
ONEXTON.....	37	oxybutynin chloride.....	78	PERFOROMIST.....	77
ONFI	14	oxycodone	19	PERIDEX	45
ONZETRA XSAIL	15	oxycodone-acetaminophen... ..	19	perindopril erbumine	30
opcicon one-step.....	68	oxycodone-aspirin	19	periogard.....	45
opium tincture	53	OXYCONTIN	19	permethrin.....	43
OPSUMIT	77	oxymorphone.....	19	perphenazine.....	25
OPTICHAMBER DIAMOND		OXYTROL	78	perphenazine-amitriptyline... ..	25
VHC	47	OZEMPIC	52	perry prenatal.....	82
option-2	68	P		PEXEVA	25
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RIFADIN.....	7	RYTHMOL SR	27	silodosin.....	78
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rivastigmine.....	16	SECUADO	26	sodium chloride 0.9 % (flush)	
rivastigmine tartrate.....	16	SELECT-OB	83		44
rivelsa	68	SELECT-OB (FOLIC ACID)		sodium ferric gluconat-sucrose	
rizatriptan	16		83		44
R-NATAL OB.....	83	SELECT-OB + DHA.....	83	sodium fluoride 5000 plus....	45
ROBAXIN-750	17	selegiline hcl.....	15	sodium fluoride-pot nitrate...46	
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ROCKLATAN	72	SELRX	35		56
ROMIDEPSIN	12	SELZENTRY	5	sodium polystyrene sulfonate	
ropinirole	15	SEMPREX-D	75		56
rosadan	37	se-natal 19 chewable	83	solifenacin.....	78
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rosuvastatin.....	33	setlakin.....	68	SOOLANTRA	38
ROTARIX.....	61	sevelamer carbonate	56	SORBITOL.....	43
ROTATEQ VACCINE	61	sevelamer hcl.....	56	SORBITOL-MANNITOL....	43
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roweepra.....	14	sf 45		SORILUX.....	35
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SPACE CHAMBER.....	47	sulfacetamide sodium (acne)	39	SYNALAR TS.....	42
SPECTRACEF.....	6	sulfacetamide sodium-sulfur	38	SYNAREL.....	51
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.....	30	sulfamethoxazole-trimethoprim		TABRECTA	12
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ssd.....	35	sumatriptan	16	TALICIA	58
SSKI	47	sumatriptan succinate	16	TALZENNA.....	12
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st joseph aspirin.....	22	SUMAXIN CP	38	tamoxifen.....	12
st. joseph aspirin.....	22	SUMAXIN TS.....	38	tamsulosin.....	78
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STALEVO 125.....	15	super b complex-vitamin c ...	83	TAPERDEX	46
STALEVO 150.....	15	super b maxi complex.....	84	TARCEVA	12
STALEVO 200.....	15	super quints.....	84	TARGADOX.....	9
STALEVO 50.....	15	super quints b-50	84	TARGRETIN	12
STALEVO 75.....	15	SUPRAX	6	tarina 24 fe.....	68
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STIVARGA.....	12	SYMAX DUOTAB.....	53	TASMAR	15
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stress formula with iron.....	83	symax-sr	53	TAZORAC	38
stress formula with iron(sulf)	83	SYMBYAX	26	taztia xt	30
STROMECTOL	7	SYMDEKO	77	TAZVERIK	12
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SUBLOCADE.....	19	SYMFI LO	5	TECARTUS	12
SUBOXONE	22	SYMJEPI.....	75	TECFIDERA	59
subvenite.....	14	SYMLINPEN 120	52	TEGRETOL	14
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subvenite starter (green) kit..	14	SYMPAZAN	14	TEGSEDI	16
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SUCRAID	56	SYNALAR	42	TEKTURNA HCT.....	30
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telmisartan-hydrochlorothiazid	30	TIMOL-BRIMON-DORZO- LATANOP(PF)	72	tramadol-acetaminophen	22
temazepam.....	26	timolol maleate	30, 70	trandolapril	30
TEMIXYS	5	TIMOLOL-BRIMONIDI- DORZOLAM(PF)	72	trandolapril-verapamil	30
TEMODAR	12	TIMOLOL-DORZOLAMID- LATANOP(PF)	72	tranexamic acid.....	66
TEMOVATE	42	TIMOLOL- LATANOPROST(PF)	72	TRANXENE T-TAB	26
temozolomide	12	TIMOPTIC	70	tranlycypromine.....	26
tencon	19	TIMOPTIC-XE	70	TRAVATAN Z.....	72
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tenofovir disoproxil fumarate..	5	TIROSINT.....	53	TRAZIMERA.....	12
TENORMIN.....	30	TIROSINT-SOL	53	trazodone	26
TEPEZZA.....	51	tis-u-sol pentalyte	43	TREANDA	12
terazosin	30	TIVICAY.....	5	TRECTOR	8
terbinafine hcl.....	3	TIVICAY PD	5	TRELEGY ELLIPTA.....	78
terbutaline.....	77	tizanidine	17	TRESIBA FLEXTOUCH U- 100	50
terconazole	65	TOBI PODHALER	7	TRESIBA FLEXTOUCH U- 200	50
TERSI FOAM	35	TOBRADEX	73	TRESIBA U-100 INSULIN ..	50
TESSALON PERLES	75	TOBRADEX ST.....	73	tretinoin.....	38
testosterone.....	51	tobramycin.....	8, 70	tretinoin (antineoplastic).....	12
testosterone cypionate	51	tobramycin in 0.225 % nacl....	8	tretinoin microspheres	38
testosterone enanthate	51	TOBRAMYCIN WITH NEBULIZER.....	8	TRETIN-X.....	38
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tetracycline	9	tolmetin.....	22	triamterene	30
TEXACORT.....	42	tolterodine.....	78	triamterene-hydrochlorothiazid	30
THEO-24.....	77	TOPICORT	42	trianex	42
theophylline.....	77	topiramate	14	TRICARE	84
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THIOLA EC.....	44	torsemide	30	TRIDESILON.....	42
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thiothixene.....	26	TOUJEO MAX U-300 SOLOSTAR	50	tri-estarylla.....	68
THRIVITE RX.....	84	TOUJEO SOLOSTAR U-300 INSULIN	50	TRIFERIC	84
THYROLAR-1	52	tovet emollient.....	42	trifluoperazine.....	26
THYROLAR-1/2.....	52	TOVIAZ	78	trifluridine.....	70
THYROLAR-1/4.....	52	TRACLEER	77	trihexyphenidyl.....	15
THYROLAR-2.....	52	TRADJENTA.....	52	TRIJDY XR	52
THYROLAR-3.....	53	tramadol.....	22	TRIKAFTA	78
tiadylt er.....	30			tri-legest fe.....	68
tiagabine	14			tri-lynyah	69
TIAZAC	30			TRILIPIX	33
TIBSOVO	12			tri-lo-estarylla	69
TIGAN	56				
TIGLUTIK	44				

