

# SUTTER HEALTH PLUS FORMULARY

Effective April 1, 2019

This document is the Sutter Health Plus Formulary, a list of generic and brand name drugs covered by Sutter Health Plus under your outpatient prescription drug benefit. The formulary helps you and your doctor determine the right drug to prescribe to treat your needs.

The Express Scripts Pharmacy and Therapeutics (P&T) Committee assesses all drugs included in the formulary for tier placement, process requirements and coverage limitations. When necessary, the Sutter Health Plus P&T Committee reviews, approves, and modifies the Express Scripts selections. Doctors and pharmacists make up both P&T committees. They meet regularly to decide what drugs should be included in the formulary. Drugs are included in the formulary based on their safety, effectiveness and value.

Express Scripts updates the drugs on a monthly basis and content may change. You can get the most current formulary on the Sutter Health Plus website at [sutterhealthplus.org/pharmacy](http://sutterhealthplus.org/pharmacy), or the Express Scripts member portal at [express-scripts.com](http://express-scripts.com).

## How to Use the Formulary

Sutter Health Plus lists all drugs by their generic name and most common brand name. The formulary lists generic drugs in bold lowercase letters and brand names in all capital letters. Members can search the formulary by using the index, either by generic or brand name and by therapeutic drug category. Brand names usually cost more and are not preferred over generic alternatives. Any drugs not found in this listing or any updates published by Express Scripts or Sutter Health Plus require prior authorization.

We list all drugs in each category in alphabetical order. All drugs have a generic name. If the generic drug is available, it appears **bolded** in the listing.

Some drugs have certain process requirements or limitations for coverage. We identify these drugs on the formulary by the letters listed and explained below. Your Sutter Health Plus *Evidence of Coverage and Disclosure Form (EOC)* explains the details of the process requirements and limitations and how you can ask for exceptions.

<b>AG</b>	Age Edit	Drug may not be recommended for some patients based on age
<b>PA</b>	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
<b>QL</b>	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
<b>ST</b>	Step Therapy	Coverage may depend on previous use of another drug

## Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific benefit coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which the formulary does not reflect. For example, drugs for the treatment of infertility may not be covered. Refer to your specific plan documents for more information regarding your specific coverage.

The formulary only applies to outpatient drugs provided to members. It does not apply to drugs used in inpatient settings like the hospital or administered by a health care provider in a clinic or office setting. If you have any specific questions regarding your prescription coverage, refer to your *EOC* or contact Sutter Health Plus at 1-855-315-5800 or Express Scripts at 1-877-787-8661.

**Depending on a member's specific benefit, the following may apply:**

### **1. Generic Substitution**

When available, Sutter Health Plus uses Food and Drug Administration (FDA)-approved generic drugs in most situations, regardless of the brand name indicated. Members usually have lower copays when they use generic drugs.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

### **2. Four Tier Benefit**

The formulary is a four-tier benefit design. Tiers are the different cost levels you pay for a drug. Each tier is assigned a member cost share. This is how much you pay when you fill a prescription. The four tiers are:

- Tier 1 – Most generic drugs and low-cost preferred brand name drugs are covered at the lowest cost share
- Tier 2 – Preferred brand name and non-preferred generic drugs are covered at the second lowest tier cost share
- Tier 3 – Non-preferred brand name drugs or drugs that the Sutter Health Plus P&T committee recommends based on safety, effectiveness and cost. These drugs usually have alternatives available in Tier 1 or 2 at a lower cost
- Tier 4 – Drugs that are biologics and drugs that the FDA or drug manufacturer requires be distributed through a specialty pharmacy, drugs that require the member to have special training or clinical monitoring for self-administration, or drugs that cost Sutter Health Plus more than \$600 net of rebates for a one-month supply

If your drug is in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor. If your drug is a specialty drug, used to treat rare or complex medical conditions, a percent-of-cost coinsurance applies. All preventive care drug categories have products that Sutter Health Plus covers with \$0 cost share.

Sutter Health Plus covers preventive care drugs and products at \$0 cost share when a participating doctor prescribes and you get at a network pharmacy. We list preventive care drugs and products in the print formulary as Tier 0 to help differentiate this group of drugs that have a \$0 cost share. Refer to your *EOC* for more information regarding coverage of preventive care drugs and products.

Some drugs prescribed for sexual dysfunction, such as Cialis<sup>®</sup>, Levitra<sup>®</sup> or Viagra<sup>®</sup> (or their generic equivalents) are limited to 8 doses per 30-day supply.

During your plan year, any changes to the formulary that benefit you, such as moving a drug to a lower tier for lower cost share, take effect right away. Sutter Health Plus notifies you at least 60 days in advance of any changes that increase cost share or impose new limits or processes on a drug you take.

It is important to note that drug costs change frequently. If you have a percent-of-cost coinsurance or deductible, confirm your cost share by calling your pharmacy or Express Scripts before picking up your prescription.

## **Prior Authorization for Formulary Drugs**

There are a number of drugs listed in the formulary that require prior authorization to ensure appropriate use based on criteria set by the P&T Committees. Examples include drugs used for non-FDA-approved indication (off label use) and step therapy. Express Scripts reviews each request on an individual patient need basis.

## **Requesting Prior Authorizations**

Providers must submit a prior authorization to Express Scripts for drugs that require prior authorization. Providers can submit a request to Express Scripts using one of the following methods:

1. Fax a completed Prescription Drug Prior Authorization or Step Therapy Exception Request Form to Express Scripts at 1-877-251-5896.
2. Call Express Scripts at 1-800-753-2851 and provide all necessary information requested.
3. Online at *express-path.com* or *covermymeds.com* (registration required).

Express Scripts processes and reaches a decision on prior authorization requests within a timeframe appropriate for the patient's condition, not to exceed 72 hours for non-urgent requests and 24 hours for urgent or exigent requests. An incomplete request may delay the authorization process or result in a denial. Additionally, if the prior authorization request does not meet established guidelines Express Scripts does not approve and may recommend a different drug.

Refer to your *EOC* for more information regarding prior authorization timelines.

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Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ANCOBON	T3	
<i>clotrimazole mucous membrane</i>	T1	
CRESEMBA ORAL	T2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	T3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	T3	
DIFLUCAN ORAL TABLET 150 MG	T3	QL
<i>fluconazole oral suspension for reconstitution</i>	T1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	T1	
<i>fluconazole oral tablet 150 mg</i>	T1	QL
<i>flucytosine</i>	T1	
<i>griseofulvin microsize</i>	T1	
<i>griseofulvin ultramicrosize</i>	T1	
<i>itraconazole oral capsule</i>	T1	QL
<i>itraconazole oral solution</i>	T1	
<i>ketoconazole oral</i>	T1	
NOXAFIL ORAL	T2	
<i>nystatin oral suspension</i>	T1	
<i>nystatin oral tablet</i>	T1	
ONMEL	T3	QL

Drug Name	Drug Tier	Requirements / Limits
ORAVIG	T3	
SPORANOX ORAL SOLUTION	T3	
SPORANOX PULSEPAK	T3	QL
<i>terbinafine hcl oral</i>	T1	
VFEND	T3	
<i>voriconazole oral</i>	T1	
<b>ANTIVIRALS</b>		
<i>abacavir</i>	T1	
<i>abacavir-lamivudine</i>	T1	
<i>abacavir-lamivudine-zidovudine</i>	T1	
<i>acyclovir oral capsule</i>	T1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T1	
<i>acyclovir oral tablet</i>	T1	
<i>adefovir</i>	T1	
<i>amantadine hcl</i>	T1	
APTIVUS	T2	
<i>atazanavir</i>	T1	
BARACLUDE ORAL SOLUTION	T2	
BARACLUDE ORAL TABLET	T3	
BIKTARVY	T2	
CIMDUO	T2	
COMBIVIR	T3	
COMPLERA	T2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
DESCOVY	T2	

Drug Name	Drug Tier	Requirements / Limits
<i>didanosine</i>	T1	
EDURANT	T2	
<i>efavirenz</i>	T1	
EMTRIVA	T2	
<i>entecavir</i>	T1	
EPCLUSA	T4	PA; ST; QL
EPIVIR	T3	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
EPZICOM	T3	
EVOTAZ	T3	
<i>famciclovir</i>	T1	QL
FLUMADINE ORAL TABLET	T3	
<i>fosamprenavir</i>	T1	
FUZEON SUBCUTANEOUS RECON SOLN	T2	
GENVOYA	T2	
HARVONI	T4	PA; ST; QL
HEPSERA	T3	
INTELENCE	T2	
INVIRASE ORAL TABLET	T2	
ISENTRESS	T2	
ISENTRESS HD	T2	
JULUCA	T3	
KALETRA ORAL SOLUTION	T3	
KALETRA ORAL TABLET	T2	
<i>lamivudine</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine-zidovudine</i>	T1	
LEXIVA ORAL SUSPENSION	T2	
LEXIVA ORAL TABLET	T3	
<i>lopinavir-ritonavir</i>	T1	
<i>nevirapine</i>	T1	
NORVIR ORAL CAPSULE	T2	
NORVIR ORAL POWDER IN PACKET	T2	
NORVIR ORAL SOLUTION	T2	
NORVIR ORAL TABLET	T3	
ODEFSEY	T2	
<i>oseltamivir</i>	T1	QL
PREVYMIS ORAL	T2	QL
PREZCOBIX	T3	
PREZISTA ORAL SUSPENSION	T2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T2	
RELENZA DISKHALER	T2	QL
RESCRIPTOR	T2	
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T3	

Drug Name	Drug Tier	Requirements / Limits
REYATAZ ORAL POWDER IN PACKET	T2	
<i>ribavirin inhalation</i>	T1	
<i>rimantadine</i>	T1	
<i>ritonavir</i>	T1	
SELZENTRY	T2	
SITAVIG	T3	PA; QL
<i>stavudine oral capsule</i>	T1	
STRIBILD	T2	
SUSTIVA	T3	
SYMFI	T2	
SYMFI LO	T2	
TAMIFLU	T3	QL
<i>tenofovir disoproxil fumarate</i>	T1	
TIVICAY	T2	
TRIUMEQ	T2	
TRIZIVIR	T3	
TRUVADA	T2	
TYBOST	T3	
<i>valacyclovir</i>	T1	QL
VALCYTE	T3	
<i>valganciclovir</i>	T1	
VALTREX	T3	QL
VEMLIDY	T2	
VIDEX 2 GRAM PEDIATRIC	T2	
VIDEX EC	T3	
VIEKIRA PAK	T4	PA; ST; QL
VIRACEPT ORAL TABLET	T2	
VIRAMUNE	T3	
VIRAMUNE XR	T3	

Drug Name	Drug Tier	Requirements / Limits
VIRAZOLE	T3	
VIREAD ORAL POWDER	T2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	
VIREAD ORAL TABLET 300 MG	T3	
VOSEVI	T4	PA; ST; QL
XOFLUZA	T2	
ZEPATIER	T4	PA; ST; QL
ZERIT ORAL CAPSULE 30 MG	T3	
ZIAGEN	T3	
<i>zidovudine</i>	T1	
ZOVIRAX ORAL	T3	
<b>CEPHALOSPORINS</b>		
<i>cefactor oral capsule</i>	T1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T1	
<i>cefactor oral tablet extended release 12 hr</i>	T1	
<i>cefadroxil oral capsule</i>	T1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	T1	
<i>cefadroxil oral tablet</i>	T1	
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefixime</i>	T1	
<i>cefpodoxime</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
<i>cephalexin</i>	T1	
KEFLEX ORAL CAPSULE	T3	
SPECTRACEF ORAL TABLET 400 MG	T3	
SUPRAX ORAL CAPSULE	T3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	T3	
SUPRAX ORAL TABLET,CHEWABLE	T3	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin oral</i>	T1	
<i>clarithromycin</i>	T1	
DIFICID	T3	
<i>e.e.s. 400 oral tablet</i>	T1	
E.E.S. GRANULES	T3	
ERYPED 200	T3	
ERYPED 400	T3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	T1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	T1	
<i>erythromycin oral tablet</i>	T1	
ZITHROMAX ORAL PACKET	T3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	T3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO	T3	QL
<i>albendazole</i>	T1	QL
ALBENZA	T3	QL
ALINIA	T2	QL
ARAKODA	T3	QL
ARIKAYCE	T4	PA
<i>atovaquone</i>	T1	



Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone-proguanil</i>	T1	QL
BENZNIDAZOLE	T2	QL
BETHKIS	T4	QL
BILTRICIDE	T3	
CAYSTON	T4	QL
<i>chloroquine phosphate</i>	T1	
CLEOCIN HCL	T3	
CLEOCIN PEDIATRIC	T3	
<i>clindamycin hcl</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin pediatric</i>	T1	
COARTEM	T2	QL
CYCLOSERINE	T3	
<i>dapsone oral</i>	T1	
DARAPRIM	T4	PA
EMVERM	T2	QL
<i>ethambutol</i>	T1	
FLAGYL	T3	
<i>hydroxychloroquine</i>	T1	
IMPAVIDO	T2	QL
<i>isoniazid oral</i>	T1	
<i>ivermectin</i>	T1	QL
KITABIS PAK	T4	QL
KRINTAFEL	T3	QL
<i>linezolid</i>	T1	
MALARONE	T3	QL
MALARONE PEDIATRIC	T3	QL
<i>mefloquine</i>	T1	QL
MEPRON	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole oral</i>	T1	
MYAMBUTOL ORAL TABLET 400 MG	T3	
MYCOBUTIN	T3	
NEBUPENT	T2	QL
<i>neomycin</i>	T1	
<i>paromomycin</i>	T1	
PASER	T3	
PLAQUENIL	T3	
<i>praziquantel</i>	T1	
PRIFTIN	T2	
PRIMAQUINE	T2	QL
<i>pyrazinamide</i>	T1	
QUALAQUIN	T3	QL
<i>quinine sulfate</i>	T1	QL
<i>rifabutin</i>	T1	
RIFADIN ORAL	T3	
RIFAMATE	T3	
<i>rifampin oral</i>	T1	
RIFATER	T3	
SIRTURO	T2	
SIVEXTRO ORAL	T3	
SOLOSEC	T3	QL
STROMEKTOL	T3	QL
<i>tinidazole</i>	T1	QL
TOBI	T4	QL
TOBI PODHALER	T4	QL
<i>tobramycin in 0.225 % nacl</i>	T4	QL
TOBRAMYCIN WITH NEBULIZER	T4	QL
TRECTOR	T3	
XIFAXAN	T2	QL

Drug Name	Drug Tier	Requirements / Limits
ZYVOX ORAL	T3	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension for reconstitution</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate</i>	T1	
<i>ampicillin oral capsule</i>	T1	
AUGMENTIN ES-600	T3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	T2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	T3	
AUGMENTIN XR	T3	
<i>dicloxacillin</i>	T1	
MOXATAG	T3	
<i>penicillin v potassium</i>	T1	
<b>QUINOLONES</b>		

Drug Name	Drug Tier	Requirements / Limits
AVELOX	T3	
BAXDELA ORAL	T3	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
CIPRO XR	T3	
<i>ciprofloxacin</i>	T1	
<i>ciprofloxacin (mixture)</i>	T1	
<i>ciprofloxacin hcl oral</i>	T1	
FACTIVE	T3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	T3	
LEVOFLOXACIN ORAL SOLUTION	T3	
<i>levofloxacin oral tablet</i>	T1	
<i>moxifloxacin oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	T3	
BACTRIM DS	T3	
<i>sulfadiazine</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<i>sulfatrim</i>	T1	
<b>TETRACYCLINES</b>		
ACTICLATE	T3	ST
<i>avidoxy</i>	T1	
<i>coremino</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>demeclocycline</i>	T1	
DORYX MPC	T3	ST
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	T3	ST
<i>doxycycline hyclate oral capsule 50 mg</i>	T1	
<i>doxycycline hyclate oral tablet</i>	T1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	T1	
<i>doxycycline monohydrate oral capsule</i>	T1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
MINOCIN ORAL CAPSULE 50 MG	T3	ST
<i>minocycline oral capsule</i>	T1	
<i>minocycline oral tablet</i>	T1	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	T1	
<i>mondoxylene nl</i>	T1	
MONODOX	T3	ST
NUZYRA (7 DAY WITH LOAD DOSE)	T3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>okebo oral capsule 75 mg</i>	T1	
ORACEA	T2	ST
SEYSARA	T3	ST
<i>soloxide</i>	T1	
TARGADOX	T3	ST
<i>tetracycline</i>	T1	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	T3	
VIBRAMYCIN ORAL SYRUP	T3	
<b>URINARY TRACT AGENTS</b>		
FURADANTIN	T3	
HIPREX	T3	
MACROBID	T3	
MACRODANTIN	T3	
<i>methenamine hippurate</i>	T1	
<i>methenamine mandelate</i>	T1	
MONUROL	T3	
<i>nitrofurantoin</i>	T1	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohyd/m-cryst</i>	T1	
PRIMSOL	T3	
<i>trimethoprim</i>	T1	
TRIMPEX	T3	
<b>VANCOMYCIN</b>		
FIRVANQ	T3	
VANCOCIN	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin oral capsule</i>	T1	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium oral</i>	T1	
MESNEX ORAL	T2	
VISTOGARD	T4	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone</i>	T4	PA
AFINITOR	T4	PA
AFINITOR DISPERZ	T4	PA
ALECENSA	T4	PA
ALKERAN	T3	
ALUNBRIG	T4	PA
<i>anastrozole</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
ASTAGRAF XL	T3	PA
AZASAN	T3	
<i>azathioprine</i>	T1	
<i>bexarotene</i>	T4	PA
<i>bicalutamide</i>	T1	
BOSULIF	T4	PA
BRAFTOVI	T4	PA
CABOMETYX	T4	PA
CALQUENCE	T4	PA
<i>capecitabine</i>	T4	
CAPRELSA	T4	PA
CASODEX	T3	

Drug Name	Drug Tier	Requirements / Limits
CELLCEPT	T3	
COMETRIQ	T4	PA
COPIKTRA	T4	PA
COTELLIC	T4	PA
<i>cyclophosphamide oral capsule</i>	T1	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
DAURISMO	T4	PA
DROXIA	T2	
ELIGARD	T4	PA
ELIGARD (3 MONTH)	T4	PA
ELIGARD (4 MONTH)	T4	PA
ELIGARD (6 MONTH)	T4	PA
EMCYT	T2	
ENVARUSUS XR	T3	PA
ERIVEDGE	T4	PA
ERLEADA	T4	PA
<i>etoposide oral</i>	T1	
<i>exemestane</i>	T1	
FARESTON	T2	
FARYDAK	T4	PA
FEMARA	T3	
<i>flutamide</i>	T1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	T1	
<i>gengraf oral solution</i>	T1	
GILOTRIF	T4	PA
GLEEVEC	T4	PA

