CHRISTUS Health Plan

2019 Formulary

Revised: October 26, 2018

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to members:

When this drug list (formulary) refers to "we," "us", or "our," it means CHRISTUS Health Plan. When it refers to "plan" or "our plan," it means CHRISTUS Health Plan.

This document includes a list of the drugs (formulary) for our plan, which is current as of formulary revision date.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the CHRISTUS Health Plan Formulary?

A formulary is a list of covered drugs selected by CHRISTUS Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CHRISTUS Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CHRISTUS Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by CHRISTUS Health Plan, please contact our Member Services at 1-844-282-3025 or for TTY users, 711 or visit christushealthplan.org.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

By Medical Condition:

The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR, HYPERTENSION/LIPIDS. If you know, what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

By Alphabetical Listing:

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 82. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CHRISTUS Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CHRISTUS Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CHRISTUS Health Plan before you fill your prescriptions. If you do not get approval, CHRISTUS Health Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, CHRISTUS Health Plan limits the amount of the drug that CHRISTUS Health Plan will cover. For example, CHRISTUS Health Plan provides 30 per 30 days per prescription for AFINITOR.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask CHRISTUS Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section in your Evidence of Coverage "Prescription Drugs/Medications."

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CHRISTUS Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CHRISTUS Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CHRISTUS Health Plan.

- You can ask CHRISTUS Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the mandatory CHRISTUS Health Plan Formulary?

You can ask CHRISTUS Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CHRISTUS Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CHRISTUS Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

For requests for benefits that do not involve exceptions, the Plan will provide notice of its decision within 24 hours after receiving an expedited request or 72 hours after receiving a standard request. For requests for benefits that involve exceptions, the adjudication timeframes do not begin until the member's prescriber submits his or her supporting statement to the Plan for review. For payment requests, including payment

requests that involve exceptions, CHRISTUS Health Plan will provide written notice of its decision (and make payment when appropriate) within 14 calendar days after receiving a request.

If CHRISTUS Health Plan coverage determination is unfavorable, the decision will contain the information needed to file a request for appeal/ redetermination with the Plan.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

For more information

For more detailed information about your CHRISTUS Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CHRISTUS Health Plan, please contact our Member Services at 1-844-282-3025 or for TTY users, 711 or visit christushealthplan.org.

CHRISTUS Health Plan Formulary

The formulary that begins on page 9 provides coverage information about some of the drugs covered by CHRISTUS Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ACCUPRIL) and generic drugs are listed in lower-case italics (e.g. *furosemide)*.

The information in the Requirements/Limits column tells you if CHRISTUS Health Plan has any special requirements for coverage of your drug.

Below is a list of abbreviations and that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

1: Preferred Generic

2: Non-Preferred Generic

3: Preferred Brand

4: Non-Preferred Brand

5: Specialty

ACA: Affordable Care Act.

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

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

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

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

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

Legend:

Copay Amount by Drug Tier: You will pay either a copay or coinsurance amount for drugs in tiers 1 through 4. You will pay a coinsurance for tier 5. The amount you pay per prescription for drugs in tiers 1 through 5 may vary each time you fill a prescription. The copay and coinsurance amounts depend on the plan and metal level you selected. The chart below shows the range of copays or coinsurance you may pay. For your specific copay and coinsurance amounts please refer to your Summary of Benefits or visit our website at www.christushealthplan.org

Tier Number	Tier Name	Copay for a one-month supply filled at a network pharmacy with standard cost-sharing
0	ACA Drugs*	$0
1	(Preventive) Preferred Generic Drugs	$0 40% with deductible
2	Non-Preferred Generic Drugs	$3-$10 40% with deductible
3	Preferred Brand Drugs	$20 $35-$80 or 40% with deductible
4	Non-Preferred Drugs	45% coinsurance $75-$95 or 40-50% with deductible
5	Specialty Drugs	45% coinsurance 40-50% with deductible

Under $100 - $
$100 - $250 - $$
$251 - $500 - $$$
$501 - $1000 - $$$$
Over $1000 - $$$$$

*Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.

Table of Contents

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	4	
clotrimazole	2	
CRESEMBA	3	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	4	
DIFLUCAN ORAL TABLET 150 MG	4	QL
fluconazole oral suspension for reconstitution	2	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	2	
fluconazole oral tablet 150 mg	2	QL
flucytosine	2	
griseofulvin microsize	2	
griseofulvin ultramicrosize	2	
itraconazole	2	QL
ketoconazole	2	
NOXAFIL	3	
nystatin	2	
ONMEL	4	QL
ORAVIG	4	
SPORANOX	3	
SPORANOX PULSEPAK	4	QL
terbinafine hcl	2	
VFEND	4	
voriconazole	2	
ANTIVIRALS		
abacavir	2	
abacavir-lamivudine	2	
abacavir-lamivudine-zidovudine	2	
acyclovir	2	
adefovir	2	
amantadine hcl	2	
APTIVUS	3	
atazanavir	2	
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	4	
BIKTARVY	3	
CIMDUO	3	
COMBIVIR	4	
COMPLERA	3	
CRIXIVAN	3	
DESCOVY	3	
didanosine	2	
EDURANT	3	
efavirenz	2	
EMTRIVA	3	
entecavir	2	
EPCLUSA	5	PA; QL
EPIVIR	4	

QL: Quantity Limit ST: Step Therapy PA:Prior Authorization LA:Limited Availability OTC:Over the Counter ACA: Affordable Care Act

Drug Name	Drug Tier	Requirements / Limits
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR HBV ORAL TABLET	4	
EPZICOM	4	
EVOTAZ	4	
famciclovir	2	QL
FLUMADINE	4	
fosamprenavir	2	
FUZEON	5	
GENVOYA	3	
HARVONI	5	PA; QL
HEPSERA	4	
INTELENCE	3	
INVIRASE	3	
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	4	
KALETRA ORAL SOLUTION	4	
KALETRA ORAL TABLET	3	
lamivudine	2	
lamivudine-zidovudine	2	
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	4	
lopinavir-ritonavir	2	
nevirapine	2	
NORVIR ORAL CAPSULE	3	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	3	
NORVIR ORAL TABLET	4	
ODEFSEY	3	
oseltamivir	2	QL
PREVYMIS	3	QL
PREZCOBIX	4	
PREZISTA	3	
RELENZA DISKHALER	3	QL
RESCRIPTOR	3	
RETROVIR	4	
REYATAZ ORAL CAPSULE	4	
REYATAZ ORAL POWDER IN PACKET	3	
ribavirin	2	
rimantadine	2	
ritonavir	2	
SELZENTRY	3	PA
SITAVIG	4	ST; QL
stavudine	2	
STRIBILD	3	
SUSTIVA	4	
SYMFI	3	
SYMFI LO	3	
SYMTUZA	4	
TAMIFLU	4	QL
TECHNIVIE	5	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
tenofovir disoproxil fumarate	2	
TIVICAY	3	
TRIUMEQ	3	
TRIZIVIR	4	
TRUVADA	3	
TYBOST	4	
valacyclovir	2	QL
VALCYTE	4	
valganciclovir	2	
VEMLIDY	3	
VIDEX 2 GRAM PEDIATRIC	3	
VIDEX EC	4	
VIEKIRA PAK	5	PA; QL
VIEKIRA XR	5	PA; QL
VIRACEPT	3	
VIRAMUNE	4	
VIRAMUNE XR	4	
VIRAZOLE	4	
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
VIREAD ORAL TABLET 300 MG	4	
VOSEVI	5	PA; QL
ZEPATIER	5	PA; QL
ZERIT	4	
ZIAGEN	4	
zidovudine	2	
ZOVIRAX	4	

Drug Name	Drug Tier	Requirements / Limits
CEPHALOSPORINS		
cefaclor	2	
cefadroxil	2	
cefdinir	2	
cefditoren pivoxil	2	
cefixime	2	
cefpodoxime	2	
cefprozil	2	
cefuroxime axetil	2	
cephalexin	2	
KEFLEX	4	
SPECTRACEF	4	
SUPRAX	4	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin	2	
clarithromycin	2	
DIFICID	4	
e.e.s. 400	2	
E.E.S. GRANULES	4	
ERYPED 200	4	
ERYPED 400	4	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	
erythrocin (as stearate)	2	
erythromycin	2	

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Drug Name	Drug Tier	Requirements / Limits
erythromycin ethylsuccinate	2	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	3	QL
ALINIA	3	QL
atovaquone	2	
atovaquone-proguanil	1	QL
BENZNIDAZOLE	3	QL
BETHKIS	5	QL
BILTRICIDE	4	
CAYSTON	5	LA; QL
chloroquine phosphate	1	
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
clindamycin hcl	2	
clindamycin palmitate hcl	2	
clindamycin pediatric	2	
COARTEM	3	QL
CYCLOSERINE	4	
dapsone	2	
DARAPRIM	3	
EMVERM	3	QL
ethambutol	2	
FLAGYL	4	
hydroxychloroquine	2	
IMPAVIDO	3	QL
isoniazid	2	
ivermectin	2	QL
KITABIS PAK	5	QL
linezolid	2	PA
MALARONE	4	QL
MALARONE PEDIATRIC	4	QL
mefloquine	1	QL
MEPRON	4	
metronidazole	2	
MYAMBUTOL	4	
MYCOBUTIN	4	
NEBUPENT	3	QL
neomycin	2	
paromomycin	2	
PASER	4	
praziquantel	2	
PRIFTIN	3	
PRIMAQUINE	3	QL
pyrazinamide	2	
QUALAQUIN	4	QL
quinine sulfate	2	QL
rifabutin	2	
RIFADIN	4	
RIFAMATE	4	
rifampin	2	
RIFATER	4	
SIRTURO	3	LA
SIVEXTRO	4	PA

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Drug Name	Drug Tier	Requirements / Limits
SOLOSEC	4	QL
STROMECTOL	4	QL
TINDAMAX	4	QL
tinidazole	2	QL
TOBI PODHALER	5	QL
tobramycin in 0.225 % nacl	5	QL
TOBRAMYCIN WITH NEBULIZER	5	QL
TRECATOR	4	
XIFAXAN	3	QL
ZYVOX	4	PA
PENICILLINS		
amoxicillin	2	
amoxicillin-pot clavulanate	2	
ampicillin	2	
AUGMENTIN ES-600	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	4	
AUGMENTIN ORAL TABLET	4	
AUGMENTIN XR	4	
dicloxacillin	2	
MOXATAG	4	
penicillin v potassium	2	
QUINOLONES		
AVELOX	4	
BAXDELA	4	QL
CIPRO	4	
CIPRO XR	4	
ciprofloxacin	2	
ciprofloxacin (mixture)	2	
ciprofloxacin hcl	2	
FACTIVE	4	
LEVAQUIN	4	
levofloxacin	2	
moxifloxacin	2	
ofloxacin	2	
SULFA'S & RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	
sulfadiazine	2	
sulfamethoxazole-trimethoprim	2	
sulfatrim	2	
TETRACYCLINES		
ACTICLATE	4	ST
avidoxy	2	
AVIDOXY DK	4	ST
coremino	2	
demeclocycline	2	
DORYX	4	ST
DORYX MPC	4	ST
doxycycline hyclate	2	

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Drug Name	Drug Tier	Requirements / Limits
doxycycline monohydrate	2	
MINOCIN	4	ST
minocycline oral capsule	2	
minocycline oral tablet	2	
minocycline oral tablet extended release 24 hr 115 mg, 65 mg	2	ST
minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg	2	
mondoxyne nl	2	
MONODOX	4	ST
morgidox	2	
MORGIDOX 1X 50	4	ST
MORGIDOX 2X100	4	ST
okebo	2	
ORACEA	3	ST
SOLODYN	3	ST
soloxide	2	
TARGADOX	4	ST
tetracycline	2	
VIBRAMYCIN ORAL CAPSULE	4	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	
VIBRAMYCIN ORAL SYRUP	4	
XIMINO	4	ST
URINARY TRACT AGENTS		
FURADANTIN	4	
HIPREX	4	
MACROBID	4	
MACRODANTIN	4	
methenamine hippurate	2	
methenamine mandelate	2	
MONUROL	4	
nitrofurantoin	2	
nitrofurantoin macrocrystal	2	
nitrofurantoin monohyd/m-cryst	2	
PRIMSOL	4	
trimethoprim	2	
TRIMPEX	4	
VANCOMYCIN		
FIRVANQ	4	
VANCOCIN	4	
vancomycin	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium	2	
MESNEX	3	
VISTOGARD	3	
XGEVA	5	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
AFINITOR	5	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA; QL
ALKERAN	4	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL
ALUNBRIG ORAL TABLET 30 MG	5	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL
anastrozole	2	
AROMASIN	4	
ASTAGRAF XL	4	ST
AZASAN	4	
azathioprine	2	
bexarotene	2	PA
bicalutamide	2	
BOSULIF	5	PA; QL
BRAFTOVI	4	PA
CABOMETYX ORAL TABLET 20 MG	5	PA; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA; LA
CALQUENCE	4	PA; LA; QL
capecitabine	5	
CAPRELSA	3	PA; LA; QL
CASODEX	4	
CELLCEPT	4	
COMETRIQ	4	PA
COTELLIC	5	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
cyclophosphamide	2	
cyclosporine	2	
cyclosporine modified	2	
DROXIA	3	
ELIGARD	5	PA
ELIGARD (3 MONTH)	5	PA
ELIGARD (4 MONTH)	5	PA
ELIGARD (6 MONTH)	5	PA
EMCYT	3	
ENVARSUS XR	4	ST
ERIVEDGE	5	PA; QL
ERLEADA	5	PA
etoposide	2	
exemestane	2	
FARESTON	3	
FARYDAK	5	PA; QL
FEMARA	4	
flutamide	2	
gengraf	2	
GILOTRIF	5	PA; QL
GLEOSTINE	3	
GLIADEL WAFER	4	
HEXALEN	3	
HYCAMTIN	5	
HYDREA	4	
hydroxyurea	2	
IBRANCE	5	PA; QL
ICLUSIG	3	PA; QL
IDHIFA	5	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
imatinib	5	PA; QL
IMBRUVICA	3	PA; QL
IMURAN	4	
INLYTA	5	PA; QL
IRESSA	5	PA; QL
JAKAFI	5	PA; QL
KISQALI	5	PA; QL
KISQALI FEMARA CO-PACK	5	PA; QL
LENVIMA	5	PA
letrozole	2	
LEUKERAN	3	
leuprolide	5	
LONSURF	5	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (3 MONTH)	5	PA
LUPRON DEPOT (4 MONTH)	5	PA
LUPRON DEPOT (6 MONTH)	5	PA
LYNPARZA	5	PA; QL
LYSODREN	3	
MATULANE	3	
MEGACE ES	4	
megestrol	2	
MEKINIST	5	PA; QL
MEKTOVI	4	PA
melphalan	2	
mercaptopurine	2	
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil	2	
mycophenolate sodium	2	
MYFORTIC	4	
MYLERAN	3	
NEORAL	4	
NERLYNX	5	PA; LA
NEXAVAR	5	PA; LA; QL
NILANDRON	4	
nilutamide	2	
NINLARO	5	PA; QL
octreotide acetate	5	
ODOMZO	5	PA; LA; QL
PROGRAF	4	
PURIXAN	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	4	
RUBRACA	3	PA; LA; QL
RYDAPT	5	PA
SANDIMMUNE ORAL CAPSULE	4	
SANDIMMUNE ORAL SOLUTION	3	
SANDOSTATIN	5	
SIGNIFOR	5	PA
SIKLOS	4	PA
sirolimus	2	
SOLTAMOX	4	ACA
SOMATULINE DEPOT	5	PA

