



MARKETPLACE PLAN |

Drug Formulary

Indiana

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CareSource is a Qualified
Health Plan issuer in the



INTRODUCTION

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

This document is divided into three parts:

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

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

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

Network Pharmacies

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

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

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

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

Cost Sharing

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

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

Tiered Medications

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

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

Prior Authorizations

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

Here are some reasons for a prior authorization:

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

Prior Authorization Requests

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

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

Quantity Limits

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

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

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

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

Step Therapy

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

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

Generic Substitution and Therapeutic Interchange

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

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

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

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

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

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

Tell Us the Medical Reasons for Exceptions

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

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

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

Specialty Pharmacy

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

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

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

Mail Order Medications

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

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

For more information, call CareSource Member Services at 877-806-9284. Hours are Monday through Friday from 7 a.m. to 7 p.m. EST.

Members may also access the express-scripts.com website through the CareSource

member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource Member Portal, go to my.caresource.com.

Other Medical Supplies and Durable Medical Equipment (DME)

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

Medications Administered in the Health Partner Setting

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

Medication Therapy Management Program

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

HOW TO USE THIS DOCUMENT

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

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

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

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

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

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

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

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

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

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

metformin

Glucophage

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

metformin ext-rel

Glucophage XR

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

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

neomycin/polymyxin B/hydrocortisone

Cortisporin

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

PLAN DESIGN

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

NOTICE

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

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

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

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane</i>	1	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral</i>	1	
NOXAFIL ORAL SUSPENSION	2	PA
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
SPORANOX ORAL SOLUTION	3	
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	

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
CRIXIVAN ORAL CAPSULE 200 MG	2	
DESCOVY	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN	2	
GENVOYA	2	
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
MAVYRET	5	PA; 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

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
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
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	
SOVALDI	5	PA; QL
<i>stavudine oral capsule</i>	1	
SUSTIVA	3	
SYMFI	2	
SYMFI LO	2	
SYMITUZA	2	
TAMIFLU	3	QL
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	

Drug Name	Drug Tier	Requirements / Limits
TRIUMEQ	2	
TRIZIVIR	3	
TRUVADA	2	
TYBOST	3	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIEKIRA PAK	5	PA; QL
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	

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>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	
<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>cefprozime</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	

Drug Name	Drug Tier	Requirements / Limits
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	
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

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
ZITHROMAX TRI-PAK	3	QL
ZITHROMAX Z-PAK	3	QL
MISCELLANEOUS ANTIINFECTIVES		
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	

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin oral</i>	1	QL
KITABIS PAK	4	PA; QL
<i>linezolid</i>	1	PA
MALARONE	3	QL
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	
STROMECTOL	3	QL
<i>tinidazole</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
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL
<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	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<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

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
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<i>doxycycline hyclate oral capsule</i>	1	
<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>mondoxynol oral capsule 100 mg, 75 mg</i>	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 2X100	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	3	QL
ORACEA	2	ST
SEYSARA	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	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 monohydrate/m-cryst</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
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	3	QL
VANCOCIN	3	PA; QL
<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

Drug Name	Drug Tier	Requirements / Limits
AYVAKIT	5	PA; QL
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	4	PA
BELRAPZO	5	PA
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

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
ENSPRYNG	4	PA
ENVARUSUS XR	3	ST
ERIVEDGE	4	PA; QL
<i>erlotinib</i>	4	PA; QL
<i>etoposide oral</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>lapatinib</i>	4	PA; QL
LENVIMA	4	PA
<i>letrozole</i>	1	
LEUKERAN	2	
LORBRENA	4	PA; QL
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

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>nilutamide</i>	1	PA
NINLARO	4	PA; QL
NUBEQA	4	PA; QL
ODOMZO	4	PA; QL
PADCEV	5	PA
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

Drug Name	Drug Tier	Requirements / Limits
TABRECTA	5	PA
<i>tacrolimus oral</i>	1	
TAFINLAR	4	PA; QL
TAGRISSO	4	PA; QL
TALZENNA	4	PA; QL
<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

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
VERZENIO	4	PA; QL
VITRAKVI	4	PA
VIZIMPRO	4	PA; QL
VOTRIENT	4	PA; QL
XALKORI	4	PA; QL
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

BANZEL	2	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
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	

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
GABITRIL	3	
GRALISE	3	ST
KLONOPIN	3	
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam 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

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	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

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
ZARONTIN	3	
zonisamide	1	
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA
AZILECT	3	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	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	

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
MIGRANAL	3	ST; QL
<i>naratriptan</i>	1	QL
NURTEC ODT	3	PA; QL
ONZETRA XSAIL	3	ST; QL
RELPAK	3	ST; QL
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

Drug Name	Drug Tier	Requirements / Limits
<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	
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

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
TEGSEDI	4	PA
tetrabenazine	4	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral	1	
carisoprodol-aspirin	1	
carisoprodol-aspirin-codeine	1	
chlorzoxazone	1	
cyclobenzaprine	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
dantrolene oral	1	
FEXMID	3	ST
LORZONE	3	ST
MESTINON ORAL	3	
MESTINON TIMESPAN	3	
metaxall	1	
metaxalone	1	
methocarbamol oral	1	
NORGESIC FORTE	3	
orphenadrine citrate oral	1	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	1	
orphengesic forte	1	
pyridostigmine bromide oral syrup	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	

Drug Name	Drug Tier	Requirements / Limits
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release	1	
ROBAXIN-750	3	
SKELAXIN	3	
tizanidine	1	
ZANAFLEX	3	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1	
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	
acetaminophen-codeine oral tablet	1	
ACTIQ	3	PA; QL
ALLZITAL	3	ST
ARYMO ER	3	PA; QL
ascomp with codeine	1	
BELBUCA	2	PA; QL
buprenorphine	1	PA
buprenorphine hcl sublingual	1	
butalbital compound w/codeine	1	
butalbital-acetaminop-caf-cod	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-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate oral tablet</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	

