



MARKETPLACE PLAN |

Drug Formulary

Georgia

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 Drug Formulary. The on 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 1-833-230-2030. 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.

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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	
ZOXYDO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	covered 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 for ages 69 and younger; OTC
<i>aspirin oral tablet</i>	0	covered for ages 69 and younger; OTC
<i>aspirin oral tablet, chewable</i>	0	covered for ages 69 and younger; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	covered for ages 69 and younger; OTC
<i>aspir-trin</i>	0	covered for ages 69 and younger; OTC
<i>bayer aspirin</i>	0	covered 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 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 for ages 69 and younger; OTC
EC-NAPROSYN	3	ST
<i>ecotrin</i>	0	covered for ages 69 and younger; OTC
<i>ecotrin low strength</i>	0	covered 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 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
NUCYNTA	2	QL
NUCYNTA ER	2	PA; QL
ORTHOVISC	4	PA
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
RELAFEN	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>salsalate</i>	1	
<i>st joseph aspirin</i>	0	covered for ages 69 and younger; OTC
<i>st. joseph aspirin</i>	0	covered 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

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<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

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
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
<i>armodafinil</i>	1	ST; 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>buspirone</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	

Drug Name	Drug Tier	Requirements / Limits
CLOZARIL	3	
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

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
DYANAVEL XR	2	ST
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

Drug Name	Drug Tier	Requirements / Limits
GEODON ORAL	3	QL
<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	

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
METHYLIN ORAL SOLUTION	3	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>molindone</i>	1	
MYDAYIS	2	ST
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	

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>protriptyline</i>	1	
<i>quetiapine</i>	1	QL
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

Drug Name	Drug Tier	Requirements / Limits
SECUADO	3	QL
<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	
VIIBRYD ORAL TABLET	2	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	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
VYLEESI	5	PA; QL
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	

Drug Name	Drug Tier	Requirements / Limits
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
CATAPRES-TTS-3	3	QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<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

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
EDARBYCLOR	2	ST
EDECIN	3	
<i>enalapril maleate</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	ST
<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	

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
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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
VASOTEC	3	
<i>verapamil oral</i>	1	
VERELAN	3	ST
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin 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	
DOPTLET (15 TAB PACK)	4	PA; QL
EFFIENT	3	
ELIQUIS	2	PA

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START	2	PA
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
<i>hep flush-10 (pf)</i>	1	
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	

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 lock flush</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>jantoven</i>	1	
MEPHYTON	3	QL
<i>pentoxifylline</i>	1	
<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 through 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

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
COLESTID FLAVORED ORAL PACKET	3	ST
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST
<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 through 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 through 75 years; QL
LOVAZA	3	PA
NEXLETOL	2	PA

Drug Name	Drug Tier	Requirements / Limits
NEXLIZET	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
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 through 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 through 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 through 75 years; QL
<i>simvastatin oral tablet 80 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
TRILIPIX	3	ST
VASCEPA	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA
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	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin translingual spray, non-aerosol</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
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	

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
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	
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

Drug Name	Drug Tier	Requirements / Limits
TACLONEX TOPICAL SUSPENSION	2	QL
TERSI FOAM	3	
VECTICAL	3	
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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
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

Drug Name	Drug Tier	Requirements / Limits
ALTRENO	3	PA
<i>amnestem</i>	1	
AMZEEQ	2	ST
ARAZLO	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZA CLIN	3	ST
BENZA CLIN PUMP	3	ST
BENZEPRO (MICROSPHERES)	3	ST
<i>benze pro 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	

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
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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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

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Drug Name	Drug Tier	Requirements / Limits
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	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

Drug Name	Drug Tier	Requirements / Limits
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
<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	

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>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	
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		

Drug Name	Drug Tier	Requirements / Limits
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole 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>ketconazole topical</i>	1	QL
<i>ketodan</i>	1	QL
<i>ketodan kit</i>	1	
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	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
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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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>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
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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>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
<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

Drug Name	Drug Tier	Requirements / Limits
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
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

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>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		
<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	
<i>spinosad</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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
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
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
CHANTIX	0	\$0 for ages 18 and older
CHANTIX CONTINUING MONTH BOX	0	\$0 for ages 18 and older
CHANTIX STARTING MONTH BOX	0	\$0 for ages 18 and older

Drug Name	Drug Tier	Requirements / Limits
NICODERM CQ	0	\$0 for ages 18 and older; OTC
NICORETTE BUCCAL GUM 2 MG	0	\$0 for ages 18 and older; OTC
<i>nicorette buccal gum 4 mg</i>	0	\$0 for ages 18 and older; OTC
NICORETTE BUCCAL LOZENGE	0	\$0 for ages 18 and older; OTC
NICORETTE BUCCAL MINI LOZENGE	0	\$0 for ages 18 and older; OTC
<i>nicotine (polacrilex)</i>	0	\$0 for ages 18 and older; 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; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	\$0 for ages 18 and older; OTC
NICOTROL	0	\$0 for ages 18 and older
NICOTROL NS	0	\$0 for ages 18 and older
<i>quit 2</i>	0	\$0 for ages 18 and older; OTC
<i>quit 4</i>	0	\$0 for ages 18 and older; OTC
<i>stop smoking aid</i>	0	\$0 for ages 18 and older; 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
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	
<i>ipratropium bromide nasal</i>	1	QL
MUGARD	3	
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</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>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	
<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

Drug Name	Drug Tier	Requirements / Limits
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
TRIESENCE (PF)	3	
ZCORT	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SSKI	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
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
ONETOUCH ULTRA BLUE TEST STRIP	2	OTC
ONETOUCH 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	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	

Drug Name	Drug Tier	Requirements / Limits
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	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	QL
GLUCAGON (HCL) EMERGENCY KIT	2	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
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
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
CEQR SIMPLICITY	3	
DEXCOM G4 RECEIVER	2	
DEXCOM G5 RECEIVER	2	

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G6 RECEIVER	2	
DEXCOM RECEIVER	2	
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ENLITE SYSTEM	3	
EVERSENSE SENSOR-HOLDER	3	
FORA GTEL 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
GENTEEL VACUUM LANCING DEVICE	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
GUARDIAN REAL-TIME GLU MONITOR	3	
INPEN (FOR HUMALOG)	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
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
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		