Drug Name	Drug Tier	Requirements / Limits
GLEOSTINE	T2	
HYCAMTIN ORAL	T4	
HYDREA	T3	
<i>hydroxyurea</i>	T1	
IBRANCE	T4	PA
ICLUSIG	T4	PA
IDHIFA	T4	PA
<i>imatinib</i>	T4	PA
IMBRUVICA	T4	PA
IMURAN	T3	
INLYTA	T4	PA
IRESSA	T4	PA
JAKAFI	T4	PA
KISQALI	T4	PA
KISQALI FEMARA CO-PACK	T4	PA
LENVIMA	T4	PA
<i>letrozole</i>	T1	
LEUKERAN	T2	
<i>leuprolide subcutaneous kit</i>	T4	
LONSURF	T4	PA
LORBRENA	T4	PA
LYNPARZA ORAL TABLET	T4	PA
LYSODREN	T2	
MATULANE	T4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	T1	
<i>megestrol oral tablet</i>	T1	
MEKINIST	T4	PA
MEKTOVI	T4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>melphalan</i>	T1	
<i>mercaptopurine</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>mycophenolate mofetil</i>	T1	
<i>mycophenolate sodium</i>	T1	
MYFORTIC	T3	
MYLERAN	T2	
NEORAL	T3	
NERLYNX	T4	PA
NEXAVAR	T4	PA
NILANDRON	T3	
<i>nilutamide</i>	T1	
NINLARO	T4	PA
<i>octreotide acetate</i>	T4	
ODOMZO	T4	PA
PROGRAF ORAL CAPSULE	T3	
PURIXAN	T4	
RAPAMUNE ORAL SOLUTION	T2	
RAPAMUNE ORAL TABLET	T3	
RUBRACA	T4	PA
RYDAPT	T4	PA
SANDIMMUNE ORAL CAPSULE	T3	
SANDIMMUNE ORAL SOLUTION	T2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T4	

Drug Name	Drug Tier	Requirements / Limits
SIGNIFOR	T4	PA
<i>sirolimus</i>	T1	
SOLTAMOX	T3	
SPRYCEL	T4	PA
STIVARGA	T4	PA
SUTENT	T4	PA
SYNRIBO	T4	
TABLOID	T2	
<i>tacrolimus oral</i>	T1	
TAFINLAR	T4	PA
TAGRISSEO	T4	PA
TALZENNA	T4	PA
<i>tamoxifen</i>	T1	
TARCEVA	T4	PA
TARGRETIN	T4	PA
TASIGNA	T4	PA
TEMODAR ORAL	T4	PA
<i>temozolomide</i>	T4	PA
THALOMID	T4	PA
TIBSOVO	T4	PA
<i>toremifene</i>	T1	
<i>tretinoin (chemotherapy)</i>	T1	
TREXALL	T3	
TYKERB	T4	PA
VENCLEXTA	T4	PA
VENCLEXTA STARTING PACK	T4	PA
VERZENIO	T4	PA
VITRAKVI	T4	PA
VIZIMPRO	T4	PA
VOTRIENT	T4	PA
XALKORI	T4	PA

Drug Name	Drug Tier	Requirements / Limits
XATMEP	T3	PA
XELODA	T4	
XERMELO	T4	PA
XOSPATA	T4	PA
XTANDI	T4	PA
YONSA	T4	PA
ZEJULA	T4	PA
ZELBORAF	T4	PA
ZOLINZA	T4	
ZORTRESS	T2	
ZYDELIG	T4	PA
ZYKADIA	T4	PA
ZYTIGA	T4	PA

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

APTIOM	T3	
BANZEL	T2	
BRIVIACT ORAL	T3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	T1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet extended release 12 hr</i>	T1	
<i>carbamazepine oral tablet, chewable</i>	T1	
CARBATROL	T3	
CELONTIN ORAL CAPSULE 300 MG	T2	

Drug Name	Drug Tier	Requirements / Limits
<i>clobazam</i>	T1	
<i>clonazepam</i>	T1	
DEPAKENE	T3	ST
DEPAKOTE	T3	ST
DEPAKOTE ER	T3	ST
DEPAKOTE SPRINKLES	T3	ST
DIASTAT	T3	
DIASTAT ACUDIAL	T3	
<i>diazepam rectal</i>	T1	
DILANTIN	T2	
DILANTIN EXTENDED	T3	
DILANTIN INFATABS	T3	
DILANTIN-125	T3	
<i>divalproex</i>	T1	
EPIDIOLEX	T4	PA
<i>epitol</i>	T1	
EQUETRO	T3	
<i>ethosuximide</i>	T1	
<i>felbamate</i>	T1	
FELBATOL	T3	
FYCOMPA ORAL SUSPENSION	T2	
FYCOMPA ORAL TABLET	T2	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5 ml</i>	T1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
GABITRIL	T3	
KEPPRA ORAL	T3	ST
KEPPRA XR	T3	ST
KLONOPIN	T3	
LAMICTAL ODT	T3	ST
LAMICTAL ODT STARTER (BLUE)	T3	ST
LAMICTAL ODT STARTER (GREEN)	T3	ST
LAMICTAL ODT STARTER (ORANGE)	T3	ST
LAMICTAL ORAL TABLET	T3	ST
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	T3	ST
LAMICTAL STARTER (BLUE) KIT	T3	ST
LAMICTAL STARTER (GREEN) KIT	T3	ST
LAMICTAL STARTER (ORANGE) KIT	T3	ST
LAMICTAL XR	T3	ST
LAMICTAL XR STARTER (BLUE)	T3	ST
LAMICTAL XR STARTER (GREEN)	T3	ST

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (ORANGE)	T3	ST
<i>lamotrigine</i>	T1	
<i>levetiracetam oral</i>	T1	
LYRICA	T2	
MYSOLINE	T3	
NEURONTIN	T3	ST;
ONFI ORAL SUSPENSION	T3	
ONFI ORAL TABLET 10 MG, 20 MG	T3	
<i>oxcarbazepine</i>	T1	
OXTELLAR XR	T3	ST
PEGANONE	T2	
<i>phenobarbital</i>	T1	
PHENYTEK	T3	
<i>phenytoin oral suspension</i>	T1	
<i>phenytoin oral tablet, chewable</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>primidone</i>	T1	
QUDEXY XR	T2	ST
<i>roweepira</i>	T1	
<i>roweepira xr</i>	T1	
SABRIL	T4	
SPRITAM	T3	ST
<i>subvenite</i>	T1	
<i>subvenite starter (blue) kit</i>	T1	
<i>subvenite starter (green) kit</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (orange) kit</i>	T1	
SYMPAZAN	T3	PA
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL XR	T3	
<i>tiagabine</i>	T1	
TOPAMAX	T3	ST
<i>topiramate oral capsule, sprinkle</i>	T1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	T3	ST
<i>topiramate oral tablet</i>	T1	
TRILEPTAL	T3	ST
TROKENDI XR	T3	ST
<i>valproic acid</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	T1	
<i>vigabatrin</i>	T4	
<i>vigadrone</i>	T4	
VIMPAT ORAL SOLUTION	T2	
VIMPAT ORAL TABLET	T2	
ZARONTIN	T3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	T3	
<i>zonisamide</i>	T1	

#### ANTIPARKINSONISM AGENTS



Drug Name	Drug Tier	Requirements / Limits
APOKYN	T4	
AZILECT	T3	ST
<i>benztropine oral</i>	T1	
<i>bromocriptine</i>	T1	
<i>carbidopa</i>	T1	
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa-entacapone</i>	T1	
COMTAN	T3	
DUOPA	T4	
<i>entacapone</i>	T1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	T4	PA
LODOSYN	T3	
MIRAPEX	T3	
MIRAPEX ER	T3	
NEUPRO	T3	
PARLODEL	T3	
<i>pramipexole</i>	T1	
<i>rasagiline</i>	T1	
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 3 MG, 4 MG, 5 MG	T3	
REQUIP XL	T3	
<i>ropinirole</i>	T1	
RYTARY	T3	
<i>selegiline hcl</i>	T1	
SINEMET	T3	
SINEMET CR	T3	
STALEVO 100	T3	
STALEVO 125	T3	

Drug Name	Drug Tier	Requirements / Limits
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
TASMAR ORAL TABLET 100 MG	T3	
<i>tolcapone</i>	T1	
<i>trihexyphenidyl</i>	T1	
ZELAPAR	T3	ST
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR (2 PACK)	T2	PA; QL
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	T2	PA; QL
AJOVY	T3	PA
<i>almotriptan malate</i>	T1	QL
AMERGE	T3	ST; QL
CAFERGOT	T3	
<i>dihydroergotamine nasal</i>	T1	ST; QL
<i>eletriptan</i>	T1	QL
EMGALITY PEN	T2	PA
EMGALITY SYRINGE	T2	PA
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T1	
FROVA	T3	ST; QL
<i>frovatriptan</i>	T1	QL
IMITREX	T3	ST; QL
IMITREX STATDOSE PEN	T3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE REFILL	T3	ST; QL
MAXALT ORAL TABLET 10 MG	T3	ST; QL
MAXALT-MLT	T3	ST; QL
<i>migergot</i>	T1	
MIGRANAL	T3	ST; QL
<i>naratriptan</i>	T1	QL
RELPAK	T3	ST; QL
<i>rizatriptan</i>	T1	QL
<i>sumatriptan</i>	T1	QL
<i>sumatriptan succinate oral</i>	T1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	T1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	T1	QL
<i>sumatriptan succinate subcutaneous solution</i>	T1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	T2	QL
<i>zolmitriptan</i>	T1	QL
ZOMIG NASAL	T2	ST; QL
ZOMIG ORAL	T3	ST; QL
ZOMIG ZMT	T3	ST; QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA	T4	PA; ST
ARICEPT	T3	ST

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO	T4	PA; ST; QL
<i>dalfampridine</i>	T4	PA; ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil oral tablet 23 mg</i>	T1	ST
<i>donepezil oral tablet, disintegrating</i>	T1	
EXELON TRANSDERMAL	T3	ST
FIRDAPSE	T3	PA
<i>galantamine</i>	T1	
INGREZZA	T4	PA; ST; QL
KEVEYIS	T4	PA
<i>memantine oral capsule, sprinkle, er 24hr</i>	T1	
<i>memantine oral solution</i>	T1	
<i>memantine oral tablet</i>	T1	
MEMANTINE ORAL TABLETS, DOSE PACK	T3	
NAMENDA ORAL TABLET	T3	ST
NAMENDA TITRATION PAK	T3	
NAMENDA XR ORAL CAPSULE, SPRINK LE, ER 24HR	T3	ST
NAMZARIC	T2	ST
NUEDEXTA	T2	
RAZADYNE ER	T3	ST
RAZADYNE ORAL TABLET	T3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>rivastigmine</i>	T1	
<i>rivastigmine tartrate</i>	T1	
TEGSEDI	T4	PA
<i>tetrabenazine</i>	T4	PA; ST; QL
XENAZINE	T4	PA; ST; QL
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	
BACLOFEN ORAL TABLET 5 MG	T3	
<i>carisoprodol</i>	T3	
<i>carisoprodol-asa-codeine</i>	T3	ST
<i>carisoprodol-aspirin</i>	T3	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine oral tablet</i>	T1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
<i>dantrolene</i>	T1	
<i>meprobamate</i>	T3	
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON TIMESPAN	T3	
<i>metaxall</i>	T1	
<i>metaxalone</i>	T1	
<i>methocarbamol oral</i>	T1	
<i>orphenadrine citrate oral</i>	T1	
<i>pyridostigmine bromide oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet extended release</i>	T1	
ROBAXIN ORAL	T3	
ROBAXIN-750	T3	
SKELAXIN	T3	
SOMA	T3	
<i>tizanidine</i>	T1	
ZANAFLEX	T3	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	T1	
<i>acetaminophen-codeine oral tablet</i>	T1	
ACTIQ	T3	ST; QL
ARYMO ER	T3	ST; QL
<i>ascomp with codeine</i>	T1	
BELBUCA	T2	ST; QL
BUPAP ORAL TABLET 50-300 MG	T3	PA
<i>buprenorphine hcl sublingual</i>	T1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	T1	ST
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	T3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital compound w/codeine</i>	T1	
<i>butalbital-acetaminop-caf-cod</i>	T1	
<i>butalbital-acetaminophen</i>	T1	
<i>butalbital-acetaminophen-caff oral capsule</i>	T1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
<i>butalbital-aspirin-caffeine</i>	T1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	T3	ST
<i>codeine sulfate oral tablet</i>	T1	
DEMEROL ORAL TABLET 100 MG	T3	
DILAUDID	T3	
<i>diskets</i>	T1	ST
DOLOPHINE ORAL	T3	ST
DSUVIA	T3	
DURAGESIC	T3	ST; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
ESGIC	T3	PA

Drug Name	Drug Tier	Requirements / Limits
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	T3	ST; QL
<i>fentanyl</i>	T1	ST; QL
<i>fentanyl citrate</i>	T1	ST; QL
FIORICET ORAL CAPSULE	T3	PA
FIORINAL	T3	PA
FIORINAL- CODEINE #3	T3	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	T1	
HYDROCODONE- ACETAMINOPHE N ORAL SOLUTION 7.5-325 MG/15 ML	T3	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
<i>hydromorphone oral liquid</i>	T1	
<i>hydromorphone oral tablet</i>	T1	
<i>hydromorphone oral tablet extended release 24 hr</i>	T1	; QL
<i>hydromorphone rectal</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
HYSINGLA ER	T2	ST; QL
IBUDONE	T3	
<i>ibuprofen-oxycodone</i>	T1	
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 50 MG	T3	ST; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	T1	
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	T3	
<i>lorcet (hydrocodone)</i>	T1	
<i>lorcet hd</i>	T1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	T1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	T3	
<i>meperidine oral</i>	T3	
<i>methadone oral concentrate</i>	T1	ST
<i>methadone oral solution</i>	T1	ST
<i>methadone oral tablet</i>	T1	ST
<i>methadone oral tablet,soluble</i>	T1	ST
<i>methadose oral concentrate</i>	T1	ST
<i>methadose oral tablet,soluble</i>	T1	ST
MORPHABOND ER	T3	ST; QL
<i>morphine concentrate oral solution</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, er multiphase 24 hr</i>	T1	ST; QL
<i>morphine oral capsule,extend.release pellets 50 mg</i>	T1	ST; QL
<i>morphine oral solution</i>	T1	
<i>morphine oral tablet</i>	T1	
<i>morphine oral tablet extended release</i>	T1	ST; QL
<i>morphine rectal</i>	T1	
MS CONTIN	T3	ST; QL
NALOCET	T3	
NORCO	T3	
OPANA ORAL	T3	
OXAYDO	T3	
<i>oxycodone oral capsule</i>	T1	
<i>oxycodone oral concentrate</i>	T1	
<i>oxycodone oral solution</i>	T1	
OXYCODONE ORAL SYRINGE	T3	
<i>oxycodone oral tablet</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxycodone-aspirin</i>	T1	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	T2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone oral tablet</i>	T1	
<i>oxymorphone oral tablet extended release 12 hr</i>	T1	ST; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
<i>phrenilin forte(with caffeine)</i>	T1	
PRIMLEV	T3	
ROXICODONE	T3	
ROXYBOND	T3	
<i>tencon oral tablet 50-325 mg</i>	T1	
TYLENOL-CODEINE #3	T3	
TYLENOL-CODEINE #4	T3	
VANATOL LQ	T3	PA
VANATOL S	T3	PA
<i>verdrocet</i>	T1	
<i>vicodin</i>	T1	
<i>vicodin es</i>	T1	
<i>vicodin hp</i>	T1	
XTAMPZA ER	T3	ST; QL
<i>xylon 10</i>	T1	
<i>zebutal oral capsule 50-325-40 mg</i>	T1	
ZOXYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	T3	ST; QL
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
ANAPROX DS	T3	ST
ARTHROTEC 50	T3	ST
ARTHROTEC 75	T3	ST
<i>aspir-81</i>	T0	
<i>aspirin low dose</i>	T0	
<i>aspirin oral tablet</i>	T0	
<i>aspirin oral tablet,chewable</i>	T0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	T0	
<i>aspir-low</i>	T0	
<i>aspir-trin</i>	T0	
<i>bayer aspirin</i>	T0	
BUNAVAIL	T3	QL
<i>buprenorphine-naloxone</i>	T1	QL
<i>butorphanol tartrate nasal</i>	T1	ST; QL
CAMBIA	T3	ST; QL
CELEBREX	T3	ST
<i>celecoxib</i>	T1	ST
<i>children's aspirin</i>	T0	
<i>choline,magnesium salicylate</i>	T1	
CONZIP	T3	ST; QL
DAYPRO	T3	ST
<i>diclofenac potassium</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac sodium topical drops</i>	T1	QL
<i>diclofenac sodium topical gel 1 %</i>	T1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac-misoprostol</i>	T1	
<i>diflunisal</i>	T1	
DISALCID	T3	
<i>e.c. prin</i>	T0	
EC-NAPROSYN	T3	ST
<i>ecotrin</i>	T0	
<i>ecotrin low strength</i>	T0	
<i>etodolac</i>	T1	
FELDENE	T3	ST
FLECTOR	T2	ST; QL
<i>flurbiprofen</i>	T1	
<i>ibu</i>	T1	
<i>ibuprofen oral suspension</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
INDOCIN ORAL	T3	ST
<i>indomethacin oral</i>	T1	
<i>ketoprofen oral capsule</i>	T1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	T1	
<i>ketorolac oral</i>	T1	QL
<i>lite coat aspirin</i>	T0	
LODINE ORAL TABLET	T3	ST
<i>meclofenamate</i>	T1	
<i>mefenamic acid</i>	T1	
<i>meloxicam oral suspension</i>	T1	
<i>meloxicam oral tablet 15 mg</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam oral tablet 7.5 mg</i>	T1	QL
MOBIC ORAL TABLET 15 MG	T3	ST
MOBIC ORAL TABLET 7.5 MG	T3	ST; QL
<i>nabumetone</i>	T1	
<i>naltrexone</i>	T1	
NAPROSYN ORAL SUSPENSION	T3	ST
NAPROSYN ORAL TABLET 500 MG	T3	ST
<i>naproxen</i>	T1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	T2	QL
NUCYNTA	T2	ST; QL
NUCYNTA ER	T2	ST; QL
<i>oxaprozin</i>	T1	
<i>pentazocine-naloxone</i>	T3	ST
<i>piroxicam</i>	T1	
<i>salsalate</i>	T1	
<i>st joseph aspirin</i>	T0	
SUBOXONE	T2	QL
<i>sulindac</i>	T1	
<i>tolmetin</i>	T1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	T3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	T3	ST; QL
<i>tramadol oral tablet</i>	T1	ST; QL
<i>tramadol oral tablet extended release 24 hr</i>	T1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	T1	ST; QL
<i>tramadol-acetaminophen</i>	T1	ST; QL
ULTRACET	T3	ST; QL
ULTRAM	T3	ST; QL
VOLTAREN TOPICAL	T3	ST; QL
VOLTAREN-XR	T3	ST
ZUBSOLV	T2	QL
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ORAL TABLET	T3	QL
ADASUVE	T3	
ADDERALL	T3	
ADDERALL XR	T1	ST
ADDYI	T3	PA
<i>alprazolam</i>	T1	
<i>alprazolam intensol</i>	T1	
AMBIEN	T3	ST; QL
AMBIEN CR	T3	ST; QL
<i>amitriptyline</i>	T1	
<i>amitriptyline-chlordiazepoxide</i>	T1	
<i>amoxapine</i>	T1	
<i>amphetamine sulfate</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
ANAFRANIL	T3	
ALENZIN	T3	ST; QL
APTENSIO XR	T3	ST
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	QL
<i>aripiprazole oral tablet, disintegrating</i>	T1	QL
<i>armodafinil</i>	T1	PA
ATIVAN ORAL	T3	
<i>atomoxetine</i>	T1	
BELSOMRA	T3	ST; QL
BRISDELLE	T3	ST; QL
<i>bupropion hcl oral tablet</i>	T1	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	T1	QL
<i>bupirone</i>	T1	
BUTISOL ORAL TABLET 30 MG	T3	
CELEXA ORAL TABLET	T3	ST; QL
<i>chlordiazepoxide hcl</i>	T1	
<i>chlorpromazine oral</i>	T1	
<i>citalopram oral solution</i>	T1	
<i>citalopram oral tablet</i>	T1	QL
<i>clomipramine</i>	T1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	T1	
<i>clorazepate dipotassium</i>	T1	



Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	T1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	T3	
CLOZARIL	T3	
CONCERTA	T1	ST
COTEMPLA XR-ODT	T3	ST
CYMBALTA	T3	ST; QL
DAYTRANA	T2	ST
<i>desipramine</i>	T1	
DESOXYN	T3	
DESVENLAFAXINE FUMARATE	T3	ST
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	T3	ST; QL
<i>desvenlafaxine succinate</i>	T1	QL
DEXEDRINE SPANSULE	T3	ST
<i>dexmethylphenidate</i>	T1	
<i>dextroamphetamine</i>	T1	
<i>dextroamphetamine-amphetamine oral tablet</i>	T1	
<i>diazepam intensol</i>	T1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	T1	
<i>diazepam oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
DORAL	T3	QL
<i>doxepin oral</i>	T1	
<i>duloxetine</i>	T1	QL
DYANAVEL XR	T3	ST
EFFEXOR XR	T3	ST; QL
EMSAM	T3	
<i>ergoloid</i>	T1	
<i>escitalopram oxalate oral solution</i>	T1	
<i>escitalopram oxalate oral tablet</i>	T1	QL
<i>estazolam</i>	T1	QL
<i>eszopiclone</i>	T1	QL
EVEKEO	T3	
FANAPT	T3	QL
FAZACLO	T3	
FETZIMA	T2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	T1	QL
<i>fluoxetine oral capsule 20 mg</i>	T1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	T1	QL
<i>fluoxetine oral solution</i>	T1	
<i>fluoxetine oral tablet 10 mg</i>	T1	QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	T1	
<i>fluphenazine hcl oral</i>	T1	
<i>flurazepam</i>	T1	QL
<i>fluvoxamine</i>	T1	QL
FOCALIN	T3	

Drug Name	Drug Tier	Requirements / Limits
FOCALIN XR	T3	ST
GEODON INTRAMUSCULAR	T0	
GEODON ORAL	T3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	T1	
<i>guanidine</i>	T1	
HALCION ORAL TABLET 0.25 MG	T3	QL
<i>haloperidol</i>	T1	
<i>haloperidol lactate oral</i>	T1	
HETLIOZ	T4	PA; QL
<i>imipramine hcl</i>	T1	
<i>imipramine pamoate</i>	T1	
INTUNIV ER	T3	ST
INVEGA	T3	QL
INVEGA SUSTENNA	T0	PA
INVEGA TRINZA	T0	PA
KAPVAY	T3	ST
LATUDA	T2	QL
LEXAPRO ORAL TABLET	T3	ST; QL
<i>lithium carbonate</i>	T1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	T1	
LITHOBID	T3	
<i>lorazepam intensol</i>	T1	
<i>lorazepam oral</i>	T1	
<i>loxapine succinate</i>	T1	
LUNESTA	T3	ST; QL
<i>maprotiline</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
MARPLAN	T3	
<i>metadate er</i>	T1	
<i>methamphetamine</i>	T1	
METHYLIN ORAL SOLUTION	T3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	T1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	T1	
<i>methylphenidate hcl oral solution</i>	T1	
<i>methylphenidate hcl oral tablet</i>	T1	
<i>methylphenidate hcl oral tablet extended release</i>	T1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	T3	ST
<i>methylphenidate hcl oral tablet, chewable</i>	T1	
<i>midazolam oral syrup 2 mg/ml</i>	T1	
<i>mirtazapine</i>	T1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	T3	
<i>modafinil</i>	T1	PA
<i>molindone</i>	T1	
MYDAYIS	T2	ST
NARDIL	T3	
<i>nefazodone</i>	T3	

Drug Name	Drug Tier	Requirements / Limits
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	
<i>nortriptyline oral capsule</i>	T1	
NUPLAZID ORAL CAPSULE	T4	PA; QL
NUPLAZID ORAL TABLET 10 MG	T4	PA; QL
NUVIGIL	T3	PA
<i>olanzapine intramuscular</i>	T0	
<i>olanzapine oral</i>	T1	QL
<i>olanzapine-fluoxetine</i>	T1	
ORAP	T3	
<i>oxazepam</i>	T3	
<i>paliperidone</i>	T1	QL
PAMELOR	T3	
PARNATE	T3	
<i>paroxetine hcl oral tablet</i>	T1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	T1	QL
<i>paroxetine mesylate(menop.sym)</i>	T1	QL
PAXIL CR	T3	ST; QL
PAXIL ORAL SUSPENSION	T3	ST
PAXIL ORAL TABLET	T3	ST; QL
<i>perphenazine</i>	T1	
<i>perphenazine-amitriptyline</i>	T1	
PERSERIS	T0	

Drug Name	Drug Tier	Requirements / Limits
<i>phenelzine</i>	T1	
<i>pimozide</i>	T1	
PRISTIQ	T3	ST; QL
<i>procentra</i>	T1	
<i>protriptyline</i>	T1	
PROVIGIL ORAL TABLET 100 MG	T3	PA
PROVIGIL ORAL TABLET 200 MG	T3	
PROZAC ORAL CAPSULE 10 MG, 40 MG	T3	ST; QL
PROZAC ORAL CAPSULE 20 MG	T3	ST
<i>quazepam</i>	T1	QL
<i>quetiapine</i>	T1	QL
QUILLICHEW ER	T2	ST
QUILLIVANT XR	T2	ST
RELEXXII	T3	ST
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
RESTORIL	T3	QL
REXULTI	T3	QL
RISPERDAL CONSTA	T0	PA
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET	T3	QL
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>risperidone oral tablet, disintegrating</i>	T1	QL
RITALIN	T3	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	T3	ST
SAPHRIS	T3	QL
SARAFEM ORAL TABLET 10 MG	T3	ST; QL
SARAFEM ORAL TABLET 20 MG	T3	ST
<i>seconal sodium</i>	T1	QL
SEROQUEL	T3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	QL
<i>sertraline oral concentrate</i>	T1	
<i>sertraline oral tablet</i>	T1	QL
SILENOR	T3	ST; QL
STRATTERA	T3	ST
SURMONTIL	T3	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	T3	
<i>temazepam</i>	T3	QL
<i>thioridazine</i>	T1	
<i>thiothixene</i>	T1	
TOFRANIL	T3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	T3	
<i>tranylcypromine</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>trazodone</i>	T1	
<i>triazolam</i>	T1	QL
<i>trifluoperazine</i>	T1	
<i>trimipramine</i>	T1	
TRINTELLIX	T3	ST; QL
VALIUM	T3	
<i>venlafaxine</i>	T1	QL
VERSACLOZ	T3	
VIIBRYD ORAL TABLET	T2	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	T2	ST; QL
VRAYLAR	T3	QL
VYVANSE	T2	ST
WELLBUTRIN SR	T3	ST; QL
XANAX	T3	
XANAX XR	T3	
XYREM	T4	PA
<i>zaleplon</i>	T1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	T1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	T3	
<i>ziprasidone hcl</i>	T1	QL
ZOLOFT ORAL CONCENTRATE	T3	ST
ZOLOFT ORAL TABLET	T3	ST; QL
<i>zolpidem oral</i>	T1	QL
ZYPREXA INTRAMUSCULAR	T0	

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ORAL	T3	QL
ZYPREXA RELPREVV	T0	PA; QL
ZYPREXA ZYDIS	T3	QL

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	T1	
BETAPACE	T3	ST
BETAPACE AF	T3	ST
<i>disopyramide phosphate oral capsule</i>	T3	
<i>dofetilide</i>	T1	
<i>flecainide</i>	T1	
<i>mexiletine</i>	T1	
MULTAQ	T3	
NORPACE	T3	
NORPACE CR	T3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	T1	
<i>propafenone</i>	T1	
<i>quinidine gluconate oral</i>	T1	
<i>quinidine sulfate oral tablet</i>	T1	
RYTHMOL SR	T3	
<i>sotalol af</i>	T1	
<i>sotalol oral</i>	T1	
SOTYLIZE	T2	
TIKOSYN	T3	

### ANTIHYPERTENSIVE THERAPY

ACCUPRIL	T3	
ACCURETIC	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>acebutolol</i>	T1	
ADALAT CC	T3	ST
<i>afeditab cr</i>	T1	
ALDACTAZIDE	T3	
ALDACTONE	T3	
ALTACE	T3	
<i>amiloride</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amlodipine</i>	T1	
<i>amlodipine-benazepril</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan</i>	T1	
<i>amlodipine-valsartan-hcthiazid</i>	T1	
ATACAND	T3	ST
ATACAND HCT	T3	ST
<i>atenolol</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
AVALIDE	T3	ST
AVAPRO	T3	ST
AZOR	T3	ST
<i>benazepril</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
BENICAR	T3	ST
BENICAR HCT	T3	ST
<i>betaxolol oral</i>	T1	
BIDIL	T3	
<i>bisoprolol fumarate</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>bumetanide oral</i>	T1	
BYSTOLIC	T2	ST
BYVALSON	T2	ST
CALAN	T3	ST
CALAN SR	T3	ST
<i>candesartan</i>	T1	
<i>candesartan-hydrochlorothiazid</i>	T1	
<i>captopril</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
CARDIZEM CD	T3	
CARDIZEM LA	T3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARDURA	T3	ST; QL
CARDURA XL	T3	ST; QL
<i>cartia xt</i>	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate</i>	T1	
CATAPRES	T3	
CATAPRES-TTS-1	T3	QL
CATAPRES-TTS-2	T3	QL
CATAPRES-TTS-3	T3	QL
<i>chlorothiazide</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>clonidine</i>	T1	QL
<i>clonidine hcl oral tablet</i>	T1	
COREG	T3	ST

Drug Name	Drug Tier	Requirements / Limits
COREG CR	T3	ST
CORGARD	T3	ST
COZAAR	T3	ST
DEMADEX ORAL TABLET 10 MG, 20 MG	T3	
DEMSEER	T2	PA
DIBENZYLINE	T3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24 hr 240 mg, 420 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg, 240 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral tablet</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>dilt-xr</i>	T1	
DIOVAN	T3	ST
DIOVAN HCT	T3	ST
DIURIL	T3	
<i>doxazosin</i>	T1	QL
DYAZIDE	T3	
DYRENIUM	T3	
EDARBI	T2	ST
EDARBYCLOR	T2	ST

Drug Name	Drug Tier	Requirements / Limits
EDECIN	T3	
<i>enalapril maleate</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
EPANED ORAL SOLUTION	T3	
<i>eplerenone</i>	T1	
<i>eprosartan</i>	T1	
<i>ethacrynic acid</i>	T1	
EXFORGE	T3	ST
EXFORGE HCT	T3	ST
<i>felodipine</i>	T1	
<i>fosinopril</i>	T1	
<i>fosinopril-hydrochlorothiazide</i>	T1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>furosemide oral tablet</i>	T1	
<i>guanfacine oral tablet</i>	T1	
HEMANGEOL	T4	
<i>hydralazine oral</i>	T1	
<i>hydrochlorothiazide</i>	T1	
HYZAAR	T3	ST
<i>indapamide</i>	T1	
INDERAL LA	T3	ST
INDERAL XL	T3	ST
INNOPRAN XL	T3	ST
INSpra	T3	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>isradipine</i>	T1	
<i>labetalol oral</i>	T1	
LASIX	T3	
<i>lisinopril</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LOPRESSOR ORAL	T3	ST
<i>losartan</i>	T1	
<i>losartan-hydrochlorothiazide</i>	T1	
LOTENSIN HCT	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
<i>matzim la</i>	T1	
MAXZIDE	T3	
MAXZIDE-25MG	T3	
<i>methyclothiazide</i>	T1	
<i>methyldopa</i>	T1	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<i>metolazone</i>	T1	
<i>metoprolol succinate</i>	T1	
<i>metoprolol ta-hydrochlorothiaz</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
MICARDIS	T3	ST
MICARDIS HCT	T3	ST
MICROZIDE	T3	

Drug Name	Drug Tier	Requirements / Limits
MINIPRESS	T3	
<i>minoxidil oral</i>	T1	
<i>moexipril</i>	T1	
<i>nadolol</i>	T1	
<i>nadolol-bendroflumethiazide</i>	T1	
<i>nicardipine oral</i>	T1	
<i>nifedipine oral capsule</i>	T3	
<i>nifedipine oral tablet extended release</i>	T1	
<i>nifedipine oral tablet extended release 24hr</i>	T1	
<i>nimodipine</i>	T1	
<i>nisoldipine</i>	T1	
NORVASC	T3	ST
NYMALIZE	T3	
<i>olmesartan</i>	T1	
<i>olmesartan-amlodipin-hctiazid</i>	T1	
<i>olmesartan-hydrochlorothiazide</i>	T1	
ORENITRAM	T4	PA
<i>perindopril erbumine</i>	T1	
<i>phenoxybenzamine</i>	T1	PA
<i>pindolol</i>	T1	
<i>prazosin</i>	T1	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	T3	
PROCARDIA	T3	ST
PROCARDIA XL	T3	ST
<i>propranolol oral</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol-hydrochlorothiazid</i>	T1	
QBRELIS	T3	
<i>quinapril</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>ramipril</i>	T1	
<i>spironolactone</i>	T1	
<i>spironolacton-hydrochlorothiaz</i>	T1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	T3	ST
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>taztia xt</i>	T1	
TEKTURNA	T2	
TEKTURNA HCT	T2	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hydrochlorothiazid</i>	T1	
TENORETIC 100	T3	ST
TENORETIC 50	T3	ST
TENORMIN	T3	ST
<i>terazosin</i>	T1	QL
TIAZAC	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL	T3	ST
<i>toremide oral</i>	T1	



Drug Name	Drug Tier	Requirements / Limits
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil</i>	T1	
<i>triamterene-hydrochlorothiazid</i>	T1	
TRIBENZOR	T3	ST
TWYNSTA	T3	ST
UPTRAVI	T4	PA
<i>valsartan</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
VASERETIC	T3	
VASOTEC	T3	
<i>verapamil oral</i>	T1	
VERELAN	T3	ST
VERELAN PM	T3	ST
ZESTORETIC	T3	
ZESTRIL	T3	
ZIAC	T3	ST
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	T1	
<i>digox</i>	T1	
<i>digoxin oral solution 50 mcg/ml</i>	T1	
<i>digoxin oral tablet</i>	T1	
LANOXIN ORAL	T3	
<b>COAGULATION THERAPY</b>		
AGGRENOX	T3	
AMICAR	T2	
<i>aminocaproic acid oral tablet</i>	T1	
ARIXTRA	T4	
<i>aspirin-dipyridamole</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
BEVYXXA	T3	QL
BRILINTA	T2	
<i>cilostazol</i>	T1	
<i>clopidogrel</i>	T1	
COUMADIN ORAL	T3	
<i>dipyridamole oral</i>	T1	
DOPTELET (15 TAB PACK)	T4	PA; QL
EFFIENT	T3	
ELIQUIS	T2	PA
<i>enoxaparin</i>	T4	
<i>fondaparinux</i>	T4	
FRAGMIN SUBCUTANEOUS SOLUTION	T4	
FRAGMIN SUBCUTANEOUS SYRINGE	T4	
<i>jantoven</i>	T1	
LOVENOX	T4	
MEPHYTON	T3	QL
MULPLETA	T4	PA; QL
<i>pentoxifylline</i>	T1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	QL
PLAVIX ORAL TABLET 75 MG	T3	
<i>prasugrel</i>	T1	
PROMACTA	T4	PA
TAVALISSE	T4	PA; QL
<i>warfarin</i>	T1	
XARELTO	T2	PA
ZONTIVITY	T2	PA