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Drug Name	Drug Tier	Requirements / Limits
SPRYCEL	5	PA; QL
STIVARGA	5	PA; QL
SUPPRELIN LA	5	
SUTENT	5	PA; QL
SYNRIBO	3	
TABLOID	3	
tacrolimus	2	
TAFINLAR	5	PA; QL
TAGRISSO	5	PA; LA; QL
tamoxifen	2	ACA
TARCEVA	5	PA; QL
TARGRETIN ORAL	4	PA
TARGRETIN TOPICAL	3	PA
TASIGNA	5	PA; QL
TEMODAR	5	PA
temozolomide	5	PA
THALOMID	5	PA
TIBSOVO	4	PA
tretinoin (chemotherapy)	2	
TREXALL	4	
TYKERB	5	PA; LA; QL
VANTAS	5	
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA
VENCLEXTA ORAL TABLET 100 MG	3	PA; LA
VENCLEXTA STARTING PACK	3	PA; QL
VERZENIO	5	PA; LA; QL
VOTRIENT	5	PA; QL
XALKORI	5	PA; QL
XATMEP	4	ST
XELODA	5	
XERMELO	3	PA; QL
XTANDI	5	PA; QL
YONSA	5	PA; QL
ZEJULA	3	PA; LA; QL
ZELBORAF	5	PA; QL
ZOLINZA	5	
ZORTRESS	3	
ZYDELIG	5	PA; QL
ZYKADIA	5	PA; QL
ZYTIGA	5	PA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	4	
BANZEL	3	
BRIVIACT	4	ST
carbamazepine	2	
CARBATROL	4	
CELONTIN	3	
clonazepam	2	
DEPAKENE	4	ST
DEPAKOTE	4	ST
DEPAKOTE ER	4	ST
DEPAKOTE SPRINKLES	4	ST
DIASTAT	4	
DIASTAT ACUDIAL	4	

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Drug Name	Drug Tier	Requirements / Limits
diazepam	2	
DILANTIN	3	
DILANTIN EXTENDED	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
divalproex	2	
epitol	2	
EQUETRO	4	
ethosuximide	2	
felbamate	2	
FELBATOL	4	
FYCOMPA	3	
gabapentin	2	
GABITRIL	4	
GRALISE	3	ST
GRALISE 30-DAY STARTER PACK	3	ST
KLONOPIN	4	
lamotrigine	2	
levetiracetam	2	
LYRICA	3	
MYSOLINE	4	
ONFI	3	
oxcarbazepine	2	
OXTELLAR XR	4	ST
PEGANONE	3	
phenobarbital	2	
PHENYTEK	4	
phenytoin	2	
phenytoin sodium extended	2	
primidone	2	
QUDEXY XR	3	ST
roweepra	2	
roweepra xr	2	
SABRIL	5	LA
SPRITAM	4	ST
subvenite	2	
subvenite starter (blue) kit	2	
subvenite starter (green) kit	2	
subvenite starter (orange) kit	2	
TEGRETOL	4	
TEGRETOL XR	4	
tiagabine	2	
topiramate oral capsule, sprinkle	2	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	4	ST
topiramate oral tablet	2	
TROKENDI XR	4	ST
valproic acid	2	
valproic acid (as sodium salt)	2	
vigabatrin	5	LA
vigadrone	5	
VIMPAT	3	
ZARONTIN	4	
zonisamide	2	
ANTIPARKINSONISM AGENTS		

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Drug Name	Drug Tier	Requirements / Limits
APOKYN	5	LA
AZILECT	4	ST
benztropine	2	
bromocriptine	2	
carbidopa	2	
carbidopa-levodopa	2	
carbidopa-levodopa-entacapone	2	
COMTAN	4	
DUOPA	5	
entacapone	2	
LODOSYN	4	
MIRAPEX	4	
MIRAPEX ER	4	
NEUPRO	4	
PARLODEL	4	
pramipexole	2	
rasagiline	2	
REQUIP	4	
REQUIP XL	4	
ropinirole	2	
RYTARY	4	
selegiline hcl	2	
SINEMET	4	
SINEMET CR	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	
STALEVO 75	4	
TASMAR	4	
tolcapone	2	
trihexyphenidyl	2	
ZELAPAR	4	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA
AIMOVIG AUTOINJECTOR (2 PACK)	3	PA
almotriptan malate	2	QL
AMERGE	4	ST; QL
CAFERGOT	4	
D.H.E.45	4	
dihydroergotamine injection	2	
dihydroergotamine nasal	2	ST; QL
eletriptan	2	QL
ERGOMAR	4	
ergotamine-caffeine	2	
frovatriptan	2	QL
isometh-dichloral-acetaminophn	2	
isomethepten-caf-acetaminophen	2	
migergot	2	
MIGRANAL	4	ST; QL
naratriptan	2	QL
ONZETRA XSAIL	4	ST; QL
PRODRIN	4	
RELPAX	4	ST; QL
rizatriptan	2	QL
sumatriptan	2	QL

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Drug Name	Drug Tier	Requirements / Limits
sumatriptan succinate	2	QL
sumatriptan-naproxen	2	ST; QL
TREXIMET	4	ST; QL
ZEMBRACE SYMTOUCH	4	ST; QL
zolmitriptan	2	QL
ZOMIG	3	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; LA
ARICEPT	4	ST
AUSTEDO	5	PA; LA; QL
donepezil oral tablet 10 mg, 5 mg	2	
donepezil oral tablet 23 mg	2	ST
donepezil oral tablet,disintegrating	2	
EXELON	4	ST
galantamine	2	
HORIZANT	4	ST
INGREZZA	4	PA; LA; QL
KEVEYIS	4	PA
memantine oral capsule,sprinkle,er 24hr	2	
memantine oral solution	2	
memantine oral tablet	2	
MEMANTINE ORAL TABLETS,DOSE PACK	4	
NAMENDA	4	ST
NAMENDA TITRATION PAK	4	
NAMZARIC	3	ST
NUEDEXTA	3	PA
RAZADYNE	4	ST
RAZADYNE ER	4	ST
rivastigmine	2	
rivastigmine tartrate	2	
tetrabenazine	5	PA; ST; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	4	ST
baclofen oral tablet 10 mg, 20 mg	2	
BACLOFEN ORAL TABLET 5 MG	4	
carisoprodol	2	
carisoprodol-asa-codeine	2	
carisoprodol-aspirin	2	
chlorzoxazone	2	
cyclobenzaprine	2	
DANTRIUM	4	
dantrolene	2	
FEXMID	4	ST
LORZONE	4	ST
meprobamate	2	
MESTINON ORAL SYRUP	3	
MESTINON ORAL TABLET	4	
MESTINON TIMESPAN	4	

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Drug Name	Drug Tier	Requirements / Limits
metaxall	2	
metaxalone	2	
methocarbamol	2	
orphenadrine citrate	2	
pyridostigmine bromide	2	
ROBAXIN	4	
ROBAXIN-750	4	
SKELAXIN	4	
SOMA	4	
tizanidine	2	
ZANAFLEX	4	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	2	
ACETAMINOPHEN-CAFF-DIHYDROCOD ORAL TABLET	4	
acetaminophen-codeine	2	
ACTIQ	4	PA; QL
ALLZITAL	4	ST
ARYMO ER	4	ST; QL
ascomp with codeine	2	
BELBUCA BUCCAL FILM 150 MCG, 450 MCG, 750 MCG, 900 MCG	3	PA; QL
BELBUCA BUCCAL FILM 300 MCG, 600 MCG, 75 MCG	3	ST; QL
buprenorphine hcl	2	
butalbital compound w/codeine	2	
butalbital-acetaminop-caf-cod	2	
butalbital-acetaminophen	2	
butalbital-acetaminophen-caff	2	
butalbital-aspirin-caffeine	2	
capacet	2	
codeine sulfate	2	
DEMEROL	4	
DILAUDID	4	
diskets	2	PA
DOLOPHINE	4	PA
DURAGESIC	4	PA; ST; QL
endocet	2	
ESGIC	4	ST
EXALGO ER	4	ST; QL
fentanyl	2	PA; ST; QL
fentanyl citrate	2	PA; QL
FIORICET	4	ST
FIORINAL	4	ST
FIORINAL-CODEINE #3	4	
hydrocodone-acetaminophen	2	
hydrocodone-ibuprofen	2	
hydromorphone oral liquid	2	
hydromorphone oral tablet	2	

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Drug Name	Drug Tier	Requirements / Limits
hydromorphone oral tablet extended release 24 hr	2	PA; QL
hydromorphone rectal	2	
HYSINGLA ER	3	ST; QL
IBUDONE	4	
ibuprofen-oxycodone	2	
KADIAN	4	ST; QL
levorphanol tartrate	2	
lorcet (hydrocodone)	2	
lorcet hd	2	
lorcet plus	2	
LORTAB ELIXIR	4	
meperidine	2	
methadone	2	PA
methadose	2	PA
MORPHABOND ER	4	PA; QL
morphine concentrate	2	
morphine oral capsule, er multiphase 24 hr	2	PA; QL
morphine oral capsule,extend.release pellets	2	PA; QL
morphine oral solution	2	
morphine oral tablet	2	
morphine oral tablet extended release	2	PA; QL
morphine rectal	2	
MS CONTIN	4	PA; QL
NALOCET	4	
OPANA	4	
OXAYDO	4	
oxycodone oral capsule	2	
oxycodone oral concentrate	2	
oxycodone oral solution	2	
OXYCODONE ORAL SYRINGE	4	
oxycodone oral tablet	2	
oxycodone-acetaminophen	2	
oxycodone-aspirin	2	
OXYCONTIN	3	ST; QL
oxymorphone oral tablet	2	
oxymorphone oral tablet extended release 12 hr	2	PA; QL
PERCOCET	4	
phrenilin forte(with caffeine)	2	
PRIMLEV	4	
ROXICODONE	4	
ROXYBOND	4	
SUBSYS	4	PA; QL
tencon	2	
TREZIX	4	
TYLENOL-CODEINE #3	4	
TYLENOL-CODEINE #4	4	
VANATOL LQ	4	ST

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Drug Name	Drug Tier	Requirements / Limits
VANATOL S	4	ST
verdrocet	2	
vicodin	2	
vicodin es	2	
vicodin hp	2	
XTAMPZA ER	4	ST; QL
xylon 10	2	
zebutal	2	
ZOHYDRO ER	4	ST; QL
NON-NARCOTIC ANALGESICS		
adult aspirin regimen	1	ACA; OTC
ANAPROX DS	4	ST
ARTHROTEC 50	4	ST
ARTHROTEC 75	4	ST
aspir-81	1	ACA; OTC
aspirin	1	ACA; OTC
aspirin low dose	1	ACA; OTC
aspir-low	1	ACA; OTC
aspir-trin	1	ACA; OTC
bayer aspirin	1	ACA; OTC
butorphanol tartrate injection	2	
butorphanol tartrate nasal	2	QL
CAMBIA	4	ST; QL
celecoxib	2	ST
children's aspirin	1	ACA; OTC
choline,magnesium salicylate	2	
CONZIP	4	ST; QL
DAYPRO	4	ST

Drug Name	Drug Tier	Requirements / Limits
diclofenac potassium	2	
diclofenac sodium oral	2	
diclofenac sodium topical drops	2	QL
diclofenac sodium topical gel	2	ST; QL
diclofenac-misoprostol	2	
diflunisal	2	
DISALCID	4	
DUEXIS	4	ST
e.c. prin	1	ACA; OTC
EC-NAPROSYN	4	ST
ecotrin	1	ACA; OTC
ecotrin low strength	1	ACA; OTC
etodolac	2	
FELDENE	4	ST
fenoprofen	2	
FLECTOR	3	ST; QL
flurbiprofen	2	
ibu	2	
ibuprofen	2	
INDOCIN ORAL	4	ST
INDOCIN RECTAL	4	
indomethacin	2	
ketoprofen	2	
ketorolac	2	QL
lite coat aspirin	1	ACA; OTC
LODINE	4	ST
meclofenamate	2	
mefenamic acid	2	

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Drug Name	Drug Tier	Requirements / Limits
meloxicam oral suspension	2	
meloxicam oral tablet 15 mg	2	
meloxicam oral tablet 7.5 mg	2	QL
MOBIC ORAL TABLET 15 MG	4	ST
MOBIC ORAL TABLET 7.5 MG	4	ST; QL
nabumetone	2	
naloxone	2	
naltrexone	2	
NAPRELAN CR	4	ST
NAPROSYN	4	ST
naproxen	2	
naproxen sodium	2	
NARCAN	3	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
oxaprozin	2	
PENNSAID	4	ST; QL
pentazocine-naloxone	2	
piroxicam	2	
profeno	2	
salsalate	2	
SPRIX	4	ST; QL
sulindac	2	
TIVORBEX ORAL CAPSULE 20 MG	4	ST; QL
TIVORBEX ORAL CAPSULE 40 MG	4	ST
tolmetin	2	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	4	ST; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	4	ST; QL
tramadol oral tablet	2	QL
tramadol oral tablet extended release 24 hr	2	PA; QL
tramadol oral tablet, er multiphase 24 hr	2	PA; QL
tramadol-acetaminophen	2	QL
ULTRACET	4	QL
ULTRAM	4	QL
VIMOVO	4	ST
VIVLODEX ORAL CAPSULE 10 MG	4	ST
VIVLODEX ORAL CAPSULE 5 MG	4	ST; QL
VOLTAREN	4	ST; QL
VOLTAREN-XR	4	ST
ZIPSOR	4	ST
ZORVOLEX ORAL CAPSULE 18 MG	4	ST; QL
ZORVOLEX ORAL CAPSULE 35 MG	4	ST
PSYCHOTHERAPEUTIC DRUGS		
ADASUVE	4	
ADDERALL XR	4	PA; ST
ADDYI	4	PA