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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
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
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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>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
<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

Drug Name	Drug Tier	Requirements / Limits
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	
<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

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
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	
<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

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

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

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>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	
LEVIBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LOMOTIL	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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 for ages 50 through 75 years; OTC
<i>alosetron</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
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	

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>balsalazide</i>	1	
<i>bisacodyl oral</i>	0	covered for ages 50 through 75 years; OTC
<i>bisa-lax (bisacodyl)</i>	0	covered for ages 50 through 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 for ages 50 through 75 years; OTC
<i>citroma</i>	0	covered for ages 50 through 75 years; OTC
<i>clearlax</i>	0	covered for ages 50 through 75 years; OTC
CLENPIQ	0	\$0 for ages 50 through 75 years
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	

Drug Name	Drug Tier	Requirements / Limits
<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 for ages 50 through 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 for ages 50 through 75 years; OTC
GASTROCROM	3	
GATTEX 30-VIAL	5	PA
<i>gavilax oral powder</i>	0	covered for ages 50 through 75 years; OTC
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	0	covered for ages 50 through 75 years; OTC
<i>gentlelax</i>	0	covered for ages 50 through 75 years; OTC
<i>glycolax oral powder</i>	0	covered for ages 50 through 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>granisetron hcl oral</i>	1	QL
<i>healthylax</i>	0	covered for ages 50 through 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 for ages 50 through 75 years; OTC
<i>laxative (bisacodyl) oral</i>	0	covered for ages 50 through 75 years; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>laxative peg 3350 oral powder</i>	0	covered for ages 50 through 75 years; OTC
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 for ages 50 through 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 for ages 50 through 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>milk of magnesia concentrated</i>	0	covered for ages 50 through 75 years; OTC
<i>miralax oral powder in packet</i>	0	covered for ages 50 through 75 years; OTC
MOTEGRITY	3	QL
MOVANTIK	2	QL
<i>natura-lax</i>	0	covered for ages 50 through 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 for ages 50 through 75 years; OTC
ORTIKOS	3	
<i>peg-electrolyte soln</i>	0	\$0 for ages 50 through 75 years
<i>peg-prep</i>	0	\$0 for ages 50 through 75 years
PENTASA	2	
PHOSLYRA	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phosphate laxative oral liquid</i>	0	covered for ages 50 through 75 years; OTC
<i>polyethylene glycol 3350</i>	0	covered for ages 50 through 75 years; OTC
<i>powderlax</i>	0	covered for ages 50 through 75 years; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
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 for ages 50 through 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	

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
SFROWASA	3	
<i>smoothlax</i>	0	covered for ages 50 through 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	
<i>trilyte with flavor packets</i>	0	\$0 for ages 50 through 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 for ages 50 through 75 years; OTC
<i>women's laxative (bisacodyl)</i>	0	covered for ages 50 through 75 years; OTC
ZELNORM	3	

Drug Name	Drug Tier	Requirements / Limits
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		
<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	

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>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
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol</i>	1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	ST; QL
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
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
<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	

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>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
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

Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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	
<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

Drug Name	Drug Tier	Requirements / Limits
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 age 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 age 1-12 months
ENGERIX-B (PF)	0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	
FLUAD 2020-2021 (65 YR UP)(PF)	0	
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	

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Drug Name	Drug Tier	Requirements / Limits
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
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 and older
HIBERIX (PF)	0	\$0 for ages 1 month and older
IMOVAX RABIES VACCINE (PF)	0	
INFANRIX (DTAP) (PF)	0	\$0 for age 1-6 years
IPOL	0	
IXIARO (PF)	0	
KINRIX (PF)	0	\$0 for age 4-6 years

Drug Name	Drug Tier	Requirements / Limits
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 age 1-12 months
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 age 1-6 years
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF)	0	\$0 for age 1-6 years
PNEUMOVAX-23	0	\$0 for age 2 years and older
PREVNAR 13 (PF)	0	\$0 for ages 1 month and older
PROQUAD (PF)	0	\$0 for ages 1 year and older
QUADRACEL (PF)	0	\$0 for age 4-6 years
RABAVERT (PF)	0	

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Drug Name	Drug Tier	Requirements / Limits
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 and older
STAMARIL (PF)	0	
TDVAX	0	\$0 for age 7 years and older
TENIVAC (PF)	0	\$0 for age 7 years and older
TETANUS,DIPHTHERIA TOX PED(PF)	0	\$0 for age 1-12 months
TRUMENBA	0	\$0 for age 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	
XEMBIFY	4	PA
YF-VAX (PF)	0	
ZOSTAVAX (PF)	0	\$0 for age 60 years and older

Drug Name	Drug Tier	Requirements / Limits
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
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	0	\$0 for ages 35 and older

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Drug Name	Drug Tier	Requirements / Limits
<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
ARAVA	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-UEITS- ADOL HS	4	PA; QL
HUMIRA(CF)	4	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER	4	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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
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	

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
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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>levonorgestrel-ethinyl estrad</i>	0	
<i>levonorg-eth estrad 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>luteria (28)</i>	0	
<i>marlissa (28)</i>	0	
<i>melodetta 24 fe</i>	0	
<i>mibelas 24 fe</i>	0	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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Drug Name	Drug Tier	Requirements / Limits
<i>setlakin</i>	0	
<i>simliya</i> (28)	0	
<i>simpesse</i>	0	
SLYND	0	ST
<i>sprintec</i> (28)	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</i> (28)	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	
<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</i> (28)	0	
<i>tri-sprintec</i> (28)	0	
<i>trivora</i> (28)	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>tydemy</i>	0	
<i>velivet triphasic regimen</i> (28)	0	
<i>vienva</i>	0	
<i>viorele</i> (28)	0	
<i>volnea</i> (28)	0	

Drug Name	Drug Tier	Requirements / Limits
<i>vyfemla</i> (28)	0	
<i>vylibra</i>	0	
<i>wera</i> (28)	0	
<i>wymzya fe</i>	0	
YAZ (28)	0	ST
<i>zarah</i>	0	
<i>zovia 1/35e</i> (28)	0	
<i>zumandimine</i> (28)	0	
OXYTOCICS		
<i>methergine</i>	1	ST; QL
<i>methylergonovine oral</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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		

