

SUTTER HEALTH PLUS FORMULARY

Effective September 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, or the Express Scripts member portal at 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.

AG	Age Edit	Drug may not be recommended for some patients based on age
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	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®, Levitra® or Viagra® (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
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
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	
ANTIVIRALS		
<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	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
DESCOVY	T2	
<i>didanosine</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
DOVATO	T3	
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
PREZISTA ORAL SUSPENSION	T2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T2	
RELENZA DISKHALER	T2	QL
RESCRIPTOR ORAL TABLET	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; ST; QL
<i>stavudine oral capsule</i>	T1	
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	
VIRAZOLE	T3	

Drug Name	Drug Tier	Requirements / Limits
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	QL
ZEPATIER	T4	PA; ST; QL
ZERIT ORAL CAPSULE 30 MG	T3	
ZIAGEN	T3	
<i>zidovudine</i>	T1	
ZOVIRAX ORAL	T3	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	T1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T1	
<i>cefaclor 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	
<i>cefixime oral capsule</i>	T2	

Drug Name	Drug Tier	Requirements / Limits
<i>cefixime oral suspension for reconstitution</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	
ERYTHROMYCINS & OTHER MACROLIDES		
<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</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	
<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	T3	
<i>erythromycin oral tablet,delayed release (dr/ec) 500 mg</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	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	T3	QL
<i>albendazole</i>	T1	QL

Drug Name	Drug Tier	Requirements / Limits
ALBENZA	T3	QL
ALINIA	T2	QL
ARAKODA	T3	QL
ARIKAYCE	T4	PA; ST
<i>atovaquone</i>	T1	
<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; ST
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

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid</i>	T1	
MALARONE	T3	QL
MALARONE PEDIATRIC	T3	QL
<i>mefloquine</i>	T1	QL
MEPRON	T3	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin in 0.225 % nacl</i>	T4	QL
TOBRAMYCIN WITH NEBULIZER	T4	QL
TRECATOR	T3	
XIFAXAN	T2	QL
ZYVOX ORAL	T3	
PENICILLINS		
<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	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN XR	T3	
<i>dicloxacillin</i>	T1	
MOXATAG	T3	
<i>penicillin v potassium</i>	T1	
QUINOLONES		
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	
<i>levofloxacin oral solution</i>	T2	
<i>levofloxacin oral tablet</i>	T1	
<i>moxifloxacin oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
SULFA'S & RELATED AGENTS		
BACTRIM	T3	
BACTRIM DS	T3	
<i>sulfadiazine</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfatrim</i>	T1	
TETRACYCLINES		
ACTICLATE	T3	ST
<i>avidoxy</i>	T1	
<i>coremino</i>	T1	
<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 100 mg</i>	T2	
<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) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</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	

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	T1	ST
<i>mondoxylene nl</i>	T1	
MONODOX	T3	ST
<i>morgidox oral capsule 100 mg</i>	T2	
NUZYRA (7 DAY WITH LOAD DOSE)	T3	ST; QL
<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 CAPSULE 100 MG	T3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	T3	
VIBRAMYCIN ORAL SYRUP	T3	
URINARY TRACT AGENTS		
FURADANTIN	T3	
HIPREX	T3	
MACROBID	T3	
MACRODANTIN	T3	
<i>methenamine hippurate</i>	T1	
<i>methenamine mandelate</i>	T1	
MONUROL	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin</i>	T1	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohyd/m-cryst</i>	T1	
PRIMSOL	T3	
<i>trimethoprim</i>	T1	
TRIMPEX	T3	
VANCOMYCIN		
FIRVANQ	T3	
VANCOGIN	T3	
<i>vancomycin oral capsule</i>	T1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	T1	
MESNEX ORAL	T2	
VISTOGARD	T4	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	T4	PA; ST
AFINITOR	T4	PA; ST
AFINITOR DISPERZ	T4	PA; ST
ALECENSA	T4	PA; ST
ALKERAN	T3	
ALUNBRIG	T4	PA; ST
<i>anastrozole</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
ASTAGRAF XL	T3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
AZASAN	T3	
<i>azathioprine</i>	T1	
<i>bexarotene</i>	T4	PA; ST
<i>bicalutamide</i>	T1	
BOSULIF	T4	PA; ST
BRAFTOVI	T3	PA; ST
CABOMETYX	T4	PA; ST
CALQUENCE	T4	PA; ST
<i>capecitabine</i>	T4	
CAPRELSA	T4	PA; ST
CASODEX	T3	
CELLCEPT	T3	
COMETRIQ	T4	PA; ST
COPIKTRA	T3	PA; ST
COTELLIC	T4	PA; ST
<i>cyclophosphamide oral capsule</i>	T1	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
DAURISMO	T3	PA; ST
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; ST
ERIVEDGE	T4	PA; ST
ERLEADA	T4	PA; ST
<i>erlotinib</i>	T4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>etoposide oral</i>	T1	
<i>exemestane</i>	T1	
FARESTON	T2	
FARYDAK	T4	PA; ST
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; ST
GLEEVEC	T4	PA; ST
GLEOSTINE	T2	
HYCAMTIN ORAL	T4	
HYDREA	T3	
<i>hydroxyurea</i>	T1	
IBRANCE	T4	PA; ST
ICLUSIG	T4	PA; ST
IDHIFA	T4	PA; ST
<i>imatinib</i>	T4	PA
IMBRUVICA	T4	PA; ST
IMURAN	T3	
INLYTA	T4	PA; ST
IRESSA	T4	PA; ST
JAKAFI	T4	PA; ST
LENVIMA	T4	PA; ST
<i>letrozole</i>	T1	
LEUKERAN	T2	
<i>leuprolide subcutaneous kit</i>	T4	ST
LONSURF	T4	PA; ST
LORBRENA	T2	PA; ST
LYNPARZA ORAL TABLET	T4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
LYSODREN	T2	
MATULANE	T4	
MEGACE ES	T3	
<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; ST
MEKTOVI	T3	PA; ST
<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; ST
NEXAVAR	T4	PA; ST
NILANDRON	T3	
<i>nilutamide</i>	T1	
NINLARO	T4	PA; ST
<i>octreotide acetate</i>	T4	
ODOMZO	T4	PA; ST
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG	T3	