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Drug Name	Drug Tier	Requirements / Limits
ADZENYS ER	4	ST
ADZENYS XR-ODT	4	ST
alprazolam	2	
alprazolam intensol	2	
AMBIEN	4	ST; QL
AMBIEN CR	4	ST; QL
amitriptyline	2	
amitriptyline-chlordiazepoxide	2	
amoxapine	2	
ANAFRANIL	4	
APLENZIN	4	ST; QL
APTENSIO XR	4	PA; ST
aripiprazole oral solution	2	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet,disintegrating	2	QL
armodafinil	2	PA
ATIVAN	4	
atomoxetine	2	PA
BELSOMRA	4	ST; QL
bupropion hcl oral tablet	2	
bupropion hcl oral tablet extended release 24 hr	2	QL
bupropion hcl oral tablet sustained-release 12 hr	2	QL
buspirone	2	
BUTISOL	4	
chlordiazepoxide hcl	2	
chlorpromazine	2	
citalopram oral solution	2	
citalopram oral tablet	2	QL
clomipramine	2	
clonidine hcl	2	PA
clorazepate dipotassium	2	
clozapine oral tablet	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
CLOZARIL	4	
CONCERTA	4	PA; ST
COTEMPLA XR-ODT	4	ST
DAYTRANA	3	PA; ST
desipramine	2	
DESOXYN	4	ST
DESVENLAFAXINE	4	ST; QL
DESVENLAFAXINE FUMARATE	4	ST
desvenlafaxine succinate	2	QL

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Drug Name	Drug Tier	Requirements / Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG	4	ST
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	4	PA; ST
dexmethylphenidate	2	PA
dextroamphetamine	2	PA
dextroamphetamine-amphetamine	2	PA
diazepam	2	
diazepam intensol	2	
DORAL	4	
doxepin	2	
duloxetine	2	QL
DYANAVEL XR	4	ST
EDLUAR	4	ST; QL
EMSAM	4	
ergoloid	2	
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	2	QL
estazolam	2	
eszopiclone	2	QL
EVEKEO	3	PA
FANAPT	4	QL
FAZACLO	4	
FETZIMA	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
fluoxetine oral capsule 10 mg, 40 mg	2	QL
fluoxetine oral capsule 20 mg	2	
fluoxetine oral capsule,delayed release(dr/ec)	2	QL
fluoxetine oral solution	2	
fluoxetine oral tablet 10 mg	2	QL
fluoxetine oral tablet 20 mg, 60 mg	2	
fluphenazine hcl	2	
flurazepam	2	
fluvoxamine	2	QL
FOCALIN	4	PA
FOCALIN XR	4	PA; ST
FORFIVO XL	4	ST; QL
GEODON	4	QL
guanfacine	2	PA
guanidine	2	
HALCION	4	
haloperidol	2	
haloperidol lactate	2	
HETLIOZ	5	PA; QL
imipramine hcl	2	
imipramine pamoate	2	
INTERMEZZO	4	ST; QL
INVEGA	4	QL
KAPVAY	4	PA
KHEDEZLA	4	ST; QL
LATUDA	3	QL

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Drug Name	Drug Tier	Requirements / Limits
lithium carbonate	2	
lithium citrate	2	
LITHOBID	4	
lorazepam	2	
lorazepam intensol	2	
loxapine succinate	2	
maprotiline	2	
MARPLAN	4	
metadate er	2	PA
methamphetamine	2	PA
METHYLIN	4	PA
methylphenidate hcl oral capsule, er biphasic 30-70	2	PA
methylphenidate hcl oral capsule,er biphasic 50-50	2	PA
methylphenidate hcl oral solution	2	PA
methylphenidate hcl oral tablet	2	PA
methylphenidate hcl oral tablet extended release	2	PA
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	2	PA
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	ST
methylphenidate hcl oral tablet,chewable	2	PA
midazolam	2	
mirtazapine	2	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	4	
modafinil	2	PA
MYDAYIS	3	ST
NARDIL	4	
nefazodone	2	
NORPRAMIN	4	
nortriptyline	2	
NUPLAZID	5	
olanzapine	2	QL
olanzapine-fluoxetine	2	
ORAP	4	
oxazepam	2	
paliperidone	2	QL
PAMELOR	4	
PARNATE	4	
paroxetine hcl	2	QL
paroxetine mesylate(menop.sym)	2	QL
PAXIL CR	4	ST; QL
PAXIL ORAL SUSPENSION	4	ST
PAXIL ORAL TABLET	4	ST; QL
perphenazine	2	
perphenazine-amitriptyline	2	
PEXEVA	4	ST; QL
phenelzine	2	

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Drug Name	Drug Tier	Requirements / Limits
pimozide	2	
procentra	2	PA
protriptyline	2	
quazepam	2	
quetiapine	2	QL
QUILLICHEW ER	3	ST
QUILLIVANT XR	3	PA; ST
RELEXXII	4	PA
REMERON	4	
REMERON SOLTAB	4	
RESTORIL	4	
REXULTI	4	QL
RISPERDAL ORAL SOLUTION	4	
RISPERDAL ORAL TABLET	4	QL
risperidone oral solution	2	
risperidone oral tablet	2	QL
risperidone oral tablet,disintegrating	2	QL
RITALIN	4	PA
RITALIN LA	4	PA; ST
ROZEREM	3	ST; QL
SAPHRIS	4	QL
SARAFEM	4	ST; QL
seconal sodium	2	QL
sertraline oral concentrate	2	
sertraline oral tablet	2	QL
SILENOR	4	ST; QL
SONATA	4	ST; QL
SURMONTIL	4	
SYMBYAX	4	
temazepam	2	
thioridazine	2	
thiothixene	2	
TOFRANIL	4	
TRANXENE T-TAB	4	
tranylcypromine	2	
trazodone	2	
triazolam	2	
trifluoperazine	2	
trimipramine	2	
TRINTELLIX	4	ST; QL
venlafaxine	2	QL
VERSACLOZ	4	
VIIBRYD	3	ST; QL
VRAYLAR	4	QL
VYVANSE ORAL CAPSULE	3	PA; ST
VYVANSE ORAL TABLET,CHEWABLE	3	ST
WELLBUTRIN XL	4	ST; QL
XYREM	3	LA
zaleplon	2	QL
zenzedi oral tablet 10 mg, 5 mg	2	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	PA
ziprasidone hcl	2	QL

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Drug Name	Drug Tier	Requirements / Limits
zolpidem	2	QL
ZOLPIMIST	4	ST; QL
ZYPREXA	4	QL
ZYPREXA ZYDIS	4	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone	2	
BETAPACE	4	ST
BETAPACE AF	4	ST
disopyramide phosphate	2	
dofetilide	2	
flecainide	2	
mexiletine	2	
MULTAQ	4	
NORPACE	4	
NORPACE CR	4	
pacerone	2	
propafenone	2	
quinidine gluconate	2	
quinidine sulfate	2	
RYTHMOL SR	4	
sotalol	2	
sotalol af	2	
SOTYLIZE	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	
ACCURETIC	4	
acebutolol	1	
ADALAT CC	4	ST
afeditab cr	1	
ALDACTAZIDE	4	
ALDACTONE	4	
ALTACE	4	
amiloride	2	
amiloride-hydrochlorothiazide	2	
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
amlodipine-valsartan-hcthiazid	1	
atenolol	1	
atenolol-chlorthalidone	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
betaxolol	1	
BIDIL	4	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide	2	
BYSTOLIC	3	ST
BYVALSON	3	ST
CALAN	4	
CALAN SR	4	
candesartan	1	

Drug Name	Drug Tier	Requirements / Limits
candesartan-hydrochlorothiazid	1	
captopril	1	
captopril-hydrochlorothiazide	1	
CARDIZEM	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
CARDURA	4	ST; QL
CARDURA XL	4	ST; QL
CAROSPIR	4	ST
cartia xt	1	
carvedilol	2	
carvedilol phosphate	2	
CATAPRES	4	
CATAPRES-TTS-1	4	QL
CATAPRES-TTS-2	4	QL
CATAPRES-TTS-3	4	QL
chlorothiazide	1	
chlorthalidone	1	
clonidine	2	QL
clonidine hcl	2	
COREG CR	4	ST
CORGARD	4	ST
CORZIDE	4	ST
DEMADEX	4	
DEMSER	3	PA
DIBENZYLINE	4	PA
diltiazem	1	
dilt-xr	1	
DIURIL	4	
doxazosin	2	QL
DUTOPROL	4	ST
DYAZIDE	4	
DYRENIUM	4	
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECRIN	4	
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
EPANED	4	
eplerenone	2	
eprosartan	1	
ethacrynic acid	2	
felodipine	1	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
furosemide	2	
guanfacine	2	
HEMANGEOL	4	
hydralazine	2	
hydrochlorothiazide	1	
indapamide	1	
INDERAL XL	4	ST
INNOPRAN XL	4	ST
INSPRA	4	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isradipine	1	
KAPSPARGO SPRINKLE	4	ST
labetalol	2	

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Drug Name	Drug Tier	Requirements / Limits
LASIX	4	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOPRESSOR	4	ST
losartan	1	
losartan-hydrochlorothiazide	1	
LOTENSIN	4	
LOTENSIN HCT	4	
matzim la	1	
MAXZIDE	4	
MAXZIDE-25MG	4	
methyclothiazide	1	
methyldopa	2	
methyldopa-hydrochlorothiazide	2	
metolazone	1	
metoprolol succinate	1	
METOPROLOL SU-HYDROCHLOROTHIAZ	4	ST
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate	1	
MICROZIDE	4	
MINIPRESS	4	
minoxidil	2	
moexipril	1	
moexipril-hydrochlorothiazide	1	
nadolol	1	

Drug Name	Drug Tier	Requirements / Limits
nadolol-bendroflumethiazide	1	
nicardipine	1	
nifedipine	1	
nimodipine	2	
nisoldipine	1	
NYMALIZE	4	
olmesartan	1	
olmesartan-amlodipin-hcthiazid	1	
olmesartan-hydrochlorothiazide	1	
ORENITRAM	5	PA
perindopril erbumine	1	
phenoxybenzamine	2	PA
pindolol	1	
prazosin	2	
PRESTALIA	4	ST
PRINIVIL	4	
PROCARDIA	4	ST
PROCARDIA XL	4	ST
propranolol	1	
propranolol-hydrochlorothiazid	1	
QBRELIS	4	
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
spironolactone	2	
spironolacton-hydrochlorothiaz	2	

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Drug Name	Drug Tier	Requirements / Limits
SULAR	4	ST
TARKA	4	
taztia xt	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazid	1	
TENORETIC 100	4	ST
TENORETIC 50	4	ST
TENORMIN	4	ST
terazosin	2	QL
TIAZAC	4	
timolol maleate	1	
TOPROL XL	4	ST
torsemide	2	
trandolapril	1	
trandolapril-verapamil	1	
triamterene-hydrochlorothiazid	2	
TWYNSTA	4	ST
UPTRAVI	5	PA; LA
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASERETIC	4	
VASOTEC	4	
verapamil	1	
VERELAN	4	
VERELAN PM	4	
ZESTORETIC	4	
ZESTRIL	4	
ZIAC	4	ST
CARDIAC GLYCOSIDES		
digitek	2	
digox	2	
digoxin	2	
LANOXIN	4	
COAGULATION THERAPY		
ADVATE	5	
ADYNOVATE	5	
AFSTYLA	5	
AGGRENOX	4	
ALPROLIX	5	
AMICAR	3	
ARIXTRA	5	
aspirin-dipyridamole	1	
BENEFIX	5	
BEVYXXA	4	QL
BRILINTA	3	
CEPROTIN (BLUE BAR)	3	
CEPROTIN (GREEN BAR)	3	
cilostazol	2	
clopidogrel	1	
COAGADEX	3	
COUMADIN	4	
dipyridamole	1	
DOPTELET	5	PA; QL
EFFIENT	4	
ELIQUIS	3	PA

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Drug Name	Drug Tier	Requirements / Limits
enoxaparin	5	
fondaparinux	5	
FRAGMIN	5	
HELIXATE FS	5	
HEMLIBRA	5	PA
hep flush-10 (pf)	2	
heparin (porcine)	2	
HEPARIN (PORCINE) IN 0.9% NACL	4	
heparin (porcine) in 5 % dex	2	
heparin (porcine) in nacl (pf)	2	
heparin flush(porcine)-0.9nacl	2	
heparin lock flush	2	
heparin lock flush (porcine)	2	
heparin lockflush(porcine)(pf)	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 100 UNIT/100 ML (1 UNIT/ML), 12,500 UNIT/250 ML, 5,000 UNIT/1,000 ML	4	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	2	
heparin, porcine (pf)	2	
IDELVION	5	
IPRIVASK	5	
IXINITY	5	
jantoven	1	
KOGENATE FS	5	
KOVALTRY	5	
MEPHYTON	4	QL
NOVOEIGHT	5	
NOVOSEVEN RT	5	
NUWIQ	5	PA
pentoxifylline	2	
PHYTONADIONE (VITAMIN K1) INJECTION	3	
phytonadione (vitamin k1) oral	2	QL
prasugrel	1	
PROMACTA	5	PA; LA
REBINYN	5	
RIXUBIS	5	
TAVALISSE	4	PA; QL
vitamin k	2	
vitamin k1	2	
warfarin	1	
WILATE	5	
XARELTO	3	PA
YOSPRALA	4	ST
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	QL

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Drug Name	Drug Tier	Requirements / Limits
ANTARA	4	ST
atorvastatin oral tablet 10 mg, 20 mg	1	ACA; QL
atorvastatin oral tablet 40 mg, 80 mg	1	QL
CADUET	4	ST; QL
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	1	
COLESTID FLAVORED	4	ST
COLESTID ORAL GRANULES	4	PA; ST
COLESTID ORAL PACKET	4	PA
COLESTID ORAL TABLET	4	ST
colestipol	1	
ezetimibe	1	ST
ezetimibe-simvastatin	1	QL
fenofibrate micronized	1	
fenofibrate nanocrystallized	1	
FENOFIBRATE ORAL CAPSULE	4	ST
fenofibrate oral tablet	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
FENOGLIDE	4	ST
FIBRICOR	4	ST
FLOLIPID	4	ST; QL
fluvastatin	1	ACA; QL
gemfibrozil	1	
JUXTAPID	5	PA; LA
KYNAMRO	5	PA; LA
LESCOL XL	4	ST; QL
LIPOFEN	3	ST
LIVALO	3	ST; QL
LOPID	4	
lovastatin	1	ACA; QL
LOVAZA	4	PA
niacin	1	
NIASPAN EXTENDED-RELEASE	4	
omega-3 acid ethyl esters	2	PA
PRALUENT PEN	5	PA; QL
PRAVACHOL	4	ST; QL
pravastatin	1	ACA; QL
prevalite	1	
QUESTRAN	4	ST
QUESTRAN LIGHT	4	ST
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA; QL
rosuvastatin oral tablet 20 mg, 40 mg	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; QL
simvastatin oral tablet 80 mg	1	QL
TRIGLIDE	4	ST