Drug Name	Drug Tier	Requirements / Limits
<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	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT	3	

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Drug Name	Drug Tier	Requirements / Limits
<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		
AKTEN (PF)	3	
ALCAINE	3	
ALOCRIAL	3	ST
ALOMIDE	3	ST
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine ophthalmic (eye)</i>	1	
BEUVU	5	PA
BEPREVE	2	ST
CEQUA	3	PA
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOSPORINE IN KLARITY	3	
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>epinastine</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-B (BETAMETH-CHOND)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF)	3	
LACRISERT	3	
LASTACFT	3	ST
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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	
TETRACAINE HCL (PF) OPHTHALMIC (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		

Drug Name	Drug Tier	Requirements / Limits
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	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	PA
LATANOPROST (PF)	3	
LUMIGAN OPHTHALMIC (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	

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Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(PF)	3	
TRAVATAN Z	3	PA
<i>travoprost</i>	1	PA
TRUSOPT	3	
ZIOPTAN (PF)	2	PA
STEROID-ANTIBIOTIC COMBINATIONS		
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	

Drug Name	Drug Tier	Requirements / Limits
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	
STERIODS		
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
<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>promethgan</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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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
<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

Drug Name	Drug Tier	Requirements / Limits
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	
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

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>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	
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

Drug Name	Drug Tier	Requirements / Limits
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
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	

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>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
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

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>b complex-vitamin b12</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>balanced b-50 oral tablet</i>	0	covered at \$0 copay for ages 50 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 copay for ages 50 and younger; OTC
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	

Drug Name	Drug Tier	Requirements / Limits
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	
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	0	covered at \$0 copay for ages 50 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 copay for ages 50 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 copay for ages 50 and younger; OTC
DRISDOL ORAL CAPSULE	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
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	
<i>ergocalciferol</i> (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
FERAHEME	2	PA
FLORIVA (FLUORIDE- VITAMIN D3)	3	OTC
<i>fluoride (sodium)</i> <i>oral drops</i>	0	covered for ages 6mo to 16 years; OTC
<i>fluoride (sodium)</i> <i>oral tablet, chewable</i>	0	covered for ages 6mo to 16 years; OTC
<i>fluoritab oral</i> <i>tablet, chewable</i>	0	covered for ages 6mo to 16 years; OTC
FLURA-DROPS	3	OTC
FOLET ONE	3	
<i>folic acid injection</i>	1	
<i>folic acid oral tablet</i> <i>1 mg</i>	1	
<i>folic acid oral tablet</i> <i>400 mcg, 800 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>folivane-ob</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>foltabs 800</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>full spectrum b-</i> <i>vitamin c</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>hydroxocobalamin</i>	1	
INFED	2	PA
INJECTAFER	3	PA
<i>kobee</i>	0	covered at \$0 copay for ages 50 and younger; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>ludent fluoride</i>	0	covered for ages 6mo to 16 years; OTC
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with</i> <i>fluoride</i>	0	covered for ages 6mo to 16 years; OTC
<i>multivitamins with</i> <i>fluoride</i>	0	covered for ages 6mo to 16 years; OTC
<i>mvc-fluoride</i>	0	covered for ages 6mo to 16 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>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	
<i>natural b-100 complex</i>	0	covered at \$0 copay for ages 50 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	

Drug Name	Drug Tier	Requirements / Limits
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>perry prenatal</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>pnv 29-1</i>	1	
<i>pnv-dha</i>	1	
<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 copay for ages 50 and younger; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 copay for ages 50 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 multi-dha (algal oil)</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal one daily</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal vits96-iron fum-folic</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
<i>rena-vite</i>	0	covered at \$0 copay for ages 50 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 copay for ages 50 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>stress formula with iron</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>stress formula with iron(sulf)</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>super b complex-vitamin c</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>super b maxi complex</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>super quints</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>super quints b-50</i>	0	covered at \$0 copay for ages 50 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	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-vitamin with fluoride</i>	0	covered for ages 6mo to 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	
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 copay for ages 50 and younger; OTC
<i>vitamin b complex-folic acid oral tablet</i>	0	covered at \$0 copay for ages 50 and younger; OTC
<i>vitamins a,c,d and fluoride</i>	0	covered for ages 6mo to 16 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
VITAPEARL	3	
VITATRUE	3	
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	3	

Drug Name	Drug Tier	Requirements / Limits
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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

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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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BENZNIDAZOLE	7	BREATHERITE MDI		calcitriol	34, 50
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benzoyl peroxide	36	BREO ELLIPTA	76		54
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betamethasone valerate	40	bromocriptine	15		28
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CARBATROL.....	13	CHANTIX CONTINUING		(IRON FUM)	80
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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
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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	37
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cefaclor.....	5	cimetidine hcl	57	clobetasol.....	40
cefadroxil.....	6	CIPRO	8	clobetasol-emollient	41
cefdinir	6	CIPRO HC.....	46	CLOBEX	41
cefditoren pivoxil	6	CIPRODEX	46	clodan	41
cefixime	6	ciprofloxacin hcl.....	8, 46, 69	CLODAN KIT.....	41
cefpodoxime	6	ciprofloxacin-dexamethasone		CLODERM.....	41
cefprozil.....	6		46	clomipramine.....	23
cefuroxime axetil.....	6	citalopram.....	23	clonazepam	13
celecoxib.....	20	CITRANATAL (DUAL-		clonidine	28
CELLCEPT	10	IRON).....	80	clonidine hcl	23, 28
CELONTIN	13	CITRANATAL 90 DHA		clopidogrel	31
CENTANY.....	39	(ALGAL OIL)	80	clorazepate dipotassium.....	23
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cephalexin.....	6	CITRANATAL B-CALM (FE		clotrimazole-betamethasone .	39
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COMBIVENT RESPIMAT .	76	cyanocobalamin (vitamin b-12)		decadron	46
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CONCERTA	23	cyclophosphamide	10	DEPO-ESTRADIOL	64
CONDYLOX	35	CYCLOP-TROP-PROPA-		DEPO-PROVERA.....	64
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constulose.....	54	CYCLOSERINE	7		64
CONZIP	20	CYCLOSET	51	DEPO-TESTOSTERONE ...50	
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COPIKTRA.....	10	CYCLOSPORINE IN		BODY OIL	41
COREG CR.....	28	KLARITY	71	DERMA-SMOOTH/FS	
coremino.....	8	cyclosporine modified	10	SCALP OIL	41
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CORTEF	46	CYSTAGON	79	desloratadine.....	74
CORTENEMA	54	CYTOTEC.....	57	desmopressin	50
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COSENTYX PEN	34	dapsone	7, 37	DESVENLAFAXINE	23
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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
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diazepam intensol.....	23	DOLOPHINE	18	E	
diazoxide	47	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.....	67
DIFFERIN	37	DORZOLAMIDE-TIMOLOL (PF).....	72	econtra one-step.....	67
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diflorasone	41	DOVATO	4	ecotrin low strength	20
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diflunisal.....	20	doxazosin.....	28	EDARBI	28
digitek.....	31	doxepin	23	EDARBYCLOR	29
digox.....	31	doxercalciferol.....	51	EDECRIN.....	29
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DILANTIN.....	13	doxylamine-pyridoxine (vit b6)	54	EDURANT	4
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DILANTIN-125	13	drospirenone-ethinyl estradiol	67	efavirenz	4
DILATRATE-SR	34	DROXIA	10	efavirenz-emtricitabin-tenofovir	4
		DSUVIA.....	18	efavirenz-lamivudine-tenofovir disoproxil fumarate	4