Drug Name	Drug Tier	Requirements / Limits
PROGRAF ORAL GRANULES IN PACKET 1 MG	T2	
PURIXAN	T4	
RAPAMUNE ORAL SOLUTION	T2	
RAPAMUNE ORAL TABLET	T3	
RUBRACA	T4	PA; ST
RYDAPT	T4	PA; ST
SANDIMMUNE ORAL CAPSULE	T3	
SANDIMMUNE ORAL SOLUTION	T2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T4	
SIGNIFOR	T4	PA
<i>sirolimus</i>	T1	
SOLTAMOX	T3	
SPRYCEL	T4	PA; ST
STIVARGA	T4	PA; ST
SUTENT	T4	PA; ST
SYNRIBO	T4	
TABLOID	T2	
<i>tacrolimus oral</i>	T1	
TAFINLAR	T4	PA; ST
TAGRISSO	T4	PA; ST
TALZENNA	T2	PA; ST
<i>tamoxifen</i>	T1	
TARCEVA	T4	PA; ST
TARGRETIN	T4	PA; ST
TASIGNA	T4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
TEMODAR ORAL	T4	PA
<i>temozolomide</i>	T4	PA
THALOMID	T4	PA
TIBSOVO	T2	PA; ST
<i>toremifene</i>	T1	
<i>tretinoin (chemotherapy)</i>	T1	
TREXALL	T3	
TYKERB	T4	PA; ST
VENCLEXTA	T4	PA; ST
VENCLEXTA STARTING PACK	T4	PA; ST
VERZENIO	T4	PA; ST
VITRAKVI	T2	PA; ST
VIZIMPRO	T2	PA; ST
VOTRIENT	T4	PA; ST
XALKORI	T4	PA; ST
XATMEP	T3	PA; ST
XELODA	T4	
XERMELO	T4	PA
XOSPATA	T2	PA; ST
XTANDI	T4	PA; ST
YONSA	T4	PA; ST
ZEJULA	T4	PA; ST
ZELBORAF	T4	PA; ST
ZOLINZA	T4	
ZORTRESS	T2	
ZYDELIG	T4	PA; ST
ZYKADIA	T4	PA; ST
ZYTIGA	T4	PA; ST

**AUTONOMIC & CNS DRUGS,
NEUROLOGY & PSYCH**

ANTICONVULSANTS

Drug Name	Drug Tier	Requirements / Limits
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	
<i>clobazam</i>	T1	PA; ST
<i>clonazepam</i>	T1	
DEPAKENE ORAL CAPSULE	T3	ST
DEPAKOTE	T3	ST
DEPAKOTE ER	T3	ST
DEPAKOTE SPRINKLES	T3	ST
DIACOMIT	T4	ST
DIASTAT	T3	
DIASTAT ACUDIAL	T3	
<i>diazepam rectal</i>	T1	
DILANTIN	T2	
DILANTIN EXTENDED	T3	
DILANTIN INFATABS	T3	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN-125	T3	
<i>divalproex</i>	T1	
EPIDIOLEX	T4	PA; ST
<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, 300 mg/6 ml (6 ml)</i>	T1	
<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

Drug Name	Drug Tier	Requirements / Limits
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
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	PA; ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	PA; ST
<i>oxcarbazepine</i>	T1	
OXTELLAR XR	T3	ST
PEGANONE	T2	
<i>phenobarbital</i>	T1	
PHENYTEK	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin oral suspension</i>	T1	
<i>phenytoin oral tablet, chewable</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>pregabalin</i>	T1	
<i>primidone</i>	T1	
QUDEXY XR	T2	ST
<i>roweepra</i>	T1	
<i>roweepra 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	
<i>subvenite starter (orange) kit</i>	T1	
SYMPAZAN	T3	PA; ST
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	
<i>topiramate oral tablet</i>	T1	
TRILEPTAL	T3	ST
TROKENDI XR	T3	ST
<i>valproic acid</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<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		
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	
<i>entacapone</i>	T1	
LODOSYN	T3	
MIRAPEX	T3	
MIRAPEX ER	T3	
NEUPRO	T3	
PARLODEL	T3	
<i>pramipexole</i>	T1	
<i>rasagiline</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
REQUIP ORAL TABLET 0.25 MG, 3 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	
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
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	T2	PA; ST
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	T2	PA; ST; QL
AJOVY	T3	PA; ST
<i>almotriptan malate</i>	T1	QL
AMERGE	T3	ST; QL
CAFERGOT	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine nasal</i>	T1	ST; QL
<i>eletriptan</i>	T1	QL
EMGALITY PEN	T2	PA; ST
EMGALITY SYRINGE	T2	PA; ST
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T1	
FROVA	T3	ST; QL
<i>froatriptan</i>	T1	QL
IMITREX	T3	ST; QL
IMITREX STATDOSE PEN	T3	ST; QL
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

Drug Name	Drug Tier	Requirements / Limits
<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
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	T4	PA; ST
ARICEPT	T3	ST
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; ST
<i>galantamine</i>	T1	
KEVEYIS	T4	PA; ST
<i>memantine oral capsule, sprinkle, er 24hr</i>	T1	
<i>memantine oral solution</i>	T1	
<i>memantine oral tablet</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS,DOSE PACK	T3	
NAMENDA ORAL TABLET	T3	ST
NAMENDA TITRATION PAK	T3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	T3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	T3	ST
NAMZARIC	T2	ST
NUEDEXTA	T2	
RAZADYNE ER	T3	ST
RAZADYNE ORAL TABLET	T3	ST
<i>rivastigmine</i>	T1	
<i>rivastigmine tartrate</i>	T1	
TEGSEDI	T4	PA
<i>tetrabenazine</i>	T4	PA; ST; QL
XENAZINE	T4	PA; ST; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<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	
<i>carisoprodol-aspirin</i>	T3	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<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>orphengesic forte</i>	T1	
<i>pyridostigmine bromide oral syrup</i>	T1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>pyridostigmine bromide oral tablet extended release</i>	T1	
ROBAXIN-750	T3	
SKELAXIN	T3	
SOMA	T3	
<i>tizanidine</i>	T1	
ZANAFLEX	T3	
NARCOTIC ANALGESICS		

Drug Name	Drug Tier	Requirements / Limits
<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; ST
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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; ST
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	T3	ST; QL
<i>fentanyl</i>	T1	ST; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	T1	ST; QL
FIORICET ORAL CAPSULE	T3	PA; ST
FIORINAL	T3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
FIORINAL-CODEINE #3	T3	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	T1	
<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	ST; QL
<i>hydromorphone rectal</i>	T1	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
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
<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	

Drug Name	Drug Tier	Requirements / Limits
ROXYBOND	T3	
<i>tencon oral tablet 50-325 mg</i>	T1	
TYLENOL-CODEINE #3	T3	
TYLENOL-CODEINE #4	T3	
VANATOL LQ	T3	PA; ST
VANATOL S	T3	PA; ST
<i>vicodin</i>	T1	
<i>vicodin es</i>	T1	
<i>vicodin hp</i>	T1	
XTAMPZA ER	T3	ST; QL
<i>zebutal oral capsule 50-325-40 mg</i>	T1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	T3	ST; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	T0	
ANAPROXDS	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	

Drug Name	Drug Tier	Requirements / Limits
<i>bayer aspirin</i>	T0	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	T3	QL
BUNAVAIL BUCCAL FILM 6.3-1 MG	T3	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	T1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	T1	
<i>butorphanol tartrate nasal</i>	T1	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 oral suspension</i>	T1	ST
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet, delayed release (dr/ec)</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	QL
NUCYNTA ER	T2	ST; QL
<i>oxaprozin</i>	T1	
<i>pentazocine-naloxone</i>	T3	
<i>piroxicam</i>	T1	
<i>salsalate</i>	T1	
<i>st joseph aspirin</i>	T0	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T2	