Drug Name	Drug Tier	Requirements / Limits
FIORINAL	3	ST
FIORINAL-CODEINE #3	3	
<i>hydrocodone bitartrate</i>	1	PA; QL
<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,EXTEN D.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	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>levorphanol tartrate oral tablet 2 mg</i>	1	
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	
<i>lorcet hd</i>	1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
<i>methadone oral concentrate</i>	1	PA
<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.relea se 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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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
ZOXYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	covered at \$0 for ages 69 and younger; OTC
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin low dose</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet, chewable</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>aspir-trin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>bayer aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	3	QL
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>butorphanol injection</i>	1	
<i>butorphanol nasal</i>	1	QL
CAMBIA	3	ST; QL
<i>celecoxib</i>	1	ST
<i>children's aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>choline, magnesium salicylate</i>	1	
CONZIP	3	ST; QL
DAYPRO	3	ST
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac- misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
DUEXIS	3	ST
<i>e.c. prin</i>	0	covered at \$0 for ages 69 and younger; OTC
EC-NAPROSYN	3	ST

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>ecotrin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>ecotrin low strength</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>etodolac</i>	1	
EUFLEXXA	4	PA
FELDENE	3	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL	3	ST
INDOCIN RECTAL	3	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
LICART	2	ST; QL
<i>lite coat aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
LODINE ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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
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
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>st. joseph aspirin</i>	0	covered at \$0 for ages 69 and younger; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75	3	ST; QL
TRAMADOL ORAL TABLET 100 MG	3	
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<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

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
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	PA
ANAFRANIL	3	
ALENZIN	3	ST; QL
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
<i>armodafinil</i>	1	ST; QL
ATIVAN ORAL	3	
<i>atomoxetine</i>	1	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	PA
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
CONCERTA	3	ST
COTEMPLA XR-ODT	3	ST
DAYTRANA	2	ST
DAYVIGO	3	ST; QL
<i>desipramine</i>	1	
DESOXYN	3	PA
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	PA
<i>dextroamphetamine</i>	1	PA
<i>dextroamphetamine-amphetamine</i>	1	PA
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 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>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR	2	ST
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	PA
EVEKEO ODT	3	PA
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	

Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine hcl oral</i>	1	
<i>flurazepam</i>	1	QL
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL
FORFIVO XL	3	ST; QL
GEODON ORAL	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
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	PA
METHYLIN ORAL SOLUTION	3	PA
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	PA
<i>methylphenidate hcl oral solution</i>	1	PA
<i>methylphenidate hcl oral tablet</i>	1	PA
<i>methylphenidate hcl oral tablet extended release</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet,chewable</i>	1	PA
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	ST; QL
<i>molindone</i>	1	
MYDAYIS	2	ST
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

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>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	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet,disintegrating</i>	1	QL
RITALIN	3	PA
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
SAPHRIS	3	QL
SARAFEM ORAL TABLET 10 MG	3	ST; QL
SARAFEM ORAL TABLET 20 MG	3	ST
<i>seconal sodium</i>	1	QL
SECUADO	3	QL
<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	

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>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
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	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA
<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

Drug Name	Drug Tier	Requirements / Limits
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
NORPACE	3	
NORPACE CR	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<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	

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>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-hcthiiazid</i>	1	
<i>atenolol</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	ST; QL
CARDURA XL	3	ST; QL
CAROSPIR	3	ST
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
CATAPRES	3	
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl oral tablet</i>	1	
CONSENSI	3	
COREG CR	3	ST
CORGARD	3	ST
DEMSER	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	

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>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	QL
DYAZIDE	3	
DYRENIUM	3	
EDARBI	2	ST
EDARBYCLOR	2	ST
EDECIN	3	
<i>enalapril maleate</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
<i>labetalol oral</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	ST
<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	

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>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	1	PA
MINIPRESS	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	5	PA
<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

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
<i>taztia xt</i>	1	
TEKTURNA	3	
TEKTURNA HCT	2	
<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>torse mide 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>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI	4	PA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil oral</i>	1	
VERELAN	3	ST
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	
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	

Drug Name	Drug Tier	Requirements / Limits
COAGULATION THERAPY		
ARIXTRA	5	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; QL
EFFIENT	3	
ELIQUIS	2	PA
ELIQUIS DVT-PE TREAT 30D START	2	PA
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
<i>hep flush-10 (pf)</i>	1	
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	

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 (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)- 0.9nacl</i>	1	
<i>heparin lock flush</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	
MEPHYTON	3	QL
<i>pentoxifylline</i>	1	
<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

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
XARELTO DVT-PE TREAT 30D START	2	PA
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	\$0 for ages 40-75 years; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
COLESTID	3	ST
COLESTID FLAVORED ORAL PACKET	3	ST
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
FENOGLIDE	3	ST
FIBRICOR	3	ST
FLOLIPID	3	ST; QL
<i>fluvastatin</i>	0	\$0 for ages 40-75 years; QL
<i>gemfibrozil</i>	1	
LESCOL XL	3	ST; QL
LIPOFEN	2	ST
LIVALO	2	ST; QL
LOPID	3	
<i>lovastatin</i>	0	\$0 for ages 40-75 years; QL
LOVAZA	3	PA
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	
NIASPAN EXTENDED-RELEASE	3	
<i>omega-3 acid ethyl esters</i>	1	PA
PRALUENT PEN	2	PA; QL
<i>pravastatin</i>	0	\$0 for ages 40-75 years; QL
<i>prevalite</i>	1	
QUESTRAN	3	ST
QUESTRAN LIGHT ORAL POWDER	3	ST

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Drug Name	Drug Tier	Requirements / Limits
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	\$0 for ages 40-75 years; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	\$0 for ages 40-75 years; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX	3	ST
VASCEPA	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA
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	

Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray, non-aerosol</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
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	

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Drug Name	Drug Tier	Requirements / Limits
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	ST
OVACE	3	
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

Drug Name	Drug Tier	Requirements / Limits
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX	3	QL
STELARA INTRAVENOUS	5	PA
STELARA SUBCUTANEOUS	4	PA; QL
<i>sulfacetamide sodium topical</i>	1	
TACLONEX TOPICAL OINTMENT	3	QL
TACLONEX TOPICAL SUSPENSION	2	QL
TERSI FOAM	3	
VECTICAL	3	
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
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	

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Drug Name	Drug Tier	Requirements / Limits
EFUDEX TOPICAL CREAM	3	
ESKATA	3	
FLUOROPLEX	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX	3	
IODOSORB	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OXSORALEN ULTRA	3	
PANRETIN	3	
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
PROTOPIC	3	ST; QL
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