Drug Name	Drug Tier	Requirements / Limits
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	T1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	T0	AG; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	T1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	T3	ST; QL
<i>cholestyramine (with sugar)</i>	T1	
<i>cholestyramine light</i>	T1	
COLESTID	T3	
COLESTID FLAVORED ORAL PACKET	T3	
<i>colestipol</i>	T1	
CRESTOR	T3	ST; QL
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin</i>	T1	QL
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T1	
FENOFIBRATE ORAL CAPSULE	T3	ST
<i>fenofibrate oral tablet</i>	T1	
<i>fenofibric acid</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibric acid (choline)</i>	T1	
FENOGLIDE	T3	ST
FIBRICOR	T3	ST
<i>fluvastatin</i>	T0	AG; QL
<i>gemfibrozil</i>	T1	
JUXTAPID	T4	PA
LESCOL XL	T3	ST; QL
LIPITOR	T3	ST; QL
LIPOFEN	T2	ST
LOPID	T3	
<i>lovastatin</i>	T0	AG; QL
LOVAZA	T3	PA
<i>niacin oral tablet extended release 24 hr</i>	T1	
NIACOR	T3	
NIASPAN EXTENDED-RELEASE	T3	
<i>omega-3 acid ethyl esters</i>	T1	PA
PRALUENT PEN	T4	PA; QL
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	ST; QL
<i>pravastatin</i>	T0	AG; QL
<i>prevalite</i>	T1	
QUESTRAN	T3	
QUESTRAN LIGHT ORAL POWDER	T3	
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	T0	AG; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	T1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T0	AG; QL
<i>simvastatin oral tablet 80 mg</i>	T1	QL
TRICOR	T3	ST
TRIGLIDE ORAL TABLET 160 MG	T3	ST
<i>triklo</i>	T1	PA
TRILIPIX	T3	ST
VASCEPA	T2	PA
VYTORIN 10-10	T3	ST; QL
VYTORIN 10-20	T3	ST; QL
VYTORIN 10-40	T3	ST; QL
VYTORIN 10-80	T3	ST; QL
WELCHOL	T1	
ZETIA	T3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	T3	ST; QL
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR	T2	PA
ENTRESTO	T2	PA; QL
RANEXA	T2	
VECAMYL	T3	
<b>NITRATES</b>		
DILATRATE-SR	T2	
ISOCHRON	T3	
ISORDIL	T3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	T3	
<i>isosorbide dinitrate oral</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide mononitrate</i>	T1	
MINITRAN	T3	
<i>nitro-bid</i>	T1	
NITRO-DUR	T3	
<i>nitroglycerin oral</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual spray, non-aerosol</i>	T1	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T3	
<i>nitro-time</i>	T1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	T1	
ANALPRAM-HC TOPICAL	T3	ST
<i>calcipotriene</i>	T1	QL
<i>calcipotriene-betamethasone</i>	T1	QL
<i>calcitrene</i>	T1	QL
<i>calcitriol topical</i>	T1	
COAL TAR	T2	
COSENTYX	T4	PA; ST
COSENTYX (2 SYRINGES)	T4	PA; ST
COSENTYX PEN	T4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
COSENTYX PEN (2 PENS)	T4	PA; ST
DOVONEX TOPICAL	T3	QL
<i>drithocreme hp</i>	T1	
ENSTILAR	T2	QL
EPIFOAM	T3	ST
<i>hydrocortisone-pramoxine topical</i>	T1	
OVACE	T3	
OVACE PLUS SHAMPOO	T3	
OVACE PLUS TOPICAL CLEANSER	T3	
OVACE PLUS TOPICAL CREAM	T3	
OVACE PLUS TOPICAL FOAM	T3	
OVACE PLUS TOPICAL LOTION	T3	
OVACE PLUS WASH	T3	
PRAMOSONE	T3	ST
PROMISEB COMPLETE	T3	
<i>selenium sulfide topical lotion</i>	T1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	T1	
SELRX	T3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	T3	
SORILUX	T3	QL

Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS	T4	PA; ST; QL
<i>sulfacetamide sodium topical</i>	T1	
TACLONEX TOPICAL OINTMENT	T3	QL
TACLONEX TOPICAL SUSPENSION	T2	QL
TERSI FOAM	T3	
TREMFYA	T4	PA; ST
VECTICAL	T3	
ZITHRANOL	T3	
<b>BURN THERAPY</b>		
SILVADENE	T3	
<i>silver sulfadiazine</i>	T1	
<i>ssd</i>	T1	
<b>KERATOLYTICS</b>		
BENSAL HP TOPICAL OINTMENT 3 %	T3	
INOVA 4-1	T3	ST
INOVA 8-2	T3	ST
KERALYT RX	T3	
KERALYT SCALP COMPLETE	T3	
PODOCON	T3	
SALEX	T3	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er</i>	T1	
<i>salicylic acid topical cream</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>salicylic acid topical cream,extended release</i>	T1	
<i>salicylic acid topical film forming liquid w/appl</i>	T1	
<i>salicylic acid topical film-forming soln er w/ appl</i>	T1	
<i>salicylic acid topical foam</i>	T1	
<i>salicylic acid topical gel</i>	T1	
<i>salicylic acid topical liquid 26 %</i>	T1	
<i>salicylic acid topical lotion</i>	T1	
<i>salicylic acid topical lotion,extended release</i>	T1	
<i>salicylic acid topical shampoo</i>	T1	
SALKERA	T3	
<i>salvax</i>	T1	
SALVAX DUO PLUS	T3	
ULTRASAL-ER	T3	
VIRASAL	T3	
XALIX	T3	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
AMELUZ	T3	
<i>ammonium lactate</i>	T1	
CARAC	T2	
<i>cem-urea</i>	T1	
CONDYLOX TOPICAL GEL	T3	

Drug Name	Drug Tier	Requirements / Limits
CORTANE-B TOPICAL	T3	
<i>diclofenac sodium topical gel 3 %</i>	T1	PA; QL
DUPIXENT	T4	PA; QL
EFUDEX TOPICAL CREAM	T3	
ELIDEL	T2	ST; QL
ESKATA	T3	
EUCRISA	T3	ST; QL
FLUOROPLEX	T3	
<i>fluorouracil topical cream 5 %</i>	T1	
<i>fluorouracil topical solution</i>	T1	
HYDRO 35	T3	
HYDRO 40	T3	
IODOFLEX	T3	
IODOSORB	T3	
KERAFOAM	T3	
LEVULAN	T3	
LOUTREX	T3	
<i>methoxsalen</i>	T1	
OXSORALEN ULTRA	T3	
PANRETIN	T3	
PICATO	T2	
<i>pimecrolimus</i>	T1	QL
<i>podofilox</i>	T1	
PROMISEB	T3	
PROTOPIC	T3	ST; QL
QBREXZA	T2	PA
QUTENZA	T3	
REGANEX	T2	QL
<i>silver nitrate</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>silver nitrate applicators</i>	T1	
SOLARAZE	T3	PA; QL
<i>tacrolimus topical</i>	T1	ST; QL
TOLAK	T3	
<i>umecta topical foam</i>	T1	
URAMAXIN TOPICAL FOAM	T3	
URAMAXIN TOPICAL GEL	T3	
<i>urea nail stick</i>	T1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	T1	
<i>urea topical foam</i>	T1	
<i>urea topical gel 45 %</i>	T1	
VALCHLOR	T4	
<b>THErapy FOR ACNE</b>		
ACANYA TOPICAL GEL WITH PUMP	T2	ST
ACZONE	T3	ST
<i>adapalene topical cream</i>	T1	
<i>adapalene topical gel</i>	T1	
<i>adapalene topical gel with pump</i>	T1	
ADAPALENE TOPICAL LOTION	T3	ST
<i>adapalene topical solution</i>	T1	
<i>adapalene-benzoyl peroxide</i>	T1	
ALTRENO	T3	PA; AG
<i>amnesteem</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
AVAR LS	T3	ST
<i>avar topical cleanser</i>	T1	
AVAR TOPICAL FOAM	T3	ST
AVAR TOPICAL PADS, MEDICATED	T3	ST
AVAR-E GREEN	T3	ST
AVAR-E LS	T3	ST
<i>avita topical cream</i>	T1	PA; AG
AVITA TOPICAL GEL	T3	PA; AG
<i>azelaic acid</i>	T2	
AZELEX	T3	ST
BENZA CLIN	T3	ST
BENZAMYCIN	T3	ST
BENZEPRO (MICROSPHERES)	T3	ST
<i>benzepro topical towelette</i>	T1	
<i>benzoyl peroxide topical cleanser 7 %</i>	T1	
<i>benzoyl peroxide topical foam 9.8 %</i>	T1	
<i>bp 10-1</i>	T1	
<i>bpo topical gel</i>	T1	
<i>bpo topical towelette 6 %</i>	T1	
<i>claravis</i>	T1	
<i>cleansing wash topical cleanser</i>	T1	
CLEOCIN T TOPICAL GEL	T3	ST; QL
CLEOCIN T TOPICAL LOTION	T3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN T TOPICAL SOLUTION	T3	ST; QL
CLEOCIN T TOPICAL SWAB	T3	ST
<i>clindacin p</i>	T1	
<i>clindamycin phosphate topical foam</i>	T1	
<i>clindamycin phosphate topical gel</i>	T1	QL
<i>clindamycin phosphate topical lotion</i>	T1	QL
<i>clindamycin phosphate topical solution</i>	T1	QL
<i>clindamycin phosphate topical swab</i>	T1	
<i>clindamycin-benzoyl peroxide topical gel</i>	T1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	T1	
<i>clindamycin-tretinoin</i>	T1	PA; AG
<i>dapsone topical</i>	T1	
DIFFERIN	T3	ST
DUAC	T3	ST
EPIDUO FORTE	T2	ST
EPIDUO TOPICAL GEL WITH PUMP	T3	ST
<i>ery pads</i>	T1	
<i>erygel</i>	T1	
<i>erythromycin with ethanol</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin-benzoyl peroxide</i>	T1	
EVOCLIN	T3	ST
FABIOR	T3	PA
FINACEA TOPICAL FOAM	T2	ST
FINACEA TOPICAL GEL	T3	ST
INOVA	T3	ST
<i>isotretinoin</i>	T1	
METROCREAM	T3	ST
METROGEL TOPICAL GEL 1 %	T3	ST
METROGEL TOPICAL GEL WITH PUMP	T3	ST
METROLOTION	T3	ST
<i>metronidazole topical</i>	T1	
MIRVASO	T2	PA
<i>myorisan</i>	T1	
<i>neuac</i>	T1	
ONEXTON TOPICAL GEL WITH PUMP	T2	ST
PACNEX	T3	ST
PLEXION	T3	ST
PLEXION CLEANSING CLOTHS	T3	ST
PR BENZOYL PEROXIDE	T3	ST
RETIN-A	T3	PA; AG
RETIN-A MICRO	T3	PA; AG

Drug Name	Drug Tier	Requirements / Limits
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	T3	PA; AG
RHOFADE	T3	PA
<i>rosadan topical cream</i>	T1	
<i>rosadan topical gel</i>	T1	
ROSANIL	T3	ST
ROSULA	T3	ST
<i>rosula cleansing cloths</i>	T1	
SOOLANTRA	T2	ST
<i>sss 10-5</i>	T1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	T1	
<i>sulfacetamide sodium-sulfur topical cream</i>	T1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	T1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	T1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	T1	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	T1	
<i>sulfacleanse 8-4</i>	T1	
<i>sulfact na-sul-avobnz-otn-ocsa</i>	T1	
SUMADAN TOPICAL CLEANSER	T3	ST

Drug Name	Drug Tier	Requirements / Limits
SUMADAN XLT	T3	ST
SUMAXIN	T3	ST
SUMAXIN TS	T3	ST
<i>tazarotene</i>	T1	PA
TAZORAC TOPICAL CREAM 0.05 %	T2	PA
TAZORAC TOPICAL CREAM 0.1 %	T3	PA
TAZORAC TOPICAL GEL	T2	PA
<i>tretinoin</i>	T1	PA; AG
<i>tretinoin microspheres</i>	T1	PA; AG
TRETIN-X CREAM KIT	T3	PA; AG
TRETIN-X TOPICAL CREAM 0.075 %	T3	PA; AG
VANOXIDE-HC	T3	ST
<i>zenatane</i>	T1	
ZIANA	T3	PA; ST; AG
<b>TOPICAL ANESTHETICS</b>		
BUCALSEP	T3	
COCAINE NASAL	T3	
<i>ethyl chloride</i>	T1	
<i>glydo</i>	T1	QL
GOPRELTO	T3	
<i>lidocaine hcl laryngotracheal</i>	T1	
<i>lidocaine hcl mucous membrane jelly</i>	T1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	T1	QL



Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T1	
<i>lidocaine hcl-hydrocortison ac topical</i>	T1	
<i>lidocaine topical adhesive patch,medicated</i>	T1	ST
<i>lidocaine topical ointment</i>	T1	QL
<i>lidocaine viscous</i>	T1	
<i>lidocaine-prilocaine topical cream</i>	T1	QL
<i>lidocaine-prilocaine topical kit</i>	T1	
LIDOCAINE-TETRACAINE	T3	PA; QL
LIDODERM	T3	ST
<i>lta pre-attached</i>	T1	
PLIAGLIS	T3	PA; QL
SYNERA	T3	
ZTLIDO	T2	ST
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX	T3	
CENTANY	T3	
CENTANY AT	T3	
CORTISPORIN TOPICAL	T3	
<i>gentamicin topical</i>	T1	
<i>hydrocortisone-iodoquinol-aloe</i>	T1	
<i>iodoquinol-hc</i>	T1	
KLARON	T3	ST
<i>lugols topical</i>	T1	
<i>mafenide acetate</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin</i>	T1	
<i>mupirocin calcium</i>	T1	
NEO-SYNALAR	T3	
NEO-SYNALAR KIT	T3	
SILVRSTAT	T3	
<i>sulfacetamide sodium (acne)</i>	T1	
SULFAMYLON TOPICAL CREAM	T2	
SULFAMYLON TOPICAL PACKET	T3	
VYTONE	T3	
XEPI	T3	
<b>TOPICAL ANTIFUNGALS</b>		
ALA-QUIN	T3	
CICLODAN KIT TOPICAL COMBO PACK	T3	
CICLODAN KIT TOPICAL SOLUTION	T3	ST
<i>ciclodan topical cream</i>	T1	QL
<i>ciclodan topical solution</i>	T1	
<i>ciclopirox topical cream</i>	T1	QL
<i>ciclopirox topical gel</i>	T1	QL
<i>ciclopirox topical shampoo</i>	T1	QL
<i>ciclopirox topical solution</i>	T1	
<i>ciclopirox topical suspension</i>	T1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole topical</i>	T1	QL
<i>clotrimazole-betamethasone</i>	T1	QL
<i>econazole</i>	T1	QL
ECOZA	T3	QL
EXELDERM	T3	QL
EXODERM	T3	
EXTINA	T3	QL
KERYDIN	T3	ST
<i>ketoconazole topical</i>	T1	QL
LOPROX (AS OLAMINE)	T3	QL
LOPROX KIT	T3	
LOPROX TOPICAL SHAMPOO	T3	QL
LOTRISONE TOPICAL CREAM	T3	QL
LUZU	T3	QL
MENTAX	T3	QL
MICONAZOLE NITRATE-ZINC OX-PET	T3	QL
<i>naftifine</i>	T1	QL
NAFTIN TOPICAL CREAM 2 %	T3	QL
NAFTIN TOPICAL GEL	T3	QL
NIZORAL TOPICAL SHAMPOO	T3	QL
<i>nyamyc</i>	T1	
<i>nystatin topical cream</i>	T1	QL
<i>nystatin topical ointment</i>	T1	QL
<i>nystatin topical powder</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone</i>	T1	QL
<i>nystop</i>	T1	
<i>oxiconazole</i>	T1	QL
OXISTAT	T3	QL
PENLAC	T3	ST
TRIACETIN	T2	
TRIPLE DYE	T3	
VUSION	T3	QL
XOLEGEL	T3	QL
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical</i>	T1	PA; QL
DENAVIR	T3	
ZOVIRAX TOPICAL CREAM	T2	PA; QL
ZOVIRAX TOPICAL OINTMENT	T3	PA; QL
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	T1	
ALA-SCALP	T3	ST
<i>alclometasone</i>	T1	
<i>amcinonide</i>	T1	
<i>apexicon e</i>	T1	
AQUA GLYCOLIC HC	T3	ST
<i>betamethasone dipropionate</i>	T1	
<i>betamethasone valerate</i>	T1	
<i>betamethasone, augmented</i>	T1	
BRYHALI	T3	ST
CAPEX	T3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol</i>	T1	QL
<i>clobetasol-emollient</i>	T1	QL
CLOBEX	T3	ST; QL
CLOCORTOLONE PIVALATE	T3	ST
<i>clodan</i>	T1	QL
CLODAN KIT	T3	ST
CLODERM	T3	ST
CORDRAN TAPE LARGE ROLL	T3	ST
CORDRAN TOPICAL CREAM	T3	ST; QL
CORDRAN TOPICAL LOTION	T3	ST; QL
CORDRAN TOPICAL OINTMENT	T3	ST; QL
<i>cormax scalp</i>	T1	QL
CUTIVATE TOPICAL CREAM	T3	ST
CUTIVATE TOPICAL LOTION	T3	ST
DERMA-SMOOTHIE/FS BODY OIL	T3	ST
DERMA-SMOOTHIE/FS SCALP OIL	T3	ST
DERMATOP TOPICAL OINTMENT	T3	ST
DESONATE	T3	ST
<i>desonide</i>	T1	
DESOWEN	T3	ST
<i>desoximetasone</i>	T1	
<i>diflorasone</i>	T1	QL