Drug Name	Drug Tier	Requirements / Limits
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	T2	QL
<i>sulindac</i>	T1	
<i>tolmetin</i>	T1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	T3	ST; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75	T3	ST; QL
<i>tramadol oral tablet</i>	T1	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	QL
ULTRACET	T3	QL
ULTRAM	T3	QL
VOLTAREN TOPICAL	T3	ST; QL
VOLTAREN-XR	T3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	T2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	T2	

PSYCHOTHERAPEUTIC DRUGS

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA	T0	PA
ABILIFY ORAL TABLET	T3	QL
ADASUVE	T3	
ADDERALL	T3	
ADDERALL XR	T1	ST
ADDYI	T3	PA; ST
<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	
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
ARISTADA	T0	PA
ARISTADA INITIO	T0	
<i>armodafinil</i>	T1	PA; ST
ATIVAN ORAL	T3	
<i>atomoxetine</i>	T1	
BELSOMRA	T3	ST; QL
BRISDELLE	T3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet</i>	T1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T2	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	T1	QL
<i>buspirone</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	
<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

Drug Name	Drug Tier	Requirements / Limits
COTEMPLA XR-ODT	T3	ST
CYMBALTA	T3	ST; QL
DAYTRANA	T2	ST
<i>desipramine</i>	T1	
DESOXYN	T3	
DESVENLAFAXIN E 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	
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

Drug Name	Drug Tier	Requirements / Limits
<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 decanoate</i>	T0	PA
<i>fluphenazine hcl oral</i>	T1	
<i>flurazepam</i>	T1	QL
<i>fluvoxamine</i>	T1	QL
FOCALIN	T3	
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

Drug Name	Drug Tier	Requirements / Limits
HALDOL DECANOATE	T0	PA
<i>haloperidol</i>	T1	
<i>haloperidol decanoate</i>	T0	PA
<i>haloperidol lactate oral</i>	T1	
HETLIOZ	T4	PA; ST; 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
JORNAY PM	T3	PA; ST
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	
MARPLAN	T3	
<i>metadate er</i>	T1	
<i>methamphetamine</i>	T1	
METHYLIN ORAL SOLUTION	T3	

Drug Name	Drug Tier	Requirements / Limits
<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; ST
<i>molindone</i>	T1	
MYDAYIS	T2	ST
NARDIL	T3	
<i>nefazodone</i>	T3	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	
<i>nortriptyline oral capsule</i>	T1	
<i>nortriptyline oral solution</i>	T2	

Drug Name	Drug Tier	Requirements / Limits
NUPLAZID ORAL CAPSULE	T4	PA; ST; QL
NUPLAZID ORAL TABLET 10 MG	T4	PA; ST; QL
NUVIGIL	T3	PA; ST
<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	
<i>phenelzine</i>	T1	
<i>pimozide</i>	T1	
PRISTIQ	T3	ST; QL
<i>procentra</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>protriptyline</i>	T1	
PROVIGIL	T3	PA; ST
PROZAC ORAL CAPSULE 10 MG, 40 MG	T3	ST; QL
PROZAC ORAL CAPSULE 20 MG	T3	ST
QUAZEPAM	T3	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
<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

Drug Name	Drug Tier	Requirements / Limits
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
SUNOSI	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>tranlycypromine</i>	T1	
<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

Drug Name	Drug Tier	Requirements / Limits
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; ST
<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	
ZYPREXA ORAL	T3	QL
ZYPREXA RELPREVV	T0	PA; QL
ZYPREXA ZYDIS	T3	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>acebutolol</i>	T1	
ADALAT CC	T3	ST
<i>afeditab cr</i>	T1	
ALDACTAZIDE	T3	
ALDACTONE	T3	
<i>aliskiren</i>	T1	
ALTACE	T3	

Drug Name	Drug Tier	Requirements / Limits
<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-hcthiiazid</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	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>bumetanide oral</i>	T1	
BYSTOLIC	T2	ST
CALAN	T3	ST
CALAN SR	T3	ST
<i>candesartan</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<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
COREG CR	T3	ST
CORGARD	T3	ST
COZAAR	T3	ST
DEMADEX ORAL TABLET 20 MG	T3	
DEMSE	T2	PA; ST
DIBENZYLINE	T3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg</i>	T2	
<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 180 mg, 300 mg, 360 mg</i>	T2	
<i>diltiazem hcl oral capsule,extended release 24 hr 240 mg, 420 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg</i>	T2	
<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>diltiazem hcl oral tablet extended release 24 hr 420 mg</i>	T2	
<i>dilt-xr</i>	T1	
DIOVAN	T3	ST
DIOVAN HCT	T3	ST
DIURIL	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>doxazosin</i>	T1	QL
DYAZIDE	T3	
DYRENIUM	T3	
EDARBI	T2	ST
EDARBYCLOR	T2	ST
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

Drug Name	Drug Tier	Requirements / Limits
INNOPRAN XL	T3	ST
INSPIRA	T3	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol tartrate oral</i>	T1	
MICARDIS	T3	ST
MICARDIS HCT	T3	ST
MICROZIDE	T3	
MINIPRESS	T3	
<i>minoxidil oral</i>	T1	
<i>moexipril</i>	T1	
<i>nadolol</i>	T1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</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-hcthiazid</i>	T1	
<i>olmesartan-hydrochlorothiazide</i>	T1	
ORENITRAM	T4	PA; ST
<i>perindopril erbumine</i>	T1	
<i>phenoxybenzamine</i>	T1	PA; ST
<i>pindolol</i>	T1	
<i>prazosin</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	T3	
PROCARDIA	T3	ST
PROCARDIA XL	T3	ST
<i>propranolol oral</i>	T1	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>terazosin</i>	T1	QL
TIAZAC	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL	T3	ST
<i>torsemide oral</i>	T1	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil</i>	T1	
<i>triamterene-hydrochlorothiazid</i>	T1	
TRIBENZOR	T3	ST
TWYNSTA	T3	ST
UPTRAVI	T4	PA; ST
<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
CARDIAC GLYCOSIDES		
<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	
COAGULATION THERAPY		
AGGRENOX	T3	
AMICAR	T2	

Drug Name	Drug Tier	Requirements / Limits
<i>aminocaproic acid oral tablet</i>	T1	
ARIXTRA	T4	
<i>aspirin-dipyridamole</i>	T1	
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	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	T3	
<i>jantoven</i>	T1	
LOVENOX	T4	
MEPHYTON	T3	QL
MULPLETA	T4	PA; QL
<i>pentoxifylline</i>	T1	
<i>phytonadione (vitamin k1) injection solution</i>	T1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	QL

Drug Name	Drug Tier	Requirements / Limits
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; ST
LIPID/CHOLESTEROL LOWERING AGENTS		
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T1	
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 160 MG	T3	ST
FENOFIBRATE ORAL CAPSULE	T3	ST
<i>fenofibrate oral tablet</i>	T1	
<i>fenofibric acid</i>	T1	
<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; ST
LESCOL XL	T3	ST; QL
LIPITOR	T3	ST; QL
LIPOFEN	T2	
LOPID	T3	
<i>lovastatin</i>	T0	AG; QL
LOVAZA	T3	PA
<i>niacin oral tablet 500 mg</i>	T1	
<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