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	PA
<i>amnesteam</i>	1	
AMZEEQ	2	ST
ARAZLO	3	PA
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST

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Drug Name	Drug Tier	Requirements / Limits
BENZEPRO (MICROSPHERES)	3	ST
<i>benzebro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1</i>	1	ST
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<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	

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

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Drug Name	Drug Tier	Requirements / Limits
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<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-cleanser23</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA
<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	

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Drug Name	Drug Tier	Requirements / Limits
ZIANA	3	ST
ZILXI	3	ST
TOPICAL ANESTHETICS		
<i>glydo</i>	1	QL
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lta pre-attached</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NEO-SYNALAR KIT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<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

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Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
ECOZA	3	QL
ERTACZO	3	QL
EXELDERM	3	QL
EXTINA	3	QL
<i>ketoconazole topical</i>	1	QL
<i>ketodan</i>	1	QL
<i>ketodan kit</i>	1	
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LOPROX TOPICAL SHAMPOO	3	QL
LUZU	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

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

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 topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX	3	ST; QL
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST
CLODERM	3	ST
CUTIVATE TOPICAL CREAM	3	ST
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

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

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

Drug Name	Drug Tier	Requirements / Limits
LUXIQ	3	ST
<i>mometasone topical</i>	1	
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT TOPICAL	3	ST
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL CREAM	3	ST; QL
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

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>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON	3	ST
ULTRAVATE TOPICAL LOTION	3	ST
TOPICAL SCABICIDES / PEDICULICIDES		
<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		

Drug Name	Drug Tier	Requirements / Limits
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
AGRYLIN	3	
<i>anagrelide</i>	1	
ANTABUSE	3	
<i>aqua care sodium chloride</i>	1	
<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

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
GIVLAARI	5	PA
GLEOLAN	3	
INFASURF	3	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
NORTHERA	5	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
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

Drug Name	Drug Tier	Requirements / Limits
TIGLUTIK	3	PA
<i>water for irrigation, sterile</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	0	\$0 for ages 18 and older for first 180 days
CHANTIX	0	\$0 for ages 18 and older for first 180 days
CHANTIX CONTINUING MONTH BOX	0	\$0 for ages 18 and older for first 180 days
CHANTIX STARTING MONTH BOX	0	\$0 for ages 18 and older for first 180 days
NICODERM CQ	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL GUM 2 MG	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicorette buccal gum 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL LOZENGE	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL MINI LOZENGE	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex)</i>	0	\$0 for ages 18 and older for first 180 days; OTC

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>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICOTROL	0	\$0 for ages 18 and older for first 180 days
NICOTROL NS	0	\$0 for ages 18 and older for first 180 days
<i>quit 2</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>quit 4</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>stop smoking aid</i>	0	\$0 for ages 18 and older for first 180 days; OTC
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CLINPRO 5000	3	
<i>denta 5000 plus</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
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	

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>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	
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

Drug Name	Drug Tier	Requirements / Limits
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	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL	3	
INSPIRACHAMBER	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
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
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	2	

Drug Name	Drug Tier	Requirements / Limits
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	
DEXCOM G6 RECEIVER	2	
DEXCOM RECEIVER	2	
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ENLITE SYSTEM	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
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	
INPEN (FOR NOVOLOG OR FIASP)	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
NOVOPEN ECHO	3	

Drug Name	Drug Tier	Requirements / Limits
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

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
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	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	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 INSULN	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	

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
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	

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
ROCAL TROL	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

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
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

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

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
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		

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	
LEVBID	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	

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>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>propantheline</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	
<i>alophen (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>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	

Drug Name	Drug Tier	Requirements / Limits
<i>balsalazide</i>	1	
<i>bisacodyl oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>bisa-lax (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
BONJESTA	3	QL
<i>budesonide oral</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	
CANASA	3	
CHENODAL	4	PA
<i>citrate of magnesia</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>citroma</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>clearlax</i>	0	covered at \$0 for ages 50-75 years; OTC
CLENPIQ	0	\$0 for ages 50-75 years
COLAZAL	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn oral</i>	1	
DIPENTUM	3	
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA

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>ducodyl (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>dulcolax (magnesium hydroxide)</i>	0	OTC
ENTEREG	3	
ENTOCORT EC	3	
<i>enulose</i>	1	
<i>fleet laxative (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
GASTROCROM	3	
GATTEX 30-VIAL	5	PA
<i>gavilax oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>gentlelax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>glycolax oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>granisetron hcl oral</i>	1	QL
<i>healthylax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal</i>	1	
<i>kionex (with sorbitol)</i>	1	
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxaclear</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>laxative (bisacodyl) oral</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>laxative peg 3350 oral powder</i>	0	covered at \$0 for ages 50-75 years; OTC
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	

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
LOTRONEX	3	
<i>magnesium citrate oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC
MARINOL	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>milk of magnesia</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>milk of magnesia concentrated</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>miralax oral powder in packet</i>	0	covered at \$0 for ages 50-75 years; OTC
MOTEGRITY	3	QL
MOVANTIK	2	QL
<i>natura-lax</i>	0	covered at \$0 for ages 50-75 years; OTC
NULYTELY LEMON-LIME	0	
NULYTELY WITH FLAVOR PACKS	3	
<i>ondansetron</i>	1	QL
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>oral saline laxative oral liquid</i>	0	covered at \$0 for ages 50-75 years; OTC
ORTIKOS	3	
<i>peg-electrolyte soln</i>	0	\$0 for ages 50-75 years
<i>peg-prep</i>	0	\$0 for ages 50-75 years
PENTASA	2	
PHOSLYRA	2	
<i>phosphate laxative oral liquid</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>polyethylene glycol 3350</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>powderlax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	ST
PROCTOFOAM HC	3	ST
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	0	covered at \$0 for ages 50-75 years; OTC
RECTIV	2	
REGLAN ORAL	3	
RENVELA	3	

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
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	3	QL
<i>scopolamine base</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
SFROWASA	3	
<i>smoothlax</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>sodium polystyrene (sorb free)</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
SYNDROS	3	PA
TIGAN ORAL CAPSULE 300 MG	3	
<i>trilyte with flavor packets</i>	0	\$0 for ages 50-75 years
<i>trimethobenzamide oral</i>	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI ORAL	2	QL
VIOKACE	2	
<i>women's gentle laxative(bisac)</i>	0	covered at \$0 for ages 50-75 years; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>women's laxative (bisacodyl)</i>	0	covered at \$0 for ages 50-75 years; OTC
ZELNORM	3	
ZENPEP ORAL CAPSULE,DELAY ED 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	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	ST; QL
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	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

