Select Drug List

for Municipalities

2022

ConnectiCare

This document is the complete ConnectiCare pharmacy drug list, or formulary, that is covered by your employer-sponsored plan for municipalities. This drug list is effective for plan year 2022. It is updated monthly and the last update was on January 1, 2022. The list is subject to change as new drugs come to market or are removed from the market. Please check the Pharmacy Center on connecticare.com for the most up-to-date drug list covered by your plan.

What is the Select Drug List?

It's a list of covered drugs — both generic and brand-name drugs — selected by ConnectiCare in consultation with a team of health care providers. It includes the prescription therapies believed to be a necessary part of a quality treatment program. ConnectiCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a ConnectiCare network pharmacy and other plan rules are followed.

How do I use the formulary?

To search for your drug within the formulary, please refer to the:

- *Table of Contents* on page 1 and look for your drug under the therapeutic class sections; or
- *Index*, which starts on page 146, and look for your drug and the corresponding page.

This formulary will tell you what tier your drug is in. A drug tier is a group of medications included within a similar price range. Check your benefit summary to see what your cost-share is for the drugs in each tier.

Tier	What drugs are included
Tier 0	Drugs covered under health care reform
Tier 1	Generic drugs
Tier 2	Preferred brand-name drugs
Tier 3	Non-preferred brand name drugs

If your doctor prescribes a drug that is not listed, please contact ConnectiCare for further information on coverage of the product in question. If it's appropriate, ask your doctor about a generic medication or a more affordable alternative that is included in the drug list. Refer to your benefit summary by logging in on connecticare.com to determine actual cost-share amounts applicable to your plan.

What are generic drugs and brand-name drugs?

A generic drug is approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

This formulary differentiates between the two kinds of drugs by how they are presented on the list:

- generic drugs are italicized and spelled out in lowercase letters
- brand-name drugs are not italicized and spelled out in uppercase letters

Under your plan, a pharmacist will fill a generic drug for a prescription whenever a generic is available. For the most part, this will happen even if your prescription is written for a brand-name drug. But you or your doctor can specifically instruct the pharmacist to fill the prescription with a brand-name drug. When this happens, you may pay more and the cost will depend on your plan benefits. Please refer to your plan documents for details.

Are there any limitations on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are indicated in the formulary with initials after their names. Here is a key to the limitations and how you will see them noted in the formulary:

Preauthorization (PA)

Some drugs require preauthorization. This means that you or your doctor will need to get approval from us before you fill your prescriptions. If you don't get approval, the drug may not be covered and you may be responsible for the entire cost of the medication.

Preauthorization requests can be faxed to the ConnectiCare Pharmacy Services Department at 1-800-249-1367 by the prescribing physician's office. A form for submitting a request can be found on connecticare.com. If we deny a preauthorization request, we will notify you and your doctor in writing with the reason and information on how to appeal.

Some drugs that require preauthorization must be filled at a specialty pharmacy. Please refer to the "limited availability" section below for more information.

Quantity limits (QL)

For certain medications, ConnectiCare limits the amount of the drug that we will cover. For example, ConnectiCare covers MAXALT (or its generic version, *rizatriptan*) for 9 tablets per 30 days. This may be in addition to a standard one-month or three-month supply.

Step therapy (ST)

In some cases, ConnectiCare 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.

Limited availability (LA)

Drugs labeled "LA" for "limited availability" must be filled by ConnectiCare's preferred specialty pharmacy, Accredo, and are limited to a 30-day supply. These drugs are prescription medications used to treat complex conditions and often require special storage, handling and close monitoring by you, your doctor or pharmacist. For more information, please visit accredo.com.

Over the counter (OTC)

ConnectiCare does not cover over-the-counter drugs unless they are listed in this formulary and have been prescribed by a doctor. The formulary notes which drugs have any additional requirements or limits.

Affordable Care Act (ACA)

This refers to the preventive guidelines of the federal Affordable Care Act, also known as health care reform. Drugs marked "ACA" may be free to you if they are prescribed under the preventive care guidelines of the ACA. You will not have to pay any copayment, coinsurance or anything toward your deductible. More information on ACA-covered drugs is available here.

Can I get my prescriptions delivered to my home?

Our pharmacy benefit manager, Express Scripts, provides convenient home delivery by mail. Home delivery may save you money if you refill drugs every month and think you will be on the same drug(s) for six months or longer.

Home delivery is as safe as going to your local pharmacy. Express Scripts pharmacists check every order for accuracy and are available 24/7 to answer your questions. To

compare costs and sign up for home delivery, visit express-scripts.com or call Express Scripts at 1-877-603-1032.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Call 1-800-251-7722 (TTY: 1-800-833-8134) Monday-Friday, 8 a.m. to 8 p.m., and Saturday from 9 a.m. to 2 p.m.
- Send a secure message by logging into connecticare.com.
- For general questions *only*, email us at info@connecticare.com. Please do not use this address to send any personal, confidential or medical information, such as member ID, Social Security number or medical information. This is a regular email address that is not secure.

To reach Provider Services:

- Call 1-800-828-3407 Monday-Friday, 8 a.m. to 6 p.m.
- For preauthorization requests or any medical management issue, call 1-800-562-6833 Monday-Friday from 8 a.m. to 5 p.m.
- Use our website at connecticare.com/providers to check benefit eligibility and claims status, review medical criteria and find forms.

If you need to mail us anything, send to:

ConnectiCare
Attention: Pharmacy Department
175 Scott Swamp Road
P.O. Box 4050
Farmington, CT 06034-4050

More contact information is available at connecticare.com.

Accessibility and Nondiscrimination Notice:

ConnectiCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

The Committee for Civil Rights
ConnectiCare
175 Scott Swamp Road
Farmington, CT 06032
1-800-251-7722 (TTY: 1-800-833-8134)

You can file a grievance in person at 175 Scott Swamp Road, Farmington, CT, or by mail or fax (860) 674-2232. If you need help filing a grievance, The Committee for Civil Rights is

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

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

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 1-800-833-8134).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-251-7722 (TTY: 1-800-833-8134)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 1-800-833-8134).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 1-800-833-8134).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 1-800-833-8134).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 1-800-833-8134).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 1-800-833-8134).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. برقم اتصل 1-800-251-7722 (والبكم الصم هاتف رقم: 1-800-833-8134).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 1-800-833-8134)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 1-800-833-8134).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-251-7722 (TTY: 1-800-833-8134) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 1-800-833-8134).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 1-800-833-8134).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-251-7722 (TTY: 1-800-833-8134)។

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-251-7722 (TTY: 1-800-833-8134).

Intro Rev. 2.28.17

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List of Abbreviations

***:** Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider.

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	PA
AMBISOME	3	PA
amphotericin b	1	PA
ANCOBON	3	*
BREXAFEMME	3	ST
clotrimazole mucous membrane	1	
CRESEMBA INTRAVENOUS	3	PA
CRESEMBA ORAL	3	PA; QL
DIFLUCAN	3	*
ERAXIS(WATER DILUENT)	3	PA
fluconazole	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole	1	
ketoconazole oral	1	
NOXAFIL INTRAVENOUS	3	PA
NOXAFIL ORAL SUSPENSION	3	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; *
nystatin oral	1	
ORAVIG	3	ST; QL
posaconazole oral tablet,delayed release (dr/ec)	1	PA
SPORANOX ORAL SOLUTION	3	*
SPORANOX PULSEPAK	3	*
terbinafine hcl oral	1	
TOLSURA	3	PA; QL
VFEND	3	*; QL
VFEND IV	3	PA; *
voriconazole intravenous	1	PA
voriconazole oral	1	QL
ANTIVIRALS		

Drug Name	Drug Tier	Requirements / Limits
abacavir	1	QL
abacavir-lamivudine	1	QL
abacavir-lamivudine-zidovudine	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
adefovir	1	
amantadine hcl	1	
APTIVUS	3	QL
atazanavir	1	QL
ATRIPLA	3	*; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	*
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL
cidofovir	1	PA
CIMDUO	3	QL
COMBIVIR	3	*; QL
COMPLERA	3	QL
DELSTRIGO	3	QL
DESCOVY	2	QL
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	QL
DOVATO	3	QL
EDURANT	3	QL
efavirenz	1	QL
efavirenz-emtricitabin-tenofov	1	QL
efavirenz-lamivu-tenofov disop	1	QL
emtricitabine	1	QL
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	0	ACA; QL
EMTRIVA ORAL CAPSULE	3	*; QL
EMTRIVA ORAL SOLUTION	2	QL
entecavir	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
EPCLUSA ORAL PELLETS IN PACKET	2	PA; LA; QL
EPCLUSA ORAL TABLET	2	PA; LA
EPIVIR	3	*; QL
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	*
EPZICOM	3	*; QL
etravirine	1	QL
EVOTAZ	3	QL
famciclovir	1	
FLUMADINE ORAL TABLET	3	*
fosamprenavir	1	QL
FUZEON SUBCUTANEOUS RECON SOLN	3	PA; LA; QL
GENVOYA	2	QL
HARVONI	3	PA; LA; QL
HEPSERA	3	*
INTELENCE ORAL TABLET 100 MG, 200 MG	3	*; QL
INTELENCE ORAL TABLET 25 MG	3	QL
INVIRASE ORAL TABLET	2	QL
ISENTRESS HD	2	QL
ISENTRESS ORAL POWDER IN PACKET	3	QL
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET,CHEWABLE	2	QL
JULUCA	3	QL
KALETRA ORAL SOLUTION	3	*; QL
KALETRA ORAL TABLET	2	*; QL
lamivudine oral solution	1	QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	QL
lamivudine-zidovudine	1	QL
LEXIVA ORAL SUSPENSION	3	QL
LEXIVA ORAL TABLET	3	*; QL
lopinavir-ritonavir	1	QL
MAVYRET	3	PA; LA; QL
nevirapine	1	QL

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Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL POWDER IN PACKET	3	QL
NORVIR ORAL SOLUTION	2	QL
NORVIR ORAL TABLET	3	*; QL
ODEFSEY	3	QL
oseltamivir	1	QL
PIFELTRO	3	QL
PREVYMIS ORAL	3	PA
PREZCOBIX	3	QL
PREZISTA ORAL SUSPENSION	3	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	QL
RAPIVAB (PF)	3	PA
RELENZA DISKHALER	2	QL
RETROVIR ORAL CAPSULE	3	*; QL
RETROVIR ORAL SYRUP	3	*; QL
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	*; QL
REYATAZ ORAL POWDER IN PACKET	3	QL
ribavirin inhalation	1	PA
rimantadine	1	
ritonavir	1	QL
RUKOBIA	3	QL
SELZENTRY	3	QL
SITAVIG	3	PA
SOVALDI	3	PA; LA
stavudine oral capsule 15 mg, 20 mg, 40 mg	1	QL
STRIBILD	3	QL
SUSTIVA	3	*; QL
SYMFI	3	*; QL
SYMFI LO	3	*; QL
SYMTUZA	3	QL
SYNAGIS	3	PA; LA; QL
TAMIFLU	3	*; QL
TEMIXYS	3	QL

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Drug Name	Drug Tier	Requirements / Limits
tenofovir disoproxil fumarate	1	QL
TIVICAY	3	QL
TIVICAY PD	3	QL
TRIUMEQ	3	QL
TRIZIVIR	3	*; QL
TRUVADA	3	PA; *; QL
TYBOST	3	QL
valacyclovir	1	
VALCYTE ORAL RECON SOLN	3	*
VALCYTE ORAL TABLET	3	*; QL
valganciclovir oral recon soln	1	
valganciclovir oral tablet	1	QL
VALTREX	3	*
VEMLIDY	3	PA
VIEKIRA PAK	3	PA; LA; QL
VIRACEPT ORAL TABLET	2	QL
VIRAMUNE XR	3	*; QL
VIRAZOLE	3	PA
VIREAD ORAL POWDER	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
VIREAD ORAL TABLET 300 MG	3	*; QL
VOSEVI	2	PA; LA; QL
XOFLUZA	3	QL
ZEPATIER	2	PA; LA; QL
ZIAGEN	3	*; QL
zidovudine	1	QL
ZOVIRAX ORAL SUSPENSION	3	*
CEPHALOSPORINS		
AVYCAZ	3	PA
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefazolin	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
cefdinir	1	
cefditoren pivoxil	1	
CEFEPIME IN DEXTROSE 5 %	3	
cefepime in dextrose,iso-osm	1	PA
cefepime injection	1	PA
cefixime	1	QL
CEFOTAN	3	PA
cefotaxime injection recon soln 1 gram	1	PA
cefotetan	1	PA
CEFOTETAN IN DEXTROSE, ISO-OSM	3	
cefoxitin	1	PA
cefoxitin in dextrose, iso-osm	1	PA
cefpodoxime	1	QL
cefprozil	1	
ceftazidime	1	PA
CEFTAZIDIME IN D5W	3	PA
ceftriaxone in dextrose,iso-os	1	PA
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	PA
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	3	PA
ceftriaxone intravenous	1	PA
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection recon soln 750 mg	1	PA
cefuroxime sodium intravenous	1	PA

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
cephalexin	1	
CLAFORAN INJECTION RECON SOLN 2 GRAM	3	PA; *
FORTAZ INJECTION RECON SOLN 1 GRAM, 2 GRAM, 500 MG	3	PA; *
KEFLEX ORAL CAPSULE 750 MG	3	*
SPECTRACEF ORAL TABLET 400 MG	3	*
SUPRAX ORAL CAPSULE	3	*; QL
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	*; QL
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	QL
SUPRAX ORAL TABLET,CHEWABLE	3	QL
tazicef injection	1	PA
TEFLARO	3	PA
ZERBAXA	3	PA
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin intravenous	1	PA
azithromycin oral	1	
clarithromycin	1	
DIFICID	3	PA; QL
e.e.s. 400 oral tablet	1	
E.E.S. GRANULES	3	*
ERYPED 200	3	*
ERYPED 400	3	*
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	*
erythrocin (as stearate) oral tablet 250 mg	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
erythromycin oral	1	
ZITHROMAX INTRAVENOUS	3	PA; *
ZITHROMAX ORAL PACKET	3	*
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*
ZITHROMAX TRI-PAK	3	*
ZITHROMAX Z-PAK	3	*
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	PA; QL
albendazole	1	QL
ALBENZA	3	*; QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ALINIA ORAL TABLET	3	*; QL
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	
ARIKAYCE	3	PA; QL
atovaquone	1	PA
atovaquone-proguanil	1	PA
AZACTAM	3	PA; *
aztreonam	1	PA
bacitracin intramuscular	1	PA
BENZNIDAZOLE	3	PA
BETHKIS	3	*
BILTRICIDE	3	*
CAYSTON	3	PA
chloramphenicol sod succinate	1	PA
chloroquine phosphate	1	PA
CLEOCIN HCL	3	*
CLEOCIN INJECTION	3	PA; *
CLEOCIN PEDIATRIC	3	*
clindamycin hcl	1	
clindamycin in 5 % dextrose	1	PA

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Drug Name	Drug Tier	Requirements / Limits
clindamycin pediatric	1	
clindamycin phosphate injection	1	PA
COARTEM	3	PA
colistin (colistimethate na)	1	PA
COLY-MYCIN M PARENTERAL	3	PA; *
CYCLOSERINE	3	
DALVANCE	3	PA
dapsone oral	1	
DARAPRIM	3	PA; *
EMVERM	3	
ethambutol	1	
FLAGYL ORAL CAPSULE	3	*
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
gentamicin injection	1	
gentamicin sulfate (ped) (pf)	1	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	
HUMATIN	3	*
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	PA; QL
hydroxychloroquine oral tablet 200 mg	1	
imipenem-cilastatin	1	PA
IMPAVIDO	3	PA
isoniazid injection	1	PA
isoniazid oral	1	
ivermectin oral	1	
KITABIS PAK	3	
KRINTAFEL	3	PA
LAMPIT	3	PA

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Drug Name	Drug Tier	Requirements / Limits
linezolid	1	QL
linezolid-0.9% sodium chloride	1	PA
MALARONE	3	PA; *
MALARONE PEDIATRIC	3	PA; *
mefloquine	1	PA
MEPRON	3	PA; *
meropenem	1	PA
metro i.v.	1	PA
metronidazole in nacl (iso-os)	1	PA
metronidazole oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	*
MYCOBUTIN	3	*
NEBUPENT	3	*
neomycin	1	
nitazoxanide	1	QL
paromomycin	1	
PASER	3	
pentamidine inhalation	1	
PLAQUENIL	3	*
polymyxin b sulfate	1	PA
praziquantel	1	
PRETOMANID	3	PA
PRIFTIN	2	
primaquine	1	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; *
pyrazinamide	1	
pyrimethamine	1	PA
QUALAQUIN	3	PA; *
quinine sulfate	1	
rifabutin	1	
RIFADIN INTRAVENOUS	3	PA; *
rifampin intravenous	1	PA
rifampin oral	1	

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Drug Name	Drug Tier	Requirements / Limits
SIRTURO	3	PA
SIVEXTRO	3	PA
SOLOSEC	3	PA; QL
STREPTOMYCIN	3	PA
STROMECTOL	3	*
SYNERCID	3	PA
tinidazole	1	QL
TOBI	3	*
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	PA
tobramycin in 0.225 % nacl	1	PA
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1	
tobramycin inhalation	1	
tobramycin sulfate	1	
TOBRAMYCIN WITH NEBULIZER	3	
TRECATOR	3	
XENLETA ORAL	3	PA; QL
XIFAXAN	2	PA
ZYVOX ORAL	3	*; QL
PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium	1	PA
ampicillin-sulbactam injection	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	*
AUGMENTIN XR	3	*
BICILLIN C-R	3	PA

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Drug Name	Drug Tier	Requirements / Limits
BICILLIN L-A	3	
dicloxacillin	1	
MOXATAG	3	
nafcillin in dextrose iso-osm	1	PA
nafcillin injection	1	PA
nafcillin intravenous recon soln 2 gram	1	PA
oxacillin in dextrose(iso-osm)	1	PA
oxacillin injection	1	PA
PENICILLIN G POT IN DEXTROSE	3	PA
penicillin g potassium	1	PA
penicillin g procaine	1	PA
penicillin g sodium	1	PA
penicillin v potassium	1	
pfizerpen-g	1	PA
UNASYN INJECTION	3	PA; *
QUINOLONES		
BAXDELA ORAL	3	PA; QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
ciprofloxacin	1	
ciprofloxacin hcl oral	1	
ciprofloxacin in 5 % dextrose	1	PA
FACTIVE	3	
levofloxacin in d5w	1	PA
levofloxacin intravenous	1	PA
levofloxacin oral	1	
moxifloxacin oral	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	3	PA
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	*
BACTRIM DS	3	*
sulfadiazine	1	

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Drug Name	Drug Tier	Requirements / Limits
sulfamethoxazole-trimethoprim intravenous	1	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim	1	
TETRACYCLINES		
ACTICLATE	3	PA; *
avidoxy	1	
AVIDOXY DK	3	PA
coremino	1	PA
demeclocycline	1	
DORYX MPC	3	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	PA; *
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
doxy-100	1	PA
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1	PA
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
doxycycline monohydrate oral capsule	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	PA
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
LYMEPAK	3	*
MINOCIN INTRAVENOUS	3	PA
minocycline oral capsule	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA
minocycline oral tablet	1	
minocycline oral tablet extended release 24 hr	1	PA

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Drug Name	Drug Tier	Requirements / Limits
MINOLIRA ER	3	PA
mondoxyne nl	1	
MONODOX	3	PA; *
MORGIDOX 2X100	3	
morgidox oral capsule 100 mg	1	
NUZYRA ORAL	3	PA
ORACEA	3	PA
SEYSARA	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	PA; *
TARGADOX	3	PA
tetracycline	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	*
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	*
VIBRAMYCIN ORAL SYRUP	2	
XIMINO	3	PA
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	QL
FURADANTIN	3	*
HIPREX	3	*
MACROBID	3	*
MACRODANTIN	3	*
methenamine hippurate	1	
methenamine mandelate	1	
MONUROL	3	*; QL
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
PRIMSOL	3	
trimethoprim	1	
VANCOMYCIN		
FIRVANQ	3	