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tri-lo-mili	69	UPTRAVI.....	30		69
tri-lo-sprintec	69	URELLE.....	79	VEMLIDY.....	5
trilyte with flavor packets.....	57	uretron d-s.....	79	VENCLEXTA	12
trimethobenzamide	57	URIBEL.....	79	VENCLEXTA STARTING	
trimethoprim.....	9	urimar-t.....	79	PACK	12
tri-mili	69	urin ds	79	venlafaxine	26
trimipramine	26	uro-458	79	VENOFER.....	84
TRIMO-SAN JELLY	66	urogesic-blue	79	VENTOLIN HFA	78
trinatal rx 1	84	uro-mp	79	verapamil	30
trinate.....	84	UROQID-ACID NO.2.....	79	VERELAN	30
TRINAZ	84	URSO 250	57	VERELAN PM.....	30
TRINTELLIX.....	26	URSO FORTE.....	57	VERSACLOZ.....	26
tri-previfem (28).....	69	ursodiol.....	57	VERZENIO	12
tri-sprintec (28).....	69	uryl.....	79	VFEND.....	3
TRISTART DHA	84	ustell	79	V-GO 20	49
TRIUMEQ.....	5	utira-c.....	79	V-GO 30	49
triveen-duo dha.....	84	V		V-GO 40	49
tri-vitamin with fluoride.....	84	vaginal contraceptive foam ..	66	VIBRAMYCIN	9
trivora (28).....	69	valacyclovir	5	vienva	69
tri-vylibra.....	69	VALCHLOR	36	VIGAMOX.....	70
tri-vylibra lo.....	69	VALCYTE	5	VIIBRYD	26
TRIZIVIR.....	5	valganciclovir	5	VIMOVO.....	22
TRODELVY	12	valproic acid	14	VIMPAT.....	14
TROKENDI XR.....	14	valproic acid (as sodium salt)		VINATE DHA RF.....	84
tropicamide.....	70	.....	14	VIOKACE	57
tropium.....	78	valsartan.....	30	viorele (28)	69
TRULICITY	52	valsartan-hydrochlorothiazide		VIRACEPT.....	5
TRUMENBA	61	.....	30	VIRAMUNE.....	5
TRUSOPT	72	VALTOCO.....	14	VIRAMUNE XR.....	5
TRUVADA	5	VANATOL LQ	19	VIRAZOLE	5
TUKYSA.....	12	VANATOL S	19	VIREAD	5
tulana	65	VANCOCIN.....	9	virt-c dha.....	84
TURALIO	12	vancomycin	10	virt-nate dha.....	84
TUSSICAPS.....	75	vandazole.....	66	virt-pn dha	84
TUZISTRA XR.....	75	VANOXIDE-HC	38	virt-pn plus.....	84
TWINRIX (PF)	61	VAQTA (PF).....	61	virtussin dac.....	75
TYBOST	5	VARIVAX (PF)	61	VISTARIL	75
tydemy	69	VARIZIG.....	61	VITAFOL FE PLUS.....	84
TYKERB.....	12	VASCEPA.....	33	VITAFOL FE+ (WITH	
TYMLOS	62	VASERETIC.....	30	DOCUSATE)	84
TYPHIM VI	61	VASOTEC.....	30	VITAFOL GUMMIES	84
U		VAXCHORA VACCINE.....	61	VITAFOL NANO	84
UBRELVY	16	VCF CONTRACEPTIVE		VITAFOL ULTRA.....	84
UCERIS.....	57	FILM	66	VITAFOL-OB	84
ULTRACET	22	VCF CONTRACEPTIVE GEL		VITAFOL-OB+DHA	84
ULTRAM.....	22		66	VITAFOL-ONE	84
ULTRAVATE.....	42	VECTICAL	35	VITAMED MD ONE RX	84