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

Drug Name	Drug Tier	Requirements / Limits
ZIEXTENZO	4	PA
GROWTH HORMONES		
EGRIFTA SV	4	PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
NORDITROPIN FLEXPOR	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
ZORBTIVE	5	PA
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

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
MAVENCLAD (8 TABLET PACK)	5	PA; QL
MAVENCLAD (9 TABLET PACK)	5	PA; QL
MAYZENT	4	PA; QL
PEGASYS	4	PA; QL
PLEGRIDY	4	PA; QL
POMALYST	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
REVLIMID	4	PA
<i>ribavirin oral capsule</i>	4	PA
<i>ribavirin oral tablet 200 mg</i>	4	PA
TECFIDERA	4	PA
VUMERITY	4	PA
ZEPOSIA	4	PA
ZEPOSIA STARTER KIT	4	PA
ZEPOSIA STARTER PACK	4	PA
INTERLEUKINS		
ACTIMMUNE	4	PA
ALDARA	3	
ALFERON N	2	
<i>imiquimod topical cream in packet</i>	1	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	0	\$0 for ages 1 month and older

Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	\$0 for ages 7 and older
AFLURIA QD 2020-21(3YR UP)(PF)	0	
AFLURIA QD 2020-21(6-35MO)(PF)	0	
AFLURIA QUAD 2020-2021(6MO UP)	0	
ASCENIV	5	PA
BCG VACCINE, LIVE (PF)	0	
BEXSERO	0	\$0 for ages 10 years and older
BIOTHRAX	0	
BOOSTRIX TDAP	0	\$0 for ages 7 and older
CUTAQUIG	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	0	\$0 for ages 1-12 months old
ENGRIX-B (PF)	0	
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	
FLUAD 2020-2021 (65 YR UP)(PF)	0	
FLUAD QUAD 2020-21(65Y UP)(PF)	0	
FLUARIX QUAD 2020-2021 (PF)	0	
FLUBLOK QUAD 2020-2021 (PF)	0	

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Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2020-2021	0	
FLUCELVAX QUAD 2020-2021 (PF)	0	
FLULAVAL QUAD 2020-2021 (PF)	0	
FLUMIST QUAD 2020-2021	0	
FLUZONE HIGHDOSE QUAD 20-21 PF	0	
FLUZONE QUAD 2020-2021	0	
FLUZONE QUAD 2020-2021 (PF)	0	
GARDASIL 9 (PF)	0	\$0 for ages 9-26 years old
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	0	\$0 for ages 1 year and older
HAVRIX (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 1 year and older
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 18 and older
HIBERIX (PF)	0	
IMOVAX RABIES VACCINE (PF)	0	
INFANRIX (DTAP) (PF)	0	\$0 for ages 1-12 months old
IPOL	0	
IXIARO (PF)	0	
KINRIX (PF)	0	\$0 for ages 4-6 years old

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 ages 1-12 months old
PEDVAX HIB (PF)	0	\$0 for ages 1 month and older
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	0	\$0 for ages 1-6 years
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF)	0	\$0 for ages 1-6 years
PNEUMOVAX-23	0	\$0 for ages 2 years and older
PREVNAR 13 (PF)	0	\$0 for ages 1 month and older
PROQUAD (PF)	0	\$0 for ages 1 year and older
QUADRACEL (PF)	0	\$0 for ages 4-6 years old
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 years and older
STAMARIL (PF)	0	
TDVAX	0	\$0 for ages 7 and older
TENIVAC (PF)	0	\$0 for ages 7 and older
TETANUS,DIPHTHERIA TOX PED(PF)	0	\$0 for ages 1-12 months old
TRUMENBA	0	\$0 for ages 10 years and older
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	\$0 for ages 18 years and older
TYPHIM VI	0	
VAQTA (PF)	0	\$0 for ages 1 year and older
VARIVAX (PF)	0	\$0 for ages 1 year and older
VARIZIG INTRAMUSCULAR SOLUTION	0	
VAXCHORA VACCINE	0	
VIVOTIF	0	
XEMBIFY	4	PA
YF-VAX (PF)	0	
ZOSTAVAX (PF)	0	\$0 for ages 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

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>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 oral capsule</i>	1	ST
<i>penicillamine oral tablet</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

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
RIDAURA	2	
RINVOQ	4	PA; QL
SAVELLA	2	ST; QL
SIMPONI ARIA	5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
XELJANZ	4	PA; QL
XELJANZ XR	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	0	
FC2 FEMALE CONDOM	0	OTC
FEMCAP VAGINAL DEVICE 22 MM	0	
WIDE-SEAL DIAPHRAGM	0	
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ALORA	3	QL
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	

Drug Name	Drug Tier	Requirements / Limits
BIJUVA	3	
<i>camila</i>	0	
CLIMARA	3	QL
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	4	
<i>deblitane</i>	0	
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	QL
DEPO-SUBQ PROVERA 104	0	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	QL
ENDOMETRIN	4	
<i>errin</i>	0	
ESTRACE	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	3	QL
FEMHRT LOW DOSE	3	
<i>fyavolv</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesteron e intramuscular</i>	0	QL
<i>medroxyprogesteron e oral</i>	1	
MENEST	3	
MENOSTAR	3	QL
<i>mimvey</i>	1	
MINIVELLE	3	QL
<i>nora-be</i>	0	
<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda</i>	0	
PREFEST	3	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	0	
<i>tulana</i>	0	
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	0	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
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	0	OTC
INTRAROSA	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE FILM	0	OTC
VCF CONTRACEPTIVE GEL	0	OTC
<i>xulane</i>	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	0	
AFTERA	0	OTC; QL
<i>altavera (28)</i>	0	
<i>alyacen 1/35 (28)</i>	0	
<i>alyacen 7/7/7 (28)</i>	0	
<i>amethia</i>	0	
<i>amethia lo</i>	0	
<i>amethyst (28)</i>	0	
<i>apri</i>	0	
<i>aranelle (28)</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30 (21)</i>	0	
<i>aurovela 1/20 (21)</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30 (28)</i>	0	
<i>aurovela fe 1-20 (28)</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette (28)</i>	0	
BALCOLTRA	0	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>balziva (28)</i>	0	
<i>bekyree (28)</i>	0	
BEYAZ	0	ST
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30 (28)</i>	0	
<i>blisovi fe 1/20 (28)</i>	0	
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant (28)</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal (28)</i>	0	
<i>chateal eq (28)</i>	0	
<i>cryselle (28)</i>	0	
<i>cyclafem 1/35 (28)</i>	0	
<i>cyclafem 7/7/7 (28)</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35 (28)</i>	0	
<i>dasetta 7/7/7 (28)</i>	0	
<i>daysee</i>	0	
<i>desog-e.estradiol/e.estradiol</i>	0	
<i>drospirenone-e.estradiol-lm.fa</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	