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Drug Name	Drug Tier	Requirements / Limits
VANCOCIN	3	*
vancomycin oral capsule	1	
vancomycin oral recon soln	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ELITEK	3	PA; LA
ETHYOL	3	PA; *; LA
KEPIVANCE	3	PA; LA
leucovorin calcium injection	1	PA; LA
leucovorin calcium oral	1	
mesna	1	PA; LA
MESNEX INTRAVENOUS	3	PA; *; LA
MESNEX ORAL	3	
VISTOGARD	3	PA
XGEVA	3	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone	1	PA; QL
ABRAXANE	3	PA; LA
ADCETRIS	3	PA
adrucil intravenous solution 2.5 gram/50 ml	1	PA; LA
AFINITOR	3	PA; *; LA
AFINITOR DISPERZ	3	PA; *; LA
ALECENSA	3	PA; LA
ALIMTA	3	PA; LA
ALKERAN	3	*
ALKERAN (AS HCL)	3	PA; *; LA
ALUNBRIG	3	PA; LA
anastrozole	0	ACA
ARIMIDEX	3	*
AROMASIN	3	*
ARRANON	3	PA; LA
ARZERRA	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL	3	
AYVAKIT	3	PA; QL
azacitidine	1	PA; LA
AZASAN	3	*
azathioprine	1	
azathioprine sodium	1	PA
BALVERSA	3	PA
BAVENCIO	3	PA
BELEODAQ	3	PA
bexarotene	1	PA
bicalutamide	1	
bleomycin	1	PA; LA
BLINCYTO INTRAVENOUS KIT	3	PA
BOSULIF	3	PA; LA; QL
BRAFTOVI	3	PA; QL
BRUKINSA	3	PA; QL
busulfan	1	PA
BUSULFEX	3	PA; *; LA
CABOMETYX	3	PA; LA
CALQUENCE	3	PA; QL
capecitabine	1	PA; LA
CAPRELSA	3	PA; QL
carboplatin intravenous solution	1	PA; LA
CASODEX	3	*
CELLCEPT INTRAVENOUS	3	PA; *; LA
CELLCEPT ORAL CAPSULE	3	*
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
CELLCEPT ORAL TABLET	3	*
cladribine	1	PA; LA
COMETRIQ	3	PA
COPIKTRA	3	PA; QL
COSMEGEN	3	PA; LA
COTELLIC	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
cyclophosphamide intravenous recon soln	1	PA; LA
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
cyclosporine intravenous	1	PA; LA
cyclosporine modified	1	
cyclosporine oral capsule	1	
cytarabine	1	PA; LA
cytarabine (pf)	1	PA; LA
dacarbazine	1	PA; LA
DACOGEN	3	PA; *; LA
dactinomycin	1	PA; LA
DARZALEX	3	PA; LA
daunorubicin intravenous solution	1	PA; LA
DAURISMO	3	PA; LA; QL
decitabine	1	PA; LA
DOCEFREZ	3	PA; LA
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	1	PA; LA
DOXIL	3	PA; *; LA
doxorubicin, peg-liposomal	1	PA
DROXIA	2	
ELIGARD	3	LA
ELIGARD (3 MONTH)	3	LA
ELIGARD (4 MONTH)	3	LA
ELIGARD (6 MONTH)	3	LA
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	PA; *; LA
ELLENCE INTRAVENOUS SOLUTION 50 MG/25 ML	3	PA; LA
EMCYT	3	
EMPLICITI	3	PA; LA
ENSPRYNG	3	PA; LA
ENVARSUS XR	3	

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Drug Name	Drug Tier	Requirements / Limits
epirubicin intravenous recon soln 200 mg	1	PA; LA
epirubicin intravenous solution	1	PA; LA
ERBITUX	3	PA; LA
ERIVEDGE	3	PA; LA; QL
ERLEADA	3	PA; LA; QL
erlotinib	1	PA; LA; QL
ERWINASE	3	PA
ETOPOPHOS	3	PA; LA
etoposide intravenous	1	PA; LA
etoposide oral	1	
everolimus (antineoplastic)	1	PA
everolimus (immunosuppressive)	1	PA; LA
exemestane	0	ACA
EXKIVITY	3	PA
FARESTON	3	*
FARYDAK	3	PA; LA
FASLODEX	3	PA; *; LA
FEMARA	3	*
FIRMAGON KIT W DILUENT SYRINGE	3	PA
floxuridine	1	PA; LA
fludarabine	1	PA; LA
fluorouracil intravenous	1	PA; LA
flutamide	1	
FOLOTYN	3	PA; LA
FOTIVDA	3	PA
fulvestrant	1	PA; LA
GAVRETO	3	PA; QL
GAZYVA	3	PA; LA
gengraf	1	
GILOTRIF	3	PA; LA; QL
GLEEVEC	3	PA; *; LA
GLEOSTINE	3	
GLIADEL WAFER	3	
HALAVEN	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	3	PA; LA
HYCAMTIN INTRAVENOUS	3	PA; *; LA
HYCAMTIN ORAL	3	PA; LA
HYDREA	3	*
hydroxyurea	1	
IBRANCE ORAL CAPSULE	2	PA; LA; QL
IBRANCE ORAL TABLET	3	PA; LA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 45 MG	3	PA
ICLUSIG ORAL TABLET 30 MG	3	ST
IDAMYCIN PFS	3	PA; *; LA
idarubicin	1	PA; LA
IDHIFA	3	PA; LA; QL
IFEX	3	PA; *; LA
ifosfamide	1	PA; LA
imatinib	1	PA; LA
IMBRUVICA	3	PA; QL
IMFINZI	3	PA; LA
IMLYGIC	3	PA
IMURAN	3	*
INLYTA	3	PA; LA; QL
INQOVI	3	PA; LA; QL
INREBIC	3	PA; LA; QL
IODOPEN	3	PA
IRESSA	3	PA
IXEMPRA	3	PA; LA
JAKAFI	3	PA; LA; QL
JEVTANA	3	PA; LA
KADCYLA	3	PA; LA
KEYTRUDA	3	PA
KISQALI	3	PA; LA
KISQALI FEMARA CO-PACK	3	PA; LA
KLISYRI	3	

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Drug Name	Drug Tier	Requirements / Limits
KOSELUGO	3	PA
lapatinib	1	PA; LA; QL
LENVIMA	3	PA; LA
letrozole	1	
LEUKERAN	2	
leuprolide subcutaneous kit	1	
LONSURF	3	PA; LA
LORBRENA	3	PA; LA
LUMAKRAS	3	PA; LA; QL
LUPKYNIS	3	
LUPRON DEPOT	3	
LUPRON DEPOT (3 MONTH)	3	
LUPRON DEPOT (4 MONTH)	3	
LUPRON DEPOT (6 MONTH)	3	
LUPRON DEPOT-PED	3	
LUPRON DEPOT-PED (3 MONTH)	3	
LYNPARZA	3	PA; LA
LYSODREN	3	
MATULANE	2	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet	1	
MEKINIST	3	PA; LA; QL
MEKTOVI	3	PA; QL
melphalan	1	
melphalan hcl	1	PA; LA
mercaptopurine	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mitoxantrone	1	PA; LA
MYCAPSSA	3	PA; LA
mycophenolate mofetil	1	
mycophenolate mofetil (hcl)	1	PA; LA
mycophenolate sodium	1	

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Drug Name	Drug Tier	Requirements / Limits
MYFORTIC	3	*
MYLERAN	2	
NEORAL	3	*
NERLYNX	3	PA; LA; QL
NEXAVAR	3	PA; LA
NILANDRON	3	PA; *
nilutamide	1	PA
NINLARO	3	PA; LA
NIPENT	3	PA; LA
NUBEQA	3	PA; LA; QL
NULOJIX	3	PA; LA
octreotide acetate	1	PA
ODOMZO	3	PA; LA; QL
ONCASPAR	3	PA; LA
ONUREG	3	
ORGOVYX	3	PA
oxaliplatin	1	PA; LA
paclitaxel	1	PA; LA
paraplatin	1	PA
PEMAZYRE	3	PA; QL
PERJETA	3	PA; LA
PHOTOFRIN	3	PA; LA
PIQRAY	3	PA; LA; QL
PROGRAF INTRAVENOUS	3	PA; LA
PROGRAF ORAL CAPSULE	3	*
PROGRAF ORAL GRANULES IN PACKET	3	
PURIXAN	3	
QINLOCK	3	PA; QL
RAPAMUNE	3	*
RETEVMO	3	PA; LA; QL
REZUROCK	3	PA; QL
ROZLYTREK	3	PA; LA; QL
RUBRACA	3	PA
RYDAPT	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
RYLAZE	3	PA
SANDIMMUNE INTRAVENOUS	3	PA; *
SANDIMMUNE ORAL CAPSULE	3	*
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; *
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; LA; QL
SCEMBLIX	3	PA
SIGNIFOR	3	PA; LA
SIGNIFOR LAR	3	PA; LA; QL
SIKLOS	3	PA
SIMULECT	3	PA; LA
sirolimus	1	
SOLTAMOX	0	ACA
SOMATULINE DEPOT	3	PA
SPRYCEL	2	PA; LA
STIVARGA	3	PA; LA; QL
sunitinib	1	PA; QL
SUTENT	3	PA; *; LA; QL
SYLVANT	3	PA; LA
SYNRIBO	3	PA
TABLOID	2	
TABRECTA	3	PA; LA; QL
tacrolimus oral	1	
TAFINLAR	3	PA; LA; QL
TAGRISSO	3	PA; LA
TALZENNA	3	PA; LA; QL
tamoxifen	0	ACA
TARCEVA	3	PA; *; LA; QL
TARGRETIN ORAL	3	PA; *
TARGRETIN TOPICAL	2	PA
TASIGNA	3	PA; LA
TAZVERIK	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
TEMODAR INTRAVENOUS	3	PA; LA
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	3	PA; *; LA
temozolomide	1	PA; LA
TENIPOSIDE	3	
TEPMETKO	3	PA; QL
THALOMID	3	PA; LA; QL
TIBSOVO	3	PA; QL
toposar	1	PA; LA
topotecan intravenous recon soln	1	PA; LA
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	1	PA; LA
toremifene	1	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; LA
tretinoin (antineoplastic)	1	PA
TREXALL	3	
TRIPTODUR	3	PA
TRUSELTIQ	3	PA; QL
TUKYSA	3	PA; QL
TURALIO	3	PA; QL
TYKERB	3	PA; *; LA; QL
UKONIQ	3	PA; QL
UNITUXIN	3	PA; QL
VECTIBIX	3	PA; LA
VENCLEXTA	3	PA
VENCLEXTA STARTING PACK	3	PA
VERZENIO	2	PA; LA
VIDAZA	3	PA; *; LA
vinblastine	1	PA; LA
vincasar pfs	1	PA; LA
vincristine	1	PA; LA
vinorelbine	1	PA; LA
VITRAKVI	3	PA; LA; QL
VIZIMPRO	3	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
VOTRIENT	3	PA; LA
WELIREG	3	PA
XALKORI	3	PA; LA; QL
XATMEP	3	PA
XELODA	3	PA; *; LA
XERMELO	3	PA
XOSPATA	3	PA; QL
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	3	PA
XTANDI	3	PA; LA; QL
YERVOY	3	PA; LA
YONDELIS	3	PA; LA
YONSA	3	PA; LA; QL
ZALTRAP	3	PA; LA
ZANOSAR	3	PA; LA
ZEJULA	3	PA; QL
ZELBORAF	3	PA; LA; QL
ZEVALIN (Y-90)	3	PA; LA
ZOLADEX	3	LA
ZOLINZA	3	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	PA; *; LA
ZORTRESS ORAL TABLET 1 MG	3	PA; LA
ZYDELIG	3	PA
ZYKADIA ORAL TABLET	3	PA; LA
ZYTIGA	3	PA; *; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	3	PA
BANZEL	3	*
BRIVIACT INTRAVENOUS	3	PA

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Drug Name	Drug Tier	Requirements / Limits
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET 10 MG	3	
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	3	PA
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable	1	
CARBATROL	3	*
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX	3	PA; *
clobazam	1	PA
clonazepam	1	
DEPAKOTE	3	*
DEPAKOTE ER	3	*
DEPAKOTE SPRINKLES	3	*
DIACOMIT	3	PA; QL
DIASTAT	3	*
DIASTAT ACUDIAL	3	*
diazepam rectal	1	
DILANTIN	2	
DILANTIN EXTENDED	3	*
DILANTIN INFATABS	3	*
DILANTIN-125	3	*
divalproex	1	
ELEPSIA XR	3	
EPIDIOLEX	3	PA; LA
epitol	1	
EPRONTIA	3	
EQUETRO	3	PA
ethosuximide	1	
felbamate	1	
FELBATOL	3	*

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Drug Name	Drug Tier	Requirements / Limits
FINTEPLA	3	PA
fosphenytoin	1	PA
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABITRIL	3	*
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
KEPPRA INTRAVENOUS	3	PA; *
KEPPRA ORAL	3	*
KEPPRA XR	3	*
KLONOPIN	3	*
LAMICTAL ODT	3	*
LAMICTAL ODT STARTER (BLUE)	3	*
LAMICTAL ODT STARTER (GREEN)	3	*
LAMICTAL ODT STARTER (ORANGE)	3	*
LAMICTAL ORAL TABLET	3	*
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	*
LAMICTAL STARTER (BLUE) KIT	3	*
LAMICTAL STARTER (GREEN) KIT	3	*
LAMICTAL STARTER (ORANGE) KIT	3	*
LAMICTAL XR	3	*
LAMICTAL XR STARTER (BLUE)	3	PA
LAMICTAL XR STARTER (GREEN)	3	PA
LAMICTAL XR STARTER (ORANGE)	3	PA
lamotrigine	1	
levetiracetam intravenous	1	PA
levetiracetam oral	1	
LYRICA	3	PA; *; QL
LYRICA CR	3	PA; *; QL
MYSOLINE	3	*
NAYZILAM	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
NEURONTIN	3	*
ONFI	3	PA; *
oxcarbazepine	1	
OXTELLAR XR	3	PA
phenobarbital	1	
PHENYTEK	3	*
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium	1	PA
phenytoin sodium extended	1	
pregabalin	1	PA; QL
primidone	1	
QUDEXY XR	3	PA; *
roweepra	1	
rufinamide	1	
SABRIL	3	*
SPRITAM	3	
subvenite	1	
subvenite starter (blue) kit	1	
subvenite starter (green) kit	1	
subvenite starter (orange) kit	1	
SYMPAZAN	3	PA
TEGRETOL ORAL SUSPENSION	3	*
TEGRETOL ORAL TABLET	3	*
TEGRETOL XR	3	*
tiagabine	1	
TOPAMAX	3	*
topiramate oral capsule, sprinkle	1	
topiramate oral capsule,sprinkle,er 24hr	3	
topiramate oral tablet	1	
TRILEPTAL	3	*
TROKENDI XR	3	PA
valproate sodium	1	PA
valproic acid	1	

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Drug Name	Drug Tier	Requirements / Limits
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
VALTOCO	3	PA
vigabatrin	1	
vigadrone	1	
VIMPAT INTRAVENOUS	2	PA
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
XCOPRI	3	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA
XCOPRI TITRATION PACK	3	PA
ZARONTIN	3	*
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	*
zonisamide	1	
ANTIPARKINSONISM AGENTS		
APOKYN	3	PA; LA; QL
AZILECT	3	*
benztropine injection	1	PA
benztropine oral	1	
bromocriptine	1	
carbidopa	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
COGENTIN	3	PA; *
COMTAN	3	*
DUOPA	3	
entacapone	1	
GOCOVRI	3	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA
LODOSYN	3	*

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Drug Name	Drug Tier	Requirements / Limits
MIRAPEX ER	3	*
NEUPRO	3	
NOURIANZ	3	PA
ONGENTYS ORAL CAPSULE 25 MG	3	QL
ONGENTYS ORAL CAPSULE 50 MG	3	PA; QL
OSMOLEX ER	3	PA
PARLODEL	3	*
pramipexole	1	
rasagiline	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
ropinirole oral tablet 3 mg, 4 mg, 5 mg	1	QL
ropinirole oral tablet extended release 24 hr	1	
RYTARY	3	
selegiline hcl	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	*
STALEVO 100	3	*
STALEVO 125	3	*
STALEVO 150	3	*
STALEVO 200	3	*
STALEVO 50	3	*
STALEVO 75	3	*
TASMAR ORAL TABLET 100 MG	3	*
tolcapone	1	
trihexyphenidyl	1	
XADAGO	3	PA
ZELAPAR	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
almotriptan malate	1	QL
AMERGE	3	*; QL
CAFERGOT	3	*

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Drug Name	Drug Tier	Requirements / Limits
D.H.E.45	3	*
dihydroergotamine injection	1	
dihydroergotamine nasal	1	PA; QL
eletriptan	1	PA; QL
ELYXYB	3	PA
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
ergotamine-caffeine	1	
FROVA	3	*; QL
frovatriptan	1	QL
IMITREX NASAL	3	*; QL
IMITREX ORAL	3	*; QL
IMITREX STATDOSE PEN	3	*; QL
IMITREX STATDOSE REFILL	3	*; QL
MAXALT ORAL TABLET 10 MG	3	*; QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	*; QL
migergot	1	
MIGRANAL	3	*; QL
naratriptan	1	QL
NURTEC ODT	3	ST; QL
ONZETRA XSAIL	3	PA; QL
RELPAX	3	ST; *; QL
REYVOW	3	ST; QL
rizatriptan	1	QL
sumatriptan	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous cartridge	1	QL
sumatriptan succinate subcutaneous pen injector	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan-naproxen	1	PA; QL
TOSYMRA	3	PA; QL
TREXIMET ORAL TABLET 85-500 MG	3	PA; *; QL

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Drug Name	Drug Tier	Requirements / Limits
TRUDHESA	3	PA; QL
UBRELVY	3	ST; QL
ZEMBRACE SYMTOUCH	3	PA; QL
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	PA; QL
zolmitriptan nasal spray,non-aerosol 5 mg	3	PA; QL
zolmitriptan oral	1	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	2	*; QL
ZOMIG ORAL	3	*; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	3	PA; *; LA; QL
ARICEPT ORAL TABLET 10 MG, 5 MG	3	*
ARICEPT ORAL TABLET 23 MG	3	PA; *
AUSTEDO	3	PA
dalfampridine	1	PA; LA; QL
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	PA
donepezil oral tablet,disintegrating	1	PA
EVRYSDI	3	PA; LA
EXELON PATCH	3	PA; *
FIRDAPSE	3	PA; QL
galantamine	1	PA
HORIZANT	3	PA; QL
INGREZZA	3	PA
INGREZZA INITIATION PACK	3	PA; QL
KEVEYIS	3	PA; QL
memantine oral capsule,sprinkle,er 24hr	1	PA
memantine oral solution	1	PA
memantine oral tablet	1	PA
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA
NAMENDA ORAL TABLET	3	PA; *
NAMENDA TITRATION PAK	2	PA