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RX	XCOPRI MAINTENANCE		ZENZEDI	27
vitamin b complex	PACK	14	ZEPATIER	5
vitamin b complex-folic acid	XCOPRI TITRATION PACK		ZEPOSIA	59
vitamin k .....	.....	14	ZEPOSIA STARTER KIT	59
vitamin k1	XELJANZ	63	ZEPOSIA STARTER PACK	
vitamins a,c,d and fluoride	XELJANZ XR	63	.....	59
VITAPEARL	XELODA	13	ZEPZELCA	13
VITATRUE	XEMBIFY	62	ZERViate	72
VITRAKVI	XENLETA	8	ZESTORETIC	30
VIVITROL	XERESE	40	ZESTRIL	30
VIVOTIF	XHANCE	78	ZIAC	31
VIZIMPRO	XIFAXAN	8	ZIAGEN	5
VOGELXO	XIGDUO XR	52	ZIANA	38
volnea (28)	XOFLUZA	5	zidovudine	5
voriconazole	XOLEGEL	40	ZIEXTENZO	59
VOSEVI	XOPENEX	78	zileuton	78
VOTRIENT	XOPENEX CONCENTRATE		ZILXI	38
vp-ch-pnv .....	.....	78	zingiber	84
VP-PNV-DHA	XOSPATA	13	ZIOPTAN (PF)	72
vtol lq	xulane	66	ziprasidone hcl	27
VUMERITY	XULTOPHY 100/3.6	50	ZIRABEV	13
VUSION	XYOSTED	51	ZIRGAN	70
vyfemla (28)	XYREM	27	ZITHROMAX	6
VYLEESI	XYWAV	27	ZITHROMAX TRI-PAK	6
vylibra	Y		ZITHROMAX Z-PAK	6
VYNDAMAX	YAZ (28)	69	ZOFRAN	57
VYNDAQEL	YF-VAX (PF)	62	ZOHYDRO ER	19
W	YUPELRI	78	ZOLINZA	13
WAKIX	yuvaferm	65	zolmitriptan	16
warfarin	Z		zolpidem	27
water for irrigation, sterile	zafirlukast	78	ZOLPIMIST	27
WELLBUTRIN XL	zaleplon	27	ZOMIG	16
wera (28)	ZANAFLEX	17	zonisamide	14
westhroid	zarah	69	ZONTIVITY	32
WIDE-SEAL DIAPHRAGM	ZARONTIN	14	ZORBTIVE	59
.....	ZARXIO	59	ZORTRESS	13
wintergreen oil	zatean-pn dha	84	ZOSTAVAX (PF)	62
wixela inhub	zatean-pn plus	84	zovia 1/35e (28)	69
women's gentle laxative(bisac)	ZCORT	47	ZOVIRAX	5, 40
.....	zebutal	19	ZTLIDO	39
women's laxative (bisacodyl)	ZEJULA	13	ZUBSOLV	22
wymzya fe	ZELBORAF	13	ZULRESSO	27
X	ZELNORM	57	zumandimine (28)	69
XALKORI	ZEMBRACE SYMTOUCH	16	ZUPLENZ	57
XARELTO	ZEMPLAR	51	ZYDELIG	13
XARELTO DVT-PE TREAT	zenatane	38	ZYFLO	78
30D START	ZENPEP	57	ZYKADIA	13

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

ZYLET	73	ZYMAXID	70	ZYPREXA.....	27
ZYLOPRIM	62	ZYPITAMAG	33	ZYPREXA ZYDIS.....	27

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

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-855-202-0622 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-855-202-0622 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-855-202-0622 TTY:711 ይደውሉ።

BURMESE

CareSourceအကြောင်းသင်သိမဟုတ်သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-855-202-0622 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-855-202-0622 TTY:711。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-855-202-0622 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-855-202-0622 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-855-202-0622 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-855-202-0622 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મે હુડતી મેળિનો અવિકર છ. તે ખર્ચ વિન તમ રી ભ ધ મ i પ્ર ખ કરી શક ર છ. દ ભ વપરો t કરિ મ ટે, આ 1-855-202-0622 TTY:711 પર કાલે કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-855-202-0622 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-855-202-0622 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます (無償)。通訳をご利用の場合は、1-855-202-0622 TTY:711 にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-855-202-0622 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-855-202-0622 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-855-202-0622 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-855-202-0622 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-855-202-0622 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-855-202-0622 TTY:711.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-855-202-0622 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of 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, 800-537-7697 (TDD)

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



[CareSource.com/marketplace/](https://www.caresource.com/marketplace/)