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elinest	67	EPIFOAM	34	ethynodiol diac-eth estradiol	67
ELIQUIS	31	epinastine.....	71	etodolac.....	20
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30D START	31	epinephrine hcl	76	etoposide.....	10
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EMCYT.....	10	eplerenone	29	everolimus (antineoplastic) ..	11
EMGALITY PEN	15	eprosartan	29	everolimus	
EMGALITY SYRINGE.....	15	EPZICOM	4	(immunosuppressive)	11
emoquette	67	EQUETRO	13	EVERSENSE SENSOR-	
EMSAM	24	ergocalciferol (vitamin d2)...	81	HOLDER.....	48
emtricitabine.....	4	ergoloid.....	24	EVISTA.....	62
emtricitabine-tenofovir (tdf)...	4	ERGOMAR.....	15	EVOCLIN.....	37
EMTRIVA.....	4	ergotamine-caffeine.....	15	EVOTAZ	4
EMVERM	7	ERIVEDGE.....	10	EVOXAC	43
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.....	29	ery pads.....	37	EXELON	16
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ENBREL	63	ERYPED 200	6	EXTINA	39
ENBREL MINI.....	63	ERYPED 400	6	ezetimibe.....	33
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endocet	18	ERY-TAB.....	6	FABIOR	37
ENDOMETRIN	64	erythrocine (as stearate)	6	FACTIVE	8
ENERGIX-B (PF)	60	erythromycin	6, 69	falmina (28)	67
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ENSTILAR	34	estradiol	65	felbamate	13
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fenofibrate micronized	33	FLUMADINE	4	FORA GTEL MULTI- FUNCTN MONITOR	48
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fenoprofen	20	fluocinolone and shower cap	41	FOSAMAX.....	62
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flavoxate.....	78	fluvastatin	33	FUZEON	4
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gatifloxacin.....	69	GLYNASE	51	heparin(porcine) in 0.45% nacl	32
GATTEX 30-VIAL.....	54	GLYSET.....	51		32
gavilax	54	GLYXAMBI	51	HEPARIN(PORCINE) IN	
GELCLAIR	45	GOJJI MULTI-FUNCTIONAL		0.45% NACL	32
GELNIQUE.....	78	METER	48	heparin, porcine (pf)	32
GELX	45	GONITRO	34	HEPARIN, PORCINE (PF)..	32
gemfibrozil	33	GRALISE	13	HEPLISAV-B (PF).....	61
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generlac	54	griseofulvin microsize	3	HETLIOZ	24
gengraf.....	11	griseofulvin ultramicrosize	3	HIBERIX (PF).....	61
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GENTEEL VACUUM			48	KWIKPEN U-100	49
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GENVOYA	4	gynol ii.....	66	INSULN U-100	49
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GLUCOTROL XL	51	heparin flush(porcine)-0.9nacl		HUMULIN 70/30 U-100	
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HUMULIN R U-500 (CONC)	PACK	ISORDIL
INSULIN.....50	IMVEXXY STARTER PACK	ISORDIL TITRADOSE
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50	incassia	isotretinoin.....37
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79	47	67
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ketodan kit	39	LANOXIN	31	levothyroxine	52
ketoprofen	21	lansoprazole	58	levoxyl	52
ketorolac	72	LANTUS SOLOSTAR U-100 INSULIN	50	LEVSIN	53
KINRIX (PF)	61	LANTUS U-100 INSULIN ..	50	LEVSIN/SL	53
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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	39
KLARON	39	larin fe 1/20 (28)	67	lidocaine hcl	38
KLONOPIN	13	larissia	67	lidocaine hcl-hydrocortison ac	39, 55
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klor-con 10	79	LASTACRAFT	71	lidocaine viscous	39
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	39
klor-con/ef	79	laxative (bisacodyl)	55	lillow (28)	68
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KOSELUGO	11	layolis fe	67	linezolid	7
KOSHER PRENATAL PLUS IRON	81	leena 28	67	liothyronine	52
K-PHOS NO 2	79	leflunomide	63	LIPOFEN	33
K-PHOS ORIGINAL	79	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	77	LITHOBID	24
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l norgest/e.estradiol-e.estrad. 67		LEVEMIR FLEXTOUCH U- 100 INSULN	50	LIVALO	33
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STARTER	77	MACRODANTIN	9	MEMANTINE.....	16
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LOPID	33	magnesium citrate.....	55	M-END PE	75
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LORZONE	17	PACK).....	59	mesalamine with cleansing	
losartan	29	MAVENCLAD (4 TABLET		wipe	55
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LOTEMAX SM	74	MAVENCLAD (6 TABLET		metaproterenol	77
LOTENSIN	29	PACK).....	59	metaxall	17
LOTENSIN HCT	29	MAVENCLAD (7 TABLET		metaxalone.....	17
loteprednol etabonate	74	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
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loxapine succinate	24	MAXITROL	73	methenamine hippurate	9
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MICONAZOLE NITRATE-	morgidox	9	NALFON.....	21
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opcicon one-step.....	68	oxycodone-aspirin.....	19	perindopril erbumine.....	30
opium tincture.....	53	OXYCONTIN.....	19	periogard.....	45
OPSUMIT.....	77	oxymorphone.....	19	permethrin.....	43
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ORACEA.....	9	pacerone.....	27	PEXEVA.....	25
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oralone.....	45	paliperidone.....	25	phenelzine.....	25
ORAMAGICRX.....	45	PAMELOR.....	25	phenobarb-hyoscy-atropine-	
ORAPRED ODT.....	46	PANDEL.....	42	scop.....	53
ORAVIG.....	3	PANRETIN.....	36	phenobarbital.....	14
ORIAHNN.....	66	pantoprazole.....	58, 59	phenoxybenzamine.....	30
ORILISSA.....	51	PAREMYD.....	71	phenylephrine hcl.....	74
ORKAMBI.....	77	paricalcitol.....	51	PHENYLEPH-	
orphenadrine citrate.....	17	PARLODEL.....	15	TROPICAMIDE IN	
orphenadrine-asa-caffeine.....	17	PARNATE.....	25	WATER.....	71
orphengesic forte.....	17	paroex oral rinse.....	45	PHENYTEK.....	14
orsythia.....	68	paroxetine hcl.....	25	phenytoin.....	14
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philith	68	pr natal 400 ec	82	prednisone intensol	46
PHOSLYRA	56	pr natal 430	82	PREFEST	65
phosphasal	79	pr natal 430 ec	82	pregabalin	14
phosphate laxative	56	PRALUENT PEN	33	PREGENNA	82
PHOSPHOLINE IODIDE	70	pramipexole	15	PREMARIN	65
PHYSIOLYTE	43	PRAMOSONE	35	PREMPHASE	65
PHYSIOSOL IRRIGATION	43	PRANDIN	52	PREMPRO	65
phytonadione (vitamin k1) ...	32	prasugrel	32	prenal chew	82
PHYTONADIONE		pravastatin	33	prenal pearl	82
(VITAMIN K1)	32	prazosin	30	prenal true	82
pilocarpine hcl	44, 45, 71	PRECISION XTRA		prenaissance	82
pimecrolimus	36	KETONE-GLUCOSE	49	prenaissance plus	82
pimozide	25	PRECISION XTRA		PRENATA	82
pimtree (28)	68	MONITOR	49	prenatabs fa	82
pindolol	30	PRECISION XTRA TEST	47	prenatabs rx	82
pioglitazone	52	PRECOSE	52	prenatal	83
pioglitazone-glimepiride	52	PRED FORTE	74	prenatal complete	82
pioglitazone-metformin	52	PRED-G	73	prenatal formula	82
pirmella	68	PRED-G S.O.P.	73	prenatal multi-dha (algal oil)	83
piroxicam	21	PREDNICARBATE	42	prenatal one daily	83
PLAN B ONE-STEP	68	PREDNISOL ACE-		prenatal plus	83
PLEGRIDY	60	GATIFLOX-BROMFEN ..	71	prenatal plus (calcium carb) ..	83
PLEXION	37	PREDNISOLN SP-		PRENATAL PLUS DHA	83
PLEXION CLEANSING		GATIFLOX-BROMFEN ..	71	prenatal vitamin	83
CLOTHS	37	PREDNISOLN SP-		prenatal vitamin plus low iron	
PNEUMOVAX-23	61	MOXIFLOX-BROMFEN ..	71	.....	83
pnv 29-1	82	prednisolone	46	prenatal vitamin with minerals	
pnv-dha	82	prednisolone acetate	74	.....	83
pnv-dha + docusate	82	PREDNISOLONE ACETATE		prenatal vits96-iron fum-folic	
pnv-omega	82	(PF)	74	.....	83
pnv-select	82	PREDNISOLONE ACETATE-		prenatal-u	83
POCKET CHAMBER	47	NEPAFENAC	71	PRENATE AM	83
podofilox	36	PREDNISOLONE ACET-		PRENATE CHEWABLE	83
POLIVY	12	GATIFLOXACIN	73	PRENATE DHA (FERR ASP	
polycin	70	PREDNISOLONE SOD PH-		GLYCIN)	83
polyethylene glycol 3350	56	BROMFENAC	71	PRENATE ELITE (IRON ASP	
polymyxin b sulf-trimethoprim		PREDNISOLONE SOD PH-		GLYC)	83
.....	70	MOXIFLOX	73	PRENATE ENHANCE	83
POLYTRIM	70	prednisolone sodium phosphate		PRENATE	
POLY-TUSSIN AC	75	.....	46, 74	ESSENTIAL(IRON-ASP-	
POMALYST	60	PREDNISOLONE-		GL)	83
portia 28	68	MOXIFLO-NEPAFENAC		PRENATE MINI (FERR ASP	
POTABA	79	.....	72	GLYCIN)	83
potassium chloride	79	PREDNISOLONE-		PRENATE PIXIE	83
potassium citrate	79	MOXIFLOXACIN HCL ..	73	PRENATE RESTORE	83
powderlax	56	PREDNISOLONE-		PRENATE STAR	83
PR BENZOYL PEROXIDE	37	MOXIFLOX-BROMFEN ..	72	preplus	83
pr natal 400	82	prednisone	46	pretab	83