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Drug Name	Drug Tier	Requirements / Limits
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; *
NAMZARIC	3	PA
NUEDEXTA	3	PA; QL
RAZADYNE ER	3	PA; *
rivastigmine	1	PA
rivastigmine tartrate	1	PA
RUZURGI	3	PA; QL
TEGSEDI	3	PA; LA
tetrabenazine	1	PA; LA; QL
TYSABRI	3	PA; LA
XENAZINE	3	PA; *; LA; QL
ZEPOSIA	2	PA; LA
ZEPOSIA STARTER KIT	2	PA; LA
ZEPOSIA STARTER PACK	2	PA; LA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	3	PA; *; QL
atracurium	1	
baclofen oral	1	
carisoprodol	1	
carisoprodol-aspirin	1	
carisoprodol-aspirin-codeine	1	QL
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	PA
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral capsule,extended release 24hr	1	PA; QL
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
cyclobenzaprine oral tablet 7.5 mg	1	PA
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	*
dantrolene oral	1	
FEXMID	3	PA; *
LORZONE	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
meprobamate	1	
MESTINON ORAL	3	*
MESTINON TIMESPAN	3	*
metaxalone	1	
methocarbamol injection	1	PA
methocarbamol oral	1	
NORGESIC FORTE	3	PA; *
orphenadrine citrate injection	1	PA
orphenadrine citrate oral	1	
orphenadrine-asa-caffeine	1	PA
orphengesic forte	1	PA
OZOBAX	3	PA
pyridostigmine bromide oral syrup	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release	1	
regonol	1	PA
ROBAXIN INJECTION	2	PA; *
SKELAXIN	3	*
SOMA ORAL TABLET 250 MG	3	ST; *
SOMA ORAL TABLET 350 MG	3	*
tizanidine	1	
vanadom	1	
ZANAFLEX	3	*
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	1	QL
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ACTIQ	3	PA; *; QL
ALLZITAL	3	
APADAZ	3	QL

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Drug Name	Drug Tier	Requirements / Limits
ascomp with codeine	1	QL
BELBUCA	3	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN	3	QL
BUPAP	3	*
BUPRENEX	3	
buprenorphine	1	PA; QL
buprenorphine hcl injection	1	
buprenorphine hcl sublingual	1	
butalbital compound w/codeine	1	QL
butalbital-acetaminop-caf-cod	1	QL
butalbital-acetaminophen oral tablet	1	
butalbital-acetaminophen-caff	1	
butalbital-aspirin-caffeine	1	
BUTRANS	3	PA; *; QL
codeine sulfate oral tablet 30 mg, 60 mg	1	QL
codeine-butalbital-asa-caff	1	QL
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML	3	QL
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	QL
DILAUDID	3	*; QL
diskets	1	PA; QL
dvorah	1	QL
endocet	1	QL
ESGIC	3	*
fentanyl	1	PA; QL
fentanyl citrate buccal lozenge on a handle	1	PA; QL
FENTORA	3	PA; QL
FIORICET	3	*
FIORICET WITH CODEINE	3	*; QL
hydrocodone bitartrate	1	PA; QL
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	QL

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Drug Name	Drug Tier	Requirements / Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone injection solution 1 mg/ml, 2 mg/ml	1	QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	QL
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1	QL
hydromorphone oral liquid	1	QL
hydromorphone oral tablet	1	QL
hydromorphone oral tablet extended release 24 hr	1	PA; QL
hydromorphone rectal	1	QL
HYSINGLA ER	3	PA; *; QL
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	3	PA; QL
levorphanol tartrate	1	QL
LORTAB ELIXIR	3	QL
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	QL
meperidine oral solution	1	QL
meperidine oral tablet 50 mg	1	QL
methadone injection solution	1	PA
methadone oral concentrate	1	PA; QL
methadone oral solution	1	PA; QL
methadone oral tablet	1	PA; QL
methadone oral tablet,soluble	1	PA; QL
methadose oral concentrate	1	PA; QL
methadose oral tablet,soluble	1	PA; QL
morphine concentrate oral solution	1	QL
morphine injection syringe 10 mg/ml, 4 mg/ml, 8 mg/ml	1	QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	
MORPHINE INTRAMUSCULAR	3	QL

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Drug Name	Drug Tier	Requirements / Limits
morphine intravenous pt controlled analgesia syring	1	QL
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL
morphine oral capsule, er multiphase 24 hr	1	PA; QL
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL
morphine oral solution	1	QL
morphine oral tablet	1	QL
morphine oral tablet extended release	1	PA; QL
morphine rectal	1	QL
MS CONTIN	3	PA; *; QL
NALOCET	3	QL
OXAYDO	3	QL
oxycodone oral capsule	1	QL
oxycodone oral concentrate	1	QL
oxycodone oral solution	1	QL
oxycodone oral tablet	1	QL
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	PA; QL
oxycodone-acetaminophen oral tablet 10-300 mg	1	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-acetaminophen oral tablet 5-300 mg	1	PA; QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL
oxymorphone oral tablet	1	QL
oxymorphone oral tablet extended release 12 hr	1	PA; QL
PERCOCET	3	*; QL
PRIMLEV	3	QL
PROLATE ORAL SOLUTION	3	QL
prolate oral tablet	1	QL
ROXICODONE	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE	3	
SUBSYS	3	PA; QL
tencon	1	
TREZIX	3	QL
vtol lq	1	
XTAMPZA ER	3	PA; QL
zebutal	1	
NON-NARCOTIC ANALGESICS		
adult aspirin regimen	0	ACA; OTC
ANAPROX DS	3	*
ARTHROTEC 50	3	PA; *
ARTHROTEC 75	3	PA; *
aspirin low dose	0	ACA; OTC
aspirin oral tablet	0	ACA; OTC
aspirin oral tablet,chewable	0	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	0	ACA; OTC
aspir-trin	0	ACA; OTC
bayer aspirin	0	ACA; OTC
buprenorphine-naloxone sublingual film	1	QL
buprenorphine-naloxone sublingual tablet	1	
butorphanol	1	QL
CAMBIA	3	PA; QL
cataflam	1	
CELEBREX	3	*; QL
celecoxib	1	QL
children's aspirin	0	ACA; OTC
choline,magnesium salicylate	1	
CONZIP	3	PA; QL
DAYPRO	3	*
DICLOFENAC EPOLAMINE	3	PA
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	3	PA
diclofenac potassium oral tablet 50 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
diclofenac sodium oral	1	
diclofenac sodium topical drops	1	QL
diclofenac sodium topical gel 1 %	1	
DICLOFENAC SUBMICRONIZED	3	PA
diclofenac-misoprostol	1	
diflunisal	1	
DISALCID	3	*
DUEXIS	3	PA; *; QL
EC-NAPROSYN	3	*
ecotrin	0	ACA; OTC
ecotrin low strength	0	ACA; OTC
etodolac	1	
FELDENE	3	*
FENOPROFEN ORAL CAPSULE	3	PA
fenoprofen oral tablet	1	PA
FENORTHO	3	PA
FLECTOR	3	PA
flurbiprofen oral tablet 100 mg	1	
ibu	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	1	PA; QL
INDOCIN ORAL	2	
INDOCIN RECTAL	3	
indomethacin oral	1	
INDOMETHACIN SUBMICRONIZED	3	PA
ketoprofen oral capsule 25 mg	1	PA
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	PA
KETOROLAC NASAL	3	PA; QL
ketorolac oral	1	QL
KLOXXADO	3	QL
LICART	3	PA

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Drug Name	Drug Tier	Requirements / Limits
LODINE ORAL TABLET	3	*
lofena	1	PA
LUCEMYRA	3	PA; QL
meclofenamate	1	
mefenamic acid	1	
meloxicam oral tablet	1	
meloxicam submicronized	1	
MOBIC ORAL TABLET	3	*
nabumetone	1	
nalbuphine	1	QL
NALFON ORAL CAPSULE 400 MG	3	PA
NALFON ORAL TABLET	3	PA; *
naloxone injection solution	1	
naloxone injection syringe	1	
naltrexone	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	3	PA; *
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	PA
NAPROSYN ORAL SUSPENSION	3	*
NAPROSYN ORAL TABLET 500 MG	3	*
naproxen	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg	1	PA
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	PA
naproxen-esomeprazole	1	PA; QL
NARCAN	3	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
oxaprozin	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	PA
pentazocine-naloxone	1	QL

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Drug Name	Drug Tier	Requirements / Limits
piroxicam	1	
QDOLO	3	QL
RELAFEN	3	*
RELAFEN DS	3	PA
salsalate	1	
SPRIX	3	PA; QL
st joseph aspirin	0	ACA; OTC
st. joseph aspirin	0	ACA; OTC
SUBOXONE	3	*; QL
sulindac	1	
TIVORBEX ORAL CAPSULE 20 MG	3	PA
tolmetin	1	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL TABLET 100 MG	3	QL
tramadol oral tablet 50 mg	1	QL
tramadol oral tablet extended release 24 hr	1	PA; QL
tramadol oral tablet, er multiphase 24 hr	1	PA; QL
tramadol-acetaminophen	1	QL
ULTRACET	3	*; QL
ULTRAM	3	*; QL
VIMOVO	3	PA; *
VIVITROL	3	QL
VIVLODEX	3	*
ZIPSOR	3	PA
ZORVOLEX	2	PA
ZUBSOLV	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	QL
ABILIFY MYCITE	3	PA; QL
ABILIFY MYCITE MAINTENANCE KIT	3	PA; QL
ABILIFY MYCITE STARTER KIT	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY ORAL TABLET	3	*; QL
ADASUVE	3	
ADDERALL	3	*; QL
ADDERALL XR	3	*; QL
ADDYI	3	QL
ADHANSIA XR	3	PA
ADZENYS XR-ODT	3	PA; QL
alprazolam	1	
alprazolam intensol	1	
AMBIEN	3	*
AMBIEN CR	3	*
amitriptyline	1	
amitriptyline-chlordiazepoxide	1	
amoxapine	1	
AMPHETAMINE	3	PA; QL
amphetamine sulfate	1	QL
ANAFRANIL	3	*
APLENZIN	3	PA
APTENSIO XR	3	PA; *; QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet,disintegrating	1	QL
ARISTADA	2	QL
ARISTADA INITIO	2	QL
armodafinil	1	PA; QL
asenapine maleate	1	ST; QL
ATIVAN INJECTION	3	PA; *
ATIVAN ORAL	3	*
atomoxetine	1	QL
AZSTARYS	3	PA
BELSOMRA	3	PA; QL
BRISDELLE	3	*
bupropion hcl oral tablet	1	

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Drug Name	Drug Tier	Requirements / Limits
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA
bupropion hcl oral tablet sustained-release 12 hr	1	
buspirone	1	
CAPLYTA	3	PA; QL
CELEXA ORAL TABLET	3	ST; *
chlordiazepoxide hcl	1	
chlorpromazine injection	1	PA
chlorpromazine oral	1	
citalopram	1	
clomipramine	1	
clonidine hcl oral tablet extended release 12 hr	1	QL
clorazepate dipotassium	1	
clozapine	1	
CLOZARIL	3	*
CONCERTA	3	*; QL
COTEMPLA XR-ODT	3	PA; QL
CYMBALTA	3	*
DAYTRANA	3	QL
DAYVIGO	3	PA; QL
desipramine	1	
DESOXYN	3	*; QL
DESVENLAFAXINE	3	ST
desvenlafaxine succinate	1	QL
DEXEDRINE SPANSULE	3	*; QL
dexmethylphenidate	1	QL
dextroamphetamine	1	QL
dextroamphetamine-amphetamine	1	QL
diazepam injection	1	PA
diazepam intensol	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet	1	

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Drug Name	Drug Tier	Requirements / Limits
DORAL	3	ST
doxepin oral capsule	1	
doxepin oral concentrate	1	
doxepin oral tablet	1	PA
DRIZALMA SPRINKLE	3	PA
duloxetine	1	
DYANAVEL XR	3	PA; QL
EDLUAR	3	PA
EFFEXOR XR	3	*
EMSAM	3	PA
ergoloid	1	
escitalopram oxalate	1	
estazolam	1	
eszopiclone	1	QL
EVEKEO	3	*; QL
EVEKEO ODT	3	PA; QL
FANAPT	3	ST; QL
FETZIMA	3	ST
flumazenil	1	PA
fluoxetine oral capsule	1	
fluoxetine oral capsule,delayed release(dr/ec)	1	QL
fluoxetine oral solution	1	
fluoxetine oral tablet	1	
fluphenazine decanoate	1	
fluphenazine hcl injection	1	PA
fluphenazine hcl oral	1	
flurazepam	1	
fluvoxamine oral capsule,extended release 24hr	1	ST
fluvoxamine oral tablet	1	
FOCALIN	3	*; QL
FOCALIN XR	3	PA; *; QL
FORFIVO XL	3	PA
GEODON ORAL	3	*; QL
guanfacine oral tablet extended release 24 hr	1	QL

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Drug Name	Drug Tier	Requirements / Limits
HALCION ORAL TABLET 0.25 MG	3	*
HALDOL DECANOATE	3	*
haloperidol	1	
haloperidol decanoate	1	
haloperidol lactate injection	1	PA
haloperidol lactate oral	1	
HETLIOZ	3	PA; LA
HETLIOZ LQ	3	PA
imipramine hcl	1	
imipramine pamoate	1	
INTUNIV ER	3	*; QL
INVEGA	3	*; QL
INVEGA HAFYERA	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	PA
KAPVAY	3	*; QL
LATUDA	3	PA; QL
LEXAPRO ORAL TABLET	3	ST; *
lithium carbonate	1	
LITHOBID	3	*
lorazepam injection solution	1	PA
lorazepam injection syringe 2 mg/ml	1	PA
lorazepam intensol	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
LOREEV XR	3	PA
loxapine succinate	1	
LUNESTA	3	*; QL
maprotiline	1	
MARPLAN	3	
methamphetamine	1	QL
METHYLIN ORAL SOLUTION	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	QL
methylphenidate hcl oral capsule, er biphasic 30-70	1	QL
methylphenidate hcl oral capsule,er biphasic 50-50	1	QL
methylphenidate hcl oral solution	1	QL
methylphenidate hcl oral tablet	1	QL
methylphenidate hcl oral tablet extended release	1	QL
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	QL
methylphenidate hcl oral tablet,chewable	1	QL
midazolam (pf) injection solution 1 mg/ml	1	PA
midazolam (pf) injection solution 5 mg/ml	1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1	PA
midazolam (pf) injection syringe 5 mg/ml	1	
midazolam injection	1	PA
mirtazapine	1	
modafinil	1	PA; QL
molindone	1	
MYDAYIS	2	QL
NARDIL	3	*
nefazodone	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	*
nortriptyline	1	
NUPLAZID ORAL CAPSULE	3	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	3	PA; LA; QL
NUVIGIL	3	PA; *; QL
olanzapine	1	QL
olanzapine-fluoxetine	1	
oxazepam	1	
paliperidone	1	QL

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Drug Name	Drug Tier	Requirements / Limits
PAMELOR	3	*
PARNATE	3	*
paroxetine hcl	1	
paroxetine mesylate(menop.sym)	1	
PAXIL CR	3	ST; *
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; *
perphenazine	1	
perphenazine-amitriptyline	1	
PEXEVA	3	ST
phenelzine	1	
pimozide	1	
PRISTIQ	3	*; QL
procentra	1	QL
protriptyline	1	
PROVIGIL	3	PA; *; QL
PROZAC ORAL CAPSULE	3	ST; *
QELBREE	3	
QUAZEPAM	3	ST
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg	1	QL
quetiapine oral tablet 400 mg, 50 mg	1	
quetiapine oral tablet extended release 24 hr	1	QL
QUILLICHEW ER	3	PA; QL
QUILLIVANT XR	3	PA; QL
ramelteon	1	QL
RELEXXII	3	PA; QL
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB	3	*
RESTORIL	3	*
REXULTI	3	PA
RISPERDAL CONSTA	3	PA; QL
RISPERDAL ORAL SOLUTION	3	*

Drug Name	Drug Tier	Requirements / Limits
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet,disintegrating	1	QL
RITALIN	3	*; QL
RITALIN LA	3	*; QL
ROZEREM	3	*; QL
SAPHRIS SUBLINGUAL TABLET 10 MG	3	PA; *; QL
SAPHRIS SUBLINGUAL TABLET 2.5 MG, 5 MG	3	ST; *; QL
seconal sodium	1	
SECUADO	3	ST; QL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG	3	*; QL
SEROQUEL ORAL TABLET 400 MG, 50 MG	3	*
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
SERTRALINE ORAL CAPSULE	3	PA; ST
sertraline oral concentrate	1	
sertraline oral tablet	1	
SILENOR	3	PA; *
STRATTERA	3	*; QL
SUNOSI	3	PA
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	*
temazepam	1	
thioridazine	1	
thiothixene	1	
TRANXENE T-TAB	3	*
tranylcypromine	1	
trazodone	1	
triazolam	1	
trifluoperazine	1	
trimipramine	1	

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Drug Name	Drug Tier	Requirements / Limits
TRINTELLIX	3	ST
VALIUM	3	*
venlafaxine oral capsule,extended release 24hr	1	
venlafaxine oral tablet	1	
venlafaxine oral tablet extended release 24hr	1	ST
VERSACLOZ	3	
VIIBRYD ORAL TABLET	3	ST
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST
VRAYLAR	3	PA; QL
VYVANSE	2	QL
WAKIX	3	PA
WELLBUTRIN SR	3	*
WELLBUTRIN XL	3	*; QL
XANAX	3	*
XANAX XR	3	*
XYREM	3	PA; LA; QL
XYWAV	3	PA
zaleplon	1	
zenzedi oral tablet 10 mg, 5 mg	1	QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	QL
ziprasidone hcl	1	QL
ZOLOFT	3	ST; *
zolpidem	1	
ZOLPIMIST	3	PA
ZYPREXA	3	*; QL
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	*; QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral	1	
BETAPACE	3	*
BETAPACE AF	3	*

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Drug Name	Drug Tier	Requirements / Limits
disopyramide phosphate oral capsule	1	
dofetilide	1	
flecainide	1	
mexiletine	1	
MULTAQ	3	
NORPACE	3	*
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
procainamide injection	1	PA
propafenone	1	
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
RYTHMOL SR	3	*
sorine	1	
sotalol af	1	
SOTALOL INTRAVENOUS	3	PA
sotalol oral	1	
SOTYLIZE	3	
TIKOSYN	3	*
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	*
ACCURETIC ORAL TABLET 20-25 MG	3	*
acebutolol	1	
ADALAT CC	3	*
ALDACTAZIDE ORAL TABLET 25-25 MG	3	*
ALDACTAZIDE ORAL TABLET 50-50 MG	3	
ALDACTONE	3	*
aliskiren	1	ST
ALTACE	3	*
amiloride	1	
amiloride-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements / Limits
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	ST
amlodipine-valsartan	1	ST
amlodipine-valsartan-hcthiazid	1	
ATACAND	3	ST; *
ATACAND HCT	3	ST; *
atenolol	1	
atenolol-chlorthalidone	1	
AVALIDE	3	*
AVAPRO	3	*
AZOR	3	ST; *
benazepril	1	
benazepril-hydrochlorothiazide	1	
BENICAR	3	ST; *
BENICAR HCT	3	ST; *
betaxolol oral	1	
BIDIL	3	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide injection	1	PA
bumetanide oral	1	
BYSTOLIC	2	*
CALAN SR	3	*
candesartan	1	ST
candesartan-hydrochlorothiazid	1	ST
captopril	1	
captopril-hydrochlorothiazide	1	
CARDIZEM CD	3	*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	*