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Drug Name	Drug Tier	Requirements / Limits
triklo	2	PA
TRILIPIX	4	ST
VASCEPA	3	PA
WELCHOL ORAL POWDER IN PACKET	4	PA
WELCHOL ORAL TABLET	4	ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	3	PA
ENTRESTO	3	PA; QL
RANEXA	3	
VECAMYL	4	
NITRATES		
DILATRATE-SR	3	
GONITRO	4	
ISOCHRON	4	
ISORDIL	4	
ISORDIL TITRADOSE	4	
isosorbide dinitrate	2	
isosorbide mononitrate	2	
MINITRAN	4	
nitro-bid	2	
NITRO-DUR	4	
nitroglycerin	2	
NITROLINGUAL	4	
NITROMIST	4	
NITROSTAT	4	
nitro-time	2	

Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	2	
ANALPRAM-HC	4	ST
calcipotriene	2	QL
calcipotriene-betamethasone	2	QL
calcitrene	2	QL
calcitriol	2	
COAL TAR	3	
COSENTYX	5	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX PEN	5	PA
COSENTYX PEN (2 PENS)	5	PA
DOVONEX	4	QL
drithocreme hp	2	
ENSTILAR	3	QL
EPIFOAM	4	ST
hydrocortisone-pramoxine	2	
OVACE	4	
OVACE PLUS SHAMPOO	4	
OVACE PLUS TOPICAL CLEANSER	4	
OVACE PLUS TOPICAL CREAM	4	ST
OVACE PLUS TOPICAL FOAM	4	

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Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS TOPICAL LOTION	4	ST
OVACE PLUS WASH	4	
PRAMOSONE	4	ST
PRAMOSONE E	4	ST
PROMISEB COMPLETE	4	
seb-prev	2	
selenium sulfide	2	
SELRX	4	
SORIATANE	4	
SORILUX	4	QL
STELARA	5	PA; QL
sulfacetamide sodium	2	
TACLONEX TOPICAL OINTMENT	4	QL
TACLONEX TOPICAL SUSPENSION	3	QL
TERSI FOAM	4	
TREMFYA	5	PA
VECTICAL	4	
ZITHRANOL	4	
BURN THERAPY		
SILVADENE	4	
silver sulfadiazine	2	
ssd	2	
KERATOLYTICS		
BENSAL HP	4	
INOVA 4-1	4	ST
INOVA 8-2	4	ST
KERALYT RX	4	
KERALYT SCALP COMPLETE	4	
PODOCON	4	
SALEX	4	
salicylic acid	2	
salicylic acid er-ceramides	2	
SALKERA	4	
salvax	2	
SALVAX DUO PLUS	4	
ULTRASAL-ER	4	
VIRASAL	4	
XALIX	4	
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ	4	
ammonium lactate	2	
CARAC	3	
cem-urea	2	
CONDYLOX	4	
CORTANE-B	4	
diclofenac sodium	2	PA; QL
doxepin	2	PA; QL
DUPIXENT	5	PA; QL
EFUDEX	4	
ELIDEL	3	ST; QL
ESKATA	4	
EUCRISA	4	ST; QL
FLUOROPLEX	4	
fluorouracil	2	

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Drug Name	Drug Tier	Requirements / Limits
HYDRO 35	4	
HYDRO 40	4	
IODOFLEX	4	
IODOSORB	4	
KERAFOAM	4	
KERALAC	4	
LEVULAN	4	
LOUTREX	4	
methoxsalen	2	
OXSORALEN ULTRA	4	
PANRETIN	4	
PICATO	3	
podofilox	2	
PROMISEB	4	
PROTOPIC	4	ST; QL
prudoxin	2	PA; QL
QUTENZA	4	
REGRANEX	3	QL
silver nitrate	2	
silver nitrate applicators	2	
SOLARAZE	4	PA; QL
tacrolimus	2	ST; QL
TOLAK	4	
umecta	2	
URAMAXIN	4	
urea	2	
urea nail stick	2	
UTOPIC	4	
VALCHLOR	5	
VEREGEN	4	
ZONALON	4	PA; QL
THERAPY FOR ACNE		
ABSORICA	3	
ACANYA	3	ST
ACZONE	4	ST
adapalene topical cream	2	
adapalene topical gel	2	
adapalene topical gel with pump	2	
ADAPALENE TOPICAL LOTION	4	ST
adapalene topical solution	2	
adapalene-benzoyl peroxide	2	
amnesteem	2	
ATRALIN	4	PA
AVAR LS	4	ST
avar topical cleanser	2	
AVAR TOPICAL FOAM	4	ST
AVAR TOPICAL PADS, MEDICATED	4	ST
AVAR-E GREEN	4	ST
AVAR-E LS	4	ST
avita topical cream	2	PA
AVITA TOPICAL GEL	4	PA
AZELEX	4	ST
BENZACLIN	4	ST
BENZACLIN PUMP	4	ST

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Drug Name	Drug Tier	Requirements / Limits
BENZAMYCIN	4	ST
BENZEFOAM	4	ST
BENZEFOAM ULTRA	4	ST
benzepro	2	
BENZEPRO (MICROSPHERES)	4	ST
benzoyl peroxide	2	
bp 10-1	2	
bpo	2	
claravis	2	
cleansing wash	2	
CLEOCIN T	4	ST
CLINDACIN ETZ	4	ST
clindacin p	2	
CLINDACIN PAC	4	ST
CLINDAGEL	4	ST
clindamycin phosphate topical foam	2	
clindamycin phosphate topical gel	2	
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	ST
clindamycin phosphate topical lotion	2	
clindamycin phosphate topical solution	2	
clindamycin phosphate topical swab	2	
clindamycin-benzoyl peroxide	2	
clindamycin-tretinoin	2	PA
dapsone	2	
DIFFERIN	4	ST
DUAC	4	ST
EPIDUO	4	ST
EPIDUO FORTE	3	ST
ery pads	2	
erygel	2	
erythromycin with ethanol	2	
erythromycin-benzoyl peroxide	2	
EVOCLIN	4	ST
FABIOR	4	PA
FINACEA	3	ST
INOVA	4	ST
isotretinoin	2	
METROCREAM	4	ST
METROGEL	4	ST
METROLOTION	4	ST
metronidazole	2	
MIRVASO	3	PA
neuac	2	
NEUAC KIT	4	ST
NORITATE	4	ST
ONEXTON	3	ST
PACNEX	4	ST
PLEXION	4	ST

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Drug Name	Drug Tier	Requirements / Limits
PLEXION CLEANSING CLOTHS	4	ST
PR BENZOYL PEROXIDE	4	ST
RETIN-A	4	PA
RETIN-A MICRO	4	PA
RETIN-A MICRO PUMP	4	PA
RHOFADE	4	PA
rosadan topical cream	2	
rosadan topical gel	2	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	4	ST
ROSANIL	4	ST
ROSULA	4	ST
rosula cleansing cloths	2	
SOOLANTRA	3	ST
sss 10-5	2	
sulfacetamide sodium-sulfur	2	
sulfacetamide sod-sulfur-urea	2	
sulfacetamide-sulfur-cleansr23	2	
sulfacleanse 8-4	2	
sulfact na-sul-avobnz-otn-ocsa	2	
SUMADAN	4	ST
SUMADAN XLT	4	ST
SUMAXIN	4	ST
SUMAXIN CP	4	ST
SUMAXIN TS	4	ST
tazarotene	2	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL CREAM 0.1 %	4	PA
TAZORAC TOPICAL GEL	3	PA
tretinoin	2	PA
tretinoin microspheres	2	PA
TRETIN-X	4	PA
TRETIN-X CREAM KIT	4	PA
VANOXIDE-HC	4	ST
zenatane	2	
ZIANA	4	PA; ST
TOPICAL ANESTHETICS		
BUCALSEP	4	
COCAINE	4	
ethyl chloride	2	
glydo	2	QL
GOPRELTO	4	
lidocaine hcl laryngotracheal	2	
lidocaine hcl mucous membrane jelly	2	QL

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Drug Name	Drug Tier	Requirements / Limits
lidocaine hcl mucous membrane jelly in applicator	2	QL
lidocaine hcl mucous membrane solution	2	
lidocaine hcl-hydrocortison ac	2	
lidocaine topical adhesive patch,medicated	2	ST
lidocaine topical ointment	2	QL
lidocaine viscous	2	
lidocaine-prilocaine topical cream	2	QL
lidocaine-prilocaine topical kit	2	
LIDOCAINE-TETRACAINE	4	ST; QL
lta pre-attached	2	
PLIAGLIS	4	QL
SYNERA	4	
TOPICAL ANTIBACTERIALS		
ALTABAX	4	
BACTROBAN	4	
CENTANY	4	
CENTANY AT	4	
CORTISPORIN	4	
gentamicin	2	
hydrocortisone-iodoquinol-aloe	2	
iodoquinol-hc	2	
KLARON	4	ST
lugols	2	
mafenide acetate	2	
mupirocin	2	
mupirocin calcium	2	
NEO-SYNALAR	4	
NEO-SYNALAR KIT	4	
SILVRSTAT	4	
sulfacetamide sodium (acne)	2	
SULFAMYLON TOPICAL CREAM	3	
SULFAMYLON TOPICAL PACKET	4	
VYTONE	4	
TOPICAL ANTIFUNGALS		
ALA-QUIN	4	
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	4	ST
ciclodan topical cream	2	QL
ciclodan topical solution	2	
ciclopirox topical cream	2	QL
ciclopirox topical gel	2	QL
ciclopirox topical shampoo	2	QL
ciclopirox topical solution	2	
ciclopirox topical suspension	2	QL

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Drug Name	Drug Tier	Requirements / Limits
ciclopirox-ure-camph-menth-euc	2	
clotrimazole	2	QL
clotrimazole-betamethasone	2	QL
econazole	2	QL
ECOZA	4	QL
ERTACZO	4	QL
EXELDERM	4	QL
EXODERM	4	
EXTINA	4	QL
JUBLIA	4	ST
KERYDIN	4	ST
ketoconazole	2	QL
LOPROX	4	QL
LOPROX (AS OLAMINE)	4	QL
LOPROX KIT	4	
LOTRISONE	4	QL
LULICONAZOLE	4	QL
LUZU	4	QL
MENTAX	4	QL
naftifine	2	QL
NAFTIN	4	QL
NIZORAL	4	QL
nyamyc	2	
nystatin topical cream	2	QL
nystatin topical ointment	2	QL
nystatin topical powder	2	
nystatin-triamcinolone	2	QL
nystop	2	
oxiconazole	2	QL
OXISTAT	4	QL
PENLAC	4	ST
TRIACETIN	3	
TRIPLE DYE	4	
VUSION	4	QL
XOLEGEL	4	QL
TOPICAL ANTIVIRALS		
acyclovir	2	PA; QL
DENAVIR	4	
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	4	PA; QL
TOPICAL CORTICOSTEROIDS		
ala-cort	2	
ALA-SCALP	4	ST
alclometasone	2	
amcinonide	2	
apexicon e	2	
AQUA GLYCOLIC HC	4	ST
betamethasone dipropionate	2	
betamethasone valerate	2	
betamethasone, augmented	2	
CAPEX	4	ST
clobetasol	2	QL

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Drug Name	Drug Tier	Requirements / Limits
clobetasol-emollient	2	QL
CLOBEX	4	ST; QL
CLOCORTOLONE PIVALATE	4	ST
clodan	2	QL
CLODAN KIT	4	ST
CLODERM	4	ST
CORDRAN	4	ST
CORDRAN TAPE LARGE ROLL	4	ST
cormax	2	QL
CUTIVATE	4	ST
DERMA-SMOOTHE/FS BODY OIL	4	ST
DERMA-SMOOTHE/FS SCALP OIL	4	ST
DERMASORB HC COMPLETE KIT	4	ST
DERMASORB TA COMPLETE KIT	4	ST
DERMATOP	4	ST
DESONATE	4	ST
desonide	2	
DESOWEN	4	ST
desoximetasone	2	
diflorasone	2	
DIPROLENE	4	ST
ELOCON	4	ST
fluocinolone	2	
fluocinolone and shower cap	2	
fluocinonide	2	QL
fluocinonide-emollient	2	QL
flurandrenolide	2	
fluticasone	2	
halobetasol propionate	2	
HALOG	4	ST
hydrocortisone	2	
hydrocortisone butyrate	2	
hydrocortisone butyr-emollient	2	
hydrocortisone valerate	2	
hydrocortisone-min oil-wht pet	2	
IMPOYZ	4	ST; QL
KENALOG	4	ST
LOCOID	4	ST
LOCOID LIPOCREAM	4	ST
LUXIQ	4	ST
mometasone	2	
nolix	2	
NUCORT	4	ST
OLUX	4	ST; QL
OLUX-E	4	ST; QL
PANDEL	4	ST
prednicarbate	2	
PROCTOCORT	4	ST
PSORCON	4	ST
scalacort	2	
SCALACORT DK	4	ST

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Drug Name	Drug Tier	Requirements / Limits
SERNIVO	4	ST
SYNALAR	4	ST
SYNALAR CREAM KIT	4	ST
SYNALAR OINTMENT KIT	4	ST
SYNALAR TS	4	ST
TEMOVATE	4	ST; QL
TEXACORT	4	ST
TOPICORT	4	ST
triamcinolone acetonide	2	
trianex	2	
triderm	2	
TRIDESILON	4	ST
ULTRAVATE	4	ST
ULTRAVATE X	4	ST
VANOS	4	ST; QL
TOPICAL ENZYMES		
SANTYL	3	QL
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	2	
ELIMITE	4	
EURAX	4	
lindane	2	
malathion	2	
NATROBA	4	
OVIDE	4	
permethrin	2	
SKLICE	4	
spinosad	2	
ULESFIA	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
lactated ringers	2	
neomycin-polymyxin b gu	2	
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
ringer's	2	
SORBITOL	4	
SORBITOL-MANNITOL	4	
tis-u-sol pentalyte	2	
VASHE WOUND THERAPY	4	
MISCELLANEOUS AGENTS		
acamprosate	2	
acetic acid	2	
AGRYLIN	4	
alendronate	1	QL
anagrelide	2	
aqua care sodium chloride	2	
aqua care sterile water	2	
BUPHENYL	4	
caffeine citrate	2	
CARBAGLU	5	LA
CARNITOR	4	
CARNITOR (SUGAR-FREE)	4	