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PRETOMANID.....	7	promethazine-dm.....	75	quinidine gluconate	27
prevalite.....	33	promethazine-phenyleph-		quinidine sulfate	27
PREVIDENT.....	45	codeine.....	75	quinine sulfate	7
PREVIDENT 5000 BOOSTER		promethazine-phenylephrine	75	quit 2.....	44
PLUS	45	promethegan	75	quit 4.....	44
PREVIDENT 5000 DRY		PROMETRIUM	65	QVAR REDHALER	77
MOUTH	45	propafenone	27	R	
PREVIDENT 5000 ENAMEL		propantheline	53	RABAVERT (PF)	61
PROTECT	45	propranolol	30	rabeprazole	59
PREVIDENT 5000 ORTHO		propranolol-hydrochlorothiazid		RACEPINEPH-LIDOCAINE-	
DEFENSE	45	.....	30	BSS 7(PF).....	72
PREVIDENT 5000 PLUS....	45	propylthiouracil	46	raloxifene.....	62
PREVIDENT 5000		PROQUAD (PF).....	61	ramelteon	26
SENSITIVE.....	45	PROSCAR.....	78	ramipril	30
previfem	68	PROTHELIAL	45	ranitidine hcl.....	59
PREVNAR 13 (PF)	61	PROTOPIC.....	36	ranolazine	34
PREZISTA	4	protriptyline.....	26	RAPAMUNE.....	12
PRIFTIN.....	7	PROVERA	65	rasagiline.....	15
PRIMACARE	83	PROVIDA OB.....	83	RASUVO (PF).....	63
primaquine.....	7	PULMICORT FLEXHALER		RAYOS.....	46
PRIMEAIRE	47	.....	77	RAZADYNE ER.....	16
primidone	14	pulmosal	77	REBIF REBIDOSE	60
PRIMSOL	9	PULMOZYME.....	77	REBLOZYL	59
PRINIVIL.....	30	PUREFE OB PLUS.....	83	reclipsen (28).....	68
PROAIR HFA	77	purelax	56	RECOMBIVAX HB (PF).....	62
PROAIR RESPICLICK	77	PURIXAN	12	RECTIV.....	56
probenecid	62	pyrazinamide	7	REGLAN	56
probenecid-colchicine	62	PYRIDIUM	79	RELAFEN	21
PROCARDIA.....	30	pyridostigmine bromide	17	RELAGARD	66
PROCARDIA XL	30	PYRIDOSTIGMINE		RELENZA DISKHALER	5
procentra.....	25	BROMIDE.....	17	RELEXXII.....	26
PROCHAMBER	47	pyrimethamine.....	7	RELPAK.....	15
prochlorperazine.....	56	Q		REMERON.....	26
prochlorperazine maleate	56	QBREXZA	36	REMERON SOLTAB	26
PROCORT	56	QNASL.....	77	rena-vite	83
PROCTOCORT	42, 56	QTERN.....	52	REVELA	56
PROCTOFOAM HC	56	QUADRACEL (PF)	61	repaglinide	52
procto-med hc.....	56	QUALAQUIN	7	repaglinide-metformin	52
procto-pak.....	56	QUARTETTE	68	REPATHA PUSHTRONEX 33	
proctosol hc	56	QUDEXY XR.....	14	REPATHA SURECLICK	33
proctozone-hc	56	QUESTRAN.....	33	REPATHA SYRINGE	33
progesterone micronized	65	QUESTRAN LIGHT.....	33	REQUIP XL	15
PROGLYCEM	48	quetiapine	26	RESPA-AR.....	75
PROGRAF	12	QUILLICHEW ER.....	26	RESTASIS.....	72
prolate.....	19	QUILLIVANT XR.....	26	RESTASIS MULTIDOSE....	72
PROLENSA	72	quinapril.....	30	RESTORIL	26
promethazine	75	quinapril-hydrochlorothiazide		RETACRIT.....	59
promethazine-codeine	75		30	RETEVMO.....	12