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Drug Name	Drug Tier	Requirements / Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	*
CARDURA	3	*
CARDURA XL	3	ST
cartia xt	1	
carvedilol	1	
carvedilol phosphate	1	ST
CATAPRES-TTS-1	3	*
CATAPRES-TTS-2	3	*
CATAPRES-TTS-3	3	*
chlorothiazide sodium	1	PA
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine	1	
clonidine hcl oral tablet	1	
CONJUPRI	3	
CONSENSI	3	PA; QL
COREG	3	*
COREG CR	3	*
CORGARD	3	*
COZAAR	3	*
DEMSER	3	PA; *
DIBENZYLINE	3	*
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr	1	
dilt-xr	1	
DIOVAN	3	*
DIOVAN HCT	3	*
DIURIL	3	
DIURIL IV	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
doxazosin	1	
DUTOPROL	2	
DYRENIUM	3	*
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECRIN	3	*
enalapril maleate oral solution	1	PA
enalapril maleate oral tablet	1	
enalaprilat intravenous solution	1	PA
enalapril-hydrochlorothiazide	1	
EPANED	3	PA; *
eplerenone	1	
epoprostenol	1	PA
epoprostenol (glycine)	1	PA; LA
eprosartan	1	ST
ethacrynate sodium	1	PA
ethacrynic acid	1	
EXFORGE	3	ST; *
EXFORGE HCT	3	*
felodipine	1	
FLOLAN	3	PA; LA
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
furosemide injection	1	PA
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
guanfacine oral tablet	1	
HEMANGEOL	3	
hydralazine injection	1	PA
hydralazine oral	1	
hydrochlorothiazide	1	
HYZAAR	3	*
indapamide	1	

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Drug Name	Drug Tier	Requirements / Limits
INDERAL LA	3	*
INDERAL XL	3	
INNOPRAN XL	2	
INSPRA	3	*
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isradipine	1	
KAPSPARGO SPRINKLE	3	
KATERZIA	3	PA
KERENDIA	3	PA; QL
labetalol oral	1	
LASIX	3	*
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOPRESSOR ORAL	3	*
losartan	1	
losartan-hydrochlorothiazide	1	
LOTENSIN HCT	3	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	*
mannitol 20 %	1	PA
matzim la	1	
MAXZIDE	3	*
MAXZIDE-25MG	3	*
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
methyldopate	1	PA
metolazone	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate intravenous solution	1	PA
metoprolol tartrate oral	1	

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Drug Name	Drug Tier	Requirements / Limits
metyrosine	1	PA
MICARDIS	3	ST; *
MICARDIS HCT	3	ST; *
MINIPRESS	3	*
minoxidil oral	1	
moexipril	1	
nadolol	1	
nebivolol	1	
nicardipine oral	1	
nifedipine	1	
nimodipine	1	PA
nisoldipine	1	
NORVASC	3	*
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	PA
NYMALIZE ORAL SYRINGE	3	PA
olmesartan	1	ST
olmesartan-amlodipin-hcthiazid	1	
olmesartan-hydrochlorothiazide	1	ST
ORENITRAM	3	PA; LA
osmitrol 20 %	1	PA
papaverine injection solution	1	PA
perindopril erbumine	1	
phenoxybenzamine	1	PA
phentolamine	1	
pindolol	1	
prazosin	1	
PRESTALIA	3	PA
PROCARDIA XL	3	*
propranolol intravenous	1	PA
propranolol oral	1	
propranolol-hydrochlorothiazid	1	
QBRELIS	3	PA
quinapril	1	
quinapril-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements / Limits
ramipril	1	
REMODULIN	3	PA; *; LA
SODIUM EDECRIN	3	PA; *
spironolactone	1	
spironolacton-hydrochlorothiaz	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	*
taztia xt	1	
TEKTURNA	3	ST; *
TEKTURNA HCT	3	ST
telmisartan	1	ST
telmisartan-amlodipine	1	ST
telmisartan-hydrochlorothiazid	1	ST
TENORETIC 100	3	*
TENORETIC 50	3	*
TENORMIN	3	*
terazosin	1	
THALITONE	3	PA
tiadylt er	1	
TIAZAC	3	*
timolol maleate oral	1	
TOPROL XL	3	*
torsemide oral	1	
trandolapril	1	
trandolapril-verapamil	1	
treprostinil sodium	1	PA; LA
triamterene	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet	1	
TRIBENZOR	3	*
UPTRAVI	3	PA; LA
valsartan	1	
valsartan-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements / Limits
VASERETIC	3	*
VASOTEC	3	*
veletri	1	PA; LA
verapamil oral	1	
VERELAN	3	*
VERELAN PM	3	*
ZESTORETIC	3	*
ZESTRIL	3	*
ZIAC	3	*
CARDIAC GLYCOSIDES		
digitek	1	
digox	1	
digoxin oral	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	*
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
AMICAR	3	*
aminocaproic acid intravenous	1	PA
aminocaproic acid oral	1	
ARIXTRA	3	*
aspirin-dipyridamole	1	
BRILINTA	2	
CABLIVI INJECTION KIT	3	PA
CEPROTIN (BLUE BAR)	3	PA; LA
CEPROTIN (GREEN BAR)	3	PA; LA
cilostazol	1	
clopidogrel	1	
CYKLOKAPRON	3	PA; *
dipyridamole oral	1	
DOPTELET (15 TAB PACK)	3	PA; LA; QL
EFFIENT	3	*
ELIQUIS	2	

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Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START	2	
enoxaparin	1	
fondaparinux	1	
FRAGMIN SUBCUTANEOUS SOLUTION	3	
FRAGMIN SUBCUTANEOUS SYRINGE	3	
hep flush-10 (pf)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	PA
heparin (porcine) in nacl (pf)	1	PA
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin flush(porcine)-0.9nacl	1	
heparin lock flush (porcine) intravenous solution 100 unit/ml	1	
heparin lockflush(porcine)(pf)	1	
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	3	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
jantoven	1	
LOVENOX SUBCUTANEOUS SOLUTION	3	PA; *
LOVENOX SUBCUTANEOUS SYRINGE	3	*
MEPHYTON	3	*
MULPLETA	3	PA; LA; QL
NPLATE	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
pentoxifylline	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
PLAVIX ORAL TABLET 75 MG	3	*
PRADAXA	3	PA; QL
prasugrel	1	
PROMACTA	3	PA; LA
protamine	1	PA
SAVAYSA	3	PA
TAVALISSE	3	PA; LA
tranexamic acid intravenous	1	PA
warfarin	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST
amlodipine-atorvastatin	1	
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	
atorvastatin oral tablet 10 mg, 20 mg	0	ACA
atorvastatin oral tablet 40 mg, 80 mg	1	
CADUET	3	*
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	1	
COLESTID FLAVORED ORAL PACKET	3	
COLESTID ORAL GRANULES	2	*
COLESTID ORAL PACKET	3	*
COLESTID ORAL TABLET	3	*
colestipol	1	
CRESTOR	3	*
EZALLOR SPRINKLE	3	
ezetimibe	1	QL
EZETIMIBE-ROSUVASTATIN	3	
ezetimibe-simvastatin	1	

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Drug Name	Drug Tier	Requirements / Limits
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
FENOFIBRATE ORAL CAPSULE	3	
fenofibrate oral tablet	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
FENOGLIDE	3	ST; *
FIBRICOR	3	ST; *
FLOLIPID	3	PA; QL
fluvastatin	0	ACA
gemfibrozil	1	
icosapent ethyl	1	PA
JUXTAPID	3	PA; QL
LESCOL XL	3	*
LIPITOR	3	*
LIPOFEN	3	
LIVALO	3	ST; QL
LOPID	3	*
lovastatin	0	ACA
LOVAZA	3	PA; *
NEXLETOL	3	PA; QL
NEXLIZET	3	PA; QL
niacin oral tablet extended release 24 hr	1	
NIASPAN EXTENDED-RELEASE	3	*
omega-3 acid ethyl esters	1	PA
PRALUENT PEN	2	PA; QL
pravastatin	0	ACA
prevalite	1	
QUESTRAN	3	*
QUESTRAN LIGHT	3	*
REPATHA PUSHTRONEX	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
rosuvastatin oral tablet 10 mg, 5 mg	0	ACA
rosuvastatin oral tablet 20 mg, 40 mg	1	
ROSZET	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	0	ACA
simvastatin oral tablet 80 mg	1	
TRICOR	3	*
TRILIPIX	3	*
VASCEPA	3	PA
VYTORIN 10-10	3	*
VYTORIN 10-20	3	*
VYTORIN 10-40	3	*
VYTORIN 10-80	3	*
WELCHOL	3	*
ZETIA	3	*; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; *
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA
ENTRESTO	2	
RANEXA	3	*
ranolazine	1	
VECAMYL	3	
VERQUVO	3	
VYNDAMAX	3	PA; QL
VYNDAQEL	3	PA; LA; QL
NITRATES		
GONITRO	3	
ISORDIL	3	*
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	*
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate	1	

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Drug Name	Drug Tier	Requirements / Limits
MINITRAN	3	
nitro-bid	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	1	PA
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml), 50 mg/500 ml (100 mcg/ml)	1	
nitroglycerin intravenous	1	PA
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	1	
NITROLINGUAL	3	*
NITROMIST	3	*
NITROSTAT	3	*
nitro-time	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	PA
ANALPRAM-HC TOPICAL	3	*
calcipotriene scalp	1	QL
calcipotriene topical cream	1	QL
CALCIPOTRIENE TOPICAL FOAM	3	ST; QL
calcipotriene topical ointment	1	QL
calcipotriene-betamethasone topical ointment	1	QL
calcipotriene-betamethasone topical suspension	1	PA; QL
calcitriol topical	1	QL
COSENTYX (2 SYRINGES)	3	PA; LA; QL
COSENTYX PEN	3	PA; LA; QL
COSENTYX PEN (2 PENS)	3	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; QL
DOVONEX TOPICAL	3	ST; *; QL
ENSTILAR	3	PA; QL
EPIFOAM	3	
hydrocortisone-pramoxine topical cream 2.5-1 %	1	
ILUMYA	3	PA
OVACE	3	*
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	PA
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH	3	
PLEXION NS	3	
PRAMOSONE	3	
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1	
SELRX	3	
SILIQ	3	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; LA; QL
SORILUX	3	ST; QL
STELARA	2	PA; LA; QL
sulfacetamide sodium topical	1	
TACLONEX	3	*; QL
TALTZ AUTOINJECTOR	2	ST; LA; QL
TALTZ AUTOINJECTOR (2 PACK)	2	ST; LA; QL
TALTZ AUTOINJECTOR (3 PACK)	2	ST; LA; QL
TALTZ SYRINGE	2	PA; LA; QL
TERSI FOAM	3	

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Drug Name	Drug Tier	Requirements / Limits
TREMFYA	2	PA; LA; QL
VECTICAL	3	*; QL
WYNZORA	3	PA; QL
BURN THERAPY		
SILVADENE	3	*
silver sulfadiazine	1	
ssd	1	
KERATOLYTICS		
INOVA 4-1	3	
INOVA 8-2	3	
MISCELLANEOUS DERMATOLOGICALS		
CARAC	3	
CONDYLOX TOPICAL GEL	2	
CORTANE-B	3	*
diclofenac sodium topical gel 3 %	1	
doxepin topical	1	PA
DUPIXENT PEN	2	PA; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; LA
EFUDEX TOPICAL CREAM	3	*
ELIDEL	3	*; QL
EUCRISA	3	PA
FLUOROPLEX	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
iodine-sodium iodide topical tincture 2 %	1	
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
methoxsalen	1	
methyl salicylate	1	

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Drug Name	Drug Tier	Requirements / Limits
methyl salicylate topical liquid	1	
OPZELURA	3	PA
PANRETIN	3	PA
pimecrolimus	1	QL
podofilox	1	
PROTOPIC	3	*; QL
prudoxin	1	PA
QBREXZA	3	PA; QL
REGRANEX	3	PA
tacrolimus topical	1	QL
TOLAK	3	
UVADEX	3	PA
VALCHLOR	3	PA; LA; QL
VEREGEN	3	
wintergreen oil	1	
ZONALON	3	PA; *
THERAPY FOR ACNE		
ABSORICA	3	PA; *
ABSORICA LD	3	PA
ACANYA TOPICAL GEL WITH PUMP	3	PA; *
accutane oral capsule 20 mg, 30 mg, 40 mg	1	
ACZONE TOPICAL GEL	3	PA; *
ACZONE TOPICAL GEL WITH PUMP	3	PA
adapalene topical cream	1	
adapalene topical gel 0.1 %	1	OTC
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump	1	
ADAPALENE TOPICAL LOTION	3	
adapalene topical solution	1	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1	
AKLIEF	3	PA
ALTRENO	3	PA
amnesteem	1	

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Drug Name	Drug Tier	Requirements / Limits
AMZEEQ	3	PA
ARAZLO	3	PA
ATRALIN	3	*
AVAR LS TOPICAL CLEANSER	3	ST
avar topical cleanser	1	ST
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E LS	3	ST
avita topical cream	1	
AVITA TOPICAL GEL	3	
azelaic acid	1	PA
AZELEX	2	PA
BENZACLIN	3	*
BENZACLIN PUMP	3	*
BENZAMYCIN	3	*
BENZEPRO (MICROSPHERES)	3	*
benzepro topical towelette	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	PA
bp 10-1	1	
claravis	1	
CLENIA PLUS	3	PA
CLEOCIN T TOPICAL LOTION	3	*
CLINDACIN ETZ TOPICAL KIT	3	
clindacin etz topical swab	1	
clindacin p	1	
CLINDACIN PAC	3	
CLINDAGEL	3	PA
clindamycin phosphate topical	1	
clindamycin-benzoyl peroxide	1	
clindamycin-tretinoin	1	
dapsone topical	1	PA
DIFFERIN TOPICAL CREAM	3	*
DIFFERIN TOPICAL GEL 0.1 %	3	*; OTC
DIFFERIN TOPICAL GEL WITH PUMP	3	*

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Drug Name	Drug Tier	Requirements / Limits
DIFFERIN TOPICAL LOTION	3	
ENZOCLEAR	3	PA
EPIDUO FORTE	3	PA
ery pads	1	
erygel	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
erythromycin-benzoyl peroxide	1	
EVOCLIN	3	*
FABIOR	3	
FINACEA TOPICAL FOAM	3	PA
FINACEA TOPICAL GEL	3	PA; *
INOVA	3	
isotretinoin	1	
ivermectin topical cream	1	PA
METROCREAM	3	*
METROGEL TOPICAL GEL 1 %	3	*
metronidazole topical	1	
MIRVASO TOPICAL GEL WITH PUMP	3	PA
myorisan	1	
neuac	1	
NEUAC KIT	3	
NORITATE	2	PA
ONEXTON TOPICAL GEL WITH PUMP	3	PA
PLEXION TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE	3	*
RETIN-A	3	*
RETIN-A MICRO	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
RHOFADE	3	PA
rosadan topical cream	1	

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Drug Name	Drug Tier	Requirements / Limits
rosadan topical gel	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	
ROSANIL	3	*
ROSULA	3	PA
rosula cleansing cloths	1	PA
SOOLANTRA	3	PA; *
sss 10-5	1	
sulfacetamide sodium-sulfur topical cleanser	1	
sulfacetamide sodium-sulfur topical cream	1	
sulfacetamide sodium-sulfur topical lotion	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension	1	
sulfacetamide-sulfur-cleansr23	1	
sulfacleanse 8-4	1	
SUMADAN	3	
SUMADAN XLT	3	
tazarotene topical cream	1	
TAZAROTENE TOPICAL FOAM	3	
TAZORAC TOPICAL CREAM 0.05 %	3	
TAZORAC TOPICAL CREAM 0.1 %	3	*
TAZORAC TOPICAL GEL	3	
tretinoin	1	
tretinoin microspheres	1	
VANOXIDE-HC	3	
VELTIN	3	PA
WINLEVI	3	PA
zenatane	1	
ZIANA	3	*
ZILXI	3	PA
TOPICAL ANESTHETICS		

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Drug Name	Drug Tier	Requirements / Limits
glydo	1	
lidocaine hcl laryngotracheal	1	
lidocaine hcl mucous membrane jelly	1	
lidocaine hcl mucous membrane jelly in applicator	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical	1	
lidocaine topical adhesive patch,medicated 5 %	1	
lidocaine topical ointment	1	
lidocaine viscous	1	
lidocaine-epinephrine	1	PA
lidocaine-prilocaine	1	
LIDOCAINE-TETRACAINE	3	
lidocort	1	
LIDODERM	3	*
lta pre-attached	1	
PLIAGLIS	3	
SYNERA	3	
XYLOCAINE WITH EPINEPHRINE	3	PA; *
ZTLIDO	3	PA
TOPICAL ANTIBACTERIALS		
ALCORTIN A	3	PA
ALTABAX	3	PA
CENTANY	3	PA
CENTANY AT	3	PA
gentamicin topical	1	
KLARON	3	*
lugols topical	1	
mafenide acetate	1	
mupirocin	1	
mupirocin calcium	1	PA
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
strong iodine topical	1	

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Drug Name	Drug Tier	Requirements / Limits
sulfacetamide sodium (acne)	1	
SULFAMYLON TOPICAL CREAM	3	
SULFAMYLON TOPICAL PACKET	3	*
XEPI	3	PA
TOPICAL ANTIFUNGALS		
ciclodan	1	
CICLODAN KIT	3	
ciclopirox	1	
ciclopirox-ure-camph-menth-euc	1	
clotrimazole topical	1	
clotrimazole-betamethasone	1	
econazole	1	
ECOZA	3	PA; QL
ERTACZO	3	
EXELDERM	3	PA
EXTINA	3	*
JUBLIA	3	PA
KERYDIN	3	*
ketoconazole topical	1	
ketodan	1	
LOPROX (AS OLAMINE)	3	*
LOPROX TOPICAL SHAMPOO	3	*
LULICONAZOLE	3	PA; QL
LUZU	3	PA; QL
MENTAX	3	
MICONAZOLE NITRATE-ZINC OX-PET	3	PA; QL
naftifine	1	
NAFTIN TOPICAL GEL 1 %	3	*
NAFTIN TOPICAL GEL 2 %	3	
nyamyc	1	
nystatin topical	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole	1	PA

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Drug Name	Drug Tier	Requirements / Limits
OXISTAT TOPICAL CREAM	3	*
OXISTAT TOPICAL LOTION	3	
SULCONAZOLE	3	PA
tavaborole	1	
VUSION	3	PA; QL
XOLEGEL	3	
TOPICAL ANTIVIRALS		
acyclovir topical	1	PA
DENAVIR	3	
XERESE	3	PA
ZOVIRAX TOPICAL	3	*
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	
ALA-SCALP	3	*
alclometasone	1	
amcinonide topical cream	1	PA
amcinonide topical lotion	1	PA
apexicon e	1	PA
beser	1	PA
betamethasone dipropionate	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical foam	1	PA
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented	1	
BRYHALI	3	PA
CAPEX	3	
clobetasol scalp	1	PA
clobetasol topical cream	1	PA
clobetasol topical foam	1	PA; QL
clobetasol topical gel	1	PA
clobetasol topical lotion	1	PA
clobetasol topical ointment	1	PA
clobetasol topical shampoo	1	PA

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Drug Name	Drug Tier	Requirements / Limits
clobetasol topical spray,non-aerosol	1	PA
clobetasol-emollient topical cream	1	PA
clobetasol-emollient topical foam	1	PA; QL
CLOBEX TOPICAL SHAMPOO	3	PA; *
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	PA; *
CLOCORTOLONE PIVALATE	3	PA
clodan	1	PA
CLODAN KIT	3	PA
CLODERM	3	PA
CORDRAN TAPE LARGE ROLL	3	PA; QL
CORDRAN TOPICAL CREAM 0.025 %	3	PA
CORDRAN TOPICAL CREAM 0.05 %	3	PA; *
CORDRAN TOPICAL LOTION	3	PA; *
CORDRAN TOPICAL OINTMENT	3	PA; *
DERMA-SMOOTHE/FS BODY OIL	3	*
DERMA-SMOOTHE/FS SCALP OIL	3	*
desonide topical cream	1	
desonide topical gel	1	PA
desonide topical lotion	1	PA
desonide topical ointment	1	
DESOWEN TOPICAL LOTION	3	PA; *
desoximetasone topical cream 0.05 %	1	PA
desoximetasone topical cream 0.25 %	1	
desoximetasone topical gel	1	PA
desoximetasone topical ointment	1	PA
desoximetasone topical spray,non-aerosol	1	PA
desrx	1	PA
diflorasone	1	PA
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	*
DUOBRII	3	PA; QL
fluocinolone	1	
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	