Drug Name	Drug Tier	Requirements / Limits
<i>enpresse</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
ESTROSTEP FE-28	0	ST
<i>ethynodiol diac-eth estradiol</i>	0	
<i>falmina (28)</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	
GENERESS FE	0	ST
<i>gianvi (28)</i>	0	
<i>hailey</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30 (28)</i>	0	
<i>hailey fe 1/20 (28)</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel (28)</i>	0	
<i>jolessa</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30 (21)</i>	0	
<i>junel 1/20 (21)</i>	0	
<i>junel fe 1.5/30 (28)</i>	0	
<i>junel fe 1/20 (28)</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva (28)</i>	0	
<i>kelnor 1/35 (28)</i>	0	
<i>kelnor 1-50</i>	0	
<i>kurvelo (28)</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>l norgest/e.estradiol-e.estrad</i>	0	
<i>larin 1.5/30 (21)</i>	0	
<i>larin 1/20 (21)</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30 (28)</i>	0	
<i>larin fe 1/20 (28)</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena 28</i>	0	
<i>lessina</i>	0	
<i>levonest (28)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; QL
<i>levonorgestrel-ethinyl 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>lutra (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	

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

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Drug Name	Drug Tier	Requirements / Limits
<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>pimtree (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	
SAFYRAL	0	ST
SEASONIQUE	0	ST
<i>setlakin</i>	0	
<i>simliya (28)</i>	0	
<i>simpesse</i>	0	
SLYND	0	ST
<i>sprintec (28)</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
TAKE ACTION	0	OTC; QL
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20 (28)</i>	0	
TAYTULLA	0	ST
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-linyah</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-previfem (28)</i>	0	
<i>tri-sprintec (28)</i>	0	
<i>trivora (28)</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>tydemy</i>	0	
<i>velivet triphasic regimen (28)</i>	0	
<i>vienva</i>	0	
<i>viorele (28)</i>	0	
<i>volnea (28)</i>	0	
<i>vyfemla (28)</i>	0	
<i>vylibra</i>	0	
<i>wera (28)</i>	0	
<i>wymzya fe</i>	0	
YAZ (28)	0	ST
<i>zarah</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine (28)</i>	0	
OXYTOCICS		
<i>methergine</i>	1	ST; QL
<i>methylergonovine oral</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	
AZASITE	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
BACIGUENT	3	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	1	
MOXEZA	3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION	3	ST
<i>moxifloxacin ophthalmic (eye)</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	ST
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	

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

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
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	
<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	

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

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Drug Name	Drug Tier	Requirements / Limits
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
<i>olopatadine ophthalmic (eye)</i>	1	
PAZEO	2	ST
PREDNISOL ACE-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE SOD PH-BROMFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
RACEPINEPH-LIDOCAINE-BSS 7(PF)	3	
RESTASIS	2	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
ZERVIAE	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
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac ophthalmic (eye)</i>	1	
PROLENSA	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
<i>bimatoprost ophthalmic (eye)</i>	1	PA
BRIMONIDINE-DORZOLAMIDE (PF)	3	
COMBIGAN	2	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DORZOLAMIDE-TIMOLOL (PF) OPTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	PA
LATANOPROST (PF)	3	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	ST
<i>miostat</i>	1	
ROCKLATAN	3	ST
SIMBRINZA	3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAMID-LATANOP(PF)	3	
TIMOLOL-LATANOPROST(P F)	3	
TRAVATAN Z	3	ST
<i>travoprost</i>	1	PA
TRUSOPT	3	
ZIOPTAN (PF)	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 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>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>cycloheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate oral solution</i>	1	
DIPHEN ORAL ELIXIR	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK	2	ST; QL
EPIPEN JR 2-PAK	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>phenadoz rectal suppository 25 mg</i>	1	
<i>promethazine oral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
<i>guaiaitussin ac</i>	1	
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	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
<i>m-clear wc</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
M-END PE	3	
NINJACOF-XG	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 ac</i>	1	
<i>virtussin dac</i>	1	
PULMONARY AGENTS		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	PA; QL
ADVAIR HFA	2	PA; QL
AIRDUO RESPICLICK	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<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 POWDER BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (120), 220 MCG/ACTUATION (14), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	2	QL
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	ST; QL
<i>bosentan</i>	4	PA
BREO ELLIPTA	2	PA; QL
BREZTRI AEROSPHERE	2	QL

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
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
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
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
OPSUMIT	4	PA
ORKAMBI	4	PA; QL
PERFOROMIST	2	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	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
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	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
TYVASO	4	PA
TYVASO REFILL KIT	4	PA
TYVASO STARTER KIT	4	PA
VENTOLIN HFA	2	QL
<i>wixela inhub</i>	1	PA; QL
XHANCE	3	ST; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST
ZYFLO	3	ST

UROLOGICALS

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
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>tropium</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		

Drug Name	Drug Tier	Requirements / Limits
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	

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
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	

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 for \$0 for ages 50 and younger; OTC
<i>b complex-vitamin b12</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-50 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	

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
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 for ages 50 years and younger; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100 oral tablet extended release</i>	0	covered at \$0 for ages 50 years and younger; OTC
CONCEPT DHA	3	
CONCEPT OB	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
DRISDOL ORAL CAPSULE	3	

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

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

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 for ages 50 years and younger; OTC
NEEVODHA (WITH ALGAL OIL)	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
<i>newgen</i>	1	
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>obstetrix dha</i>	1	
OBSTETRIX EC	3	
OBSTETRIX ONE	3	
OBTREX DHA	3	