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RETIN-A.....	37	ROWASA.....	56	SEYSARA.....	9
RETIN-A MICRO.....	37	roweepra.....	14	sf 45.....	
RETIN-A MICRO PUMP....	37	ROXICODONE.....	19	sf 5000 plus.....	45
RETROVIR.....	5	ROZLYTREK.....	12	SFROWASA.....	57
REVATIO.....	77	RUBRACA.....	12	sharobel.....	65
REVLIMID.....	60	RUXIENCE.....	12	SHINGRIX (PF).....	62
REYATAZ.....	5	RUZURGI.....	16	SHOHL'S MODIFIED.....	79
REYVOW.....	16	RYBELSUS.....	52	SIGNIFOR.....	12
ribavirin.....	5, 60	RYCLORA.....	75	sildenafil (pulm.hypertension)	
RIDAURA.....	63	RYDAPT.....	12	.....	77
rifabutin.....	7	RYTARY.....	15	SILENOR.....	26
RIFADIN.....	7	RYTHMOL SR.....	27	silodosin.....	78
RIFAMATE.....	7	RYVENT.....	75	SILVADENE.....	35
rifampin.....	7	S		silver sulfadiazine.....	35
RIFATER.....	7	SAFE-CLIP BY MAIL.....	49	SIMBRINZA.....	72
RILUTEK.....	44	SALAGEN (PILOCARPINE)		simliya (28).....	69
riluzole.....	44	.....	44, 45	simpesse.....	69
rimantadine.....	5	salsalate.....	22	SIMPONI.....	64
ringer's.....	43	SANCUSO.....	56	SIMPONI ARIA.....	64
RINVOQ.....	63	SANDIMMUNE.....	12	simvastatin.....	33
RIOMET.....	52	SAPHRIS.....	26	SINEMET.....	15
RIOMET ER.....	52	SARAFEM.....	26	SINUVA.....	77
risedronate.....	44, 63	SARCLISA.....	12	sirolimus.....	12
RISPERDAL.....	26	SAVELLA.....	63	SKELAXIN.....	17
risperidone.....	26	scalacort.....	42	SKLICE.....	43
RITALIN.....	26	SCALACORT DK.....	42	SKYRIZI.....	35
RITALIN LA.....	26	SCENESSE.....	36	SLYND.....	69
RITEFLO AEROCHAMBER		scopolamine base.....	56	smoothlax.....	57
.....	47	SEASONIQUE.....	68	sodium chloride.....	44, 77
ritonavir.....	5	seconal sodium.....	26	sodium chloride 0.9 %.....	44
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....	45
ROCALTROL.....	51	selenium sulfide.....	35	sodium polystyrene (sorb free)	
ROCKLATAN.....	72	SELRX.....	35	.....	57
ROMIDEPSIN.....	12	SELZENTRY.....	5	sodium polystyrene sulfonate	
ropinirole.....	15	SEMPREX-D.....	75	.....	57
rosadan.....	38	se-natal 19 chewable.....	83	solifenacin.....	78
ROSADAN.....	38	se-natal-19.....	83	SOLQUA 100/33.....	50
ROSANIL.....	38	SERNIVO.....	42	SOLODYN.....	9
ROSULA.....	38	SEROSTIM.....	59	SOLTAMOX.....	12
rosula cleansing cloths.....	38	sertraline.....	26	SOMAVERT.....	51
rosuvastatin.....	33	setlakin.....	69	SOOLANTRA.....	38
ROTARIX.....	62	sevelamer carbonate.....	56	SORBITOL.....	43
ROTATEQ VACCINE.....	62	sevelamer hcl.....	56	SORBITOL-MANNITOL....	43