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Drug Name	Drug Tier	Requirements / Limits
fluocinonide topical cream 0.1 %	1	PA
fluocinonide topical gel	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluocinonide-e	1	
flurandrenolide	1	PA
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	1	PA
fluticasone propionate topical ointment	1	
halcinonide	1	PA
halobetasol propionate topical cream	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	PA
halobetasol propionate topical ointment	1	
HALOG TOPICAL CREAM	3	PA; *
HALOG TOPICAL OINTMENT	3	PA
HALOG TOPICAL SOLUTION	3	PA
hydrocortisone butyrate topical cream	1	
hydrocortisone butyrate topical lotion	1	PA
hydrocortisone butyrate topical ointment	1	
hydrocortisone butyrate topical solution	1	
hydrocortisone butyr-emollient	1	
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
IMPEKLO	3	
IMPOYZ	3	PA
KENALOG TOPICAL	3	*
LEXETTE	3	PA
LOCOID LIPOCREAM	3	*
LOCOID TOPICAL LOTION	3	PA; *
LUXIQ	3	PA; *
mometasone topical	1	

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Drug Name	Drug Tier	Requirements / Limits
nolix	1	PA
NUCORT	3	
OLUX	3	PA; *; QL
OLUX-E	3	PA; *; QL
PANDEL	3	
prednicarbate	1	
PROCTOCORT TOPICAL	3	*
PSORCON	3	PA; *
scalacort	1	
SCALACORT DK	3	PA
SYNALAR	3	*
SYNALAR CREAM KIT	3	
SYNALAR OINTMENT KIT	3	
SYNALAR TS	3	
TEMOVATE TOPICAL OINTMENT	3	PA; *
TEXACORT	3	
TOPICORT TOPICAL CREAM 0.05 %	3	PA; *
TOPICORT TOPICAL CREAM 0.25 %	3	*
TOPICORT TOPICAL GEL	3	PA; *
TOPICORT TOPICAL OINTMENT	3	PA; *
TOPICORT TOPICAL SPRAY,NON-AEROSOL	3	PA; *
tovet emollient	1	PA; QL
triamcinolone acetonide topical aerosol	1	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	1	PA
trianex	1	PA
triderm topical cream	1	
TRIDESILON	3	*
tritocin	1	PA
ULTRAVATE TOPICAL LOTION	3	PA
VANOS	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
VERDESO	3	ST
TOPICAL ENZYMES		
SANTYL	3	
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	1	
ELIMITE	3	*
EURAX	2	
ivermectin topical lotion	1	
lindane topical shampoo	1	
malathion	1	
NATROBA	3	*
OVIDE	3	*
permethrin	1	
spinosad	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	3	PA
DUODOTE	3	
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	PA
PHYSIOLYTE	3	*
PHYSIOSOL IRRIGATION	3	*
ringer's irrigation	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL	3	
tis-u-sol pentalyte	1	
MISCELLANEOUS AGENTS		
acamprosate	1	
acetic acid irrigation	1	
AGRYLIN	3	*

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Drug Name	Drug Tier	Requirements / Limits
AMPHADASE	3	PA
anagrelide	1	
aqua care sterile water	1	
BUPHENYL	3	PA; *
caffeine citrate oral	1	
CARBAGLU	3	LA
CARNITOR (SUGAR-FREE)	3	*
CARNITOR INTRAVENOUS	3	PA; *
CARNITOR ORAL	3	*
cevimeline	1	
CHEMET	3	
deferasirox	1	PA; LA
deferiprone	1	
disulfiram	1	
droxidopa	1	PA; LA; QL
EMPAVELI	3	PA
ENDARI	3	PA; QL
EVOXAC	3	*
EXJADE	3	PA; *; LA
EXSERVAN	3	PA; QL
FERRIPROX ORAL SOLUTION	3	
FERRIPROX ORAL TABLET 1,000 MG	3	
FERRIPROX ORAL TABLET 500 MG	3	*
FERRLECIT	3	PA; *
HYLENEX	3	PA
ic green	1	
INCRELEX	3	PA; LA
indocyanine green	1	
INFASURF	3	
JADENU	3	PA; *
JADENU SPRINKLE	3	PA; *
levocarnitine (with sugar)	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	

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Drug Name	Drug Tier	Requirements / Limits
LITHOSTAT	3	
METOPIRONE	3	
midodrine	1	
nitisinone	1	PA
NITYR	3	PA
NORTHERA	3	PA; *; LA; QL
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	3	PA; *
ORFADIN ORAL CAPSULE 20 MG	3	PA
ORFADIN ORAL SUSPENSION	3	PA
OXBRYTA	3	PA; LA; QL
pilocarpine hcl oral tablet 5 mg	1	
RADIOGARDASE	3	
RAVICTI	3	PA; LA
RILUTEK	3	*
riluzole	1	
risedronate oral tablet 30 mg	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	*
SINOGRAFIN	3	
sodium chlor 0.9% bacteriostat	1	
sodium chloride 0.9 %	1	
sodium chloride 0.9 % (flush) injection syringe	1	
sodium chloride injection	1	
sodium ferric gluconat-sucrose	1	PA
sodium phenylbutyrate	1	PA
SOLIRIS	3	PA; LA
SURVANTA	3	
SYPRINE	3	*
THIOLA	3	PA; *
THIOLA EC	3	PA
TIGLUTIK	3	PA; QL
tiopronin	1	PA
trientine	1	PA

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Drug Name	Drug Tier	Requirements / Limits
water for irrigation, sterile	1	
XURIDEN	3	PA
ZOKINVY	3	ST
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	0	ACA
NICODERM CQ	0	*; ACA; OTC
NICORETTE BUCCAL GUM 2 MG	0	*; ACA; OTC
nicorette buccal gum 4 mg	0	ACA; OTC
NICORETTE BUCCAL LOZENGE	0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	0	ACA; OTC
nicotine	0	ACA; OTC
nicotine (polacrilex)	0	ACA; OTC
NICOTROL	0	ACA
NICOTROL NS	0	ACA
quit 2	0	ACA; OTC
quit 4	0	ACA; OTC
stop smoking aid	0	ACA; OTC
varenicline	0	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	1	
CLINPRO 5000	3	
denta 5000 plus	1	
dentagel	1	
EPISIL	3	
fluoride (sodium) dental	1	
FLUORIDEX DAILY DEFENSE	3	
FLUORIDEX SENSITIVITY RELIEF	3	
GELCLAIR	3	
GELX	3	
ipratropium bromide nasal	1	
MUGARD	3	
olopatadine nasal	1	ST

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Drug Name	Drug Tier	Requirements / Limits
oralone	1	
ORAMAGICRX	3	
PATANASE	3	ST; *
pilocarpine hcl oral tablet 7.5 mg	1	
PREVIDENT	3	*
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	*
PREVIDENT 5000 SENSITIVE	3	
PROTHELIAL	3	PA; LA
Q-CARE RX Q4	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	*
sf	1	
sf 5000 plus	1	
SILATRIX	3	PA
sodium fluoride 5000 dry mouth	1	
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	
ciprofloxacin hcl otic (ear)	1	
DERMOTIC OIL	3	*
flac otic oil	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	2	
CIPRODEX	3	*
ciprofloxacin-dexamethasone	1	

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Drug Name	Drug Tier	Requirements / Limits
CIPROFLOXACIN-FLUOCINOLONE	3	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc otic (ear)	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; LA; QL
ALKINDI SPRINKLE	3	PA
betamethasone acet,sod phos	1	PA
CELESTONE SOLUSPAN	3	PA; *
CORTEF	3	*
CORTROSYN	3	PA; *
cosyntropin	1	PA
decadron oral tablet 0.5 mg	1	
DEPO-MEDROL	3	
dexabliss	1	PA
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack	1	PA
dexamethasone sodium phos (pf) injection solution	1	
dexamethasone sodium phosphate injection solution	1	
EMFLAZA	3	PA
fludrocortisone	1	
HEMADY	3	PA
hidex	1	PA
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG INJECTION SUSPENSION 40 MG/ML	3	*
KENALOG-80	3	

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Drug Name	Drug Tier	Requirements / Limits
MEDROL (PAK)	3	*
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone	1	
methylprednisolone acetate	1	
millipred dp	1	
millipred oral tablet	1	
ORAPRED ODT	3	*
prednisolone oral solution	1	
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)	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	
prednisone	1	
prednisone intensol	1	
RAYOS	3	PA
TAPERDEX	3	PA
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIESENCE (PF)	3	
ZCORT	3	PA
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	1	
SSKI	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	3	PA; OTC; QL
ACCU-CHEK GUIDE TEST STRIPS	3	PA; OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP	3	PA; OTC; QL
ACCUTREND GLUCOSE TEST STRIPS	3	PA; OTC; QL
ADVANCED GLUC METER TEST STRIP	3	PA; OTC; QL
ADVOCATE REDI-CODE	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
ADVOCATE TEST STRIPS	3	PA; OTC; QL
AGAMATRIX AMP TEST STRIPS	3	PA; OTC; QL
ASSURE 4 STRIPS	3	PA; OTC; QL
ASSURE PLATINUM TEST STRIP	3	PA; OTC; QL
ASSURE PRISM MULTI STRIP	3	PA; OTC; QL
BIONIME RIGHTEST TEST STRIPS	3	PA; OTC; QL
BLOOD GLUCOSE TEST	3	PA; OTC; QL
CARESENS N TEST STRIPS	3	PA; OTC; QL
CARETOUCH TEST STRIP	3	PA; OTC; QL
CONTOUR NEXT TEST STRIPS	3	PA; OTC; QL
CONTOUR TEST STRIPS	3	PA; OTC; QL
DIATRUE PLUS TEST STRIP	3	PA; OTC; QL
EASY PLUS II TEST	3	PA; OTC; QL
EASY STEP	3	PA; OTC; QL
EASY TALK GLUCOSE TEST	3	PA; OTC; QL
EASY TALK PLUS II	3	OTC; QL
EASY TOUCH BLU LINK TEST STRIP	3	OTC; QL
EASY TOUCH TEST STRIP	3	PA; OTC; QL
EASY TRAK GLUCOSE TEST	3	PA; OTC; QL
EASY TRAK II TEST STRIP	3	PA; OTC; QL
EASYGLUCO PLUS	3	PA; OTC; QL
EASYGLUCO TEST	3	PA; OTC; QL
EASYMAX	3	PA; OTC; QL
ELEMENT COMPACT TEST STRIPS	3	PA; OTC; QL
ELEMENT TEST STRIPS	3	PA; OTC; QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	PA; OTC; QL
EMBRACE EVO TEST STRIPS	3	PA; OTC; QL
EMBRACE PRO TEST STRIPS	3	PA; OTC; QL
EMBRACE TALK TEST STRIPS	3	PA; OTC; QL
EVENCARE G2 STRIP	3	PA; OTC; QL
EVENCARE G3 TEST	3	PA; OTC; QL
EVENCARE MINI GLUCOSE TEST STR	3	PA; OTC; QL
EVENCARE PROVIEW TEST STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
EVOLUTION TEST STRIPS	3	PA; OTC; QL
EZ SMART PLUS TEST	3	PA; OTC; QL
EZ SMART TEST	3	PA; OTC; QL
FIFTY50 TEST STRIP	3	PA; OTC; QL
FORA 6 CONNECT GLUCOSE STRIP	3	PA; OTC; QL
FORA D15G STRIPS	3	PA; OTC; QL
FORA D20 STRIP	3	PA; OTC; QL
FORA D40-G31 TEST STRIPS	3	PA; OTC; QL
FORA G20 STRIP	3	PA; OTC; QL
FORA G30-PREMIUM V10 TEST STRP	3	PA; OTC; QL
FORA GD50 TEST STRIPS	3	PA; OTC; QL
FORA GTEL GLUCOSE TEST STRIP	3	PA; OTC; QL
FORA TEST STRIP	3	PA; OTC; QL
FORA TN'G ADVAN PRO TEST STRIP	3	OTC; QL
FORA TN'G VOICE TEST STRIPS	3	PA; OTC; QL
FORA V10 STRIP	3	PA; OTC; QL
FORA V10-V12-D10-D20 STRIPS	3	PA; OTC; QL
FORA V12 GLUCOSE	3	PA; OTC; QL
FORA V20 STRIP	3	PA; OTC; QL
FORACARE GD20	3	PA; OTC; QL
FORACARE GD40 TEST STRIPS	3	PA; OTC; QL
FORTISCARE G1 TEST STRIP	3	OTC; QL
FORTISCARE GLUCOSE TEST STRIPS	3	PA; OTC; QL
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS	2	OTC; QL
FREESTYLE LITE STRIPS	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS	2	OTC; QL
FREESTYLE TEST	2	OTC; QL
GE100 BLOOD GLUCOSE TEST STRIP	3	PA; OTC; QL
GENSTRIP TEST STRIP	3	PA; OTC; QL
GLUCO NAVII TEST STRIP	3	PA; OTC; QL
GLUCOCARD 01 SENSOR PLUS	3	PA; OTC; QL
GLUCOCARD EXPRESSION STRIP	3	PA; OTC; QL
GLUCOCARD SHINE TEST STRIPS	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD VITAL SENSOR	3	PA; OTC; QL
GLUCOCARD VITAL TEST STRIPS	3	PA; OTC; QL
GLUCOCOM GLUCOSE	3	PA; OTC; QL
GM100 STRIP	3	PA; OTC; QL
GOJJI BLOOD GLUCOSE TEST STRIP	3	PA; OTC; QL
HARMONY GLUCOSE TEST STRIP	3	PA; OTC; QL
HEALTHPRO TEST STRIPS	3	PA; OTC; QL
INFINITY TEST STRIPS	3	PA; OTC; QL
INFINITY VOICE TEST STRIP	3	PA; OTC; QL
MICRO BLOOD GLUCOSE	3	PA; OTC; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	PA; OTC; QL
MICRODOT XTRA BLOOD GLUCOSE	3	PA; OTC; QL
MYGLUCOHEALTH STRIP	3	PA; OTC; QL
NEUTEK 2TEK TEST STRIPS	3	PA; OTC; QL
NOVA MAX GLUCOSE TEST	3	PA; OTC; QL
ON CALL EXPRESS TEST STRIP	3	PA; OTC; QL
ON CALL PLUS TEST STRIP	3	PA; OTC; QL
ON CALL VIVID TEST STRIP	3	PA; OTC; QL
ONETOUCH ULTRA TEST	3	PA; OTC; QL
ONETOUCH VERIO TEST STRIPS	3	PA; OTC; QL
OPTIUM EZ	2	OTC; QL
OPTIUM TEST	2	OTC; QL
OPTUMRX STRIP	3	PA; OTC; QL
PHARMACIST CHOICE	3	PA; OTC; QL
PRECISION PCX PLUS TEST	2	OTC; QL
PRECISION PCX TEST	2	OTC; QL
PRECISION POINT OF CARE TEST	2	OTC; QL
PRECISION Q-I-D TEST	2	OTC; QL
PRECISION XTRA TEST	2	OTC; QL
PREMIER TEST STRIP	3	PA; OTC; QL
PREMIUM V10 STRIP	3	PA; OTC; QL
PRODIGY NO CODING	3	PA; OTC; QL
QUINTET AC STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
REFUAH PLUS	3	PA; OTC; QL
RELION CONFIRM-MICRO	3	PA; OTC; QL
RELION PRIME TEST STRIPS	3	PA; OTC; QL
RELION ULTIMA	3	PA; OTC; QL
REVEAL TEST STRIP	3	PA; OTC; QL
RIGHTEST GS550 TEST STRIPS	3	PA; OTC; QL
RIGHTEST GT333 TEST STRIP	3	OTC; QL
SMART SENSE TEST STRIPS	3	PA; OTC; QL
SMARTEST TEST	3	PA; OTC; QL
SOLUS V2 TEST STRIPS	3	PA; OTC; QL
SURE-TEST EASYPLUS MINI STRIP	3	PA; OTC; QL
TELCARE TEST STRIPS	3	PA; OTC; QL
TEST N'GO TEST	3	PA; OTC; QL
TRUE METRIX GLUCOSE TEST STRIP	3	PA; OTC; QL
TRUETEST TEST STRIPS	3	PA; OTC; QL
TRUETRACK TEST	3	PA; OTC; QL
ULTRATRAK	3	PA; OTC; QL
ULTRATRAK ULTIMATE STRIP	3	PA; OTC; QL
UNISTRIP1 TEST STRIP	3	PA; OTC; QL
VIVAGUARD INO TEST STRIP	3	PA; OTC; QL
WAVESENSE JAZZ	3	PA; OTC; QL
WAVESENSE PRESTO STRIP	3	PA; OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	3	
AEROCHAMBER MINI	3	
AEROCHAMBER PLUS FLOW-VU	3	
AEROCHAMBER PLUS Z STAT	3	
AEROTRACH PLUS	3	
AEROVENT PLUS	3	
BREATHERITE MDI SPACER	3	
COMPACT SPACE CHAMBER	3	
EASIVENT HOLDING CHAMBER	3	
FLEXICHAMBER	3	
GLUCAGEN DIAGNOSTIC KIT	3	QL

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Drug Name	Drug Tier	Requirements / Limits
GLUCAGON HCL	3	QL
INSPIRACHAMBER	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
LITEAIRE MDI CHAMBER	3	
MICROCHAMBER	3	
MICROSPACER	3	
OPTICHAMBER DIAMOND VHC	3	
POCKET CHAMBER	3	
PRIMEAIRE	3	
PROCHAMBER	3	
RITEFLO AEROCHAMBER	3	
SPACE CHAMBER	3	
TRIJARDY XR	2	QL
VORTEX HOLDING CHAMBER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL
diazoxide	1	
GLUCAGEN HYPOKIT	3	QL
GLUCAGON (HCL) EMERGENCY KIT	3	PA; QL
glucagon emergency kit (human)	1	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	3	*
ZEGALOGUE AUTOINJECTOR	3	
ZEGALOGUE SYRINGE	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE	2	OTC
AUTOPEN 1 TO 21 UNITS	2	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	3	OTC; QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS	2	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
BIONIME RIGHTEST GM300 SYSTEM	3	PA; OTC
EASYGLUCO MONITORING SYSTEM	3	PA; OTC; QL
EASYMAX NG KIT	3	PA; OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ELEMENT PLUS BLOOD GLUCOSE KIT	3	PA; OTC
EMBRACE TALK BLOOD GLUCOSE SYS	3	PA; OTC; QL
ENLITE SYSTEM	3	
EVENCARE G3 GLUCOSE METER	3	PA; OTC
EVOLUTION BLOOD GLUCOSE METER	3	PA; OTC
EZ SMART PLUS SYSTEM	3	PA; OTC
EZ SMART SYSTEM	3	PA; OTC
FORA D20 KIT	3	PA; OTC
FORA G20 KIT	3	PA; OTC
FORA V10 KIT	3	PA; OTC
FORA V20 KIT	3	PA; OTC
FORA V30A KIT	3	PA; OTC
FREESTYLE LIBRE 2 READER	2	QL
FREESTYLE LIBRE 2 SENSOR	2	QL
GE100 BLOOD GLUCOSE SYSTEM KIT	3	PA; OTC
GLUCO NAVII GLUCOSE MONITOR	3	PA; OTC
GLUCOCARD 01 METER	3	PA; OTC
GLUCOCARD VITAL	3	PA; OTC
GLUCOCOM BLOOD GLUCOSE	3	PA; OTC
GM100 KIT	3	PA; OTC
INFINITY STARTER KIT	3	PA; OTC
JAZZ WIRELESS 2 METER KIT	3	PA; OTC
LANCETS 33 GAUGE	2	OTC; QL
LANCING DEVICE	2	OTC
MYGLUCOHEALTH KIT	3	PA; OTC
NOVOPEN ECHO	3	
OMNIPOD DASH 5 PACK POD	3	
ON CALL EXPRESS METER KIT	3	PA; OTC
ON CALL PLUS METER KIT	3	PA; OTC