Drug Name	Drug Tier	Requirements / Limits
DIPROLENE TOPICAL OINTMENT	T3	ST
ELOCON TOPICAL CREAM	T3	ST
ELOCON TOPICAL OINTMENT	T3	ST
<i>fluocinolone</i>	T1	
<i>fluocinolone and shower cap</i>	T1	
<i>fluocinonide</i>	T1	QL
<i>fluocinonide-emollient</i>	T1	QL
<i>flurandrenolide</i>	T1	QL
<i>fluticasone propionate topical</i>	T1	
<i>halobetasol propionate topical cream</i>	T1	
HALOBETASOL PROPIONATE TOPICAL FOAM	T3	ST
<i>halobetasol propionate topical ointment</i>	T1	
HALOG	T3	ST
<i>hydrocortisone butyrate</i>	T1	
<i>hydrocortisone butyr-emollient</i>	T1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate</i>	T1	
KENALOG TOPICAL	T3	ST; QL
LEXETTE	T3	ST
LOCOID LIPOCREAM	T3	ST
LOCOID TOPICAL CREAM	T3	ST
LOCOID TOPICAL LOTION	T3	ST
LOCOID TOPICAL SOLUTION	T3	ST
LUXIQ	T3	ST
<i>mometasone topical</i>	T1	
<i>nolix</i>	T1	QL
NUCORT	T3	ST
OLUX	T3	ST; QL
OLUX-E	T3	ST; QL
PANDEL	T3	ST
<i>prednicarbate</i>	T1	
PROCTOCORT TOPICAL	T3	ST
PSORCON	T3	ST; QL
<i>scalacort</i>	T1	
SCALACORT DK	T3	ST
SERNIVO	T3	ST
SYNALAR	T3	ST
SYNALAR CREAM KIT	T3	ST
SYNALAR OINTMENT KIT	T3	ST
SYNALAR TS	T3	ST
TEMOVATE TOPICAL CREAM	T3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TEMOVATE TOPICAL OINTMENT	T3	ST; QL
TEXACORT	T3	ST
TOPICORT	T3	ST
<i>triamcinolone acetonide topical aerosol</i>	T1	QL
<i>triamcinolone acetonide topical cream</i>	T1	
<i>triamcinolone acetonide topical lotion</i>	T1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>trianex</i>	T1	
<i>triderm topical cream</i>	T1	
TRIDESILON	T3	ST
ULTRAVATE	T3	ST
VANOS	T3	ST; QL
<b>TOPICAL ENZYMES</b>		
SANTYL	T2	QL
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
ELIMITE	T3	
<i>lindane topical shampoo</i>	T1	
<i>malathion</i>	T1	
NATROBA	T3	
OVIDE	T3	
<i>permethrin topical cream</i>	T1	
SKLICE	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>spinosad</i>	T1	
ULESFIA	T3	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
ADIPEX-P	T3	PA
BELVIQ	T3	PA
BELVIQ XR	T3	PA
<i>benzphetamine</i>	T1	PA
<i>diethylpropion</i>	T1	PA
LOMAIRA	T3	PA
<i>phendimetrazine tartrate</i>	T1	PA
<i>phentermine</i>	T1	PA
SAXENDA	T3	PA
XENICAL	T3	PA
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	T1	
<i>neomycin-polymyxin b gu</i>	T1	
PHYSIOLYTE	T3	
PHYSIOSOL IRRIGATION	T3	
<i>ringer's irrigation</i>	T1	
SORBITOL IRRIGATION	T3	
SORBITOL-MANNITOL	T3	
<i>tis-u-sol pentalyte</i>	T1	
VASHE WOUND THERAPY	T3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>acetic acid irrigation</i>	T1	
AGRYLIN	T3	
<i>alendronate oral tablet 40 mg</i>	T1	QL
<i>anagrelide</i>	T1	
ANTABUSE	T3	
<i>aqua care sodium chloride</i>	T1	
<i>aqua care sterile water</i>	T1	
BUPHENYL	T3	
<i>caffeine citrate oral</i>	T1	
CARBAGLU	T4	
CARNITOR (SUGAR-FREE)	T3	
CARNITOR ORAL	T3	
<i>cevimeline</i>	T1	
CHEMET	T2	PA
<i>disulfiram</i>	T1	
ENDARI	T4	PA
<i>etidronate disodium</i>	T1	
EVOXAC	T3	
EXJADE	T4	PA
FERRIPROX	T4	PA
INCRELEX	T4	PA
INFASURF	T3	
JADENU	T4	PA
JADENU SPRINKLE	T4	PA
<i>levocarnitine (with sugar)</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
LIPOCHOL PLUS	T3	

Drug Name	Drug Tier	Requirements / Limits
LITHOSTAT	T3	
METOPIRONE	T3	
<i>midodrine</i>	T1	
NITYR	T4	
NORTHERA	T4	PA
ORFADIN	T4	
<i>pilocarpine hcl oral tablet 5 mg</i>	T1	
RADIOGARDASE	T3	
RAVICTI	T4	
REVCOVI	T4	PA
RILUTEK	T3	
<i>riluzole</i>	T1	
<i>risedronate oral tablet 30 mg</i>	T1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	T3	
<i>sodium chloride irrigation</i>	T1	
<i>sodium phenylbutyrate</i>	T1	
SURVANTA	T3	
SYPRINE	T3	PA
THIOLA	T4	
TIGLUTIK	T3	
<i>trientine</i>	T1	PA
<i>water for irrigation, sterile</i>	T1	
XURIDEN	T4	
<b>SMOKING DETERRENENTS</b>		
<i>bupropion hcl (smoking deter)</i>	T0	AG; QL
CHANTIX	T0	AG; QL

Drug Name	Drug Tier	Requirements / Limits
CHANTIX CONTINUING MONTH BOX	T0	AG; QL
CHANTIX STARTING MONTH BOX	T0	AG; QL
NICODERM CQ	T0	AG; QL
<i>nicorelief</i>	T0	AG; QL
NICORETTE BUCCAL GUM 2 MG	T0	AG; QL
<i>nicorette buccal gum 4 mg</i>	T0	AG; QL
NICORETTE BUCCAL LOZENGE	T0	AG; QL
NICORETTE BUCCAL MINI LOZENGE	T0	AG; QL
<i>nicotine (polacrilex)</i>	T0	AG; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	T0	AG; QL
<i>nicotine transdermal patch, td daily, sequential</i>	T0	AG; QL
NICOTROL	T0	AG; QL
NICOTROL NS	T0	AG; QL
<i>quit 2 buccal gum</i>	T0	AG; QL
QUIT 2 BUCCAL LOZENGE	T0	AG; QL
<i>quit 4 buccal gum</i>	T0	AG; QL
QUIT 4 BUCCAL LOZENGE	T0	AG; QL
<i>stop smoking aid</i>	T0	AG; QL
ZYBAN	T0	AG; QL

Drug Name	Drug Tier	Requirements / Limits
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
ASTEPRO NASAL SPRAY, NON-AEROSOL	T3	
<i>azelastine nasal aerosol, spray</i>	T1	QL
<i>azelastine nasal spray, non-aerosol</i>	T1	
<i>chlorhexidine gluconate mucous membrane</i>	T1	
CLINPRO 5000	T3	
DEBACTEROL	T3	
<i>denta 5000 plus</i>	T1	
<i>dentagel</i>	T1	
EPISIL	T3	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	T3	
GELCLAIR	T3	
GELX	T3	
<i>ipratropium bromide nasal</i>	T1	QL
MUGARD	T3	
<i>olopatadine nasal</i>	T1	QL
<i>oralone</i>	T1	
ORAMAGICRX	T3	
<i>paroex oral rinse</i>	T1	
PATANASE	T3	QL
PERIDEX	T3	
<i>perio gard</i>	T1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	T1	
PREVIDENT	T3	

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 BOOSTER PLUS	T3	
PREVIDENT 5000 DRY MOUTH	T3	
PREVIDENT 5000 ENAMEL PROTECT	T3	
PREVIDENT 5000 PLUS	T3	
PREVIDENT 5000 SENSITIVE	T3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	T3	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>triamcinolone acetonide dental</i>	T1	
TYZINE NASAL SPRAY, NON-AEROSOL	T3	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	T1	
<i>ciprofloxacin hcl otic (ear)</i>	T1	
DERMOTIC OIL	T3	
<i>flac otic oil</i>	T1	
<i>fluocinolone acetonide oil</i>	T1	
<i>hydrocortisone-acetic acid</i>	T1	
<i>ofloxacin otic (ear)</i>	T1	
OTIPRIO	T3	QL
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	T3	
CIPRODEX	T2	

Drug Name	Drug Tier	Requirements / Limits
COLY-MYCIN S	T3	
<i>neomycin-polymyxin-hc otic (ear)</i>	T1	
OTOVEL	T2	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR H.P.	T4	PA
CORTEF	T3	
<i>cortisone</i>	T1	
<i>deltasone oral tablet 20 mg</i>	T1	
<i>fludrocortisone</i>	T1	
<i>hydrocortisone oral</i>	T1	
MEDROL	T3	
MEDROL (PAK)	T3	
<i>methylprednisolone</i>	T1	
<i>millipred dp</i>	T1	
<i>millipred oral tablet</i>	T1	
ORAPRED ODT	T3	
<i>prednisolone oral solution 15 mg/5 ml</i>	T1	
<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>	T1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	T1	
<i>prednisone</i>	T1	
<i>prednisone intensol</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>veripred 20</i>	T1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
<i>propylthiouracil</i>	T1	
SSKI	T3	
TAPAZOLE	T3	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
ONETOUCH ULTRA BLUE TEST STRIP	T2	QL
ONETOUCH VERIO	T2	QL
TRUE METRIX GLUCOSE TEST STRIP	T1	QL
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
ACE AEROSOL CLOUD ENHANCER	T2	
AEROCHAMBER MINI	T2	
AEROCHAMBER PLUS FLOW-VU	T2	
AEROCHAMBER PLUS Z STAT	T2	
AEROTRACH PLUS	T2	
AEROVENT PLUS	T2	
BREATHERITE MDI SPACER	T2	
COMPACT SPACE CHAMBER	T2	
EASIVENT HOLDING CHAMBER	T2	



Drug Name	Drug Tier	Requirements / Limits
E-Z SPACER	T2	
FLEXICHAMBER	T2	
INSPIRACHAMBER	T2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	T3	
LITEAIRE MDI CHAMBER	T2	
MICROCHAMBER	T2	
MICROSPACER	T2	
OPTICHAMBER DIAMOND VHC	T2	
POCKET CHAMBER	T2	
PRIMEAIRE	T2	
PROCHAMBER	T2	
RITEFLO AEROCHAMBER	T2	
VORTEX HOLDING CHAMBER	T2	
<b>GLUCOSE ELEVATING AGENTS</b>		
PROGLYCEM	T2	
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
AT HOME A1C	T3	
AUTOJECT 2 INJECTION DEVICE	T2	
AUTOPEN 1 TO 21 UNITS	T2	
BD INTEGRA NEEDLE	T2	

Drug Name	Drug Tier	Requirements / Limits
BD MICROTAINER LANCET 30 GAUGE	T2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	T2	
BD ULTRA FINE LANCETS	T2	
BD ULTRA-FINE NANO PEN NEEDLE	T2	
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	T3	
INPEN (FOR HUMALOG)	T3	
INPEN (FOR NOVOLOG)	T3	
LANCETS 33 GAUGE	T2	
LANCING DEVICE	T2	
NOVOPEN ECHO	T3	
ONETOUCH ULTRA2	T2	
ONETOUCH ULTRAMINI	T2	
ONETOUCH VERIO FLEX	T2	
ONETOUCH VERIO IQ METER	T2	
ONETOUCH VERIO SYSTEM	T2	
PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	T3	
PRECISION XTRA MONITOR	T2	

**INSULIN THERAPY**

Drug Name	Drug Tier	Requirements / Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT	T3	
BASAGLAR KWIKPEN U-100 INSULIN	T3	
HUMALOG JUNIOR KWIKPEN U-100	T2	
HUMALOG KWIKPEN INSULIN	T2	
HUMALOG MIX 50-50 INSULN U-100	T2	
HUMALOG MIX 50-50 KWIKPEN	T2	
HUMALOG MIX 75-25 KWIKPEN	T2	
HUMALOG MIX 75-25(U-100)INSULN	T2	
HUMALOG U-100 INSULIN	T2	
HUMULIN 70/30 U-100 INSULIN	T2	
HUMULIN 70/30 U-100 KWIKPEN	T2	
HUMULIN N NPH INSULIN KWIKPEN	T2	
HUMULIN N NPH U-100 INSULIN	T2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R REGULAR U-100 INSULN	T2	
HUMULIN R U-500 (CONC) INSULIN	T2	
HUMULIN R U-500 (CONC) KWIKPEN	T2	
LANTUS SOLOSTAR U-100 INSULIN	T2	
LANTUS U-100 INSULIN	T2	
LEVEMIR FLEXTOUCH U-100 INSULN	T2	
LEVEMIR U-100 INSULIN	T2	
RELION NOVOLIN 70/30	T3	
RELION NOVOLIN N	T3	
RELION NOVOLIN R	T3	
SOLIQUA 100/33	T2	QL
TOUJEO MAX U-300 SOLOSTAR	T2	
TOUJEO SOLOSTAR U-300 INSULIN	T2	
TRESIBA FLEXTOUCH U-100	T2	
TRESIBA FLEXTOUCH U-200	T2	
TRESIBA U-100 INSULIN	T2	
XULTOPHY 100/3.6	T2	QL

### MISCELLANEOUS HORMONES

Drug Name	Drug Tier	Requirements / Limits
ANADROL-50	T3	
ANDRODERM	T2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	T3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	T3	PA; QL
ANDROID	T3	PA
<i>cabergoline</i>	T1	QL
<i>calcitonin (salmon)</i>	T1	
<i>calcitriol oral</i>	T1	
CERDELGA	T4	PA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	PA
<i>cinacalcet</i>	T1	
<i>clomiphene citrate</i>	T1	
<i>danazol</i>	T1	
DDAVP NASAL	T3	
DDAVP ORAL	T3	
DEPO- TESTOSTERONE INTRAMUSCULA R OIL 100 MG/ML	T3	PA
<i>desmopressin nasal spray,non-aerosol</i>	T1	
<i>desmopressin oral</i>	T1	
<i>doxercalciferol oral</i>	T1	
FORTESTA	T3	PA; QL
GALAFOLD	T4	PA; QL
GONAL-F	T2	PA
GONAL-F RFF	T2	PA

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF REDI-JECT	T2	PA
JYNARQUE	T4	PA; QL
KORLYM	T4	PA
KUVAN	T4	PA
MENOPUR	T2	PA
METHITEST	T2	
<i>methyltestosterone oral capsule</i>	T1	
<i>miglustat</i>	T4	PA
MYALEPT	T4	PA
NATESTO	T3	PA; QL
NATPARA	T4	PA
NOCDURNA (MEN)	T3	PA; QL
NOCDURNA (WOMEN)	T3	PA; QL
NOVAREL	T2	PA; QL
OVIDREL	T2	PA
OXANDRIN	T3	
<i>oxandrolone</i>	T1	
PALYNZIQ	T4	PA; QL
<i>paricalcitol oral</i>	T1	
RAYALDEE	T3	
ROCALTROL	T3	
SAMSCA	T4	PA; QL
SENSIPAR	T2	
<i>serophene</i>	T1	
SOMAVERT	T4	
STIMATE	T4	
STRENSIQ	T4	PA
STRIANT	T3	PA; QL
SYNAREL	T2	
TESTIM	T3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone</i>	T1	PA; QL
<i>testosterone cypionate</i>	T1	PA
<i>testosterone enanthate</i>	T1	PA
TESTRED	T3	PA
VOGELXO	T3	PA; QL
XYOSTED	T3	PA
ZAVESCA	T4	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose</i>	T1	
ACTOPLUS MET	T3	ST; QL
ACTOPLUS MET XR	T3	ST; QL
ACTOS	T3	ST; QL
ALOGLIPTIN-PIOGLITAZONE	T3	ST; QL
AMARYL	T3	
AVANDIA ORAL TABLET 2 MG, 4 MG	T3	ST; QL
BYDUREON BCISE	T2	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	T2	ST; QL
BYETTA	T2	ST; QL
<i>chlorpropamide</i>	T3	
CYCLOSET	T3	
DUETACT	T3	ST; QL
FARXIGA	T2	ST; QL
<i>glimepiride</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>glipizide</i>	T1	
<i>glipizide-metformin</i>	T1	
GLUCOPHAGE	T3	ST
GLUCOPHAGE XR	T3	ST; QL
GLUCOTROL	T3	
GLUCOTROL XL	T3	
<i>glyburide</i>	T1	
<i>glyburide micronized</i>	T1	
<i>glyburide-metformin</i>	T1	
GLYNASE	T3	
GLYSET	T3	
GLYXAMBI	T2	ST; QL
INVOKAMET	T2	ST; QL
INVOKAMET XR	T2	ST; QL
INVOKANA	T2	ST; QL
JANUMET	T2	ST; QL
JANUMET XR	T2	ST; QL
JANUVIA	T2	ST; QL
JARDIANCE	T2	ST; QL
JENTADUETO	T2	ST; QL
JENTADUETO XR	T2	ST; QL
METFORMIN ORAL SOLUTION	T3	ST
<i>metformin oral tablet</i>	T1	
<i>metformin oral tablet extended release 24 hr</i>	T1	QL
<i>miglitol</i>	T1	
<i>nateglinide</i>	T1	
OSENI	T3	ST; QL
OZEMPIC	T2	ST; QL
<i>pioglitazone</i>	T1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-glimepiride</i>	T1	QL
<i>pioglitazone-metformin</i>	T1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	T3	
PRECOSE	T3	
QTERN	T3	ST
<i>repaglinide</i>	T1	
<i>repaglinide-metformin</i>	T1	QL
RIOMET	T3	ST
SEGLUROMET	T2	ST; QL
STARLIX	T3	
STEGLATRO	T2	ST; QL
STEGLUJAN	T3	ST; QL
SYMLINPEN 120	T2	ST; QL
SYMLINPEN 60	T2	ST; QL
SYNJARDY	T2	ST; QL
SYNJARDY XR	T2	ST; QL
<i>tolazamide</i>	T1	
<i>tolbutamide</i>	T1	
TRADJENTA	T2	ST; QL
TRULICITY	T2	ST; QL
XIGDUO XR	T2	ST; QL
<b>THYROID HORMONES</b>		
ARMOUR THYROID	T2	
CYTOMEL	T3	
EUTHYROX	T3	
LEVO-T	T3	
<i>levothyroxine oral</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	T1	
<i>liothyronine oral</i>	T1	
<i>nature-throid</i>	T1	
<i>np thyroid</i>	T1	
SYNTHROID	T3	
<i>thyroid (pork)</i>	T1	
THYROLAR-1	T3	
THYROLAR-1/2	T3	
THYROLAR-1/4	T3	
THYROLAR-2	T3	
THYROLAR-3	T3	
TIROSINT ORAL CAPSULE 175 MCG, 200 MCG	T3	
TIROSINT-SOL	T3	
<i>unithroid</i>	T1	
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	T1	
WP THYROID	T3	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>		
<i>anaspaz</i>	T1	
<i>belladonna alkaloids-opium</i>	T1	ST
<i>belladonna-opium</i>	T1	ST
<i>chlordiazepoxide-clidinium</i>	T1	
CUVPOSA	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine oral capsule</i>	T1	
<i>dicyclomine oral solution</i>	T1	
<i>dicyclomine oral tablet</i>	T1	
<i>diphenoxylate-atropine</i>	T1	
<i>ed-spaz</i>	T1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>hyoscyamine sulfate</i>	T1	
<i>hyosyne</i>	T1	
LEVBID	T3	
LEVSIN ORAL	T3	
LEVSIN/SL	T3	
LIBRAX (WITH CLIDINIUM)	T3	
LOMOTIL	T3	
<i>loperamide oral capsule</i>	T1	
<i>methscopolamine</i>	T3	
MYTESI	T3	
NULEV	T3	
<i>opium tincture</i>	T1	
<i>oscimin</i>	T1	
<i>oscimin sl</i>	T1	
<i>oscimin sr</i>	T1	
<i>paregoric</i>	T1	
<i>propantheline</i>	T3	
SYMAX DUOTAB	T3	
<i>symax fastabs</i>	T1	
<i>symax-sl</i>	T1	
<i>symax-sr</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
ACTIGALL	T3	
AKYNZEO (NETUPITANT)	T2	QL
<i>alophen</i>	T0	AG
<i>alosetron</i>	T1	
AMITIZA	T2	
ANA-LEX KIT	T3	
ANALPRAM-HC RECTAL CREAM	T3	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	T3	
<i>anucort-hc</i>	T1	
ANUSOL-HC RECTAL SUPPOSITORY	T3	ST
ANUSOL-HC TOPICAL	T3	ST
<i>aprepitant</i>	T1	QL
APRISO	T2	
ASACOL HD	T3	
AURYXIA	T3	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide</i>	T1	
<i>bisacodyl oral</i>	T0	AG
<i>bisa-lax</i>	T0	AG
<i>budesonide oral capsule, delayed, extended release</i>	T1	
<i>calcium acetate oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate oral tablet 667 mg</i>	T1	
CANASA	T1	
CESAMET	T3	QL
CHENODAL	T4	PA
CHOLBAM ORAL CAPSULE 250 MG	T4	PA
CHOLBAM ORAL CAPSULE 50 MG	T4	PA; QL
<i>citrate of magnesia</i>	T0	AG
<i>citroma</i>	T0	AG
<i>clearlax</i>	T0	AG
CLENPIQ	T0	AG
COLAZAL	T3	
<i>colocort</i>	T1	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	T3	
COMPAZINE	T3	
<i>compro</i>	T1	
<i>constulose</i>	T1	
CORTENEMA	T3	
CREON	T2	
<i>cromolyn oral</i>	T1	
CYSTADANE	T4	
DICLEGIS	T3	QL
<i>dronabinol</i>	T1	PA
<i>ducodyl</i>	T0	AG
EMEND	T3	QL
ENTEREG	T3	
ENTOCORT EC	T3	
<i>enulose</i>	T1	
<i>fleet laxative</i>	T0	AG