Drug Name	Drug Tier	Requirements / Limits
PRALUENT PEN	T4	PA; ST; 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	
REPATHA PUSHTRONEX	T3	PA; ST; QL
REPATHA SURECLICK	T3	PA; ST; QL
REPATHA SYRINGE	T3	PA; ST; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	T0	AG; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	T1	QL
<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	

Drug Name	Drug Tier	Requirements / Limits
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	T3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	T2	PA; ST
ENTRESTO	T2	PA; ST; QL
RANEXA	T2	
<i>ranolazine</i>	T1	
VECAMYL	T3	
NITRATES		
DILATRATE-SR	T2	
ISOCHRON	T3	
ISORDIL	T3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	T3	
<i>isosorbide dinitrate oral</i>	T1	
<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	

Drug Name	Drug Tier	Requirements / Limits
NITROSTAT	T3	
<i>nitro-time</i>	T1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<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
COSENTYX PEN (2 PENS)	T4	PA; ST
DOVONEX TOPICAL	T3	QL
<i>drithocrema 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	

Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS TOPICAL FOAM	T3	
OVACE PLUS TOPICAL LOTION	T3	
OVACE PLUS WASH	T3	
PRAMOSONE	T3	ST
<i>selenium sulfide topical lotion</i>	T1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	T1	
SELRX	T3	
SKYRIZI SUBCUTANEOUS SYRINGE KIT	T4	PA; ST; QL
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	T3	
SORILUX	T3	QL
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	
BURN THERAPY		
SILVADENE	T3	
<i>silver sulfadiazine</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>ssd</i>	T1	
KERATOLYTICS		
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>salicylic acid topical shampoo</i>	T1	
SALKERA	T3	
<i>salvax</i>	T1	
SALVAX DUO PLUS	T3	
ULTRASAL-ER	T3	
VIRASAL	T3	
XALIX	T3	
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ	T3	
<i>ammonium lactate</i>	T1	
CARAC	T2	
<i>cem-urea</i>	T1	
CONDYLOX TOPICAL GEL	T3	
CORTANE-B TOPICAL	T3	
<i>diclofenac sodium topical gel 3 %</i>	T1	PA; QL
DUPIXENT	T4	PA; ST; 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	

Drug Name	Drug Tier	Requirements / Limits
<i>iodine-sodium iodide topical tincture 2 %</i>	T1	
IODOFLEX	T3	
IODOSORB	T3	
KERAFOAM	T3	
LEVULAN	T3	
LOUTREX	T3	
<i>methoxsalen</i>	T1	
<i>methyl salicylate topical liquid</i>	T1	
OXSORALEN ULTRA	T3	
PANRETIN	T3	
PICATO	T2	
<i>pimecrolimus</i>	T1	PA; ST; QL
<i>podofilox</i>	T1	
PROMISEB	T3	
PROTOPIC	T3	ST; QL
QBREXZA	T2	PA; ST
QUTENZA	T3	
REGRANEX	T2	QL
<i>silver nitrate</i>	T1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
THERAPY FOR ACNE		
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 topical swab</i>	T2	
<i>adapalene-benzoyl peroxide</i>	T1	
ALTRENO	T3	PA; AG
<i>amnesteam</i>	T1	
AVAR LS	T3	ST
<i>avar topical cleanser</i>	T1	
AVAR TOPICAL PADS, MEDICATED	T3	ST
AVAR-E GREEN	T3	ST
AVAR-E LS	T3	ST
<i>avita topical cream</i>	T1	PA; AG

Drug Name	Drug Tier	Requirements / Limits
AVITA TOPICAL GEL	T3	PA; AG
<i>azelaic acid</i>	T2	
AZELEX	T3	ST
BENZACLIN	T3	ST
BENZAMYCIN	T3	ST
BENZEPRO (MICROSPHERES)	T3	ST
<i>benzebro 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>claravis</i>	T1	
<i>cleansing wash topical cleanser</i>	T1	
CLEOCIN T TOPICAL GEL	T3	ST; QL
CLEOCIN T TOPICAL LOTION	T3	ST; QL
CLEOCIN T TOPICAL SOLUTION	T3	ST; QL
<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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
METROGEL TOPICAL GEL WITH PUMP	T3	ST
METROLOTION	T3	ST
<i>metronidazole topical</i>	T1	
MIRVASO	T2	PA; ST
<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
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	T3	PA; AG
RHOFADE	T3	PA; ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
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

Drug Name	Drug Tier	Requirements / Limits
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
TOPICAL ANESTHETICS		
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
<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	

Drug Name	Drug Tier	Requirements / Limits
LIDODERM	T3	ST
<i>lta pre-attached</i>	T1	
PLIAGLIS	T3	PA; ST; QL
SYNERA	T3	
ZTLIDO	T2	ST
TOPICAL ANTIBACTERIALS		
ALTABAX	T3	ST; QL
CENTANY	T3	ST; QL
CENTANY AT	T3	ST; QL
CORTISPORIN TOPICAL	T3	
<i>dermazene topical cream</i>	T2	
<i>gentamicin topical</i>	T1	
<i>hydrocortisone-iodoquinol</i>	T1	
<i>hydrocortisone-iodoquinol-aloe</i>	T1	
KLARON	T3	ST
<i>lugols topical</i>	T1	
<i>mafenide acetate</i>	T1	
<i>mupirocin</i>	T1	QL
<i>mupirocin calcium</i>	T1	ST; QL
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	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIFUNGALS		
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	T1	PA; ST; QL

Drug Name	Drug Tier	Requirements / Limits
DENAVIR	T3	
ZOVIRAX TOPICAL CREAM	T2	PA; ST; QL
ZOVIRAX TOPICAL OINTMENT	T3	PA; ST; QL
TOPICAL CORTICOSTEROIDS		
<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>beser</i>	T1	
<i>betamethasone dipropionate</i>	T1	
<i>betamethasone valerate</i>	T1	
<i>betamethasone, augmented</i>	T1	
BRYHALI	T3	ST
CAPEX	T3	ST
<i>clobetasol</i>	T1	QL
<i>clobetasol-emollient</i>	T1	QL
CLOBEX	T3	ST; QL
<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