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Drug Name	Drug Tier	Requirements / Limits
ON CALL VIVID METER KIT	3	PA; OTC
ON CALL VIVID PAL METER KIT	3	PA; OTC
ONETOUCH ULTRAMINI	3	PA; OTC
OPTUMRX KIT	3	PA; OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	OTC
PRODIGY AUTOCODE METER	3	PA; OTC
PRODIGY POCKET METER	3	PA; OTC
PRODIGY VOICE GLUCOSE METER	3	PA; OTC
REFUAH PLUS GLUCOSE MONITOR	3	PA; OTC; QL
RELION ALL-IN-ONE METER	3	PA; OTC; QL
RELION CONFIRM	3	PA; OTC
RELION MICRO GLUCOSE MONITOR KIT	3	PA; OTC
REVEAL BLOOD GLUCOSE METER	3	PA; OTC
RIGHTEST GM550 SYSTEM	3	PA; OTC
SMARTEST EJECT	3	PA; OTC
SMARTEST PERSONA STARTER	3	PA; OTC
SMARTEST PRONTO STARTER	3	PA; OTC
SMARTEST PROTEGE	3	PA; OTC
SOLUS V2 AUDIBLE METER KIT	3	PA; OTC
T:FLEX	3	
T:SLIM X2	3	
TELCARE BGM	3	PA; OTC
TELCARE BLOOD GLUCOSE KIT	3	PA; OTC
TRUERESULT BLOOD GLUCOSE SYSTM	3	PA; OTC
TRUETRACK BLOOD GLUCOSE SYSTEM	3	PA; OTC
TRUETRACK SMART SYSTEM	3	PA; OTC
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
WAVESENSE AMP	3	PA; OTC
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	3	ST
ADMELOG U-100 INSULIN LISPRO	3	ST

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Drug Name	Drug Tier	Requirements / Limits
AFREZZA	3	PA
APIDRA SOLOSTAR U-100 INSULIN	3	ST
APIDRA U-100 INSULIN	3	ST
BASAGLAR KWIKPEN U-100 INSULIN	3	
FIASP FLEXTOUCH U-100 INSULIN	3	ST
FIASP PENFILL U-100 INSULIN	3	ST
FIASP U-100 INSULIN	3	ST
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN LISPRO	3	ST
INSULIN LISPRO PROTAMIN-LISPRO	3	ST
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
LEVEMIR FLEXTOUCH U-100 INSULN	2	
LEVEMIR U-100 INSULIN	2	
LYUMJEV KWIKPEN U-100 INSULIN	2	
LYUMJEV KWIKPEN U-200 INSULIN	2	
LYUMJEV U-100 INSULIN	2	
NOVOLIN 70-30 FLEXPEN U-100	3	ST
NOVOLIN N FLEXPEN	3	ST
NOVOLIN R FLEXPEN	3	ST
NOVOLOG FLEXPEN U-100 INSULIN	3	ST

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Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30 U-100 INSULN	3	ST
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST
NOVOLOG PENFILL U-100 INSULIN	3	ST
NOVOLOG U-100 INSULIN ASPART	3	ST
RELION NOVOLIN 70/30	3	ST
RELION NOVOLIN N	3	ST
RELION NOVOLIN R	3	ST
SEMGLEE PEN U-100 INSULIN	3	PA
SEMGLEE U-100 INSULIN	3	PA
SOLIQUA 100/33	2	
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	
MISCELLANEOUS HORMONES		
ALDURAZYME	3	PA; LA
ANDRODERM	3	QL
ANDROGEL	3	*; QL
AVEED	3	PA
cabergoline	1	
calcitonin (salmon)	1	
calcitriol intravenous solution 1 mcg/ml	1	PA
calcitriol oral	1	
CERDELGA	3	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PA
CETROTIDE	3	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	PA; QL
cinacalcet	1	PA

Drug Name	Drug Tier	Requirements / Limits
clomiphene citrate	1	
danazol	1	
DDAVP ORAL	3	*
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	*
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	PA
desmopressin oral	1	
doxercalciferol	1	PA
ELAPRASE	3	PA; LA
ELELYSO	3	PA
FABRAZYME	3	PA; LA
FOLLISTIM AQ	3	PA; LA
FORTESTA	3	*
GALAFOLD	3	PA; LA; QL
ganirelix	1	LA
GONAL-F	2	PA; LA
GONAL-F RFF	2	PA; LA
GONAL-F RFF REDI-JECT	2	PA; LA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	PA; *
ISTURISA	3	PA
JATENZO	3	PA; QL
JYNARQUE ORAL TABLET	2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL	2	PA; QL
KANUMA	3	PA
KORLYM	3	PA
KUVAN	3	PA; *; LA
LUMIZYME	3	PA; LA
MENOPUR	2	LA
METHITEST	3	QL

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Drug Name	Drug Tier	Requirements / Limits
methyltestosterone oral capsule	1	QL
MIACALCIN INJECTION	3	*
miglustat	1	PA; LA
MYALEPT	3	PA; LA
NAGLAZYME	3	PA; LA
NATESTO	3	PA
NATPARA	3	PA; LA
NOCDURNA (MEN)	3	PA; QL
NOCDURNA (WOMEN)	3	PA; QL
NOCTIVA	3	PA; QL
NOVAREL	3	PA; QL
ORILISSA	2	PA
OVIDREL	3	PA
oxandrolone	1	PA
PALYNZIQ	3	PA; LA
pamidronate intravenous solution	1	PA; LA
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	PA
paricalcitol intravenous	1	PA
paricalcitol oral	1	PA
PREGNYL	3	PA; QL
RAYALDEE	3	PA
ROCALTROL	3	*
SAMSCA ORAL TABLET 15 MG	3	PA; LA
SAMSCA ORAL TABLET 30 MG	3	PA; *; LA
sapropterin	1	PA
SENSIPAR	3	*
SOMAVERT	3	PA; LA
STRENSIQ	2	PA
SYNAREL	3	PA
TESTIM	3	*; QL
TESTOPEL	3	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	

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Drug Name	Drug Tier	Requirements / Limits
testosterone enanthate	1	
TESTOSTERONE IMPLANT	3	PA
testosterone transdermal gel	1	QL
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	1	QL
testosterone transdermal gel in packet	1	QL
testosterone transdermal solution in metered pump w/app	1	
tolvaptan oral tablet 30 mg	1	PA
VIMIZIM	3	PA; LA
VOGELXO TRANSDERMAL GEL	3	*; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL
VPRIV	3	PA; LA
XYOSTED	3	PA
ZAVESCA	3	PA; *; LA
ZEMPLAR INTRAVENOUS	3	PA; *
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	*
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose	1	
ACTOPLUS MET	3	*; QL
ACTOS	3	*; QL
ADLYXIN	3	PA
AMARYL	3	*
BYDUREON BCISE	2	ST; QL
BYETTA	2	ST; QL
CYCLOSET	3	
DUETACT	3	ST; *
FARXIGA	3	ST; QL
glimepiride	1	
glipizide	1	

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Drug Name	Drug Tier	Requirements / Limits
glipizide-metformin	1	
GLUCOTROL ORAL TABLET 10 MG	3	*
GLUCOTROL XL	3	*
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
GLYNASE	3	*
GLYXAMBI	2	QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	QL
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	QL
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
KOMBIGLYZE XR	3	ST
metformin oral solution	1	PA; QL
metformin oral tablet	1	
metformin oral tablet extended release 24 hr	1	
metformin oral tablet extended release 24 hr (osm er)	1	PA
metformin oral tablet,er gast.retention 24 hr	1	PA
miglitol	1	
nateglinide	1	
NESINA	3	ST
ONGLYZA	3	ST
OSENI	3	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	2	ST

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Drug Name	Drug Tier	Requirements / Limits
pioglitazone	1	QL
pioglitazone-glimepiride	1	ST
pioglitazone-metformin	1	QL
PRECOSE	3	*
QTERN	3	PA; QL
repaglinide	1	
repaglinide-metformin	1	
RIOMET	3	PA; *; QL
RIOMET ER	3	PA; QL
RYBELSUS	2	ST; QL
SEGLUROMET	3	ST; QL
STEGLATRO	3	ST; QL
STEGLUJAN	3	PA; QL
SYMLINPEN 120	3	PA; QL
SYMLINPEN 60	3	PA; QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	
TRULICITY	2	ST; QL
VICTOZA 2-PAK	2	ST; QL
VICTOZA 3-PAK	2	ST; QL
XIGDUO XR	3	ST; QL
THYROID HORMONES		
ARMOUR THYROID	2	
CYTOMEL	3	*
euthyrox	1	
levo-t	1	
LEVOTHYROXINE ORAL CAPSULE	3	
levothyroxine oral tablet	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine intravenous	1	PA
liothyronine oral	1	

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Drug Name	Drug Tier	Requirements / Limits
np thyroid	1	
SYNTHROID	3	*
THYQUIDITY	3	
TIROSINT	3	PA
TIROSINT-SOL	3	
TRIOSTAT	3	PA; *
unithroid	1	
westhroid	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz	1	
atropine injection solution	1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1	PA
belladonna alkaloids-opium	1	
chlordiazepoxide-clidinium	1	
CUVPOSA	3	PA; LA
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
diphenoxylate-atropine	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	*
DONNATAL ORAL TABLET	3	
ed-spaz	1	
glycopyrrolate injection	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	*
LEVSIN INJECTION	3	PA
LEVSIN ORAL	3	*
LEVSIN/SL	3	*
LIBRAX (WITH CLIDINIUM)	3	*

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Drug Name	Drug Tier	Requirements / Limits
LOMOTIL	3	*
loperamide oral capsule	1	
methscopolamine	1	
MOTOFEN	3	
MYTESI	3	PA; QL
NULEV	3	*
opium tincture	1	
oscimin oral tablet	1	
oscimin sl	1	
oscimin sr	1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet	1	
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenohytro oral tablet	1	
SYMAX DUOTAB	3	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	PA; QL
alosetron	1	QL
AMITIZA	3	PA; QL
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	2	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	*
ANALPRAM-HC SINGLES	3	*
ANTIVERT ORAL TABLET 50 MG	3	
anucort-hc	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	*
ANUSOL-HC TOPICAL	3	*
aprepitant	1	QL
APRISO	3	ST; *

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Drug Name	Drug Tier	Requirements / Limits
ASACOL HD	3	ST; *
AURYXIA	3	PA
AZULFIDINE	3	*
AZULFIDINE EN-TABS	3	*
balsalazide	1	
BONJESTA	3	QL
budesonide oral	1	
BYLVAY	3	PA; LA
calcium acetate(phosphat bind)	1	
CANASA	3	ST; *
CHENODAL	3	PA
CHOLBAM	3	PA
CIMZIA	2	PA; LA; QL
CIMZIA POWDER FOR RECONST	2	PA; LA; QL
citrate of magnesia	0	ACA; OTC
citroma	0	ACA; OTC
clearlax oral powder	0	ACA; OTC
CLENPIQ	3	PA
COLAZAL	3	*
COMPAZINE	3	*
compro	1	
constulose	1	
CORTENEMA	3	*
CORTIFOAM	2	
CREON	2	
cromolyn oral	1	
CYSTADANE	3	
DELZICOL	3	ST; *
DICLEGIS	3	*; QL
dimenhydrinate injection solution	1	PA
DIPENTUM	3	ST
doxylamine-pyridoxine (vit b6)	1	QL
dronabinol	1	PA
droperidol injection solution	1	PA

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Drug Name	Drug Tier	Requirements / Limits
dulcolax (magnesium hydroxide) oral suspension	0	ACA; OTC
EMEND ORAL CAPSULE 80 MG	3	*; QL
EMEND ORAL CAPSULE,DOSE PACK	3	*; QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	
ENTOCORT EC	3	*
ENTYVIO	3	PA; LA
enulose	1	
FOSRENOL ORAL POWDER IN PACKET	3	ST
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; *
GASTROCROM	3	*
GATTEX 30-VIAL	3	PA; LA
gavilax oral powder	0	ACA; OTC
gavilyte-c	0	ACA
gavilyte-g	0	ACA
gavilyte-n	0	ACA
generlac	1	
gentlelax	0	ACA; OTC
GIMOTI	3	PA
GOLYTELY ORAL RECON SOLN	3	*
granisetron hcl oral	1	PA
healthylax	0	ACA; OTC
hemmorex-hc	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	1	
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone-pramoxine rectal	1	
INFLECTRA	3	PA; LA
KINEVAC	3	PA
KRISTALOSE	3	
lactulose oral packet	1	PA
lactulose oral solution 10 gram/15 ml	1	
lanthanum	1	ST

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Drug Name	Drug Tier	Requirements / Limits
laxaclear	0	ACA; OTC
laxative peg 3350	0	ACA; OTC
LIALDA	3	ST; *
lidocaine hcl-hydrocortison ac rectal cream	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
lidocaine hcl-hydrocortison ac rectal kit	1	
lidocaine-hydrocortisone-aloe	1	
LINZESS	2	QL
LOKELMA	3	PA
LOTRONEX	3	*; QL
LUBIPROSTONE	3	QL
magnesium citrate oral solution	0	ACA; OTC
MARINOL	3	*
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine	1	
mesalamine with cleansing wipe	1	
metoclopramide hcl injection	1	PA
metoclopramide hcl oral	1	
milk of magnesia	0	ACA; OTC
miralax oral powder in packet	0	ACA; OTC
MOTEGRITY	3	PA; QL
MOVANTIK	3	
MOVIPREP	3	*
natura-lax	0	ACA; OTC
NULYTELY LEMON-LIME	3	
OCALIVA	3	PA; LA
ondansetron	1	
ondansetron hcl (pf)	1	PA
ondansetron hcl intravenous	1	PA
ondansetron hcl oral solution	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
oral saline laxative oral liquid	0	ACA; OTC
ORTIKOS	3	PA

Drug Name	Drug Tier	Requirements / Limits
OSMOPREP	3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	0	ACA
peg3350-sod sul-nacl-kcl-asb-c	0	ACA
peg-electrolyte soln	0	ACA
peg-prep	0	ACA
PENTASA	3	ST
PERTZYE	3	ST
PHOSLYRA	3	
phosphate laxative	0	ACA; OTC
PLENVU	3	PA
polyethylene glycol 3350 oral powder	0	ACA; OTC
polyethylene glycol 3350 oral powder in packet 17 gram	0	ACA; OTC
powderlax oral powder	0	ACA; OTC
prochlorperazine	1	
prochlorperazine edisylate	1	PA
prochlorperazine maleate	1	
PROCORT	3	
PROCTOCORT RECTAL	3	*
PROCTOFOAM HC	3	
procto-med hc	1	
procto-pak	1	
proctosol hc topical	1	
proctozone-hc	1	
purelax	0	ACA; OTC
RECTIV	3	
REGLAN ORAL	3	*
RELISTOR ORAL	3	PA
RELISTOR SUBCUTANEOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements / Limits
RELISTOR SUBCUTANEOUS SYRINGE	3	PA
RELTONE	3	ST
REMICADE	3	PA; LA
RENAGEL ORAL TABLET 800 MG	3	ST; *; QL
RENVELA	3	ST; *
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO	3	ST; QL
scopolamine base	1	
sevelamer carbonate oral powder in packet	1	ST
sevelamer carbonate oral tablet	1	
sevelamer hcl	1	ST; QL
SFROWASA	3	*
smoothlax	0	ACA; OTC
sodium polystyrene sulfonate oral powder	1	
SOLESTA	3	PA; LA
sps (with sorbitol)	1	
SUCRAID	3	PA
sulfasalazine	1	
SUPREP BOWEL PREP KIT	2	
SUTAB	0	ACA
SYMPROIC	3	
SYNDROS	3	PA
TIGAN INTRAMUSCULAR	3	PA
TRANSDERM-SCOP	3	*
trimethobenzamide oral	1	
TRULANCE	2	QL
UCERIS ORAL	3	*
UCERIS RECTAL	3	PA
URSO 250	3	*
URSO FORTE	3	*
ursodiol oral capsule 200 mg, 400 mg	1	PA
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VARUBI ORAL	3	QL

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Drug Name	Drug Tier	Requirements / Limits
VELPHORO	3	ST
VELTASSA	3	PA
VIBERZI	2	
VIOKACE	3	ST
women's gentle laxative(bisac)	0	ACA; OTC
ZELNORM	3	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZUPLENZ	3	PA; QL
ULCER THERAPY		
ACIPHEX	3	ST; *; QL
ACIPHEX SPRINKLE	3	ST; QL
amoxicil-clarithromy-lansopraz	1	
CARAFATE	3	*
cimetidine	1	
cimetidine hcl oral	1	
CYTOTEC	3	*
DEXILANT	3	ST; QL
esomeprazole magnesium oral capsule,delayed release(dr/ec)	1	PA; QL
esomeprazole magnesium oral granules dr for susp in packet	1	PA; QL
esomeprazole sodium	1	PA
ESOMEPRAZOLE STRONTIUM	3	PA; QL
famotidine (pf)	1	PA
famotidine (pf)-nacl (iso-os)	1	PA
famotidine intravenous solution	1	PA
famotidine oral suspension	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec)	1	QL
lansoprazole oral tablet,disintegrat, delay rel	1	PA; QL
misoprostol	1	

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Drug Name	Drug Tier	Requirements / Limits
NEXIUM	3	PA; *; QL
NEXIUM 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	*; OTC; QL
NEXIUM 24HR ORAL TABLET,DELAYED RELEASE (DR/EC)	3	OTC; QL
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	PA; *
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	3	PA; *; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	PA; QL
nizatidine	1	
OMECLAMOX-PAK	3	
omeprazole magnesium oral capsule,delayed release(dr/ec)	1	OTC; QL
omeprazole oral capsule,delayed release(dr/ec)	1	QL
omeprazole oral tablet,delayed release (dr/ec)	1	OTC; QL
omeprazole oral tablet,disintegrat, delay rel	1	OTC
omeprazole-sodium bicarbonate	1	ST; QL
pantoprazole intravenous	1	PA
pantoprazole oral granules dr for susp in packet	1	PA
pantoprazole oral tablet,delayed release (dr/ec)	1	QL
PEPCID ORAL TABLET	3	*
PREVACID 24HR	3	*; OTC; QL
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	ST; *; QL
PREVACID SOLUTAB	3	ST; *; QL
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	
PRILOSEC OTC	2	OTC; QL
PROTONIX INTRAVENOUS	3	PA; *
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	ST; *
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *; QL
PYLERA	2	