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>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>perry prenatal</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>pnv 29-1</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-dha + docusate</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PREGENNA	3	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC

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

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
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 for ages 50 years and younger; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	0	covered at \$0 for ages 50 years and younger; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>stress formula with iron</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>stress formula with iron(sulf)</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super b complex-vitamin c</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super b maxi complex</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super quintis</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super quintis b-50</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
THRIVITE RX	3	
TRICARE	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRINAZ	3	
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	

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>tri-vitamin with fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
VENOFER	2	PA
VINATE DHA RF	3	
<i>virt-c dha</i>	1	
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>vitamin b complex-folic acid oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>vitamins a,c,d and fluoride</i>	0	covered at \$0 for ages 1-16 years; OTC
VITAPEARL	3	
VITATRUE	3	
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	3	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</i>	1	

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KALYDECO	77	LACRISERT	71	levetiracetam.....	14
KANJINTI.....	11	lactated ringers	43	levobunolol.....	70
KAPVAY	24	lactulose.....	55	levocarnitine	44
KARBINAL ER.....	75	LAMICTAL XR STARTER		levocarnitine (with sugar).....	44
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CHOND)(PF)	71	larin 1/20 (21).....	68	LIALDA	55
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CHOND)(PF)	71	larin fe 1.5/30 (28).....	68	lidocaine	39
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KLONOPIN	14	larissia.....	68	lidocaine hcl-hydrocortison ac	
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klor-con m15	80	LATUDA.....	24	lidocaine-hydrocortisone-aloe	
klor-con m20	80	laxaclear.....	55		55
klor-con/ef.....	80	laxative (bisacodyl)	55	LIDOCAINE-	
kobee	82	laxative peg 3350.....	55	PHENYLEPHRIN-BSS(PF)	
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KOSHER PRENATAL PLUS		leena 28.....	68	lidocaine-phenylephrn in water	
IRON	82	leflunomide.....	63		71
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KRISTALOSE	55	letrozole	11	linezolid	7

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liothyronine	53	loxapine succinate	25	MAVENCLAD (9 TABLET	
LIPOFEN	33	lo-zumandimine (28)	68	PACK)	60
lisinopril	29	lta pre-attached	39	MAVYRET	4
lisinopril-hydrochlorothiazide		ludent fluoride	82	MAXITROL	73
.....	29	lugols	39, 80	maxi-tuss ac	75
lite coat aspirin	21	LUMIGAN	73	MAXI-TUSS CD	75
LITEAIRE MDI CHAMBER		lutra (28)	68	MAXZIDE	29
.....	48	LUXIQ	42	MAXZIDE-25MG	29
lithium carbonate	24	LUZU	40	MAYZENT	60
lithium citrate	24	LYNPARZA	11	m-clear wc	75
LITHOBID	25	LYSODREN	11	meclizine	56
LITHOSTAT	44	LYSTEDA	66	meclofenamate	21
LIVALO	33	LYUMJEV KWIKPEN U-100		MECOBALAMIN (VITAMIN	
LO LOESTRIN FE	68	INSULIN	50	B12)	82
LODINE	21	LYUMJEV KWIKPEN U-200		MEDROL	46
LODOSYN	15	INSULIN	50	MEDROL (PAK)	46
lojaimiess	68	LYUMJEV U-100 INSULIN		medroxyprogesterone	65
LOMOTIL	53		50	mefenamic acid	21
LONHALA MAGNAIR		lyza	65	mefloquine	7
REFILL	77	M		megestrol	11
LONHALA MAGNAIR		MACRILEN	59	MEKINIST	11
STARTER	77	MACROBID	9	MEKTOVI	11
loperamide	53	MACRODANTIN	9	melodetta 24 fe	68
LOPID	33	mafenide acetate	39	meloxicam	21
lopinavir-ritonavir	4	magnesium citrate	56	melphalan	11
LOPRESSOR	29	MALARONE	7	memantine	16
LOPROX	40	MALARONE PEDIATRIC ..	7	MEMANTINE	16
LOPROX (AS OLAMINE) ..	40	malathion	43	MENACTRA (PF)	61
LOPROX KIT	40	maprotiline	25	M-END PE	76
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lorazepam intensol	25	MARINOL	56	MENOPUR	51
LORBRENA	11	marlissa (28)	68	MENOSTAR	65
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LORTAB ELIXIR	19	MARPLAN	25	MENTAX	40
loryna (28)	68	MATULANE	11	MENVEO A-C-Y-W-135-DIP	
LORZONE	17	matzim la	29	(PF)	61
losartan	29	MAVENCLAD (10 TABLET		MEPHYTON	32
losartan-hydrochlorothiazide	29	PACK)	59	MEPRON	7
LOSEASONIQUE	68	MAVENCLAD (4 TABLET		mercaptopurine	11
LOTEMAX	74	PACK)	59	mesalamine	56
LOTEMAX SM	74	MAVENCLAD (5 TABLET		mesalamine with cleansing	
LOTENSIN	29	PACK)	59	wipe	56
LOTENSIN HCT	29	MAVENCLAD (6 TABLET		MESNEX	10
loteprednol etabonate	74	PACK)	59	MESTINON	17
LOTRONEX	56	MAVENCLAD (7 TABLET		MESTINON TIMESPAN ..	17
lovastatin	33	PACK)	59	metaproterenol	77
LOVAZA	33	MAVENCLAD (8 TABLET		metaxall	17
low-ogestrel (28)	68	PACK)	60	metaxalone	17