Drug Name	Drug Tier	Requirements / Limits
CORDRAN TOPICAL OINTMENT	T3	ST; QL
<i>cormax scalp</i>	T1	QL
CUTIVATE TOPICAL CREAM	T3	ST
CUTIVATE TOPICAL LOTION	T3	ST
DERMA-SMOOTH/FS BODY OIL	T3	ST
DERMA-SMOOTH/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	ST; QL
DIPROLENE TOPICAL OINTMENT	T3	ST
ELOCON TOPICAL CREAM	T3	ST
<i>fluocinolone</i>	T1	
<i>fluocinolone and shower cap</i>	T1	
<i>fluocinonide</i>	T1	QL
<i>fluocinonide-e</i>	T1	QL
<i>flurandrenolide</i>	T1	QL
<i>fluticasone propionate topical</i>	T1	
<i>halobetasol propionate topical cream</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
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	
<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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
ULTRAVATE TOPICAL LOTION	T3	ST
VANOS	T3	ST; QL
TOPICAL ENZYMES		
SANTYL	T2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	T3	
<i>lindane topical shampoo</i>	T1	
<i>malathion</i>	T1	
NATROBA	T3	
OVIDE	T3	
<i>permethrin topical cream</i>	T1	
SKLICE	T3	
<i>spinosad</i>	T1	
ULESFIA	T3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P	T3	PA
BELVIQ	T3	PA
BELVIQ XR	T3	PA
<i>benzphetamine oral tablet 50 mg</i>	T1	PA
CONTRACE	T3	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

Drug Name	Drug Tier	Requirements / Limits
IRRIGATING SOLUTIONS		
<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	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	T1	
<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	

Drug Name	Drug Tier	Requirements / Limits
CHEMET	T2	PA; ST
<i>deferiasirox</i>	T4	ST
<i>disulfiram</i>	T1	
ENDARI	T4	PA; ST
<i>etidronate disodium</i>	T1	
EVOXAC	T3	
EXJADE	T4	PA; ST
FERRIPROX ORAL SOLUTION	T4	PA; ST
FERRIPROX ORAL TABLET 500 MG	T4	PA; ST
INCRELEX	T4	PA
INFASURF	T3	
JADENU	T4	PA; ST
JADENU SPRINKLE	T4	PA; ST
<i>levocarnitine (with sugar)</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
LIPOCHOL PLUS	T3	
LITHOSTAT	T3	
METOPIRONE	T3	
<i>midodrine</i>	T1	
NITYR	T4	ST
NORTHERA	T4	PA; ST
ORFADIN	T4	ST
<i>pilocarpine hcl oral tablet 5 mg</i>	T1	
RADIOGARDASE	T3	
RAVICTI	T4	
REVCovi	T4	PA; ST
RILUTEK	T3	
<i>riluzole</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<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; ST
THIOLA	T4	
TIGLUTIK	T3	
<i>trientine</i>	T1	PA; ST
<i>water for irrigation, sterile</i>	T1	
XURIDEN	T4	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	T0	AG; QL
CHANTIX	T0	AG; QL
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

Drug Name	Drug Tier	Requirements / Limits
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</i>	T0	AG; QL
<i>quit 4</i>	T0	AG; QL
<i>stop smoking aid</i>	T0	AG; QL
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
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	
<i>fluoride (sodium) dental gel</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
FLUORIDEX DAILY DEFENSE DENTAL PASTE	T3	
FLUORIDEX SENSITIVITY RELIEF 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>periogard</i>	T1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	T1	
PREVIDENT	T3	
PREVIDENT 5000 BOOSTER PLUS	T3	
PREVIDENT 5000 DRY MOUTH	T3	
PREVIDENT 5000 ENAMEL PROTECT	T3	
PREVIDENT 5000 PLUS	T3	
PREVIDENT 5000 SENSITIVE	T3	
PROTHELIAL	T4	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>triamcinolone acetonide dental</i>	T1	
TYZINE NASAL SPRAY, NON-AEROSOL	T3	
MISCELLANEOUS OTIC PREPARATIONS		
<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
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	T3	
CIPRODEX	T2	
COLY-MYCIN S	T3	
CORTISPORIN-TC	T3	
<i>neomycin-polymyxin-hc otic (ear)</i>	T1	
OTOVEL	T2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	T4	PA
CORTEF	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>cortisone</i>	T1	
<i>decadron</i>	T2	
<i>deltasone oral tablet 20 mg</i>	T1	
<i>dexamethasone intensol</i>	T2	
<i>dexamethasone oral elixir</i>	T2	
<i>dexamethasone oral solution</i>	T2	
<i>dexamethasone oral tablet</i>	T2	
DXEVO	T3	PA; ST
<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	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
<i>propylthiouracil</i>	T1	
SSKI	T3	
TAPAZOLE	T3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA BLUE TEST STRIP	T2	QL
ONETOUCH VERIO	T2	QL
TRUE METRIX GLUCOSE TEST STRIP	T1	QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
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
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	
GLUCOSE ELEVATING AGENTS		
PROGLYCEM	T2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
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 METER	T2	
ONETOUCH ULTRAMINI	T2	
ONETOUCH VERIO FLEX	T2	
ONETOUCH VERIO IQ METER	T2	
ONETOUCH VERIO SYSTEM	T2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	T3	
PRECISION XTRA MONITOR	T2	

Drug Name	Drug Tier	Requirements / Limits
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT	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; ST
<i>cabergoline</i>	T1	QL
<i>calcitonin (salmon)</i>	T1	
<i>calcitriol oral</i>	T1	
CERDELGA	T4	PA; ST
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 INTRAMUSCULAR 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; ST; QL
GONAL-F	T2	PA; ST
GONAL-F RFF	T2	PA; ST

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF REDI-JECT	T2	PA; ST
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; ST
MYALEPT	T4	PA; ST
NATESTO	T3	PA; QL
NATPARA	T4	PA; ST
NOC DURNA (MEN)	T3	PA; ST; QL
NOC DURNA (WOMEN)	T3	PA; ST; QL
NOVAREL	T2	PA; QL
ORILISSA	T2	PA; ST; 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; ST
STRIANT	T3	PA; QL
SYNAREL	T2	

Drug Name	Drug Tier	Requirements / Limits
TESTIM	T3	PA; QL
<i>testosterone</i>	T1	PA; QL
<i>testosterone cypionate</i>	T1	PA
<i>testosterone enanthate</i>	T1	PA
TESTRED	T3	PA; ST
VOGELXO	T3	PA; QL
XYOSTED	T3	PA
ZAVESCA	T4	PA; ST
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	T1	
ACTOPLUS MET	T3	ST; QL
ACTOPLUS MET XR	T3	ST; QL
ACTOS	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	
<i>glipizide</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<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
THYROID HORMONES		
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	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	T1	
<i>belladonna alkaloids-opium</i>	T1	
<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
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	T3	
AKYNZEO (NETUPITANT)	T2	QL
<i>alophen</i>	T0	AG
<i>alosetron</i>	T1	
AMITIZA	T2	QL
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; ST
CHOLBAM ORAL CAPSULE 50 MG	T4	PA; ST; QL
<i>citrate of magnesia</i>	T0	AG
<i>citroma</i>	T0	AG
<i>clearlax</i>	T0	AG
CLENPIQ	T0	AG
COLAZAL	T3	
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	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	T3	
DICLEGIS	T1	QL
<i>dronabinol</i>	T1	PA; ST
<i>ducodyl</i>	T0	AG
EMEND	T3	QL
ENTEREG	T3	
ENTOCORT EC	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>enulose</i>	T1	
<i>fleet laxative</i>	T0	AG
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	
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	QL
LOKELMA	T2	QL
LOTRONEX	T3	
<i>magnesium citrate oral solution</i>	T0	AG
MARINOL	T3	PA; ST
<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	QL
MOVANTIK	T2	QL
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
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 sulfonate oral</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; ST
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	
VIBERZI	T2	
VIOKACE	T2	