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Drug Name	Drug Tier	Requirements / Limits
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
rabeprazole oral tablet,delayed release (dr/ec)	1	QL
sucralfate	1	
TALICIA	3	
ZEGERID	3	ST; *; QL
ZEGERID OTC	2	OTC; QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	QL
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	2	QL
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	QL
GRANIX	2	PA; LA; QL
LEUKINE INJECTION RECON SOLN	3	LA
MIRCERA	3	
MOZOBIL	3	PA; LA
NEULASTA	3	PA; LA; QL
NEULASTA ONPRO	3	PA; LA; QL
NEUPOGEN	3	PA; LA; QL
PROCRIT	2	QL
UDENYCA	3	PA; LA; QL
ZARXIO	2	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV	3	PA
GENOTROPIN	3	PA; LA
GENOTROPIN MINIQUICK	3	PA; LA
HUMATROPE	3	PA; LA
NORDITROPIN FLEXPRO	2	PA; LA
NUTROPIN AQ NUSPIN	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
OMNITROPE	3	PA; LA
SAIZEN	3	PA; LA
SAIZEN SAIZENPREP	3	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; LA
ZOMACTON	3	PA; LA
INTERFERONS		
AUBAGIO	3	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; LA
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; LA
BAFIERTAM	3	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	2	PA; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	*; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	*; LA
dimethyl fumarate	1	PA; LA
EXTAVIA	3	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	2	PA; LA
glatiramer subcutaneous syringe 20 mg/ml	1	LA; QL
glatiramer subcutaneous syringe 40 mg/ml	1	LA
glatopa subcutaneous syringe 20 mg/ml	1	LA; QL
glatopa subcutaneous syringe 40 mg/ml	1	LA
KESIMPTA PEN	3	PA
LEMTRADA	3	PA
MAVENCLAD (10 TABLET PACK)	2	PA; LA
MAVENCLAD (4 TABLET PACK)	2	PA; LA
MAVENCLAD (5 TABLET PACK)	2	PA; LA
MAVENCLAD (6 TABLET PACK)	2	PA; LA
MAVENCLAD (7 TABLET PACK)	2	PA; LA
MAVENCLAD (8 TABLET PACK)	2	PA; LA
MAVENCLAD (9 TABLET PACK)	2	PA; LA
MAYZENT	2	PA; LA
MAYZENT STARTER PACK	2	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
OCREVUS	3	PA; LA
PEGASYS	3	PA; LA
PLEGRIDY INTRAMUSCULAR	2	PA
PLEGRIDY SUBCUTANEOUS	2	PA; LA
POMALYST	3	PA; LA
PONVORY	3	
PONVORY 14-DAY STARTER PACK	3	
REBIF (WITH ALBUMIN)	2	PA; LA
REBIF REBIDOSE	2	PA; LA
REBIF TITRATION PACK	2	PA; LA
REVLIMID	2	PA; LA
ribavirin oral capsule	1	LA
ribavirin oral tablet 200 mg	1	LA
TECFIDERA	3	PA; *; LA
VUMERITY	2	PA; LA
INTERLEUKINS		
ACTIMMUNE	2	PA; LA
ALDARA	3	*; QL
ALFERON N	2	PA; LA
ARCALYST	3	PA; LA
ILARIS (PF)	3	PA; LA
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	3	QL
imiquimod topical cream in packet	1	QL
INTRON A INJECTION RECON SOLN	2	PA; LA
KINERET	3	PA; QL
PROLEUKIN	3	PA; LA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	3	QL
ZYCLARA TOPICAL CREAM IN PACKET	3	*; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	ACA
AFLURIA QD 2021-22(3YR UP)(PF)	0	ACA
AFLURIA QD 2021-22(6-35MO)(PF)	0	ACA
AFLURIA QUAD 2021-2022(6MO UP)	0	ACA
ATGAM	3	PA; LA
BEXSERO	0	ACA
BIVIGAM	3	PA; LA
BOOSTRIX TDAP	0	ACA
BOTOX	3	PA; QL
CUVITRU	3	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF)	0	ACA
DYSPORT	3	PA; LA
ENGERIX-B (PF)	0	ACA
ENGERIX-B PEDIATRIC (PF)	0	ACA
FLEBOGAMMA DIF	3	PA; LA
FLUAD QUAD 2021-22(65Y UP)(PF)	0	ACA
FLUARIX QUAD 2021-2022 (PF)	0	ACA
FLUBLOK QUAD 2021-2022 (PF)	0	ACA
FLUCELVAX QUAD 2021-2022	0	ACA
FLUCELVAX QUAD 2021-2022 (PF)	0	ACA
FLULAVAL QUAD 2021-2022 (PF)	0	ACA
FLUMIST QUAD 2021-2022	0	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF	0	ACA
FLUZONE QUAD 2021-2022	0	ACA
FLUZONE QUAD 2021-2022 (PF)	0	ACA
GAMMAGARD LIQUID	3	PA; LA
GARDASIL 9 (PF)	0	ACA
GRASTEK	3	PA
HEPAGAM B	3	PA; LA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF)	0	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)	3	PA

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Drug Name	Drug Tier	Requirements / Limits
HYPERHEP B INTRAMUSCULAR SOLUTION	2	PA; LA
HYPERHEP B INTRAMUSCULAR SYRINGE	3	PA; LA
HYPERHEP B NEONATAL	3	PA; LA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOL	0	ACA
JANSSEN COVID-19 VACCINE (EUA)	0	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENQUADFI (PF)	0	ACA
MENVEO A-C-Y-W-135-DIP (PF)	0	ACA
M-M-R II (PF)	0	ACA
MODERNA COVID-19 VACCINE (EUA)	0	ACA
MYOBLOC	3	PA; LA
NABI-HB	3	PA; LA
ODACTRA	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA
PALFORZIA (LEVEL 1)	3	PA
PALFORZIA (LEVEL 2)	3	PA
PALFORZIA (LEVEL 3)	3	PA
PALFORZIA (LEVEL 4)	3	PA
PALFORZIA (LEVEL 5)	3	PA
PALFORZIA (LEVEL 6)	3	PA
PALFORZIA (LEVEL 7)	3	PA
PALFORZIA (LEVEL 8)	3	PA
PALFORZIA (LEVEL 9)	3	PA
PALFORZIA (LEVEL 10)	3	PA
PALFORZIA INITIAL DOSE	3	PA
PALFORZIA LEVEL 11 MAINTENANCE	3	PA
PEDIARIX (PF)	0	ACA
PEDVAX HIB (PF)	0	ACA
PENTACEL (PF)	0	ACA
PENTACEL ACTHIB COMPONENT (PF)	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID19 TRIS VAC(EUA)PF	0	ACA
PFIZER COVID-19 VACCINE (EUA)	0	ACA
PNEUMOVAX-23	0	ACA
PREVNAR 13 (PF)	0	ACA
PROQUAD (PF)	0	ACA
QUADRACEL (PF)	0	ACA
RAGWITEK	3	PA
RECOMBIVAX HB (PF)	0	ACA
ROTARIX	0	ACA
ROTATEQ VACCINE	0	ACA
SHINGRIX (PF)	0	PA; ACA
TDVAX	0	ACA
TENIVAC (PF)	0	ACA
TETANUS,DIPHTHERIA TOX PED(PF)	0	ACA
THYMOGLOBULIN	3	PA; LA
TICE BCG	3	PA; LA
TRUMENBA	0	ACA
TWINRIX (PF)	0	ACA
VARIVAX (PF)	0	ACA
VAXELIS (PF)	0	ACA
VAXNEUVANCE	0	ACA
XEOMIN	3	PA; LA
ZOSTAVAX (PF)	0	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	
allopurinol sodium	1	PA
aloprim	1	PA
COLCHICINE ORAL CAPSULE	3	
colchicine oral tablet	1	
COLCRYS	3	*
febuxostat	1	ST
GLOPERBA	3	PA

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Drug Name	Drug Tier	Requirements / Limits
KRYSTEXXA	3	PA; LA
MITIGARE	3	
probenecid	1	
probenecid-colchicine	1	
ULORIC	3	ST; *
ZYLOPRIM ORAL TABLET 100 MG	3	*
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	*
ACTONEL ORAL TABLET 35 MG	3	*; QL
alendronate oral solution	1	
alendronate oral tablet 10 mg, 5 mg	1	
alendronate oral tablet 35 mg, 70 mg	1	QL
ATELVIA	3	*
BINOSTO	3	
BONIVA ORAL	3	ST; *; QL
EVISTA	3	*
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	
FOSAMAX ORAL TABLET 70 MG	3	*; QL
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT	3	QL
FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT	3	
ibandronate intravenous	1	PA; LA
ibandronate oral	1	QL
PROLIA	3	PA; LA; QL
raloxifene	0	ACA
risedronate oral tablet 150 mg, 5 mg	1	
risedronate oral tablet 35 mg	1	QL
risedronate oral tablet,delayed release (dr/ec)	1	
TERIPARATIDE	3	PA
TYMLOS	2	LA
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ACTEMRA INTRAVENOUS	2	PA; LA
ACTEMRA SUBCUTANEOUS	2	PA; LA; QL
ARAVA	3	*
BENLYSTA	3	PA; LA
CUPRIMINE	3	PA; *
DEPEN TITRATABS	3	PA; *
ENBREL	2	PA; LA; QL
ENBREL MINI	2	PA; LA; QL
ENBREL SURECLICK	2	PA; LA; QL
HUMIRA PEN	2	PA; LA; QL
HUMIRA PEN CROHNS-UC-HS START	2	PA; LA; QL
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; LA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; LA; QL
HUMIRA(CF)	2	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER	2	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC	2	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; LA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA; QL
KEVZARA	3	PA; LA; QL
leflunomide	1	
OLUMIANT	3	PA; LA; QL
ORENCIA	3	PA; LA; QL
ORENCIA (WITH MALTOSE)	3	PA; LA
ORENCIA CLICKJECT	3	PA; LA; QL
OTEZLA	2	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; LA; QL
OTREXUP (PF)	3	PA
penicillamine	1	PA
RASUVO (PF)	3	PA
REDITREX (PF)	3	PA
RIDAURA	2	

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Drug Name	Drug Tier	Requirements / Limits
RINVOQ	2	PA; LA; QL
SAVELLA	2	
SIMPONI	3	PA; LA; QL
SIMPONI ARIA	3	PA; LA; QL
XELJANZ ORAL SOLUTION	2	PA; LA
XELJANZ ORAL TABLET	2	PA; LA; QL
XELJANZ XR	2	PA; LA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	0	ACA
FC2 FEMALE CONDOM	0	ACA; OTC
KYLEENA	0	ACA
LILETTA	0	ACA; LA
MIRENA	0	ACA
PARAGARD T 380A	0	ACA
SKYLA	0	ACA
WIDE-SEAL DIAPHRAGM	0	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	*
ALORA	3	
amabelz	1	
ANGELIQ	3	
AYGESTIN	3	*
BIJUVA	3	
camila	0	ACA
CLIMARA	3	*
CLIMARA PRO	3	
COMBIPATCH	2	
covaryx	1	
covaryx h.s.	1	
CRINONE	2	
deblitane	0	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	3	*
DEPO-ESTRADIOL	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA
DEPO-SUBQ PROVERA 104	0	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	QL
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	
dotti	1	
DUAVEE	2	
eemt	1	
eemt hs	1	
ELESTRIN	3	QL
ENDOMETRIN	2	
errin	0	ACA
ESTRACE	3	*
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet	1	
ESTRING	2	QL
ESTROGEL	3	
estrogens-methyltestosterone	1	
EVAMIST	2	
FEMHRT LOW DOSE	3	*
FEMRING	3	QL
fyavolv	1	
heather	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
hydroxyprogest(pf)(preg presv)	1	
hydroxyprogesterone cap(ppres)	1	
hydroxyprogesterone caproate	1	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	0	ACA
jencycla	0	ACA
jinteli	1	
lyleq	0	ACA
lyllana	1	
lyza	0	ACA
MAKENA (PF)	2	
medroxyprogesterone intramuscular	0	ACA
medroxyprogesterone oral	1	
MENEST	3	
MENOSTAR	3	
mimvey	1	
MINIVELLE	3	*
nora-be	0	ACA
norethindrone (contraceptive)	0	ACA
norethindrone acetate	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norlyda	0	ACA
PREFEST	3	
PREMARIN INJECTION	3	PA
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone	1	
progesterone micronized	1	
PROMETRIUM	3	*
PROVERA	3	*

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Drug Name	Drug Tier	Requirements / Limits
sharobel	0	ACA
tulana	0	ACA
VAGIFEM	3	*
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	*
yuvafem	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	0	ACA; QL
CERVIDIL	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
eluryng	0	ACA
etonogestrel-ethinyl estradiol	0	ACA
fem ph	1	
GYNAZOLE-1	3	
gynol ii	0	ACA; OTC
INTRAROSA	3	
isoxsuprine	1	
LUPANETA PACK (1 MONTH)	3	
LYSTEDA	3	*
METROGEL VAGINAL	3	*
metronidazole vaginal	1	
miconazole-3 vaginal suppository	1	
MYFEMBREE	3	PA
NEXPLANON	0	ACA
NUVARING	0	*; ACA
NUVESSA	3	
ORIAHNN	3	PA
OSPHENA	3	
PHEXXI	0	ACA
PREPIDIL	3	

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Drug Name	Drug Tier	Requirements / Limits
RELAGARD	3	*
terconazole	1	
TODAY CONTRACEPTIVE SPONGE	0	ACA; OTC
tranexamic acid oral	1	
TRIMO-SAN JELLY	3	
TWIRLA	0	ACA
vandazole	1	
VCF CONTRACEPTIVE FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL	0	ACA; OTC
xulane	0	ACA
zafemy	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle	0	ACA
after pill	0	ACA; OTC
AFTERA	0	*; ACA; OTC
altavera (28)	0	ACA
alyacen 1/35 (28)	0	ACA
alyacen 7/7/7 (28)	0	ACA
amethia	0	ACA
amethyst (28)	0	ACA
apri	0	ACA
aranelle (28)	0	ACA
ashlyna	0	ACA
aubra	0	ACA
aubra eq	0	ACA
aurovela 1.5/30 (21)	0	ACA
aurovela 1/20 (21)	0	ACA
aurovela 24 fe	0	ACA
aurovela fe 1.5/30 (28)	0	ACA
aurovela fe 1-20 (28)	0	ACA
aviane	0	ACA
ayuna	0	ACA
azurette (28)	0	ACA
BALCOLTRA	0	ACA

Drug Name	Drug Tier	Requirements / Limits
balziva (28)	0	ACA
BEYAZ	0	*; ACA
blisovi 24 fe	0	ACA
blisovi fe 1.5/30 (28)	0	ACA
blisovi fe 1/20 (28)	0	ACA
briellyn	0	ACA
camrese	0	ACA
camrese lo	0	ACA
caziant (28)	0	ACA
charlotte 24 fe	0	ACA
chateal (28)	0	ACA
chateal eq (28)	0	ACA
cryselle (28)	0	ACA
cyclafem 1/35 (28)	0	ACA
cyclafem 7/7/7 (28)	0	ACA
cyred	0	ACA
cyred eq	0	ACA
dasetta 1/35 (28)	0	ACA
dasetta 7/7/7 (28)	0	ACA
daysee	0	ACA
desog-e.estradiol/e.estradiol	0	ACA
desogestrel-ethinyl estradiol	0	ACA
dolishale	0	ACA
drospirenone-e.estradiol-lm.fa	0	ACA
drospirenone-ethinyl estradiol	0	ACA
econtra ez	0	ACA; OTC
econtra one-step	0	ACA; OTC
elinest	0	ACA
ELLA	0	ACA
emoquette	0	ACA
enpresse	0	ACA
enskyce	0	ACA
estarylla	0	ACA
ESTROSTEP FE-28	0	*; ACA

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Drug Name	Drug Tier	Requirements / Limits
ethynodiol diac-eth estradiol	0	ACA
falmina (28)	0	ACA
femynor	0	ACA
gemmily	0	ACA
GENERESS FE	0	*; ACA
hailey	0	ACA
hailey 24 fe	0	ACA
hailey fe 1.5/30 (28)	0	ACA
hailey fe 1/20 (28)	0	ACA
iclevia	0	ACA
isibloom	0	ACA
jaimiess	0	ACA
jasmiel (28)	0	ACA
jolessa	0	ACA
juleber	0	ACA
junel 1.5/30 (21)	0	ACA
junel 1/20 (21)	0	ACA
junel fe 1.5/30 (28)	0	ACA
junel fe 1/20 (28)	0	ACA
junel fe 24	0	ACA
kaitlib fe	0	ACA
kalliga	0	ACA
kariva (28)	0	ACA
kelnor 1/35 (28)	0	ACA
kelnor 1-50 (28)	0	ACA
kurvelo (28)	0	ACA
l norgest/e.estradiol-e.estrad	0	ACA
larin 1.5/30 (21)	0	ACA
larin 1/20 (21)	0	ACA
larin 24 fe	0	ACA
larin fe 1.5/30 (28)	0	ACA
larin fe 1/20 (28)	0	ACA
larissia	0	ACA
layolis fe	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
leena 28	0	ACA
lessina	0	ACA
levonest (28)	0	ACA
levonorgestrel	0	ACA; OTC
levonorgestrel-ethinyl estrad	0	ACA
levonorg-eth estrad triphasic	0	ACA
levora-28	0	ACA
lillow (28)	0	ACA
LO LOESTRIN FE	0	ACA
LOESTRIN 1.5/30 (21)	0	*; ACA
LOESTRIN 1/20 (21)	0	*; ACA
LOESTRIN FE 1.5/30 (28-DAY)	0	*; ACA
LOESTRIN FE 1/20 (28-DAY)	0	*; ACA
lojaimiess	0	ACA
loryna (28)	0	ACA
LOSEASONIQUE	0	*; ACA
low-ogestrel (28)	0	ACA
lo-zumandimine (28)	0	ACA
lutera (28)	0	ACA
marlissa (28)	0	ACA
merzee	0	ACA
mibelas 24 fe	0	ACA
microgestin 1.5/30 (21)	0	ACA
microgestin 1/20 (21)	0	ACA
MICROGESTIN 24 FE	0	*; ACA
microgestin fe 1.5/30 (28)	0	ACA
microgestin fe 1/20 (28)	0	ACA
mili	0	ACA
MINASTRIN 24 FE	0	*; ACA
MIRCETTE (28)	0	*; ACA
mono-linyah	0	ACA
my choice	0	ACA; OTC
my way	0	ACA; OTC
NATAZIA	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
necon 0.5/35 (28)	0	ACA
new day	0	ACA; OTC
NEXTSTELLIS	3	
nikki (28)	0	ACA
noreth-ethinyl estradiol-iron	0	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	0	ACA
norethindrone-e.estradiol-iron oral capsule	0	ACA
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	0	ACA
norethindrone-e.estradiol-iron oral tablet,chewable	0	ACA
norgestimate-ethinyl estradiol	0	ACA
nortrel 0.5/35 (28)	0	ACA
nortrel 1/35 (21)	0	ACA
nortrel 1/35 (28)	0	ACA
nortrel 7/7/7 (28)	0	ACA
nylia 7/7/7 (28)	0	ACA
nymyo	0	ACA
ocella	0	ACA
opcicon one-step	0	ACA; OTC
option-2	0	ACA; OTC
orsythia	0	ACA
philith	0	ACA
pimtrea (28)	0	ACA
pirmella	0	ACA
PLAN B ONE-STEP	0	*; ACA; OTC
portia 28	0	ACA
previfem	0	ACA
QUARTETTE	0	*; ACA
reclipsen (28)	0	ACA
rivelsa	0	ACA
SAFYRAL	0	*; ACA
SEASONIQUE	0	*; ACA
setlakin	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
simliya (28)	0	ACA
simpesse	0	ACA
SLYND	0	ACA
sprintec (28)	0	ACA
sronyx	0	ACA
syeda	0	ACA
TAKE ACTION	0	*; ACA; OTC
tarina 24 fe	0	ACA
tarina fe 1/20 (28)	0	ACA
taysofy	0	ACA
TAYTULLA	0	*; ACA
tilia fe	0	ACA
tri femynor	0	ACA
tri-estarylla	0	ACA
tri-legest fe	0	ACA
tri-linyah	0	ACA
tri-lo-estarylla	0	ACA
tri-lo-marzia	0	ACA
tri-lo-mili	0	ACA
tri-lo-sprintec	0	ACA
tri-mili	0	ACA
tri-nymyo	0	ACA
tri-previfem (28)	0	ACA
tri-sprintec (28)	0	ACA
trivora (28)	0	ACA
tri-vylibra	0	ACA
tri-vylibra lo	0	ACA
TYBLUME	0	ACA
tydemy	0	ACA
velivet triphasic regimen (28)	0	ACA
vestura (28)	0	ACA
vienva	0	ACA
viorele (28)	0	ACA
volnea (28)	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
vyfemla (28)	0	ACA
vylibra	0	ACA
wera (28)	0	ACA
wymzya fe	0	ACA
YASMIN (28)	0	*; ACA
YAZ (28)	0	*; ACA
zarah	0	ACA
zovia 1/35e (28)	0	ACA
zumandimine (28)	0	ACA
OXYTOCICS		
methergine	1	
methylergonovine oral	1	
oxytocin injection solution	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac	1	
AZASITE	3	
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) DROPS	3	*
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
ciprofloxacin hcl ophthalmic (eye)	1	
erythromycin ophthalmic (eye)	1	
gatifloxacin	1	
gentak ophthalmic (eye) ointment	1	
gentamicin ophthalmic (eye) drops	1	
levofloxacin ophthalmic (eye)	1	
MOXEZA	3	*
moxifloxacin ophthalmic (eye)	1	
NATACYN	3	
neomycin-bacitracin-polymyxin	1	

Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin-gramicidin	1	
neo-polycin	1	
OCUFLOX	3	*
ofloxacin ophthalmic (eye)	1	
polycin	1	
polymyxin b sulf-trimethoprim	1	
POLYTRIM	3	*
tobramycin ophthalmic (eye)	1	
TOBREX OPHTHALMIC (EYE) DROPS	3	*
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	*
ZYMAXID	3	*
ANTIVIRALS		
trifluridine	1	
ZIRGAN	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	
BETIMOL	3	
BETOPTIC S	3	ST
carteolol	1	
ISTALOL	3	*
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf)	1	ST
timolol maleate ophthalmic (eye)	1	
TIMOPTIC	3	*
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	3	ST
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	3	ST; *
TIMOPTIC-XE	3	*
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	

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Drug Name	Drug Tier	Requirements / Limits
atropine ophthalmic (eye) ointment	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	3	*
CYCLOGYL OPHTHALMIC (EYE) DROPS 1 %	2	*
cyclopentolate	1	
homatropaire	1	
ISOPTO ATROPINE	3	*
MYDRIACYL	3	*
PAREMYD	3	
tropicamide	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %	3	*
MIOCHOL-E	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
VUITY	3	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	*
ALOCRIL	3	ST
ALOMIDE	3	ST
altacaine	1	
ALTAFLUOR BENOX	3	*
azelastine ophthalmic (eye)	1	
bepotastine besilate	1	
BEPREVE	3	ST; *
CEQUA	3	PA; QL
cromolyn ophthalmic (eye)	1	
CYSTADROPS	3	PA
CYSTARAN	3	
epinastine	1	
FLUORESCEIN-BENOXINATE	3	
fluorescein-proparacaine	1	

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Drug Name	Drug Tier	Requirements / Limits
LACRISERT	3	
LASTACAFT	3	ST
olopatadine ophthalmic (eye)	1	
OMIDRIA	3	
OXERVATE	3	PA; LA; QL
proparacaine	1	
RESTASIS	2	QL
RESTASIS MULTIDOSE	2	
tetracaine hcl	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
TYRVAYA	3	
VISUDYNE	3	PA; LA
VITRASE	3	PA
XIIDRA	2	
ZERVIATE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	*
ACULAR LS	3	*
ACUVAIL (PF)	3	ST
bromfenac	1	
BROMSITE	3	
diclofenac sodium ophthalmic (eye)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac ophthalmic (eye)	1	
NEVANAC	3	ST
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	
acetazolamide sodium	1	PA
methazolamide	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	ST; *

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Drug Name	Drug Tier	Requirements / Limits
brinzolamide	1	
COMBIGAN	2	
COSOPT	3	*
COSOPT (PF)	3	*
dorzolamide	1	
dorzolamide-timolol	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
latanoprost	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
miostat	1	PA
RHOPRESSA	3	PA
ROCKLATAN	3	PA
SIMBRINZA	3	ST
TRAVATAN Z	3	PA; *
travoprost	1	
TRUSOPT	3	*
VYZULTA	3	PA
XALATAN	3	*
XELPROS	3	PA
ZIOPTAN (PF)	3	PA
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	*
neomycin-bacitracin-poly-hc	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc ophthalmic (eye)	1	
neo-polycin hc	1	
PRED-G	2	
PRED-G S.O.P.	2	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*

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Drug Name	Drug Tier	Requirements / Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
ZYLET	3	
STEROIDS		
ALREX	3	ST; QL
dexamethasone sodium phosphate ophthalmic (eye)	1	
difluprednate	1	ST
DUREZOL	3	ST; *
EYSUVIS	3	PA
FLAREX	3	ST
fluorometholone	1	
FML FORTE	3	ST
FML LIQUIFILM	3	*
FML S.O.P.	3	ST
INVELTYS	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; *
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM	3	ST
loteprednol etabonate	1	
MAXIDEX	3	ST
PRED FORTE	3	*
PRED MILD	3	ST
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
sulfacetamide-prednisolone	1	
SULFONAMIDES		

Drug Name	Drug Tier	Requirements / Limits
BLEPH-10	3	*
sulfacetamide sodium ophthalmic (eye)	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	*
apraclonidine	1	
brimonidine	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
phenylephrine hcl ophthalmic (eye)	1	
UPNEEQ (PF)	3	PA
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q	3	PA; QL
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	PA
CLARINEX ORAL TABLET	3	PA; *; QL
clemastine oral syrup	1	PA
clemastine oral tablet 2.68 mg	1	PA
cyproheptadine	1	
desloratadine	1	PA; QL
dexchlorpheniramine maleate oral solution	1	PA
DIPHEN ORAL ELIXIR	3	*
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl injection syringe	1	
EPINEPHRINE HCL (PF)	3	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL

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Drug Name	Drug Tier	Requirements / Limits
EPIPEN 2-PAK	3	*; QL
EPIPEN JR 2-PAK	3	*; QL
hydroxyzine hcl intramuscular	1	PA
hydroxyzine hcl oral	1	
hydroxyzine pamoate	1	
KARBINAL ER	3	
levocetirizine	1	
PHENERGAN INJECTION	3	*
promethazine injection solution	1	
promethazine oral	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
QUZYTTIR	3	
RYCLORA	3	PA; *
RYVENT	3	PA
SYMJEPI	3	PA; QL
VISTARIL	3	*
COUGH & COLD THERAPY		
benzonatate	1	
BROMFED DM	3	*
brompheniramine-pseudoeph-dm	1	
CAPCOF	3	
CLARINEX-D 12 HOUR	3	PA; QL
codeine-guaifenesin	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
g tussin ac	1	
guaiatussin ac	1	
HISTEX-AC	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	*
hydrocodone-chlorpheniramine	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	

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Drug Name	Drug Tier	Requirements / Limits
hydrocodone-homatropine oral tablet	1	
hydromet	1	
MAR-COF CG	3	
maxi-tuss ac	1	
MAXI-TUSS CD	3	
m-clear wc	1	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	
POLY-TUSSIN AC	3	
promethazine-codeine	1	
promethazine-dm	1	
promethazine-phenyleph-codeine	1	
promethazine-phenylephrine	1	
RESPA-AR	3	*
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	
TUXARIN ER	3	
TUZISTRA XR	3	PA
virtussin ac	1	
virtussin dac	1	
PULMONARY AGENTS		
24 HOUR NASAL ALLERGY	3	ST; OTC
ACCOLATE	3	*
acetylcysteine	1	
ADCIRCA	3	PA; *; LA
ADEMPAS	3	PA; LA
ADRENALIN NASAL	3	
ADVAIR DISKUS	1	*; QL
ADVAIR HFA	2	QL
AIRDUO DIGIHALER	3	PA; QL
AIRDUO RESPICLICK	3	PA; QL
albuterol sulfate inhalation hfa aerosol inhaler	1	QL

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Drug Name	Drug Tier	Requirements / Limits
albuterol sulfate inhalation solution for nebulization	1	
albuterol sulfate oral	1	
ALVESCO	3	PA
alyq	1	PA
ambrisentan	1	PA; LA; QL
aminophylline intravenous solution 250 mg/10 ml	1	PA
ANORO ELLIPTA	2	QL
arformoterol	1	
ARMONAIR DIGIHALER	3	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	
ASMANEX HFA	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA	2	
azelastine-fluticasone	1	PA; QL
BECONASE AQ	3	ST
BERINERT INTRAVENOUS KIT	3	PA; LA
BEVESPI AEROSPHERE	3	PA; QL
bosentan	1	PA; LA; QL
BREO ELLIPTA	2	QL
BREZTRI AEROSPHERE	3	PA; QL
BRONCHITOL	3	PA; LA; QL
BROVANA	3	*
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL	3	PA
CHILDREN'S NASACORT	2	ST; OTC
CINQAIR	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
CINRYZE	3	PA; LA
COMBIVENT RESPIMAT	2	QL
cromolyn inhalation	1	
CUROSURF	3	
DALIRESP	3	QL
DUAKLIR PRESSAIR	3	PA; QL
DULERA	2	
DYMISTA	3	PA; *; QL
ELIXOPHYLLIN	3	
epinephrine hcl	1	
ESBRIET	3	PA; LA
FASENRA	2	PA; LA
FASENRA PEN	2	PA; LA
FIRAZYR	3	PA; *; LA; QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
flunisolide	1	
fluticasone propionate nasal	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
formoterol fumarate	1	
HAEGARDA	3	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
icatibant	1	PA; LA; QL
INCRUSE ELLIPTA	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
KALBITOR	3	PA; LA
KALYDECO	3	PA; LA; QL
LETAIRIS	3	PA; *; LA; QL
levalbuterol hcl	1	
LEVALBUTEROL TARTRATE	3	ST
LONHALA MAGNAIR REFILL	3	

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Drug Name	Drug Tier	Requirements / Limits
LONHALA MAGNAIR STARTER	3	
metaproterenol oral syrup	1	
mometasone nasal	1	
montelukast	1	
NASACORT	2	ST; OTC
nasal allergy	1	OTC
NASONEX	3	*
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	2	PA; LA
OFEV	2	PA; LA
OMNARIS	3	ST
OPSUMIT	3	PA; LA
ORKAMBI	3	PA; LA; QL
ORLADEYO	3	PA; QL
PERFOROMIST	2	*
PROAIR DIGIHALER	3	PA
PROAIR HFA	3	*; QL
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	*; QL
PULMICORT	3	*; QL
PULMICORT FLEXHALER	2	
pulmosal	1	
PULMOZYME	2	
QNASL	3	ST; QL
QVAR REDIHALER	2	QL
REVATIO INTRAVENOUS	3	PA; LA; QL
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *; LA
REVATIO ORAL TABLET	3	PA; *; LA; QL
RUCONEST	3	PA; LA
sajazir	1	PA; LA; QL
SEREVENT DISKUS	2	

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Drug Name	Drug Tier	Requirements / Limits
sildenafil (pulm.hypertension) intravenous	1	PA; QL
sildenafil (pulm.hypertension) oral suspension for reconstitution	1	PA; LA
sildenafil (pulm.hypertension) oral tablet	1	PA; LA; QL
SINGULAIR	3	*
sodium chloride inhalation	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	3	QL
SYMBICORT	2	
SYMDEKO	3	PA; LA; QL
tadalafil (pulm. hypertension)	1	PA
TAKHZYRO	3	PA; LA
terbutaline	1	
THEO-24	3	
theophylline oral elixir	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr	1	
TRACLEER ORAL TABLET	3	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; LA
TRELEGY ELLIPTA	2	QL
triamcinolone acetonide nasal	1	OTC
TRIKAFTA	3	PA; LA; QL
TUDORZA PRESSAIR	3	PA; QL
TYVASO	3	PA; LA; QL
TYVASO REFILL KIT	3	PA; LA; QL
TYVASO STARTER KIT	3	PA; LA; QL
VENTAVIS	3	PA; LA
VENTOLIN HFA	3	PA; QL
XHANCE	3	ST
XOLAIR	2	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
XOPENEX	3	*
XOPENEX CONCENTRATE	3	*
XOPENEX HFA	3	PA
YUPELRI	3	
zafirlukast	1	
ZETONNA	3	ST; QL
zileuton	1	PA
ZYFLO	3	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin	1	ST
DETROL	3	*
DETROL LA	3	*
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	*
flavoxate	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST
GEMTESA	3	
MYRBETRIQ	3	
oxybutynin chloride	1	
OXYTROL	3	ST
solifenacin	1	ST
tolterodine	1	
TOVIAZ	3	ST
trospium	1	ST
VESICARE	3	ST; *
VESICARE LS	3	PA
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin	1	
AVODART	3	*; QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	*; QL
dutasteride	1	QL
dutasteride-tamsulosin	1	
finasteride oral tablet 5 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
FLOMAX	3	*; QL
JALYN	3	*
PROSCAR	3	*; QL
RAPAFLO	3	ST; *
silodosin	1	ST
tadalafil oral tablet 2.5 mg, 5 mg	1	QL
tamsulosin	1	QL
UROXATRAL	3	*
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	
MISCELLANEOUS UROLOGICALS		
alprostadil	1	PA
CAVERJECT	3	PA; QL
CAVERJECT IMPULSE	3	PA; QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	*; QL
CYSTAGON	3	
EDEX	3	PA; QL
ELMIRON	3	
hyophen	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	3	
methen-sod phos-meth blue-hyos	1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	3	QL
ORACIT	3	
phosphasal	1	
potassium citrate	1	
PROCYSBI	3	PA; LA
PROSTIN VR PEDIATRIC	3	PA
RENACIDIN	3	
sildenafil	1	QL
STENDRA	3	QL
tadalafil oral tablet 10 mg, 20 mg	1	QL
URELLE	3	

Drug Name	Drug Tier	Requirements / Limits
uretron d-s	1	
URIBEL	3	
urimar-t	1	
uro-458	1	
UROCIT-K 10	3	*
UROCIT-K 15	3	*
UROCIT-K 5	3	*
urogesic-blue	1	
uro-mp	1	
UROQID-ACID NO.2	3	
uryl	1	
ustell	1	
utira-c	1	
vardenafil	1	QL
VIAGRA	3	*; QL
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	*
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1	
GALZIN	3	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	3	

Drug Name	Drug Tier	Requirements / Limits
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	*
k-tab oral tablet extended release 8 meq	1	
lugols oral	1	
NORMOSOL-R	3	PA
POTABA	3	PA
potassium chloride oral	1	
sodium chloride 0.45 % intravenous parenteral solution	1	
sodium chloride 3 %	1	
sodium chloride 5 %	1	
sodium chloride intravenous	1	
strong iodine oral	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	3	PA; LA
ISOLYTE S PH 7.4	3	ST
ISOLYTE-S	3	PA
NORMOSOL-R PH 7.4	3	PA
PLASMA-LYTE 148	3	PA
PLASMA-LYTE A	3	PA
VITAMINS & HEMATINICS		
ACCRUFER	3	PA
ASCOR	3	PA
ascorbic acid (vitamin c) injection	1	PA
b complex 1 (with folic acid)	0	ACA; OTC
b complex 100	1	PA
b complex-vitamin b12	0	ACA; OTC
b complex-vitamin c-folic acid oral tablet	0	ACA; OTC
balanced b-100 complex	0	ACA; OTC
balanced b-100 oral tablet	0	ACA; OTC
balanced b-50	0	ACA; OTC
bal-care dha	1	
BAL-CARE DHA ESSENTIAL	3	
b-complex with vitamin c oral tablet	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
CITRANATAL B-CALM (FE GLUC)	3	
classic prenatal	0	ACA; OTC
c-nate dha	1	
complete natal dha	1	
complex b-100 oral tablet extended release	0	ACA; OTC
CONCEPT DHA	3	*
CONCEPT OB	3	*
cyanocobalamin (vitamin b-12) injection	1	
dialyvite 800 oral tablet	0	ACA; OTC
DRISDOL	3	*
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
EXPECTA PRENATAL	2	OTC
FA-8	3	OTC
FERAHEME	3	PA; *
ferumoxytol	1	PA
fluoride (sodium) oral drops	0	ACA; OTC
fluoride (sodium) oral tablet,chewable	0	ACA; OTC
folic acid injection	1	PA
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	ACA; OTC
folivane-ob	1	
foltabs 800	0	ACA; OTC
full spectrum b-vitamin c	0	ACA; OTC
hydroxocobalamin	1	PA
INFED	3	PA
INFUVITE ADULT	3	PA
INFUVITE PEDIATRIC	3	PA
INJECTAFER	3	
kobee	0	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
kpn oral tablet	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
ludent fluoride	0	ACA; OTC
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
m-natal plus	1	
multi-vitamin with fluoride	0	ACA; OTC
multivitamins with fluoride	0	ACA; OTC
mvc-fluoride	0	ACA; OTC
mynatal	1	
mynatal plus	1	
mynatal-z	1	
NASCOBAL	3	
NATACHEW (FE BIS-GLYCINATE)	3	
NEEVODHA (WITH ALGAL OIL)	3	
NEONATAL COMPLETE	3	
NEONATAL FE	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
newgen	1	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
ONE A DAY WOMEN'S PRENATAL DHA	3	OTC
one daily prenatal	0	ACA; OTC
perry prenatal	0	ACA; OTC
pnv 29-1	1	
pnv-dha	1	
pnv-omega	1	
pnv-select	1	
pr natal 400	1	
pr natal 400 ec	1	

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Drug Name	Drug Tier	Requirements / Limits
pr natal 430	1	
pr natal 430 ec	1	
prena1 chew	1	
prena1 pearl	1	
PRENATA	3	
prenatabs fa	1	
prenatabs rx	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC
prenatal complete	0	ACA; OTC
prenatal multi-dha (algal oil)	0	ACA; OTC
prenatal multivitamins	0	ACA; OTC
prenatal one daily	0	ACA; OTC
prenatal oral tablet 28 mg iron- 800 mcg	0	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG	3	OTC
prenatal plus	1	
prenatal plus (calcium carb)	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	0	ACA; OTC
prenatal vitamin plus low iron	1	
prenatal vitamin with minerals	0	ACA; OTC
prenatal vits96-iron fum-folic	0	ACA; OTC
prenatal-u	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
preplus	1	

Drug Name	Drug Tier	Requirements / Limits
pretab	1	
PRIMACARE	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
rena-vite	0	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	*
SELECT-OB + DHA	3	
se-natal 19 chewable	1	
se-natal-19	1	
stress formula	0	ACA; OTC
stress formula with iron	0	ACA; OTC
stress formula with iron(sulf)	0	ACA; OTC
super b maxi complex	0	ACA; OTC
super quints	0	ACA; OTC
super quints b-50	0	ACA; OTC
taron-c dha	1	
THRIVITE RX	3	
TRICARE	2	
TRIFERIC	3	
trinatal rx 1	1	
trinate	1	
TRISTART DHA	3	
tri-vitamin with fluoride	0	ACA; OTC
VENOFER	3	PA
virt-c dha	1	
virt-nate dha	1	
virt-pn dha	1	
virt-pn plus	1	
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	

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Drug Name	Drug Tier	Requirements / Limits
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	*
vitamin b complex oral tablet	0	ACA; OTC
vitamin b complex-folic acid oral tablet	0	ACA; OTC
vitamins a,c,d and fluoride	0	ACA; OTC
VITAPEARL	3	
VP-PNV-DHA	3	
westab plus	1	
westgel dha	1	
zatean-pn dha	1	
zatean-pn plus	1	
zingiber	1	

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