Drug Name	Drug Tier	Requirements / Limits
FOSRENOL ORAL TABLET,CHEWABLE	T3	
GASTROCROM	T3	
GATTEX 30-VIAL	T4	
<i>gavilax oral powder</i>	T0	AG
<i>gavilyte-c</i>	T0	AG
<i>gavilyte-g</i>	T0	AG
<i>gavilyte-n</i>	T0	AG
<i>generlac</i>	T1	
<i>gentle laxative oral</i>	T0	AG
<i>gentlelax</i>	T0	AG
GIALAX	T0	AG
<i>glycolax oral powder</i>	T0	AG
GOLYTELY ORAL POWDER IN PACKET	T0	AG
GOLYTELY ORAL RECON SOLN	T3	
<i>granisetron hcl oral</i>	T1	QL
<i>healthylax</i>	T0	AG
<i>hemmorex-hc</i>	T1	
<i>hydrocortisone acetate rectal</i>	T1	
<i>hydrocortisone rectal</i>	T1	
<i>hydrocortisone topical cream with perineal applicator</i>	T1	
<i>hydrocortisone-pramoxine rectal</i>	T1	
<i>kionex (with sorbitol)</i>	T1	
KRISTALOSE	T3	
<i>lactulose oral packet</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	T1	
<i>lanthanum</i>	T1	
<i>laxaclear</i>	T0	AG
<i>laxative (bisacodyl) oral</i>	T0	AG
<i>laxative feminine</i>	T0	AG
<i>laxative peg 3350 oral powder</i>	T0	AG
LIALDA	T3	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	T1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	T3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	T1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	T1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	T1	
LINZESS	T2	
LOKELMA	T2	QL
LOTRONEX	T3	
<i>magnesium citrate oral solution</i>	T0	AG
MARINOL	T3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T1	
<i>mesalamine oral</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine with cleansing wipe</i>	T1	
<i>metoclopramide hcl oral</i>	T1	
MICORT-HC	T3	ST
<i>milk of magnesia</i>	T0	AG
<i>milk of magnesia concentrated</i>	T0	AG
<i>miralax oral powder in packet</i>	T0	AG
MOTEGRITY	T3	
MOVANTIK	T2	
MOVIPREP	T0	AG
<i>natura-lax</i>	T0	AG
NULYTELY WITH FLAVOR PACKS	T3	
OICALIVA	T4	PA; QL
<i>ondansetron</i>	T1	QL
<i>ondansetron hcl oral</i>	T1	QL
<i>oral saline laxative oral liquid</i>	T0	AG
OSMOPREP	T0	AG
<i>peg 3350-electrolytes</i>	T0	AG
<i>peg-electrolyte soln</i>	T0	AG
<i>peg-prep</i>	T0	AG
PENTASA	T2	
PHOSLYRA	T2	
<i>phosphate laxative oral liquid</i>	T0	AG
PLENVU	T0	AG
<i>polyethylene glycol 3350</i>	T0	AG



Drug Name	Drug Tier	Requirements / Limits
<i>powderlax</i>	T0	AG
<i>pramcort</i>	T1	
PREPOPIK	T0	AG
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate</i>	T1	
PROCORT	T3	
PROCTOCORT RECTAL	T3	ST
PROCTOFOAM HC	T3	
<i>procto-med hc</i>	T1	
<i>procto-pak</i>	T1	
<i>proctosol hc topical</i>	T1	
<i>proctozone-hc</i>	T1	
<i>purelax</i>	T0	AG
RECTIV	T2	
REGLAN ORAL	T3	
RELISTOR ORAL	T3	ST
RELISTOR SUBCUTANEOUS SOLUTION	T2	ST
RELISTOR SUBCUTANEOUS SYRINGE	T2	ST
RENAGEL ORAL TABLET 800 MG	T3	
RENVELA	T3	
ROWASA RECTAL ENEMA KIT	T3	
SANCUSO	T2	QL
<i>scopolamine base</i>	T1	
<i>sevelamer carbonate</i>	T1	
<i>sevelamer hcl</i>	T1	
SFROWASA	T3	
<i>smoothlax</i>	T0	AG

Drug Name	Drug Tier	Requirements / Limits
<i>sodium polystyrene (sorb free)</i>	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	T1	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	T3	
<i>sps (with sorbitol)</i>	T1	
SUCRAID	T4	
<i>sulfasalazine</i>	T1	
SUPREP BOWEL PREP KIT	T0	AG
SYMPROIC	T2	
SYNDROS	T3	PA
TIGAN ORAL CAPSULE 300 MG	T3	
TRANSDERM-SCOP	T3	
<i>trilyte with flavor packets</i>	T0	AG
<i>trimethobenzamide oral</i>	T1	
TRULANCE	T2	
UCERIS ORAL	T1	
UCERIS RECTAL	T2	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol</i>	T1	
VARUBI ORAL	T2	QL
VELPHORO	T2	

Drug Name	Drug Tier	Requirements / Limits
VELTASSA	T2	QL
VIBERZI	T2	
VIOKACE	T2	
<i>woman's laxative oral tablet, delayed release (dr/ec)</i>	T0	AG
<i>women's gentle laxative(bisac)</i>	T0	AG
<i>women's laxative (bisacodyl) oral tablet</i>	T0	AG
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	T2	
ZOFRAN ORAL TABLET	T3	QL
<b>ULCER THERAPY</b>		
ACIPHEX	T3	ST
<i>amoxicil-clarithromy-lansopraz</i>	T1	QL
CARAFATE ORAL SUSPENSION	T2	
CARAFATE ORAL TABLET	T3	
<i>cimetidine</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>cimetidine hcl oral</i>	T1	
CYTOTEC	T3	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	T3	ST; QL
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	T3	ST
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	T1	QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	T1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 49.3 MG	T3	ST
<i>famotidine oral suspension</i>	T1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	T1	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	T1	
<i>lansoprazole oral tablet, disintegrating, delay rel 15 mg</i>	T1	QL
<i>lansoprazole oral tablet, disintegrating, delay rel 30 mg</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>misoprostol</i>	T1	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	T3	ST; QL
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	T3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	T2	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	T2	ST
<i>nizatidine</i>	T1	
OMECLAMOX-PAK	T3	QL
<i>omeppi oral capsule 20-1.1 mg-gram</i>	T1	PA; QL
<i>omeppi oral capsule 40-1.1 mg-gram</i>	T1	PA
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	T1	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	T1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	T1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	T1	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	T1	PA; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	T1	PA
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	T1	QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	T1	
PEPCID ORAL TABLET	T3	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	T3	ST; QL
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	T3	ST
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	T3	ST; QL
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	T3	ST

Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	T3	ST; QL
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	T3	ST
PYLERA	T2	
<i>rabeprazole</i>	T1	
<i>ranitidine hcl oral capsule</i>	T1	
<i>ranitidine hcl oral syrup</i>	T1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	T1	
<i>sucralfate oral tablet</i>	T1	
ZANTAC ORAL TABLET 300 MG	T3	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	T3	PA; QL
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	T3	PA
ZEGERID ORAL PACKET 20-1,680 MG	T3	PA; QL
ZEGERID ORAL PACKET 40-1,680 MG	T3	PA
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
FULPHILA	T4	PA; QL
GRANIX	T4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
LEUKINE INJECTION RECON SOLN	T4	
NEULASTA	T4	PA; QL
PROCRIT	T4	PA
RETACRIT	T4	
UDENYCA	T4	PA; QL
ZARXIO	T4	PA; ST
<b>GROWTH HORMONES</b>		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	T4	PA
GENOTROPIN	T4	PA
GENOTROPIN MINIQUICK	T4	PA
NORDITROPIN FLEXPRO	T4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	T4	PA
ZORBTIVE	T4	PA
<b>INTERFERONS</b>		
AUBAGIO	T4	PA
AVONEX (WITH ALBUMIN)	T4	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T4	PA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	T4	PA; QL
BETASERON SUBCUTANEOUS KIT	T4	PA; ST; QL

Drug Name	Drug Tier	Requirements / Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	T4	PA; ST; QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	T4	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	T4	PA; ST
<i>glatiramer</i>	T4	PA; QL
<i>glatopa</i>	T4	PA; QL
<i>moderiba</i>	T4	ST
<i>moderiba dose pack oral tablets,dose pack 600 mg (7)-600 mg (7), 600-600 mg (28)-mg (28)</i>	T4	ST
PEGASYS	T4	PA; QL
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	T4	PA; QL
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	T4	PA; QL
PLEGRIDY	T4	PA; ST; QL
POMALYST	T4	PA
REBETOL ORAL SOLUTION	T4	ST
REBIF (WITH ALBUMIN)	T4	PA; QL
REBIF REBIDOSE	T4	PA; QL
REBIF TITRATION PACK	T4	PA; QL
REVLIMID	T4	PA
<i>ribasphere oral capsule</i>	T4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ribasphere oral tablet 600 mg</i>	T4	ST
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	T4	ST
<i>ribavirin oral capsule</i>	T4	ST
<i>ribavirin oral tablet 200 mg</i>	T4	ST
SYLATRON	T4	
TECFIDERA	T4	PA
<b>INTERLEUKINS</b>		
ACTIMMUNE	T4	
ALDARA	T3	
ARCALYST	T4	ST
<i>imiquimod topical cream in packet</i>	T1	
INTRON A INJECTION	T4	
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF)	T0	AG
ADACEL(TDAP ADOLESN/ADULT )(PF)	T0	AG
AFLURIA 2018-2019	T0	AG
AFLURIA 2018-2019 (PF)	T0	AG
AFLURIA QUAD 2018-2019	T0	AG
AFLURIA QUAD 2018-2019 (PF)	T0	AG

Drug Name	Drug Tier	Requirements / Limits
BCG VACCINE, LIVE (PF)	T0	
BEXSERO	T0	AG
BIOTHRAX	T0	
BOOSTRIX TDAP	T0	AG
CUVITRU	T4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	T0	AG
ENGERIX-B (PF)	T0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	T0	
EZ FLU 2018-19(FLUCELVAX)(PF)	T0	AG
FLUAD 2018-2019 (65 YR UP)(PF)	T0	AG
FLUARIX QUAD 2018-2019 (PF)	T0	AG
FLUBLOK QUAD 2018-2019 (PF)	T0	AG
FLUCELVAX QUAD 2018-2019	T0	AG
FLUCELVAX QUAD 2018-2019 (PF)	T0	AG
FLULAVAL QUAD 2018-2019	T0	AG
FLULAVAL QUAD 2018-2019 (PF)	T0	AG
FLUMIST QUAD 2018-2019	T0	AG
FLUZONE HIGH-DOSE 2018-19 (PF)	T0	AG
FLUZONE QUAD 2018-2019	T0	AG
FLUZONE QUAD 2018-2019 (PF)	T0	AG

Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD PEDI 2018-19 (PF)	T0	AG
GAMUNEX-C	T4	PA
GARDASIL 9 (PF)	T0	AG
GRASTEK	T2	PA
HAVRIX (PF)	T0	AG
HIBERIX (PF)	T0	AG
HIZENTRA	T4	PA
HYQVIA	T4	PA
IMOVAX RABIES VACCINE (PF)	T0	
INFANRIX (DTAP) (PF)	T0	AG
IPOL	T0	
IXIARO (PF)	T0	
KINRIX (PF)	T0	AG
MENACTRA (PF) INTRAMUSCULAR SOLUTION	T0	AG
MENVEO A-C-Y-W-135-DIP (PF)	T0	AG
M-M-R II (PF)	T0	AG
ODACTRA	T2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	T4	PA
PEDIARIX (PF)	T0	AG
PEDVAX HIB (PF)	T0	AG
PENTACEL (PF)	T0	AG
PENTACEL ACTHIB COMPONENT (PF)	T0	AG
PNEUMOVAX 23	T0	AG
PREVNAR 13 (PF)	T0	AG
PROQUAD (PF)	T0	AG

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF)	T0	AG
RABAVERT (PF)	T0	
RAGWITEK	T2	PA
RECOMBIVAX HB (PF)	T0	
ROTARIX	T0	AG
ROTATEQ VACCINE	T0	AG
SHINGRIX (PF)	T0	AG
STAMARIL (PF)	T0	
TDVAX	T0	AG
TENIVAC (PF)	T0	AG
TETANUS,DIPHTHERIA TOX PED(PF)	T0	AG
TRUMENBA	T0	AG
TWINRIX (PF) INTRAMUSCULAR SYRINGE	T0	AG
TYPHIM VI	T0	
VAQTA (PF)	T0	AG
VARIVAX (PF)	T0	AG
VARIZIG INTRAMUSCULAR SOLUTION	T0	
VAXCHORA VACCINE	T0	
VIVOTIF	T0	
YF-VAX (PF)	T0	
ZOSTAVAX (PF)	T0	AG
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	T1	
COLCRYS	T2	

Drug Name	Drug Tier	Requirements / Limits
MITIGARE	T2	
<i>probenecid</i>	T1	
<i>probenecid-colchicine</i>	T1	
ULORIC	T2	ST
ZYLOPRIM	T3	
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	T3	ST; QL
<i>alendronate oral solution</i>	T1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	QL
AELVIA	T3	ST; QL
BONIVA ORAL	T3	ST; QL
EVISTA	T3	
FORTEO	T4	PA; QL
FOSAMAX ORAL TABLET 70 MG	T3	ST; QL
FOSAMAX PLUS D	T3	ST; QL
<i>ibandronate oral</i>	T1	QL
<i>raloxifene</i>	T1	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	T1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	T1	QL
TYMLOS	T4	PA; QL
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN	T4	PA; ST
ACTEMRA SUBCUTANEOUS	T4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
ARAVA	T3	QL
BENLYSTA SUBCUTANEOUS	T4	PA; QL
CUPRIMINE	T3	PA
DEPEN TITRATABS	T2	PA
D-PENAMINE	T2	PA
ENBREL	T4	PA; ST; QL
ENBREL MINI	T4	PA; ST; QL
ENBREL SURECLICK	T4	PA; ST; QL
HUMIRA	T4	PA; ST; QL
HUMIRA PEDIATRIC CROHNS START	T4	PA; ST; QL
HUMIRA PEN	T4	PA; ST; QL
HUMIRA PEN CROHNS-UC-HS START	T4	PA; ST; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS	T4	PA; ST; QL
HUMIRA(CF)	T4	PA; ST; QL
HUMIRA(CF) PEDI CROHNS STARTER	T4	PA; ST; QL
HUMIRA(CF) PEN CROHNS-UC-HS	T4	PA; ST
HUMIRA(CF) PEN PSOR-UV-ADOL HS	T4	PA; ST
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	T4	PA; ST; QL
KEVZARA	T4	PA; ST; QL
<i>leflunomide</i>	T1	QL
OTEZLA	T4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
OTEZLA STARTER	T4	PA; ST
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	T2	ST
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	T2	ST
RIDAURA	T2	
SAVELLA	T2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	T4	PA; ST; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	T4	PA; ST; QL
XELJANZ	T4	PA; ST; QL
XELJANZ XR	T4	PA; ST; QL
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
<b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>		
CAYA CONTOURED	T0	



Drug Name	Drug Tier	Requirements / Limits
FC2 FEMALE CONDOM	T0	
FEMCAP VAGINAL DEVICE 22 MM	T0	
WIDE-SEAL DIAPHRAGM	T0	
<b>ESTROGENS &amp; PROGESTINS</b>		
ACTIVELLA	T3	
ALORA	T3	QL
<i>amabelz</i>	T1	
ANGELIQ	T3	
AYGESTIN	T3	
BIJUVA	T3	
<i>camila</i>	T0	
CLIMARA	T3	QL
COMBIPATCH	T2	
<i>covaryx</i>	T1	
<i>covaryx h.s.</i>	T1	
CRINONE VAGINAL GEL 4 %	T2	
CRINONE VAGINAL GEL 8 %	T2	PA
<i>deblitane</i>	T0	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	T3	
DEPO-ESTRADIOL	T2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)	T2	QL