Drug Name	Drug Tier	Requirements / Limits
<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
ULCER THERAPY		
ACIPHEX	T3	ST
<i>amoxicil-clarithromy-lansopraz</i>	T1	QL
CARAFATE ORAL SUSPENSION	T2	
CARAFATE ORAL TABLET	T3	
<i>cimetidine</i>	T1	
<i>cimetidine hcl oral</i>	T1	
CYTOTEC	T3	

Drug Name	Drug Tier	Requirements / Limits
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,disintegrat, delay rel 15 mg</i>	T1	QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	T1	
<i>misoprostol</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
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; ST; QL
<i>omeppi oral capsule 40-1.1 mg-gram</i>	T1	PA; ST
<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; ST; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	T1	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	T1	PA; ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	T1	PA; ST
<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
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	T3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	T3	ST
PYLERA	T2	
<i>rabeprazole oral tablet, delayed release (dr/ec)</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	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	T3	PA; ST; QL
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	T3	PA; ST
ZEGERID ORAL PACKET 20-1,680 MG	T3	PA; ST; QL
ZEGERID ORAL PACKET 40-1,680 MG	T3	PA; ST
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA	T4	PA; ST; QL
GRANIX	T4	PA; ST
LEUKINE INJECTION RECON SOLN	T4	
NEULASTA	T4	PA; ST; QL
PROCRIT	T4	PA

Drug Name	Drug Tier	Requirements / Limits
RETACRIT	T4	PA; ST
UDENYCA	T4	PA; ST; QL
ZARXIO	T4	PA; ST
GROWTH HORMONES		
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
INTERFERONS		
AUBAGIO	T4	PA; ST
AVONEX (WITH ALBUMIN)	T4	PA; ST; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T4	PA; ST; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	T4	PA; ST; QL
BETASERON SUBCUTANEOUS KIT	T4	PA; ST; QL
COPAXONE SUBCUTANEOUS SYRINGE	T4	PA; ST; QL
GILENYA ORAL CAPSULE 0.5 MG	T4	PA; ST
<i>glatiramer</i>	T4	PA; ST; QL
<i>glatopa</i>	T4	PA; ST; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (10 TABLET PACK)	T4	ST; QL
MAVENCLAD (4 TABLET PACK)	T4	ST; QL
MAVENCLAD (5 TABLET PACK)	T4	ST; QL
MAVENCLAD (6 TABLET PACK)	T4	ST; QL
MAVENCLAD (7 TABLET PACK)	T4	ST; QL
MAVENCLAD (8 TABLET PACK)	T4	ST; QL
MAVENCLAD (9 TABLET PACK)	T4	ST; QL
<i>moderiba</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; ST
REBIF (WITH ALBUMIN)	T4	PA; ST; QL
REBIF REBIDOSE	T4	PA; ST; QL
REBIF TITRATION PACK	T4	PA; ST; QL
REVLIMID	T4	PA
<i>ribasphere oral capsule</i>	T4	ST
<i>ribasphere oral tablet 600 mg</i>	T4	ST

Drug Name	Drug Tier	Requirements / Limits
<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; ST
INTERLEUKINS		
ACTIMMUNE	T4	
ALDARA	T3	
ARCALYST	T4	ST
<i>imiquimod topical cream in packet</i>	T1	
INTRON A INJECTION	T4	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	T0	AG
ADACEL(TDAP ADOLESN/ADULT)(PF)	T0	AG
AFLURIA QD 2019-20(3YR UP)(PF)	T0	AG
AFLURIA QD 2019-20(6-35MO)(PF)	T0	AG
AFLURIA QUAD 2019-20(6MO UP)	T0	AG
BCG VACCINE, LIVE (PF)	T0	
BEXSERO	T0	AG

Drug Name	Drug Tier	Requirements / Limits
BIOTHRAX	T0	
BOOSTRIX TDAP	T0	AG
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	T4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	T0	AG
ENGERIX-B (PF)	T0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	T0	
FLUAD 2019-2020 (65 YR UP)(PF)	T0	AG
FLUARIX QUAD 2019-2020 (PF)	T0	AG
FLUBLOK QUAD 2019-2020 (PF)	T0	AG
FLUCELVAX QUAD 2019-2020	T0	AG
FLUCELVAX QUAD 2019-2020 (PF)	T0	AG
FLULAVAL QUAD 2019-2020	T0	AG
FLULAVAL QUAD 2019-2020 (PF)	T0	AG
FLUZONE HIGH-DOSE 2019-20 (PF)	T0	AG
FLUZONE QUAD 2019-2020	T0	AG
FLUZONE QUAD 2019-2020 (PF)	T0	AG

Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD PEDI 2019-20 (PF)	T0	AG
GAMUNEX-C	T4	PA
GARDASIL 9 (PF)	T0	AG
GRASTEK	T2	PA; ST
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	T0	AG
HAVRIX (PF) INTRAMUSCULAR SYRINGE	T0	AG
HIBERIX (PF)	T0	AG
HYQVIA	T4	PA
IMOVAX RABIES VACCINE (PF)	T0	
INFANRIX (DTAP) (PF)	T0	AG
IPOLE	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; ST
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	T4	PA; ST
PEDIARIX (PF)	T0	AG
PEDVAX HIB (PF)	T0	AG
PENTACEL (PF)	T0	AG

Drug Name	Drug Tier	Requirements / Limits
PENTACEL ACTHIB COMPONENT (PF)	T0	AG
PNEUMOVAX 23	T0	AG
PREVNAR 13 (PF)	T0	AG
PROQUAD (PF)	T0	AG
QUADRACEL (PF)	T0	AG
RABAVERT (PF)	T0	
RAGWITEK	T2	PA; ST
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,DIPHTE RIA 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

Drug Name	Drug Tier	Requirements / Limits
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	T1	
COLCRYS	T2	
<i>febuxostat</i>	T1	ST
MITIGARE	T2	
<i>probenecid</i>	T1	
<i>probenecid-colchicine</i>	T1	
ULORIC	T2	ST
ZYLOPRIM	T3	
OSTEOPOROSIS THERAPY		
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; ST; 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

Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet, delayed release (dr/ec)</i>	T1	QL
TYMLOS	T4	PA; ST; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	T4	PA; ST
ACTEMRA SUBCUTANEOUS	T4	PA; ST
ARAVA	T3	QL
BENLYSTA SUBCUTANEOUS	T4	PA; ST; QL
CUPRIMINE	T3	PA; ST
DEPEN TITRATABS	T2	PA; ST
D-PENAMINE	T2	PA; ST
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-UEITS-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; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS	T4	PA; ST; QL
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
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
<i>penicillamine</i>	T1	PA; 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

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	T4	PA; ST; QL
XELJANZ	T4	PA; ST; QL
XELJANZ XR	T4	PA; ST; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	T0	
FC2 FEMALE CONDOM	T0	
FEMCAP VAGINAL DEVICE 22 MM	T0	
WIDE-SEAL DIAPHRAGM	T0	
ESTROGENS & PROGESTINS		
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