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methenamine hippurate.....	9	miglitol.....	52		70
methenamine mandelate.....	9	MIGRANAL.....	16	MOXIFLOXACIN-SOD	
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METHYLIN.....	25	miralax.....	56	mycophenolate sodium.....	11
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methylprednisolone.....	46	misoprostol.....	58	PE-KTRLC).....	72
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prenatal vits96-iron fum-folic	83	probenecid	62	pyrazinamide	7
prenatal-u	83	probenecid-colchicine	62	PYRIDIDIUM	79
PRENATE AM	83	PROCARDIA	30	pyridostigmine bromide	17
PRENATE CHEWABLE	83	PROCARDIA XL	30	PYRIDOSTIGMINE	
PRENATE DHA (FERR ASP GLYCIN)	83	procentra	26	BROMIDE	17
PRENATE ELITE (IRON ASP GLYC)	84	PROCHAMBER	48	pyrimethamine	7
PRENATE ENHANCE	84	prochlorperazine	56	Q	
PRENATE ESSENTIAL(IRON-ASP-GL)	84	prochlorperazine maleate	56	QBREXZA	36
PRENATE MINI (FERR ASP GLYCIN)	84	PROCORT	56	QNASL	78
PRENATE PIXIE	84	PROCTOCORT	42, 56	QTERN	52
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preplus	84	procto-pak	56	QUARTETTE	69
pretab	84	proctosol hc	56	QUDEXY XR	14
PRETOMANID	7	proctozone-hc	56	QUESTRAN	33
prevalite	33	progesterone micronized	65	QUESTRAN LIGHT	33
PREVIDENT	45	PROGLYCEM	48	quetiapine	26
PREVIDENT 5000 BOOSTER PLUS	45	PROGRAF	12	QUILLICHEW ER	26
PREVIDENT 5000 DRY MOUTH	45	prolate	19	QUILLIVANT XR	26
PREVIDENT 5000 ENAMEL PROTECT	46	PROLENSA	72	quinapril	30
PREVIDENT 5000 ORTHO DEFENSE	46	promethazine	75	quinapril-hydrochlorothiazide	30
PREVIDENT 5000 PLUS SENSITIVE	46	promethazine-codeine	76	quinidine gluconate	27
previfem	69	promethazine-dm	76	quinidine sulfate	27
PREVNAR 13 (PF)	61	promethazine-phenyleph- codeine	76	quinine sulfate	7
PREZISTA	5	promethazine-phenylephrine	76	quit 2	45
PRIFTIN	7	promethegan	75	quit 4	45
PRIMACARE	84	PROMETRIUM	65	QVAR REDIHALER	78
primaquine	7	propafenone	27	R	
PRIMEAIRE	48	propantheline	54	RABAVERT (PF)	61
primidone	14	propranolol	30	rabeprazole	59
PRIMSOL	10	propranolol-hydrochlorothiazid	30	RACEPINEPH-LIDOCAINE-BSS 7(PF)	72
PRINIVIL	30	propylthiouracil	47	raloxifene	62
		PROQUAD (PF)	61	ramelteon	26
		PROSCAR	79	ramipril	30
		PROTHELIAL	46	ranitidine hcl	59
		PROTOPIC	36	ranolazine	34
		protriptyline	26	RAPAMUNE	12
		PROVERA	65	rasagiline	15
		PROVIDA OB	84	RASUVO (PF)	63
		PULMICORT FLEXHALER	78	RAYOS	47
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RELAGARD	66	ritonavir	5	scopolamine base	57
RELENZA DISKHALER	5	rivastigmine	16	SEASONIQUE	69
RELEXXII	26	rivastigmine tartrate	16	seconal sodium	26
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REPATHA PUSHTRONEX	34	ropinirole	15	SELZENTRY	5
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REQUIP XL	15	ROSANIL	38	se-natal-19	84
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REVATIO	78	RUXIENCE	12	sharobel	65
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sodium fluoride-pot nitrate...	46	STAMARIL (PF)	62	SURFAXIN	78
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SOLTAMOX.....	12	stop smoking aid.....	45	symax fastabs.....	54
SOMAVERT.....	51	stress formula	84	symax-sl.....	54
SOOLANTRA.....	38	stress formula with iron.....	84	symax-sr	54
SORBITOL	43	stress formula with iron(sulf)84		SYMBYAX	26
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SOVALDI	5	subvenite starter (green) kit..	14	SYMPAZAN	14
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		sulindac.....	22	TAFINLAR	12
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TASMAR	15	THIOLA EC	44	tolterodine.....	79
TAYTULLA.....	69	thioridazine.....	26	TOPICORT.....	42
tazarotene	38	thiothixene	26	topiramate	14
TAZORAC.....	38	THRIVITE RX.....	84	toremifene.....	12
taztia xt.....	30	THYROLAR-1	53	torsemide	30
TAZVERIK.....	12	THYROLAR-1/2.....	53	TOSYMRA.....	16
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TECARTUS	12	THYROLAR-2	53	SOLOSTAR	50
TECFIDERA.....	60	THYROLAR-3	53	TOUJEO SOLOSTAR U-300	
TEGRETOL	14	tiadylt er.....	30	INSULIN	50
TEGRETOL XR.....	14	tiagabine	14	tovet emollient.....	42
TEGSEDI	17	TIAZAC	30	TOVIAZ	79
TEKTRUNA	30	TIBSOVO.....	12	TRACLEER	78
TEKTRUNA HCT	30	TIGAN.....	57	TRADJENTA	53
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.....	30	LATANOP(PF)	73	trandolapril	31
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TEMIXYS	5	TIMOLOL-BRIMONIDI-		tranexamic acid.....	66
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TENIVAC (PF)	62	LATANOPROST(PF)	73	TRAZIMERA.....	12
tenofovir disoproxil fumarate.	5	TIMOPTIC	70	trazodone	26
TENORMIN.....	30	TIMOPTIC-XE	70	TREANDA	12
TEPEZZA.....	51	tinidazole	7	TRECTOR	8
terazosin	30	TIROSINT.....	53	TRELEGY ELLIPTA.....	78
terbinafine hcl.....	3	TIROSINT-SOL	53	TRESIBA FLEXTOUCH U-	
terbutaline.....	78	tis-u-sol pentalyte	43	100	50
terconazole	66	TIVICAY.....	5	TRESIBA FLEXTOUCH U-	
TERSI FOAM	35	TIVICAY PD	5	200	50