Drug Name	Drug Tier	Requirements / Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 0.75 MG/0.75 GRAM (0.1%)	T2	
DUAVEE	T2	
<i>eemt</i>	T1	
<i>eemt hs</i>	T1	
ELESTRIN	T3	QL
<i>errin</i>	T0	
ESTRACE	T3	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal</i>	T1	QL
<i>estradiol vaginal</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1	
<i>estradiol-norethindrone acet</i>	T1	
ESTRING	T2	
<i>estrogens-methyltestosterone</i>	T1	
EVAMIST	T3	QL
FEMHRT LOW DOSE	T3	
<i>fyavolv</i>	T1	
<i>heather</i>	T0	
IMVEXXY MAINTENANCE PACK	T3	QL
IMVEXXY STARTER PACK	T3	QL
<i>incassia</i>	T0	
<i>jencycla</i>	T0	
<i>jinteli</i>	T1	
<i>jolivette</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
<i>lopreeza</i>	T1	
<i>lyza</i>	T0	
<i>medroxyprogesterone oral</i>	T1	
MENEST	T3	
MENOSTAR	T3	QL
<i>mimvey</i>	T1	
<i>mimvey lo</i>	T1	
MINIVELLE	T3	QL
<i>nora-be</i>	T0	
<i>norethindrone (contraceptive)</i>	T0	
<i>norethindrone acetate</i>	T1	
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	T1	
<i>norlyda</i>	T0	
<i>norlyroc</i>	T0	
ORTHO MICRONOR	T3	ST
PREFEST	T3	
PREMARIN ORAL	T2	
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone micronized</i>	T1	
PROMETRIUM	T3	
PROVERA	T3	
<i>sharobel</i>	T0	
<i>tulana</i>	T0	
VAGIFEM	T3	

Drug Name	Drug Tier	Requirements / Limits
VIVELLE-DOT	T3	QL
<i>yuvafem</i>	T1	
<b>MISCELLANEOUS OB/GYN</b>		
AVC VAGINAL	T3	
CERVIDIL	T3	
CLEOCIN VAGINAL	T3	
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T3	
<i>fem ph</i>	T1	
GYNAZOLE-1	T3	
<i>gynol ii</i>	T0	
INTRAROSA	T3	
<i>isoxsuprine</i>	T1	
LYSTEDA	T3	
METROGEL VAGINAL	T3	
<i>metronidazole vaginal</i>	T1	
<i>miconazole-3 vaginal suppository</i>	T1	
NUVARING	T0	
NUVESSA	T3	
OSPHENA	T3	
PREPIDIL	T3	
PROSTIN E2	T3	
RELAGARD	T3	
<i>terconazole</i>	T1	
TODAY CONTRACEPTIVE SPONGE	T0	
<i>tranexamic acid oral</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
TRIMO-SAN JELLY	T2	
<i>vaginal contraceptive foam</i>	T0	
<i>vandazole</i>	T1	
<i>xulane</i>	T0	
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
AFTERA	T3	QL
<i>altavera (28)</i>	T0	
<i>alyacen 1/35 (28)</i>	T0	
<i>alyacen 7/7/7 (28)</i>	T0	
<i>amethia</i>	T0	
<i>amethia lo</i>	T0	
<i>amethyst (28)</i>	T0	
<i>apri</i>	T0	
<i>aranelle (28)</i>	T0	
<i>ashlyna</i>	T0	
<i>aubra</i>	T0	
<i>aubra eq</i>	T0	
<i>aviane</i>	T0	
<i>azurette (28)</i>	T0	
BALCOLTRA	T3	ST
<i>balziva (28)</i>	T0	
<i>bekyree (28)</i>	T0	
BEYAZ	T3	ST
<i>blisovi 24 fe</i>	T0	
<i>blisovi fe 1.5/30 (28)</i>	T0	
<i>blisovi fe 1/20 (28)</i>	T0	
<i>briellyn</i>	T0	
<i>camrese</i>	T0	
<i>camrese lo</i>	T0	
<i>caziant (28)</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
<i>chateal (28)</i>	T0	
<i>chateal eq (28)</i>	T0	
<i>cryselle (28)</i>	T0	
<i>cyclafem 1/35 (28)</i>	T0	
<i>cyclafem 7/7/7 (28)</i>	T0	
CYCLESSA (28)	T3	ST
<i>cyred</i>	T0	
<i>cyred eq</i>	T0	
<i>dasetta 1/35 (28)</i>	T0	
<i>dasetta 7/7/7 (28)</i>	T0	
<i>daysee</i>	T0	
<i>delyla (28)</i>	T0	
<i>desog-e.estradiol/e.estradiol</i>	T0	
<i>desogestrel-ethinyl estradiol</i>	T0	
<i>drospirenone-e.estradiol-lm.fa</i>	T0	
<i>drospirenone-ethinyl estradiol</i>	T0	
<i>econtra ez</i>	T0	QL
<i>econtra one-step</i>	T0	QL
<i>elinest</i>	T0	
ELLA	T0	QL
<i>emoquette</i>	T0	
<i>enpresse</i>	T0	
<i>enskyce</i>	T0	
<i>estarylla</i>	T0	
ESTROSTEP FE-28	T3	ST
<i>ethynodiol diac-eth estradiol</i>	T0	
<i>falmina (28)</i>	T0	
<i>fayosim</i>	T0	
<i>femynor</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
GENERESS FE	T3	ST
<i>gianvi (28)</i>	T0	
<i>hailey 24 fe</i>	T0	
<i>introvale</i>	T0	
<i>isibloom</i>	T0	
<i>jasmiel (28)</i>	T0	
<i>jolessa</i>	T0	
<i>juleber</i>	T0	
<i>junel 1.5/30 (21)</i>	T0	
<i>junel 1/20 (21)</i>	T0	
<i>junel fe 1.5/30 (28)</i>	T0	
<i>junel fe 1/20 (28)</i>	T0	
<i>junel fe 24</i>	T0	
<i>kaitlib fe</i>	T0	
<i>kariva (28)</i>	T0	
<i>kelnor 1/35 (28)</i>	T0	
<i>kelnor 1-50</i>	T0	
<i>kurvelo (28)</i>	T0	
<i>l norgest/e.estradiol-e.estrad</i>	T0	
<i>larin 1.5/30 (21)</i>	T0	
<i>larin 1/20 (21)</i>	T0	
<i>larin 24 fe</i>	T0	
<i>larin fe 1.5/30 (28)</i>	T0	
<i>larin fe 1/20 (28)</i>	T0	
<i>larissia</i>	T0	
<i>layolis fe</i>	T0	
<i>leena 28</i>	T0	
<i>lessina</i>	T0	
<i>levonest (28)</i>	T0	
<i>levonorgestrel oral tablet 1.5 mg</i>	T0	QL
<i>levonorgestrel-ethinyl estrad</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
<i>levonorg-eth estrad triphasic</i>	T0	
<i>levora-28</i>	T0	
<i>lillow (28)</i>	T0	
LO LOESTRIN FE	T2	ST
LOESTRIN 1.5/30 (21)	T3	ST
LOESTRIN 1/20 (21)	T3	ST
LOESTRIN FE 1.5/30 (28-DAY)	T3	ST
LOESTRIN FE 1/20 (28-DAY)	T3	ST
<i>loryna (28)</i>	T0	
LOSEASONIQUE	T3	ST
<i>low-ogestrel (28)</i>	T0	
<i>lutura (28)</i>	T0	
<i>marlissa (28)</i>	T0	
<i>melodetta 24 fe</i>	T0	
<i>mibelas 24 fe</i>	T0	
<i>microgestin 1.5/30 (21)</i>	T0	
<i>microgestin 1/20 (21)</i>	T0	
MICROGESTIN 24 FE	T3	ST
<i>microgestin fe 1.5/30 (28)</i>	T0	
<i>microgestin fe 1/20 (28)</i>	T0	
<i>mili</i>	T0	
MINASTRIN 24 FE	T3	ST
MIRCETTE (28)	T3	ST
<i>mono-linyah</i>	T0	
<i>mononessa (28)</i>	T0	
<i>my choice</i>	T0	QL

Drug Name	Drug Tier	Requirements / Limits
<i>my way</i>	T0	QL
<i>myzilra</i>	T0	
NATAZIA	T3	ST
<i>necon 0.5/35 (28)</i>	T0	
<i>new day</i>	T0	QL
<i>nikki (28)</i>	T0	
<i>noreth-ethinyl estradiol-iron</i>	T0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	T0	
<i>norethindrone-e.estradiol-iron</i>	T0	
<i>norgestimate-ethinyl estradiol</i>	T0	
<i>nortrel 0.5/35 (28)</i>	T0	
<i>nortrel 1/35 (21)</i>	T0	
<i>nortrel 1/35 (28)</i>	T0	
<i>nortrel 7/7/7 (28)</i>	T0	
<i>ocella</i>	T0	
<i>ogestrel (28)</i>	T0	
<i>opcicon one-step</i>	T0	QL
<i>option-2</i>	T0	QL
<i>orsythia</i>	T0	
ORTHO TRI-CYCLEN (28)	T3	ST
ORTHO TRI-CYCLEN LO (28)	T3	ST
ORTHO-CYCLEN (28)	T3	ST
ORTHO-NOVUM 1/35 (28)	T3	ST
ORTHO-NOVUM 7/7/7 (28)	T3	ST
<i>philith</i>	T0	
<i>pimtrea (28)</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
<i>pirmella</i>	T0	
PLAN B ONE-STEP	T2	QL
<i>portia 28</i>	T0	
<i>previfem</i>	T0	
QUARTETTE	T3	ST
<i>rajani</i>	T0	
<i>reclipsen (28)</i>	T0	
<i>rivelsa</i>	T0	
SAFYRAL	T3	ST
SEASONIQUE	T3	ST
<i>setlakin</i>	T0	
<i>sprintec (28)</i>	T0	
<i>sronyx</i>	T0	
<i>syeda</i>	T0	
TAKE ACTION	T3	QL
<i>tarina fe 1/20 (28)</i>	T0	
TAYTULLA	T2	ST
<i>tilia fe</i>	T0	
<i>tri femynor</i>	T0	
<i>tri-estarylla</i>	T0	
<i>tri-legest fe</i>	T0	
<i>tri-linyah</i>	T0	
<i>tri-lo-estarylla</i>	T0	
<i>tri-lo-marzia</i>	T0	
<i>tri-lo-sprintec</i>	T0	
<i>tri-mili</i>	T0	
TRI-NORINYL (28)	T3	ST
<i>tri-previfem (28)</i>	T0	
<i>tri-sprintec (28)</i>	T0	
<i>trivora (28)</i>	T0	
<i>tri-vylibra</i>	T0	
<i>tri-vylibra lo</i>	T0	
<i>tydemy</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
<i>velivet triphasic regimen (28)</i>	T0	
<i>vienva</i>	T0	
<i>viorele (28)</i>	T0	
<i>vyfemla (28)</i>	T0	
<i>vylibra</i>	T0	
<i>wera (28)</i>	T0	
<i>wymzya fe</i>	T0	
YASMIN (28)	T3	ST
YAZ (28)	T3	ST
<i>zarah</i>	T0	
<i>zenchent (28)</i>	T0	
<i>zovia 1/35e (28)</i>	T0	
<b>OXYTOCICS</b>		
<i>methergine</i>	T1	ST; QL
<i>methylergonovine oral</i>	T1	ST; QL
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	T1	
AZASITE	T2	
<i>bacitracin ophthalmic (eye)</i>	T1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	T1	
BESIVANCE	T3	
BETADINE OPHTHALMIC PREP	T3	
CILOXAN	T3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	T1	
<i>erythromycin ophthalmic (eye)</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>gatifloxacin</i>	T1	
<i>gentak ophthalmic (eye) ointment</i>	T1	
<i>gentamicin ophthalmic (eye) drops</i>	T1	
<i>levofloxacin ophthalmic (eye)</i>	T1	
MOXEZA	T2	
<i>moxifloxacin ophthalmic (eye)</i>	T1	
NATACYN	T2	
<i>neomycin-bacitracin-polymyxin</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
<i>neo-polycin</i>	T1	
OCUFLOX	T3	
<i>ofloxacin ophthalmic (eye)</i>	T1	
<i>polycin</i>	T1	
<i>polymyxin b sulf-trimethoprim</i>	T1	
POLYTRIM	T3	
<i>tobramycin</i>	T1	
TOBREX	T3	
VIGAMOX	T3	
ZYMAXID	T3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	T1	
VIROPTIC	T3	
ZIRGAN	T3	
<b>BETA-BLOCKERS</b>		

Drug Name	Drug Tier	Requirements / Limits
<i>betaxolol ophthalmic (eye)</i>	T1	
BETIMOL	T3	
BETOPTIC S	T3	
<i>carteolol</i>	T1	
ISTALOL	T3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T1	
<i>metipranolol</i>	T1	
<i>timolol maleate ophthalmic (eye)</i>	T1	
TIMOPTIC	T3	
TIMOPTIC-XE	T3	
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	T2	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE IN 0.9 % SOD CHLORIDE OPHTHALMIC (EYE)	T3	
<i>atropine ophthalmic (eye)</i>	T1	
CYCLOGYL	T3	
<i>cyclopentolate</i>	T1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	T3	
<i>homatropaire</i>	T1	
<i>homatropine hbr</i>	T1	
ISOPTO ATROPINE	T3	
MYDRIACYL	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>mydriatic3 (trop-cyclopent-pe)</i>	T1	
PAREMYD	T3	
<i>tropicamide</i>	T1	
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE	T3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF)	T3	
<i>altacaine</i>	T1	
ALTAFLUOR BENOX	T3	
<i>azelastine ophthalmic (eye)</i>	T1	
BEPREVE	T2	ST
CEQUA	T3	PA
<i>cromolyn ophthalmic (eye)</i>	T1	
CYCLOSPORINE IN KLARITY	T3	
CYSTARAN	T4	
ELESTAT	T3	ST
<i>epinastine</i>	T1	
<i>flucaine</i>	T1	
<i>fluorescein-proparacaine</i>	T1	
LACRISERT	T3	
LASTACAFT	T3	ST
MYDRIATIC4(TROP-PROP-PE-KTRLC)	T3	
<i>olopatadine ophthalmic (eye)</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
OXERVATE	T4	PA
PATADAY	T3	ST
PATANOL	T3	ST
PAZEO	T2	ST
PHOTREXA CROSS-LINKING KIT	T3	
PHOTREXA VISCIOUS	T3	
PREDNISOL ACE- GATIFLOX- BROMFEN	T3	
PREDNISOLN SP- GATIFLOX- BROMFEN	T3	
PREDNISOLONE ACETATE- BROMFENAC	T3	
PREDNISOLONE SOD PH- BROMFENAC	T3	
<i>proparacaine</i>	T1	
RESTASIS	T2	PA; QL
RESTASIS MULTIDOSE	T2	PA; QL
<i>tetcaine</i>	T1	
<i>tetracaine hcl</i>	T1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	T3	
TETRAVISC	T3	
TETRAVISC FORTE	T3	
XIIDRA	T2	PA; QL
<b>NON-STEROIDAL ANTI- INFLAMMATORY AGENTS</b>		
ACULAR	T3	

Drug Name	Drug Tier	Requirements / Limits
ACULAR LS	T3	
<i>bromfenac</i>	T1	
BROMSITE	T3	
<i>diclofenac sodium ophthalmic (eye)</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO	T2	
<i>ketorolac ophthalmic (eye)</i>	T1	
PROLENSA	T2	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	T1	
<i>methazolamide</i>	T1	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	T3	
<i>bimatoprost ophthalmic (eye)</i>	T1	ST
BRIMONIDINE- DORZOLAMIDE (PF)	T3	
COMBIGAN	T2	
COSOPT	T3	
COSOPT (PF)	T3	
<i>dorzolamide</i>	T1	
DORZOLAMIDE (PF)	T3	
<i>dorzolamide-timolol</i>	T1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	T1	
DORZOLAMIDE- TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	T3	
<i>latanoprost</i>	T1	ST



Drug Name	Drug Tier	Requirements / Limits
LATANOPROST (PF)	T3	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	T2	ST
MITOSOL	T3	
RHOPRESSA	T2	
SIMBRINZA	T3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	T3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	T3	
TIMOLOL-DORZOLAMID-LATANOP(PF)	T3	
TIMOLOL-LATANOPROST(PF)	T3	
TRAVATAN Z	T2	ST
TRUSOPT	T3	
VYZULTA	T3	ST
XALATAN	T3	ST
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
GATIFLOXACIN-DEXAMETHASONE	T3	
MAXITROL	T3	
<i>neomycin-bacitracin-poly-hc</i>	T1	
<i>neomycin-polymyxin b-dexameth</i>	T1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>neo-polycin hc</i>	T1	
PRED-G	T3	
PRED-G S.O.P.	T3	
PREDNISOLONE ACET-GATIFLOXACIN	T3	
PREDNISOLONE SOD PH-GATIFLOXAC	T3	
TOBRADEX OPTHALMIC (EYE) DROPS,SUSPENSION	T3	
TOBRADEX OPTHALMIC (EYE) OINTMENT	T2	
TOBRADEX ST	T2	
<i>tobramycin-dexamethasone</i>	T1	
ZYLET	T2	
<b>STEROIDS</b>		
ALREX	T2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	T1	
DUREZOL	T3	
<i>fluorometholone</i>	T1	
FML LIQUIFILM	T3	
INVELTYS	T2	ST
LOTEMAX	T2	
OMNIPRED	T3	
PRED FORTE	T3	
<i>prednisolone acetate</i>	T1	
PREDNISOLONE ACETATE (PF)	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	T1	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE	T3	
BLEPHAMIDE S.O.P.	T3	
<i>sulfacetamide-prednisolone</i>	T1	
<b>SULFONAMIDES</b>		
BLEPH-10	T3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	T1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	T2	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	T3	
<i>apraclonidine</i>	T1	
<i>brimonidine</i>	T1	
IOPIDINE	T3	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL	T3	
<i>phenylephrine hcl ophthalmic (eye)</i>	T1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		
<i>carbinoxamine maleate oral liquid</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>cetirizine oral solution 1 mg/ml</i>	T1	
CLARINEX ORAL SYRUP	T3	
CLARINEX ORAL TABLET	T3	QL
<i>clemastine oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine</i>	T1	
<i>desloratadine</i>	T1	QL
<i>dexchlorpheniramine maleate</i>	T1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	T1	
<i>diphenhydramine hcl oral elixir</i>	T1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	T2	QL
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	T1	QL
EPIPEN 2-PAK	T2	QL
EPIPEN JR 2-PAK	T2	QL
HYDROXYZINE HCL ORAL SOLUTION 10 MG/5 ML	T3	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate</i>	T1	
KARBINAL ER	T3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>levocetirizine oral solution</i>	T1	
<i>levocetirizine oral tablet</i>	T1	QL
<i>phenadoz</i>	T1	
<i>phenergan rectal</i>	T1	
<i>promethazine oral</i>	T1	
<i>promethazine rectal</i>	T1	
<i>promethegan</i>	T1	
RYCLORA	T3	
RYVENT	T3	ST
VISTARIL	T3	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
BROMFED DM	T3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	T1	
CAPCOF	T3	
<i>centergy</i>	T1	
<i>cheratussin ac</i>	T1	
CLARINEX-D 12 HOUR	T3	QL
CODEINE-GUAIFENESIN	T3	
CODITUSSIN AC	T3	
CODITUSSIN DAC	T3	
<i>g tussin ac</i>	T1	
<i>guaiaitussin ac</i>	T1	
<i>guaifenesin ac</i>	T1	
<i>guaifenesin dac</i>	T1	
HISTEX-AC	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-chlorpheniramine</i>	T1	
<i>hydrocodone-cpm-pseudoephed</i>	T1	
HYDROCODONE-GUAIFENESIN	T3	PA
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	
<i>hydrocodone-homatropine oral tablet</i>	T1	
<i>hydromet</i>	T1	
<i>lortuss ex oral syrup</i>	T1	
MAR-COF CG	T3	
MAXI-TUSS CD	T3	
<i>m-clear wc</i>	T1	
M-END PE	T3	
NINJACOF-XG	T3	
OBREDON	T3	PA
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	T3	
<i>promethazine-codeine</i>	T1	
<i>promethazine-dm</i>	T1	
<i>promethazine-phenyleph-codeine</i>	T1	
<i>promethazine-phenylephrine</i>	T1	
PRO-RED AC (W/ DEXCHLORPHENIR)	T3	
RESPA-AR	T3	
<i>robafen ac</i>	T1	
<i>rydex</i>	T1	
SEMPREX-D	T3	