Drug Name	Drug Tier	Requirements / Limits
<i>deblitane</i>	T0	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	T3	
DEPO-ESTRADIOL	T2	
DIVIGEL	T2	QL
<i>dotti</i>	T1	QL
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	

Drug Name	Drug Tier	Requirements / Limits
<i>jencycla</i>	T0	
<i>jinteli</i>	T1	
<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 ac-eth 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	

Drug Name	Drug Tier	Requirements / Limits
<i>tulana</i>	T0	
VAGIFEM	T3	
VIVELLE-DOT	T3	QL
<i>yuvafem</i>	T1	
MISCELLANEOUS OB/GYN		
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	

Drug Name	Drug Tier	Requirements / Limits
<i>tranexamic acid oral</i>	T1	
TRIMO-SAN JELLY	T2	
<i>vaginal contraceptive foam</i>	T0	
<i>vandazole</i>	T1	
<i>xulane</i>	T0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	T0	
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>aurovela 1.5/30 (21)</i>	T0	
<i>aurovela 1/20 (21)</i>	T0	
<i>aurovela 24 fe</i>	T0	
<i>aurovela fe 1.5/30 (28)</i>	T0	
<i>aurovela fe 1-20 (28)</i>	T0	
<i>aviane</i>	T0	
<i>ayuna</i>	T0	
<i>azurette (28)</i>	T0	
BALCOLTRA	T3	ST

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
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>kalliga</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.estradiol</i>	T0	
<i>larin 1.5/30 (21)</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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>lo-zumandimine (28)</i>	T0	
<i>lutra (28)</i>	T0	
<i>marlissa (28)</i>	T0	
<i>melodetta 24 fe</i>	T0	
<i>mibelas 24 fe</i>	T0	

Drug Name	Drug Tier	Requirements / Limits
<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-lynyah</i>	T0	
<i>my choice</i>	T0	QL
<i>my way</i>	T0	QL
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

Drug Name	Drug Tier	Requirements / Limits
<i>option-2</i>	T0	QL
<i>orsythia</i>	T0	
ORTHO TRI-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	
<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>simliya (28)</i>	T0	
<i>simpesse</i>	T0	
<i>sprintec (28)</i>	T0	
<i>sronyx</i>	T0	
<i>syeda</i>	T0	
TAKE ACTION	T3	QL
<i>tarina 24 fe</i>	T0	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lynyah</i>	T0	
<i>tri-lo-estarylla</i>	T0	
<i>tri-lo-marzia</i>	T0	
<i>tri-lo-mili</i>	T0	
<i>tri-lo-sprintec</i>	T0	
<i>tri-mili</i>	T0	
<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	
<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>zovia 1/35e (28)</i>	T0	
<i>zumandimine (28)</i>	T0	
OXYTOCICS		
<i>methergine</i>	T1	ST; QL
<i>methylergonovine oral</i>	T1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	T1	
AZASITE	T2	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 1 MG/ML	T3	
NATACYN	T2	
<i>neomycin-bacitracin-polymyxin</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
<i>neo-polycin</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
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	
ANTIVIRALS		
<i>trifluridine</i>	T1	
ZIRGAN	T3	
BETA-BLOCKERS		
<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	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	T2	
CYCLOPLEGIC MYDRIATICS		

Drug Name	Drug Tier	Requirements / Limits
ATROPINE IN 0.9 % SOD CHLORIDE OPHTHALMIC (EYE)	T3	
<i>atropine ophthalmic (eye) drops</i>	T1	
<i>atropine ophthalmic (eye) ointment</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	
<i>mydriatic3 (trop-cyclopent-pe)</i>	T1	
PAREMYD	T3	
<i>tropicamide</i>	T1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	T3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	T3	
ALCAINE	T3	
<i>altacaine</i>	T1	
ALTAFLUOR BENOX	T3	
<i>azelastine ophthalmic (eye)</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
BEPREVE	T2	ST
CEQUA	T3	PA
<i>cromolyn ophthalmic (eye)</i>	T1	
CYCLOSPORINE IN KLARITY	T3	
CYSTARAN	T4	
<i>epinastine</i>	T1	
<i>flucaine</i>	T1	
<i>fluorescein-proparacaine</i>	T1	
LACRISERT	T3	
LASTACFT	T3	ST
MYDRIATIC4(TROP-PROP-PE-KTRLC)	T3	
<i>olopatadine ophthalmic (eye)</i>	T1	
OXERVATE	T4	PA
PATADAY	T3	ST
PATANOL	T3	ST
PAZEO	T2	ST
PHOTREXA CROSS-LINKING KIT	T3	
PHOTREXA VISCOUS	T3	
PREDNISOL ACE-GATIFLOX-BROMFEN	T3	
PREDNISOLN SP-GATIFLOX-BROMFEN	T3	
PREDNISOLONE ACETATE-BROMFENAC	T3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE SOD PH-BROMFENAC	T3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	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; ST; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	T3	
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	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	T1	
<i>methazolamide</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
OTHER GLAUCOMA DRUGS		
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
LATANOPROST (PF)	T3	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T2	ST
MITOSOL	T3	
RHOPRESSA	T2	
SIMBRINZA	T3	
TIMOL-BRIMON-DORZO-LATANOP(PF)	T3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	T3	

Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-DORZOLAMID-LATANOP(PF)	T3	
TIMOLOL-LATANOPROST(PF)	T3	
TRAVATAN Z	T2	ST
TRUSOPT	T3	
VYZULTA	T3	ST
XALATAN	T3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
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	
<i>neo-polycin hc</i>	T1	
PRED-G	T3	
PRED-G S.O.P.	T3	
PREDNISOLONE ACET-GATIFLOXACIN	T3	
PREDNISOLONE SOD PH-GATIFLOXAC	T3	
PREDNISOLONE-MOXIFLOXACIN HCL	T3	

Drug Name	Drug Tier	Requirements / Limits
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	T3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	T2	
TOBRADEX ST	T2	
<i>tobramycin-dexamethasone</i>	T1	
ZYLET	T2	
STEROIDS		
ALREX	T2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	T1	
DEXTENZA	T3	
DUREZOL	T3	
<i>fluorometholone</i>	T1	
FML LIQUIFILM	T3	
INVELTYS	T2	
LOTEMAX	T2	
<i>loteprednol etabonate</i>	T1	
PRED FORTE	T3	
<i>prednisolone acetate</i>	T1	
PREDNISOLONE ACETATE (PF)	T3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	T1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	T3	
BLEPHAMIDE S.O.P.	T3	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide-prednisolone</i>	T1	
SULFONAMIDES		
BLEPH-10	T3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	T1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	T2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	T3	
<i>apraclonidine</i>	T1	
<i>brimonidine</i>	T1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	T3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	T3	
<i>phenylephrine hcl ophthalmic (eye)</i>	T1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>cetirizine oral solution 1 mg/ml</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
CLARINEX ORAL TABLET	T3	QL
<i>clemastine oral tablet 2.68 mg</i>	T1	
<i>cycloheptadine</i>	T1	
<i>desloratadine</i>	T1	QL
<i>dexchlorpheniramine maleate oral solution</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
<i>levocetirizine oral solution</i>	T1	
<i>levocetirizine oral tablet</i>	T1	QL
<i>phenadoz</i>	T1	
<i>phenergan rectal</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine oral</i>	T1	
<i>promethazine rectal</i>	T1	
<i>promethegan</i>	T1	
RYCLORA	T3	
RYVENT	T3	ST
VISTARIL	T3	
COUGH & COLD THERAPY		
<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	
CLARINEX-D 12 HOUR	T3	QL
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	
<i>hydrocodone-chlorpheniramine</i>	T1	
<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	