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Drug Name	Drug Tier	Requirements / Limits
cevimeline	2	
CHEMET	3	PA
disulfiram	2	
etidronate disodium	2	
EVOXAC	4	
EXJADE	5	PA; LA
FERRIPROX	3	PA
GLASSIA	5	PA; LA
INCRELEX	5	PA; LA
INFASURF	4	
JADENU	5	PA
JADENU SPRINKLE	5	PA
levocarnitine	2	
levocarnitine (with sugar)	2	
LIPOCHOL PLUS	4	
LITHOSTAT	4	
METOPIRONE	4	
midodrine	2	
NITYR	3	
NORTHERA	5	PA
NUTRESTORE	4	
ORFADIN	3	LA
pilocarpine hcl	2	
RADIOGARDASE	4	
RAVICTI	5	
RILUTEK	4	
riluzole	2	
risedronate	1	QL
SALAGEN (PILOCARPINE)	4	
sodium chloride	2	
sodium chloride 0.9 %	2	
sodium phenylbutyrate	2	
SURVANTA	4	
SYPRINE	4	PA
THIOLA	4	
trientine	2	PA
water for irrigation, sterile	2	
XURIDEN	3	
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	ACA
CHANTIX	3	ACA
CHANTIX CONTINUING MONTH BOX	3	ACA
CHANTIX STARTING MONTH BOX	3	ACA
nicorelief	1	ACA; OTC
nicorette	1	ACA; OTC
nicotine	1	ACA; OTC
nicotine (polacrilex)	1	ACA; OTC
NICOTROL	4	ACA
NICOTROL NS	4	ACA
quit 2	1	ACA; OTC
quit 4	1	ACA; OTC
stop smoking aid	1	ACA; OTC
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		

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Drug Name	Drug Tier	Requirements / Limits
ALZAIR	4	
ARESTIN	4	
ASTEPRO	4	
azelastine nasal aerosol,spray	2	QL
azelastine nasal spray,non-aerosol	2	
BACTROBAN NASAL	4	
chlorhexidine gluconate	2	
CLINPRO 5000	4	
DEBACTEROL	4	
denta 5000 plus	1	
dentagel	1	
EPISIL	4	
FLUORIDEX DAILY DEFENSE	4	
GELCLAIR	4	
GELX	4	
ipratropium bromide	2	QL
MUGARD	4	
olopatadine	2	QL
oralone	2	
ORAMAGICRX	4	
paroex oral rinse	2	
PATANASE	4	QL
PERIDEX	4	
periogard	2	
pilocarpine hcl	2	
PREVIDENT	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
SALAGEN (PILOCARPINE)	4	
sf	1	
sf 5000 plus	1	
triamcinolone acetonide	2	
TYZINE	4	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid	2	
ciprofloxacin hcl	2	
DERMOTIC OIL	4	
fluocinolone acetonide oil	2	
hydrocortisone-acetic acid	2	
ofloxacin	2	
OTIPRIO	4	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
neomycin-polymyxin-hc	2	
OTOVEL	3	

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Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	5	PA
CORTEF	4	
cortisone	2	
decadron	2	
deltasone	2	
dexamethasone	2	
dexamethasone intensol	2	
DEXPAK 10 DAY	4	ST
DEXPAK 13 DAY	4	ST
DEXPAK 6 DAY	4	ST
fludrocortisone	2	
hydrocortisone	2	
MEDROL	4	
MEDROL (PAK)	4	
methylprednisolone	2	
millipred	2	
millipred dp	2	
ORAPRED ODT	4	
prednisolone	2	
prednisolone sodium phosphate	2	
prednisone	2	
prednisone intensol	2	
RAYOS	4	ST
TAPERDEX	4	ST
TRIESENCE (PF)	4	
veripred 20	2	
ANTITHYROID AGENTS		
methimazole	2	
propylthiouracil	2	
SSKI	4	
TAPAZOLE	4	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA BLUE TEST STRIP	3	OTC
ONETOUCH VERIO	3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGEN DIAGNOSTIC KIT	3	
GLUCAGON HCL	4	
INSULIN SYRINGE-NEEDLE U-100	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK COMPACT PLUS CONTROL	4	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	4	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	4	OTC

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Drug Name	Drug Tier	Requirements / Limits
ACCUTREND GLUCOSE CONTROL	4	OTC
ADVOCATE LOW CONTROL	4	OTC
ADVOCATE REDI-CODE+ CTRL LOW	4	OTC
AGAMATRIX CONTROL HIGH	4	OTC
ASSURE 4 CONTROL SOLUTION	4	OTC
ASSURE DOSE NORMAL CONTROL	4	OTC
ASSURE PRISM CONTROL 1-2 SOLN	4	OTC
AT HOME A1C	4	OTC
AUTOJECT 2 INJECTION DEVICE	3	OTC
AUTOPEN 1 TO 21 UNITS	3	OTC
AUTOSOFT 30	3	
AUTOSOFT 90	3	
AUTOSOFT XC INFUSION SET 23"	3	
BLOOD GLUCOSE CONTROL, NORMAL	4	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	4	OTC
CARESENS CONTROL A NORMAL	4	OTC
CARTRIDGE STAMPED IR 1200	3	OTC
CLEO 90 INFUSION SET 24"	3	
CLEVER CHOICE LEVEL 2 CONTROL	4	OTC
COMFORT INFUSION SET 43"	3	
COMFORT SHORT INSULIN PUMP 23"	3	
CONTACT DETACH INFUS SET 23"	3	
CONTOUR CONTROL SOLUTION, NML	4	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	4	OTC
COOL CONTROL A SOLUTION	4	OTC
DEXCOM G4 RECEIVER	3	
DEXCOM G5 RECEIVER	3	
DEXCOM G6 RECEIVER	3	
DEXCOM RECEIVER	3	
DIATRUE CONTROL SOLN NORMAL	4	OTC
EASY TRAK LOW CONTROL	4	OTC
EASYGLUCO PLUS NORMAL CONTROL	4	OTC

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Drug Name	Drug Tier	Requirements / Limits
EASYMAX LOW CONTROL	4	OTC
EASYMAX NORMAL CONTROL	4	OTC
ELEMENT COMPACT NORMAL CONTROL	4	OTC
ELEMENT NORMAL CONTROL	4	OTC
EMBRACE EVO LEVEL 1	4	OTC
EMBRACE GLUCOSE CONTROL LOW	4	OTC
ENLITE SYSTEM	4	
EVOLUTION NORMAL CONTROL	4	OTC
FORA NORMAL CONTROL	4	OTC
FORACARE GDH LOW CONTROL	4	OTC
FORTISCARE NORMAL	4	OTC
FREESTYLE CONTROL	4	OTC
FREESTYLE LIBRE 10 DAY READER	4	
FREESTYLE LIBRE 10 DAY SENSOR	4	
GE100 CONTROL SOLUTION NORMAL	4	OTC
GLUCOCARD 01 NORMAL CONTROL	4	OTC
GLUCOCOM CONTROL NORMAL	4	OTC
GLUCOSE CONTROL	4	OTC
GUARDIAN REAL-TIME GLU MONITOR	4	
HEALTHPRO HIGH-LOW CONTROL	4	OTC
HUMAPEN LUXURA HD	3	
INFINITY CONTROL SOLUTION NORM	4	OTC
INFINITY VOICE CTRL SOLN-LVL 2	4	OTC
INFUSION SET 43" 6MM	3	OTC
INPEN (FOR HUMALOG)	4	
INPEN (FOR NOVOLOG)	4	
INSET 30 INFUSION SET 23"	3	
INSET INFUSION SET 23"	3	
LANCETS	3	OTC
LANCING DEVICE	3	OTC
MEDISENSE	4	OTC
MEDISENSE GLUCOSE KETONE	4	OTC

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Drug Name	Drug Tier	Requirements / Limits
MINIMED INFUSION SET-MMT 390	3	
MIO INFUSION SET	3	
MYGLUCOHEALTH CONTROL SOLUTION	4	OTC
NOVA MAX GLUCOSE CONTROL	4	OTC
NOVAMAX PLUS GLU-KET	4	OTC
NOVOPEN ECHO	4	
OMNIPOD DASH INSULIN POD	3	
ON CALL EXPRESS CONTROL	4	OTC
ON CALL PLUS CONTROL	4	OTC
ON CALL VIVID CONTROL	4	OTC
ONETOUCH ULTRA CONTROL	3	OTC
ONETOUCH ULTRA2	3	OTC
ONETOUCH ULTRAMINI	3	OTC
ONETOUCH VERIO FLEX	3	OTC
ONETOUCH VERIO IQ METER	3	OTC
ONETOUCH VERIO SYSTEM	3	OTC
PARADIGM REAL-TIME TRANSMIT-SN	4	
PEN NEEDLE	4	OTC
PRECISION XTRA MONITOR	3	OTC
PRODIGY CONTROL SOLUTION, LOW	4	OTC
PRODIGY CONTROL SOLUTION,HIGH	4	OTC
QUICK-SET PARADIGM	3	
REFUAH PLUS GLUCOSE CONTROL	4	OTC
RIGHTEST CONTROL SOLUTION HIGH	4	OTC
SAFE-CLIP BY MAIL	3	OTC
SILHOUETTE	3	
SMARTEST CONTROL	4	OTC
SNAP INSULIN PUMP-INFUSION SET	3	
SOF-SET	3	
SOF-SET CANNULA 24" TUBING	3	
SOF-SET MICRO 24" POLYFIN TUB	3	
SOLUS V2 CONTROL SOLUTION,HIGH	4	OTC
SURE-T PARADIGM	3	
T:30 INFUSION SET	3	

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Drug Name	Drug Tier	Requirements / Limits
T:90 INFUSION SET 23"	3	
T:SLIM	3	
T:SLIM G4	3	
TELCARE CONTROL	4	OTC
TRUE METRIX LEVEL 1	4	OTC
TRUECONTROL LEVEL 0	4	OTC
TRUSTEEL INFUSION SET 32"	3	
UNISTRIP LOW CONTROL	4	OTC
VARISOFT INFUSION SET 43"	3	
VERASENS CONTROL SOLN-LEVEL 1	4	OTC
VGO 20	3	
VGO 30	3	
VGO 40	3	
WAVESENSE CONTROL SOLUTION	4	OTC
INSULIN THERAPY		
AFREZZA	4	
BASAGLAR KWIKPEN U-100 INSULIN	4	
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 INSULN U-100	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25(U-100)INSULN	3	
HUMALOG U-100 INSULIN	3	
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULN	3	
HUMULIN R U-500 (CONC) INSULIN	3	
HUMULIN R U-500 (CONC) KWIKPEN	3	
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
LEVEMIR FLEXTOUCH U-100 INSULN	3	
LEVEMIR U-100 INSULIN	3	

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Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN 70/30	4	ST
RELION NOVOLIN N	4	ST
RELION NOVOLIN R	4	ST
SOLIQUA 100/33	3	QL
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
XULTOPHY 100/3.6	3	QL
MISCELLANEOUS HORMONES		
ANADROL-50	4	
ANDRODERM	3	PA; QL
ANDROGEL	3	PA; QL
ANDROID	4	ST
AXIRON	4	PA; ST; QL
cabergoline	2	QL
calcitonin (salmon)	2	
calcitriol	2	
CERDELGA	5	PA
danazol	2	
DDAVP	4	
DEPO-TESTOSTERONE	4	PA
desmopressin	2	
doxercalciferol	2	
GALAFOLD	5	PA
JYNARQUE	4	PA; QL
KORLYM	4	PA
KUVAN	5	PA
METHITEST	3	
methyltestosterone	2	
MIACALCIN	3	
miglustat	5	PA
MYALEPT	5	PA; LA
NATPARA	5	PA; LA
ORILISSA	4	
OXANDRIN	4	
oxandrolone	2	
PALYNZIQ	5	PA; QL
paricalcitol	2	
RAYALDEE	4	
ROCALTROL	4	
SAMSCA	5	PA; QL
SENSIPAR	3	PA
SOMAVERT	5	
STIMATE	5	
STRENSIQ	3	LA
STRIANT	4	PA; ST; QL
SYNAREL	3	
TESTOPEL	4	PA
testosterone	2	PA; QL
testosterone cypionate	2	PA
testosterone enanthate	2	PA
TESTRED	4	ST

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Drug Name	Drug Tier	Requirements / Limits
ZAVESCA	5	PA; LA
ZEMPLAR	4	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose	1	
ACTOPLUS MET	4	ST; QL
ACTOPLUS MET XR	4	ST; QL
ACTOS	4	ST; QL
ALOGLIPTIN-PIOGLITAZONE	4	QL
AMARYL	4	
AVANDIA	4	ST; QL
BYDUREON	3	PA; QL
BYDUREON BCISE	3	PA; QL
BYETTA	3	PA; QL
chlorpropamide	1	
CYCLOSET	4	
DUETACT	4	ST; QL
FARXIGA	3	ST; QL
FORTAMET	4	ST; QL
glimepiride	1	
glipizide	1	
glipizide-metformin	1	
GLUCOTROL	4	
GLUCOTROL XL	4	
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
GLYNASE	4	
GLYSET	4	

Drug Name	Drug Tier	Requirements / Limits
GLYXAMBI	3	ST; QL
INVOKAMET	3	ST; QL
INVOKAMET XR	3	ST; QL
INVOKANA	3	ST; QL
JANUMET	3	QL
JANUMET XR	3	QL
JANUVIA	3	QL
JARDIANCE	3	ST; QL
JENTADUETO	3	QL
JENTADUETO XR	3	QL
METFORMIN ORAL SOLUTION	4	ST
metformin oral tablet	1	
metformin oral tablet extended release 24 hr	1	QL
metformin oral tablet extended release 24hr	1	ST; QL
metformin oral tablet,er gast.retention 24 hr	1	ST; QL
miglitol	1	
nateglinide	1	
OSENI	4	QL
OZEMPIC	3	PA; QL
pioglitazone	1	QL
pioglitazone-glimepiride	1	QL
pioglitazone-metformin	1	QL
PRANDIN	4	
PRECOSE	4	