Drug Name	Drug Tier	Requirements / Limits
TESSALON PERLES	T3	
<i>tusnel c</i>	T1	
TUSNEL PEDIATRIC ORAL LIQUID	T3	
TUSSICAPS	T3	PA
TUSSIONEX PENNKINETIC ER	T3	
TUZISTRA XR	T3	PA
<i>virtussin ac</i>	T1	
<i>virtussin dac</i>	T1	
ZODRYL AC 25	T3	
ZODRYL AC 30	T3	
ZODRYL AC 35	T3	
ZODRYL AC 40	T3	
ZODRYL AC 50	T3	
ZODRYL AC 60	T3	
ZODRYL AC 80	T3	
ZODRYL DAC 25	T3	
ZODRYL DAC 30	T3	
ZODRYL DAC 35	T3	
ZODRYL DAC 40	T3	
ZODRYL DAC 50	T3	
ZODRYL DAC 60	T3	
ZODRYL DAC 80	T3	
ZODRYL DEC 25	T3	
ZODRYL DEC 30	T3	
ZODRYL DEC 35	T3	
ZODRYL DEC 40	T3	
ZODRYL DEC 50	T3	
ZODRYL DEC 60	T3	
ZODRYL DEC 80	T3	
Z-TUSS AC	T3	

Drug Name	Drug Tier	Requirements / Limits
<b>PULMONARY AGENTS</b>		
ACCOLATE	T3	
<i>acetylcysteine</i>	T1	
ADCIRCA	T4	PA; ST; QL
ADEMPAS	T4	PA
ADRENALIN NASAL	T3	
ADVAIR DISKUS	T2	ST; QL
ADVAIR HFA	T2	ST; QL
AEROSPAN	T3	QL
AIRDUO RESPICLICK	T3	ST; QL
<i>albuterol sulfate inhalation solution for nebulization</i>	T1	
<i>albuterol sulfate oral</i>	T1	
<i>alyq</i>	T1	PA; ST; QL
ANORO ELLIPTA	T2	QL
ARCAPTA NEOHALER	T2	QL
ARMONAIR RESPICLICK	T2	QL
ARNUITY ELLIPTA	T2	QL
ASMANEX HFA	T2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	T2	QL

Drug Name	Drug Tier	Requirements / Limits
ATROVENT HFA	T2	QL
BEVESPI AEROSPHERE	T2	QL
BREO ELLIPTA	T2	ST; QL
<i>budesonide inhalation</i>	T1	QL
COMBIVENT RESPIMAT	T2	QL
<i>cromolyn inhalation</i>	T1	
CUROSURF	T3	
DALIRESP ORAL TABLET 250 MCG	T2	PA; QL
DALIRESP ORAL TABLET 500 MCG	T2	PA
DULERA	T2	ST; QL
DYMISTA	T2	QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	T3	
ESBRIET ORAL CAPSULE	T4	PA; QL
ESBRIET ORAL TABLET	T4	PA
FIRAZYR	T4	PA; ST
FLOVENT DISKUS	T2	QL
FLOVENT HFA	T2	QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	T1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T2	ST; QL
HAEGARDA	T4	PA; ST
HYPER-SAL	T3	

Drug Name	Drug Tier	Requirements / Limits
INCRUSE ELLIPTA	T2	QL
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL
KALYDECO	T4	PA; QL
LETAIRIS	T4	PA; ST
<i>levalbuterol hcl</i>	T1	
LONHALA MAGNAIR REFILL	T3	QL
LONHALA MAGNAIR STARTER	T3	QL
<i>metaproterenol</i>	T1	
<i>mometasone nasal</i>	T1	QL
<i>montelukast</i>	T1	
NASONEX	T3	QL
<i>nebusal inhalation solution for nebulization 3 %</i>	T1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	T3	
OFEV	T4	PA; QL
OPSUMIT	T4	PA; ST
ORKAMBI	T4	PA; QL
PERFOROMIST	T2	QL
PROAIR HFA	T2	QL
PROAIR RESPICLICK	T2	QL
PULMICORT	T3	QL
PULMICORT FLEXHALER	T2	QL
<i>pulmosal</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
PULMOZYME	T4	
QNASL	T2	QL
QVAR REDIHALER	T2	QL
REVATIO ORAL	T4	PA; ST; QL
SEEBRI NEOHALER	T3	QL
SEREVENT DISKUS	T2	QL
<i>sildenafil (antihypertensive) oral</i>	T4	PA; QL
SINGULAIR	T3	
<i>sodium chloride inhalation</i>	T1	
SPIRIVA RESPIMAT	T2	QL
STIOLTO RESPIMAT	T2	QL
STRIVERDI RESPIMAT	T2	QL
SURFAXIN	T3	
SYMBICORT	T2	ST; QL
SYMDEKO	T4	PA; QL
<i>tadalafil (antihypertensive)</i>	T4	PA; ST; QL
<i>terbutaline oral</i>	T1	
THEO-24	T3	
<i>theochron</i>	T1	
<i>theophylline oral elixir</i>	T1	
<i>theophylline oral solution</i>	T1	
<i>theophylline oral tablet extended release 12 hr</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>theophylline oral tablet extended release 24 hr</i>	T1	
TRACLEER	T4	PA
TRELEGY ELLIPTA	T2	QL
TUDORZA PRESSAIR	T2	QL
TYVASO	T4	PA
TYVASO REFILL KIT	T4	PA
TYVASO STARTER KIT	T4	PA
UTIBRON NEOHALER	T3	QL
VENTAVIS	T4	PA; ST
VENTOLIN HFA	T2	QL
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
YUPELRI	T3	QL
<i>zafirlukast</i>	T1	
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin</i>	T1	
DETROL	T3	ST
DETROL LA	T3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	T3	ST
ENABLEX	T3	ST
<i>flavoxate</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	T2	QL
GELNIQUE TRANSDERMAL GEL IN PACKET	T2	QL
MYRBETRIQ	T2	
<i>oxybutynin chloride</i>	T1	
OXYTROL	T3	ST; QL
<i>tolterodine</i>	T1	
TOVIAZ	T2	
<i>trospium</i>	T1	
VESICARE	T2	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin</i>	T1	
AVODART	T3	ST
CIALIS ORAL TABLET 2.5 MG, 5 MG	T3	PA; QL
<i>dutasteride</i>	T1	ST
<i>dutasteride-tamsulosin</i>	T1	ST
<i>finasteride oral tablet 5 mg</i>	T1	
FLOMAX	T3	ST
JALYN	T3	ST
PROSCAR	T3	ST
RAPAFLO	T3	ST
<i>silodosin</i>	T1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	PA; QL
<i>tamsulosin</i>	T1	
UROXATRAL	T3	ST

Drug Name	Drug Tier	Requirements / Limits
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	T1	
URECHOLINE	T3	
<b>MISCELLANEOUS UROLOGICALS</b>		
CAVERJECT	T2	PA; QL
CAVERJECT IMPULSE	T2	PA; QL
CIALIS ORAL TABLET 10 MG, 20 MG	T3	PA; QL
CYSTAGON	T4	
<i>cytra k crystals</i>	T1	
EDEX	T3	PA; QL
ELMIRON	T2	
<i>hyophen</i>	T1	
K-PHOS NO 2	T3	
K-PHOS ORIGINAL	T2	
LEVITRA	T3	PA; QL
<i>methen-sod phosph meth blue-hyos</i>	T1	
MUSE	T2	PA; QL
ORACIT	T3	
<i>phosphasal</i>	T1	
<i>potassium citrate</i>	T1	
PROCYSBI	T4	PA
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	T2	
SHOHL'S MODIFIED	T3	
<i>sildenafil</i>	T1	PA; QL
STAXYN	T3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
STENDRA	T3	PA; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	PA; QL
URELLE	T3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	T1	
URIBEL	T3	
<i>urimar-t</i>	T1	
<i>urin ds</i>	T1	
<i>uro-458</i>	T1	
UROCID-K 10	T3	
UROCID-K 15	T3	
UROCID-K 5	T3	
<i>urogesic-blue</i>	T1	
<i>uro-mp</i>	T1	
UROQID-ACID NO.2	T3	
<i>uryl</i>	T1	
<i>ustell</i>	T1	
<i>utira-c</i>	T1	
<i>vardenafil</i>	T1	PA; QL
VIAGRA	T3	PA; QL
<i>vilamit mb</i>	T1	
<i>vilevev mb</i>	T1	
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T1	
PYRIDIUM	T3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		

Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	T3	
<i>effer-k oral tablet, effervescent 25 meq</i>	T1	
GALZIN	T3	
<i>klor-con</i>	T1	
<i>klor-con 10</i>	T1	
<i>klor-con 8</i>	T1	
<i>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	
<i>klor-con m20</i>	T1	
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	T1	
<i>klor-con/ef</i>	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	T3	
<i>k-tab oral tablet extended release 8 meq</i>	T1	
<i>lugols oral</i>	T1	
POTABA ORAL CAPSULE	T3	
<i>potassium chloride oral</i>	T1	
<i>strong iodine oral</i>	T1	
<b>VITAMINS &amp; HEMATINICS</b>		
<i>b complex-vitamin b12</i>	T0	AG
<i>b complex-vitamin c-folic acid oral tablet</i>	T0	AG



Drug Name	Drug Tier	Requirements / Limits
<i>balance b-100</i>	T0	AG
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	T0	AG
<i>balanced b-100 oral tablet 0.4 mg</i>	T0	AG
<i>bal-care dha</i>	T1	
BAL-CARE DHA ESSENTIAL	T3	
<i>b-complex with vitamin c oral tablet</i>	T0	AG
CADEAU DHA	T3	
<i>calcium pnv</i>	T1	
CITRANATAL (DUAL-IRON)	T3	
CITRANATAL 90 DHA (ALGAL OIL)	T3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	T3	
CITRANATAL B-CALM (FE GLUC)	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA (ALGAL OIL)	T3	
CITRANATAL HARMONY (IRON FUM)	T3	
<i>classic prenatal</i>	T0	AG
<i>c-nate dha</i>	T1	
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
<i>complex b-100 oral tablet extended release</i>	T0	AG

Drug Name	Drug Tier	Requirements / Limits
CONCEPT DHA	T3	
CONCEPT OB	T3	
<i>dialyvite 800 oral tablet</i>	T0	AG
DRISDOL ORAL CAPSULE	T3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	T3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	T3	
<i>elite-ob</i>	T1	
ENBRACE HR	T3	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	T1	
EXTRA-VIRT PLUS DHA	T3	
FLORIVA (FLUORIDE-VITAMIN D3)	T3	
FLUORABON	T3	
<i>fluoride (sodium) oral drops</i>	T0	AG
<i>fluoride (sodium) oral tablet, chewable</i>	T0	AG
<i>fluoritab oral tablet, chewable</i>	T0	AG
FLURA-DROPS	T3	
FOLET ONE	T3	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T0	AG

Drug Name	Drug Tier	Requirements / Limits
<i>folivane-ob</i>	T1	
<i>foltabs 800</i>	T0	AG
<i>full spectrum b-vitamin c</i>	T0	AG
<i>hemenatal ob</i>	T1	
<i>hemenatal ob + dha</i>	T1	
<i>kobee</i>	T0	AG
KOSHER PRENATAL PLUS IRON	T3	
<i>kpn oral tablet</i>	T0	AG
<i>ludent fluoride</i>	T0	AG
MARNATAL-F	T3	
<i>multi-vitamin with fluoride</i>	T0	AG
<i>multivitamins with fluoride</i>	T0	AG
<i>mvc-fluoride</i>	T0	AG
<i>mynatal</i>	T1	
<i>mynatal advance</i>	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
NASCOBAL	T2	
NATACHEW (FE BIS-GLYCINATE)	T3	
<i>natural b-100 complex</i>	T0	AG
NEEVODHA (WITH ALGAL OIL)	T3	
NESTABS	T3	
NESTABS ABC	T3	
NESTABS DHA	T3	
NESTABS ONE	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>newgen</i>	T1	
OB COMPLETE ONE	T3	
OB COMPLETE ORAL TABLET	T3	
OB COMPLETE PETITE	T3	
OB COMPLETE PREMIER	T3	
OB COMPLETE WITH DHA	T3	
<i>obstetrix dha</i>	T1	
OBSTETRIX EC	T3	
OBSTETRIX ONE	T3	
OBTREX DHA	T3	
O-CAL PRENATAL	T3	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	T0	AG
<i>perry prenatal</i>	T0	AG
<i>pnv 29-1</i>	T1	
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha + docusate</i>	T1	
<i>pnv-ferrous fumarate-docu-fa</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>pnv-vp-u</i>	T1	
<i>pr natal 400</i>	T1	
<i>pr natal 400 ec</i>	T1	
<i>pr natal 430</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 430 ec</i>	T1	
PREFERA-OB	T3	
PREFERA-OB PLUS DHA	T3	
<i>prena1 chew</i>	T1	
<i>prena1 pearl</i>	T1	
<i>prena1 true</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance plus</i>	T1	
PRENATA	T3	
<i>prenatabs fa</i>	T1	
<i>prenatabs rx</i>	T1	
PRENATAL 19	T3	
PRENATAL 19 (WITH DOCUSATE)	T3	
<i>prenatal complete</i>	T0	AG
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	T0	AG
<i>prenatal multi-dha (algal oil)</i>	T0	AG
<i>prenatal one daily</i>	T0	AG
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	T0	AG
<i>prenatal plus</i>	T1	
<i>prenatal plus (calcium carb)</i>	T1	
PRENATAL PLUS DHA ORAL COMBO PACK	T3	
<i>prenatal vitamin plus low iron</i>	T1	
<i>prenatal vitamin with minerals</i>	T0	AG

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vits96-iron fum-folic</i>	T0	AG
<i>prenatal-u</i>	T1	
PRENATE AM	T3	
PRENATE CHEWABLE	T3	
PRENATE DHA (FERR ASP GLYCIN)	T3	
PRENATE ELITE (IRON ASP GLYC)	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL(IRON-ASP-GL)	T3	
PRENATE MINI (FERR ASP GLYCIN)	T3	
PRENATE PIXIE	T3	
PRENATE RESTORE	T3	
PRENATE STAR	T3	
<i>preplus</i>	T1	
<i>pretab</i>	T1	
PRIMACARE	T3	
PROVIDA DHA	T3	
PROVIDA OB	T3	
PUREFE OB PLUS	T3	
<i>rena-vite</i>	T0	AG
R-NATAL OB	T3	
SELECT-OB	T3	
SELECT-OB (FOLIC ACID)	T3	
SELECT-OB + DHA	T3	
<i>se-natal 19</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>se-natal 19 (with docusate)</i>	T1	
<i>stress formula</i>	T0	AG
<i>stress formula with iron</i>	T0	AG
<i>stress formula with iron(sulf)</i>	T0	AG
<i>super b complex-vitamin c</i>	T0	AG
<i>super b maxi complex</i>	T0	AG
<i>super b-50 complex plus</i>	T0	AG
<i>super quints</i>	T0	AG
<i>super quints b-50</i>	T0	AG
<i>superplex-t</i>	T0	AG
<i>taron-c dha</i>	T1	
<i>taron-prex prenatal-dha</i>	T1	
THRIVITE RX	T3	
<i>tl g-fol os</i>	T1	
<i>total b/c</i>	T0	AG
TRICARE	T3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	T3	
<i>trinatal rx 1</i>	T1	
<i>trinate</i>	T1	
TRISTART DHA	T3	
<i>triveen-duo dha</i>	T1	
<i>tri-vitamin with fluoride</i>	T0	AG
<i>trust natal dha</i>	T1	
<i>ultra b-100 complex oral tablet</i>	T0	AG

Drug Name	Drug Tier	Requirements / Limits
<i>vinate care</i>	T1	
VINATE DHA RF	T3	
<i>vinate ii</i>	T1	
<i>vinate m</i>	T1	
<i>vinate one</i>	T1	
<i>virt-advance</i>	T1	
<i>virt-c dha</i>	T1	
<i>virt-nate dha</i>	T1	
<i>virt-pn</i>	T1	
<i>virt-pn dha</i>	T1	
<i>virt-pn plus</i>	T1	
VIRTPREX	T3	
<i>virt-select</i>	T1	
<i>virt-vite gt</i>	T1	
VITAFOL FE+ (WITH DOCUSATE)	T3	
VITAFOL GUMMIES	T3	
VITAFOL NANO	T3	
VITAFOL ULTRA	T3	
VITAFOL-OB	T3	
VITAFOL-OB+DHA	T3	
VITAFOL-ONE	T3	
VITAMED MD ONE RX	T3	
VITAMEDMD REDICHEW RX	T3	
<i>vitamin b complex oral tablet</i>	T0	AG
<i>vitamin b complex-folic acid oral tablet</i>	T0	AG
<i>vitamins a,c,d and fluoride</i>	T0	AG

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VITAPEARL	T3	
VITATRUE	T3	
<i>vp-ch plus</i>	T1	
<i>vp-ch-pnv</i>	T1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VP-PNV-DHA	T3	
<i>zatean-pn dha</i>	T1	
<i>zatean-pn plus</i>	T1	
<i>zingiber</i>	T1	

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