Drug Name	Drug Tier	Requirements / Limits
MAXI-TUSS CD	T3	
<i>m-clear wc</i>	T1	
M-END PE	T3	
NINJACOF-XG	T3	
OBREDON	T3	PA; ST
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	
RESPA-AR	T3	
<i>robafen ac</i>	T1	
SEMPREX-D	T3	
TESSALON PERLES	T3	
TUSNEL PEDIATRIC ORAL LIQUID	T3	
TUSSICAPS	T3	PA; ST
TUXARIN ER	T3	
TUZISTRA XR	T3	PA; ST
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
PULMONARY AGENTS		
ACCOLATE	T3	
<i>acetylcysteine</i>	T1	
ADCIRCA	T4	PA; ST; QL
ADEMPAS	T4	PA; ST
ADRENALIN NASAL	T3	
ADVAIR DISKUS	T1	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
<i>ambrisentan</i>	T4	ST

Drug Name	Drug Tier	Requirements / Limits
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/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	T2	QL
ATROVENT HFA	T2	QL
BEVESPI AEROSPHERE	T2	QL
<i>bosentan</i>	T4	PA
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; ST; QL
DALIRESP ORAL TABLET 500 MCG	T2	PA; ST
DULERA	T2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
DYMISTA	T2	QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	T3	
ESBRIET ORAL CAPSULE	T4	PA; ST; QL
ESBRIET ORAL TABLET 267 MG	T4	PA; ST; QL
ESBRIET ORAL TABLET 801 MG	T4	PA; ST
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
<i>fluticasone propionate nasal</i>	T2	QL
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T2	ST; QL
HAEGARDA	T4	PA; ST
HYPER-SAL	T3	
<i>icatibant</i>	T4	ST
INCRUSE ELLIPTA	T2	QL
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium- albuterol</i>	T1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG	T4	PA

Drug Name	Drug Tier	Requirements / Limits
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	T4	PA; QL
KALYDECO ORAL TABLET	T4	PA; QL
LETAIRIS	T4	PA; ST
<i>levalbuterol hcl</i>	T1	
LONHALA MAGNAIR REFILL	T3	QL
LONHALA MAGNAIR STARTER	T3	QL
<i>metaproterenol oral syrup</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; ST; QL
OPSUMIT	T4	PA; ST
ORKAMBI	T4	PA; ST; QL
PERFOROMIST	T2	QL
PROAIR HFA	T2	QL
PROAIR RESPICLICK	T2	QL
PULMICORT	T3	QL
PULMICORT FLEXHALER	T2	QL
<i>pulmosal</i>	T1	
PULMOZYME	T4	

Drug Name	Drug Tier	Requirements / Limits
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 suspension for reconstitution</i>	T4	PA; ST; QL
<i>sildenafil (antihypertensive) oral tablet</i>	T4	PA; QL
SINGULAIR	T3	
<i>sodium chloride inhalation</i>	T1	
STRIVERDI RESPIMAT	T2	QL
SURFAXIN	T3	
SYMBICORT	T2	ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	T4	PA; ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	T4	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>theophylline oral solution</i>	T1	
<i>theophylline oral tablet extended release 12 hr</i>	T1	
<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	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	T1	
DETROL	T3	ST
DETROL LA	T3	ST

Drug Name	Drug Tier	Requirements / Limits
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	T3	ST
ENABLEX	T3	ST
<i>flavoxate</i>	T1	
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>solifenacin</i>	T2	
<i>tolterodine</i>	T1	
TOVIAZ	T2	
<i>tropium</i>	T1	
VESICARE	T2	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	T1	
AVODART	T3	ST
CIALIS ORAL TABLET 2.5 MG, 5 MG	T3	PA; ST; 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

Drug Name	Drug Tier	Requirements / Limits
PROSCAR	T3	ST
RAPAFLO	T3	ST
<i>silodosin</i>	T2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	PA; ST; QL
<i>tamsulosin</i>	T1	
UROXATRAL	T3	ST
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	T1	
URECHOLINE	T3	
MISCELLANEOUS UROLOGICALS		
CAVERJECT IMPULSE	T2	PA; QL
CAVERJECT INTRACAVERNOSAL RECON SOLN	T2	PA; QL
CIALIS ORAL TABLET 10 MG, 20 MG	T3	PA; ST; 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 ORAL TABLET 10 MG, 2.5 MG, 20 MG	T3	PA; ST; QL
<i>methen-sod phos-meth blue-hyos</i>	T1	
MUSE	T2	PA; QL
ORACIT	T3	
<i>phosphasal</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium citrate</i>	T1	
PROCYSBI	T4	PA; ST
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	T2	
SHOHL'S MODIFIED	T3	
<i>sildenafil</i>	T1	PA; ST; QL
STAXYN	T3	PA; ST; QL
STENDRA	T3	PA; ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	PA; ST; 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	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-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>varafenafil</i>	T1	PA; ST; QL
VIAGRA	T3	PA; ST; QL
<i>vilamit mb</i>	T1	

Drug Name	Drug Tier	Requirements / Limits
<i>vilevev mb</i>	T1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T1	
PYRIDIUM	T3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
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	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral</i>	T1	
<i>strong iodine oral</i>	T1	
VITAMINS & HEMATINICS		
<i>b complex-vitamin b12</i>	T0	AG
<i>b complex-vitamin c-folic acid oral tablet</i>	T0	AG
<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	

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
<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
<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>m-natal plus</i>	T2	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS DHA ORAL COMBO PACK	T3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	T0	AG
<i>prenatal vitamin plus low iron</i>	T1	
<i>prenatal vitamin with minerals</i>	T0	AG
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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>total b/c</i>	T0	AG
TRICARE	T3	
TRICARE PRENATAL DHA ONE	T3	
TRIFERIC HEMODIALYSIS SOLUTION	T3	

Drug Name	Drug Tier	Requirements / Limits
<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
<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 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	

Drug Name	Drug Tier	Requirements / Limits
VITAMEDMD REDICHEW RX	T3	
<i>vitamin b complex oral tablet</i>	T0	AG
<i>vitamin b complex-folic acid oral tablet</i>	T0	AG
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Drug Name	Drug Tier	Requirements / Limits
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<i>vp-ch-pnv</i>	T1	
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<i>zatean-pn dha</i>	T1	
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