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SORIATANE	35	subvenite starter (green) kit..	14	SYMPAZAN	14
SORILUX	35	subvenite starter (orange) kit	14	SYMTUZA	5
sotalol	27	SUCRAID	57	SYNALAR	42
sotalol af	27	sucralfate	59	SYNALAR CREAM KIT ...	42
SOTYLIZE	27	SULAR	30	SYNALAR OINTMENT KIT	
SPACE CHAMBER.....	47	sulfacetamide sodium	35, 74	.....	42
SPECTRACEF	6	sulfacetamide sodium (acne)	39	SYNALAR TS.....	42
spinosad	43	sulfacetamide sodium-sulfur	38	SYNAREL	51
SPIRIVA RESPIMAT	77	sulfacetamide-prednisolone..	74	SYNDROS	57
SPIRIVA WITH		sulfacetamide-sulfur-cleansr	23	SYNJARDY	52
HANDIHALER.....	77	.....	38	SYNJARDY XR.....	52
spironolactone	30	sulfacleanse 8-4	38	SYNTHROID	52
spironolacton-hydrochlorothiaz		sulfadiazine	8	T	
.....	30	sulfamethoxazole-trimethoprim		TABRECTA	12
SPORANOX	3	.....	8	TACLONEX.....	35
SPORANOX PULSEPAK	3	SULFAMILYLON.....	39	tacrolimus	12, 36
sprintec (28).....	69	sulfasalazine	57	tadalafil (pulm. hypertension)	
SPRITAM	14	sulfatrim.....	8	.....	77
SPRYCEL	12	sulindac.....	22	TAFINLAR	12
sps (with sorbitol).....	57	SUMADAN.....	38	TAGRISSO.....	12
sronyx	69	SUMADAN XLT	38	TAKE ACTION	69
ssd.....	35	sumatriptan	16	TALICIA	59
SSKI	46	sumatriptan succinate	16	TALZENNA.....	12
sss 10-5	38	SUMAXIN	38	TAMIFLU	5
st joseph aspirin.....	22	SUMAXIN CP	38	tamoxifen.....	12
st. joseph aspirin.....	22	SUMAXIN TS.....	38	tamsulosin.....	78
STALEVO 100.....	15	SUNOSI.....	26	TAPAZOLE	47
STALEVO 125.....	15	super b complex-vitamin c ...	84	TAPERDEX	46
STALEVO 150.....	15	super b maxi complex.....	84	TARCEVA	12
STALEVO 200.....	15	super quint.....	84	TARGADOX.....	9
STALEVO 50.....	15	super quint b-50	84	TARGRETIN	12
STALEVO 75.....	15	SUPRAX	6	tarina 24 fe.....	69
STAMARIL (PF)	62	SURFAXIN	77	tarina fe 1/20 (28)	69
STARLIX	52	SURVANTA	44	TARKA	30
stavudine.....	5	SUSTIVA	5	taron-c dha	84
STELARA.....	35	SUTENT.....	12	taron-prex prenatal-dha	84
STIOLTO RESPIMAT	77	syeda.....	69	TASIGNA.....	12
STIVARGA.....	12	SYMAX DUOTAB.....	53	TASMAR	15
stop smoking aid.....	44	symax fastabs	53	TAYTULLA.....	69
stress formula	83	symax-sl.....	53	tazarotene.....	38
stress formula with iron.....	84	symax-sr	53	TAZORAC	38
stress formula with iron(sulf)	84	SYMBYAX	26	taztia xt	30
STROMECTOL	7	SYMDEKO	77	TAZVERIK	12
strong iodine.....	39, 79	SYMFI.....	5	TDVAX	62
SUBLOCADE.....	19	SYMFI LO	5	TECARTUS	12
SUBOXONE	22	SYMJEPI.....	75	TECFIDERA	60
subvenite.....	14	SYMLINPEN 120	52	TEGRETOL	14
subvenite starter (blue) kit....	14	SYMLINPEN 60	52	TEGRETOL XR.....	14

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TEGSEDI	16	TIAZAC	30	TOVIAZ	78
TEKTRNA	30	TIBSOVO.....	12	TRACLEER	78
TEKTRNA HCT	30	TIGAN.....	57	TRADJENTA	52
telmisartan	30	TIGLUTIK	44	tramadol	22
telmisartan-amlodipine.....	30	tilia fe.....	69	TRAMADOL	22
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)	73	tranexamic acid.....	66
TEMOVATE.....	42	TIMOLOL- LATANOPROST(PF)	73	TRANXENE T-TAB.....	26
temozolomide	12	TIMOPTIC	70	tranlycypromine.....	26
tencon	19	TIMOPTIC-XE	70	TRAVATAN Z.....	73
TENIVAC (PF)	62	tinidazole	7	travoprost	73
tenofovir disoproxil fumarate.5		TIROSINT.....	52	TRAZIMERA.....	12
TENORMIN.....	30	TIROSINT-SOL.....	52	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	66	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
TESTRED	51	tobramycin-dexamethasone..	73	TRETIN-X CREAM KIT.....	38
TETANUS,DIPHThERIA TOX PED(PF)	62	TOBREX	70	TREXALL	12
tetrabenazine.....	16	TODAY CONTRACEPTIVE SPONGE	66	tri femynor	69
tetracaine hcl	72	TOLAK	36	triamcinolone acetonide..	42, 45
TETRACAINE HCL (PF)....	72	tolcapone	15	TRIAMCINOLON- MOXIFLOX-WATR(PF).73	
tetracycline	9	tolmetin.....	22	triamterene.....	30
TEXACORT.....	42	tolterodine.....	78	triamterene-hydrochlorothiazid	30
THEO-24.....	77	TOPICORT	42	trianex	42
theophylline.....	77, 78	topiramate	14	TRICARE	84
THIOLA	44	toremifene.....	12	triderm	43
THIOLA EC.....	44	torse mide	30	TRIDESILON.....	43
thioridazine.....	26	TOSYMRA	16	TRIESENCE (PF)	46
thiothixene.....	26	TOUJEO MAX U-300 SOLOSTAR	50	tri-estarylla.....	69
THRIVITE RX.....	84	TOUJEO SOLOSTAR U-300 INSULIN	50	TRIFERIC	84
THYROLAR-1	52	tovet emollient.....	42	trifluoperazine.....	26
THYROLAR-1/2.....	52			trifluridine.....	70
THYROLAR-1/4.....	52			trihexyphenidyl.....	15
THYROLAR-2.....	52			TRIJDY XR	52
THYROLAR-3.....	52			TRIKAF TA	78
tiadylt er.....	30				
tiagabine	14				