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Drug Name	Drug Tier	Requirements / Limits
QTERN	4	ST
repaglinide	1	
repaglinide-metformin	1	QL
RIOMET	4	ST
SEGLUROMET	3	ST; QL
STARLIX	4	
STEGLATRO	3	ST; QL
STEGLUJAN	4	ST; QL
SYMLINPEN 120	3	PA; QL
SYMLINPEN 60	3	PA; QL
SYNJARDY	3	ST; QL
SYNJARDY XR	3	ST; QL
tolazamide	1	
tolbutamide	1	
TRADJENTA	3	QL
TRULICITY	3	PA; QL
XIGDUO XR	3	ST; QL
THYROID HORMONES		
ARMOUR THYROID	3	
LEVO-T	4	
levothyroxine	2	
levoxyl	2	
liothyronine	2	
nature-throid	2	
np thyroid	2	
SYNTHROID	4	
thyroid (pork)	2	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
unithroid	2	
westhroid	2	
WP THYROID	4	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz	2	
belladonna alkaloids-opium	2	
belladonna-opium	2	
chlordiazepoxide-clidinium	2	
CUVPOSA	4	
dicyclomine	2	
diphenoxylate-atropine	2	
DONNATAL	4	
ed-spaz	2	
GLYCATE	4	
glycopyrrolate	2	
hyoscyamine sulfate	2	
hyosyne	2	
LEVBID	4	
LEVSIN	4	
LEVSIN/SL	4	
LOMOTIL	4	
loperamide	2	
methscopolamine	2	
MOTOFEN	4	

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Drug Name	Drug Tier	Requirements / Limits
MYTESI	4	
NULEV	4	
opium tincture	2	
oscimin	2	
oscimin sl	2	
oscimin sr	2	
paregoric	2	
phenobarb-hyoscy-atropine-scop	2	
phenohytro	2	
propantheline	2	
ROBINUL	4	
ROBINUL FORTE	4	
SYMAX DUOTAB	4	
symax fastabs	2	
symax-sl	2	
symax-sr	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	4	
AKYNZEO (NETUPITANT)	3	QL
alophen	2	ACA; OTC
alosetron	2	
AMITIZA	3	
ANA-LEX KIT	4	
ANALPRAM-HC	4	
ANALPRAM-HC SINGLES	4	
anucort-hc	2	
ANZEMET	4	QL
aprepitant	2	QL
APRISO	3	
AURYXIA	4	
AZULFIDINE	4	ST
AZULFIDINE EN-TABS	4	ST
balsalazide	2	
bisacodyl	2	ACA; OTC
bisa-lax	2	ACA; OTC
BONJESTA	4	QL
budesonide	2	
calcium acetate	2	
CANASA	3	
CESAMET	4	QL
CHENODAL	3	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	3	PA
CHOLBAM ORAL CAPSULE 50 MG	3	PA; QL
citrate of magnesia	2	ACA; OTC
citroma	2	ACA; OTC
clearlax	2	ACA; OTC
CLENPIQ	3	
COLAZAL	4	ST
colocort	2	
COLYTE WITH FLAVOR PACKS	4	
COMPAZINE	4	
compro	2	
constulose	2	
CORTENEMA	4	
CREON	3	
cromolyn	2	
CYSTADANE	3	

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Drug Name	Drug Tier	Requirements / Limits
DICLEGIS	4	QL
dronabinol	2	PA
ducodyl	2	ACA; OTC
eliphos	2	
EMEND	4	QL
ENTEREG	4	
ENTOCORT EC	4	
enulose	2	
fleet laxative	2	ACA; OTC
GASTROCROM	4	
GATTEX 30-VIAL	5	
gavilax	2	ACA; OTC
gavilyte-c	1	ACA
gavilyte-g	1	ACA
gavilyte-n	1	ACA
generlac	2	
gentle laxative	2	ACA; OTC
gentlelax	2	ACA; OTC
GIALAX	4	
glycolax	2	ACA; OTC
GOLYTELY	4	
granisetron hcl	2	QL
healthylax	2	ACA; OTC
hemmorex-hc	2	
hydrocortisone	2	
hydrocortisone acetate	2	
hydrocortisone-pramoxine	2	
kionex (with sorbitol)	2	
KRISTALOSE	4	

Drug Name	Drug Tier	Requirements / Limits
lactulose	2	
lanthanum	2	
laxaclear	2	ACA; OTC
laxative (bisacodyl)	2	ACA; OTC
laxative feminine	2	ACA; OTC
laxative peg 3350	2	ACA; OTC
LIALDA	4	ST
LIDOCAINE HCL-HYDROCORTISON AC RECTAL CREAM 3 %-1 % (7 GRAM)	4	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	2	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	4	
lidocaine hcl-hydrocortison ac rectal kit	2	
lidocaine-hydrocortisone-aloe	2	
LINZESS	3	
LOKELMA	4	
LOTRONEX	4	
MAGNEBIND 400	4	
magnesium citrate	2	ACA; OTC
MARINOL	4	PA
meclizine	2	
mesalamine	2	
mesalamine with cleansing wipe	2	
metoclopramide hcl	2	

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Drug Name	Drug Tier	Requirements / Limits
MICORT-HC	4	ST
milk of magnesia	2	ACA; OTC
milk of magnesia concentrated	2	ACA; OTC
miralax	2	ACA; OTC
MOVANTIK	3	
MOVIPREP	4	
natura-lax	2	ACA; OTC
NULYTELY WITH FLAVOR PACKS	4	
OCALIVA	5	PA; LA; QL
ondansetron	2	QL
ondansetron hcl	2	QL
oral saline laxative	2	ACA; OTC
OSMOPREP	4	
peg 3350-electrolytes	1	ACA
peg3350	2	ACA; OTC
peg-electrolyte soln	1	ACA
peg-prep	1	ACA
PENTASA	3	
PHOSLYRA	3	
phosphate laxative	2	ACA; OTC
PLENVU	4	
polyethylene glycol 3350	2	ACA
powderlax	2	ACA; OTC
pramcort	2	
PREPOPIK	3	
prochlorperazine	2	
prochlorperazine maleate	2	
PROCORT	4	
PROCTOCORT	4	ST
PROCTOFOAM HC	4	
procto-med hc	2	
procto-pak	2	
proctosol hc	2	
proctozone-hc	2	
purelax	2	ACA; OTC
RECTIV	3	
REGLAN	4	
RELISTOR ORAL	4	ST
RELISTOR SUBCUTANEOUS	3	ST
RENVELA	4	
ROWASA	4	
SANCUSO	3	QL
scopolamine base	2	
sevelamer carbonate	2	
SFROWASA	4	
smoothlax	2	ACA; OTC
sodium polystyrene (sorb free)	2	
sodium polystyrene sulfonate oral	2	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	2	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	4	
SOLESTA	4	
sps (with sorbitol)	2	

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Drug Name	Drug Tier	Requirements / Limits
SUCRAID	3	
sulfasalazine	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	3	
SYNDROS	4	PA
TIGAN	4	
TRANSDERM-SCOP	4	
trilyte with flavor packets	1	ACA
trimethobenzamide	2	
TRULANCE	2	
UCERIS ORAL	4	
UCERIS RECTAL	3	
URSO 250	4	
URSO FORTE	4	
ursodiol	2	
VARUBI	3	QL
VELPHORO	3	
VELTASSA	3	
VIBERZI	3	
VIOKACE	3	
woman's laxative	2	ACA; OTC
women's gentle laxative(bisac)	2	ACA; OTC
women's laxative (bisacodyl)	2	ACA; OTC
ZENPEP	3	
ZOFRAN	4	QL
ZOFRAN ODT	4	QL
ZUPLENZ	4	QL
ULCER THERAPY		
amoxicil-clarithromy-lansopraz	2	QL
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	4	
cimetidine	2	
cimetidine hcl	2	
CYTOTEC	4	
DEXILANT	4	ST; QL
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	2	QL
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	2	
ESOMEPRAZOLE STRONTIUM	4	ST
famotidine	2	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	QL
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	2	QL
lansoprazole oral tablet,disintegrat, delay rel 30 mg	2	
misoprostol	2	

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Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	ST; QL
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	4	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST
nizatidine	2	
OMECLAMOX-PAK	4	QL
omeppi oral capsule 20-1.1 mg-gram	2	ST; QL
omeppi oral capsule 40-1.1 mg-gram	2	ST
omeprazole oral capsule,delayed release(dr/ec) 10 mg	2	QL
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	2	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	2	ST; QL
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	2	ST
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	2	ST; QL
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	2	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	2	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	2	
PEPCID	4	
PYLERA	3	
rabeprazole	2	
ranitidine hcl	2	
sucralfate	2	
ZANTAC	4	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA	5	PA; QL
GRANIX	5	PA
LEUKINE	5	
MACRILEN	4	QL
MOZOBIL	5	
NEULASTA	5	PA; QL
PROCRIT	5	PA
RETACRIT	4	

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Drug Name	Drug Tier	Requirements / Limits
ZARXIO	5	PA
GROWTH HORMONES		
EGRIFTA	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
NORDITROPIN FLEXPRO	5	PA
SEROSTIM	5	PA
ZORBTIVE	5	PA
INTERFERONS		
AUBAGIO	5	PA
AVONEX	5	PA; QL
AVONEX (WITH ALBUMIN)	5	PA; QL
BETASERON	5	PA; QL
COPAXONE	5	PA; ST; QL
GILENYA	5	PA
glatiramer	5	PA; QL
glatopa	5	PA; QL
moderiba	5	PA
moderiba dose pack	5	PA
PEGASYS	5	PA; QL
PEGASYS PROCLICK	5	PA; QL
PEGINTRON	5	PA; QL
PLEGRIDY	5	PA; QL
POMALYST	5	PA
REBETOL	5	PA
REBIF (WITH ALBUMIN)	5	PA; QL
REBIF REBIDOSE	5	PA; QL
REBIF TITRATION PACK	5	PA; QL
REVLIMID	5	PA; LA
ribasphere	5	PA
ribasphere ribapak	5	PA
ribavirin	5	PA
SYLATRON	5	
TECFIDERA	5	PA
INTERLEUKINS		
ACTIMMUNE	5	
ALDARA	4	
ALFERON N	3	
ARCALYST	5	PA
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	4	
imiquimod topical cream in packet	2	
INTRON A	5	
PROLEUKIN	5	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	ACA
AFLURIA 2018-2019	3	ACA
AFLURIA 2018-2019 (PF)	3	ACA
AFLURIA QUAD 2018-2019	3	ACA
AFLURIA QUAD 2018-2019 (PF)	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
BCG VACCINE, LIVE (PF)	3	ACA
BEXSERO	3	ACA
BIOTHRAX	3	ACA
BOOSTRIX TDAP	3	ACA
BOTOX	3	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	ACA
ENGERIX-B (PF)	3	ACA
ENGERIX-B PEDIATRIC (PF)	3	ACA
FLUAD 2018-2019 (65 YR UP)(PF)	3	ACA
FLUARIX QUAD 2018-2019 (PF)	3	ACA
FLUBLOK QUAD 2018-2019 (PF)	3	ACA
FLUCELVAX QUAD 2018-2019	4	ACA
FLUCELVAX QUAD 2018-2019 (PF)	4	ACA
FLULAVAL QUAD 2018-2019	3	ACA
FLULAVAL QUAD 2018-2019 (PF)	3	ACA
FLUMIST QUAD 2018-2019	4	
FLUZONE HIGH-DOSE 2018-19 (PF)	3	ACA
FLUZONE QUAD 2018-2019	3	ACA
FLUZONE QUAD 2018-2019 (PF)	3	ACA
FLUZONE QUAD PEDI 2018-19 (PF)	3	ACA
GARDASIL 9 (PF)	3	ACA
HAVRIX (PF)	3	ACA
HEPLISAV-B (PF)	4	
HIBERIX (PF)	3	ACA
IMOVAX RABIES VACCINE (PF)	3	ACA
INFANRIX (DTAP) (PF)	3	ACA
IPOL	3	ACA
IXIARO (PF)	3	ACA
KINRIX (PF)	4	ACA
MENACTRA (PF)	3	ACA
MENVEO A-C-Y-W-135-DIP (PF)	4	ACA
M-M-R II (PF)	3	ACA
PEDIARIX (PF)	3	ACA
PEDVAX HIB (PF)	3	ACA
PENTACEL (PF)	3	ACA
PENTACEL ACTHIB COMPONENT (PF)	3	ACA
PNEUMOVAX 23	3	ACA
PREVNAR 13 (PF)	3	ACA
PROQUAD (PF)	3	ACA
QUADRACEL (PF)	3	ACA
RABAVERT (PF)	3	ACA
RECOMBIVAX HB (PF)	3	ACA
ROTARIX	4	ACA
ROTATEQ VACCINE	3	ACA
SHINGRIX (PF)	3	ACA
STAMARIL (PF)	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
TENIVAC (PF)	4	ACA
TETANUS,DIPHTHERIA TOX PED(PF)	3	ACA
TETANUS-DIPHTHERIA TOXOIDS-TD	3	ACA
TRUMENBA	3	ACA
TWINRIX (PF)	3	ACA
TYPHIM VI	3	ACA
VAQTA (PF)	4	ACA
VARIVAX (PF)	3	ACA
VARIZIG	3	ACA
VAXCHORA VACCINE	3	ACA
VIVOTIF	3	ACA
YF-VAX (PF)	3	ACA
ZOSTAVAX (PF)	4	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	2	
COLCRYS	3	
MITIGARE	3	
probenecid	2	
probenecid-colchicine	2	
ULORIC	3	ST
ZYLOPRIM	4	
OSTEOPOROSIS THERAPY		
ACTONEL	4	ST; QL
alendronate	1	QL
ATELVIA	4	ST; QL
BINOSTO	4	ST; QL
BONIVA	4	ST; QL
EVISTA	4	
FORTEO	5	PA; QL
FOSAMAX	4	ST; QL
FOSAMAX PLUS D	4	ST; QL
ibandronate	1	QL
raloxifene	1	ACA
risedronate	1	QL
TYMLOS	5	PA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA
ARAVA	4	QL
BENLYSTA	5	PA; QL
CUPRIMINE	4	PA
DEPEN TITRATABS	3	PA
ENBREL	5	PA; QL
ENBREL MINI	5	PA; QL
ENBREL SURECLICK	5	PA; QL
HUMIRA	5	PA; QL
HUMIRA PEDIATRIC CROHN'S START	5	PA; QL
HUMIRA PEN	5	PA; QL
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA
KEVZARA	5	PA; QL
leflunomide	2	QL
OLUMIANT	5	PA; QL
OTEZLA	5	PA
OTEZLA STARTER	5	PA
OTREXUP (PF)	3	ST
RASUVO (PF)	3	ST
RIDAURA	3	
SAVELLA	3	ST; QL
SIMPONI	5	PA
SIMPONI ARIA	5	PA; ST
XELJANZ	5	PA
XELJANZ XR	5	PA
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
LILETTA	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	4	
ALORA	4	QL
amabelz	2	
ANGELIQ	4	
AYGESTIN	4	
CLIMARA	4	QL
COMBIPATCH	3	
covaryx	2	
covaryx h.s.	2	
CRINONE	3	
DELESTROGEN	4	
DEPO-ESTRADIOL	3	
DIVIGEL	3	QL
DUAVEE	3	
eemt	2	
eemt hs	2	
ELESTRIN	4	QL
ESTRACE	4	
estradiol oral	2	
estradiol transdermal	2	QL
estradiol vaginal	2	
estradiol valerate	2	
estradiol-norethindrone acet	2	
ESTRING	3	
estrogens-methyltestosterone	2	
estropipate	2	
EVAMIST	4	QL