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tretinoin	38	tri-vitamin with fluoride	85	ustell	79
tretinoin (antineoplastic)	12	trivora (28)	69	utira-c	79
tretinoin microspheres	38	tri-vylibra	69	V	
TRETIN-X	38	tri-vylibra lo	69	vaginal contraceptive foam	66
TRETIN-X CREAM KIT	38	TRIZIVIR	5	valacyclovir	5
TREXALL	12	TRODELVY	12	VALCHLOR	36
tri femynor	69	TROKENDI XR	14	VALCYTE	5
triamcinolone acetonide	42, 43, 46	tropicamide	71	valganciclovir	5
TRIAMCINOLON-		tropium	79	valproic acid	14
MOXIFLOX-WATR(PF)	73	TRULICITY	53	valproic acid (as sodium salt)	14
triamterene	31	TRUMENBA	62	valsartan	31
triamterene-hydrochlorothiazid	31	TRUSOPT	73	valsartan-hydrochlorothiazide	31
trianex	43	TRUVADA	5	VALTOCO	14
TRICARE	84	TUKYSA	12	VANATOL LQ	19
triderm	43	tulana	65	VANATOL S	19
TRIDESILON	43	TURALIO	12	VANCOCIN	10
TRIESENCE (PF)	47	TUSSICAPS	76	vancomycin	10
tri-estarylla	69	TUZISTRA XR	76	vandazole	66
TRIFERIC	84	TWINRIX (PF)	62	VANOXIDE-HC	38
trifluoperazine	26	TYBOST	5	VAQTA (PF)	62
trifluridine	70	tydemy	69	VARIVAX (PF)	62
trihexyphenidyl	15	TYKERB	12	VARIZIG	62
TRIJARDY XR	53	TYMLOS	63	VARUBI	57
TRIKAFTA	78	TYPHIM VI	62	VASCEPA	34
tri-legest fe	69	TYVASO	78	VASERETIC	31
tri-linyah	69	TYVASO REFILL KIT	78	VASOTEC	31
TRILIPIX	34	TYVASO STARTER KIT	78	VAXCHORA VACCINE	62
tri-lo-estarylla	69	U		VCF CONTRACEPTIVE	
tri-lo-marzia	69	UBRELVY	16	FILM	66
tri-lo-mili	69	UCERIS	57	VCF CONTRACEPTIVE GEL	66
tri-lo-sprintec	69	ULTRACET	22	VECTICAL	35
trilyte with flavor packets	57	ULTRAM	22	velivet triphasic regimen (28)	69
trimethobenzamide	57	ULTRAVATE	43	VEMLIDY	5
trimethoprim	10	unithroid	53	VENCLEXTA	12
tri-mili	69	UPTRAVI	31	VENCLEXTA STARTING	
trimipramine	27	URELLE	79	PACK	12
TRIMO-SAN JELLY	66	uretron d-s	79	venlafaxine	27
trinatal rx 1	84	URIBEL	79	VENOFER	85
trinate	84	urimar-t	79	VENTOLIN HFA	78
TRINAZ	84	urin ds	79	verapamil	31
TRINTELLIX	27	uro-458	79	VERELAN	31
tri-previfem (28)	69	urogesic-blue	79	VERELAN PM	31
tri-sprintec (28)	69	uro-mp	79	VERSACLOZ	27
TRISTART DHA	84	UROQID-ACID NO.2	79		
TRIUMEQ	5	URSO 250	57		
		URSO FORTE	57		
		ursodiol	57		

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

VERZENIO.....	13	VIVOTIF.....	62	XHANCE.....	78
VFEND.....	3	VIZIMPRO.....	13	XIFAXAN.....	8
V-GO 20.....	49	VOGELXO.....	51	XIGDUO XR.....	53
V-GO 30.....	49	volnea (28).....	69	XOFLUZA.....	5
V-GO 40.....	49	voriconazole.....	3	XOLEGEL.....	40
VIBRAMYCIN.....	9	VOSEVI.....	5	XOPENEX.....	78
VIEKIRA PAK.....	5	VOTRIENT.....	13	XOPENEX CONCENTRATE	
vienva.....	69	vp-ch-pnv.....	85		78
VIGAMOX.....	70	VP-PNV-DHA.....	85	XOSPATA.....	13
VIIBRYD.....	27	vtol lq.....	19	xulane.....	66
VIMOVO.....	22	VUMERITY.....	60	XULTOPHY 100/3.6.....	51
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VINATE DHA RF.....	85	vyfemla (28).....	69	XYREM.....	27
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VIRACEPT.....	5	VYNDAMAX.....	34	YAZ (28).....	69
VIRAMUNE.....	5	VYND AQEL.....	34	YF-VAX (PF).....	62
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virt-nate dha.....	85	WELLBUTRIN XL.....	27	zaleplon.....	27
virt-pn dha.....	85	wera (28).....	69	ZANAFLEX.....	17
virt-pn plus.....	85	westhroid.....	53	zarah.....	69
virtussin ac.....	76	WIDE-SEAL DIAPHRAGM		ZARONTIN.....	15
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VITAFOL FE PLUS.....	85	wixela inhub.....	78	zatean-pn plus.....	85
VITAFOL FE+ (WITH		women's gentle laxative(bisac)		ZCORT.....	47
DOCUSATE).....	85		57	zebutal.....	19
VITAFOL GUMMIES.....	85	women's laxative (bisacodyl)	57	ZEJULA.....	13
VITAFOL NANO.....	85	wymzya fe.....	69	ZELBORAF.....	13
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vitamin k.....	32		14	ZEPOSIA STARTER KIT ..	60
vitamin k1.....	32	XELJANZ.....	64	ZEPOSIA STARTER PACK	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ZIAC	31	ZOFRAN	57	ZUBSOLV	22
ZIAGEN	5	ZOHYDRO ER	20	ZULRESSO	27
ZIANA	39	ZOLINZA	13	zumandimine (28).....	69
zidovudine	5	zolmitriptan	16	ZUPLENZ	57
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ZILXI	39	ZOMIG	16	ZYKADIA	13
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-806-9284 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 1-877-806-9284 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-877-806-9284 TTY:711 ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-877-806-9284 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 1-877-806-9284 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 1-877-806-9284 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 1-877-806-9284 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 1-877-806-9284 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 1-877-806-9284 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મે હુડતી મેળિનો અવિકર છ. તે અર્થ વિન તમ રી ભ ધ મ i પ્ર ખ કરી શક ર છ. દ ભ વપરો i ત કરિ મ ટે, આ 1-877-806-9284 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, 1-877-806-9284 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 1-877-806-9284 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、1-877-806-9284 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: 1-877-806-9284 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 1-877-806-9284 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-877-806-9284 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-877-806-9284 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-877-806-9284 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 1-877-806-9284 TTY:711.

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

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-877-806-9284 TTY:711.

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

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

CivilRightsCoordinator@CareSource.com

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

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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



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