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tri-legest fe.....	69	UCERIS.....	57	VCF CONTRACEPTIVE	
tri-linyah.....	69	ULTRACET	22	FILM.....	66
TRILIPIX	34	ULTRAM	22	VCF CONTRACEPTIVE GEL	
tri-lo-estarylla.....	69	ULTRAVATE	43	.....	66
tri-lo-marzia.....	69	unithroid	52	VECTICAL	35
tri-lo-mili	69	UPTRAVI.....	30	velivet triphasic regimen (28)	
tri-lo-sprintec.....	69	URELLE.....	79	.....	69
trilyte with flavor packets.....	57	uretron d-s.....	79	VEMLIDY.....	5
trimethobenzamide	57	URIBEL.....	79	VENCLEXTA	12
trimethoprim.....	9	urimar-t.....	79	VENCLEXTA STARTING	
tri-mili	69	urin ds	79	PACK	12
trimipramine.....	26	uro-458	79	venlafaxine	26
TRIMO-SAN JELLY	66	urogesic-blue	79	VENOFER.....	84
trinatal rx 1	84	uro-mp	79	VENTOLIN HFA	78
trinate.....	84	UROQID-ACID NO.2.....	79	verapamil	31
TRINAZ	84	URSO 250	57	VERELAN	31
TRINTELLIX.....	26	URSO FORTE.....	57	VERELAN PM.....	31
tri-previfem (28).....	69	ursodiol.....	57	VERSACLOZ.....	26
tri-sprintec (28).....	69	uryl.....	79	VERZENIO	12
TRISTART DHA	84	ustell	79	VFEND.....	3
TRIUMEQ.....	5	utira-c.....	79	V-GO 20	49
triveen-duo dha.....	84	V		V-GO 30	49
tri-vitamin with fluoride.....	84	vaginal contraceptive foam ..	66	V-GO 40	49
trivora (28).....	69	valacyclovir	5	VIBRAMYCIN	9
tri-vylibra.....	69	VALCHLOR	36	vienna	69
tri-vylibra lo.....	69	VALCYTE	5	VIGAMOX.....	70
TRIZIVIR.....	5	valganciclovir	5	VIIBRYD	26
TRODELVY	12	valproic acid	14	VIMOVO.....	22
TROKENDI XR.....	14	valproic acid (as sodium salt)		VIMPAT	14
tropicamide.....	71	.....	14	VINATE DHA RF.....	84
trospium.....	78	valsartan.....	30	VIOKACE	57
TRULICITY	52	valsartan-hydrochlorothiazide		viorele (28)	69
TRUMENBA	62	.....	30	VIRACEPT.....	5
TRUSOPT	73	VALTOCO.....	14	VIRAMUNE.....	5
TRUVADA	5	VANATOL LQ	19	VIRAMUNE XR.....	5
TUKYSA.....	12	VANATOL S	19	VIRAZOLE	5
tulana	65	VANCOCIN.....	9	VIREAD	5
TURALIO	12	vancomycin	10	virt-c dha.....	84
TUSSICAPS.....	75	vandazole.....	66	virt-nate dha.....	84
TUZISTRA XR.....	75	VANOXIDE-HC	38	virt-pn dha	84
TWINRIX (PF)	62	VAQTA (PF).....	62	virt-pn plus.....	84
TYBOST	5	VARIVAX (PF)	62	virtussin dac.....	75
tydemy.....	69	VARIZIG.....	62	VISTARIL	75
TYKERB.....	12	VASCEPA.....	34	VITAFOL FE PLUS.....	84
TYMLOS	63	VASERETIC	30	VITAFOL FE+ (WITH	
TYPHIM VI	62	VASOTEC.....	31	DOCUSATE)	84
U		VAXCHORA VACCINE.....	62	VITAFOL GUMMIES	84
UBRELVY	16			VITAFOL NANO	84

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VITAFOL ULTRA	84	X		ZELNORM.....	57
VITAFOL-OB.....	84	XALKORI	12	ZEMBRACE SYMTOUCH..	16
VITAFOL-OB+DHA.....	84	XARELTO	32	ZEMPLAR	51
VITAFOL-ONE	84	XARELTO DVT-PE TREAT		zenatane	38
VITAMED MD ONE RX ...	84	30D START	32	ZENPEP	57
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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 1-800-479-9502 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 1-800-479-9502 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-479-9502 TTY:711 ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-800-479-9502 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 1-800-479-9502 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 1-800-479-9502 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 1-800-479-9502 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 1-800-479-9502 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 1-800-479-9502 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 મેળિની અવિકર છ. તે અર્થ વિન તમ રી ભ ધ મ i પ્ર ખ કરી શક ર છ. દ ભ વપરો i ત કરિ મ દે, આ 1-800-479-9502 TTY:711 પર કોલે 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, 1-800-479-9502 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 1-800-479-9502 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、情報を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、1-800-479-9502 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: 1-800-479-9502 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helfscht, 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 1-800-479-9502 TTY:711 uffrufe.

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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 1-800-479-9502 TTY:711.

SPANISH

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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 1-800-479-9502 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 1-800-479-9502 TTY:711.

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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.

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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>.



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