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Drug Name	Drug Tier	Requirements / Limits
FEMHRT LOW DOSE	4	
fyavolv	2	
IMVEXXY	4	
jevantique lo	2	
jinteli	2	
lopreeza	2	
medroxyprogesterone	2	
MENEST	4	
MENOSTAR	4	QL
mimvey	2	
mimvey lo	2	
MINIVELLE	3	QL
norethindrone acetate	2	
norethindrone ac-eth estradiol	2	
PREFEST	4	
PREMARIN	3	
PREMPHASE	3	
PREMPRO	3	
progesterone	2	
progesterone micronized	2	
PROMETRIUM	4	
PROVERA	4	
yuvafem	2	
MISCELLANEOUS OB/GYN		
AVC VAGINAL	4	
CERVIDIL	4	
CLEOCIN	4	

Drug Name	Drug Tier	Requirements / Limits
clindamycin phosphate	2	
CLINDESSE	4	
fem ph	2	
GYNAZOLE-1	4	QL
INTRAROSA	4	
isoxsuprine	2	
LUPANETA PACK (1 MONTH)	5	PA
LUPANETA PACK (3 MONTH)	5	PA
LYSTEDA	4	
METROGEL VAGINAL	4	
metronidazole	2	
miconazole-3	2	
NUVESSA	4	
OSPHENA	4	
PREPIDIL	4	
PROSTIN E2	4	
RELAGARD	4	
terconazole	2	
tranexamic acid	2	
TRIMO-SAN JELLY	3	
vandazole	2	
ORAL CONTRACEPTIVES & RELATED AGENTS		
aubra eq	2	
chateal eq	2	
ELLA	3	ACA; QL
OXYTOCICS		
methergine	2	

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Drug Name	Drug Tier	Requirements / Limits
methylergonovine	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac	2	
AZASITE	3	
bacitracin	2	
bacitracin-polymyxin b	2	
BESIVANCE	4	
BETADINE OPHTHALMIC PREP	4	
CEFUROXIME (PF) IN 0.9% NACL	4	
CILOXAN	4	
ciprofloxacin hcl	2	
erythromycin	2	
gatifloxacin	2	
gentak	2	
gentamicin	2	
levofloxacin	2	
MOXEZA	3	
moxifloxacin	2	
MOXIFLOXACIN (PF)-BSS NO.2	4	
MOXIFLOXACIN IN NACL,ISO-O(PF)	4	
NATACYN	3	
neomycin-bacitracin-polymyxin	2	
neomycin-polymyxin-gramicidin	2	
neo-polycin	2	
OCUFLOX	4	
ofloxacin	2	
polycin	2	
polymyxin b sulf-trimethoprim	2	
POLYTRIM	4	
tobramycin	2	
TOBREX	4	
VIGAMOX	4	
ZYMAXID	4	
ANTIVIRALS		
trifluridine	2	
VIROPTIC	4	
ZIRGAN	4	
BETA-BLOCKERS		
betaxolol	2	
BETIMOL	4	
BETOPTIC S	4	
carteolol	2	
levobunolol	2	
metipranolol	2	
timolol maleate	2	
TIMOPTIC	4	
TIMOPTIC-XE	4	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
atropine	2	

Drug Name	Drug Tier	Requirements / Limits
ATROPINE IN 0.9 % SOD CHLORIDE	4	
CYCLOGYL	4	
cyclopentolate	2	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	4	
homatropaire	2	
homatropine hbr	2	
ISOPTO ATROPINE	4	
MYDRIACYL	4	
PAREMYD	4	
tropicamide	2	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	4	
MIOCHOL-E	4	
pilocarpine hcl	2	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	4	
ALOCRIL	4	ST
ALOMIDE	4	ST
altacaine	2	
altafluor	2	
azelastine	2	
BEPREVE	3	ST
BEVACIZUMAB	4	
cromolyn	2	
CYCLOSPORINE IN KLARITY	4	
CYSTARAN	3	
DEXAMET-MOXIFL-KETORO-NACL(PF)	4	
ELESTAT	4	ST
EMADINE	4	ST
epinastine	2	
EYLEA	5	PA
flucaine	2	
fluorescein-proparacaine	2	
JETREA (PF)	3	
LACRISERT	4	
LASTACAFT	4	ST
LIDOCAINE-PHENYLEPHRN IN WATER	4	
LIDOCAN-PHENYLEPH-BSS NO.2(PF)	4	
LUCENTIS	5	PA
MACUGEN	5	PA
olopatadine	2	
OMIDRIA	4	
PATADAY	4	ST
PATANOL	4	ST
PAZEO	3	ST
PHOTREXA CROSS-LINKING KIT	4	
PHOTREXA VISCOUS	4	
PREDNISOLONE ACETATE-BROMFENAC	4	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLON-GATIFLOX-BROMFENAC	4	
proparacaine	2	
RESTASIS	3	PA; QL
RESTASIS MULTIDOSE	3	PA; QL
tetcaine	2	
tetracaine hcl	2	
TETRACAINE HCL (PF)	4	
TETRAVISC	4	
TETRAVISC FORTE	4	
XIIDRA	3	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	4	
ACULAR LS	4	
bromfenac	2	
BROMSITE	4	
diclofenac sodium	2	
flurbiprofen sodium	2	
ILEVRO	3	
ketorolac	2	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	2	
methazolamide	2	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
bimatoprost	2	PA

Drug Name	Drug Tier	Requirements / Limits
BRIMONIDINE-DORZOLAMIDE (PF)	4	
COMBIGAN	3	
COSOPT (PF)	4	
dorzolamide	2	
DORZOLAMIDE (PF)	4	
dorzolamide-timolol	2	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	2	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	4	
latanoprost	2	PA
LATANOPROST (PF)	4	
LUMIGAN	3	PA; ST
miostat	2	
MITOSOL	4	
RHOPRESSA	3	
SIMBRINZA	4	
TIMOL-BRIMON-DORZO-LATANOP(PF)	4	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	4	
TIMOLOL-DORZOLAMID-LATANOP(PF)	4	
TIMOLOL-LATANOPROST(PF)	4	
TRAVATAN Z	3	PA; ST

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Drug Name	Drug Tier	Requirements / Limits
TRUSOPT	4	
VYZULTA	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	4	
GATIFLOXACIN-DEXAMETHASONE	4	
MAXITROL	4	
neomycin-bacitracin-poly-hc	2	
neomycin-polymyxin b-dexameth	2	
neomycin-polymyxin-hc	2	
neo-polycin hc	2	
PRED-G	4	
PRED-G S.O.P.	4	
PREDNISOLONE-GATIFLOXACIN	4	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	2	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	4	
ZYLET	3	
STEROIDS		
ALREX	3	ST
dexamethasone sodium phosphate	2	
DEXYCU (PF)	4	
DUREZOL	4	
fluorometholone	2	
FML LIQUIFILM	4	
ILUVIEN	5	
LOTEMAX	3	
OMNIPRED	4	
OZURDEX	5	
PRED FORTE	4	
prednisolone acetate	2	
PREDNISOLONE ACETATE (PF)	4	
prednisolone sodium phosphate	2	
RETISERT	5	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
sulfacetamide-prednisolone	2	
SULFONAMIDES		
BLEPH-10	4	
sulfacetamide sodium	2	
SYMPATHOMIMETICS		

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Drug Name	Drug Tier	Requirements / Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	4	
apraclonidine	2	
brimonidine	2	
IOPIDINE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	4	
phenylephrine hcl	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
carbinoxamine maleate oral liquid	2	
carbinoxamine maleate oral tablet 4 mg	2	
carbinoxamine maleate oral tablet 6 mg	2	ST
cetirizine	2	
CLARINEX ORAL SYRUP	4	
CLARINEX ORAL TABLET	4	QL
clemastine	2	
cyproheptadine	2	
desloratadine	2	QL
diphenhydramine hcl	2	
EPINEPHRINE	3	QL
EPIPEN 2-PAK	3	QL
EPIPEN JR 2-PAK	3	QL
hydroxyzine hcl	2	
hydroxyzine pamoate	2	
KARBINAL ER	4	ST
levocetirizine oral solution	2	
levocetirizine oral tablet	2	QL
phenadoz	2	
phenergan	2	
promethazine	2	
promethegan	2	
RYVENT	4	ST
VISTARIL	4	
COUGH & COLD THERAPY		
benzonatate	2	
BROMFED DM	4	
brompheniramine-pseudoeph-dm	2	
CAPCOF	4	
centergy	2	
cheratussin ac	2	
CLARINEX-D 12 HOUR	4	QL
codeine-guaifenesin	2	
CODITUSSIN AC	4	
CODITUSSIN DAC	4	
g tussin ac	2	
guaiatussin ac	2	
guaifenesin ac	2	

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Drug Name	Drug Tier	Requirements / Limits
guaifenesin dac	2	
HISTEX-AC	4	
hydrocodone-chlorpheniramine	2	
hydrocodone-cpm-pseudoephed	2	
hydrocodone-homatropine	2	
hydromet	2	
lortuss ex	2	
MAR-COF CG	4	
m-clear wc	2	
M-END PE	4	
NINJACOF-XG	4	
OBREDON	4	ST
POLY-TUSSIN AC	4	
promethazine vc-codeine	2	
promethazine-codeine	2	
promethazine-dm	2	
promethazine-phenylephrine	2	
PRO-RED AC (W/ DEXCHLORPHENIR)	4	
RESPA-AR	4	
robafen ac	2	
rydex	2	
SEMPREX-D	4	
TESSALON PERLES	4	
tusnel c	2	
TUSNEL PEDIATRIC	4	
TUSSICAPS	4	ST
tussigon	2	
TUSSIONEX PENNKINETIC ER	4	
TUZISTRA XR	4	ST
virtussin ac	2	
virtussin dac	2	
VITUZ	4	ST
ZODRYL AC 25	4	
ZODRYL AC 30	4	
ZODRYL AC 35	4	
ZODRYL AC 40	4	
ZODRYL AC 50	4	
ZODRYL AC 60	4	
ZODRYL AC 80	4	
ZODRYL DAC 25	4	
ZODRYL DAC 30	4	
ZODRYL DAC 35	4	
ZODRYL DAC 40	4	
ZODRYL DAC 50	4	
ZODRYL DAC 60	4	
ZODRYL DAC 80	4	
ZODRYL DEC 25	4	
ZODRYL DEC 30	4	
ZODRYL DEC 35	4	
ZODRYL DEC 40	4	
ZODRYL DEC 50	4	
ZODRYL DEC 60	4	
ZODRYL DEC 80	4	
Z-TUSS AC	4	

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Drug Name	Drug Tier	Requirements / Limits
PULMONARY AGENTS		
ACCOLATE	4	
acetylcysteine	1	
ADCIRCA	5	PA; ST; QL
ADEMPAS	5	PA; LA
ADRENALIN	4	
ADVAIR DISKUS	3	PA; QL
ADVAIR HFA	3	PA; QL
AEROSPAN	4	ST; QL
AIRDUO RESPICLICK	4	PA; QL
albuterol sulfate	1	
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARMONAIR RESPICLICK	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX HFA	3	QL
ASMANEX TWISTHALER	3	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	3	QL
BREO ELLIPTA	3	PA; QL
budesonide inhalation	1	QL
budesonide nasal	2	QL
COMBIVENT RESPIMAT	3	QL
cromolyn	1	
CUROSURF	4	
DALIRESP ORAL TABLET 250 MCG	3	PA; QL
DALIRESP ORAL TABLET 500 MCG	3	PA
DULERA	3	PA; QL
DYMISTA	3	ST; QL
ELIXOPHYLLIN	4	
ESBRIET ORAL CAPSULE	5	PA; QL
ESBRIET ORAL TABLET	5	PA
FIRAZYR	5	PA
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
flunisolide	2	QL
fluticasone	2	QL
FLUTICASONE-SALMETEROL	3	PA; QL
HAEGARDA	5	PA; LA
HYPER-SAL	4	
INCRUSE ELLIPTA	3	QL
ipratropium bromide	1	
ipratropium-albuterol	1	QL
KALYDECO	5	PA; QL
LETAIRIS	5	PA; ST; LA
levalbuterol hcl	1	
LONHALA MAGNAIR REFILL	4	QL
LONHALA MAGNAIR STARTER	4	QL
metaproterenol	1	

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Drug Name	Drug Tier	Requirements / Limits
mometasone	2	QL
montelukast	1	
nebusal inhalation solution for nebulization 3 %	2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
OFEV	5	PA; QL
OPSUMIT	5	PA; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA
ORKAMBI ORAL TABLET	5	PA; QL
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PULMICORT FLEXHALER	3	QL
pulmosal	2	
PULMOZYME	5	
QNASL	3	QL
QVAR REDIHALER	3	QL
REVATIO	5	PA; ST; QL
RUCONEST	5	PA
SEEBRI NEOHALER	4	QL
SEREVENT DISKUS	3	QL
sildenafil (antihypertensive)	5	PA; QL
SINUVA	4	
sodium chloride	2	
SPIRIVA RESPIMAT	3	QL
STIOLTO RESPIMAT	3	QL
STRIVERDI RESPIMAT	3	QL
SURFAXIN	4	
SYMBICORT	3	PA; QL
SYMDEKO	5	PA; QL
tadalafil (antihypertensive)	5	PA; QL
terbutaline	1	
THEO-24	4	
theochron	1	
theophylline	1	
TRACLEER	5	PA; LA
TRELEGY ELLIPTA	3	QL
TUDORZA PRESSAIR	3	QL
TYVASO	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
UTIBRON NEOHALER	4	QL
VENTAVIS	5	PA; ST
VENTOLIN HFA	3	QL
XHANCE	4	ST; QL
XOLAIR	5	PA; LA; QL
XOPENEX	4	

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Drug Name	Drug Tier	Requirements / Limits
XOPENEX CONCENTRATE	4	
zafirlukast	1	
zileuton	1	
ZYFLO	4	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin	2	
DITROPAN XL	4	ST
ENABLEX	4	ST
flavoxate	2	
GELNIQUE	3	QL
MYRBETRIQ	3	
oxybutynin chloride	2	
OXYTROL	4	ST; QL
tolterodine	2	
TOVIAZ	3	
trospium	2	
VESICARE	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin	2	
CIALIS	3	PA; QL
dutasteride	2	PA
dutasteride-tamsulosin	2	ST
finasteride	2	
FLOMAX	4	ST
JALYN	4	ST
PROSCAR	4	ST
RAPAFLO	3	ST
tamsulosin	2	
CHOLINERGIC STIMULANTS		
bethanechol chloride	2	
URECHOLINE	4	
MISCELLANEOUS UROLOGICALS		
CAVERJECT	3	PA; QL
CAVERJECT IMPULSE	3	PA; QL
CIALIS	3	PA; QL
CYSTAGON	3	LA
cytra k crystals	2	
cytra-2	2	
cytra-3	2	
cytra-k	2	
EDEX	4	PA; QL
ELMIRON	3	
hyophen	2	
IFE-BIMIX 30/1	4	
IFE-PG20	4	
K-PHOS NO 2	4	
K-PHOS ORIGINAL	3	
methen-sod phos-meth blue-hyos	2	
ORACIT	4	
PAPAV-PHENTOLAM-ALPROST-WATER	4	
PAPAV-PHENTOLAMINE IN WATER	4	
phosphasal	2	
pot,sodium citrate-citric acid	2	

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Drug Name	Drug Tier	Requirements / Limits
potassium citrate	2	
potassium citrate-citric acid	2	
PROCYSBI	5	ST
RENACIDIN	3	
SHOHL'S MODIFIED	4	
sildenafil	2	PA; QL
sodium citrate-citric acid	2	
tricitrates	2	
URELLE	4	
uretron d-s	2	
URIBEL	4	
urimar-t	2	
urin ds	2	
uro-458	2	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
urogesic-blue	2	
uro-mp	2	
UROQID-ACID NO.2	4	
uryl	2	
ustell	2	
UTA	4	
utira-c	2	
vilamit mb	2	
vilevev mb	2	
virtrate-2	2	
virtrate-3	2	
virtrate-k	2	

Drug Name	Drug Tier	Requirements / Limits
URINARY ANESTHETICS		
phenazopyridine	2	
PYRIDIUM	4	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
calcium 500 + d	2	OTC
calcium 500 with d	2	OTC
calcium 600 + d(3)	2	OTC
calcium 600 with vitamin d3	2	OTC
calcium carb and citrate-vitd3	2	OTC
calcium carbonate-vitamin d3	2	OTC
calcium citrate-vitamin d2	2	OTC
calcium citrate-vitamin d3	2	OTC
citrus calcium	2	OTC
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4	
effer-k oral tablet, effervescent 25 meq	2	
GALZIN	4	
hi-cal plus vit d	2	OTC
k-effervescent	2	
klor-con	2	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	2	

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Drug Name	Drug Tier	Requirements / Limits
klor-con m20	2	
klor-con sprinkle	2	
klor-con/ef	2	
k-phos-neutral	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	4	
k-tab oral tablet extended release 8 meq	2	
lugols	2	
oysco 500/d	2	OTC
oyster shell calcium-vit d3	2	OTC
oystercal-d	2	OTC
phospha 250 neutral	2	
phosphorous	2	
POTABA	4	
potassium bicarb and chloride	2	
potassium bicarb-citric acid	2	
potassium chloride	2	
strong iodine	2	
virt-phos 250 neutral	2	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
FORTAVIT	4	
VITAMINS & HEMATINICS		
ACTIVE FE	4	
ANIMI-3 WITH VITAMIN D	4	
ATABEX EC	4	
b complex-vitamin b12	2	ACA; OTC
b complex-vitamin c-folic acid	2	ACA; OTC
BACMIN	4	
balanced b-100	2	ACA; OTC
balanced b-100 complex	2	ACA; OTC
balanced b-50	2	ACA; OTC
bal-care dha	1	
BAL-CARE DHA ESSENTIAL	4	
b-complex with vitamin c	2	ACA; OTC
BIFERA RX	4	
CADEAU DHA	4	
calcium pnv	1	
calcium-folic acid-vitamin d	2	
CARDIOTEK-RX (BIOPERINE)	4	
centratex	2	
cholecalciferol (vitamin d3)	2	OTC
CITRANATAL (DUAL-IRON)	4	
CITRANATAL 90 DHA (ALGAL OIL)	4	
CITRANATAL ASSURE	4	
CITRANATAL B-CALM (FE GLUC)	4	
CITRANATAL BLOOM	4	
CITRANATAL DHA (ALGAL OIL)	4	

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Drug Name	Drug Tier	Requirements / Limits
CITRANATAL HARMONY (IRON FUM)	4	
classic prenatal	1	ACA; OTC
c-nate dha	1	
complete natal dha	1	
completenate	1	
complex b-100	2	ACA; OTC
CONCEPT DHA	4	
CONCEPT OB	4	
corvita	2	
corvita 150	2	
CORVITE	4	
CORVITE 150	4	
CORVITE FE	4	
CORVITE FREE	4	
cyanocobalamin (vitamin b-12)	2	
delta d3	2	OTC
dialyvite	2	
DIALYVITE 3000	4	
DIALYVITE 5000	4	
dialyvite 800	2	ACA; OTC
DIALYVITE 800 WITH IRON	4	
DIALYVITE SUPREME D	4	
DRISDOL	4	
DUET DHA BALANCED	4	
DUET DHA WITH OMEGA-3	4	
d-vi-sol	2	OTC
elite-ob	1	
ENBRACE HR	4	
ENLYTE	4	
ergocalciferol (vitamin d2) oral capsule	2	
ergocalciferol (vitamin d2) oral tablet	2	OTC
ESCAVITE	4	
ESCAVITE D	4	
ESCAVITE LQ	4	
EXTRA-VIRT PLUS DHA	4	
FERIVA 21-7 TABLET	4	
FERIVA FA (SUMALATE)	4	
ferocon	2	
FERRALET 90 DUAL-IRON DELIVERY	4	
ferraplus 90	2	
ferrex 150 forte	2	
ferrex 150 forte plus	2	
ferrex 28	2	
ferrocite plus	2	
FLORIVA	4	
FLORIVA (FLUORIDE-VITAMIN D3)	4	
FLORIVA PLUS	4	
FLUORABON	4	
fluoride (sodium) oral drops	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)	1	ACA
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
fluoritab oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)	1	ACA
fluoritab oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
FLURA-DROPS	4	
folbee	2	
folbee plus	2	
folbic	2	
FOLET ONE	4	
FOLGARD OS	4	
FOLGARD RX	4	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; OTC
folic acid-vit b6-vit b12	2	
folivane-f	2	
folivane-ob	1	
folivane-plus	2	
folplex 2.2	2	
foltabs 800	2	ACA; OTC
FOLTRATE	4	
full spectrum b-vitamin c	2	ACA; OTC
FUSION PLUS	4	
FUSION SPRINKLES	4	
hematinic plus vit/minerals	2	
hematinic/folic acid	2	
hematogen	2	
hematogen fa	2	
hematogen forte	2	
HEMATRON-AF	4	
hemenatal ob	1	
hemenatal ob + dha	1	
hemetab	2	
HEMOCYTE-F	4	
HEMOCYTE-PLUS	4	
hydroxocobalamin	2	
ICAR-C PLUS	4	
iferex 150 forte	2	
INTEGRA F	4	
INTEGRA PLUS	4	
IROSPAN 24/6	4	
kobee	2	ACA; OTC
KOSHER PRENATAL PLUS IRON	4	
kpn	1	ACA; OTC
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
MARNATAL-F	4	
MAXFE (FOLATE-DOCUSATE)	4	
METHAVER	4	
multigen folic	2	
multigen plus	2	
multi-vit with fluoride-iron	1	
multi-vitamin with fluoride oral drops	1	ACA
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg	1	ACA
multi-vitamin with fluoride oral tablet,chewable 1 mg	1	
multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg	1	ACA
multivitamins with fluoride oral tablet,chewable 1 mg	1	
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg	1	ACA
mvc-fluoride oral tablet,chewable 1 mg	1	
myferon 150 forte	2	
mynatal	1	
mynatal advance	1	
mynatal plus	1	
mynatal-z	1	
mynate 90 plus	1	
mynephrocaps	2	
mynephron	2	
NASCOBAL	3	
NATACHEW (FE BIS-GLYCINATE)	4	
natural b-100 complex	2	ACA; OTC
NEEVODHA (WITH ALGAL OIL)	4	
nephplex rx	2	
NEPHROCAPS	4	
NEPHROCAPS QT	4	
NEPHRON FA	4	
nephro-vite rx	2	
NESTABS	4	
NESTABS ABC	4	
NESTABS DHA	4	
NESTABS ONE	4	
NEURIN-SL	4	
newgen	1	
NICOMIDE (SELENIUM-CHROMIUM)	4	
NIVA-FOL	4	
NIVA-PLUS	4	
NUFERA	4	
NUTRICAP	4	
OB COMPLETE	4	

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Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE GOLD	4	
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE WITH DHA	4	
obstetrix dha	1	
OBSTETRIX EC	4	
OBSTETRIX ONE	4	
OBTREX DHA	4	
O-CAL F.A.	4	
O-CAL PRENATAL	4	
one daily prenatal	1	ACA; OTC
oyster shell calcium-vit d2	2	OTC
perry prenatal	1	ACA; OTC
pnv 29-1	1	
pnv ob+dha	1	
pnv-dha	1	
pnv-dha + docusate	1	
pnv-ferrous fumarate-docu-fa	1	
pnv-omega	1	
pnv-select	1	
pnv-vp-u	1	
poly-iron 150 forte	2	
POLY-VI-FLOR	4	
POLY-VI-FLOR WITH IRON	4	
pr natal 400	1	
pr natal 400 ec	1	
pr natal 430	1	
pr natal 430 ec	1	
PREFERA-OB	4	
PREFERA-OB ONE	4	
PREFERA-OB PLUS DHA	4	
prena1 chew	1	
prena1 pearl	1	
prena1 true	1	
prenaissance	1	
prenaissance plus	1	
PRENATA	4	
prenatabs fa	1	
prenatabs rx	1	
prenatal	1	ACA; OTC
prenatal complete	1	ACA; OTC
prenatal formula	1	ACA; OTC
prenatal multi-dha (algal oil)	1	ACA; OTC
prenatal one daily	1	ACA; OTC
prenatal plus	1	
prenatal plus (calcium carb)	1	
PRENATAL PLUS DHA	4	
prenatal vitamin	1	ACA; OTC
prenatal vitamin plus low iron	1	
prenatal vitamin with minerals	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
prenatal vits96-iron fum-folic	1	ACA; OTC
prenatal-u	1	
PRENATE AM	4	
PRENATE CHEWABLE	4	
PRENATE DHA (FERR ASP GLYCIN)	4	
PRENATE ELITE (IRON ASP GLYC)	4	
PRENATE ENHANCE	4	
PRENATE ESSENTIAL(IRON-ASP-GL)	4	
PRENATE MINI (FERR ASP GLYCIN)	4	
PRENATE PIXIE	4	
PRENATE RESTORE	4	
PRENATE STAR	4	
preplus	1	
pretab	1	
PRIMACARE	4	
PROFERRIN-FORTE	4	
PROTECT IRON	4	
PROVIDA DHA	4	
PROVIDA OB	4	
PURALOR CI	4	
PUREFE OB PLUS	4	
PUREFE PLUS	4	
purevit dualfe plus	2	
QUFLORA	4	
QUFLORA FE	4	
QUFLORA FE (FERROUS SULFATE)	4	
QUFLORA PEDIATRIC	4	
QUFLORA PEDIATRIC DROPS	4	
renal caps	2	
rena-vite	2	ACA; OTC
rena-vite rx	2	
reno caps	2	
risacal-d	2	OTC
R-NATAL OB	4	
SELECT-OB	4	
SELECT-OB (FOLIC ACID)	4	
SELECT-OB + DHA	4	
se-natal 19	1	
se-natal 19 (with docusate)	1	
se-tan plus	2	
stress formula	2	ACA; OTC
stress formula with iron	2	ACA; OTC
stress formula with iron(sulf)	2	ACA; OTC
STROVITE FORTE	4	
STROVITE ONE	4	
super b complex-vitamin c	2	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
super b maxi complex	2	ACA; OTC
super b-50 complex plus	2	ACA; OTC
super quints	2	ACA; OTC
super quints b-50	2	ACA; OTC
superplex-t	2	ACA; OTC
SUPERVITE	4	
TANDEM PLUS	4	
taron forte	2	
taron-c dha	1	
taron-prex prenatal-dha	1	
THRIVITE RX	4	
thrivite-19	2	
tl gard rx	2	
tl g-fol os	2	
tl icon	2	
total b/c	2	ACA; OTC
TRICARE	4	
tricon	2	
TRIFERIC	4	
trigels-f forte	2	
trinatal rx 1	1	
trinate	1	
triphrocaps	2	
TRISTART DHA	4	
triveen-duo dha	1	
TRI-VI-FLOR	4	
tri-vitamin with fluoride	1	ACA
trust natal dha	1	
UDAMIN SP	4	
ultra b-100 complex	2	ACA; OTC
v-c forte	2	
vic-forte	2	
vinate care	1	
VINATE DHA RF	4	
vinate ii	1	
vinate m	1	
vinate one	1	
virt-advance	1	
virt-c dha	1	
VIRT-CAPS	4	
virt-gard	2	
virt-nate dha	1	
virt-pn	1	
virt-pn dha	1	
virt-pn plus	1	
VIRTPREX	4	
virt-select	1	
virt-vite	2	
virt-vite gt	1	
VIRT-VITE PLUS	4	
vit 3	2	
VITAFOL	4	
VITAFOL FE+ (WITH DOCUSATE)	4	
VITAFOL GUMMIES	4	
VITAFOL NANO	4	
VITAFOL ULTRA	4	
VITAFOL-OB	4	
VITAFOL-OB+DHA	4	

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Drug Name	Drug Tier	Requirements / Limits
VITAFOL-ONE	4	
vitajoy daily d	2	OTC
VITAL-D RX	4	
VITAMED MD ONE RX	4	
VITAMEDMD REDICHEW RX	4	
vitamin b complex	2	ACA; OTC
vitamin b complex-folic acid	2	ACA; OTC
vitamin d3	2	OTC
vitamins a,c,d and fluoride	1	ACA
VITAPEARL	4	
VITA-RESPA	4	
VITATRUE	4	
vol-nate	2	
vol-plus	2	
vol-tab rx	2	
vp-ch plus	1	
vp-ch-pnv	1	
VP-PNV-DHA	4	
vp-vite rx	2	
zatean-pn dha	1	
zatean-pn plus	1	
zingiber	1	

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